Performance Evaluation Report

CenCal Health

July 1, 2009–June 30, 2010

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

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1. Introduction

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 4 million beneficiaries (as of June 2010)[1] 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) to the 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. Due to the large number of contracted plans and evaluative text, HSAG produced an aggregate technical report and plan-specific reports as follows:

- The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of plans' performance through organizational assessment and structure, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care.
- Plan-specific evaluation reports include findings for each plan regarding its organizational assessment and structure, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care. Plan-specific reports are issued in tandem with the technical report.

[1] *Medi-Cal Managed Care Enrollment Report—June 2010*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

This report is specific to the MCMC Program's contracted plan, CenCal Health ("CenCal" or "the plan"), which delivers care in Santa Barbara and San Luis Obispo counties, for the review period of July 1, 2009, through June 30, 2010. Actions taken by the plan subsequent to June 30, 2010, regarding findings identified in this report will be included in the next annual plan-specific evaluation report.

Plan Overview

CenCal, formerly known as Santa Barbara Health Authority, is a full-scope managed care plan delivering care in Santa Barbara and San Luis Obispo counties. CenCal has been Knox-Keene licensed since 2000. Knox-Keene licensure is granted by the Department of Managed Health Care (DMHC) to plans that meet minimum required standards according to the Knox-Keene Health Care Service Plan Act of 1975. The act includes a set of laws that regulate managed care organizations (MCOs). CenCal serves members in both counties as a County Organized Health System (COHS).

In a COHS model type, the DHCS initiates contracts with county-organized and operated plans to provide managed care services to beneficiaries with designated, mandatory aid codes. In a COHS plan, beneficiaries can choose from a wide network of managed care providers. These beneficiaries do not have the option of enrolling in fee-for-service Medi-Cal unless authorized by the plan.

CenCal became operational with the MCMC Program in Santa Barbara County in September 1983 and in San Luis Obispo County in March 2008. As of June 30, 2010, CenCal had 90,943 MCMC members in Santa Barbara and San Luis Obispo counties combined.[2]

[2] *Medi-Cal Managed Care Enrollment Report—June 2010*. 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 review activity through an extensive monitoring process that assesses plans' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

This report section covers the DHCS's medical performance and member rights review activities. These reviews occur independently of one another, and while some areas of review are similar, the results are separate and distinct.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed results from the DHCS's compliance monitoring reviews to draw conclusions about CenCal's performance in providing quality, accessible, and timely health care and services to its MCMC members. Compliance monitoring standards fall under the timeliness and access domains of care; however, standards related to measurement and improvement fall under the quality domain of care.

Medical Performance Review

Medical performance reviews are often a collaborative effort by various State entities. The DHCS's Audits and Investigations Division (A&I) and the Medical Monitoring Unit (MMU) of the Medi-Cal Managed Care Division often work in conjunction with the Department of Managed Health Care (DMHC) to conduct joint audits of MCMC plans. In some instances, however, medical performance audits are conducted solely by the DHCS or DMHC. These medical audits assess plans' compliance with contract requirements and State and federal regulations. A medical performance audit is conducted for each MCMC plan approximately once every three years.

HSAG reviewed the most current medical performance review reports available as of June 30, 2010, to assess the plan's compliance with State-specified standards. The most recent medical performance review was completed in May 2009. The prior audit findings (covering the review period of November 1, 2007, through October 31, 2008) were addressed in the 2008–2009 plan evaluation report.[3]

The prior report indicated that CenCal was compliant with many areas covered under the scope of the audit but had some deficiencies in both pharmacy and nonpharmacy denial notifications that did not include the reason for the denial or the telephone number of the professional responsible for the determination. Additionally, a review of pharmacy denials showed noncompliance with the requirement that a physician review all prior-authorization denials. A DHCS *Medical Audit Close-Out Report* dated September 29, 2009, indicated that all audit deficiencies were resolved by the plan.

A medical performance audit is scheduled for November 1, 2011. Findings will be reported in the next plan evaluation report.

Medi-Cal Managed Care Member Rights and Program Integrity Review

The Medi-Cal Managed Care Program's 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 member rights reviews are conducted 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 member rights 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, 2010.

The most current MRPIU review for CenCal was conducted in May 2009, covering the review period of November 1, 2008, through April 30, 2009. The review covered Santa Barbara and San Luis Obispo counties and focused on the areas of member grievances, prior-authorization notification, and cultural and linguistic services. In addition, the review evaluated the plan's processes for prevention, detection, and reporting of suspected fraud/abuse.

[3] *Performance Evaluation Report – CenCal, July 1, 2008 – June 30, 2009*. California Department of Health Care Services. October 2010. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx.

