



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Santa Clara Family Health Plan

Submitted by
Delmarva Foundation
December 2008

Table of Contents

2007 - 2008 Annual Report: Santa Clara Family Health Plan

Introduction	1
Definitions	1
Data Sources	2
Report Organization	3
Background	4
Quality of Care Assessment.....	4
Access to Care Assessment.....	16
Timeliness of Care Assessment.....	22
Comparison of Santa Clara Family Health Plan’s 2007 and 2008 HEDIS Scores	29
Comparison of 2007 and 2008 HEDIS Measures by Model Type	31
Comparison to Other National and California State Programs.....	35
2007 Overall Strengths	41
2007 Recommendations	42
2007 Summary	42
2008 HEDIS Measure Strengths	42
2008 Recommendations	43
2008 Summary	43
Appendix A: HEDIS	A - 1
Appendix B: CAHPS	B - 1
References	References 1

2007 - 2008 Annual Report: Santa Clara Family Health Plan

Introduction

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

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

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

Definitions

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

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

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

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

Data Sources

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

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

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

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

- In June 2008, each DHCS health plan submitted its results for the 12 required HEDIS measures, which reflect a total of 23 indicators. The 2008 HEDIS results reflect data collected for the period January 1, 2007, through December 31, 2007.³ For a more detailed explanation of HEDIS, see the “Quality Assessment” discussion later under “HEDIS Performance Measures” and Appendix A: HEDIS.
- AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)⁴ surveys to support the assessment of consumers’ experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid surveys. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see Appendix B: CAHPS.
- Summaries of plan-conducted Quality Improvement Projects conducted during the period January 1, 2006, and December 31, 2007.
- The DHCS’s Audits and Investigations Division and the California Department of Managed Health Care conduct routine medical surveys (audits) to assess compliance with contract requirements and state regulations. Findings from any audits conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.
- Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by Medi-Cal Managed Care Division’s Office of the Ombudsman during 2006 and 2007.

Report Organization

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

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

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

Background

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

Santa Clara Family Health Plan (SCFHP) has been operating as a full-service health plan contracted in Santa Clara County as a LI plan since February 1997. SCFHP has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since December 20, 1996. As of December 2007, SCFHP's Medi-Cal enrollment was 78,021 members.

Quality of Care Assessment

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

HEDIS Performance Measures

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

Changes in HEDIS Performance Measures from 2007 to 2008

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

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

order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities.

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

2007 Quality Measure	2007 Santa Clara Family Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	89.8%	78.9%	82.5%
Chlamydia Screening in Women	54.2%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis††	80.5%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	95.7%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	51.7%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	84.5%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	76.7%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	72.9%	81.0%	48.8%
Cervical Cancer Screening‡	70.4%	67.9%	65.0%

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

SCFHP scored better than the 2007 Medi-Cal managed care weighted average in four of the five comparable measures and higher than the 2006 HEDIS national Medicaid average in all five comparable HEDIS measures in the quality domain. SCFHP scored lower than the state benchmark for *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

2008 HEDIS Quality Performance Measures

Table 2 provides SCFHP'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 Santa Clara Family Health Plan to State and National Programs.

2008 Quality Measure	2008 Santa Clara Family Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	91.3%	83.1%	83.3%
Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis ^{†‡}	27.4%	28.4%	†
Use of Appropriate Medications for People With Asthma	87.9%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	56.3%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	80.3%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [‡]	33.6%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{‡§}	45.3%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening Performed	70.0%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) [‡]	29.8%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	71.4%	78.3%	74.6%
Cervical Cancer Screening	73.5%	68.7%	65.7%

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

MMCD retired the *Chlamydia Screening for Women* performance measure from the required measurement set for 2008. Rates for four of the quality measures were not comparable because MPLs and HPLs had not yet been established.

SCFHP's rates were higher than the 2008 Medi-Cal managed care benchmark for two of the seven comparable measures, *Appropriate Treatment for Children With Upper Respiratory Infection* and *Cervical Cancer Screening*. When comparing SCHFP's rates with the 2007 HEDIS national Medicaid average, the plan scored better in five of the seven comparable measures. The plan scored lower than both benchmarks for the measures, *Comprehensive Diabetes Care—LDL-C Screening Performed* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*.

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 Santa Clara Family Health Plan to Medi-Cal Managed Care Weighted Averages.

2007 CAHPS Composite	Population	2007 Santa Clara Family Health Plan Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Needed Care	Adult	32%	40%
	Child	80%	80%
	CSHCN†	73%	‡
How Well Doctors Communicate	Adult	57%	59%
	Child	56%	52%
	CSHCN†	59%	‡
* 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.			

SCFHP’s composite score for *Getting Needed Care* indicates some possible areas for improvement with just 32 percent of adult members responding that they always got the care they needed. SCFHP’s scored eight percentage points lower than the 2007 Medi-Cal managed care weighted average in this category. In the Child category, the plan’s rate was equivalent to the 2007 Medi-Cal managed care weighted average (80 percent).

For the Adult category of the composite *How Well Doctors Communicate*, 57 percent of SCFHP’s adult members indicated their doctor always communicated well, ranking SCFHP two percentage points lower than the Medi-Cal managed care weighted average. For the Child category, 56 percent of parents/guardians indicated their doctor or health care provider always communicated well—four percentage points higher than the Medi-Cal managed care weighted average.

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

Quality Improvement Projects

Three of SCHFP's quality improvement projects (QIPs) were categorized in the quality domain for assessment purposes:

- *Management of Appropriate Medications for People with Asthma*
- *Initial Health Assessment*
- *Adolescent Obesity Prevention*

Management of Appropriate Medications for People with Asthma

➤ **Relevance:**

Asthma is the most frequent non-pregnancy related hospital admission diagnosis for all SCFHP members. Asthma medications are among the most frequently prescribed medications for SCFHP's members.

➤ **Goals:**

- Increase the use of appropriate medications for SCFHP members with asthma.
- Decrease the use of beta agonists (rescue inhalers) to treat asthma.

➤ **Best Interventions:**

- Implemented a telephonic asthma disease management program.
- Expanded provider education to include asthma guidelines, which were made available to providers on SCFHP website and mailed to all SCFHP providers.
- Mailed members a free 30-minute long distance phone card to increase member participation. The card was activated after the member completed the assessment call for the management program.

