



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Partnership HealthPlan of California

Submitted by
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2007 - 2008 Annual Report: Partnership HealthPlan of California

Introduction

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

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

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

Definitions

The terms quality, access, and timeliness provide the framework for this plan-specific review of Partnership HealthPlan of California ("PHC" or "the plan"). Consistency in meaning and use of these key terms are important for a thorough understanding of this report, so definitions follow.

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

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

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

Data Sources

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

- The Healthcare Effectiveness Data and Information Set (HEDIS®)¹ is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality, access, and timeliness of care and service provided to members of managed care plans.
- In June 2007, each DHCS health plan submitted its results to Delmarva for the 12 required HEDIS measures, which reflect 16 measurement indicators, since several measures have multiple indicators.² The 2007 HEDIS results reflect data collected for the period January 1, 2006, through December 31, 2006.

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

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

- In June 2008, each DHCS health plan submitted its results for the 12 required HEDIS measures, which reflect a total of 23 indicators. The 2008 HEDIS results reflect data collected for the period January 1, 2007, through December 31, 2007.³ For a more detailed explanation of HEDIS, see the “Quality Assessment” discussion later under “HEDIS Performance Measures” and Appendix A: HEDIS.
- AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)⁴ surveys to support the assessment of consumers’ experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see “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 plans types 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.

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

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

Background

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, which are sanctioned by the County Board of Supervisors and governed by an independent commission. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

PHC is a full-service health plan contracted in Solano, Napa, and Yolo counties as a COHS plan. The plan began operations as a COHS in May 1994. As of December 2007, PHC's total Medi-Cal enrollment was 86,868 members.

Quality of Care Assessment

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

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

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

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

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

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

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

- *Comprehensive Diabetes Care—HbA1c 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 PHC 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 PHC'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 averages⁵ and the 2006 national Medicaid averages for these measures.

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.

Table 1. 2007 HEDIS Quality Measure Results Comparing Partnership HealthPlan of California to State and National Programs.

2007 Quality Measure	2007 Partnership HealthPlan of California Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	88.4%	78.9%	82.5%
Chlamydia Screening in Women	55.0%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	77.0%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	88.9%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	67.0%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	83.4%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	79.1%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	81.3%	81.0%	48.8%
Cervical Cancer Screening‡	63.7%	67.9%	65.0%

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

PHC scored better than the Medi-Cal managed care weighted average and the national Medicaid average in all five of the comparable HEDIS measures in the quality domain.

2008 HEDIS Quality Performance Measures

Table 2 provides PHC’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 Partnership HealthPlan of California to State and National Programs.

2008 Quality Measure	2008 Partnership HealthPlan of California Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	91.0%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{†‡}	20.7%	28.4%	†
Use of Appropriate Medications for People With Asthma	89.5%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	68.8%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	86.3%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [‡]	40.6%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{‡§}	34.5%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	81.6%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) [‡]	47.5%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	86.8%	78.3%	74.6%
Cervical Cancer Screening	63.1%	68.7%	65.7%

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

PHC's rates were higher than both benchmark performance rates for six of the seven comparable measures—*Appropriate Treatment for Children With Upper Respiratory Infection*, *Use of Appropriate Medications for People With Asthma*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—LDL-C Screening*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. The plan's rate for the *Cervical Cancer Screening* was below the respective state and national benchmarks. MMCD retired the *Chlamydia Screening for Women* performance measure from the required measurement set for 2008.

CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid Surveys were conducted among 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 Partnership HealthPlan of California and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Measure	Population	2007 Partnership HealthPlan of California Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	49%	40%
	Child	79%	80%
	CSHCN†	76%	‡
How Well Doctors Communicate	Adult	67%	59%
	Child	63%	52%
	CSHCN†	66%	‡

* 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.

In the composite area, *Getting Needed Care*, the rate for PHC’s adult respondents who indicated they always got the care they needed was 49 percent—nine percentage points higher than the 2007 Medi-Cal managed care weighted average in this category. The rate for PHC’s parent/guardian respondents who indicated their children always received the care they needed was 79 percent—a score that showed that parent/guardian’s were more pleased in Child category of the composite *Getting Needed Care* than PHC’s adult members. The score was one percentage point lower than the 2007 Medi-Cal managed care weighted average in the category.

In the composite area, *How Well Doctors Communicate*, the rate for PHC’s adult respondents who indicated their doctor always communicated well was 67 percent, ranking PHC higher than the Medi-Cal managed care weighted average by 8 percentage points. The rate for the plan’s parent/guardian respondents who indicated

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

their children's doctors always communicated well was 63 percent, significantly higher (5 percentage points) than the Medi-Cal managed care weighted average.

Quality Improvement Projects

One of PHC's Quality Improvement Projects (QIPs)—*Improving Medication Management for Members With Asthma*—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below.

Improving Medication Management for Members With Asthma

➤ **Relevance:**

Asthma is one of PHC's top diagnoses for ambulatory care, emergency department (ED) visits, and acute hospital admissions.

➤ **Goals:**

- Achieve a rate of 92.5 percent by 2006 for the HEDIS indicator, *Use of Appropriate Medications for People With Asthma*.
- Achieve a rate of 95 percent by 2006 for persistent asthmatics aged 5 to 56 with <9 canisters of beta agonist medication dispensed during the measurement year.
- Achieve a rate of 90 percent by 2006 for persistent asthmatics aged 5 to 56 with no ED visits for asthma during the measurement year.
- Achieve a rate of 99 percent by 2006 for persistent asthmatics aged 5 to 56 with no inpatient discharges for asthma during the measurement year.
- Achieve a rate of 75 percent by 2006 for members with ED visits for asthma who receive a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the visit during the measurement year.

