Performance Evaluation Report

Health Net Community Solutions, Inc.

July 1, 2013–June 30, 2014

Managed Care Quality and Monitoring Division
California Department of Health Care Services

April 2015

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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 §438.364[2] 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, performance measures, QIPs, and optional activities, including member satisfaction survey and

[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.

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, Health Net Community Solutions, Inc. ("Health Net" 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

Health Net is a full-scope MCP delivering services to its MCMC members as a "commercial plan" (CP) under the Two-Plan Model (TPM) and as a Geographic Managed Care (GMC) model.

In TPM counties, MCMC beneficiaries may choose between two MCPs; typically, one MCP is a "Local Initiative" (LI) and the other a CP. DHCS contracts with both plans. The LI is established under authority of the local government with input from State and federal agencies, local community groups, and health care providers to meet the needs and concerns of the community. The CP is a private insurance plan that also provides care for Medi-Cal beneficiaries. MCMC beneficiaries may enroll in Health Net, the CP MCP; or in the alternative LI. The following table shows the counties in which Health Net provided services to MCMC beneficiaries under the TPM and denotes which MCP is the LI.

County	Local Initiative Plan
Kern	Kern Family Health Care
Los Angeles	L.A. Care Health Plan
San Joaquin	Health Plan of San Joaquin
Stanislaus	Health Plan of San Joaquin
Tulare	Anthem Blue Cross Partnership Plan

In the GMC model, DHCS allows MCMC beneficiaries to select from several commercial MCPs within a specified geographic area. The GMC model currently operates in San Diego and Sacramento counties, and Health Net serves MCMC beneficiaries in both counties.

Health Net became operational in Sacramento County to provide MCMC services effective 1994 and then expanded into its additional contracted counties, with the most recent being San Joaquin County in January 2013. As of June, 30, 2014, Health Net had 65,182 MCMC members in Kern

County; 731,349 in Los Angeles County; 100,675 in Sacramento County; 51,360 in San Diego County; 14,485 in San Joaquin County, 66,510 in Stanislaus County; and 81,277 in Tulare County—for a total of 1,110,838 MCMC members.[3]

[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.

Department of Managed Health Care Seniors and Persons with Disabilities Medical Survey

The most recent SPD medical survey for Health Net was conducted from May 14, 2013, through May 17, 2013, covering the review period of March 1, 2012, through February 28, 2013. DHCS provided HSAG with the CAP closeout letter for the survey that DMHC issued to Health Net on July 8, 2014. The letter indicated that Health Net had fully corrected the potential deficiencies in the areas of Utilization Management and Quality Management and that the letter was DHCS's final response to the MCP's CAP. Note that while the information regarding resolution of the deficiencies was received outside the review period for this MCP-specific evaluation report, HSAG included the information since the time frame was only eight days past the review period and the letter indicated full resolution of all potential deficiencies.

Strengths

Health Net fully resolved the potential deficiencies identified by DMHC during the May 2013 SPD medical survey.

Opportunities for Improvement

Since Health Net has no outstanding deficiencies from the most recent survey, HSAG has no recommendations for opportunities for improvement 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.

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.

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.[4] 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.

[4] 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.

Performance Measure Validation

DHCS's 2014 External Accountability Set consisted of 14 Healthcare Effectiveness Data and Information Set (HEDIS®)[5] measures and 1 measure developed by DHCS and the MCPs, with guidance from the EQRO, to be used for the statewide collaborative QIP. Several of the 14 required measures include more than one indicator, bringing the total performance measure rates required for MCP reporting to 32. In this report, "performance measure" or "measure" (rather than indicator) is used to describe the required External Accountability Set measures. The performance measures fell under all three domains of care—quality, access, and timeliness.

HSAG performed NCQA HEDIS Compliance Audits™[6] of all Medi-Cal MCPs in 2014 to determine whether the MCPs followed the appropriate specifications to produce valid rates. The audits were conducted in accordance with the *2014 NCQA HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*. NCQA specifies IS standards that detail the minimum requirements that health plans must meet, including the criteria for any manual processes used to report HEDIS information. When a Medi-Cal MCP did not meet a particular IS standard, the audit team evaluated the impact on HEDIS reporting capabilities. MCPs not fully compliant with all of the IS standards could still report measures as long as the final reported rates were not significantly biased. As part of the HEDIS Compliance Audit, HSAG also reviewed and approved the MCPs' source code, either internal or vendor created, for the *All-Cause Readmissions* statewide collaborative QIP measure, since this measure is not certified under software certification for Medicaid.

Performance Measure Validation Findings

The *HEDIS 2014 Compliance Audit Final Report of Findings for Health Net Community Solutions, Inc.* contains the detailed findings and recommendations from HSAG's HEDIS audit. HSAG auditors determined that Health Net followed the appropriate specifications to produce valid rates, and no issues of concern were identified. A brief summary of the findings is included below.

- Health Net had tracking and monitoring processes in place to ensure complete data transmissions.
- Health Net successfully transitioned its Healthy Families Program population into MCMC with no impact on member operations (i.e., processes related to enrollment, customer service, member outreach, etc.).

[5] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[6] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Performance Measure Results

After validating the MCP's performance measure rates, HSAG assessed the results. Table 3.1 through Table 3.7 present a summary of Health Net's performance measure results for 2011–14. Note that data may not be available for all four years.

To create a uniform standard for assessing MCPs on DHCS-required performance measures, DHCS established 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 specification changes impacting comparability. In addition to the performance measure results from 2011–14, Table 3.1 through Table 3.7 show the MCP's performance compared to the DHCS-established MPLs and HPLs for each year. Rates below the MPLs are **bolded**, and rates above the HPLs are shaded in gray.

DHCS based the MPLs and HPLs on the NCQA's national percentiles. MPLs and HPLs align with NCQA's national Medicaid 25th percentile and 90th percentile, respectively, except for the *CDC–H9 (>9.0 percent)* measure. 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.

The reader should note the following regarding Table 3.1 through Table 3.7:

- Although HSAG's summary of Health Net's performance related to the MPLs and HPLs includes San Joaquin County's rates, since 2014 was the first year Health Net reported rates for San Joaquin County, DHCS did not hold the MCP accountable to meet the MPLs for any measures in this county.
- The *All-Cause Readmissions* measure is a non-HEDIS measure used for the ACR collaborative QIP; therefore, no MPL or HPL is established for this measure.
- For the *All-Cause Readmissions* measure, a lower rate indicates better performance (i.e., fewer readmissions).
- The *Ambulatory Care—Emergency Department (ED) Visits* and *Ambulatory Care—Outpatient Visits* measures are utilization measures. No MPL or HPL is established for a utilization measure. Additionally, HSAG did not compare performance for these measures.
- Although MPL and HPL information is provided, as applicable, for the following measures, DHCS did not hold MCPs accountable to meet the MPLs for the measures for 2014:
  - All four *Children and Adolescents' Access to Primary Care* measures.
  - *Cervical Cancer Screening*. Note: MCPs have reported a rate for the *Cervical Cancer Screening* measure since 2008; however, due to NCQA's HEDIS 2014 specification changes to reflect the new screening guidelines, this measure was considered to be a first-year measure in 2014.

Consequently, HSAG did not include or make comparisons to previous years' rates in this report.

- *Comprehensive Diabetes Care—LDL-C Control.* (This measure is being eliminated for HEDIS 2015.)
- *Comprehensive Diabetes Care—LDL-C Screening.* (This measure is being eliminated for HEDIS 2015.)

Table 3.1—Performance Measure Results
Health Net—Kern County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	10.40%	11.50%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	47.52	53.28	54.16	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	269.41	200.09	350.94	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	**77.67%**	**75.85%**	**82.19%**	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	**83.33%**	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**79.57%**	**76.59%**	**81.82%**	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	**18.18%**	**17.23%**	26.00%	23.14%	↔
Cervical Cancer Screening	Q,A	—	—	—	**49.64%**	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	70.44%	71.35%	68.71%	**65.28%**	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	**93.78%**	**89.78%**	**92.95%**	↑
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	**80.79%**	**70.48%**	**79.16%**	↑
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	**78.17%**	**68.16%**	**67.96%**	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	**81.18%**	**76.57%**	**67.50%**	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	58.41%	65.82%	**50.12%**	**50.36%**	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	50.24%	54.04%	**44.28%**	**42.34%**	↔
Comprehensive Diabetes Care—HbA1c Testing	Q,A	79.09%	78.52%	**73.24%**	**76.89%**	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	40.63%	40.88%	**38.20%**	**33.33%**	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	36.54%	35.57%	38.93%	35.52%	↔
Comprehensive Diabetes Care—LDL-C Screening	Q,A	76.44%	73.21%	72.75%	74.45%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	82.69%	83.14%	80.78%	79.32%	↔

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	48.80%	50.58%	**52.80%**	**60.10%**	▼
Controlling High Blood Pressure	Q	—	—	51.34%	**47.20%**	↔
Immunizations for Adolescents—Combination 1	Q,A,T	—	60.58%	71.90%	73.39%	↔
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	69.12%	55.20%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	51.47%	35.29%	↓
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	62.41%	62.41%	**53.09%**	**54.15%**	↔
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	86.29%	89.47%	**78.87%**	**71.71%**	↓
Use of Imaging Studies for Low Back Pain	Q	73.50%	75.26%	73.53%	74.70%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	53.16%	55.28%	72.02%	78.65%	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	69.66%	71.24%	81.02%	86.98%	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	41.75%	51.24%	63.99%	77.86%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	72.02%	69.21%	65.54%	71.54%	↔