➤ **Outcomes:**

- Appropriate medications for people with asthma rate:
 - ◊ 2000 (Remeasurement 1): 51.60%
 - ◊ 2001 (Remeasurement 2): 64.04%
 - ◊ 2002 (Remeasurement 3): 59.00%
 - ◊ 2003 (Remeasurement 4): 62.00%
 - ◊ 2004 (Remeasurement 5): 58.50%
 - ◊ 2005 (Remeasurement 6): 84.91%
- Beta agonist use rate (lower rate indicates better performance):
 - ◊ 2001 (Remeasurement 1): 19.16%
 - ◊ 2002 (Remeasurement 2): 17.00%
 - ◊ 2003 (Remeasurement 3): 19.00%
 - ◊ 2004 (Remeasurement 4): 11.91%
 - ◊ 2005: Not reported

➤ **Attributes and Barriers to Outcomes:**

- Barrier: Enrolling members in the asthma disease management program is a challenge due to the complexity of the provider network, provider groups, and contractual agreements.
- Barrier: Members who were referred to the asthma program were found to be ineligible for SCFHP.
- Barrier: Data quality related to members is poor, with missing or incorrect contact information.
- Barrier: The asthma program reports are 100 percent member self-reported, and members may not accurately report their health issues.
- Barrier: Participation in the asthma program is voluntary.
- Barrier: A key position at SCFHP has remained unfilled for over one year.

The plan saw a 33.3 percentage point increase in its rate for appropriate medications for people with asthma from baseline to the final measurement. This project was closed in July 2007.

Initial Health Assessment

➤ **Relevance:**

Many of SCFHP's members have not received health care from a primary care provider or regularly accessed health care. SCFHP believes that the incidence of debilitating conditions can be alleviated with the introduction of clinical preventive care to members via Initial Health Assessment (IHA).

➤ **Goal:**

All newly enrolled SCFHP members will receive an IHA with a provider within 120 days of enrollment.

➤ **Best Interventions:**

- Drafted "Rewarding Results" report card for providers that includes IHA as a quality measure.
- Implemented a new member orientation for newly enrolled members in multiple languages.
- Conducted 120-day validation audit.
- Developed provider outreach initiatives, such as a SCFHP website section for providers that included the preventive healthcare guidelines and past issues of newsletters.
- Developed age-appropriate well-visit forms.
- Developed a multi-phased IHA compliance intervention with providers and members that included new member reminder postcards.

➤ **Outcomes:**

- Initial Health Assessment rate:
 - ◊ 1998 (Baseline): 31.0%
 - ◊ 2000 (Remeasurement 1): 38.0%
 - ◊ 2001 (Remeasurement 2): 43.0%
 - ◊ 2002 (Remeasurement 3): 37.0%
 - ◊ 2003 (Remeasurement 4): 43.0%

◇ 2004 (Remeasurement 5): 45.9%

◇ 2005 (Remeasurement 6): 50.8%

➤ **Attributes and Barriers to Outcomes:**

- Barrier: New members are unaware of the need to see a primary care provider within four months of enrollment in the plan.
- Barrier: Providers and office staff time and resources are limited which affects the ability to contact new members.
- Barrier: Providers are not able to get members in for appointments.
- Barrier: Encounter data is not consistently submitted by providers.

The plan reported a 19.8 percentage point increase of IHAs obtained within the 120-day timeframe. The *Initial Health Assessment* project was closed in September 2006.

Adolescent Obesity Prevention

➤ **Relevance:**

In 2007, 424 medical records for adolescents were reviewed. Results indicated that 19 percent of SCFHP's adolescents were at risk for obesity and 28 percent were obese. Adolescents comprise 21 percent of SCFHP's Medi-Cal managed care population.

➤ **Goals:**

- Achieve 70 to 80 percent compliance for the rate of adolescent members 12 to 18 years of age with the Body Mass Index (BMI) documented in their health records by Remeasurement 2.
- Achieve 70 to 80 percent compliance for the rate of adolescent members 12 to 18 years of age with counseling and/or referral on healthy lifestyles, nutrition, and/or weight management documented in their health records by Remeasurement 2.

➤ **Best Interventions:**

Interventions were being developed during this reporting period.

➤ **Outcomes:**

- Rate of adolescent members 12 to 18 years of age with the BMI documented in their health records:
 - ◇ Baseline rates had not been reported at the time of this report.
- Rate of adolescent members 12 to 18 years of age with counseling and/or referral on healthy lifestyles, nutrition, and/or weight management documented in their health records:
 - ◇ Baseline rates had not been reported at the time of this report.

➤ **Attributes/Barriers to Outcomes:**

Not available at the time this report was prepared.

Medi-Cal Audit Findings

Plans are required to submit to medical performance audits every three years to evaluate a plan's compliance with the requirements of the Knox-Keene Act. The medical performance audits are jointly conducted by the DHCS and the Department of Managed Health Care (jointly referred to as "auditors").

Usually within 60 days of the audit, auditors issue an Exit Conference report and present it to the plan. The Exit Conference report lists deficiencies that require corrective action and provide recommendations to the plan for correcting the deficiencies. The plan then has 45 days to submit a Corrective Action Plan (CAP) to the auditors, which provides proof of correction of the deficiencies, challenges the deficiencies, or provides a plan to correct the deficiencies. Within 60 days of receipt of the CAP, auditors and nurse evaluators in MMCD review the CAP and issue a public report assessing the plan's compliance with the original findings. The plan is then given an additional 120 days to address uncorrected deficiencies. Within 180 days of the date the public report was issued, the DHCS issues a final closeout report to the plan assessing the plan's compliance with the original findings.

The DHCS's Audits and Investigations Division and the DMHC conducted an audit of SCFHP in May 2007 for the audit period of May 1, 2006, through April 30, 2007. The audit report, which was presented to the plan in October 2007, evaluated six categories of performance: Utilization Management, Continuity of Care, Availability and Accessibility, Members' Rights, Quality Management, and Administrative and Organizational Capacity. The audit included document reviews, verification studies, and interviews conducted with plan staff.

In the course of the audit, auditors found SCFHP had opportunities for improvement. Under the *Continuity of Care* category's *Initial Health Assessment* component, auditors found that the plan needed to improve its Initial Health Education Behavioral Assessment completion rates. Auditors also found deficiencies in the *Member's Rights* category related to SCFHP's grievance files, which lacked evidence of evaluation and follow-up action for potential quality of care issues. Additionally, in the *Member's Rights* category, auditors discovered unsent grievance appeal letters and acknowledgement letter errors. The plan did not include subcontractor grievances in the grievance reports to the plan's Quality Improvement Committee and to the Santa Clara County Health Authority. Within the *Quality Management* category, auditors noted that the plan's Medical Director reviewed all potential quality of care issues reported, but did not document communication or counseling with the providers regarding these quality of care concerns.

To address these deficiencies, DHCS provided oversight for SCFHP's corrective action process. Within 45 calendar days from the date of the July 2007 Exit Conference, the plan was unable to address all of the identified deficiencies and received additional time to correct the deficiencies. The expiration of the additional corrective period extended into the next reporting period (calendar year 2008); therefore, Delmarva was unable to include the closeout report findings in this report.

