Performance Evaluation Report

Health Net Community Solutions

July 1, 2008–June 30, 2009

Medi-Cal Managed Care Division
California Department of
Health Care Services

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 3.4 million beneficiaries in the State of California through a combination of contracted full-scope and specialty managed care plans. The DHCS is responsible for assessing the quality of care delivered to members through its contracted plans, making improvements to care and services, and ensuring that contracted plans comply with federal and State standards.

Federal law requires that states use an external quality review organization (EQRO) to prepare an annual, independent technical report that analyzes and evaluates aggregated information on the health care services plans provide. The EQRO's performance evaluation centers on federal and State-specified criteria that fall into the domains of quality, access, and timeliness. The EQRO assigns compliance review standards, performance measures, and quality improvement projects (QIPs) into domains of care. The report must contain an assessment of the strengths and weaknesses of the plans, provide recommendations for improvement, and assess the degree to which the plans addressed any previous recommendations.

The DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report. *The Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Plan-specific reports are issued in tandem with the technical report. The plan-specific reports include findings for each plan regarding its organizational assessment and structure, performance measures, and QIPs as they relate to the quality, access, and timeliness domains. This report is specific to the MCMC Program's contracted plan, Health Net Community Solutions ("Health Net" or "the plan").

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Quality

The quality domain of care relates to a plan's ability to increase desired health outcomes for Health Net's MCMC members through the provision of health care services and a plan's structural and operational characteristics.

The DHCS uses performance measures and QIP results to assess care delivered to members by a plan in areas such as preventive screenings and well-care visits, management of chronic disease, and appropriate treatment for acute conditions, all of which are likely to improve health outcomes. In addition, the DHCS monitors aspects of a plan's operational structure that support the delivery of quality care, such as the adoption of practice guidelines, a quality assessment and performance improvement program, and health information systems.

To create a uniform standard for assessing plans on MCMC-required performance measures, MCMC established a minimum performance level (MPL) and a high performance level (HPL) for each measure. Rates below the MPL indicate low performance, rates at or above the HPL indicate high performance, and rates at the MPL or between the MPL and HPL demonstrate average performance.

Overall, Health Net demonstrated average to above-average performance for the quality domain of care based on its 2009 performance measure rates (reflecting the measurement period of January 1, 2008, through December 31, 2008), its QIP outcomes, and compliance review standards related to measurement and improvement.

All but four 2009 performance measure rates were above the MCMC-established MPL across Health Net's counties. Overall, Health Net's performance measure rates either remained stable or improved compared to 2008 performance. The plan had 17 statistically significant improvements and only two statistically significant declines. While most rates fell between the MPL and HPL, eight performance measures had rates above the MCMC-established HPL.

The plan demonstrated strength in delivering quality care to members with diabetes. For all *Comprehensive Diabetes Care (CDC)* measures, all of Health Net's counties had rates above the MPL. The plan's diabetes disease management program for its MCMC members may have contributed to the plan's performance in this area.

Health Net in Fresno and San Diego counties performed best when results were compared to the other counties. Each had three performance measure rates above the HPL and no rates below the MPL.

Performance measures in need of improvement related to appropriate treatment for acute bronchitis, upper respiratory infection, and asthma, all of which were in the quality domain of care, specifically through the provision of health services consistent with practice guidelines.

Health Net in Kern County showed the greatest opportunity for improvement. While only one measure was below the MPL for 2009, many of the plan's Kern County rates were very close to the MPL and were low compared to other Health Net county rates.

During the review period, the plan's *Appropriate Treatment for Children With an Upper Respiratory Infection* QIP achieved statistically significant improvement for its first remeasurement period. The plan selected a good topic since the QIP addresses an area of low, actionable performance in need of improvement. Despite the first-year success, the plan has an opportunity to improve its documentation for both QIPs to comply with federal requirements for conducting a QIP.

The DHCS found Health Net compliant with compliance review standards related to its operational structure that supports the delivery of quality care. Health Net had a comprehensive and robust quality program infrastructure that supports ongoing compliance monitoring. The plan demonstrated sufficient, dedicated resources to address compliance and quality for its MCMC members.[1]

Access

The access domain of care relates to a plan's standards, set forth by the State, to ensure the availability of and access to all covered services for Medi-Cal managed care members. The DHCS has contract requirements for plans to ensure access to and the availability of services to members. The DHCS uses monitoring processes, including audits, to assess plans' compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and coverage of services.

Many performance measures fall under more than one domain. Measures such as well-care visits for children and adolescents, childhood immunizations, timeliness of prenatal care and postpartum care, cancer screening, and diabetes care fall under the domains of quality and access because members rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

Health Net demonstrated average to above-average performance for the access domain of care based on its 2009 performance measure rates related to access, its QIP outcomes that address access, and compliance review standards related to availability and access to care.

[1] Health Net Quality Improvement Program, California and North East Region, 2009.

The plan's access-related performance measure rates were all above the MPL except for *Breast Cancer Screening (BCS)* in Tulare County, which fell below the MPL. At an overall plan level, Health Net has an opportunity to improve breast cancer screening rates across counties. All of Health Net's counties performed below the MCMC average rate of 51.7 percent for this measure in 2009.[2]

For access related standards, the review by the MCMC Member Rights/Program Integrity Unit showed that Health Net was compliant with all areas related to cultural and linguistic services and marketing requirements. HSAG noted Health Net's strength in implementing several initiatives to ensure that it provides members access to culturally and linguistically appropriate care and services.