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.2—Performance Measure Results
Health Net—Los Angeles County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	11.93%	11.64%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	33.03	36.51	35.29	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	241.22	251.36	274.97	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	**74.03%**	**76.09%**	**80.35%**	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	**76.99%**	**85.92%**	**86.38%**	↔
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**74.07%**	**76.27%**	**80.78%**	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	20.18%	21.40%	40.16%	27.72%	↓
Cervical Cancer Screening	Q,A	—	—	—	61.80%	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	77.10%	87.62%	81.63%	76.15%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	96.13%	**94.29%**	**94.47%**	↔
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	88.17%	**81.11%**	**81.18%**	↔
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	87.98%	**83.12%**	**81.99%**	↓
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	**85.90%**	**82.82%**	**77.41%**	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	63.89%	67.53%	**50.12%**	59.61%	↑
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	55.32%	58.82%	47.69%	50.36%	↔
Comprehensive Diabetes Care—HbA1c Testing	Q,A	84.03%	83.53%	**78.10%**	79.81%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	46.30%	48.47%	**39.90%**	45.26%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	37.27%	37.41%	35.52%	37.23%	↔
Comprehensive Diabetes Care—LDL-C Screening	Q,A	80.79%	76.47%	75.43%	77.62%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	86.57%	82.35%	82.97%	81.27%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	40.74%	39.76%	48.42%	48.66%	↔
Controlling High Blood Pressure	Q	—	—	57.91%	56.33%	↔
Immunizations for Adolescents—Combination 1	Q,A,T	—	65.02%	73.67%	78.66%	↔
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	72.65%	53.36%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	49.52%	33.05%	↓

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	**58.21%**	**52.34%**	**48.05%**	**45.01%**	↔
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	86.57%	83.64%	**73.41%**	**68.37%**	↔
Use of Imaging Studies for Low Back Pain	Q	80.02%	81.09%	78.01%	76.76%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	63.61%	71.53%	75.78%	70.35%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	71.33%	79.86%	80.73%	75.47%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	53.73%	63.66%	66.41%	67.65%	↔
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	79.10%	83.10%	77.08%	69.26%	↓

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
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‡ This is a utilization measure, which is not assigned a domain of care.
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▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.

Table 3.3—Performance Measure Results
Health Net—Sacramento County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	12.15%	12.69%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	38.1	45.02	44.04	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	241	300.55	305.99	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	**59.33%**	**67.16%**	**72.60%**	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	**82.46%**	**84.75%**	↔
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**55.59%**	**67.40%**	**70.56%**	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	28.48%	20.21%	51.66%	27.62%	↓
Cervical Cancer Screening	Q,A	—	—	—	**48.91%**	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	67.33%	69.55%	66.67%	**59.57%**	↓
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	95.41%	**92.53%**	**92.57%**	↔
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	**84.73%**	**80.19%**	**81.06%**	↔
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	**84.22%**	**80.69%**	**79.43%**	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	**83.57%**	**81.64%**	**75.02%**	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	59.55%	62.91%	**48.91%**	**45.99%**	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	45.62%	48.36%	**40.63%**	**37.96%**	↔
Comprehensive Diabetes Care—HbA1c Testing	Q,A	83.82%	83.57%	**77.86%**	**77.62%**	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	49.21%	52.82%	43.55%	48.18%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	37.75%	33.57%	35.77%	33.33%	↔
Comprehensive Diabetes Care—LDL-C Screening	Q,A	76.40%	73.94%	**67.40%**	**67.64%**	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	81.57%	82.63%	83.45%	80.29%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	40.00%	35.92%	45.26%	46.23%	↔
Controlling High Blood Pressure	Q	—	—	54.50%	**45.72%**	↓
Immunizations for Adolescents—Combination 1	Q,A,T	—	54.61%	63.08%	62.76%	↔
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	78.74%	58.83%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	55.94%	40.03%	↓
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	60.57%	60.78%	**53.16%**	**49.02%**	↔

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	87.89%	83.58%	81.77%	**77.07%**	↔
Use of Imaging Studies for Low Back Pain	Q	87.78%	87.52%	87.00%	85.49%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	67.88%	69.51%	77.32%	59.06%	↓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	73.48%	77.58%	76.34%	72.95%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	41.61%	52.69%	57.07%	58.81%	↔
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	81.85%	78.20%	71.18%	67.54%	↔

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.4—Performance Measure Results
Health Net—San Diego County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	15.96%	15.90%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	44.1	50.92	46.66	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	258.6	317.66	354.48	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	**78.12%**	**83.68%**	89.08%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	100.00%	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**77.56%**	83.82%	88.33%	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	**18.12%**	**18.46%**	44.85%	28.18%	↓
Cervical Cancer Screening	Q,A	—	—	—	**39.66%**	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	69.82%	77.30%	72.30%	67.46%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	**94.01%**	**93.98%**	95.87%	↑
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	**85.83%**	**85.27%**	87.67%	↑
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	**85.38%**	**84.91%**	**86.20%**	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	**82.99%**	**82.51%**	**82.09%**	↔
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	53.78%	64.38%	**52.07%**	**46.23%**	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	47.43%	51.91%	45.99%	44.77%	↔
Comprehensive Diabetes Care—HbA1c Testing	Q,A	84.59%	84.48%	85.40%	**77.13%**	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	41.99%	48.35%	50.85%	**38.69%**	↓
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	31.42%	35.62%	41.12%	30.90%	↓
Comprehensive Diabetes Care—LDL-C Screening	Q,A	73.41%	76.34%	79.08%	**70.32%**	↓
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	82.18%	78.63%	82.24%	78.10%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	46.53%	41.48%	41.61%	**54.01%**	▼
Controlling High Blood Pressure	Q	—	—	55.23%	**44.72%**	↓
Immunizations for Adolescents—Combination 1	Q,A,T	—	65.29%	76.86%	66.23%	↓
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	75.28%	57.50%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	55.06%	40.00%	↓
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	62.47%	**54.77%**	**53.75%**	**41.11%**	↓

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	88.84%	83.38%	**76.67%**	**62.78%**	↓
Use of Imaging Studies for Low Back Pain	Q	74.07%	77.40%	76.04%	**64.79%**	↓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	51.34%	67.56%	72.99%	77.32%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	61.31%	67.78%	74.70%	74.59%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	43.07%	49.56%	67.15%	70.77%	↔
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	72.80%	70.00%	74.43%	76.64%	↔

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.5—Performance Measure Results
Health Net—San Joaquin County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	—	18.60%	Not Comparable
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	—	—	53.47	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	—	—	266.70	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	—	—	**67.00%**	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	—	—	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	—	—	**65.45%**	Not Comparable
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	—	—	—	NA	Not Comparable
Cervical Cancer Screening	Q,A	—	—	—	**20.92%**	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	—	—	—	NA	Not Comparable
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	—	—	**92.11%**	Not Comparable
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	—	—	**76.97%**	Not Comparable
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	—	—	NA	Not Comparable
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	—	—	NA	Not Comparable
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	—	—	—	**34.96%**	Not Comparable
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	—	—	—	**39.02%**	Not Comparable
Comprehensive Diabetes Care—HbA1c Testing	Q,A	—	—	—	**73.17%**	Not Comparable
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	—	—	—	**29.27%**	Not Comparable
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	—	—	—	28.46%	Not Comparable
Comprehensive Diabetes Care—LDL-C Screening	Q,A	—	—	—	**60.16%**	Not Comparable
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	—	—	—	81.30%	Not Comparable
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	—	—	—	**65.04%**	Not Comparable
Controlling High Blood Pressure	Q	—	—	—	**30.86%**	Not Comparable
Immunizations for Adolescents—Combination 1	Q,A,T	—	—	—	NA	Not Comparable
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	—	NA	Not Comparable
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	—	NA	Not Comparable
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	—	—	—	**46.38%**	Not Comparable

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	—	—	—	**71.01%**	Not Comparable
Use of Imaging Studies for Low Back Pain	Q	—	—	—	NA	Not Comparable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	—	—	—	61.07%	Not Comparable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	—	—	—	68.37%	Not Comparable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	—	—	—	55.72%	Not Comparable
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	—	—	—	**59.12%**	Not Comparable

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.6—Performance Measure Results
Health Net—Stanislaus County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	8.71%	10.97%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	49.38	55.13	62.40	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	349.91	369.94	392.65	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	**75.91%**	83.73%	**83.17%**	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**79.78%**	84.46%	84.38%	↔
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	26.51%	29.55%	32.31%	22.19%	↓
Cervical Cancer Screening	Q,A	—	—	—	**48.18%**	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	67.80%	68.52%	71.67%	70.18%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	97.18%	97.04%	95.59%	↔
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	88.90%	87.15%	**85.89%**	↓
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	87.88%	**85.24%**	**86.39%**	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	**85.93%**	**86.00%**	**83.84%**	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	67.83%	67.30%	58.39%	58.64%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	48.70%	50.00%	**41.61%**	**41.36%**	↔
Comprehensive Diabetes Care—HbA1c Testing	Q,A	82.03%	84.60%	88.32%	87.10%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	52.75%	53.08%	56.93%	51.82%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	37.39%	39.34%	34.55%	41.36%	↑
Comprehensive Diabetes Care—LDL-C Screening	Q,A	75.36%	76.07%	78.59%	77.62%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	82.03%	77.01%	78.59%	78.35%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	37.10%	36.49%	31.87%	37.23%	↔
Controlling High Blood Pressure	Q	—	—	56.20%	56.30%	↔
Immunizations for Adolescents—Combination 1	Q,A,T	—	54.18%	65.77%	**56.65%**	↓
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	77.04%	57.78%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	52.55%	38.22%	↓

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	62.26%	60.10%	58.73%	**55.61%**	↔
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	93.16%	91.52%	91.90%	83.29%	↓
Use of Imaging Studies for Low Back Pain	Q	77.57%	83.83%	83.22%	77.33%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	55.23%	58.68%	70.56%	66.83%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	63.26%	65.75%	65.69%	62.59%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	41.12%	40.18%	58.15%	66.08%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	75.60%	71.11%	70.47%	70.11%	↔

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.7—Performance Measure Results
Health Net—Tulare County