Sustainability of Quality Indicators

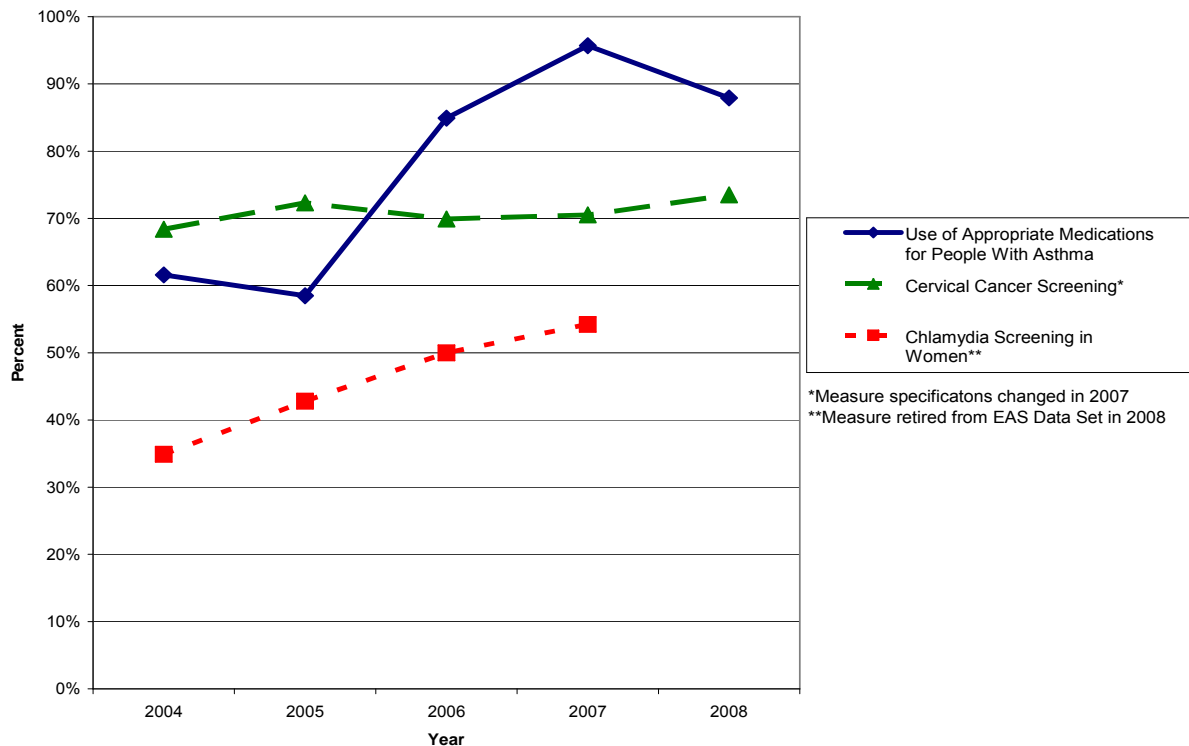
Sustainability of quality is an important gauge of a health plan’s ability to effect change in processes of care.

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.

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

Figure 1. Santa Clara Family Health Plan’s Sustainability of Quality of Care Indicators.



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

For the *Use of Appropriate Medications for People With Asthma* measure, the plan showed overall improvement during the measurement period, despite fluctuations in the rate and a sharp decline of the rate in 2008.

Although SCFHP's rates fluctuated for *Cervical Cancer Screening* measure during the measurement period, the plan demonstrated overall improvement for the *Cervical Cancer Screening* measure.

SCFHP showed sustained improvement for *Chlamydia Screening in Women* measure during the three-year measurement period. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

Grievance and Ombudsman Reports

MMCD requires contracted health plans to maintain grievance systems in accordance with the California Code of Regulations, Title 28, Section 1300.68. All grievances received by a plan—in writing or verbally—must be tracked in a grievance log. Plans submit quarterly reports to MMCD, as well as to the Department of Managed Health Care, 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.

Santa Clara Family Health Plan's Grievance Reports

SCFHP reported a total of 368 grievances in quarterly reports during the three quarters reported in 2006 and all quarters of 2007. The grievance issues were related to billing, access to service, pharmacy, PCP changes, access, medical, quality of care, quality of services, provider complaints, dissatisfaction level of medical services, State Fair Hearings, and enrollment/disenrollment issues.

*Office of the Ombudsman's Reports*⁷

- 2006: 61 OCMS cases (2.0 percent of all cases; 0.866 cases per 1,000 members)
- 2006: 27 State Fair Hearings (2.8 percent of all cases; 0.383 cases per 1,000 members)
- 2007: 54 OCMS cases (1.2 percent of all cases; 0.721 cases per 1,000 members)
- 2007: 12 State Fair Hearings (2.5 percent of all cases; 0.160 cases per 1,000 members)

Summary of Quality

Delmarva assessed SCFHP's quality of care in six ways: HEDIS performance measures, CAHPS survey results, QIPs, grievance and Ombudsman reports, medical performance audit findings, and sustainability of quality indicator results.

When comparing SCFHP's 2007 rates to the Medi-Cal managed care weighted average, the plan performed better in four of the five comparable measures in the quality domain. When comparing 2007 HEDIS scores, SCFHP scored better than the 2006 HEDIS national Medicaid average all five comparable measures.

For the 2008 reporting year, SCFHP's rates were higher than the 2008 Medi-Cal managed care rates for only two of the seven comparable measures. When comparing SCFHP's 2008 rates with the 2007 HEDIS national Medicaid average, the plan scored better in five of the seven comparable measures.

SCFHP's composite score for *Getting Needed Care* showed adult members responding that they always got the care they needed at a lower rate than the 2007 Medi-Cal managed care weighted average in this category (32 percent versus 40 percent). In the Child category of that composite, the plan's rate was equivalent to the 2007 Medi-Cal managed care weighted average (80 percent).

In the category of *How Well Doctors Communicate*, the plan's responding adult members indicated their doctor or health care provider always communicated well at a lower rate than the Medi-Cal managed care weighted average (57 percent versus 59 percent). The plan's responding parents/guardians indicated their children's doctor or health care provider always communicated well at a higher rate than the 2007 Medi-Cal managed care weighted average (56 percent versus 52 percent).

The plan engaged in three QIPs categorized in the quality domain. In the *Management of Appropriate Medications for People with Asthma* QIP, SCFHP was successful in increasing rates for appropriate medications for people with asthma from baseline to final measurement by 33.3 percentage points. In the *Initial Health Assessment* QIP, the plan reported a 19.8 percentage point increase in initial health assessments obtained within the 120

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

days allotted. SCFHP closed these two QIPs during this reporting period. The plan initiated work on the new *Adolescent Obesity Prevention* QIP in 2007, but no baseline information was available at the time this report was prepared.

During the 2007 audit, auditors found SCHFP to have deficiencies in its Initial Health Education Behavioral Assessment completion rates. Auditors also found deficiencies in the *Member's Rights* category related to grievance procedure and follow-up. Within the *Quality Management* category, auditors noted that the Medical Director did not document communication or counseling with the providers regarding quality of care concerns. Some portions of the problems were corrected, but deficiencies remained. The DHCS provided the plan additional time to correct the remaining deficiencies, but the closeout report was issued after the period covered by this report.

SCFHP showed sustained improvement for the HEDIS measure *Chlamydia Screening in Women*, which MMCD retired in 2008. The plan showed overall improvement for the *Use of Appropriate Medications for People With Asthma* and *Cervical Cancer Screening* measures.

