

Performance Evaluation Report
Family Mosaic Project
July 1, 2013–June 30, 2014

Managed Care Quality and
Monitoring Division
California Department of
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Performance Evaluation Report – Family Mosaic Project

July 1, 2013 – June 30, 2014

1. INTRODUCTION

Purpose of Report

The Department of Health Care Services (DHCS) administers California's Medicaid program (Medi-Cal), which provides managed health care services to more than 7.7 million beneficiaries (as of June 2014)¹ in the State of California through a combination of contracted full-scope and specialty managed care health plans (MCPs). DHCS is responsible for assessing the quality of care delivered to beneficiaries through its contracted MCPs, making improvements to care and services, and ensuring that contracted MCPs comply with federal and State standards.

The Code of Federal Regulations (CFR) at 42 CFR §438.364² 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 provided by the states' Medicaid MCPs. The EQRO's performance evaluation centers on federal and State-specified criteria that fall into the domains of quality, access, and timeliness and includes designation of one or more domains of care for each area reviewed as part of the compliance review process, each performance measure, and each quality improvement project (QIP). The report must contain an assessment of the strengths and weaknesses with respect to the quality and timeliness of, and access to health care services furnished to Medicaid recipients; provide recommendations for improvement; and assess the degree to which the MCPs addressed any previous recommendations.

DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report on the Medi-Cal Managed Care program (MCMC). Due to the large number of contracted MCPs and evaluative text, HSAG produced an aggregate technical report and MCP-specific reports separately. The reports are issued in tandem as follows:

- ◆ The *Medi-Cal Managed Care Technical Report, July 1, 2013–June 30, 2014*. This report provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of MCPs' performance through organizational structure and operations,

¹ *Medi-Cal Managed Care Enrollment Report—June 2014*. Available at: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register*/Vol. 68, No. 16/Friday, January 23, 2003/Rules and Regulations, p. 3597. 42 CFR Parts 433 and 438 Medicaid Program; External Quality Review of Medicaid Managed Care Organizations, Final Rule.

performance measures, QIPs, and optional activities, including member satisfaction survey and encounter data validation results, as they relate to the quality, access, and timeliness domains of care.

- ◆ MCP-specific evaluation reports (July 1, 2013–June 30, 2014). Each report includes findings for an MCP regarding its organizational structure and operations, performance measures, QIPs, and optional activities, including member satisfaction survey and encounter data validation results, as they relate to the quality, access, and timeliness domains of care.

This report is specific to DHCS’s contracted MCP, Family Mosaic Project (“FMP” or “the MCP”) for the review period July 1, 2013, through June 30, 2014. Actions taken by the MCP subsequent to June 30, 2014, regarding findings identified in this report will be included in the next annual MCP-specific evaluation report.

Managed Care Health Plan Overview

FMP is a specialty MCP which provides intensive case management and wraparound services for Medi-Cal managed care children and adolescents in San Francisco County who are at risk of out-of-home placement. FMP is part of the Child, Youth, and Family System of Care operated by the City and County of San Francisco Department of Public Health, Community Behavioral Health Services. To receive services from FMP, a member must meet specific enrollment criteria, including being a San Francisco resident between 3 and 18 years of age, having serious mental health care needs, and being at imminent risk of (or already in) out-of-home placement. The MCP submits appropriate clients to DHCS for approval to be enrolled in FMP’s MCMC. Once a client is approved and included under FMP’s contract with DHCS, the MCP receives a per-member, per-month capitated rate to provide mental health and related wraparound services to these members.

FMP became operational in San Francisco County to provide MCMC services in December 1992. As of June 30, 2014, the plan had 46 MCMC members.³

Due to the MCP’s unique membership, some of FMP’s contract requirements have been modified from the MCMC’s full-scope MCP contracts.

³ *Medi-Cal Managed Care Enrollment Report—June 2014*. Available at: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>

Conducting the EQRO Review

The Code of Federal Regulations (CFR) at 42 CFR §438.358 specifies that the State or its EQRO must conduct a comprehensive review within a three-year period to determine a Medicaid MCP'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. DHCS conducts this review activity through an extensive monitoring process that assesses MCPs' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

This report section covers review activities for DHCS's joint medical audit and its Seniors and Persons with Disabilities (SPD) medical survey. These reviews often occur independently, and while some areas of review are similar, the results are separate and distinct.