In the member grievances section of the review, twenty member grievance files were reviewed, and one case showed that the resolution letter was not sent out in time to meet the 30-day time frame. MRPIU deemed the finding minor, caused by human error, and not a reflection of a systematic problem within the plan's member grievance processing system.

Additionally, MRPIU found that CenCal's Notice of Action (NOA) letters, Evidence of Coverage (EOC), and policies and procedures contained incorrect time frames indicating that members had up to 180 days to file an appeal or request a State hearing; however, the MCMC policy stated 90 days. Reviewers also found that four prior authorization NOA letters were not sent within the required time frame.

Under cultural and linguistic services, the review found that one of the four provider offices in Santa Barbara County did not discourage the use of family and friends as interpreters.

The review also covered the policies and procedures and internal controls within the plan to address suspected fraud and/or abuse. The review showed that CenCal's policies and procedures and applicable contract language met DHCS' requirements.

Strengths

The plan was able to rectify all of the deficiencies outlined in the *Medical Audit Close-Out Report* from September 2009. Also, CenCal met all requirements related to fraud and abuse prevention, detection, and reporting in both Medi-Cal managed care county plans.

Opportunities for Improvement

Based on the MRPIU review findings, CenCal demonstrated an opportunity to enhance its internal controls to ensure that all time frame requirements acknowledging receipt and resolution of member grievances are met. Additionally, the plan must correct its documents to include the required time frames for filing an appeal or requesting a State hearing. Finally, the plan should re-educate providers on cultural and linguistic services policies and language interpreter services requirements.

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 provide a standardized method for 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.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about CenCal'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.

Performance Measure Validation

The DHCS's 2010 EAS consisted of Healthcare Effectiveness Data and Information Set (HEDIS®) measures; therefore, HSAG performed a HEDIS Compliance Audit™ of CenCal Health in 2010 to determine whether the plan followed the appropriate specifications to produce valid rates.[4] Based on the results of the compliance audit, HSAG found all measures to be reportable and did not identify any areas of concern.

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

Performance Measure Results

In addition to validating the plan's HEDIS rates, HSAG also assessed the results. Table 3.1 displays a HEDIS performance measure name key.

Table 3.1—HEDIS® 2010 Performance Measures Name Key

Abbreviation	Full Name of HEDIS® 2010 Performance Measure
AAB	*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
AWC	*Adolescent Well-Care Visits*
BCS	*Breast Cancer Screening*
CCS	*Cervical Cancer Screening*
CDC–BP	*Comprehensive Diabetes Care (CDC)—Blood Pressure Control (140/90 mm Hg)*
CDC–E	*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
CDC–H8 (<8.0%)	*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*
CDC–H9 (>9.0%)	*Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)*
CDC–HT	*Comprehensive Diabetes Care—HbA1c Testing*
CDC–LC (<100)	*Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)*
CDC–LS	*Comprehensive Diabetes Care—LDL-C Screening*
CDC–N	*Comprehensive Diabetes Care—Medical Attention for Nephropathy*
CIS–3	*Childhood Immunization Status—Combination 3*
LBP	*Use of Imaging Studies for Low Back Pain*
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*
W34	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
WCC–BMI	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—BMI Assessment: Total*
WCC–N	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Nutrition Counseling: Total*
WCC–PA	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Physical Activity Counseling: Total*

Table 3.2 presents a summary of CenCal's HEDIS 2010 performance measure results (based on calendar year [CY] 2009 data) compared with HEDIS 2009 performance measure results (based on CY 2008 data). In addition, the table shows the plan's HEDIS 2010 performance compared with the MCMC-established minimum performance levels (MPLs) and high performance levels (HPLs). Because CenCal did not have members in San Luis Obispo County until March 2008, the plan could report rates only for measures for which it could meet the appropriate continuous enrollment criteria in the prior review period, July 1, 2008, through June 30, 2009. For measures that could not be reported, the plan received an audit result of *Not Applicable (NA)*.

For all but one measure, the MCMC Program based its MPLs and HPLs on the National Committee for Quality Assurance's (NCQA's) national Medicaid 25th percentile and 90th percentile, respectively. For the CDC–H9 (>9.0 percent) measure, 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.