Access to Care Assessment

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

Table 4. 2007 HEDIS Access Measure Results Comparing Santa Clara Family Health Plan to State and National Programs.

2007 Access Measure	2007 Santa Clara Family Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	35.0%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	58.3%	58.7%	57.0%

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

The plan reported scores lower than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. For the *Prenatal and Postpartum*

Care—Postpartum Care measure, SCFHP scored slightly lower than the 2007 Medi-Cal managed care weighted average, but higher than the 2006 HEDIS national Medicaid average.

2008 HEDIS Performance Measures Pertaining to Access

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

Table 5. 2008 HEDIS Access Measure Results Comparing Santa Clara Family Health Plan to State and National Programs.

2008 Access Measure	2008 Santa Clara Family Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	39.4%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	61.9%	59.1%	59.1%

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

Again for 2008, the plan reported rates lower than both the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. However, for 2008, SCFHP reported a rate higher than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure.

CAHPS Survey Results Pertaining to Access

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

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

2007 CAHPS Composite	Population	2007 Santa Clara Family Health Plan Results	2007 Medi-Cal Managed Care Weighted Average*
Getting Care Quickly	Adult	38%	45%
	Child	37%	37%
	CSHCN†	40%	‡

* 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.

SCFHP’s composite score for *Getting Care Quickly* showed 38 percent of responding adult members indicated they always received care quickly, seven percent less than the Medi-Cal managed care weighted average. In

the Child category, the plan's composite score showed that 37 percent of parents/guardians of child members indicated they always received care quickly. The Child category score was equivalent to the Medi-Cal managed care weighted average for that composite.

Quality Improvement Projects

SCFHP engaged in two Quality Improvement Projects (QIPs) categorized in the access domain. Both QIPs were statewide collaborative projects:

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

Improving and Increasing Adolescent Well-Care Visits

➤ **Relevance:**

SCFHP's adolescent well-care visit rates have been consistently below the national comparison rates. Adolescents comprise more than 21 percent of SCFHP's Medi-Cal managed care membership. As of June 2005, SCFHP adolescent membership was 23,577.

➤ **Goal:**

Achieve 36 percent on the HEDIS *Adolescent Well-Care Visits* indicator by 2006.

➤ **Best Interventions:**

- Implemented a pay-for-performance provider quality incentive program in addition to the providers' fee-for-service payment for well-care visits.
- Continued provider education through provider newsletters, guidelines, and provider services outreach.
- Teen focus group held, addressing expectations of well-care visits and the types of incentives that would motivate teens to see their primary care physicians for preventive care.

➤ **Outcomes:**

- HEDIS *Adolescent Well-Care Visits*:
 - ◊ 2001 (Baseline): 33.8%
 - ◊ 2003 (Remeasurement 1): 33.6%
 - ◊ 2004 (Remeasurement 2): 33.1%
 - ◊ 2005 (Remeasurement 3): 35.0%
 - ◊ 2006 (Remeasurement 4): 35.0%

➤ **Attributes/Barriers to Outcomes:**

- Barrier: Limited resources were available for the adolescent training, as training was held during the busy time of year.
- Barrier: SCFHP concluded member communication has minimal return on investment.

- Barrier: Providers are not using the American Academy of Pediatrics periodicity schedule for preventive care.
- Barrier: Adolescents are not seeking preventive health care.

Avoidable Emergency Room Visits

➤ **Relevance:**

In 2006, 22.11 percent of SCFHC's ER visits were defined as avoidable for members one year and older. The plan indicated that "there is ample room for improvement."

➤ **Goals:**

- For the ER visits indicator, achieve 30.67 visits per 1,000 member months by Remeasurement 2.
- For the avoidable ER visits indicator, achieve 5 to 10 percent improvement by Remeasurement 2.

➤ **Best Interventions:**

Collaborative interventions were being developed during this reporting period.

➤ **Outcomes:**

- HEDIS rate of members seen in the ER:
 - ◊ 2006 (Baseline): 32.94 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
 - ◊ 2006 (Baseline): 22.11%

➤ **Attributes/Barriers to Outcomes:**

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

The results of the *Improving and Increasing Adolescent Well-Care Visits* project were promising as SCFHP saw a small increase of 1.2 percentage points from baseline in *Adolescent Well-Care Visits*. SCFHP indicated that several barriers existed that would affect the QIP's ability to achieve improvement in these rates. This project was closed during the third quarter of 2007, and the plan began work on the *Avoidable Emergency Room Visits* statewide collaborative QIP.

Medi-Cal Audit Findings

During the May 2007 medical performance audit, DHCS and DMHC auditors found SCFHP deficient in several categories, including some in the quality domain.

In the *Availability and Accessibility* category's *Access to Medical Care* component, auditors found that the plan failed to verify annually credentials of HIV/AIDS specialists or to oversee this activity for delegated medical groups. SCFHP was not monitoring telephone-waiting time and call-return time in the contracted provider offices. Related to the *Access to Emergency Services* and *Access to Specific Services* components, SCFHP did not comply with its policy of performing annual audits of subcontracted providers' payment of emergency

department claims. The plan had denied seven emergency service claims due to late submission, which was not a valid reason for denial.