The Medical Audit Close Out Report for Health Net identified one unresolved issue related to access to a dermatology specialist group in Fresno and Stanislaus counties.

Timeliness

The timeliness domain of care relates to a plan's ability to make timely utilization decisions based on the clinical urgency of the situation, minimize any disruptions to care, and provide a health care service quickly after a need is identified.

The DHCS has contract requirements for plans to ensure timeliness of care and uses monitoring processes, including audits, to assess plans' compliance with these standards in areas such as enrollee rights and protections, grievance system, continuity and coordination of care, and utilization management. In addition, performance measures such as childhood immunizations, well-care visits, and prenatal and postpartum care fall under the timeliness domain of care because they relate to providing a health care service within a recommended period of time after a need is identified.

Based on 2009 performance measure rates related to providing timely care and compliance review standards such as utilization management and appeals and grievances, Health Net demonstrated average performance in the timeliness domain of care.

Health Net's 2009 rates for childhood immunizations, well-care visits, and prenatal and postpartum care were between the minimum and high performance levels.

DHCS's audit findings found that Health Net needed to show evidence of development and implementation of an action letter to send to members that is compliant with State regulations for denied, modified, or deferred claims. In addition, the DHCS requested that Health Net modify its policy and procedure for member grievances to include an explanation of the plan's decision.

[2] California Department of Health Care Services. *2009 HEDIS Aggregate Report for the Medi-Cal Managed Care Program.* June 2010.

Conclusions and Recommendations

Overall, Health Net demonstrated average to above-average performance in providing quality, timely, and accessible health care services to its MCMC members.

The plan demonstrated either consistent or improved performance measure rates in 2009. Health Net had success with diabetes care across counties. In addition, the plan showed QIP improvement in its first remeasurement, providing appropriate treatment to children with an upper respiratory infection.

Based on available compliance review information, the plan demonstrated compliance with most MCMC standards for enrollee rights and protections, structure and operations, and cultural and linguistic service standards. Health Net's opportunities for improvement related to its policy and procedures for grievances and compliance with member notification for claim decisions.

Based on the overall assessment of Health Net in the areas of quality and timeliness of and access to care, HSAG recommends the following:

- Explore factors that contributed to the low rates for the four performance measures that fell below the MCMC MPL which include appropriate treatment for acute bronchitis, upper respiratory infection in children, and asthma.
- Increase quality improvement resources for Health Net in Kern County until performance trends upward and further exceeds the MPL.
- Improve *Breast Cancer Screening (BCS)* rates across counties.
- Improve QIP documentation by using HSAG's QIP Summary Form, which provides guidance for increasing compliance with the Centers for Medicare & Medicaid Services (CMS) protocol for conducting QIPs.
- Address deficient areas related to audit findings for grievances, member notification, and access.

In the next annual review, HSAG will evaluate Health Net's progress with these recommendations along with its continued successes.

Plan Overview

Health Net Community Solutions ("Health Net") is a full-scope Medi-Cal managed care plan operating in seven counties: Fresno, Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare. Health Net began delivery of services under the MCMC Program in Sacramento County in 1996 and then expanded into other counties. As of June 30, 2009, Health Net had 649,377 enrolled members under the MCMC Program for all of its contracted counties combined.[3]

Health Net delivers care to members as a Two-Plan model commercial plan in Fresno, Los Angeles, Kern, Stanislaus, and Tulare counties and as a Geographic Managed Care (GMC) model commercial plan in Sacramento and San Diego counties. In a Two-Plan model county, the DHCS contracts with two managed care plans to provide health care services to members. In most Two-Plan model counties, Medi-Cal beneficiaries in both mandatory and voluntary aid codes can choose between a local initiative plan and a nongovernmental commercial health plan. In the GMC model, Medi-Cal beneficiaries in both mandatory and voluntary aid codes can choose between several commercial plans within a specified county.

[3] *Medi-Cal Managed Care Enrollment Report, June 2009*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

Conducting the Review

According to federal requirements, the State or its EQRO must conduct a review to determine a Medicaid managed care plan's compliance with standards established by the State related to enrollee rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards.

The DHCS conducts this activity through an extensive monitoring process to assess plans' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

Findings

HSAG organized, aggregated, and analyzed results from the DHCS's compliance monitoring reviews to draw conclusions about Health Net's performance in providing quality, accessible, and timely health care and services to its MCMC members. Compliance monitoring standards primarily fall under the timeliness and access domains of care; however, standards related to measurement and improvement fall under the quality domain of care. *The Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Joint Audit Review

The DHCS's Audits and Investigations (A&I) Division works in conjunction with the California Department of Managed Health Care (DMHC) to conduct routine medical surveys (joint audits) of MCMC plans. These medical audits assess plans' compliance with contract requirements and State and federal regulations. A joint audit is conducted for each MCMC plan approximately once every three years. In addition, the DHCS's A&I Division periodically conducts non-joint medical audits of five MCMC plans. Health Net is one of the MCMC plans that has been designated to receive a non-joint audit.