Table 3.2––2009–2010 Performance Measure Results for CenCal Health–San Luis Obispo County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	NA	55.7%	★★★	Not Comparable	20.2%	33.4%
AWC	Q,A,T	40.0%	36.3%	★	↔	37.9%	59.4%
BCS	Q,A	NA	NA	Not Comparable	Not Comparable	45.0%	63.0%
CCS	Q,A	63.2%	56.2%	★	↔	60.9%	79.5%
CDC–BP	Q	‡	62.5%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	NA	69.4%	★★	Not Comparable	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	55.9%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	NA	32.8%	★★	Not Comparable	50.6%	29.2%
CDC–HT	Q,A	NA	79.2%	★★	Not Comparable	76.5%	89.3%
CDC–LC (<100)	Q	NA	39.9%	★★	Not Comparable	27.2%	44.7%
CDC–LS	Q,A	NA	77.6%	★★	Not Comparable	71.5%	82.5%
CDC–N	Q,A	NA	86.3%	★★★	Not Comparable	73.4%	85.4%
CIS–3	Q,A,T	NA	74.5%	★★	Not Comparable	62.4%	80.6%
LBP	Q	‡	86.9%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	93.7%	84.7%	★★	↓	78.5%	92.2%
PPC–Pst	Q,A,T	73.1%	69.4%	★★	↔	57.9%	72.7%
URI	Q	89.2%	92.0%	★★	↔	81.1%	94.5%
W34	Q,A,T	68.8%	67.5%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	33.2%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	50.8%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	20.0%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the Chi-square test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on 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 DHCS did not require plans to report this measure in 2009.
NA = The DHCS does not establish an MPL/HPL for first year measures.
★ = 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 to either significant methodology changes between years or because the rate was not reported.

Table 3.3––2009–2010 Performance Measure Results for CenCal Health–Santa Barbara County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	45.4%	60.3%	★★★	↑	20.2%	33.4%
AWC	Q,A,T	42.4%	41.0%	★★	↔	37.9%	59.4%
BCS	Q,A	57.4%	58.2%	★★	↔	45.0%	63.0%
CCS	Q,A	67.4%	68.5%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	69.8%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	79.9%	70.9%	★★★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	61.8%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	29.5%	29.1%	★★★	↔	50.6%	29.2%
CDC–HT	Q,A	84.2%	81.1%	★★	↔	76.5%	89.3%
CDC–LC (<100)	Q	48.8%	45.6%	★★★	↔	27.2%	44.7%
CDC–LS	Q,A	81.0%	79.6%	★★	↔	71.5%	82.5%
CDC–N	Q,A	77.5%	86.2%	★★★	↑	73.4%	85.4%
CIS–3	Q,A,T	81.7%	81.7%	★★★	↔	62.4%	80.6%
LBP	Q	‡	87.8%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	80.4%	81.7%	★★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	76.6%	74.4%	★★★	↔	57.9%	72.7%
URI	Q	84.4%	90.4%	★★	↑	81.1%	94.5%
W34	Q,A,T	72.2%	73.3%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	55.0%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	65.9%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	11.6%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the Chi-square test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on 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 DHCS did not require plans to report this measure in 2009.
NA = The DHCS does not establish an MPL/HPL for first year measures.
★ = 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 to either significant methodology changes between years or because the rate was not reported.

Performance Measure Result Findings

Overall, CenCal had average to above-average performance across the whole plan; however, CenCal in Santa Barbara County had above-average performance and outperformed San Luis Obispo County. Across both counties, only two measures fell below the MPL, while nine measures exceeded the HPL. The plan had three measures with statistically significant increases and two measures that had statistically significant decreases in 2010.

HEDIS Improvement Plans

Plans have a contractual requirement to perform at or above the established MPLs. The DHCS assesses each plan's rates against the MPLs and requires plans that have rates below these minimum levels to submit an improvement plan to the DHCS. For each area of deficiency, the plan must outline the steps it will take to improve care.

For plan measure rates that required a 2009 HEDIS improvement plan, HSAG compared the plan's 2009 improvement plan with the plan's 2010 HEDIS scores to assess whether the plan was successful in achieving the MPL or progressing towards the MPL. In addition, HSAG assessed the plan's need for continuing existing improvement plans and/or developing new improvement plans.

In 2009, CenCal did not have any measures with rates below the MPLs. Therefore, there were no improvement plans required to improve 2010 performance.

Strengths

CenCal had a strong HEDIS 2010 performance; Santa Barbara County performed extremely well having seven measures outperform the national Medicaid 90th percentile. *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* and *Comprehensive Diabetes Care (Medical Attention for Nephropathy)* were the two measures to achieve the HPL across both counties.

Opportunities for Improvement

CenCal Health has some areas to improve for its 2011 HEDIS measures. San Luis Obispo County had two measures (*Adolescent Well-Care Visits* and *Cervical Cancer Screening*) fall below the MPL. The plan will need to address improving performance for these measures. The plan also had two measures with statistically significant decreases between 2009 and 2010; CenCal Health should identify the reasons for these decreases and develop a plan to increase 2011 performance for these two measures.