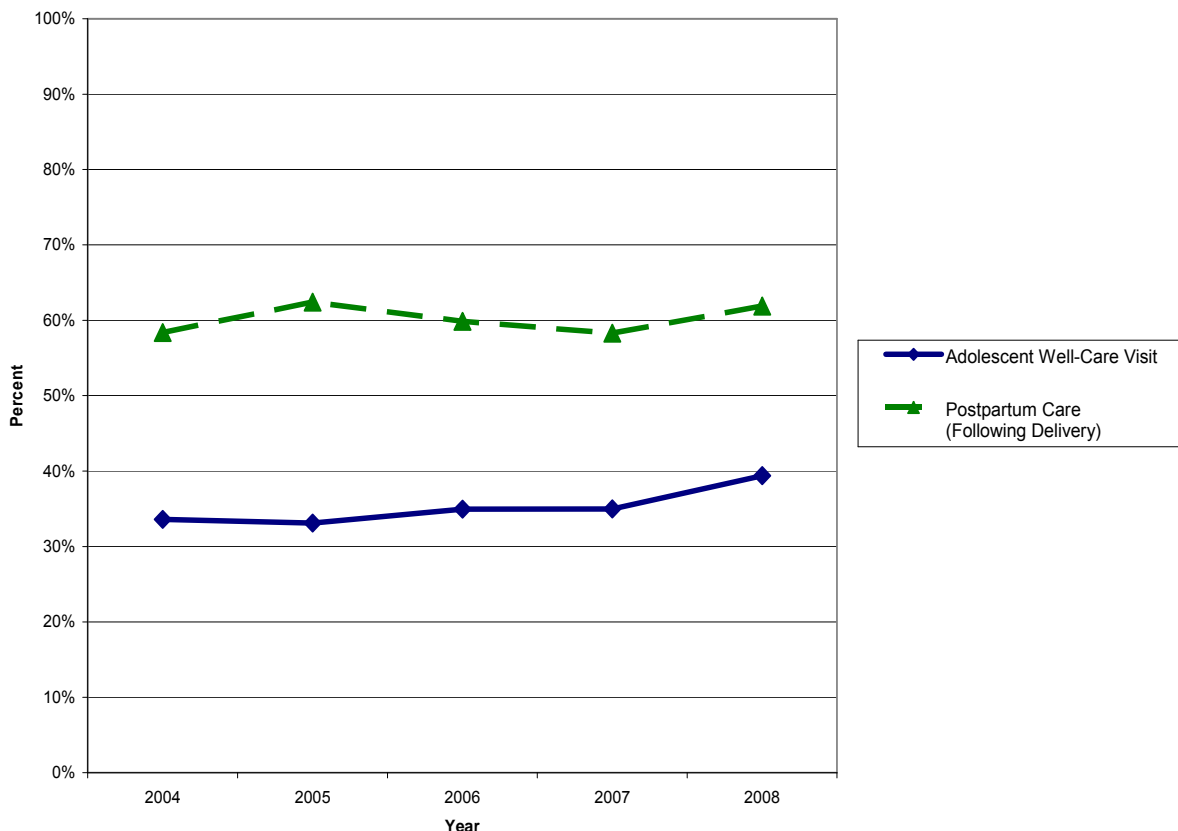
In the *Member's Rights* category's *Confidentiality Rights* component, auditors found that the plan's HIPAA policies did not contain the reporting requirements to notify the DHCS Contract Manager within 24 hours of the discovery that protected health information had been used or disclosed and reporting to the DHCS within 24 hours of a suspected or actual breach of security.

To address these deficiencies, DHCS provided oversight for SCFHP's corrective action process. Within 45 calendar days from the date of the July 2007 exit conference, the plan was not able to address all of the identified deficiencies and received additional time to correct the deficiencies. The additional corrective period extended into the next reporting period, so Delmarva could not include the audit's report findings in this report.

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. Santa Clara Family Health Plan's Sustainability of Access to Care Indicators.



SCFHP showed sustained improvement for the measure *Adolescent Well-Care Visit*. For the measure *Prenatal and Postpartum Care—Postpartum Care*, fluctuations of the rates over the four-year measurement period demonstrate that the plan has been unable to sustain improvement. A slight upward increase of the rates is noted for the 2008 measurement period for both access measures.

Summary of Access

Delmarva assessed SCFHP's access to care in five ways: HEDIS performance measures, CAHPS survey rates, QIPs, medical performance audit findings, and sustainability of access to care indicator results.

For 2007, SCFHP reported a rate lower than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. For the *Prenatal and Postpartum Care—Postpartum Care* measure, SCFHP scored slightly lower than the 2007 Medi-Cal managed care weighted average, but higher than the 2006 HEDIS national Medicaid average.

For 2008, SCFHP reported a rate lower than both the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. For the *Postpartum Care—Postpartum Care* measure, SCFHP reported a rate higher than both the Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average.

SCFHP's CAHPS composite score for *Getting Care Quickly* was seven percent lower than the Medi-Cal managed care weighted average. In the Child category, the plan's composite score was equivalent to the Medi-Cal managed care weighted average.

SCFHP participated in two QIPs categorized in the access domain. Delmarva notes a small increase in the *Adolescent Well-Care Visits* rates for the project *Improving and Increasing Adolescent Well-Care Visits*. In 2007, the plan initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP, but no remeasurement information was available at the time this report was prepared.

Auditors found opportunities for improvement in the areas of *Availability and Accessibility* and *Member's Rights*. SCFHP was unable to corrected portions of the deficiencies in the 45-day timeframe. Auditors allowed additional time for the plan to correct the remaining deficiencies.

In the area of sustainability, SCFHP showed sustained improvement for the measure *Adolescent Well-Care Visit*, but was unable to show sustained improvement for the measure *Prenatal and Postpartum Care—Postpartum Care*. Delmarva notes a slight upward trend of rates for 2008.

Timeliness of Care Assessment

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

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 7. 2007 HEDIS Timeliness Measure Results Comparing Santa Clara Family Health Plan to State and National Programs.

2007 Timeliness Measure	2007 Santa Clara Family Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	56.1%	48.6%	53.9%
Childhood Immunization Status—Combination 2	84.7%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.9%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	59.4%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	74.3%	63.3%
<p>* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i>. † Due to significant changes in technical specifications, this measure is treated as a first-year measure in 2007. Because new MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.</p>			

SCFHP scored higher than the 2007 Medi-Cal managed care weighted average in three of the four comparable HEDIS measures in the timeliness domain. The plan's rate was slightly lower on the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure than the 2007 Medi-Cal managed care weighted average. When compared to the 2006 HEDIS national Medicaid average, SCFHP scored higher on all four comparable measures.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

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

Table 8. 2008 HEDIS Timeliness Measure Results Comparing SCFHP to State and National Programs.

2008 Timeliness Measure	2008 Santa Clara Family Health Plan Rate*	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	57.8%	50.4%	49.1%
Childhood Immunization Status— Combination 2	83.6%	80.1%	73.3%
Childhood Immunization Status—Combination 3 [†]	78.5%	72.0%	60.6%
Prenatal and Postpartum Care— Timeliness of Prenatal Care	84.3%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	59.0%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.1%	75.8%	66.8%
* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</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.			

SCFHP reported higher rates than the 2008 Medi-Cal managed care weighted average for three of the five comparable measures and scored lower than the 2008 Medi-Cal managed care weighted average on the two *Well-Child Visits* measures. The plan reported higher rates than the 2007 HEDIS national Medicaid average for all five comparable measures.

CAHPS Survey Results Pertaining to Timeliness

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

Table 9. 2007 CAHPS Timeliness Survey Results Comparing SCFHP to the Medi-Cal Managed Care Weighted Averages.

2007 CAHPS Composite	Population	2007 Santa Clara Family Health Plan Result	2007 Medi-Cal Managed Care Weighted Average*
Courteous and Helpful Office Staff	Adult	†	†
	Child	52%	52%
	CSHCN‡	52%	§
Health Plan's Customer Service	Adult	34%	45%
	Child	83%¶	79%
	CSHCN‡	71%¶	§

* 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.

SCFHP's parents/guardians of child members indicated that the office staff was courteous and helpful 52 percent of the time; equivalent to the Medi-Cal managed care weighted average for this composite. SCFHP adult members were less satisfied with their health plan's customer service than the Medi-Cal managed care weighted average (34 percent and 45 percent, respectively), indicating some possible issues and areas for improvement.

In the Child category of the composite, *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

SCFHP engaged in one QIP categorized in the timeliness domain: *Improving Childhood Immunization Rates*. Results of this project are discussed below.