HSAG reviewed the most current audit reports available as of June 30, 2009, to assess plans' compliance with State-specified standards.

The DHCS's A&I Division conducted a non-joint medical audit in May 2008. The audit report was not available for review; however, the Medical Audit Close Out Report dated April 23, 2009, was reviewed.

The Medical Audit Close Out Report noted that Health Net resolved corrective action plan (CAP) areas related to utilization management, continuity of care, and members' rights. The report indicated that Health Net had not fully resolved issues securing access to a dermatology specialist group in Fresno and Stanislaus counties. In addition, there was no evidence that the plan developed and implemented an action letter to send to members that was compliant with State regulations for denied, modified, or deferred claims, as requested. (It should be noted that Health Net is not in agreement with the need for such notices and believes that sending these letters cause "undue member confusion." However, the DHCS indicates that this audit finding still stands as these action letters are required by state regulations.) No other outstanding compliance issues were noted.

Member Rights and Program Integrity Monitoring Review

The MCMC Member Rights/Program Integrity Unit (MRPIU) is responsible for monitoring plan compliance with contract requirements and State and federal regulations pertaining to member rights and program integrity. To accomplish this, MRPIU reviews and approves plans' written policies and procedures for member rights (such as member grievances, prior-authorization request notifications, marketing and enrollment programs, and cultural and linguistic services) and for program integrity (fraud and abuse prevention and detection). These reviews are done before a plan becomes operational in the MCMC Program, when changes are made to policies and procedures, during contract renewal, and if the plan's service area is expanded.

As part of the monitoring process, MRPIU conducts an on-site review of each plan approximately every two years and follow-up visits when necessary to address unresolved compliance issues and provide technical assistance. For this report, HSAG reviewed the most current MRPIU plan monitoring reports available as of June 30, 2009.

MRPIU conducted a review of Health Net in June 2009, covering the period of June 1, 2008, through June 1, 2009. The review showed that Health Net was compliant with prior-authorization notification, cultural and linguistic services, and marketing requirements. MRPIU noted that the plan's policy and procedure for member grievances should be modified to include a clear and concise explanation of the plan's decision. Modifications to Health Net's member grievance policy and procedure that correct this deficiency will be identified during the next MRPIU review.

Strengths

Available findings showed that overall, Health Net was compliant with most areas under the scope of the A&I medical audit and MRPIU review related to access to and timeliness of care. The plan acted upon the medical audit corrective action findings and has provided sufficient documentation to resolve all but two areas.

In addition, Health Net has a comprehensive and robust quality program infrastructure that supports ongoing compliance monitoring. While Health Net has centralized some functions of quality improvement and internal compliance monitoring across its other states and lines of business for efficiency, the organization demonstrated sufficient dedicated resources to address compliance and quality under the MCMC line of business.[4]

Health Net's Quality Improvement Program described specific efforts to provide culturally and linguistically appropriate services to MCMC members, an important consideration for providing access to care, timely care, and quality care.

Health Net has established a Community Advisory Committee in each county with representation from MCMC members, consumer advocates, local health departments, community organizations and groups, and traditional and safety net providers. Health Net put the committees in place to obtain feedback and guidance regarding the delivery of culturally responsive care and to maintain community linkages.[5] These initiatives demonstrated a strong commitment to serving the unique and diverse needs of the plan's MCMC members.

Opportunities for Improvement

Health Net should continue efforts to resolve the outstanding audit findings.

[4] Health Net Quality Improvement Program, California and North East Region, 2009.
[5] Ibid.

Conducting the Review

The DHCS selects a set of performance measures to evaluate the quality of care delivered by contracted plans to Medi-Cal managed care members on an annual basis. These DHCS-selected measures are referred to as the External Accountability Set (EAS). The DHCS requires that plans collect and report EAS rates, which provides a standardized method of objectively evaluating plans' delivery of services.

HSAG conducts validation of these performance measures as required by the DHCS to evaluate the accuracy of plans' reported results. Validation determines the extent to which plans followed specifications established by the MCMC Program for its EAS-specific performance measures when calculating rates.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about Health Net's performance in providing quality, accessible, and timely care and services to its MCMC members. The selected EAS measures fell under all three domains of care—quality, access, and timeliness. *The Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Performance Measure Validation

HSAG performed a HEDIS® Compliance Audit™[6] of Health Net in 2009, covering the measurement period of January 1, 2008, through December 31, 2008. HSAG found all measures to be reportable and that Health Net's information systems (IS) supported accurate HEDIS reporting. The plan was fully compliant with IS standards, and the auditors identified no corrective actions. Suggestions from the audit involved obtaining more complete encounter data from providers and implementing a process to reconcile rejected encounters.

[6] HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS Compliance Audit™ is a trademark of the NCQA.

Performance Measure Results

Tables 4.1–4.7 present a summary of Health Net's county-level HEDIS 2009 performance measure results (based on calendar year 2008 data) compared to HEDIS 2008 performance measures results (based on calendar year 2007 data). In addition, the table shows the plan's HEDIS 2009 performance compared to the MCMC-established MPLs and HPLs.