The *Medi-Cal Managed Care Technical Report, July 1, 2013–June 30, 2014*, provides an overview of the objectives and methodology for conducting the EQRO review.

Assessing the State's Compliance Review Activities

HSAG organized, aggregated, and analyzed results from DHCS's medical audit/SPD medical survey reviews to draw conclusions about each MCP's performance in providing quality, accessible, and timely health care and services to its MCMC members. For this report, HSAG reviewed the most current joint medical audits/SPD medical survey reports available as of June 30, 2014. In addition, HSAG reviewed each MCP's quality improvement program description, quality improvement program evaluation, and quality improvement work plan, as available and applicable, to evaluate key activities between formal comprehensive reviews. For newly established MCPs, HSAG reviewed DHCS's readiness review materials.

Readiness Reviews

DHCS aids MCP readiness through review and approval of MCPs' written policies and procedures. DHCS's MCP contracts reflect federal and State requirements. DHCS reviews and approves MCP processes prior to the commencement of MCP operations, during MCP expansion into new counties, upon contract renewal, and when MCPs revise their policies and procedures.

Medical Audits and SPD Medical Surveys

Historically, DHCS and the Department of Managed Health Care (DMHC) collaborated to conduct joint medical audits of Medi-Cal MCPs. In some instances, however, these audits were conducted solely by DHCS or DMHC. These medical audits, which are conducted for each Medi-Cal MCP approximately once every three years, assess MCPs' compliance with contract requirements and State and federal regulations.

DHCS received authorization "1115 Waiver" from the federal government to conduct mandatory enrollment of SPDs into managed care to achieve care coordination, better manage chronic conditions, and improve health outcomes in non-County Organized Health System (COHS) counties. DHCS entered into an Interagency Agreement with DMHC to conduct health plan medical surveys to ensure that enrollees affected by this mandatory transition are assisted and protected under California's strong patients' rights laws. Mandatory enrollment for these beneficiaries began in June 2011.

During this review period, DHCS began a transition of medical monitoring processes to enhance oversight of MCPs. Two primary changes occurred. First, DHCS's Audits & Investigation Division (A&I) began transitioning its medical audit frequency from once every three years to once a year. These reviews were replaced with the A&I annual medical audit and DMHC's SPD medical survey every three years.

Under DHCS's new monitoring protocols, any deficiencies identified in either A&I medical audits or DMHC SPD medical surveys and other monitoring-related MCP examinations are actively and continuously monitored until full resolution is achieved. Monitoring activities under the new protocols include identifying root causes of MCP issues, augmented by DHCS technical assistance to MCPs; imposing a corrective action plan (CAP) to address any deficiencies; and imposing sanctions and/or penalties, when necessary.

Mental Health Compliance Reviews

Due to both the unique nature of FMP's membership and the MCP's emphasis on the mental health component of the services it delivers, FMP is not subject to medical performance review audits by DHCS and DMHC. FMP, as part of San Francisco County's mental health plan (MHP), is subject to review by the Division of Program Compliance—Medi-Cal Oversight, Department of Mental Health (DMH).

DMH conducted no reviews for FMP during the review period for this report. The most recent review for FMP was conducted by DMH April 25–28, 2011. HSAG provided a detailed summary of both the review and actions taken by the MCP related to the identified findings in FMP's 2011–12 MCP-specific evaluation report.

Strengths

Because no new reviews were conducted during the review period for this report, HSAG has not identified strengths for FMP related to compliance reviews.

Opportunities for Improvement

Because no new reviews were conducted during the review period for this report, HSAG has no recommendations for opportunities for improvement for FMP related to compliance reviews.

Conducting the EQRO Review

DHCS annually selects a set of performance measures for the Medi-Cal full-scope MCPs to evaluate the quality of care delivered by the contracted MCPs to Medi-Cal Managed Care program (MCMC) beneficiaries. DHCS consults with contracted MCPs, the EQRO, and stakeholders to determine what measures the MCPs will be required to report. The DHCS-selected measures are referred to as the External Accountability Set. DHCS requires that MCPs collect and report External Accountability Set rates, which provides a standardized method for objectively evaluating MCPs' delivery of services.