Improving Childhood Immunization Rates

➤ **Relevance:**

SCFHP recognized the need for timely immunizations for children. Members 0 to 2 years of age comprise 17 percent of SCFHP's member population.

➤ **Goal:**

Improve the immunization rate and the participation of high volume providers in the Immunization Registry.

➤ **Best Interventions:**

- Identified providers accounting for high volumes of childhood immunizations.
- Recruited providers to link to the registry and educated providers about the registry.
- Mailed immunization reminder postcards and Perinatal Program “prenatal packet” mailings to SCFHP members.
- Educated and trained providers about childhood immunizations.
- Used Immunization Registry data along with encounter data for HEDIS reporting.

➤ **Outcomes:**

- HEDIS *Childhood Immunization Status—Combination 2* rate.
 - ◊ 2001 (Baseline): 60.4%
 - ◊ 2003 (Remeasurement 1): 65.7%
 - ◊ 2004 (Remeasurement 2): 73.1%
 - ◊ 2005 (Remeasurement 3): 86.8%
- Immunization registry use among high-volume providers.
 - ◊ 2004 (Baseline): 69%
 - ◊ 2005 (Remeasurement 1): 68%
- Percentage of children 0 to 2 years seen by providers using the Immunization Registry.
 - ◊ 2004 (Baseline): 77%
 - ◊ 2005 (Remeasurement 1): 80%

➤ **Attributes and Barriers to Outcomes:**

- Attribute: Interventions appear to positively affect outcomes.
- Barrier: Complete encounter data submission continues to be low at 35.6 percent, even with the Immunization Registry data.
- Barrier: Some providers reject participation in the Immunization Registry.
- Barrier: Providers lack technology to access the Immunization Registry.
- Barrier: Key data analyst position at the plan remained unfilled.
- Barrier: Participating providers in the Immunization Registry enter data incorrectly and/or do not input data in a timely manner.

SCFHP’s results for this QIP were mixed. The plan’s rates for *Childhood Immunization Status—Combination 2* increased from 73.1 percent to 86.8 percent. SCFHP’s percentage of children ages 0 to 2 seen by providers who use the Immunization Registry increased from 77 percent to 80 percent, but the plan’s rate of Immunization Registry use among high-volume providers decreased from 69 percent to 68 percent. SCFHP reported no new results for this QIP during this reporting period, and the project closed in 2006.

Medi-Cal Audit Findings

Delmarva determined from its review of the May 2007 medical performance audit that auditors found SCFHP deficient in one category designated in the timeliness of care domain: *Utilization Management*.

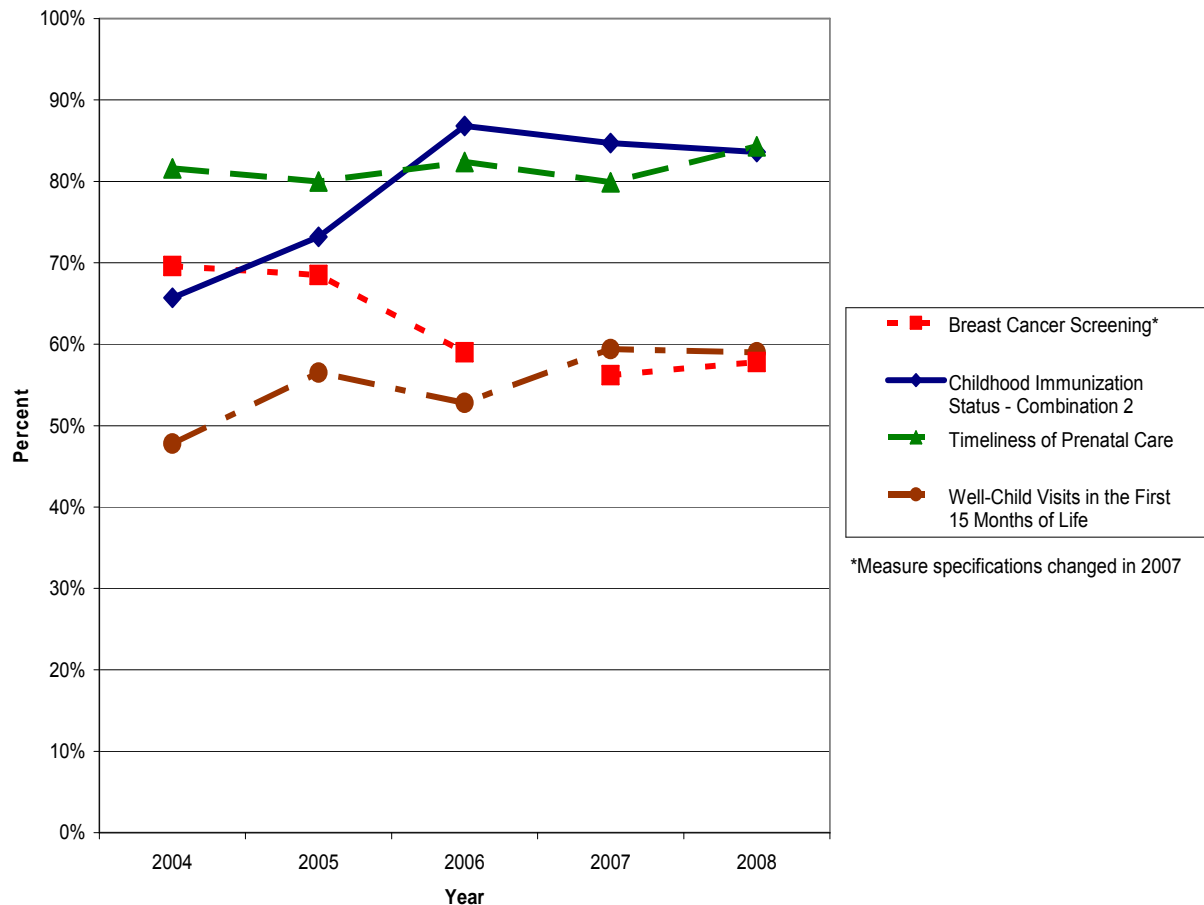
Under the *Utilization Management Program* component (specifically the “*Your Rights Under Medi-Cal Managed Care*”, attachment to the *Notification of Prior Authorization Denial, Deferral or Modification* letter), auditors found the plan’s letter did not contain the correct statutory language notifying the member of their right to contact the DMHC for assistance and to request independent medical review. Auditors also noted a deficiency in the *Prior Authorization Appeal Process* component about the need for revision of the *Provider Medical Dispute Resolution Mechanism Policy UM-44-04* to agree with Section 7.5 of the Provider Manual. Furthermore, the audit identified a previously unresolved deficiency, which was developing a solution for members failing to obtain and/or keep appointments for specialist referral. Auditors recommended that SCFHP show actions taken to improve the completion rate for specialist referrals.

To address these deficiencies, DHCS provided oversight for SCFHP’s corrective action process. Within 45 calendar days from the date of the July 2007 exit conference, the plan was not able to address all of the identified deficiencies and received additional time to correct the deficiencies. The additional corrective period extended into the next reporting period (calendar year 2008), so Delmarva was unable to include the closeout report finding in this report.