For all but one measure, the MCMC Program bases its MPLs and HPLs on the NCQA's national Medicaid 25th percentile and 90th percentile, respectively. For the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure, NCQA inverted the rate—a low rate indicates better performance, and a high rate indicates worse performance. For this measure only, the established MPL is based on the Medicaid 75th percentile, and the HPL is based on the national Medicaid 10th percentile. Due to significant methodology changes for the *Comprehensive Diabetes Care—HbA1c Control (<7.0 Percent)* measure for 2009, the MCMC Program was unable to compare 2008 and 2009 performance results for this measure.

Appendix A includes a performance measure name key with abbreviations contained in the following charts.

Table 4.1—2008–2009 Performance Measure Results for Health Net—Fresno County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	31.9%	45.7%	★★★	↑	20.6%	35.4%
ASM	Q	94.2%	95.1%	★★★	↔	86.1%	91.9%
AWC	Q,A,T	48.0%	49.3%	★★	↔	35.9%	56.7%
BCS	Q,A	45.5%	47.8%	★★	↔	44.4%	61.2%
CCS	Q,A	70.8%	69.9%	★★	↔	56.5%	77.5%
CDC–E	Q,A	60.9%	64.8%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	36.4%	36.2%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	39.3%	39.9%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	84.2%	85.2%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	33.0%	34.2%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	78.9%	79.2%	★★	↔	66.7%	81.8%
CDC–N	Q,A	73.8%	77.3%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	66.2%	77.4%	★★	↑	59.9%	78.2%
PPC–Pre	Q,A,T	88.7%	90.2%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	60.4%	62.3%	★★	↔	54.0%	70.6%
URI	Q	87.1%	87.1%	★★	↔	79.6%	94.1%
W15	Q,A,T	63.1%	67.0%	★★	↔	44.5%	73.7%
W34	Q,A,T	83.4%	85.3%	★★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.2—2008–2009 Performance Measure Results for Health Net—Kern County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	22.8%	21.4%	★★	↔	20.6%	35.4%
ASM	Q	90.2%	87.3%	★★	↔	86.1%	91.9%
AWC	Q,A,T	31.9%	39.3%	★★	↑	35.9%	56.7%
BCS	Q,A	39.5%	44.5%	★★	↔	44.4%	61.2%
CCS	Q,A	63.6%	64.3%	★★	↔	56.5%	77.5%
CDC–E	Q,A	58.6%	54.8%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	37.4%	32.7%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	43.9%	43.9%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	79.6%	80.3%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	34.0%	37.1%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	73.4%	76.6%	★★	↔	66.7%	81.8%
CDC–N	Q,A	76.2%	82.3%	★★	↑	67.9%	85.4%
CIS–3	Q,A,T	65.7%	65.6%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	83.0%	87.4%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	61.3%	59.7%	★★	↔	54.0%	70.6%
URI	Q	74.2%	77.7%	★★	↑	79.6%	94.1%
W15	Q,A,T	47.0%	48.9%	★★	↔	44.5%	73.7%
W34	Q,A,T	76.4%	66.8%	★★	↓	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.3—2008–2009 Performance Measure Results for Health Net—Los Angeles County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	29.9%	29.2%	★★	↔	20.6%	35.4%
ASM	Q	85.8%	86.3%	★★	↔	86.1%	91.9%
AWC	Q,A,T	35.7%	38.4%	★★	↔	35.9%	56.7%
BCS	Q,A	43.6%	49.2%	★★	↑	44.4%	61.2%
CCS	Q,A	71.7%	73.2%	★★	↔	56.5%	77.5%
CDC–E	Q,A	59.7%	64.4%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	28.1%	28.8%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	45.0%	40.9%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	82.4%	84.7%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	32.1%	36.5%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	78.5%	80.2%	★★	↔	66.7%	81.8%
CDC–N	Q,A	81.7%	82.5%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	71.5%	77.2%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	80.6%	83.0%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	53.7%	56.2%	★★	↔	54.0%	70.6%
URI	Q	78.7%	80.3%	★★	↑	79.6%	94.1%
W15	Q,A,T	41.6%	50.0%	★★	↑	44.5%	73.7%
W34	Q,A,T	72.8%	78.6%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
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★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.4—2008–2009 Performance Measure Results for Health Net—Sacramento County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	27.6%	21.7%	★★	↔	20.6%	35.4%