Due to the small size of specialty MCP populations, DHCS modified the performance measure requirements applied to these MCPs. Instead of requiring a specialty MCP to annually report the full list of performance measure rates as full-scope MCPs do, DHCS requires specialty MCPs to report only two performance measures. In collaboration with DHCS, a specialty MCP may select measures from the Healthcare Effectiveness Data and Information Set (HEDIS[®])⁴ or design a measure appropriate to the MCP's population. The measures put forth by the specialty MCPs are subject to approval by DHCS. Furthermore, specialty MCPs must report performance measure results specific to MCMC members.

HSAG conducts validation of the External Accountability Set performance measures as required by DHCS to evaluate the accuracy of the MCPs' reported results. Validation determines the extent to which MCPs followed specifications established by DHCS for its External Accountability Set-specific performance measures when calculating rates.

The *Medi-Cal Managed Care Technical Report, July 1, 2013–June 30, 2014*, provides an overview of the objectives and methodology for conducting the EQRO review.

Validating Performance Measures and Assessing Results

The Centers for Medicare & Medicaid Services (CMS) requires that states conduct performance measure validation of their contracted health plans to ensure that plans calculate performance measure rates according to state specifications. CMS also requires that states assess the extent to which the plans' information systems (IS) provide accurate and complete information.

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

To comply with the CMS requirement, DHCS contracts with HSAG to conduct validation of the selected External Accountability Set performance measures. HSAG evaluates two aspects of performance measures for each MCP. First, HSAG assesses the validity of each MCP's data using protocols required by CMS.⁵ This process is referred to as performance measure validation. Then, HSAG organizes, aggregates, and analyzes validated performance measure data to draw conclusions about the MCP's performance in providing quality, accessible, and timely care and services to its MCMC members.

Performance Measure Validation

For 2014, FMP was required to report two performance measures—*Out-of-Home Placements* and *School Attendance*.

HSAG conducted performance measure validation for the two performance measures selected, calculated, and reported by FMP. HSAG conducted the validation activities as outlined in CMS' publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012⁶ (i.e., CMS Performance Measure Validation Protocol). The validation process included three phases:

- ◆ The pre-on-site phase included a review of the Information Systems Capabilities Assessment (ISCA) tool completed by FMP, supportive documentation, and source code used to calculate the performance measures. The pre-on-site phase was also used to plan for the on-site visit.
- ◆ The on-site visit included system evaluation and demonstration, review of data integration and data control, evaluation of data output files, and primary source verification of performance measure member-level files.
- ◆ The post-on-site phase included both review of follow-up documentation and preliminary performance measure results and final approval of calculations and final results.

Performance Measure Validation Findings

The *2014 Performance Measure Validation Final Report of Findings for Family Mosaic Project* contains the detailed findings and recommendations from HSAG's performance measure validation of the two measures FMP was required to report. HSAG determined that each performance measure was fully compliant with the written specifications and was calculated accurately. A review of the MCP's performance measure validation report revealed the following observations:

⁵ The CMS EQR Protocols can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

⁶ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

- ◆ FMP developed the *School Attendance* measure during the reporting period. The MCP identified this measure as an area in need of performance improvement, reflecting close alignment with program goals.
- ◆ The auditor noted that, based on lessons learned from the first reporting year, FMP should work with DHCS and HSAG to make modifications to the *School Attendance* measure for future reporting years.

Performance Measure Results

After validating the MCP's performance measure rates, HSAG assessed the results. Table 3.1 and Table 3.2 present summaries of FMP's performance measure results. Table 3.1 provides a summary of FMP's *Out-of-Home Placements* measure results for 2012–14, and Table 3.2 provides the *School Attendance* results for 2014.

To create a uniform standard for assessing MCPs on DHCS-required performance measures, DHCS establishes a minimum performance level (MPL) and a high performance level (HPL) for each measure, except for utilization measures, first-year measures, or measures that had significant specifications changes impacting comparability. FMP's measures were developed by the MCP (i.e., they are not HEDIS measures). As no national benchmark data exist from which to derive MPLs or HPLs, DHCS did not establish MPLs or HPLs for these measures.