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
All-Cause Readmissions—Statewide Collaborative QIP Measure	Q, A	—	—	11.86%	11.74%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	‡	—	39.3	41.73	42.27	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	‡	—	386.74	467.09	505.10	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	83.59%	**83.50%**	84.77%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	NA	91.43%	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	**79.73%**	84.60%	84.10%	↔
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	**17.54%**	22.85%	26.14%	24.05%	↔
Cervical Cancer Screening	Q,A	—	—	—	59.85%	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	76.32%	78.93%	78.47%	75.69%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	97.32%	97.76%	97.60%	↔
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	92.25%	92.37%	91.99%	↔
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	92.76%	91.72%	91.23%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	91.48%	93.05%	89.42%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	71.33%	67.45%	**54.26%**	55.96%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	56.40%	56.84%	**41.85%**	50.12%	↑
Comprehensive Diabetes Care—HbA1c Testing	Q,A	86.49%	83.02%	86.62%	79.56%	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	48.58%	47.88%	49.64%	45.26%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	32.23%	36.56%	36.50%	30.66%	↔
Comprehensive Diabetes Care—LDL-C Screening	Q,A	77.49%	76.18%	77.86%	**69.34%**	↓
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	82.94%	82.78%	82.00%	79.56%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	41.71%	43.40%	43.55%	47.45%	↔
Controlling High Blood Pressure	Q	—	—	54.01%	**49.39%**	↔
Immunizations for Adolescents—Combination 1	Q,A,T	—	61.80%	78.32%	76.04%	↔
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	72.85%	52.92%	↓
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	47.68%	32.82%	↓
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	68.38%	67.93%	65.57%	57.98%	↓

Measure[1]	Domain of Care[2]	2011[3]	2012[4]	2013[5]	2014[6]	2013–14 Rate Difference[7]
Prenatal and Postpartum Care—Timeliness of Prenatal Care	Q,A,T	93.21%	93.75%	90.16%	88.56%	↔
Use of Imaging Studies for Low Back Pain	Q	73.08%	82.72%	80.00%	83.22%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total	Q	73.40%	77.57%	76.64%	65.94%	↓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total	Q	66.75%	66.36%	66.42%	65.69%	↔
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total	Q	49.17%	45.33%	49.15%	49.88%	↔
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Q,A,T	81.25%	77.32%	73.31%	80.18%	↑

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA), with the exception of the *All-Cause Readmissions* measure, which was developed by DHCS for the statewide collaborative QIP.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[4] 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
[5] 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
[6] 2014 rates reflect measurement year data from January 1, 2013, through December 31, 2013.
[7] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates the rate is not available.
↓ = Statistically significant decline.
↔ = No statistically significant change.
↑ = Statistically significant improvement.
▲▼ are used to indicate performance differences for the *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* measures, where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant decrease of the 2014 rate from the 2013 rate.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Seniors and Persons with Disabilities Performance Measure Results

In response to Welfare and Institutions (W&I) Code, Section 14182(b)(17),[7] DHCS required full-scope MCPs, effective 2013, to report a separate rate for their Seniors and Persons with Disabilities (SPD) population for a selected group of performance measures (SPD measures). Reporting on these measures assists DHCS with assessing performance related to the implementation of the mandatory enrollment of Medi-Cal only SPDs into managed care. This enrollment began June 2011 and was completed by June 2012.

[7] Senate Bill 208 (Steinberg et al, Chapter 714, Statutes of 2010) added W&I Code 14182(b)(17), which provides that DHCS shall develop performance measures that are required as part of the contract to provide quality indicators for the Medi-Cal population enrolled in a managed care health plan and for the subset of enrollees who are seniors and persons with disabilities. Managed care health plan performance measures may include measures from HEDIS; measures indicative of performance in serving special needs populations, such as the NCQA Structure and Process measures; or both.

The SPD measures were selected by DHCS clinical staff in consultation with HSAG and stakeholders (selection team), as part of DHCS's annual HEDIS measures selection process. The selection team considered conditions seen frequently in the senior population and reflected in measures such as *All-Cause Readmissions, Annual Monitoring for Patients on Persistent Medications*, and *Comprehensive Diabetes Care*. The selection team also considered measures that could reflect possible access issues which could be magnified in the SPD population, such as *Children and Adolescents' Access to Primary Care Practitioners*.

The final selected SPD measures are listed below. Following the list of measures are Table 3.8 through Table 3.21 which present a summary of Health Net's 2014 SPD measure results. Table 3.8 through Table 3.14 present the non-SPD and SPD rates, a comparison of the non-SPD and SPD rates,[8] and the total combined rate for all measures except the *Ambulatory Care* measures. Table 3.15 through Table 3.21 present the non-SPD and SPD rates for the *Ambulatory Care—Emergency Department (ED) Visits* and *Ambulatory Care—Outpatient Visits* measures. Appendices A and B include tables displaying the two-year trending information for the SPD and non-SPD populations for all measures that DHCS required the MCPs to stratify for the SPD population. The SPD trending information is included in Appendix A and the non-SPD trending information is included in Appendix B.

- *All-Cause Readmissions—Statewide Collaborative QIP*
- *Ambulatory Care—Outpatient Visits*
- *Ambulatory Care—Emergency Department Visits*
- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*
- *Annual Monitoring for Patients on Persistent Medications—Digoxin*
- *Annual Monitoring for Patients on Persistent Medications—Diuretics*
- *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months*
- *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years*
- *Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years*
- *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years*
- *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)*
- *Comprehensive Diabetes Care—LDL-C Screening*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

[8] HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test. This information is displayed in the "SPD Compared to Non-SPD" column in Table 3.8 through 3.14.

Table 3.8—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—Kern County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	9.35%	12.18%	↔	11.50%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	86.73%	80.38%	↓	82.19%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable	NA
Annual Monitoring for Patients on Persistent Medications—Diuretics	82.89%	81.49%	↔	81.82%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	93.14%	NA	Not Comparable	92.95%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	79.32%	73.87%	↔	79.16%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	67.84%	70.16%	↔	67.96%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	67.83%	63.26%	↔	67.50%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	52.31%	48.66%	↔	50.36%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	44.53%	46.72%	↔	42.34%
Comprehensive Diabetes Care—HbA1c Testing	78.10%	79.32%	↔	76.89%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	27.25%	39.17%	↑	33.33%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	25.06%	40.63%	↑	35.52%
Comprehensive Diabetes Care—LDL-C Screening	70.56%	77.62%	↑	74.45%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	76.16%	82.48%	↑	79.32%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	64.48%	54.50%	▲	60.10%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.9—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—Los Angeles County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	6.53%	13.40%	▼	11.64%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	77.70%	81.62%	↑	80.35%
Annual Monitoring for Patients on Persistent Medications—Digoxin	80.00%	87.45%	↔	86.38%
Annual Monitoring for Patients on Persistent Medications—Diuretics	76.55%	82.59%	↑	80.78%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	94.70%	73.01%	↓	94.47%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	81.27%	78.05%	↓	81.18%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	82.04%	81.11%	↔	81.99%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	77.67%	73.04%	↓	77.41%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	64.72%	53.04%	↓	59.61%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	51.34%	48.42%	↔	50.36%
Comprehensive Diabetes Care—HbA1c Testing	81.75%	79.56%	↔	79.81%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	39.66%	45.01%	↔	45.26%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	30.90%	39.17%	↑	37.23%
Comprehensive Diabetes Care—LDL-C Screening	74.94%	78.83%	↔	77.62%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	80.29%	83.45%	↔	81.27%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	50.85%	45.50%	↔	48.66%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

Table 3.10—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—Sacramento County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	9.16%	13.70%	▼	12.69%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	67.61%	74.02%	↑	72.60%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	84.75%	Not Comparable	84.75%
Annual Monitoring for Patients on Persistent Medications—Diuretics	63.48%	72.64%	↑	70.56%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	92.50%	97.22%	↔	92.57%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	81.11%	79.88%	↔	81.06%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	79.18%	83.38%	↔	79.43%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	75.14%	73.71%	↔	75.02%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	49.39%	47.20%	↔	45.99%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	35.77%	41.12%	↔	37.96%
Comprehensive Diabetes Care—HbA1c Testing	71.29%	78.10%	↑	77.62%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	38.44%	48.91%	↑	48.18%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	26.28%	35.28%	↑	33.33%
Comprehensive Diabetes Care—LDL-C Screening	63.75%	71.29%	↑	67.64%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	71.53%	82.00%	↑	80.29%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	54.99%	43.80%	▲	46.23%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.11—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—San Diego County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	7.87%	17.37%	▼	15.90%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	83.47%	90.18%	↑	89.08%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable	NA
Annual Monitoring for Patients on Persistent Medications—Diuretics	78.26%	90.62%	↑	88.33%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	96.17%	NA	Not Comparable	95.87%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	88.28%	75.61%	↓	87.67%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	86.55%	81.54%	↔	86.20%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	82.56%	77.03%	↓	82.09%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	46.58%	46.47%	↔	46.23%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	47.26%	38.93%	↔	44.77%
Comprehensive Diabetes Care—HbA1c Testing	68.49%	76.16%	↔	77.13%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	34.93%	40.15%	↔	38.69%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	25.34%	33.09%	↔	30.90%
Comprehensive Diabetes Care—LDL-C Screening	63.01%	70.07%	↔	70.32%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	69.86%	80.29%	↑	78.10%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	56.16%	53.28%	↔	54.01%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.12—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—San Joaquin County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	NA	25.00%	Not Comparable	18.60%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	57.45%	75.47%	↔	67.00%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable	NA
Annual Monitoring for Patients on Persistent Medications—Diuretics	NA	NA	Not Comparable	65.45%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	91.89%	NA	Not Comparable	92.11%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	76.48%	NA	Not Comparable	76.97%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	NA	NA	Not Comparable	NA
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	NA	NA	Not Comparable	NA
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	36.51%	33.33%	↔	34.96%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	34.92%	43.33%	↔	39.02%
Comprehensive Diabetes Care—HbA1c Testing	60.32%	86.67%	↑	73.17%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	20.63%	38.33%	↑	29.27%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	17.46%	40.00%	↑	28.46%
Comprehensive Diabetes Care—LDL-C Screening	60.32%	60.00%	↔	60.16%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	76.19%	86.67%	↔	81.30%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	74.60%	55.00%	▲	65.04%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.13—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—Stanislaus County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	S	13.24%	▼	10.97%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	81.05%	84.15%	↔	83.17%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable	NA
Annual Monitoring for Patients on Persistent Medications—Diuretics	79.47%	86.17%	↑	84.38%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	95.53%	NA	Not Comparable	95.59%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	85.74%	86.32%	↔	85.89%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	86.32%	87.57%	↔	86.39%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	83.89%	83.08%	↔	83.84%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	63.99%	55.72%	↓	58.64%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	41.61%	40.39%	↔	41.36%
Comprehensive Diabetes Care—HbA1c Testing	82.97%	87.10%	↔	87.10%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	46.23%	54.01%	↑	51.82%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	34.06%	42.34%	↑	41.36%
Comprehensive Diabetes Care—LDL-C Screening	73.48%	77.86%	↔	77.62%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	71.05%	81.75%	↑	78.35%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	42.09%	36.50%	↔	37.23%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