ASM	Q	85.4%	84.3%	★	↔	86.1%	91.9%
AWC	Q,A,T	46.6%	46.7%	★★	↔	35.9%	56.7%
BCS	Q,A	38.9%	44.6%	★★	↑	44.4%	61.2%
CCS	Q,A	67.7%	65.1%	★★	↔	56.5%	77.5%
CDC–E	Q,A	56.6%	57.9%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	28.4%	35.4%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	46.2%	38.4%	★★	↑	52.5%	32.4%
CDC–HT	Q,A	80.8%	81.3%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	26.8%	33.5%	★★	↑	25.1%	42.6%
CDC–LS	Q,A	72.0%	75.8%	★★	↔	66.7%	81.8%
CDC–N	Q,A	78.0%	79.9%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	70.1%	66.0%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	83.1%	84.9%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	55.8%	57.0%	★★	↔	54.0%	70.6%
URI	Q	79.0%	80.0%	★★	↔	79.6%	94.1%
W15	Q,A,T	64.0%	60.6%	★★	↔	44.5%	73.7%
W34	Q,A,T	74.5%	73.6%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.5—2008–2009 Performance Measure Results for Health Net—San Diego County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	28.6%	31.7%	★★	↔	20.6%	35.4%
ASM	Q	85.6%	89.0%	★★	↔	86.1%	91.9%
AWC	Q,A,T	41.7%	37.1%	★★	↔	35.9%	56.7%
BCS	Q,A	46.6%	45.3%	★★	↔	44.4%	61.2%
CCS	Q,A	69.1%	60.6%	★★	↓	56.5%	77.5%
CDC–E	Q,A	54.3%	60.2%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	38.2%	35.3%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	36.0%	36.0%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	87.6%	89.6%	★★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	41.9%	52.6%	★★★	↑	25.1%	42.6%
CDC–LS	Q,A	80.1%	83.7%	★★★	↔	66.7%	81.8%
CDC–N	Q,A	82.3%	85.1%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	73.9%	75.5%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	88.0%	88.5%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	58.8%	58.5%	★★	↔	54.0%	70.6%
URI	Q	90.9%	93.0%	★★	↔	79.6%	94.1%
W15	Q,A,T	53.8%	49.3%	★★	↔	44.5%	73.7%
W34	Q,A,T	72.0%	67.6%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.6—2008–2009 Performance Measure Results for Health Net—Stanislaus County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	19.8%	20.5%	★	↔	20.6%	35.4%
ASM	Q	90.7%	90.3%	★★	↔	86.1%	91.9%
AWC	Q,A,T	36.0%	36.6%	★★	↔	35.9%	56.7%
BCS	Q,A	52.7%	48.4%	★★	↔	44.4%	61.2%
CCS	Q,A	61.0%	65.1%	★★	↔	56.5%	77.5%
CDC–E	Q,A	55.1%	60.8%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	36.4%	45.0%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	44.9%	31.3%	★★★	↑	52.5%	32.4%
CDC–HT	Q,A	77.7%	85.4%	★★	↑	74.2%	88.8%
CDC–LC (<100)	Q	32.4%	34.0%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	74.5%	78.0%	★★	↔	66.7%	81.8%
CDC–N	Q,A	72.9%	81.3%	★★	↑	67.9%	85.4%
CIS–3	Q,A,T	67.8%	74.6%	★★	↑	59.9%	78.2%
PPC–Pre	Q,A,T	91.1%	90.9%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	65.3%	66.3%	★★	↔	54.0%	70.6%
URI	Q	90.3%	89.4%	★★	↔	79.6%	94.1%
W15	Q,A,T	53.5%	52.9%	★★	↔	44.5%	73.7%
W34	Q,A,T	76.3%	73.2%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Table 4.7—2008–2009 Performance Measure Results for Health Net—Tulare County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	28.4%	25.6%	★★	↔	20.6%	35.4%
ASM	Q	95.4%	88.6%	★★	↔	86.1%	91.9%
AWC	Q,A,T	35.3%	36.5%	★★	↔	35.9%	56.7%
BCS	Q,A	44.7%	41.5%	★	↔	44.4%	61.2%
CCS	Q,A	71.4%	71.1%	★★	↔	56.5%	77.5%
CDC–E	Q,A	60.4%	69.8%	★★★	↑	39.7%	67.6%
CDC–H7 (<7.0%)	Q	29.7%	38.4%	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	39.2%	37.9%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	85.1%	86.4%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	27.5%	31.5%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	76.6%	79.6%	★★	↔	66.7%	81.8%
CDC–N	Q,A	82.9%	85.1%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	77.8%	76.1%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	92.7%	91.1%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	64.0%	65.0%	★★	↔	54.0%	70.6%
URI	Q	83.4%	84.0%	★★	↔	79.6%	94.1%
W15	Q,A,T	49.4%	60.9%	★★	↔	44.5%	73.7%
W34	Q,A,T	75.0%	79.3%	★★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007 through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008 through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on the NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.