Sustainability of Timeliness of Care Measures

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

Figure 3. Santa Clara Family Health Plan’s Sustainability of Timeliness of Care Indicators.



Despite some fluctuation in the rates during the four-year reporting period, SCFHP demonstrated overall improvement in the timeliness performance indicators *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*.

For the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, fluctuations of the rates over the four-year measurement period show that the plan has been unable to sustain improvement; however, the 2008 rate for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator showed a slight increase.

The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure’s 2007 technical specifications. Delmarva cannot determine sustainability

of the *Breast Cancer Screening* rates for the measurement period as trending patterns cannot be determined with missing data points.

Summary of Timeliness of Care

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

SCFHP scored better than the 2007 Medi-Cal managed care weighted average in three of the four comparable HEDIS measures in the timeliness domain. When compared to the 2006 HEDIS national Medicaid average, SCFHP scored better on all four comparable measures.

The plan reported higher rates than the 2008 Medi-Cal managed care weighted average for three of the five comparable measures. The plan reported higher rates than the 2007 HEDIS national Medicaid average for all five comparable measures.

SCFHP's parents/guardians of child members indicated that the office staff was courteous and helpful 52 percent of the time—equivalent to the Medi-Cal managed care weighted average for this composite. SCFHP adult members were less satisfied with their health plan's customer service than the Medi-Cal managed care weighted average, indicating some possible areas for improvement.

SCFHP engaged in one QIP, *Improving Childhood Immunization Rates*, categorized in the timeliness domain. The results were mixed. SCFHP reported no new results for this QIP during this reporting period, and the project closed in 2006.

Auditors found opportunities for improvement in the *Utilization Management* category of the 2007 medical performance audit.

In the sustainability area, SCFHP demonstrated overall improvement in the indicators *Childhood Immunization Status—Combination 2* and *Well-Child Visits in the First 15 Months of Life*. The plan was unable to demonstrate sustained improvement for the indicator *Prenatal and Postpartum Care—Timeliness of Prenatal Care*.

Comparison of Santa Clara Family Health Plan's 2007 and 2008 HEDIS Scores

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

Table 10. Comparison of Santa Clara Family Health Plan's 2008 and 2007 HEDIS Performance Rates.

2008 Performance Measure	2007 Santa Clara Family Health Plan Rate*	2008 Santa Clara Family Health Plan Rate*
Childhood Immunization Status—Combination 2	84.7%	83.6%
Childhood Immunization Status—Combination 3 [†]	†	78.5%
Well-Child Visits in the First 15 Months of Life	59.4%	59.0%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	73.1%
Adolescent Well-Care Visits	35.0%	39.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.9%	84.3%
Prenatal and Postpartum Care—Postpartum Care	58.3%	61.9%
Breast Cancer Screening	56.1%	57.8%
Cervical Cancer Screening	70.4%	73.5%
Use of Appropriate Medications for People With Asthma	95.7%	87.9%
Appropriate Treatment for Children With Upper Respiratory Infection	89.8%	91.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{††}	†	27.4%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	51.7%	56.3%
Comprehensive Diabetes Care—HbA1c Testing	84.5%	80.3%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [†]	†	33.6%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{†§}	†	45.3% [§]
Comprehensive Diabetes Care—LDL-C Screening	76.7%	70.0%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) [†]	†	29.8%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	72.9%	71.4%

2008 Performance Measure	2007 Santa Clara Family Health Plan Rate*	2008 Santa Clara Family Health Plan Rate*
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	†	254.09
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	†	36.10
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	†	5.49
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	†	0.11
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</i>. † Since 2008 is the first year MMCD required reporting of this measure, no rates were reported for 2007. Because MPLs and HPLs had not yet been established, the 2008 rate is displayed for informational purposes only and will not be compared to benchmarks. ‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, and a higher score is better. § This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p>		

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

- SCFHP improved on 7 of the 14 comparable HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Breast Cancer Screening*
 - *Cervical Cancer Screening*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

- SCFHP's score remained relatively unchanged for two HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

- SCFHP's score decreased for five HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Use of Appropriate Medications for People With Asthma*
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening Performed*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Comparison of 2007 and 2008 HEDIS Measures by Model Type

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

- COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

- The Two-Plan model consists of two plan types: (1) Commercial Plans (CPs), commercially-operated managed care plans and (2) Local Initiatives (LIs), community-developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries.

- In the GMC model, enrollees choose from several commercially operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

SCFHP is a full-service health plan contracted in Santa Clara County as a local initiative (LI) plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) on measures to which MPLs and HPLs were not applied.

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

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

Plan Model Definitions:

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

† Two-Plan consists of two plan types:

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

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

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

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

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

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

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

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

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

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

2008 Performance Measure	Rate (ranking among plan types)				
	COHS Model & Plan Type*	Two-Plan Model		GMC Model	
		CP†	LI†	GMC - N‡	GMC - S‡
Use of Appropriate Medications for People with Asthma	90.1% (1)	88.8% (3)	89.0% (2)	86.6% (4)	85.1% (5)
Appropriate Treatment for Children With Upper Respiratory Infection	85.2% (3)	81.3% (5)	82.5% (4)	89.5% (1)	88.4% (2)
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis¶	26.1%	30.3%	28.4%	28.7%	26.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	69.6% (1)	58.2% (2)	52.0% (5)	56.2% (3)	52.4% (4)
Comprehensive Diabetes Care—HbA1c Testing	85.3% (1)	81.0% (4)	81.4% (2)	78.1% (5)	81.1% (3)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)¶	39.7%	27.4%	31.0%	32.8%	32.1%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)§¶	35.5%	49.4%	43.1%	42.9%	45.5%
Comprehensive Diabetes Care—LDL-C Screening	81.3% (1)	76.4% (4)	77.4% (2)	72.0% (5)	77.0% (3)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) ¶	40.0%	28.9%	32.9%	32.3%	40.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.0% (1)	77.7% (3)	76.9% (4)	75.1% (5)	78.8% (2)
Ambulatory Care—Outpatient Visits (Total Visits per 1000 Member Months)¶	322.38	254.75	268.14	263.24	250.02
Ambulatory Care—Emergency Department Visits (Total Visits per 1000 Member Months)¶	43.49	33.42	38.17	33.98	33.79
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1000 Member Months)¶	4.95	2.04	2.09	2.48	2.92
Ambulatory Care—Observation Room Stays (Total Stays per 1000 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.

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

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

Comparison to Other National and California State Programs

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

Table 13. 2007 Performance Measurement Rates Comparing Santa Clara Family Health Plan to National and State Programs.