S = The MCP's measure is publicly reported based on NCQA HEDIS Compliance 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.

Table 3.14—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Health Net—Tulare County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
All-Cause Readmissions—Statewide Collaborative QIP Measure	9.62%	12.77%	↔	11.74%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	85.29%	84.40%	↔	84.77%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	90.00%	Not Comparable	91.43%
Annual Monitoring for Patients on Persistent Medications—Diuretics	81.40%	85.63%	↔	84.10%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	97.57%	NA	Not Comparable	97.60%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	92.05%	90.20%	↔	91.99%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	91.06%	94.23%	↔	91.23%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	89.35%	90.40%	↔	89.42%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	60.34%	55.96%	↔	55.96%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	40.88%	50.85%	↑	50.12%
Comprehensive Diabetes Care—HbA1c Testing	79.08%	80.29%	↔	79.56%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	41.61%	48.42%	↑	45.26%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	28.47%	33.82%	↔	30.66%
Comprehensive Diabetes Care—LDL-C Screening	71.78%	70.80%	↔	69.34%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	71.53%	84.18%	↑	79.56%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	51.09%	44.77%	↔	47.45%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2014 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2014 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2014 were not significantly different than the non-SPD rates.

▲▼ are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Table 3.15—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—Kern County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
359.51	48.90	302.99	83.64

*Member months are a member's "contribution" to the total yearly membership.

Table 3.16—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—Los Angeles County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
277.13	32.38	262.13	52.60

*Member months are a member's "contribution" to the total yearly membership.

Table 3.17—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—Sacramento County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
293.32	39.23	358.78	64.11

*Member months are a member's "contribution" to the total yearly membership.

Table 3.18—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—San Diego County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
362.03	41.81	319.25	69.30

*Member months are a member's "contribution" to the total yearly membership.

Table 3.19—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—San Joaquin County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
256.64	46.94	344.91	104.16

*Member months are a member's "contribution" to the total yearly membership.

Table 3.20—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—Stanislaus County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
378.60	56.78	470.09	93.41

*Member months are a member's "contribution" to the total yearly membership.

Table 3.21—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Health Net—Tulare County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
486.43	38.64	651.79	70.74

*Member months are a member's "contribution" to the total yearly membership.

Performance Measure Result Findings

The rates were above the HPLs for the following measures:

- *Medication Management for People with Asthma—75% Total* for Sacramento and San Diego counties
- *Use of Imaging Studies for Low Back Pain* for Sacramento and Tulare counties
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total* for Kern and Los Angeles counties
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total* for Kern, Los Angeles, San Diego, and Stanislaus counties

Twenty rates improved significantly from 2013 to 2014, with Kern County having the most rates with significant improvement (seven). The significant improvement for five of the rates resulted in

the rates moving from below the MPLs in 2013 to above the MPLs in 2014. Four additional rates improved from below the MPLs in 2013 to above the MPLs in 2014, although the improvement was not statistically significant.

Across all counties, 78 rates were below the MPLs and 45 rates were significantly worse in 2014 when compared to 2013. Kern and Sacramento counties had the most measures (16 each) with rates below the MPLs, and Tulare County had the least number of measures (two) with rates below the MPLs. San Diego County had the most measures (13) with rates significantly worse in in 2014 when compared to 2013. The significant change for 11 rates resulted in them moving from above the MPLs in 2013 to below the MPLs in 2014. Six additional rates declined from above the MPLs in 2013 to below the MPLs in 2014, although the change in rates was not statistically significant.

Seniors and Persons with Disabilities Findings

Across all counties, 30 SPD rates were significantly better than the non-SPD rates. The better SPD rates are likely a result of the SPD population often having more health care needs, resulting in them being seen more regularly by providers and leading to more monitoring of care.

Across all counties, 12 SPD rates were significantly worse than the non-SPD rates. Concerning measures with significantly worse SPD rates, Los Angeles County had the most with five, San Diego had three, Stanislaus County had two, and Kern and Sacramento counties each had one. San Joaquin and Tulare counties had no SPD rates significantly worse than non-SPD rates.

The *Ambulatory Care* measures are utilization measures, which can be helpful in reviewing patterns of suspected under- and overutilization of services; however, rates should be interpreted with caution as high and low rates do not necessarily indicate better or worse performance. For this reason, DHCS does not establish performance thresholds for these measures and HSAG does not provide comparative analysis.

Improvement Plans

MCPs have a contractual requirement to perform at or above DHCS-established MPLs. DHCS assesses each MCP's rates against the MPLs and requires MCPs that have rates below these minimum levels to submit an improvement plan (IP) to DHCS. The purpose of an IP is to develop a set of strategies that will improve the MCP's performance for the particular measure. For each rate that falls below the MPL, the MCP must submit an IP with a detailed description of the highest priority barriers; the steps the MCP will take to improve care and the measure's rate; and the specific, measurable target for the next Plan-Do-Study-Act (PDSA) cycle. DHCS reviews each IP for soundness of design and anticipated effectiveness of the interventions. To avoid

redundancy, if an MCP has an active QIP which addresses a measure with a 2014 rate below the MPL, DHCS allows the MCP to combine its QIP and IP.

For the 2013–14 MCP-specific reports, DHCS reviewed IPs for each MCP that had rates below the MPLs for HEDIS 2013 (measurement year 2012). DHCS also reviewed the HEDIS 2014 rates (measurement year 2013) to assess whether the MCP was successful in achieving the MPLs or progressing toward the MPLs. Additionally, throughout the reporting year, DHCS engaged in monitoring activities with MCPs to assess if the MCPs were regularly assessing progress (at least quarterly) toward achieving desired IP outcomes. Finally, DHCS assessed whether the MCPs would need to continue existing IPs and/or to develop new IPs.

For MCPs with existing IPs and those needing to submit new IPs, DHCS provided HSAG with a summary of each IP that included the barriers the MCP experienced which led to the measure's rate being below the MPL, the interventions the MCP implemented to address the barriers, and outcome information. HSAG provides a summary of each IP below, along with strengths and opportunities for improvement.

Note: DHCS and the MCPs are engaging in new efforts to improve the quality of care for Medi-Cal managed care beneficiaries. These efforts include targeting key quality improvement areas as outlined in California's Medi-Cal Managed Care Quality Strategy Annual Assessment (i.e., immunization, diabetes care, controlling hypertension, tobacco cessation, and postpartum care). MCPs are using a rapid cycle approach (including the Plan-Do-Study-Act cycle) to strengthen these key quality improvement areas and have structured quality improvement resources accordingly. As a result, DHCS may not require an MCP to submit IPs for all measures with rates below the MPLs. MCPs continue to be contractually required to meet MPLs for all External Accountability Set measures.

Assessment of MCP's Improvement Plans

DHCS required Health Net to submit IPs for 10 measures based on 2013 rates. Since Health Net had a QIP in place related to postpartum care, DHCS did not require the MCP to continue the *Prenatal and Postpartum Care—Postpartum Care* IP from 2012. To provide support and technical assistance to Health Net on its improvement efforts, DHCS conducted two technical assistance calls with the MCP to discuss implementation of PDSA cycles and calculating interim outcome measures.

Below is a summary of each IP and HSAG's analysis of the progress the MCP made improving performance on the measures. Note that although the rates were below the MPLs for many measures for San Joaquin County, DHCS did not hold Health Net accountable to meet the MPLs for San Joaquin County since 2014 was the first year the MCP reported rates for this county.

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

Health Net was required to submit an IP for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure for Kern, Los Angeles, Sacramento, San Diego, and Tulare counties. Health Net identified the following barriers to the rates for the measure being above the MPLs:

- Shortened data collection time frame
- Increase in overall chart review volume
- Providers reluctant to share HEDIS records
- Difficulty obtaining records from some offices that were transitioning to electronic records.
- Administrative HEDIS data yielding too few members meeting the criteria to be included in the measure's rate

To address the barriers, Health Net implemented the following interventions:

- Began HEDIS sample data collection one month earlier.
- Contracted with a vendor for HEDIS records collection and extraction.
- Coordinated with the provider network department for early action on noncompliant provider offices to resolve data collection/records retrieval issues.
- Mailed providers information on diabetes that included a checklist for diabetic exams.

The MCP's efforts resulted in the rate for Los Angeles County improving significantly, bringing the rate to above the MPL in 2014. Additionally, the rate for Tulare County improved and, although not statistically significant, the improvement resulted in the rate moving from below the MPL in 2013 to above the MPL in 2014. The rates remained below the MPLs for Kern, Sacramento, and San Diego counties; so Health Net will be required to continue the IP for these counties.