Performance Measure Result Findings

Overall, Health Net demonstrated average to above-average performance across its counties for its reported 2009 performance measures. Health Net had stable performance across its counties in 2009 compared to 2008 performance measure rates. The plan had a moderate number of statistically significant improvements and very few statistically significant declines in performance.

HEDIS Improvement Plans

Plans have a contractual requirement to perform at or above the established MPL. Plans that have rates below this minimum level must submit an improvement plan to the DHCS for each area of deficiency, outlining the steps they will take to improve care. Health Net reduced the total number of HEDIS improvement plans required for 2009 performance to four from the previous year's requirement of eight.

Asthma Medication Management

Health Net's Sacramento County 2008 rate of 85.4 percent for *Use of Appropriate Medications for People With Asthma (ASM)* required an improvement plan. The improvement plan was well documented and included a thorough analysis of its 2008 rates by language, race/ethnicity, and age group. However, the analysis did not show any significant differences among these categories for targeted intervention. The causal/barrier analysis identified many barriers related to asthma management; however, few focused specifically on barriers impacting appropriate medication management, an area the plan should explore further.

The plan continued an existing intervention of sending a letter to providers with a list of their patients identified with persistent asthma who did not have prescribed controller medications filled on a rolling, biannual basis. In addition, the plan continued its Asthma–Be in Charge disease management program. The plan added member and provider newsletter articles in 2008.

The plan did not show improvement in its 2009 rate of 84.3 percent; therefore, the DHCS required the plan to submit a modified improvement plan. Since the plan has been unable to achieve improvement in performance over several years, there is an opportunity to reevaluate the existing interventions. Health Net may consider using its existing disease management program vendor in an enhanced way to target both providers and members without evidence of medication to control asthma. The goal would be to increase prescribing on the providers' part while increasing compliance with filling medications on the members' part. This strategy may help identify whether there is a provider prescribing barrier or a member compliance barrier. Although the DHCS has eliminated this measure as part of its formal EAS for 2010, the plan should continue to monitor its performance in this area.

Appropriate Antibiotic Use

Health Net in Kern County submitted an improvement plan for its 2008 *Appropriate Treatment for Children With Upper Respiratory Infection (URI)* rate, which was below the MPL. The plan collaborated with the California Medical Association's Alliance Working for Antibiotic Resistance Education (AWARE) and other health plans to develop and disseminate an antibiotic awareness provider tool kit. In 2008, the plan mailed providers the names of their patients with a URI diagnosis for whom they may have inappropriately prescribed antibiotics.

Despite a statistically significant increase of 3.5 percentage points, Health Net in Kern County remained below the MPL for its 2009 HEDIS rate and will need to continue its improvement efforts until it achieves the required minimum performance. Health Net is targeting this area through its participation in a small-group collaborative (SGC) QIP. The collaborative interventions have shown strong improvement among participating plans, increasing the likelihood of Health Net in Kern County achieving increased and sustained improvement and meeting the MPL in 2010.

Health Net's Stanislaus County 2009 rate of 20.5 percent for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)* measure fell just below the MPL of 20.6 percent. The plan will need to submit an improvement plan to address its performance. The plan should consider expanding its efforts related to URI to the AAB measure for Stanislaus County.

Breast Cancer Screening

To improve breast cancer screening rates, Health Net implemented provider and member interventions in Sacramento and Kern counties, both of which had rates below the MPL for 2008 HEDIS rates. The plan used an automated voice response system to remind women who had not had a mammogram in 1 to 2 years to schedule a mammogram. In March 2008, the plan's HEDIS team distributed well-woman reminder pads that show mammography schedules for women 40 years of age and older. The plan also partnered with the American Cancer Society to outreach to providers in Sacramento County. Roundtable meetings were set up with a large medical group to recognize best practices and high-performing providers.

Health Net in both Sacramento and Kern counties achieved 2009 HEDIS rates above the established MPL. Health Net in Sacramento County had a statistically significant increase of 5.7 percentage points. Although the DHCS does not require an improvement plan for these counties for HEDIS 2010, the plan should continue to monitor its rates in these counties since both are just above the MPL of 44.4 percent and risk falling below the MPL again without sustained improvement.

For 2009, the plan's Tulare County rate for breast cancer screening fell 3.2 percentage points. While not a statistically significant decrease, Health Net was required to submit an improvement plan documenting how it will work to increase its rate.

Postpartum Care

Health Net in Los Angeles County initiated a HEDIS improvement plan for its 2008 rate of 53.7 percent, which was just below the MPL of 54.0 percent. In March 2008, Health Net distributed reminder pads to providers to encourage them to have their female members who are pregnant schedule their postpartum visit within eight weeks after the baby is born.

Health Net in Los Angeles County achieved a 2009 HEDIS rate above the MPL. None of Health Net's counties had rates below the MPL in 2009 for postpartum care.

Well Visits for Children and Adolescents

Health Net in Los Angeles County had a 2008 HEDIS rate below the MPL for *Well-Child Visits in the First 15 Months of Life (W15)*, and in Kern County had a 2008 HEDIS rate below the MPL for *Adolescent Well-Care Visits (AWC)*. The plan initiated "after delivery" mailings to members with information about well-child visits for infants. In 2008, the plan conducted outreach to 400 high-volume provider medial groups to improve data collection and data submission of PM 160 forms, which capture well-child visits.

To address adolescent well visits, Health Net in Kern County conducted automated reminder calls to approximately 2,200 Kern County adolescent members stressing the importance of well visits. The plan's efforts to improve PM 160 data collection also applied to adolescent well visits.

The plan in both Kern and Los Angeles counties achieved statistically significant increases and performed above the MPL for their 2009 HEDIS rates. This improvement may have been related to Health Net's targeted efforts to increase data collection and submission. This suggests that plan members could have been receiving the appropriate services in a timely manner, but providers were not submitting the data to Health Net. As mentioned in the HEDIS Compliance Audit recommendations, the plan should continue efforts to increase provider encounter data and reconciliation of rejected encounters to increase data accuracy, which could result in improved performance measure rates.

Based on its 2009 performance, Health Net did not have to submit any improvement plans for well visits.

Strengths

Overall, Health Net demonstrated either consistent or improved performance in 2009 compared to its 2008 performance. For all of Health Net's counties and reported measures, only two measures had statistically significant decreases.