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 clinical and nonclinical areas.

HSAG reviews each QIP using the Centers for Medicare & Medicaid Services' (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.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed validated QIP data to draw conclusions about CenCal's performance in providing quality, accessible, and timely care and services to its MCMC members.

Quality Improvement Projects Conducted

CenCal had two clinical QIPs in progress in both Santa Barbara County and San Luis Obispo County during the review period of July 1, 2009, through June 30, 2010. Both QIPs fell under the quality domain of care. CenCal initiated a third project, an internal QIP (IQIP), aimed at improving the documentation of weight assessment and counseling for nutrition and physical activity in children and adolescents. This QIP also fell under the quality domain of care.

The first QIP targeted the reduction of avoidable emergency room visits among members 12 months of age and older as part of the DHCS statewide collaborative QIP project. The statewide collaborative QIP sought to reduce emergency room visits that could have been more appropriately managed by and/or referred to a PCP in an office or clinic setting. Accessing care in the primary care setting encourages timely preventive care to avoid or minimize the development of chronic disease.

For its second QIP, CenCal conducted an internal QIP designed to improve the proper use of antibiotics by providing appropriate treatment for children with upper respiratory infections,

providing appropriate testing for children with pharyngitis, and avoiding antibiotic treatment for adults with acute bronchitis. CenCal's *Proper Antibiotic Use* QIP attempted to improve the quality of care for children with upper respiratory infection and adults with acute bronchitis by encouraging providers to reduce the prescribing of antibiotics for viral infections, which can lead to antibiotic resistance. Additionally, the QIP aimed to increase the percentage of children with a diagnosis of pharyngitis who were prescribed antibiotics and had also received a group A streptococcal (strep) test. For this QIP, the plan focused on physician intervention.

The weight assessment QIP targeted members 3 to 17 years of age. By increasing the documentation of BMI, nutrition and physical activity referrals, the plan would have a better assessment of the obesity issues for the targeted age group.

Quality Improvement Project Validation Findings

The table below summarizes the validation results for the three CenCal QIPs across CMS protocol activities during the review period.

Table 4.1—Quality Improvement Project Validation Activity for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2009, through June 30, 2010

Name of Project/Study	County	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Statewide Collaborative QIPs					
Reducing Avoidable Emergency Room Visits	Combined for San Luis Obispo and Santa Barbara	Annual Submission	92%	100%	*Met*
Internal QIPs					
Proper Antibiotic Use	San Luis Obispo	Annual Submission	100%	100%	*Met*
	Santa Barbara	Annual Submission	89%	100%	*Met*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	San Luis Obispo	Proposal	85%	100%	*Met*
	Santa Barbara	Proposal	75%	85%	*Not Met*
		Resubmission	100%	100%	*Met*

[1] **Type of Review**—Designates the QIP review as a new proposal, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

[2] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4] **Overall Validation Status**—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

Beginning July 1, 2009, HSAG provided plans with an overall validation status of *Met, Partially Met,* or *Not Met*. In the prior review period, HSAG provided plans with an overall status of *Not Applicable* since HSAG's application of the CMS validation requirements was more rigorous than previously experienced by the plans. HSAG provided training and technical assistance to plans throughout the prior review period to prepare plans for the next validation cycle.

Validation results during the review period of July 1, 2009, through June 30, 2010, showed that CenCal's annual submission of its *Reducing Avoidable Emergency Room Visits* QIP for the two counties received an overall validation status of *Met* with 92 percent of all evaluation elements and 100 percent of critical elements receiving a *Met* score. For the *Proper Antibiotic Use* QIP, the two counties received an overall validation status of *Met* with 89 to 100 percent of all evaluation elements and 100 percent of critical elements receiving a *Met* score. For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP proposal, San Luis Obispo County received a *Met* validation status while Santa Barbara County received a *Not Met* validation status. As of July 1, 2009, the DHCS required plans to resubmit their QIPs until they achieved an overall *Met* validation status. Based on the validation feedback, the plan resubmitted the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP for Santa Barbara County and upon subsequent validation, achieved an overall *Met* validation status.

Table 4.2 summarizes and aggregates the validation results for the three CenCal QIPs across CMS protocol activities during the review period.