➤ **Best Interventions:**

- Conducted provider site visits for asthma care training.
- In-home environmental asthma triggers education for members.
- Care coordination for high-risk asthmatics.

➤ **Outcomes:**

The HEDIS definition of persistent asthmatics changed in 2006. In order to make 2006 data comparable, PHC recalculated 2004 and 2005 data to reflect the change in specifications.

- HEDIS measure *Use of Appropriate Medications for People With Asthma*:
 - ◊ 2003 (Baseline): 85.1%
 - ◊ 2004 (Remeasurement 1): 84.9% (reflects change in specifications)
 - ◊ 2005 (Remeasurement 2): 86.7%
 - ◊ 2006 (Remeasurement 3): 88.9%

- Persistent asthmatics aged 5 to 56 with <9 canisters of beta agonist medication dispensed during measurement year:
 - ◊ 2003 (Baseline): 88.6%
 - ◊ 2004 (Remeasurement 1): 86.4% (reflects change in specifications)
 - ◊ 2005 (Remeasurement 2): 85.5%
 - ◊ 2006 (Remeasurement 3): 90.8%

- Persistent asthmatics aged 5-56 with no ED visits for asthma during measurement year:
 - ◊ 2003 (Baseline): 85.4%
 - ◊ 2004 (Remeasurement 1): 85.7% (reflects change in specifications)
 - ◊ 2005 (Remeasurement 2): 88.5%
 - ◊ 2006 (Remeasurement 3): 86.3%

- Persistent asthmatics aged 5 to 56 with no inpatient discharges for asthma during measurement year:
 - ◊ 2003 (Baseline): 99.1%
 - ◊ 2004 (Remeasurement 1): 99.1% (reflects change in specifications)
 - ◊ 2005 (Remeasurement 2): 97.4%
 - ◊ 2006 (Remeasurement 3): 97.2%

- Members with ED visits for asthma who received a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the ED visit during measurement year:
 - ◊ 2003 (Baseline): 22.0%
 - ◊ 2004 (Remeasurement 1): 29.0% (reflects change in specifications)
 - ◊ 2005 (Remeasurement 2): 31.0%
 - ◊ 2006 (Remeasurement 3): 45.7%

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

- Attribute: Significant improvement shown in measure related to follow-up with primary care provider within 21 days of an emergency department visit.
- Barrier: Members' need for self-management support.
- Barrier: Members' lack of awareness and education.

The QIP, *Improving Medication Management for Members With Asthma*, showed improvement in four of the five measures. The last remeasurement rates were compared to those in 2004 due to specification changes. Most notably, substantial improvement was seen in the rate of members with ED visits for asthma who received a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the ED visit. The rate improved by 16.7 percentage points.

Medi-Cal Audit Findings

PHC was not audited during this reporting period.

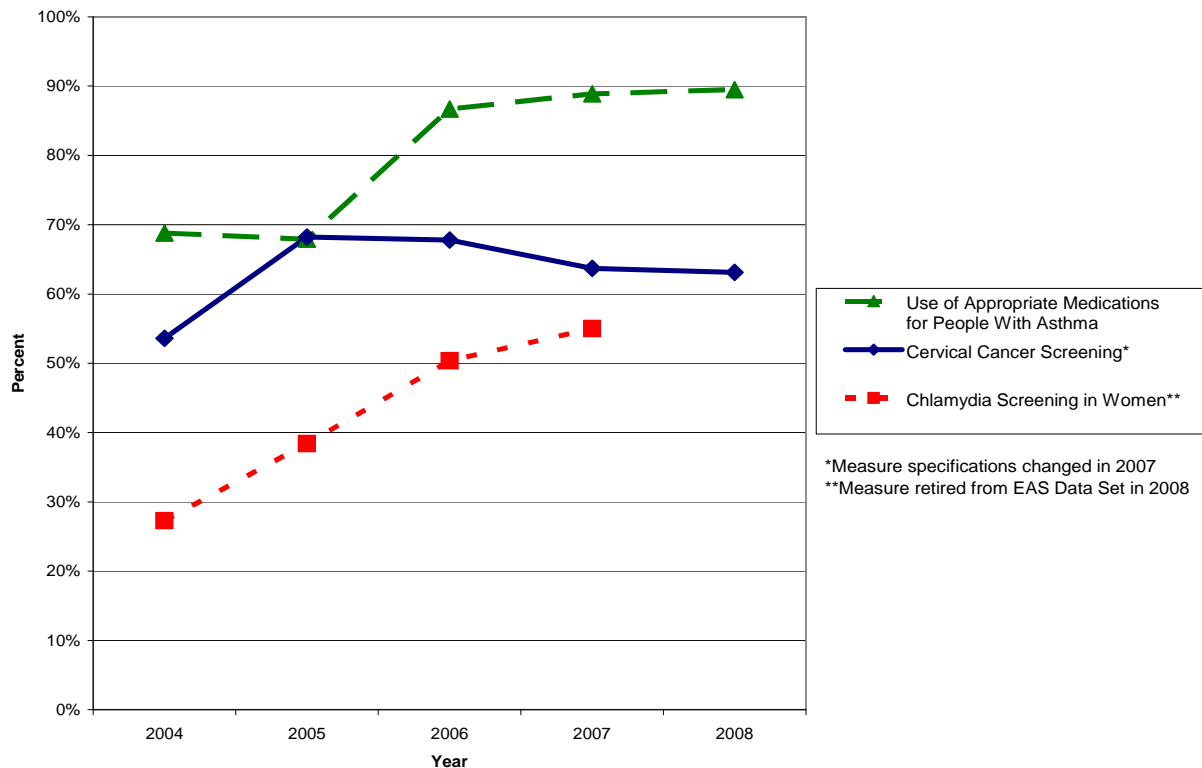
Sustainability of Quality Indicators

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

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

The trend graph in Figure 1 charts sustainability of improved performance on quality measures. Performance measurements results are trended when three or more years of data are available.