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Health Net was required to submit an IP for the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measure for Kern, Sacramento, Stanislaus, and Tulare counties. Health Net identified the following barriers to the rates for the measure being above the MPLs:

- Shortened data collection time frame
- Increased overall chart volume due to Medi-Cal expansion
- Multiple challenges with medical records data collection at provider offices
- Providers not receiving HEDIS data lists
- Lower compliance for diabetic retinal exam in the Black subpopulation

- Providers unaware of members in need of diabetic retinal exam
- Disease management outreach limited to high- and low-risk members—medium-risk members not included

To address the barriers, Health Net implemented the following interventions:

- Initiated data collection one month earlier.
- Contracted with an NCQA certified HEDIS vendor to increase the volume of viable medical records for data collection.
- Continued diabetic retinal exam provider profile mailing.
- Implemented a Know Your Numbers (KYN) member outreach and education program.
- Extended disease management outreach to medium-risk members.

In addition to the IP for the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measure, the MCP submitted a PDSA cycle focused on member outreach and education. The MCP's quality improvement health education team targeted high-risk members to participate in the KYN program. Unfortunately, member participation was low and was attributed to a short project implementation timeline; the length of time spent in materials development, review, and approval; and regional logistical barriers (i.e., extremely high temperatures in Sacramento County during two of the sessions). Health Net indicated that it will make the following modifications for the next PDSA cycle:

- Begin the recruitment cycle two to three weeks earlier.
- Conduct a telephonic survey with members who RSVP'd to a session but did not attend to identify barriers to attendance.

The MCP's efforts resulted in the rate for Tulare County improving significantly, bringing the rate to above the MPL in 2014. The rates remained below the MPLs for Kern, Sacramento, and Stanislaus counties; so Health Net will be required to continue the IP for these counties.

Comprehensive Diabetes Care

Health Net identified the same barriers and interventions for the following measures:

- *Comprehensive Diabetes Care—HbA1c Testing* for Kern, Los Angeles, and Sacramento counties
- *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)* for Kern and Los Angeles counties
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* for Kern County
- *Comprehensive Diabetes Care—LDL-C Screening* for Sacramento County

Barriers to the rates being above the MPLs included:

- Shortened data collection time frame.
- Increased overall chart volume due to Medi-Cal expansion.
- Multiple challenges with medical records data collection at provider offices.
- Providers not receiving HEDIS data lists.

Health Net did not provide information about member-related barriers. Additionally, although the MCP provided compliance rates by race/ethnicity, it did not include root cause analyses.

Health Net implemented the following interventions to address the barriers:

- Implemented a pharmacy services medication adherence program.
- Conducted a provider mailing semiannually.
- As part of the disease management program, implemented a "Be in Charge" program to address gaps in care for members with chronic diseases, including diabetes.
- Stratified risk into three categories instead of two.

For the *Comprehensive Diabetes Care— HbA1c Testing* measure, the MCP's efforts resulted in the following:

- The rate for Los Angeles County improved from 2013 to 2014 and, although not statistically significant, the improvement resulted in the rate moving from below the MPL in 2013 to above the MPL in 2014.
- The rates for Kern and Sacramento counties remained below the MPLs, and Health Net will be required to continue the IP for these counties in 2014. Additionally, the rate for San Diego County was below the MPL in 2014, so the MCP will be required to add San Diego County to the IP in 2014.

For the *Comprehensive Diabetes Care— HbA1c Control* measure, the MCP's efforts resulted in the following:

- The rate for Los Angeles County improved from 2013 to 2014 and, although not statistically significant, the improvement resulted in the rate moving from below the MPL in 2013 to above the MPL in 2014.
- The rate for Kern County remained below the MPL, and Health Net will be required to continue the IP for this county in 2014. Additionally, the rate for San Diego County was below the MPL in 2014, so the MCP will be required to add San Diego County to the IP in 2014.

For the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure, the MCP's efforts resulted in the following:

- The rate for Kern County was significantly worse in 2014 when compared to 2013 and remained below the MPL. Health Net will be required to continue this IP in 2014. Additionally, the rate for San Diego County was below the MPL in 2014, so the MCP will be required to add San Diego County to the IP in 2014.

For the *Comprehensive Diabetes Care—LCL-C Screening* measure, the MCP's efforts resulted in the following:

- The rate for Sacramento County remained below the MPL; however, since this measure is being eliminated for HEDIS 2015, Health net will not be required to continue the IP for this measure.

Annual Monitoring for Patients on Persistent Medications

Health Net identified the same barriers and interventions for the following measures:

- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* for Kern, Los Angeles, Sacramento, San Diego, and Tulare counties
- *Annual Monitoring for Patients on Persistent Medications—Digoxin* for Kern, Los Angeles, and Sacramento counties
- *Annual Monitoring for Patients on Persistent Medications—Diuretics* for Kern, Los Angeles, and Sacramento counties

Barriers to rates being above the MPLs included:

- Providers not ordering annual lab testing.
- Members being noncompliant with getting annual lab testing.

Health Net did not provide information on root cause analyses of the identified barriers.

Health Net implemented the following interventions to address the barriers:

- Sent quarterly letters to providers, advising them to schedule appointments with their members for lab testing.
- Sent letters to members, reminding them to make follow-up appointments with their physicians to review medications and lab testing.

For the *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* measure, the MCP's efforts resulted in the following:

- The rates improved significantly from 2013 to 2014 for Kern, Los Angeles, Sacramento, and San Diego counties. The improvement resulted in the rate moving to above the MPL for San Diego County; however, the rates remained below the MPLs for Kern, Los Angeles, and Sacramento counties. Health Net will be required to continue the IP in these three counties. Additionally, the

rate was below the MPL for Stanislaus County, so the MCP will need to add this county to the IP in 2014.

- The rate improved for Tulare County and, although not statistically significant, the improvement resulted in the rate moving to above the MPL.

For the *Annual Monitoring for Patients on Persistent Medications—Digoxin* measure, the MCP's efforts resulted in the following:

- For Kern County, Health Net had a *Not Applicable* audit finding for this measure because the MCP's denominator was too small to report (less than 30), and the rates were below the MPLs for Los Angeles and Sacramento counties. Health Net will be required to continue the IP in 2014.

For the *Annual Monitoring for Patients on Persistent Medications—Diuretics* measure, the MCP's efforts resulted in the following:

- The rates improved significantly for all three counties; however, the rates remained below the MPLs. Health Net will be required to continue the IP for all three counties in 2014.

Prenatal and Postpartum Care—Timeliness of Prenatal Care

Health Net was required to submit an IP for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure for Kern, Los Angeles, and San Diego counties. Health Net identified the following barriers to the rates for the measure being above the MPLs:

- Shortened data collection time frame
- Increased overall chart volume due to Medi-Cal expansion
- Multiple challenges with medical records data collection at provider offices
- Providers not receiving HEDIS data lists

In addition to the barriers identified above, Health Net included member barriers based on literature review. The MCP made assumptions that what was found in literature is relevant to the Health Net population and therefore did not conduct root cause analyses of member non-compliance with attending the prenatal visit.

To address the barriers, the MCP implemented the following interventions:

- Initiated data collection one month earlier.
- Contracted with an NCQA certified HEDIS vendor to increase the volume of viable medical records for data collection.
- Provided customized educational tools to all members within child-bearing ages.

The MCP's efforts resulted in the following:

- The rates declined significantly for Kern and San Diego counties and declined by more than 5 percentage points for Los Angeles County, resulting in the rates for all three counties continuing to be below the MPLs. Health Net will be required to continue the IP for all three counties. Additionally, the rate was below the MPL for Sacramento County, and the MCP will need to add this county to the IP in 2014.

New Improvement Plans for 2014

Based on the 2014 reporting year rates, Health Net will work with DHCS to prioritize quality improvement activities and interventions utilizing a rapid cycle approach (including Plan-Do-Study-Act cycles) to address targeted measures that are below the MPLs.

Strengths

HSAG auditors determined that Health Net followed the appropriate specifications to produce valid performance measure rates and identified no issues of concern. The auditor noted that Health Net had tracking and monitoring processes in place to ensure complete data transmissions and that the MCP successfully transitioned its Healthy Families Program population into MCMC with no impact on member operations.

Ten performance measure rates were above the HPLs, and 20 rates were significantly better in 2014 when compared to 2013. Across all counties, eight rates improved from below the MPLs in 2013 to above the MPLs in 2014.

Opportunities for Improvement

Health Net continued to perform poorly on a significant number of measures, showing many opportunities for improvement. HSAG recommends that the MCP have ongoing interaction with DHCS to continue prioritizing areas for improvement rather than trying to make improvements on all measures at once. For measures that Health Net has been successful at performing above the MPLs or improving the rates, the MCP has the opportunity to apply successful strategies across all counties, as applicable.

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 protocol[9] 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.

Full-scope MCPs must conduct a minimum of two QIPs. They must participate in the DHCS-led statewide collaborative QIP and conduct an MCP-specific (internal) QIP or an MCP-led small group collaborative QIP. MCPs that hold multiple MCMC contracts or that have a contract that covers multiple counties must conduct two QIPs for each county.

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 Health Net'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.

[9] 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

Health Net participated in the statewide collaborative QIP and had two internal QIPs in progress during the review period of July 1, 2013–June 30, 2014.

Table 4.1 below lists Health Net's QIPs and indicates the county in which the QIP is being conducted, whether the QIP is clinical or nonclinical, and the domains of care (i.e., quality, access, timeliness) the QIP addresses. Although Health Net delivered services in San Joaquin County during the review period, the MCP was not required to have QIPs in place for this county during the review period. The MCP will be required to initiate QIPs for San Joaquin County in 2014, and HSAG will report on these QIPs in Health Net's 2014–15 MCP-specific evaluation report.