Table 4.2––Quality Improvement Project Average Rates* for CenCal Health—San Luis Obispo and Santa Barbara Counties (Number = 5 QIPs, 3 QIP Topics) July 1, 2009, through June 30, 2010

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	97%	3%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	100%	0%	0%
	IV: Correctly Identified Study Population	100%	0%	0%
Design Total		**99%**	**1%**	**0%**
Implementation	V: Valid Sampling Techniques (if sampling is used)	100%	0%	0%
	VI: Accurate/Complete Data Collection	89%	0%	11%
	VII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total		**93%**	**0%**	**7%**
Outcomes	VIII: Sufficient Data Analysis and Interpretation	100%	0%	0%
	IX: Real Improvement Achieved†	25%	38%	38%
	X: Sustained Improvement Achieved	0%	100%	0%
Outcomes Total		**79%**	**12%**	**9%**

*The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity.
†The sum of an activity or stage may not equal 100 percent due to rounding.

CenCal demonstrated accurate application the Design and Implementation stages, scoring 100 percent on all evaluation elements for five of the seven activities. Conversely, for the Outcomes stage, not all of the QIP outcomes for the *Reducing Avoidable Emergency Room Visits* QIP and Santa Barbara's *Proper Antibiotic Use* QIP demonstrated statistically significant improvement; therefore, CenCal received a score of 25 percent for Activity IX. The *Proper Antibiotic Use* QIP for Santa Barbara County was the only QIP assessed for sustained improvement. With only some of the study indicator outcomes achieving sustained improvement, the evaluation element was scored *Partially Met*. Sustained improvement is defined as improvement in performance over baseline, which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Quality Improvement Project Outcomes

Table 4.3 summarizes QIP study indicator results and displays whether statistically significant improvement was achieved after at least one remeasurement period and whether sustained improvement was achieved after two remeasurement periods.

Table 4.3––Quality Improvement Project Outcomes for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2009, through June 30, 2010

QIP #1—Reducing Avoidable Emergency Room Visits					
QIP Study Indicator	**County**	**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^	Overall	19.2%€	19.4%	‡	‡
	Santa Barbara	19.2%	19.6%	‡	‡
	San Luis Obispo	€	18.8%	‡	‡
QIP #2—Proper Antibiotic Use^					
QIP Study Indicator	**County**	**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¥**
1) Percentage of eligible members 2–18 years of age that were not dispensed an antibiotic within 3 days of URI diagnosis	Santa Barbara	71.5%*	78.2%*	84.4%*	Yes
2) Percentage of members 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test	Santa Barbara	13.7%	13.9%	24.8%*	Yes
3) Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription§	Santa Barbara	50.2%	46.7%	45.4%	No

Table 4.3––Quality Improvement Project Outcomes for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2009, through June 30, 2010

QIP #2—Proper Antibiotic Use^ (continued)					
QIP Study Indicator	**County**	**Baseline Period 7/1/07–6/30/08**	**Remeasurement 1 7/1/08–6/30/09**	**Remeasurement 2 7/1/09–6/30/10**	**Sustained Improvement¥**
1) Percentage of eligible members 2–18 years of age that were not dispensed an antibiotic within 3 days of URI diagnosis	San Luis Obispo	89.2%	‡	‡	‡
2) Percentage of members 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test	San Luis Obispo	28.6%	‡	‡	‡
3) Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	San Luis Obispo	‡	‡	‡	‡
QIP #3—Weight Assessment and Counseling for Nutrition and Physical Activity					
QIP Study Indicator	**County**	**Baseline Period 1/1/08–12/31/08**	**Remeasurement 1 1/1/09–12/31/09**	**Remeasurement 2 1/1/10–12/31/10**	**Sustained Improvement¥**
1) Percentage of members 3 to 17 years of age who had a BMI percentile documented	All Counties	37.5%	‡	‡	‡
2) Percentage of members 3 to 17 years of age who had documentation or a referral for nutrition counseling	All Counties	44.7%	‡	‡	‡
3) Percentage of members 3 to 17 years of age who had documentation or a referral for physical activity counseling	All Counties	9.7%	‡	‡	‡

^The county-specific rates are provided for informational purposes since only the overall rate was included in the validation.

*A statistically significant difference between the measurement period and the prior measurement period (p value < 0.05)

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

§The third study indicator's timeline was baseline (CY 2006), Remeasurement 1 (CY 2007), and Remeasurement 2 (CY 2008).

¥Sustained improvement is defined as improvement in performance over baseline, which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

€Baseline for San Luis Obispo is 2008; since the overall rate is calculated by combining the counties, the baseline result for overall is only comprised of Santa Barbara's results. The overall Remeasurement 1 result is comprised of baseline for San Luis Obispo and Remeasurement 1 for Santa Barbara.