Out-of-Home Placements

Measure Definition

Out-of-Home Placements measures the percentage of members enrolled in FMP who were discharged to an out-of-home placement (foster care, group home, or residential treatment facility) during the measurement period. The *Out-of-Home Placements* measure falls into the quality and access domains of care. For this measure, a low rate indicates better performance.

**Table 3.1—Performance Measure Results
FMP—San Francisco County
Out-of-Home Placements**

Year	2012	2013	2014	2013–14 Rate Difference ²
Rate ¹	6.3%	4.1%	S	↔

¹ The rate for this measure was reported to one decimal place in both 2012 and 2013; however, in 2014, the rate was reported to two decimal places.

² The 2014 rates were compared to the 2013 rates to determine any statistically significant differences between the two rates. Performance comparisons were based on the Chi-square test of statistical significance with a *p* value of <0.05.

S = The MCP's measure was reportable based on performance measure validation audit results; however, since there are fewer than 11 cases in the numerator of this measure, DHCS suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 Privacy Rule's de-identification standard.

↓ = Statistically significant decline.

↔ = No statistically significant change.

↑ = Statistically significant improvement.

School Attendance

Measure Definition

The *School Attendance* measure was new for 2014. FMP developed the measure in consultation with HSAG, and the measure was approved by DHCS. The *School Attendance* measure indicates the number of capitated Medi-Cal managed care members enrolled into FMP with a 2 or 3 in school attendance on the initial Child and Adolescent Needs and Strengths (CANS) outcome/assessment tool and a 2 or 3 in school attendance on the most recent closing CANS during the measurement period.

- ◆ 0 = Child/youth attends school regularly.
- ◆ 1 = Child/youth has some problems attending school but generally goes to school. May miss up to one day per week on average, OR may have moderate to severe problem in the past six months, but has been attending school regularly in the past month.
- ◆ 2 = Child/youth is having problems with school attendance. He/she is missing at least two days per week.
- ◆ 3 = Child/youth is generally truant or refusing to go to school/mental health admission to an inpatient hospital facility during the measurement period.

The *School Attendance* measure falls into the quality domain of care. For this measure, a low rate indicates better performance.

**Table 3.2—Performance Measure Results
FMP—San Francisco County
School Attendance**

Year	2014
Rate	S

S = The MCP's measure was reportable based on performance measure validation audit results; however, since there are fewer than 11 cases in the numerator of this measure, DHCS suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 Privacy Rule's de-identification standard.

Performance Measure Result Findings

The rate of *Out-of-Home Placements* declined from 2013 to 2014. The percentage decrease in the rate for this measure reflected an improvement in performance, although the change was not statistically significant.

As 2014 was the first year FMP reported the *School Attendance* measure, HSAG could conduct no analysis or comparison for the measure.

Strengths

During the performance measure validation process, the HSAG auditor determined that each performance measure was fully compliant with the written specifications and was calculated accurately by the MCP. FMP continued to improve its performance on the *Out-of-Home Placements* measure.

Opportunities for Improvement

During the performance measure validation process, the HSAG auditor noted that, based on lessons learned from the first reporting year, FMP should work with DHCS and HSAG to make modifications to the *School Attendance* measure for future reporting years.

As was recommended in 2013, the MCP has the opportunity to continue to assess the factors leading to improvement on the *Out-of-Home Placements* measure to ensure that the successful efforts are continued.

Conducting the EQRO 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 CMS validation protocol⁷ to ensure that MCPs design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Specialty MCPs must conduct a minimum of two QIPs; however, because specialty MCPs serve unique populations that are limited in size, DHCS does not require specialty MCPs to participate in the statewide collaborative QIP. Instead, specialty MCPs are required to design and maintain two internal QIPs with the goal to improve health care quality, access, and/or timeliness for the specialty MCP's MCMC members.

The *Medi-Cal Managed Care Technical Report, July 1, 2013–June 30, 2014*, provides an overview of the objectives and methodology for conducting the EQRO review.

Validating Quality Improvement Projects and Assessing Results

HSAG evaluates two aspects of MCPs' QIPs. First, HSAG evaluates the validity of each QIP's study design, implementation strategy, and study outcomes using CMS-prescribed protocols (QIP validation). Second, HSAG evaluates the efficacy of the interventions in achieving and sustaining improvement of the MCP's QIP objectives (QIP results).