2007 Performance Measure	2007 Santa Clara Family Health Plan Rate*	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 California Healthy Families Average†
Childhood Immunization Status—Combination 2	84.7%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	59.4%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.8%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	35.0%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.9%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	58.3%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	54.2%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	56.1%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	70.4%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	95.7%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	89.8%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶	80.5%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	51.7%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	84.5%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	76.7%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	72.9%	81.0%	48.8%	55.1%	‡

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

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

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

- *Comprehensive Diabetes Care—HbA1c Testing* (SCFHP’s rate was 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.)
- SCFHP reported rates lower than all benchmarks for the *Adolescent Well-Care Visits* measure.

Table 14. 2008 Performance Measurements Comparing Rates of Santa Clara Family Health Plan to National and State Programs.

2008 Performance Measure	2008 Santa Clara Family Health Plan Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Childhood Immunization Status—Combination 2	83.6%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	78.5%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	59.0%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.1%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	39.4%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.3%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	61.9%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	57.8%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	73.5%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	87.9%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	91.3%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	27.4%	28.4%	(e)	(e)	(d)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	56.3%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	80.3%	82.1%	78.0%	87.5%	(d)

2008 Performance Measure	2008 Santa Clara Family Health Plan Rate ^(a)	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 California Healthy Families Average ^(b)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(c)	33.6%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(c)(f)}	45.3%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	70.0%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) ^(c)	29.8%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	71.4%	78.3%	74.6%	79.7%	(d)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ^{(c)(g)}	254.09	271.57	317.97	296.73	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^{(c)(g)}	36.10	37.26	57.02	16.71	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ^{(c)(g)}	5.49	2.58	5.30	10.49	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ^{(c)(g)}	0.11	0.79	1.78	0.83	(d)

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

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

In this section, Delmarva compares the 2008 rates of SCFHP to the 2007 national commercial and 2007 California Healthy Families benchmarks. Additionally, a comparison of the plan's rates to other benchmarks follows.

- SCFHP reported rates higher in 2008 when compared with the 2007 HEDIS national commercial averages 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*
- SCFHP had higher rates in 2008 when compared with 2007 California Healthy Families averages for the HEDIS measures:
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *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*
- SCFHP showed a lower rate on the *Adolescent Well-Care Visits* measure than both the 2007 HEDIS national commercial average and the 2007 California Healthy Families average.
- SCFHP performed better than all benchmarks for these measures:
 - *Childhood Immunization Status—Combination 2*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- SCFHP had mixed results for the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life* (SCFHP's rate was higher than the 2007 national Medicaid average and the 2007 California Healthy Families Average, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (SCFHP's rate was higher than the 2007 HEDIS national Medicaid average, the 2007 HEDIS national commercial average, and the 2007 California Healthy Families average, but lower than the 2008 Medi-Cal managed care weighted average.)
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (SCFHP's rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
 - *Prenatal and Postpartum Care—Postpartum Care* (SCFHP's rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)

- *Breast Cancer Screening* (SCFHP's rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
 - *Cervical Cancer Screening* (SCFHP's rate was higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
 - *Use of Appropriate Medications for People With Asthma* (SCFHP's rate was higher than the 2007 national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average, the 2007 HEDIS national commercial average, and the 2007 California Healthy Families average.)
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (SCFHP's rate was higher than the 2007 national Medicaid average and the 2007 HEDIS national commercial average, but lower than the 2008 Medi-Cal managed care weighted average.)
 - *Comprehensive Diabetes Care—HbA1c Testing* (SCFHP's rate was higher than the 2007 HEDIS national Medicaid average, but lower than the 2007 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
- SCFHP reported rates lower than all benchmarks for these HEDIS measures:
- *Adolescent Well-Care Visits*
 - *Comprehensive Diabetes Care—LDL-C Screening Performed*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

2007 Overall Strengths

- SCFHP rated better than all benchmarks in for the following HEDIS measures:
- *Childhood Immunization Status—Combination 2*
 - *Chlamydia Screening in Women*
 - *Use of Appropriate Medications for People With Asthma*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- SCFHP's parents/guardians rated the plan equivalent or higher than the Medi-Cal managed care weighted average in the composite areas *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*, *Courteous and Helpful Office Staff*, and *Health Plan's Customer Service*.
- The plan documented improvements in three QIPs reported during this reporting period: *Management of Appropriate Medications for People with Asthma*, *Initial Health Assessment* and *Improving and Increasing Adolescent Well-Care Visits*.
- In the sustainability area, SCFHP showed sustained improvement for two of the seven trendable HEDIS measures.

2007 Recommendations

Delmarva's overall assessment of SCFHP 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 "best practices" identified by plans successful in improving *Adolescent Well-Care Visits* may be helpful in improving SCFHP's rates.
- Which factors may be causing SCFHP's adult populations to respond with low rates in the composite areas *Getting Needed Care*, *How Well Doctors Communicate*, *Getting Care Quickly*, and *Health Plan's Customer Service*.

2007 Summary

Both strengths and continued opportunities for improvement exist for SCFHP in the areas of quality, access, and timeliness. SCFHP rated better than all benchmarks in 4 of the 11 comparable HEDIS measures. On the CAHPS survey, SCFHP parents/guardians scored the plan's performance equivalent or higher than Medi-Cal managed care weighted average in all composite areas.

Delmarva recommends that SCFHP focus on adult members' perceptions for all composite areas. The plan should address its lower performance compared to benchmarks for the *Adolescent Well-Care Visits* measure. Finally, the plan should attempt to implement some of the "best practices" used by other plans involved in the Adolescent Health Collaborative to improve SCFHP's performance on *Adolescent Well-Care Visits* measures. Although the plan did show some improvement in its adolescent focused statewide collaborative project, the rates did not improve enough to best any of the comparison benchmarks.

2008 HEDIS Measure Strengths

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

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

2008 Recommendations

Delmarva's assessment of SCFHP'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*, *Comprehensive Diabetes Care—LDL-C Screening Performed*, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy* was worse than other benchmarks.
- Factors that led to its excellent performance on the measures *Appropriate Treatment for Children with Upper Respiratory Infection* and *Childhood Immunization Status—Combination 2*. Once identified, SCFHP should consider whether these factors are relevant to other areas—including *Comprehensive Diabetes Care* indicators *LDL-C Screening Performed* and *Medical Attention for Nephropathy*.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for SCFHP in the area of HEDIS performance measures as presented in this report. In particular, SCFHP is performing well on the *Appropriate Treatment for Children with Upper Respiratory Infection* and *Childhood Immunization Status—Combination 2* measures. SCFHP should focus on improving rates for child/adolescent measures and the *Comprehensive Diabetes Care* indicators *LDL-C Screening Performed* and *Medical Attention for Nephropathy*.

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.”

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

2008 DHCS-Required HEDIS Measures

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

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

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

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.”

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

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans* (“*Annual Performance Measures reports*”) provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans’ HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. SCFHP’s rates in this plan report were taken from the *Annual Performance Measures reports*, as were the state and national benchmark rates used for comparison.

Performance Level Criteria

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

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

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

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

Appendix B: CAHPS®

CAHPS Background

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

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

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

CAHPS Measurements

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

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

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

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

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

References

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

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

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

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

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

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

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

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