For the *Reducing Avoidable Emergency Room Visits* QIP, the overall county results demonstrated a decline in performance, which was not statistically significant. An increase in the rate for this study indicator represents a decline in performance. Santa Barbara County's rate demonstrated a decline in performance from baseline to Remeasurement 1. Only baseline data were available for San Luis Obispo County. The plan implemented the statewide collaborative work group interventions following Remeasurement 1. Since collaborative interventions were not initiated until 2009, HSAG could not evaluate the effectiveness of those interventions.

For the *Proper Antibiotic Use* QIP, San Luis Obispo County was only able to report baseline data. For Santa Barbara County, Study Indicators 1 and 2 demonstrated a statistically significant increase which represented an improvement in performance. The third study indicator results decreased which represented a decline in performance; however, the change was not statistically significant and might have been due to chance. Santa Barbara achieved sustained improvement for the first two study indicators. The third study indicator did not achieve sustained improvement from baseline to Remeasurement 2. CenCal continued its participation with 16 other plans as collaborative partners with the California Medical Association's Alliance Working for Antibiotic Resistance Education (AWARE) project to develop and disseminate an antibiotic awareness provider tool kit. Other plan-specific interventions included meetings with low-performing providers and distribution of quality scorecard reports to providers. These interventions were ongoing based on the plan's previous and current success in improving the outcomes.

Strengths

CenCal demonstrated a good understanding of documenting support for its QIP topic selections and providing plan-specific data.

CenCal implemented plan-specific interventions in addition to the statewide collaborative interventions to reduce avoidable ER visits. From member and provider surveys, CenCal found that 40 percent of members with avoidable ER visits went to the ER after hours or on weekends. To address this significant finding, the plan introduced financial incentives to encourage PCPs to offer expanded or weekend hours in all of the densely populated regions of CenCal's service area. The plan's PCP incentive program, therefore, was refined to directly target one of the plan's key identified barriers. Member interventions included educating members on which providers offered after-hour care and how to access these appointments. These interventions directly link to barriers and have the ability to impact the plan's avoidable ER visit rates.

For its *Proper Antibiotic Use* QIP, CenCal demonstrated statistically significant and sustained improvement for its appropriate treatment of adults with acute bronchitis study indicator. The plan also showed improvement in the appropriate treatment for children with pharyngitis study indicator.

Opportunities for Improvement

CenCal presented an opportunity to improve its QIP documentation to increase compliance with the CMS protocol for conducting QIPs. HSAG recommends that the plan use HSAG's QIP Completion Instructions, which will help the plan document all required elements within the CMS protocol activities.

A barrier analysis should be conducted annually to determine if interventions are still addressing the primary barriers. CenCal will need to incorporate a method to evaluate the effectiveness of the interventions. The intervention evaluation plan should include subgroup analyses to determine the effects of the intervention across the population.

The plan should terminate its *Proper Antibiotic Use* QIP to allow the plan the opportunity to address other areas of low performance.

Conducting the Review

In addition to conducting mandatory federal activities, the DHCS periodically assesses the perceptions and experiences of Medi-Cal Managed Care (MCMC) members as part of its process for evaluating the quality of health care services provided by plans to MCMC members. To evaluate member satisfaction with care and services, the DHCS contracted with HSAG to administer Consumer Assessment of Healthcare Providers and Systems (CAHPS®) health plan surveys.[5]

The administration of the CAHPS surveys is an optional Medicaid external quality review (EQR) activity to assess managed care members' satisfaction with their health care services. The DHCS requires that CAHPS surveys be administered to both adult members and the parents or caretakers of child members at the county level unless otherwise specified. In 2010, HSAG administered standardized survey instruments, CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys, to members of all 20 MCMC full-scope regular plans, which resulted in 36 distinct county-level reporting units.

The Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed CAHPS data to draw conclusions about CenCal's performance in providing quality, accessible, and timely care and services to its MCMC members. The DHCS did not require HSAG to conduct a CAHPS survey for members in San Luis Obispo County during the review period, and these plan members will be surveyed in subsequent years that the CAHPS survey is administered. HSAG evaluated data on the four CAHPS global rating measures and five composite measures as follows:

CAHPS Global Rating Measures:

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

[5] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CAHPS Composite Measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*

National Comparisons

In order to assess the overall performance of the MCMC Program, HSAG calculated county-level results and compared them to the National Committee for Quality Assurance (NCQA)'s HEDIS® benchmarks and thresholds or NCQA's national Medicaid data, when applicable. Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, with one being the lowest possible rating (i.e., *Poor*) and five being the highest possible rating (i.e., *Excellent*).

Star ratings were determined for each CAHPS measure using the following percentile distributions in Table 5.1.