Table 4.1—Quality Improvement Projects for Health Net
July 1, 2013, through June 30, 2014

QIP	Counties	Clinical/Nonclinical	Domains of Care
All-Cause Readmissions	Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	Clinical	Q, A
Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities	Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	Clinical	Q, A
Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities	Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare	Clinical	Q, A, T

The *All-Cause Readmissions* statewide collaborative QIP focused on reducing readmissions due to all causes within 30 days of an inpatient discharge for beneficiaries aged 21 years and older. Readmissions have been associated with the lack of proper discharge planning and poor care transition. Reducing readmissions can demonstrate improved follow-up and care management of members leading to improved health outcomes.

The *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP focused on women with disabilities over the age of 21 years, since research has shown that a lower percentage of adults with disabilities receive cancer screenings. Before the initiation of the QIP, the combined SPD eligible population for all counties was 7,981 members.[10] The cervical cancer screening rate for the eligible population ranged between 30.6 percent in Sacramento County to 40.4 percent in Los Angeles County. Increasing access to necessary screenings has the potential to prevent or reduce the impact of the disease.

[10] This QIP initially included Fresno County; however, the MCP stopped providing services in Fresno County starting March 1, 2011.

The *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* QIP aimed to improve the rate of postpartum visits for women between 21 and 56 days after delivery because ensuring that women are seen postpartum is important to the physical and mental health of the mother. The rate for *Prenatal and Postpartum Care—Postpartum Care* measure fell below the DHCS-established MPL for four of the six counties included in this QIP. The MCP's objective is to exceed the DHCS-established MPL or to achieve statistically significant improvement over baseline in all counties.

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
Health Net—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare Counties
July 1, 2013, through June 30, 2014

Name of Project/Study	Counties	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Statewide Collaborative QIP					
All-Cause Readmissions	All counties received the same score	Annual Submission	94%	86%	*Partially Met*
		Annual Resubmission 1	100%	100%	*Met*
Internal QIPs					
Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities	All counties received the same score	Annual Submission	69%	86%	*Partially Met*
Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities	All counties received the same score	Study Design Submission	100%	100%	*Met*

[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 Health Net's annual submission of its *All-Cause Readmissions* QIP received an overall validation

status of *Partially Met* for all counties. 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, Health Net resubmitted the QIP and achieved an overall *Met* validation status, with 100 percent of evaluation elements (critical and noncritical) receiving a met score. The *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* QIP study design submission achieved an overall *Met* validation status for all counties, with 100 percent of evaluation elements (critical and noncritical) receiving a met score.

Health Net's annual submission of the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP received an overall *Partially Met* validation status. DHCS and HSAG had discussions with Health Net and determined that, due to changes in the HEDIS specifications for the *Cervical Cancer Screening* measure and a large influx of the SPD population, the QIP should be closed with no further validation. Health Net was not required to submit any further documentation regarding this QIP.

Table 4.3 summarizes the aggregated validation results for Health Net's QIPs across CMS protocol activities during the review period.

Table 4.3—Quality Improvement Project Average Rates*
Health Net—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare Counties
(Number = 24 QIP Submissions, 3 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)	100%	0%	0%
	IV: Correctly Identified Study Population	100%	0%	0%
	V: Valid Sampling Techniques (if sampling is used)	100%	0%	0%
	VI: Accurate/Complete Data Collection	100%	0%	0%
Design Total		**100%**	**0%**	**0%**
Implementation	VII: Sufficient Data Analysis and Interpretation	94%	6%	0%
	VIII: Appropriate Improvement Strategies**	38%	63%	0%
Implementation Total		**75%**	**25%**	**0%**
Outcomes	IX: Real Improvement Achieved	25%	0%	75%
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
Outcomes Total		**25%**	**0%**	**75%**

*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 stage and/or activity totals may not equal 100 percent due to rounding.

Please note that the aggregated percentages for Activities I through IX in Table 4.3 include the scores from Health Net's *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP. HSAG provides no details regarding deficiencies noted during the validation process in this report since the MCP was not required to resubmit the QIP to address the deficiencies and the QIP was closed.

HSAG validated Activities I through VIII for Health Net's *All-Cause Readmissions* QIP annual submission, Activities I through IX for the MCP's *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP annual submission, and Activities I through VI for the MCP's *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* study design submission.

Health Net demonstrated a strong application of the Design stage, meeting 100 percent of the requirements for all applicable evaluation elements within the study stage for all three QIPs.

Both the *All-Cause Readmissions* and *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIPs progressed to the Implementation stage during the reporting period. The MCP demonstrated an adequate application of the Implementation stage, meeting 75 percent of the requirements for all applicable evaluation elements within the study stage for both QIPs. For the *All-Cause Readmissions* QIP, Health Net did not provide the process used to evaluate the effectiveness of each intervention for all counties, resulting in a lower score for Activity VIII. The MCP corrected this deficiency in its resubmission, resulting in the QIP achieving an overall *Met* validation status. The remaining deficiencies attributed to this stage were due to the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP. Since this QIP was closed prior to achieving a *Met* status, HSAG provides no details regarding deficiencies noted during the validation process.

Only the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP progressed to the Outcomes stage during the reporting period. The QIP's study indicator did not achieve statistically significant improvement over baseline in any of the six counties, resulting in only 25 percent of the requirements for all applicable elements being met for Activity IX. Activity X was not assessed since sustained improvement cannot be assessed until statistically significant improvement over baseline is achieved.

Quality Improvement Project Outcomes and Interventions

The *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* 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.

The *All-Cause Readmissions* QIP did not progress to the Outcomes stage during the reporting period; therefore, no outcome information is included in this report. The MCP implemented many interventions to reduce readmissions, including:

- Implemented the Transition of Care Management program. The MCP used an advanced analytics program to identify members at high risk for readmission. The high-risk members are contacted by case managers for assessment of their condition and provision of support and education.
- On a weekly basis, the MCP identified members admitted and discharged from a hospital. The members receive an Interactive Voice Response (IVR) reminder call advising them to make a follow-up appointment with their primary care physician (PCP) within seven days of discharge and to call their PCP or the Nurse Advice Line for any health care needs or questions. The MCP worked with the IVR vendor to use methods found to be successful with specific populations.
- The MCP coordinated a medication adherence program for members diagnosed with hyperlipidemia, hypertension, diabetes, asthma, and chronic obstructive pulmonary disease. Members prescribed medications specific to their conditions but who have not had their prescriptions filled are sent reminder letters to have the prescriptions filled or to call their physicians. Providers of members who continue to not have their prescriptions filled after receiving the reminder letter are notified and encouraged to contact their patients.
- The MCP coordinated a program to reconcile medications newly prescribed from the hospital with member's other medications once the member is discharged from the hospital. Instructions to members included medication dosage, frequency, and importance of taking medications as prescribed.
- Developed a program to identify primary physician groups (PPG) with high rates of readmissions and ensured the members with high rates of readmissions from these PPGs received the IVR call and appropriate educational materials. Additionally, notified the PPGs when their patients were discharged to encourage the PPGs to contact the member for a follow-up appointment within seven days of discharge.

Outcome information for the *All-Cause Readmissions* QIP will be included in Health Net's 2014–15 MCP-specific evaluation report.

Although the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP was closed, since the MCP reported outcomes for the QIP, they are included in this report. Table 4.4 summarizes the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP study indicator results and displays whether statistically significant improvement was achieved over baseline and whether sustained improvement was achieved (i.e., the statistically significant improvement was maintained or improved for at least one subsequent measurement period).

Table 4.4—Quality Improvement Project Outcomes for Health Net—Kern, Los Angeles, Sacramento, San Diego, Stanislaus, and Tulare Counties July 1, 2013, through June 30, 2014

QIP #1—Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities (SPD)					
Study Indicator: The percentage of SPD women who received one or more Pap tests during the measurement year or the two prior years.					
County	**Baseline Period 1/1/09–12/31/09**	**Remeasurement 1 1/1/10–12/31/10**	**Remeasurement 2 1/1/11–12/31/11**	**Remeasurement 3 1/1/12–12/31/12**	**Sustained Improvement¥**
Kern	40.9%	41.5%	42.0%	24.9%*	‡
Los Angeles	50.8%	50.5%	49.8%	34.7%*	‡
Sacramento	39.6%	37.4%	39.8%	28.6%*	‡
San Diego	42.1%	43.4%	41.1%	28.4%*	‡
Stanislaus	44.7%	47.9%	45.6%	28.7%*	‡
Tulare	40.6%	46.5%	45.6%	32.3%*	‡

¥ Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period.

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

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

Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities QIP

Health Net's goal for the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP was to achieve a two percentage point improvement over baseline rates. At Remeasurement 3, the QIP still had not achieved the goal or statistically significant improvement over baseline for any county. The rates at Remeasurement 3 for all counties declined significantly due to a large influx of the SPD population.

Strengths

Health Net demonstrated an excellent application of the QIP process for the *All-Cause Readmissions* and *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* QIPs. The MCP met all requirements for all applicable evaluation elements within the Design stage for both QIPs. Health Net was able to achieve a *Met* validation status for the *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* QIP on the first submission.

Opportunities for Improvement

Although Health Net demonstrated proficiency with the QIP process, the MCP had to resubmit the *All-Cause Readmissions* QIP prior to achieving a *Met* validation status. Health Net should continue to incorporate HSAG's QIP recommendation from the 2012–13 MCP-specific evaluation report regarding referencing the QIP Completion Instructions to ensure that all required information is included in the QIP Summary Form on the first submission.

Conducting the EQRO Review

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. Therefore, MCMC requires its contracted MCPs to submit high-quality encounter data. DHCS relies on the quality of these MCP encounter data submissions to accurately and effectively monitor and improve MCMC's quality of care, establish appropriate performance metrics, generate accurate and reliable reports, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of DHCS's overall management and oversight of MCMC.