Health Net performed above the MPL for all diabetes-related measures across its counties. In addition, the plan's diabetes rates were either stable or had statistically significant improvements, with no statistically significant declines. The plan's ability to manage a chronic disease such as diabetes showed evidence of both quality care and appropriate access to care. Health Net's diabetes disease management program offered to MCMC members may have contributed to the plan's overall success with comprehensive diabetes care, reflecting an effective improvement strategy.

The plan exceeded the MCMC-established HPL for:

- *Use of Appropriate Medications for People With Asthma*—Fresno County
- *Appropriate Treatment for Children With Upper Respiratory Infection*—Fresno County
- *Comprehensive Diabetes Care—HbA1c Testing*—San Diego County
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*—Stanislaus County
- *Comprehensive Diabetes Care—LDL-C Screening*—San Diego County
- *Comprehensive Diabetes Care—LDL-C Control*—San Diego County
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*—Tulare County
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*—Fresno and Tulare Counties

Health Net in Fresno and San Diego counties performed best compared to all seven counties in the plan's service area. These two plans had performance above the MPL for all reported measures, and each had three measures above the HPL.

Opportunities for Improvement

Despite both steady performance and some improved performance, Health Net still has some opportunities for improvement.

Areas that require additional plan focus are county specific, meaning that there does not appear to be a pattern of poor or low performance below the MPL common to all of the Health Net plans.

Health Net's 2009 performance was below the MCMC-established MPL for:

- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*—Stanislaus County
- *Appropriate Treatment for Children With Upper Respiratory Infection*—Kern County
- *Use of Appropriate Medications for People With Asthma*—Sacramento County
- *Breast Cancer Screening*—Tulare County

Health Net in Kern County showed the greatest opportunity for improvement. While only one measure was below the MPL for 2009, many of the plan's Kern County rates were very close to the MPL and were low compared to other Health Net county rates.

At an overall plan level, all of Health Net's counties for the 2009 *Breast Cancer Screening (BCS)* measure performed below the MCMC average rate of 51.7 percent.[7] Improving breast cancer screening rates is an area of opportunity for the MCMC Program as a whole.

The performance measures in need of improvement related to appropriate treatment for acute bronchitis, URI, and asthma fall under the quality domain of care, specifically through the provision of health services consistent with current professional knowledge.

Breast cancer screening falls under both the quality and access domains of care because providing care consistent with screening guidelines is relevant, as well as ensuring appropriate access to mammography services.

[7] California Department of Health Care Services. *2009 HEDIS Aggregate Report for the Medi-Cal Managed Care Program*. June 2010.

Conducting the Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in both clinical and nonclinical areas. HSAG reviews each QIP using CMS' validating protocol to ensure that plans design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Findings

HSAG organized, aggregated, and analyzed validated QIP data to draw conclusions about Health Net's performance in providing quality, accessible, and timely care and services to its MCMC members. *The Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Quality Improvement Projects Conducted

Health Net had two clinical QIPs in progress during the review period of July 1, 2008–June 30, 2009. The first QIP targeted the reduction of avoidable emergency room (ER) visits among members 12 months of age and older as part of the DHCS's statewide collaborative QIP. Health Net's second project was part of a small-group collaborative effort among several of the other MCMC plans focused on decreasing inappropriate antibiotic use for the treatment of a URI for members 3 months through 18 years of age.

The statewide collaborative QIP sought to reduce ER visits that could have been more appropriately managed by and/or referred to a primary care provider in an office or clinic setting. The ER collaborative falls under both the quality and access domains of care.

The URI QIP targets high-volume providers as a means of decreasing inappropriate antibiotic use for which an individual can develop a resistance to antibiotics over time, making the medication ineffective. The URI QIP falls under the quality domain of care.

Quality Improvement Project Validation Findings

The DHCS contracted with HSAG as its new EQRO in the second half of 2008. HSAG began validation of QIPs submitted by the plans after July 1, 2008.

The following table summarizes the validation results for both of Health Net's QIPs across CMS protocol activities during the review period.

Table 5.1—Quality Improvement Project Validation Results for Health Net (N=2 QIPs)

Activity		Percentage of Applicable Elements		
		Met	*Partially Met*	*Not Met*
I.	Appropriate Study Topic	92%	8%	0%
II.	Clearly Defined, Answerable Study Question(s)	0%	0%	100%
III.	Clearly Defined Study Indicator(s)	64%	14%	21%
IV.	Correctly Identified Study Population	50%	0%	50%
V.	Valid Sampling Techniques (if sampling was used)	--	--	--
VI.	Accurate/Complete Data Collection	50%	17%	33%
VII.	Appropriate Improvement Strategies	20%	60%	20%
VIII.	Sufficient Data Analysis and Interpretation	56%	19%	25%
IX.	Real Improvement Achieved	75%	0%	25%
X.	Sustained Improvement Achieved	‡		
Percentage Score of Applicable Evaluation Elements *Met*		**58%**		
Validation Status		***Not Applicable****		

‡ The QIP did not progress to this activity during the review period and could not be assessed.
* QIPs were not given an overall validation status during the review period.