Table 5.1—Star Ratings Crosswalk

Stars	Adult Percentiles	Child Percentiles
★★★★★	≥ 90th percentile	≥ 80th percentile
★★★★	75th percentile–89th percentile	60th percentile–79th percentile
★★★	50th percentile–74th percentile	40th percentile–59th percentile
★★	25th percentile–49th percentile	20th percentile–39th percentile
★	< 25th percentile	< 20th percentile

Table 5.2—CenCal Health—Santa Barbara County
Medi-Cal Managed Care County-Level Global Ratings

Population	Rating of Health Plan	performance in ealth Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult	★	★★★	★★★★	★★★★★
Child	★★★	★★★	★★★	★★★★★+
+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.				

Table 5.3—CenCal Health—Santa Barbara County
Medi-Cal Managed Care County-Level Composite Ratings

Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Adult	★★★	★	★★★	★+	★★
Child	★★★	★	★	★★+	★

+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.

Strengths

CenCal Health performed best on the child global rating scores with all child global measure rates at or above the national Medicaid 40th percentiles. The *Rating of Specialist Seen Most Often* achieved the highest rating possible for both adults and children. For the Composite ratings, the *Getting Needed Care* category scored at or above the 50th and 40th percentile for adults and children, respectively.

Opportunities for Improvement

CenCal Health's CAHPS global results showed an opportunity to improve in the *Rating of Health Plan* adult global category, which received a poor rating. In the composite ratings, another area needing improvement is *Getting Care Quickly*, as both the adult and child populations scored the lowest possible rating.

HSAG conducted a key driver of satisfaction analysis that focused on the three highest priorities based on the plan's CAHPS results. The purpose of the key drivers of satisfaction analysis was to help decision makers identify specific aspects of care most likely to benefit from quality improvement (QI) activities. Based on the key driver analysis, HSAG identified the following measures as CenCal Health's highest priorities: *Customer Service, Getting Care Quickly, and Shared Decision Making*. The plan should review the detailed recommendations for improving member satisfaction in these areas, which HSAG outlined in the *Medi-Cal Managed Care Program—2010 CenCal Health CAHPS Plan-Specific Report*. Areas for improvement spanned the quality, access, and timeliness domains of care.

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 Medi-Cal managed care members through the provision of health care services and the plan's structural and operational characteristics.

The DHCS uses the results of performance measures and quality improvement projects (QIPs) 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.

The plan showed average to above-average performance in the quality domain. This assessment was based on CenCal's overall 2010 performance measure rates (which reflect 2009 measurement data), QIP outcomes, and the results of the medical performance and member rights reviews as they related to measurement and improvement.

The plan was able to report valid rates for all 2010 performance measures. CenCal had average to above-average performance in Santa Barbara County, which performed better than CenCal San Luis Obispo. Across both counties, only two measures fell below the MPL, while nine measures performed above the HPL.

QIP results showed that the plan did well with documenting the QIP study Design and Implementation phases, as well as providing plan-specific data. A barrier analysis should be conducted annually to determine if interventions continue to address the primary barriers. CenCal will need to incorporate a method to evaluate the effectiveness of the interventions. The intervention evaluation plan should include subgroup analyses to determine the effects of the intervention across the population.

For its *Proper Antibiotic Use* QIP, CenCal demonstrated statistically significant and sustained improvement for its appropriate treatment of adults with acute bronchitis study indicator. The

plan also showed improvement in the appropriate treatment for children with pharyngitis study indicator. The plan should terminate its *Proper Antibiotic Use* QIP to allow the plan the opportunity to address other areas of low performance.

Medical performance reviews showed that overall CenCal's policies and procedures and applicable contract language met DHCS' requirements. Also, the plan adequately addressed all areas that were deficient at the time of the audit close-out report.

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 a plan's compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and access to covered services under the Medi-Cal Managed Care Program.

Performance measures, QIP outcomes, and member satisfaction results are used to evaluate access to care. 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.

The plan demonstrated average performance in the access domain. This assessment was based on a review of 2010 performance measure rates that related to access, QIP outcomes, results of the medical performance and member rights reviews related to the availability and accessibility of care, and member satisfaction results. Overall, performance measure rates for which HSAG identified a need for focused improvement efforts—*Adolescent Well-Care Visits* and *Cervical Cancer Screening*—fell under the access domain of care.

The MRPIU review found that not all providers' offices interviewed were aware of the 24-hour language line, and not all providers discouraged the use of a minor as an interpreter. Member satisfaction results for adults and children in Santa Barbara County demonstrated average performance for the *Getting Needed Care* composite. This composite assesses members' satisfaction with accessing care once a need is identified. Also, the plan received below-average scores in the *Customer Service* composite for adults and children, an indication of the access domain which outlines a need for improvement for CenCal.