Beginning in State Fiscal Year (SFY) 2012–13, DHCS contracted with HSAG to conduct an Encounter Data Validation (EDV) study. During the first contract year, the EDV study focused on an information systems review and a comparative analysis between the encounter data in the DHCS data warehouse and the data in the MCPs' data systems. For SFY 2013–14, the goal of the EDV study was to examine the completeness and accuracy of the encounter data submitted to DHCS by the MCPs through a review of the medical records.

Although the medical record review activities occurred during the review period for this report, their results and analyses were not available at the time this report was written. Individual MCP medical record review results and analyses will be included in each MCP's 2014–15 evaluation report.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

HSAG developed a standardized scoring process to evaluate each MCP in the three domains of care—quality, access, and timeliness. A numerical score is calculated for each domain of care for performance measure rates, QIP validation, and QIP outcomes (measured by statistical significance and sustained improvement). A final numeric score, combining the performance measures scores and QIP performance scores, is then calculated for each domain of care and converted to a rating of above average, average, or below average. In addition to the performance score derived from performance measures and QIPs, HSAG uses results from the MCPs' medical audit/SPD medical survey reviews and assessment of the accuracy and completeness of encounter data to determine overall performance within each domain of care, as applicable. A more detailed description of HSAG's scoring process is included in Appendix C.

Please note that when a performance measure or QIP falls into more than one domain of care, HSAG includes the information related to the performance measure or QIP under all applicable domains of care.

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.[11]

DHCS uses the results of performance measures and QIPs to assess care delivered to beneficiaries by an MCP 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, 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

[11] 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.

of member satisfaction surveys to assess beneficiaries' satisfaction with the quality of the health care they receive from the MCPs.

Health Net's quality improvement program description includes details of the MCP's structure, which supports the provision of quality care to MCMC members.

The rates were above the HPLs for the following quality performance measures:

- *Medication Management for People with Asthma—75% Total* for Sacramento and San Diego counties
- *Use of Imaging Studies for Low Back Pain* for Sacramento and Tulare counties
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total* for Kern and Los Angeles counties
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total* for Kern, Los Angeles, San Diego, and Stanislaus counties

Across all counties, 16 rates for measures falling into the quality domain of care improved significantly from 2013 to 2014. Additionally, the rates for the following quality measures improved from below the MPLs in 2013 to above the MPLs in 2014:

- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* for San Diego and Tulare counties
- *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* for Los Angeles and Tulare counties
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* for Tulare County
- *Comprehensive Diabetes Care—HbA1c Testing* for Los Angeles County
- *Comprehensive Diabetes Care—HbA1c Control* for Los Angeles County

Across all counties, 59 rates were below the MPLs for measures falling into the quality domain of care and 38 rates were significantly worse in 2014 when compared to 2013. Additionally 16 rates for quality measures moved from above the MPLs in 2013 to below the MPLs in 2014.

Twelve of the performance measures stratified for the SPD population fall into the quality domain of care. Across all counties, 30 SPD rates were significantly better than the non-SPD rates. The better SPD rates are likely a result of the SPD population often having more health care needs, resulting in them being seen more regularly by providers and leading to more monitoring of care. The SPD rates were significantly worse than the non-SPD rates for the following measures:

- *All-Cause Readmissions* for Los Angeles, Sacramento, San Diego, and Stanislaus counties
- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* for Kern

- *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* for Los Angeles and Stanislaus counties

All three of Health Net's QIPs fell into the quality domain of care. Only the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP progressed to the Outcomes stage. At Remeasurement 3, the QIP still had not achieved the study's goal or statistically significant improvement over baseline for any county. Additionally, the rates at Remeasurement 3 for all counties declined significantly due to a large influx of the SPD population. Although there was a large influx of the SPD population, the QIP results suggest that the MCP has opportunities for improving the quality of care related to cervical cancer screening for members in the SPD population.

Overall, Health Net showed below-average performance related to the quality domain of care.

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. 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 beneficiaries rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

HSAG reviewed Health Net's 2013 work plan evaluation and found that the MCP met or exceeded most of its access-related goals. Additionally, Health Net described activities implemented by the MCP's access workgroup, which identifies and addresses access improvement needs.

Across all counties, no rates were above the HPLs for access performance measures. The rates improved significantly from 2013 to 2014 for the following access measures:

- *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months* for Kern and San Diego counties, resulting in the rate for San Diego County moving from below the MPL in 2013 to above the MPL in 2014. The rate in Kern County remained below the MPL for the third consecutive year, despite the improvement.

- *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* for Kern and San Diego counties, resulting in the rate for San Diego County moving from below the MPL in 2013 to above the MPL in 2014. The rate in Kern County remained below the MPL for the third consecutive year, despite the improvement.
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* for Tulare County, resulting in the rate moving from below the MPL in 2013 to above the MPL in 2014.
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* for Tulare County.

The rates for the following access measures improved from below the MPLs in 2013 to above the MPLs in 2014:

- *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months* for San Diego County
- *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* for San Diego County
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* for Tulare County
- *Comprehensive Diabetes Care—HbA1c Testing* for Los Angeles County

Across all counties, 51 rates were below the MPLs for measures falling into the access domain of care and 20 rates were significantly worse in 2014 when compared to 2013. Additionally nine rates for access measures moved from above the MPLs in 2013 to below the MPLs in 2014.

Nine of the performance measures stratified for the SPD population fall into the access domain of care. Across all counties, 10 SPD rates were significantly better than the non-SPD rates. As indicated above, the better SPD rates are likely a result of the SPD population often having more health care needs, resulting in them being seen more regularly by providers and leading to more monitoring of care. The SPD rates were significantly worse than the non-SPD rates for the following measures:

- *All-Cause Readmissions* for Los Angeles, Sacramento, San Diego, and Stanislaus counties
- *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months* for Los Angeles County
- *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* for Los Angeles and San Diego counties
- *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years* for Los Angeles and San Diego counties

All three of Health Net's QIPs fell into the access domain of care. Only the *Improve Cervical Cancer Screening Among Seniors and Persons with Disabilities* QIP progressed to the Outcomes stage. As

indicated above, at Remeasurement 3, the QIP still had not achieved the study's goal or statistically significant improvement over baseline for any county. Additionally, the rates at Remeasurement 3 for all counties declined significantly due to a large influx of the SPD population. Although there was a large influx of the SPD population, the QIP results suggest that the MCP has opportunities for improving the access to cervical cancer screenings for members in the SPD population.

Overall, Health Net showed below-average performance related to the access domain of care.

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 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. Member satisfaction survey results also provide information about MCMC beneficiaries' assessment of the timeliness of care delivered by providers.

Health Net's quality improvement program description provides information on the MCP's processes related to member rights, appeals and grievances, continuity and coordination of care, and utilization management, which are all areas of operation that affect timeliness of care.

Across all counties, no rates were above the HPLs for any timeliness performance measures. The rate improved significantly from 2013 to 2014 for Tulare County for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, which falls into the timeliness domain of care.

Across all counties, 15 rates were below the MPLs for measures falling into the timeliness domain of care. The rates were significantly worse in 2014 when compared to 2013 for the following timeliness measures:

- *Child Immunization Status—Combination 3* for Sacramento County, resulting in the rate moving from above the MPL in 2013 to below the MPL in 2014.
- *Immunizations for Adolescents—Combination 1* for San Diego and Stanislaus counties, resulting in the rate for Stanislaus County moving from above the MPL in 2013 to below the MPL in 2014. The rate for San Diego County remained above the MPL in 2014, despite the decline.

- *Prenatal and Postpartum Care—Postpartum Care* for San Diego and Tulare counties, resulting in the rate for San Diego County being below the MPL for the third consecutive year. The rate for Tulare County remained above the MPL, despite the decline.
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* for Kern, San Diego, and Stanislaus counties, resulting in the rates for Kern and San Diego counties remaining below the MPLs. The rate for Stanislaus County remained above the MPL, despite the decline.
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* for Los Angeles County. Despite the decline, the rate remained above the MPL.

The *Improving Postpartum Care Among Medi-Cal Women Including Seniors and Persons with Disabilities* QIP fell into the timeliness domain of care. Since this QIP did not progress to the Outcomes stage, HSAG could not assess the QIP's success at improving the timeliness of postpartum care for Health Net's MCMC members.

Overall, Health Net showed below-average 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. Health Net's self-reported responses are included in Appendix D.

Recommendations

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

- Since Health Net continued to perform poorly on a significant number of measures, HSAG recommends that the MCP have ongoing interaction with DHCS to continue prioritizing areas for improvement rather than trying to make improvements on all measures at once. For measures that Health Net has been successful at performing above the MPLs or improving the rates, the MCP has the opportunity to apply successful strategies across all counties, as applicable.
- Continue to reference the QIP Completion Instructions to ensure that all required information is included in the QIP Summary Form on the first QIP submission.

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

Table A.1 through Table A.7 provide two-year trending information for the SPD population across the measures each MCP is required to stratify for the SPD population. The following audit findings are provided within the tables:

– = A year that data were not collected.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small.

HSAG calculated statistical significance testing between the 2013 and 2014 rates for each measure using a Chi-square test and displayed this information within the "2013–14 Rate Difference" column. The following symbols are used to show statistically significant changes:

↑ = Rates in 2014 were significantly higher than they were in 2013.

↓ = Rates in 2014 were significantly lower than they were in 2013.

↔ = Rates in 2014 were not significantly different than they were in 2013.

Different symbols (▲▼) are used to indicate a performance change for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control* where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant *decrease* of the 2014 rate from the 2013 rate.

Not comparable = A 2013–14 rate difference could not be made because data were not available for both years, or there were significant methodology changes between years that did not allow for comparison.

Not Tested = No comparison was made because high and low rates do not necessarily indicate better or worse performance.