Beginning July 1, 2012, HSAG began using a revised QIP methodology and scoring tool to validate the QIPs. HSAG updated the methodology and tool to place greater emphasis on health care outcomes by ensuring that statistically significant improvement has been achieved before it assesses for sustained improvement. Additionally, HSAG streamlined some aspects of the scoring to make the process more efficient. With greater emphasis on improving QIP outcomes, member health, functional status, and/or satisfaction will be positively affected.

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

⁷ The CMS Protocols can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

Quality Improvement Project Objectives

Specialty MCPs must be engaged in two QIPs at all times. However, because specialty MCPs serve unique populations that are limited in size, DHCS does not require them to participate in the statewide collaborative QIP. Instead, specialty MCPs are required to design and maintain two internal QIPs with the goal to improve health care quality, access, and/or timeliness for the specialty MCP's beneficiaries. FMP had three internal QIPs in progress during the review period of July 1, 2013–June 30, 2014.

Table 4.1 lists FMP's QIPs and indicates whether the QIP is clinical or nonclinical, and the domains of care (i.e., quality, access, timeliness) the QIP addresses.

**Table 4.1—Quality Improvement Projects for FMP
July 1, 2013, through June 30, 2014**

QIP	Clinical/Nonclinical	Domains of Care
<i>Child and Adolescent Needs and Strengths (CANS) Depression Rating</i>	Clinical	Q
<i>Increase the Rate of School Attendance (Closed)</i>	Nonclinical	Q
<i>Increase the Rate of School Attendance (Open)</i>	Nonclinical	Q

FMP's *Child and Adolescent Needs and Strengths (CANS) Depression Rating* QIP focused on decreasing the rate of depression for all FMP members. By using the Child and Adolescent Needs and Strengths (CANS) outcome/assessment tool, the MCP can assess the member's needs requiring action, implement a care plan, and determine if that care plan leads to a positive outcome. FMP's data clearly showed that depression is a marked problem for children and youth within FMP. At the initiation of the QIP, approximately 61 percent of FMP's members were experiencing problems with depression. FMP aims to achieve a statistically significant reduction in *CANS Depression Rating* from initial assessment to reassessment.

FMP's *Increase the Rate of School Attendance (Closed)* QIP focused on increasing the rate of school attendance for its members aged 6 to 18 years. Using the CANS outcome/assessment tool, the MCP aimed to reduce the percentage of members identified through the tool as having missed school at least two days per week on average, being generally truant, or refusing to go to school. Due to FMP inaccurately documenting the measurement periods and submitting invalid data, HSAG and DHCS determined that the *Increase the Rate of School Attendance (Closed)* QIP should be closed. Since school attendance continued to be a priority area in need of improvement, FMP implemented a new *Increase the Rate of School Attendance (Open)* QIP, which included accurately documented measurement periods and valid data.

Quality Improvement Project Validation Findings

Table 4.2 summarizes the QIP validation results and status across CMS protocol activities during the review period.

Table 4.2—Quality Improvement Project Validation Activity
FMP—San Francisco County
July 1, 2013, through June 30, 2014

Name of Project/Study	Type of Review ¹	Percentage Score of Evaluation Elements Met ²	Percentage Score of Critical Elements Met ³	Overall Validation Status ⁴
Internal QIPs				
<i>Child and Adolescent Needs and Strengths (CANS) Depression Rating</i>	Study Design Submission	64%	80%	<i>Partially Met</i>
	Study Design Resubmission 1	100%	100%	<i>Met</i>
<i>Increase the Rate of School Attendance (Closed)</i>	Annual Submission	62%	71%	<i>Partially Met</i>
	Annual Resubmission 1	65%	71%	<i>Partially Met</i>
<i>Increase the Rate of School Attendance (Open)</i>	Study Design Submission	86%	100%	<i>Met</i>

¹**Type of Review**—Designates the QIP review as a proposal, annual submission, or resubmission. A resubmission means the MCP 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 noncritical) 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*.