Figure 1. Partnership HealthPlan of California’s Sustainability of Quality of Care Indicators.



PHC was successful in sustaining improvement for the quality-designated measure *Chlamydia Screening in Women*. The plan increased its rate for that measure by more than 25 percentage points over the three-year measurement period. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

There were HEDIS technical specification changes in 2006 for the *Use of Appropriate Medications for People With Asthma* measure, which 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 period. PHC showed sustained improvement for the measure *Use of Appropriate Medications for People With Asthma*. The plan initially showed a rate increase for the measure *Cervical Cancer Screening*, but the rate subsequently leveled off and then declined. The plan has been unable to demonstrate sustainability for the *Cervical Cancer Screening* measure.

Grievance and Ombudsman Reports

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

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

It should be noted that the DHCS monitors plans' quarterly grievance reports and MMCD Office of the Ombudsman monthly statistics in order to understand what aspects of provider and plan performance generate 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.

Partnership Health Plan's Grievance Reports

In 2006, there were 333 grievances registered with PHC, which reflects less than one percent of the plan's population. In 2007, there were 443 grievances registered with PHC—again, less than one percent of the plan's population. Grievance issues related to access, rudeness, communication issues, denial of care,

member billing issue, member discrimination, provider office conditions, quality of care, and confidentiality of HIPAA.

Office of the Ombudsman's Reports⁷

- 2006: 126 OCMS cases (4.1% of all cases; 1.805 cases per 1,000 members)
- 2006: 42 State Fair Hearings (4.4% of all cases; 0.602 cases per 1,000 members)
- 2007: 113 OCMS cases (2.5% of all cases; 1.594 cases per 1,000 members)
- 2007: 5 State Fair Hearings (1.0% of all cases; 0.071 cases per 1,000 members)

Summary of Quality

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

When comparing PHC's 2007 HEDIS rates to the Medi-Cal managed care weighted averages and the 2006 national Medicaid averages, the plan performed better in all five comparable measures in the quality domain.

For the 2008 reporting year, PHC's rates were higher than both benchmark performance rates for six comparable HEDIS measures. PHC performed below both state and national benchmarks in one measure in the quality domain—*Cervical Cancer Screening*.

When PHC's population was surveyed regarding the CAHPS composite, *Getting Needed Care*, the plan's results were higher than the Medi-Cal managed care weighted average in the Adult category, but slightly lower in the Child category. The scores showed that PHC's parent/guardian's were more pleased in Child category of the composite *Getting Needed Care* than the plan's adult members. PHC showed higher performance than the Medi-Cal managed care weighted average for the CAHPS composite *How Well Doctors Communicate* in both Adult and Child categories.

PHC worked on one QIP categorized in the quality area: *Improving Medication Management for Members with Asthma*. Four of the five measures of this project improved over baseline measures. The *Use of Appropriate Medications for People With Asthma* measure improved over the four -year period of the QIP. Overall, this QIP appears to be successful and continues to promote improvement in PHC's asthma related measures.

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

Finally, in the sustainability area, PHC was successful in sustaining improvement for measures in this area, *Use of Appropriate Medications for People With Asthma* and *Chlamydia Screening in Women*. The plan was unable to demonstrate sustainability for the *Cervical Cancer Screening* measure over the four-year measurement period.

Access to Care Assessment

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

Table 4: 2007 HEDIS Access Measure Results Comparing Partnership HealthPlan of California to State and National Programs.

2007 Access Measure	2007 Partnership HealthPlan of California Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	35.4%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	64.3%	58.7%	57.0%

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

PHC reported a score higher than the Medi-Cal managed care weighted average and the 2006 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. PHC scored below both benchmarks for the *Adolescent Well-Care Visits* measure.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows PHC’s 2008 results for access-related HEDIS measures.

Table 5: 2008 HEDIS Access Measure Results Comparing Partnership HealthPlan of California to State and National Programs.

2008 Access Measure	2008 Partnership HealthPlan of California Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	37.7%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	64.7%	59.1%	59.1%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Members</i> .			

PHC’s reported 2008 score was higher than both the Medi-Cal managed care weighted average and the 2007 national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure. PHC scored below both benchmarks for the *Adolescent Well-Care Visits* measure.

CAHPS Survey Results Pertaining to Access

Delmarva chose the CAHPS composite, *Getting Care Quickly*, to represent the access domain of this report.

The results of this composite are presented in Table 6 and discussed below.

Table 6. 2007 CAHPS Access Survey Results Comparing Partnership HealthPlan of California and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Partnership HealthPlan of California Result	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	50%	45%
	Child	47%	37%
	CSHCN†	50%	‡
* 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.			

PHC’s composite score for *Getting Care Quickly* showed 50 percent of responding adult members indicated they always received care quickly, five percentage points above the Medi-Cal managed care average. Forty-seven percent of responding parents/guardians of PHC’s child members indicated they always received care quickly. The child member composite score is slightly less than the adult member score, but ten percentage points greater than the Medi-Cal managed care weighted average.

Quality Improvement Projects

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

- *Adolescent Health*
- *Avoidable Emergency Room Visits*

Adolescent Health Statewide Collaborative Project

➤ **Relevance:**

PHC's Medi-Cal adolescent members (ages 12 to 21) comprise 19.6 percent of the plan's population. The plan's HEDIS 2004 rate of 24 percent for adolescent well-care visits was less than the NCQA national Medicaid 90th percentile, 44 percent, which showed underutilization of preventive care.

➤ **Goal:**

Achieve 44 percent (2004 national Medicaid 90th percentile) on the *Adolescent Well-Care Visits* indicator by 2006.