During the period covered by this report, HSAG's application of the CMS validation requirements was more rigorous than previously experienced by MCMC plans. As a result, many plans had difficulty complying fully with these requirements during the first cycle of QIP validations by HSAG. This was the case with Health Net's QIPs, neither of which fully met the new validation criteria. As directed by DHCS, HSAG provided Health Net, as well as other plans, with an overall validation status of "Not Applicable" for both QIPs. This allowed time for plans to receive technical assistance and training with HSAG's validation requirements without holding up the ongoing progress of QIPs that were already underway.

Quality Improvement Project Outcomes

Table 5.2 below displays Health Net's data for its QIPs. For the ER collaborative QIP, Health Net applied the State-defined collaborative goal of an overall plan reduction of 10 percent. The plan submitted its first remeasurement data in late 2009, after the time period covered by this report. The results of HSAG's assessment for statistically significant improvement will be included in Health Net's next Performance Evaluation Report. For its URI QIP, Health Net established a goal for an overall plan increase of two percent by the first remeasurement period for both study indicators.

Table 5.2—QIP Outcomes for Health Net

QIP #1—Reducing Avoidable Emergency Room Visits				
QIP Study Indicator	**Baseline Period 1/1/07–12/31/07**	**Remeasurement 1 1/1/08–12/31/08**	**Remeasurement 2 1/1/09–12/31/09**	**Sustained Improvement**
Percentage of avoidable ER visits	15.8%	‡	‡	‡
QIP #2—Appropriate Treatment for Children With an Upper Respiratory Infection				
QIP Study Indicator	**Baseline Period 7/1/05–6/30/06**	**Remeasurement 1 7/1/06–6/30/07**	**Remeasurement 2 7/1/07–6/30/08**	**Sustained Improvement**
Percentage of high-volume PCPs for whom 80 percent of their eligible URI patients had the appropriate treatment for URI	49.4%	66.2%*	‡	‡
Percentage of members 3 months of age through 18 years of age who were given a diagnosis of upper respiratory infection and who were not dispensed an antibiotic prescription	73.9%	79.4%*	‡	‡

‡ The QIP did not progress to this phase during the review period and could not be assessed.

* Designates statistically significant improvement over the prior measurement period.

To improve appropriate treatment for URIs in children, Health Net participated as a collaborative partner with 16 other health plans in the California Medical Association's Alliance Working for Antibiotic Resistance Education (AWARE) to develop and disseminate an antibiotic awareness provider tool kit. Other plan-specific interventions included mailing providers the names of their patients with a URI diagnosis for whom they may have inappropriately prescribed antibiotics.

Health Net showed statistically significant improvement for both study indicators for its *Appropriate Treatment for Children With an Upper Respiratory Infection*. The plan increased the

percentage of its high-volume primary care physicians that achieved appropriate treatment of URI for 80 percent of their patients. Additionally, the plan improved the overall percentage of children not prescribed an antibiotic for an upper respiratory infection.

Health Net's concerted effort with the California Medical Association may have increased Health Net's likelihood of success.

Strengths

Through its QIP validation findings, Health Net demonstrated a good understanding of documenting support for its QIP topic selections and providing plan-specific data. The plan selected appropriate treatment for URI as its study topic given its low performance measure rates and identified this area as a need for improvement. In addition, the plan showed that real improvement was achieved with statistically significant increases for both of its URI QIP study indicators for the first remeasurement period.

The plans in the small-group collaborative QIP conducted analysis of URI data by age group, race/ethnicity, and language. Health Net found that the greatest improvements across all counties were among members 12–18 years of age, among Spanish-speaking members, and among Blacks. In addition, the plan conducted analysis at the county level. All of these efforts helped to target interventions by examining factors that may have led to increased or decreased performance for a given population.

Opportunities for Improvement

Health Net has an opportunity to improve its QIP documentation to increase compliance with the CMS protocol for conducting QIPs. HSAG recommends that the plan comply with the DHCS's requirement to document QIPs using HSAG's QIP Summary Form, which will help the plan document all required elements within the CMS protocol activities.

The table below provides abbreviations of HEDIS performance measures used throughout this report.

Table A.1—HEDIS® Performance Measures Name Key

Abbreviation	Full Name of HEDIS® Performance Measure
AAB	*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
ASM	*Use of Appropriate Medications for People With Asthma*
AWC	*Adolescent Well-Care Visits*
BCS	*Breast Cancer Screening*
CCS	*Cervical Cancer Screening*
CDC–E	*Comprehensive Diabetes Care (CDC)—Eye Exam (Retinal) Performed*
CDC–H7	*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 7.0 Percent)*
CDC–H9	*Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)*
CDC–HT	*Comprehensive Diabetes Care—HbA1c Testing*
CDC–LC	*Comprehensive Diabetes Care—LDL-C Control*
CDC–LS	*Comprehensive Diabetes Care—LDL-C Screening*
CDC–N	*Comprehensive Diabetes Care—Medical Attention for Nephropathy*
CIS–3	*Childhood Immunization Status—Combination 3*
PPC–Pre	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*
PPC–Pst	*Prenatal and Postpartum Care—Postpartum Care*
URI	*Appropriate Treatment for Children With Upper Respiratory Infection*
W15	*Well-Child Visits in the First 15 Months of Life (Six or More Visits)*
W34	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*