Validation results during the review period of July 1, 2013, through June 30, 2014, showed that FMP's study design submission of its *Child and Adolescent Needs and Strengths (CANS) Depression Rating* QIP received an overall validation status of *Partially Met*. As of July 1, 2009, DHCS has required MCPs to resubmit their QIPs until they have achieved an overall *Met* validation status. Based on HSAG's validation feedback, FMP resubmitted the QIP and achieved an overall *Met* validation status, with 100 percent of the evaluation elements (critical and noncritical) receiving a met score. The *Increase the Rate of School Attendance (Open)* QIP study design submission achieved an overall validation status of *Met*, with 86 percent of the evaluation elements and 100 percent of the critical elements receiving a met score.

FMP's annual submission of the *Increase the Rate of School Attendance (Closed)* QIP received an overall *Partially Met* validation status. DHCS and HSAG had discussions with FMP and determined that, due to FMP inaccurately documenting the measurement periods and submitting invalid data, the

QIP should be closed with no further validation. FMP was required to submit no further documentation regarding this QIP.

Table 4.3 summarizes the aggregate validation results for FMP's QIPs across CMS protocol activities during the review period.

Table 4.3—Quality Improvement Project Average Rates*
FMP—San Francisco County
(Number = 5 QIP Submissions, 2 QIP Topics)
July 1, 2013, through June 30, 2014

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	87%	13%	0%
	IV: Correctly Identified Study Population	80%	20%	0%
	V: Valid Sampling Techniques (if sampling is used)	NA	NA	NA
	VI: Accurate/Complete Data Collection	55%	35%	10%
Design Total		78%	18%	4%
Implementation	VII: Sufficient Data Analysis and Interpretation	44%	50%	6%
	VIII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total		64%	32%	4%
Outcomes	IX: Real Improvement Achieved	50%	0%	50%
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
Outcomes Total		50%	0%	50%

*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.

Please note that the aggregated percentages for Activities I through IX in Table 4.3 include the scores from FMP's *Increase the Rate of School Attendance (Closed)* QIP. HSAG provides no details regarding deficiencies noted during the validation process in this report because the MCP was not required to resubmit the QIP to address the deficiencies and the QIP was closed.

HSAG validated Activities I through VI for FMP's *Child and Adolescent Needs and Strengths (CANS) Depression Rating* and *Increase the Rate of School Attendance (Open)* QIPs' study design submissions and Activities I through IX for the MCP's *Increase the Rate of School Attendance (Closed)* QIP annual submission

FMP demonstrated an adequate application of the Design stage, meeting 78 percent of the requirements for all applicable evaluation elements within the study stage for all three QIPs. The *Child and Adolescent Needs and Strengths (CANS) Depression Rating* QIP had multiple design issues,

resulting in lower scores for Activities IV and VI. FMP corrected the deficiencies in the resubmission, resulting in the QIP achieving an overall *Met* validation status. For the *Increase the Rate of School Attendance (Open)* QIP, FMP did not provide an accurate estimate of the administrative data completeness and did not indicate that the study indicator rate would be compared to the goal, resulting in a lower score for Activity VI. The remaining deficiencies attributed to this stage were due to the *Increase the Rate of School Attendance (Closed)* QIP. Because this QIP was closed prior to achieving a *Met* validation status, HSAG provides no details regarding deficiencies noted during the validation process.

Only the *Increase the Rate of School Attendance (Closed)* QIP progressed to the Implementation and Outcomes stage during the reporting period; therefore, the deficiencies attributed to these stages were all related to this QIP. Since the QIP was closed prior to achieving a *Met* validation status, HSAG provides no details regarding deficiencies noted during the validation process.

Although the *Increase the Rate of School Attendance (Open)* QIP did not progress to the Implementation stage, FMP provided documentation regarding the planned interventions; therefore, HSAG validated Activity VIII for this QIP. FMP met 100 percent of the requirements for all applicable evaluation elements within Activity VIII for the *Increase the Rate of School Attendance (Open)* QIP.

Quality Improvement Project Outcomes and Interventions

The *Child and Adolescent Needs and Strengths (CANS) Depression Rating* QIP did not progress to the Implementation or Outcomes stage during the reporting period; therefore, no intervention or outcome information is included in this report.