➤ **Best Interventions:**

- Increased provider reimbursement for well-care exams.
- Used one provider to conduct sports physicals at local high school.
- Implemented an adolescent well-care visit incentive program for members.

➤ **Outcomes:**

- HEDIS *Adolescent Well-Care Visits*:
 - 2003 (Baseline): 24.0%
 - 2004 (Remeasurement 1): 32.0%
 - 2005 (Remeasurement 2): 43.5%
 - 2006 (Remeasurement 3): 35.4%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Low provider reimbursement.
- Barrier: Lack of member awareness regarding importance of well-care exam.

Avoidable Emergency Room Visits Statewide Collaborative

➤ **Relevance:**

In 2006, 18.2 percent of PHC's emergency room (ER) visits were defined as avoidable for members one year and older.

➤ **Goals:**

- Achieve a rate of 37.43 per 1,000 member months in the HEDIS ER visits indicator by Remeasurement 1.
- Achieve a rate of 16.38 percent in the avoidable ER visits indicator by Remeasurement 1.

➤ **Best Interventions:**

Collaborative interventions were being developed during this reporting period.

➤ **Outcomes:**

- HEDIS rate of members seen in the ER:
 - ◊ 2006 (Baseline): 37.90 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006 (Baseline): 18.20%

➤ **Attributes/Barriers to Outcomes:**

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

The final results of the *Adolescent Health* QIP were promising as PHC saw a substantial increase of 11 percentage points from the baseline measurement in the *Adolescent Well-Care Visits* measure. However, a decrease from 2005 to 2006 of eight percentage points should be noted for the *Adolescent Well-Care Visits* measure. This project was closed during the third quarter of 2007, and PHC engaged in the new DHCS statewide collaborative project, *Avoidable Emergency Room Visits*, during this reporting period.

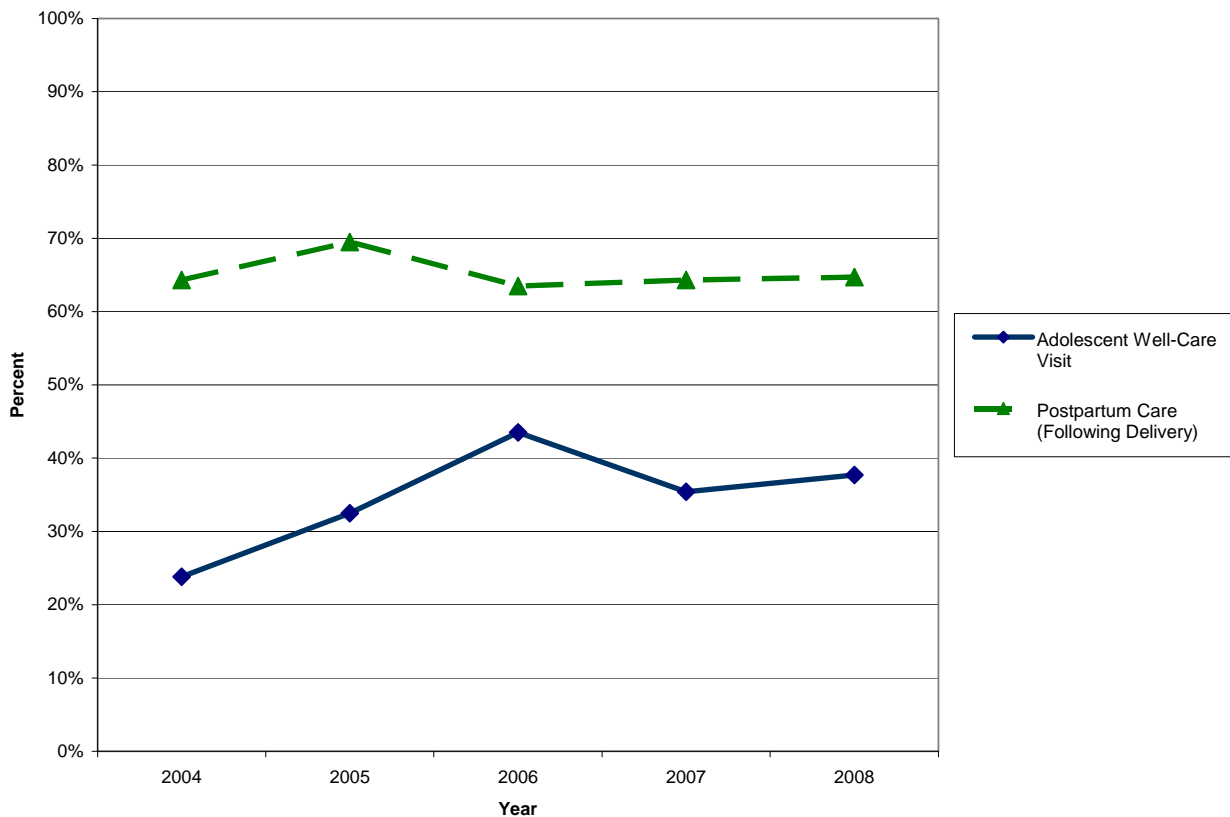
Medi-Cal Audit Findings

PHC was not audited during this reporting period.

Sustainability of Access Measures

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

Figure 2: Partnership HealthPlan of California's Sustainability of Access to Care Indicators.



PHC maintained its performance level in the *Prenatal and Postpartum Care-Postpartum Care* rate throughout the measurement period. For the *Adolescent Well-Care Visits* measure, the plan's performance peaked in 2006 and has since fluctuated. The plan did not demonstrate sustainability of improvement for this measure.

Summary of Access

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

In 2007 and 2008, PHC performed better than both benchmarks for the *Prenatal and Postpartum Care—Postpartum Care* measure. PHC reported scores lower than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Adolescent Well-Care Visits* measure in 2007 and 2008.