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, to minimize any disruptions to care, and to 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.

The plan demonstrated average performance in the timeliness domain of care. This assessment was based on 2010 performance measure rates for providing timely care, medical performance and member rights reviews related to timeliness; and member satisfaction results related to timeliness. In the most recent MRPIU, CenCal did have issues with resolution letters and Notice of Action letters not being sent out timely.

For the timeliness measures, the plan's performance varied across its two counties. Santa Barbara County performed above the MPL for all measurements and above the HPL for two, while San Luis Obispo County performed below the MPL for one of the timeliness measures. Overall, the plan earned average to above-average results on both the prenatal and postpartum care measures.

Member satisfaction results showed that the plan demonstrated poor performance in the *Getting Care Quickly* category for both adult and child populations in Santa Barbara County. This suggests that members perceive that they do not always receive timely care.

Follow-Up on Prior Year Recommendations

The DHCS provided each plan an opportunity to outline actions taken to address recommendations made in the 2008–2009 plan-specific evaluation report. CenCal's self-reported responses are included in Appendix A.

Conclusions and Recommendations

Overall, CenCal had average to above-average performance in providing quality health care services to its MCMC members. The plan had average performance in providing accessible and timely health care services.

The plan showed steady performance in its 2010 rates compared to its 2009 rates. The plan was generally compliant with documentation requirements across performance measures, QIPs, and State and federal requirements.

Based on the overall assessment of CenCal in the areas of quality, timeliness, and accessibility of care, HSAG recommends the following:

- Enhance internal controls to ensure that all time frame requirements acknowledging receipt and resolution of member grievances are met.
- Ensure providers are re-educated on cultural and linguistic services policies and language interpreter services.
- Strategize to improve San Luis Obispo County's performance for the *Adolescent Well-Care Visits* and *Cervical Cancer Screening* measures, which fell below the MPL.
- Follow up on recommendations for improving member satisfaction outlined in the *Medi-Cal Managed Care Program—2010 CenCal Health CAHPS Plan-Specific Report*.

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

The table on the next page provides the prior year's EQR recommendations, plan actions that address the recommendations, and comments.

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
Improve QIP documentation by using HSAG's QIP Summary Form, which provides guidance that will increase compliance with the CMS protocol for conducting QIPs.	CenCal Health introduced use of HSAG's final QIP Summary Form immediately upon its availability to Medi-Cal Managed Care Health Plans. Use of the EQRO's QIP form has been underway since January 2010.
Explore factors that contributed to statistically significant declines in 2009 in Santa Barbara County for two diabetes care indicators.	CenCal Health's administration of its Diabetes SMART Program, a pay-for-performance program to encourage compliance with clinical guidelines for diabetes management, was transitioned to its Provider Services Department to increase the health plan's focus on provider engagement and success in the SMART Program. In 2010 one of the two diabetes indicators noted by the EQRO in its report improved and one worsened. Both indicators are measurements concerning hemoglobin A1c testing.
Terminate the Proper Antibiotic Use QIP with the next remeasurement period and select a new area of focus for the next QIP.	CenCal Health's QIP, *Proper Antibiotic Use*, was retired and replaced with a QIP on weight assessment and counseling in children. The latter QIP to mitigate pediatric obesity was approved by the EQRO in early 2010.
Reeducate provider offices on language translation requirements.	CenCal Health published a full-page article in its December 2009 Provider Bulletin to reeducate providers on the following points: ♦ Requirements of SB853 ♦ Availability of plan-sponsored over-the-phone interpreters ♦ Availability of plan-sponsored on-site interpreters ♦ Availability of cultural and linguistic resources on the plan's Web site ♦ The use of trained vs. untrained persons as interpreters ♦ Availability of health care interpreting programs at the local city college A second article followed in the same issue, promoting the Health Care Interpreter Program for bilingual office staff. It included details about the program and contact information.
Implement a process to monitor prior-authorization notification timeliness.	Following implementation of a newly implemented prior authorization subsystem (McKesson CCMS), reports to monitor prior authorization timeliness were designed and implemented in May 2010 to enable CenCal Health's management to oversee timely UM decision-making.
Monitor timeliness of payment of clean claims, identify barriers to improvement in this area, and implement appropriate interventions.	A system generated report (cclmrd0002) is created and reviewed by staff monthly to monitor and ensure that the current standards for timeliness of clean claims are met. This report captures claims approaching 35 days that have not been paid so that proper action can be taken prior to the 45 day timeline.