While the *Increase the Rate of School Attendance (Open)* QIP did not progress to the Implementation stage, because FMP provided intervention information, HSAG includes a summary of the intervention steps for the QIP below:

- ◆ Referred to the FMP educational evaluator for educational testing those members identified as having missed school at least two days per week on average, generally truant, or who refused to go to school.
- ◆ The evaluator assessed the member's academic skills and deficiencies and recommended a specialized or intensive instruction to improve competency.
- ◆ The evaluator met with the care manager, parent/caregiver, and other providers to identify the member's learning style and develop an individualized education plan.

Although the *Increase the Rate of School Attendance (Closed)* QIP progressed to the Outcome stage, no outcome information is included because the data were not valid and the QIP was closed.

Strengths

FMP excelled at selecting an appropriate study topic and clearly defining the study questions for all QIPs. The MCP met all requirements for all applicable evaluation elements within Activity VIII for the *Increase the Rate of School Attendance (Open)* QIP. The *Increase the Rate of School Attendance (Open)* QIP achieved a *Met* validation status on the first submission.

Opportunities for Improvement

In response to HSAG's recommendation in FMP's 2012–13 MCP-specific evaluation report, FMP implemented various processes to ensure that the QIP Summary Form was complete and accurate (see Appendix A). Because FMP had to resubmit its *Child and Adolescent Needs and Strengths (CANS) Depression Rating* and *Increase the Rate of School Attendance (Closed)* QIPs due to incomplete or inaccurate documentation, the MCP demonstrates continued opportunities for improving its QIP documentation. The MCP should continue to implement strategies to ensure that all required documentation is included in the QIP Summary Form, including referencing the QIP Completion Instructions and previous QIP validation tools.

Conducting the Review

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. In order to examine the extent to which encounters submitted to DHCS by MCPs are complete and accurate, DHCS contracted with HSAG to conduct an encounter data validation (EDV) study.

Because FMP does not have encounter data, the MCP was not included in the EDV study. Therefore, no information about the EDV study is included in this report.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Although HSAG uses a standardized scoring process to evaluate each full-scope Medi-Cal MCP's performance measure rates and QIP performance in the areas of quality, access, and timeliness domains of care, HSAG does not use this scoring process for specialty MCPs, due to the small size of the specialty MCPs' populations. To determine the degree to which specialty MCPs provide quality, accessible, and timely care to beneficiaries, HSAG assesses each specialty MCP's performance related to medical audit/SPD medical survey reviews (as applicable), performance measure rates, QIP validation, QIP outcomes, member satisfaction surveys (as available), and accuracy and completeness of the MCP's encounter data (as applicable).

Quality

The quality domain of care relates to the degree to which an MCP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM)—efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.⁸

DHCS uses the results of performance measures and QIPs to assess care delivered to beneficiaries by an MCP. In addition, DHCS monitors aspects of an MCP'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. DHCS also uses the results of member satisfaction surveys to assess beneficiaries' satisfaction with the quality of the health care they receive from the MCPs.

As part of the process for producing this report, HSAG reviewed the quality documents FMP submitted. Since FMP is a part of the San Francisco Department of Public Health's network, the MCP's quality documents are from the County of San Francisco Department of Public Health, Community Behavioral Health Services. The documents describe an organizational structure that supports the provision of quality behavioral health care to the MCP's members.

⁸ This definition of quality is included in Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocols Introduction: An Introduction to the External Quality Review (EQR) Protocols*, Version 1.0, September 2012. The definition is in the context of Medicaid/Children's Health Insurance Program MCOs, and was adapted from the IOM definition of quality. The CMS Protocols can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

Both of the MCP's required performance measures fall into the quality domain of care. FMP continued to improve its performance on the *Out-of-Home Placements* measure. Since 2014 was the first year the MCP reported the *School Attendance* measure, HSAG could conduct no analysis or comparison for the measure.

All three of FMP's QIPs fell into the quality domain of care. Only the *Increase the Rate of School Attendance (Closed)* QIP progressed to the Outcomes stage during the reporting period; however, because data were not valid and the QIP was closed, HSAG includes no outcome information in this report.

Overall, FMP showed average performance related to the quality domain of care based on the rate for the *Out-of-Home Placements* measure continuing to show some improvement.