CAHPS survey results showed that PHC enrollees rated the plan higher than the state benchmarks in both Adult and Child categories for the composite area *Getting Care Quickly*.

PHC worked on two QIPs categorized in the access area: *Adolescent Health* and *Avoidable Emergency Room Visits*. The final results of the *Adolescent Health* QIP were promising as PHC saw a substantial increase since the baseline measurement in the *Adolescent Well-Care Visits* measure. The *Adolescent Health* QIP ended during the third quarter of 2007, and PHC engaged in a new statewide collaborative QIP, *Avoidable Emergency Room Visits*, during this reporting period. PHC did not report results for the *Avoidable Emergency Room Visits* QIP because this project was still in the baseline phase during this reporting period.

In the sustainability area, PHC maintained its performance level in the *Prenatal and Postpartum Care-Postpartum Care* rate throughout the measurement periods. The plan did not demonstrate sustainability of improvement for the *Adolescent Well-Care Visits* measure.

Timeliness of Care Assessment

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

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 7: 2007 HEDIS Timeliness Measure Results Comparing Partnership HealthPlan of California to State and National Programs.

2007 Timeliness Measure	2007 Partnership HealthPlan of California Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	55.5%	48.6%	53.9%
Childhood Immunization Status—Combination 2	81.9%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.6%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	67.9%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	67.5%	74.3%	63.3%

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

PHC reported scores higher than the state and national benchmarks for three of the four comparable measures in the timeliness domain. For the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure, the plan scored lower than the Medi-Cal managed care weighted average but higher than the 2006 national Medicaid average.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 8. 2008 HEDIS Timeliness Measure Results Comparing Partnership HealthPlan of California to State and National Programs.

2008 Timeliness Measure	2008 Partnership HealthPlan of California Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	57.9%	50.4%	49.1%
Childhood Immunization Status—Combination 2	80.0%	80.1%	73.3%
Childhood Immunization Status—Combination 3 [†]	75.4%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	86.8%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	69.5%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	70.0%	75.8%	66.8%
* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i> .			
† 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.			

In 2008, PHC reported higher scores than the Medi-Cal managed care weighted averages for the *Breast Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life* measures. The plan’s scores for the *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures fell below the state benchmarks. PHC scored higher than the 2007 national Medicaid averages for all five comparable measures in the timeliness domain.

CAHPS Survey Results Pertaining to Timeliness

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

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Partnership HealthPlan of California to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Partnership HealthPlan of California Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	65%	52%
	CSHCN‡	70%	§
Health Plan’s Customer Service	Adult	51%¶	45%
	Child	68%¶	79%
	CSHCN‡	64%¶	§

* 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 composite area, *Courteous and Helpful Office Staff*, 65 percent of PHC’s responding parents/guardians of child members indicated that the office staff was always courteous and helpful, compared to the Medi-Cal managed care weighted average for this composite—52 percent. In the composite area, *Health Plan’s Customer Service*, the plan received 100 or less responses to some of the questions. Rates in the above table that are noted as not statistically valid are not discussed here.

Quality Improvement Projects

PHC engaged in two QIPs that were categorized in the timeliness domain: *Increasing Provider Participation in Electronic Immunization Registries* and *Improving Breast Cancer Screening Rates*. Results of these projects are discussed below.

Increasing Provider Participation in Electronic Immunization Registries

➤ **Relevance:**

PHC has demonstrated meaningful improvement in its HEDIS immunization rates. By linking providers to registries, the plan believes it can meet or exceed the Medicaid 90th percentile.

➤ **Goal:**

Achieve 82.7 percent for HEDIS *Childhood Immunization Status—Combination 2* measure by 2006.

➤ **Best Interventions:**

- Encouraged provider participation in the registry and provided county-wide technical assistance.
- Continued the immunization registry program, *Shots for Tots*.

➤ **Outcomes:**

- HEDIS *Childhood Immunization Status—Combination 2*:
 - ◇ 2003 (Baseline): 68.0%
 - ◇ 2004 (Remeasurement 1): 71.0%
 - ◇ 2005 (Remeasurement 2): 78.5%
 - ◇ 2006 (Remeasurement 3): 81.9%
- High-volume providers linked to the immunization registry:
 - ◇ 2003 (Baseline): 7.0%
 - ◇ 2004 (Remeasurement 1): 33.0%
 - ◇ 2005 (Remeasurement 2): 44.0%
 - ◇ 2006 (Remeasurement 3): 67.0%
- Target population covered by providers linked to the immunization registry:
 - ◇ 2003 (Baseline): 0.0%
 - ◇ 2004 (Remeasurement 1): 42.0%
 - ◇ 2005 (Remeasurement 2): 43.0%
 - ◇ 2006 (Remeasurement 3): 57.6%

➤ **Attributes/Barriers to Outcomes:**

- Attribute: Continued with registry enhancements and hired staff to support registry development.
- Barrier: Provider unwillingness to participate in registry due to lack of resources.

Improving Breast Cancer Screening Rates

➤ **Relevance:**

Breast cancer is the second most common type of cancer among U.S. women, and early detection can save lives. Women ages 52 to 69 represent five percent of the total PHC population.

➤ **Goal:**

Achieve a rate of 65.4 percent on the HEDIS *Breast Cancer Screening* measure by 2006.

➤ **Best Interventions:**

- Mammogram and self-breast exam educational materials distributed in a variety of languages.
- Ability to schedule mammograms for the same day and sometimes within the hour.