Access

The access domain of care relates to an MCP's standards, set forth by the State, to ensure the availability of and access to all covered services for MCMC beneficiaries. DHCS has contract requirements for MCPs to ensure access to and the availability of services to their MCMC members and uses monitoring processes, including audits, to assess an MCP'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. DHCS uses medical performance reviews, Medi-Cal Managed Care Division reviews, performance measures, QIP outcomes, and member satisfaction survey results to evaluate access to care.

When reviewing the quality documents FMP submitted as part of the process for producing this MCP-specific evaluation report, HSAG found activities and goals with a focus on ensuring members' access to needed services. The documents also include descriptions of processes to monitor access to care.

The *Out-of-Home Placements* measure falls into the access domain of care and, as stated above, FMP continued to improve its performance on this measure.

Overall, FMP showed average performance related to the access domain of care based on the rate for the *Out-of-Home Placements* measure continuing to show some improvement.

Timeliness

The timeliness domain of care relates to an MCP'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.

DHCS has contract requirements for MCPs to ensure timeliness of care and uses monitoring processes, including audits and reviews, to assess MCPs' 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 that assess if a health care service is provided within a recommended period of time after a need is identified are used to assess if MCPs are ensuring timeliness of care. Member satisfaction survey results also provide information about MCMC beneficiaries' assessment of the timeliness of care delivered by providers.

FMP's quality improvement documents include descriptions of processes, goals, and objectives related to member rights, grievances, and utilization management, which all affect the timeliness of services delivered to members.

As no performance measures or QIPs fell into the timeliness domain of care, HSAG makes no assessment of FMP's performance related to the timeliness domain of care.

Follow-Up on Prior Year Recommendations

DHCS provided each MCP an opportunity to outline actions taken to address recommendations made in the 2012–13 MCP-specific evaluation report. FMP's self-reported responses are included in Appendix A.

Recommendations

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

- ◆ To improve the performance measure validation process, based on lessons learned from the first reporting year, work with DHCS and HSAG to make modifications to the *School Attendance* measure for future reporting years.
- ◆ Continue to assess factors leading to the improvement on the *Out-of-Home Placements* measure to ensure that efforts leading to this positive outcome are continued.
- ◆ Continue to implement strategies to ensure that all required documentation is included in the QIP Summary Form, including referencing the QIP Completion Instructions and previous QIP validation tools.

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

Appendix A. **MCP'S SELF-REPORTED FOLLOW-UP ON EXTERNAL QUALITY REVIEW
RECOMMENDATIONS FROM THE JULY 1, 2012–JUNE 30, 2013
PERFORMANCE EVALUATION REPORT**

for Family Mosaic Project

The table below provides external quality review recommendations from the July 1, 2012, through June 30, 2013, Performance Evaluation Report, along with FMP's self-reported actions taken through June 30, 2014, that address the recommendations. Neither HSAG nor any State agency has confirmed implementation of the actions reported by the MCP in the table.

Table A.1—FMP's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2012–June 30, 2013 Performance Evaluation Report

2012–13 External Quality Review Recommendation Directed to FMP	Actions Taken by FMP During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
1. Assess the factors leading to the improvement on the <i>Out-of-Home Placements</i> measure to ensure that the efforts leading to this positive outcome are continued.	The QIP was successfully completed. To ensure the positive outcomes FMP reached, it will continue to wrap the Child/Youth and Family by embracing "The High Fidelity WRAP Model"—a model that continually insists and ensures that the child, youth, and family are co-partners in their care and have a strong, constant voice in their treatment needs and goals.
2. Carefully review the QIP completion instructions prior to submitting QIPs to ensure that all required documentation is included in the QIP Summary Form.	The San Francisco Health Network and FMP have educated themselves about all the documentation required in the QIP Summary Form.
3. To improve performance related to member satisfaction:	
a. Review the MCP's detailed member satisfaction survey results and determine if there are strategies the MCP can implement to improve members' overall satisfaction with FMP.	FMP is continually working to improve clients' care and outcomes. For this current year, FMP embraced the "High Fidelity WRAP Model". This is an effective model that ensures that the child/youth/family are co-partners in their care and have strong voices in their care.
b. Assess the factors that are leading to the Mission Family Center location having a slightly lower average rating in the area of outcomes of services and implement strategies to improve the satisfaction rating.	Not applicable. There are no longer satellite FMP programs. All FMP services are located in one location at 1309 Evans St.