➤ **Outcomes:**

- HEDIS *Breast Cancer Screening* (women 52 to 69 with one or more mammograms in the measurement year or prior year):
 - ◊ 1998 (Baseline): 49%
 - ◊ 1999 (Remeasurement 1): 55%
 - ◊ 2000 (Remeasurement 2): 52%
 - ◊ 2001 (Remeasurement 3): 53%
 - ◊ 2002 (Remeasurement 4): 55%
 - ◊ 2003 (Remeasurement 5): 52%
 - ◊ 2004 (Remeasurement 6): 57%
 - ◊ 2005 (Remeasurement 7): 59%
 - ◊ 2006 (Remeasurement 8): 59%

➤ **Attributes/Barriers to Outcomes:**

- Attribute: Improved access at most sites within the plan's three county network due to ease of appointment scheduling online.
- Barrier: Providers do not follow-up on patients in need of a mammogram.
- Barrier: Providers lacked educational materials in multiple languages.

The *Increasing Provider Participation in Electronic Immunization Registries* QIP appears to be very successful. All the measures related to immunizations improved since the baseline measurement. In the four-year period of the QIP, the *Childhood Immunization Status—Combination 2* rate has increased by approximately 14 percentage points. Impressively, there was a substantial increase in the number of providers linked to the immunization registry. In four years, there was an increase of 60 percentage points since the baseline measurement for the high-volume providers linked to the immunization registry measure. Additionally, a substantial increase of 57 percentage points was seen for the target population covered by providers linked to the immunization registry measure.

In the *Improving Breast Cancer Screening Rates* QIP, the plan increased its rate ten percentage points since the baseline measurement over an eight-year period.

Medi-Cal Audit Findings

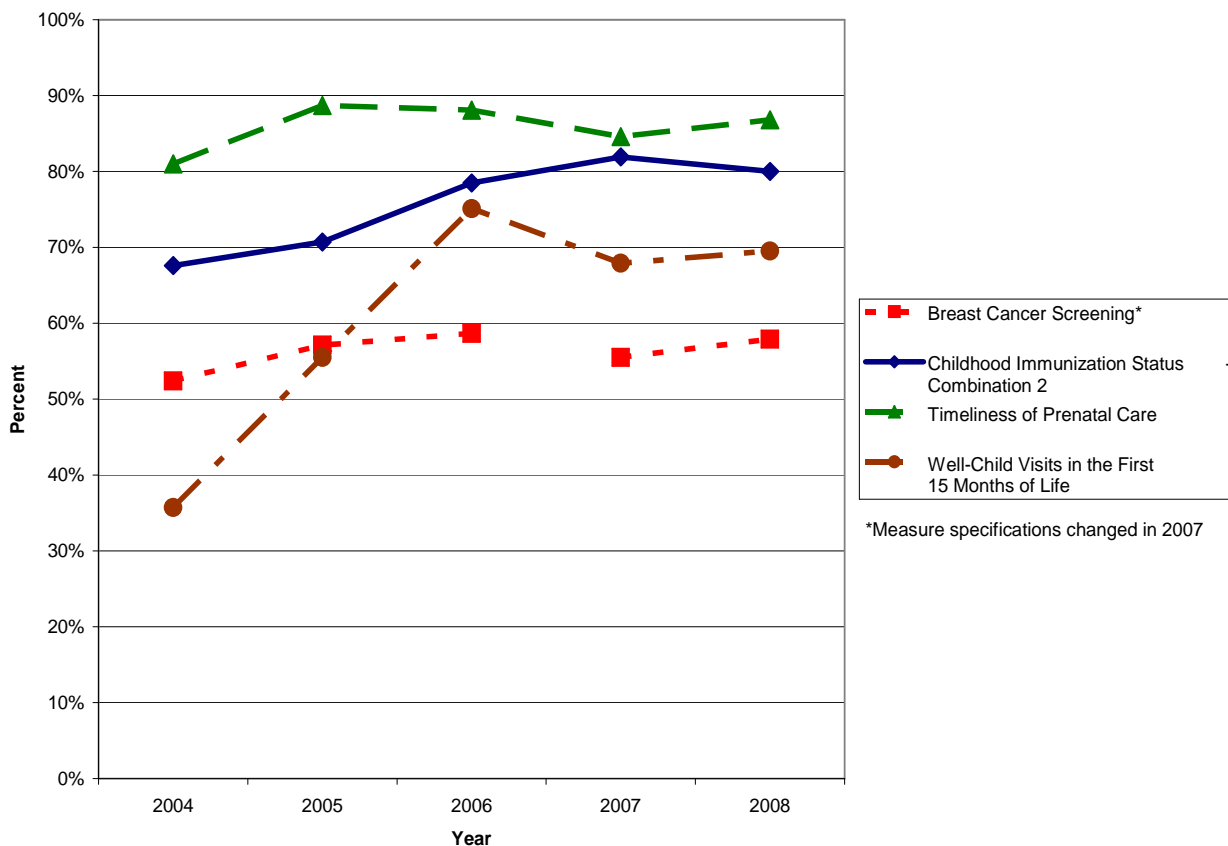
The plan was not audited during this reporting period.

Sustainability of Timeliness of Care Measures

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

Despite some fluctuation in the rates for the four-year reporting period, PHC demonstrated overall sustained improvement in the indicators *Childhood Immunization Status—Combination 2*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life*. 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.

Figure 3: Partnership HealthPlan of California’s Sustainability of Timeliness of Care Indicators.



Summary of Timeliness of Care

Delmarva assessed PHC in four areas of the timeliness domain: HEDIS performance measures, CAHPS survey rates, QIPs, and sustainability of timeliness of care results.

For 2007 HEDIS, PHC reported higher scores in all four measures compared to the 2006 national Medicaid average in 2007. Compared to the Medi-Cal managed care weighted average, PHC scored higher in three of the four comparable measures. For the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure, the plan scored below the Medi-Cal managed care weighted average.

In 2008, PHC reported higher scores than the 2007 national Medicaid averages for all five comparable measures in the timeliness domain. When compared to the Medi-Cal managed care weighted averages, the plan scored better for the *Breast Cancer Screening, Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life* measures. PHC's scores for the *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures were lower than the Medi-Cal managed care weighted averages.

CAHPS survey results showed that responding parents/guardians of child members indicated that the office staff was always courteous and helpful (65% versus 52% for the state benchmark) in the composite area *Courteous and Helpful Office Staff*.

PHC conducted two QIPs in the timeliness domain—*Increasing Provider Participation in Electronic Immunization Registries* and *Improving Breast Cancer Screening Rates*. Both QIPs reported positive results and showed improvement since the baseline measurement.

PHC demonstrated overall sustained improvement in the indicators *Childhood Immunization Status—Combination 2*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Well-Child Visits in the First 15 Months of Life*.

Comparison of Partnership HealthPlan of California's 2007 and 2008 HEDIS Scores

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

Table 10. Comparison of Partnership HealthPlan of California's 2007 and 2008 HEDIS Performance Rates.

2008 Performance Measure	2007 Partnership Health Plan of California Rate*	2008 Partnership Health Plan of California Rate*
Childhood Immunization Status—Combination 2	81.9%	80.0%
Childhood Immunization Status—Combination 3 [†]	†	75.4%
Well-Child Visits in the First 15 Months of Life	67.9%	69.5%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	67.5%	70.0%
Adolescent Well-Care Visits	35.4%	37.7%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.6%	86.8%
Prenatal and Postpartum Care—Postpartum Care	64.3%	64.7%
Breast Cancer Screening	55.5%	57.9%
Cervical Cancer Screening	63.7%	63.1%
Use of Appropriate Medications for People With Asthma	88.9%	89.5%
Appropriate Treatment for Children With Upper Respiratory Infection	88.4%	91.0%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{††}	†	20.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	67.0%	68.8%
Comprehensive Diabetes Care—HbA1c Testing	83.4%	86.3%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [†]	†	40.6%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{†§}	†	34.5% [§]
Comprehensive Diabetes Care—LDL-C Screening	79.1%	81.6%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) [†]	†	47.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	81.3%	86.8%

2008 Performance Measure	2007 Partnership Health Plan of California Rate*	2008 Partnership Health Plan of California Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	†	249.86
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	†	44.38
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	†	5.75
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	†	0.52
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Members</i></p> <p>† 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs have not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.</p> <p>‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>, and a higher score is better.</p> <p>§ This measure represents poor diabetes control as measured by HbA1C levels. A lower number represents better diabetes control.</p>		

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

- PHC improved on 10 of the 14 comparable HEDIS indicators:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Breast Cancer Screening*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- PHC's score remained relatively unchanged for three HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Cervical Cancer Screening*
 - *Use of Appropriate Medications for People With Asthma*

- PHC's performance for one HEDIS measure decreased:
 - *Childhood Immunization Status—Combination 2*

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 this 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 (north or south). Enrollment is mandatory for specified Medi-Cal beneficiaries.

PHC is contracted in Napa, Solano, and Yolo Counties as a COHS plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared across plan types. Note that averages are not ranked (1 through 5) for measures where MPLs and HPLs were not applied in the reporting year.

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.

- COHS plans ranked first 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*
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - *Comprehensive Diabetes Care—HbA1c Testing*

- COHS plans ranked second of the five plan types in the following HEDIS measure:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

- COHS plans ranked third of the five plan types in the following HEDIS measures:
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- The COHS plan type has no HEDIS measures in the fourth or fifth ranking of the five plan types.

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) ¶	322.38	254.75	268.14	263.24	250.02
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ¶	43.49	33.42	38.17	33.98	33.79
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ¶	4.95	2.04	2.09	2.48	2.92
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ¶	2.87	0.29	0.52	0.26	0.40
Plan Model Definitions: * County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. † Two-Plan consists of two plan types: Commercial Plans (CPs) are commercially-operated managed care plans. Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies. Members choose between an LI and 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.					

- COHS plans ranked first 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*
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Breast Cancer Screening*
 - *Use of Appropriate Medications for People With Asthma*
 - *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*

- COHS plans ranked second of the five plan types in the following HEDIS measure:
 - *Cervical Cancer Screening*

- COHS plans ranked third of the five plan types in the following HEDIS measure:
 - *Appropriate Treatment for Children with Upper Respiratory Infection*

- The COHS plan type has no HEDIS measures in the fourth or fifth ranking of the five plan types.

Comparison to Other National and California State Programs

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

2007 Performance Measure	2007 Partnership Health Plan of California Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 CA Healthy Families Average†
Childhood Immunization Status—Combination 2	81.9%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	67.9%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	67.5%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	35.4%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.6%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	64.3%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	55.0%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	55.5%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	63.7%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	88.9%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	88.4%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	77.0%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	67.0%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	83.4%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	79.1%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	81.3%	81.0%	48.8%	55.1%	‡

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

Delmarva compared PHC’s 2007 HEDIS rates to the 2006 HEDIS national commercial average and the 2007 California Healthy Families average. In addition, a summary of comparisons for other benchmarks follows.

- PHC's 2007 rates were higher compared with the 2006 HEDIS national commercial average for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- PHC's 2007 rates were higher compared with the 2007 California Healthy Families average for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- PHC's 2007 rates were lower than the 2007 California Healthy Families average for the following HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*

- PHC performed better than all benchmarks for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- PHC had mixed results for the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life* (PHC's rates were higher than all benchmarks the national commercial average.)
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (PHC's rates were higher than the 2006 HEDIS national Medicaid average and the 2006 HEDIS national commercial average, but lower than the 2007 Medi-Cal managed care weighted average and the 2007 California Healthy Families average.)
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (PHC's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average, but lower than the 2006 HEDIS national commercial average.)

- *Prenatal and Postpartum Care—Postpartum Care* (PHC's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average, but lower than the 2006 HEDIS national commercial average.)
 - *Use of Appropriate Medications for People With Asthma* (PHC's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 national Medicaid average, but lower than the 2006 HEDIS national commercial average and the 2007 California Healthy Families average.)
 - *Comprehensive Diabetes Care—HbA1c Testing* (PHC's rates were higher than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower than the 2006 HEDIS national commercial average.)
- PHC's 2007 rate was lower than all benchmarks for the HEDIS measure *Adolescent Well-Care Visits*.

Table 14: 2008 Performance Measurement Rates Comparing Partnership HealthPlan of California to National and State Programs.

2008 Performance Measure	2008 Partnership HealthPlan of California ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 CA Healthy Families Average ^(b)
Childhood Immunization Status—Combination 2	80.0%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	75.4%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	69.5%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	70.0%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	37.7%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	86.8%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	64.7%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	57.9%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	63.1%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People With Asthma	89.5%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	91.0%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	20.7%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	68.8%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	86.3%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(e)	40.6%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(e)(f)}	34.5%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	81.6%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) ^(e)	47.5%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	86.8%	78.3%	74.6%	79.7%	(d)

2008 Performance Measure	2008 Partnership HealthPlan of California ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 CA Healthy Families Average ^(b)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ^(c) (g)	249.86	271.57	317.97	296.73	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^(c) (g)	44.38	37.26	57.02	16.71	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ^(c) (g)	5.75	2.58	5.30	10.49	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ^(c) (g)	0.52	0.79	1.78	0.83	(d)

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

Plan performance of 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.

Delmarva compared PHC’s 2008 HEDIS rates to the 2007 HEDIS national commercial average and the 2007 California Healthy Families average. In addition, a summary of comparisons for other benchmarks follows.

- PHC’s 2008 rates were higher compared with the 2007 HEDIS national commercial average for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

- PHC's 2008 rates were higher compared with the 2007 California Healthy Families average for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- PHC's 2008 rates were lower compared with the 2007 California Healthy Families average for the following HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*

- PHC performed better than all benchmarks for the following HEDIS measures:
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

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

- *Use of Appropriate Medications for People With Asthma* (PHC's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than and the 2007 HEDIS national commercial average.)
 - *Comprehensive Diabetes Care—HbA1c Testing* (PHC's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than and the 2007 HEDIS national commercial average.)
 - *Comprehensive Diabetes Care—LDL-C Screening* (PHC's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than and the 2007 HEDIS national commercial average.)
- PHC's 2008 rates were lower compared to all benchmarks for two HEDIS measures:
- *Adolescent Well-Care Visits*
 - *Cervical Cancer Screening*

2007 Overall Strengths

- PHC rated better than all benchmarks in 4 of the 11 comparable HEDIS measures.
- PHC's adult members rated the plan higher than the Medi-Cal average in the composite areas *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*.
- PHC's parents/guardians rated the plan higher than the Medi-Cal average in the composite areas *How Well Doctors Communicate*, *Getting Care Quickly* and *Courteous and Helpful Office Staff*.
- The plan documented improvements in measures in all four QIPs reporting remeasurement data.
- In the sustainability area, PHC showed sustained improvement for three HEDIS measures.

2007 Recommendations

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

- Why its performance on the HEDIS measure *Adolescent Well-Care Visits* was worse than other benchmarks.
- Which factors may be causing PHC's parents/guardians to respond with lower rates for PHC in the composite areas *Getting Needed Care*.
- Which "best practices" identified by plans successful in improving *Adolescent Well-Care Visits* rates may be helpful in improving PHC's rates.

2007 Summary

Both strengths and continued opportunities for improvement exist for PHC in the areas of quality, access, and timeliness. PHC is performing well in several areas, including the HEDIS measures:

- *Childhood Immunization Status—Combination 2*
- *Chlamydia Screening in Women*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

Additionally, on the CAHPS survey, PHC adult members scored the plan's performance higher than the Medi-Cal managed care weighted average in all composite areas. Parents/guardians scored the plan's performance higher than the Medi-Cal managed care weighted average three composite areas. Delmarva recommends that PHC focus on parents/guardians' perceptions in the lower scoring composite areas of the CAHPS survey's Child category—*Getting Needed Care*.

Delmarva also recommends that the plan address its lower performance compared to benchmarks for the *Adolescent Well-Care Visits* measure. Specifically, the plan should attempt to implement some of the "best practices" used by other plans involved in the *Adolescent Health Statewide Collaborative* to improve PHC's performance on the *Adolescent Well-Care Visits* measure.

2008 HEDIS Measure Strengths

PHC's rates were higher than all benchmarks for the following measures:

- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

2008 Recommendations

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

- Why its performance on the HEDIS measures *Adolescent Well-Care Visits* and *Cervical Cancer Screening* was worse than other benchmarks.
- Factors that have led to its excellent performance on the measures, *Appropriate Treatment for Children with Upper Respiratory Infection*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, and once identified, PHC should consider reproducing the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for PHC in the area of HEDIS performance measures as presented in this report. In particular, PHC is performing well on the *Appropriate Treatment for Children with Upper Respiratory Infection*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy* measures. PHC should focus on improving lower performing measures such as *Adolescent Well-Care Visits* and *Cervical Cancer Screening*.

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*

⁹The 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 Members* report.

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

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

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Members* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Members* (“*Annual Performance Measures reports*”), provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans’ HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. PHC’s rates in this plan report were taken from the *Annual Performance Measures reports*, as were the state and national benchmarks 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 MCMC plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate,¹² respectively.

CAHPS Measurements

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

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

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