Table A.1—HEDIS 2014 SPD Trend Table
Health Net—Kern County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	11.72%	12.18%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	80.74	83.64	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	219.48	302.99	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	78.34%	80.38%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	78.90%	81.49%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	NA	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	68.83%	73.87%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	72.27%	70.16%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	73.89%	63.26%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	48.66%	48.66%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	43.55%	46.72%	↔
Comprehensive Diabetes Care—HbA1c Testing	73.24%	79.32%	↑
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	40.15%	39.17%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	40.88%	40.63%	↔
Comprehensive Diabetes Care—LDL-C Screening	75.91%	77.62%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	83.21%	82.48%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	49.15%	54.50%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table A.2—HEDIS 2014 SPD Trend Table
Health Net—Los Angeles County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	14.16%	13.40%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	55.77	52.60	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	267.73	262.13	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	77.01%	81.62%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	86.48%	87.45%	↔
Annual Monitoring for Patients on Persistent Medications—Diuretics	78.39%	82.59%	↑
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	86.07%	73.01%	↓
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	76.93%	78.05%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	83.57%	81.11%	↓
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	78.40%	73.04%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	50.36%	53.04%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	43.55%	48.42%	↔
Comprehensive Diabetes Care—HbA1c Testing	78.83%	79.56%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	45.50%	45.01%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	38.20%	39.17%	↔
Comprehensive Diabetes Care—LDL-C Screening	78.10%	78.83%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	84.43%	83.45%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	44.28%	45.50%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table A.3—HEDIS 2014 SPD Trend Table
Health Net—Sacramento County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	14.03%	13.70%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	65.06	64.11	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	399.51	358.78	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	69.20%	74.02%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	83.93%	84.75%	↔
Annual Monitoring for Patients on Persistent Medications—Diuretics	71.03%	72.64%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	NA	97.22%	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	78.66%	79.88%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	86.48%	83.38%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	81.16%	73.71%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	48.91%	47.20%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	37.71%	41.12%	↔
Comprehensive Diabetes Care—HbA1c Testing	80.78%	78.10%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	49.64%	48.91%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	37.96%	35.28%	↔
Comprehensive Diabetes Care—LDL-C Screening	71.78%	71.29%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	85.64%	82.00%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	39.42%	43.80%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table A.4—HEDIS 2014 SPD Trend Table
Health Net—San Diego County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	17.88%	17.37%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	71.22	69.30	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	406.58	319.25	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	86.17%	90.18%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	86.79%	90.62%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	NA	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	81.31%	75.61%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	85.96%	81.54%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	80.42%	77.03%	↔
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	53.28%	46.47%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	43.31%	38.93%	↔
Comprehensive Diabetes Care—HbA1c Testing	86.37%	76.16%	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	51.82%	40.15%	↓
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	43.80%	33.09%	↓
Comprehensive Diabetes Care—LDL-C Screening	81.75%	70.07%	↓
Comprehensive Diabetes Care—Medical Attention for Nephropathy	87.59%	80.29%	↓
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	37.71%	53.28%	▼

*Member months are a member's "contribution" to the total yearly membership.

Table A.5—HEDIS 2014 SPD Trend Table
Health Net—San Joaquin County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	—	25.00%	Not Comparable
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	—	104.16	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	—	344.91	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	—	75.47%	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Digoxin	—	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	—	NA	Not Comparable
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	—	33.33%	Not Comparable
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	—	43.33%	Not Comparable
Comprehensive Diabetes Care—HbA1c Testing	—	86.67%	Not Comparable
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	—	38.33%	Not Comparable
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	—	40.00%	Not Comparable
Comprehensive Diabetes Care—LDL-C Screening	—	60.00%	Not Comparable
Comprehensive Diabetes Care—Medical Attention for Nephropathy	—	86.67%	Not Comparable
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	—	55.00%	Not Comparable

*Member months are a member's "contribution" to the total yearly membership.

Table A.6—HEDIS 2014 SPD Trend Table
Health Net—Stanislaus County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	10.12%	13.24%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	82.73	93.41	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	491.16	470.09	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	83.26%	84.15%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	86.47%	86.17%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	NA	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	86.27%	86.32%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	90.98%	87.57%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	94.25%	83.08%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	60.58%	55.72%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	41.12%	40.39%	↔
Comprehensive Diabetes Care—HbA1c Testing	89.78%	87.10%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	60.10%	54.01%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	42.82%	42.34%	↔
Comprehensive Diabetes Care—LDL-C Screening	81.27%	77.86%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.97%	81.75%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	30.17%	36.50%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table A.7—HEDIS 2014 SPD Trend Table
Health Net—Tulare County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	15.86%	12.77%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	71.55	70.74	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	602.84	651.79	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	83.74%	84.40%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	90.00%	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	87.50%	85.63%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	NA	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	94.74%	90.20%	↓
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	94.50%	94.23%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	92.00%	90.40%	↔
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	49.39%	55.96%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	45.01%	50.85%	↔
Comprehensive Diabetes Care—HbA1c Testing	87.59%	80.29%	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	53.77%	48.42%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	38.20%	33.82%	↔
Comprehensive Diabetes Care—LDL-C Screening	76.64%	70.80%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.73%	84.18%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	38.93%	44.77%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.1 through Table B. 7 provide two-year trending information for the non-SPD population across the measures each MCP is required to stratify for the SPD population. The following audit findings are provided within the tables:

– = A year that data were not collected.

NA = A *Not Applicable* audit finding because the MCP's denominator was too small.

HSAG calculated statistical significance testing between the 2013 and 2014 rates for each measure using a Chi-square test and displayed this information within the "2013–14 Rate Difference" column. The following symbols are used to show statistically significant changes:

↑ = Rates in 2014 were significantly higher than they were in 2013.

↓ = Rates in 2014 were significantly lower than they were in 2013.

↔ = Rates in 2014 were not significantly different than they were in 2013.

Different symbols (▲▼) are used to indicate a performance change for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control* where a decrease in the rate indicates better performance. A downward triangle (▼) denotes a significant *decline* in performance, as denoted by a significant increase in the 2014 rate from the 2013 rate. An upward triangle (▲) denotes significant *improvement* in performance, as indicated by a significant *decrease* of the 2014 rate from the 2013 rate.

Not comparable = A 2013–14 rate difference could not be made because data were not available for both years, or there were significant methodology changes between years that did not allow for comparison.

Not Tested = No comparison was made because high and low rates do not necessarily indicate better or worse performance.

S = The MCP's measure is publicly reported based on NCQA HEDIS Compliance 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.

Table B.1—HEDIS 2014 Non-SPD Trend Table
Health Net—Kern County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	7.36%	9.35%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	47.99	48.90	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	196.35	359.51	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	70.82%	86.73%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	70.73%	82.89%	↑
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	89.99%	93.14%	↑
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	70.52%	79.32%	↑
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	68.00%	67.84%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	76.72%	67.83%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	49.14%	52.31%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	49.88%	44.53%	↔
Comprehensive Diabetes Care—HbA1c Testing	68.64%	78.10%	↑
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	32.84%	27.25%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	28.89%	25.06%	↔
Comprehensive Diabetes Care—LDL-C Screening	64.20%	70.56%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	75.56%	76.16%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	59.01%	64.48%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.2—HEDIS 2014 Non-SPD Trend Table
Health Net—Los Angeles County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	7.58%	6.53%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	33.35	32.38	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	248.68	277.13	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	74.64%	77.70%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	83.33%	80.00%	↔
Annual Monitoring for Patients on Persistent Medications—Diuretics	72.64%	76.55%	↑
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	94.35%	94.70%	↔
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	81.21%	81.27%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	83.10%	82.04%	↓
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	83.01%	77.67%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	53.04%	64.72%	↑
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	51.09%	51.34%	↔
Comprehensive Diabetes Care—HbA1c Testing	78.83%	81.75%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	35.04%	39.66%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	31.63%	30.90%	↔
Comprehensive Diabetes Care—LDL-C Screening	75.91%	74.94%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	81.27%	80.29%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	51.34%	50.85%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.3—HEDIS 2014 Non-SPD Trend Table
Health Net—Sacramento County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	6.02%	9.16%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	39.84	39.23	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	274.99	293.32	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	61.52%	67.61%	↑
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	56.74%	63.48%	↑
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	92.71%	92.50%	↔
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	80.23%	81.11%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	80.41%	79.18%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	81.67%	75.14%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	50.12%	49.39%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	36.98%	35.77%	↔
Comprehensive Diabetes Care—HbA1c Testing	72.51%	71.29%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	39.66%	38.44%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	23.60%	26.28%	↔
Comprehensive Diabetes Care—LDL-C Screening	59.61%	63.75%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	72.51%	71.53%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	51.34%	54.99%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.4—HEDIS 2014 Non-SPD Trend Table
Health Net—San Diego County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	9.38%	7.87%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	46.14	41.81	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	296.72	362.03	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	76.98%	83.47%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	75.42%	78.26%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	94.45%	96.17%	↔
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	85.41%	88.28%	↑
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	84.87%	86.55%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	82.60%	82.56%	↔
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	50.18%	46.58%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	47.67%	47.26%	↔
Comprehensive Diabetes Care—HbA1c Testing	78.49%	68.49%	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	43.01%	34.93%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	28.32%	25.34%	↔
Comprehensive Diabetes Care—LDL-C Screening	68.82%	63.01%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	70.97%	69.86%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	48.75%	56.16%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.5—HEDIS 2014 Non-SPD Trend Table
Health Net—San Joaquin County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	—	NA	Not Comparable
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	—	46.94	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	—	256.64	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	—	57.45%	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Digoxin	—	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	—	91.89%	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	—	76.48%	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	—	NA	Not Comparable
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	—	NA	Not Comparable
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	—	36.51%	Not Comparable
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	—	34.92%	Not Comparable
Comprehensive Diabetes Care—HbA1c Testing	—	60.32%	Not Comparable
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	—	20.63%	Not Comparable
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	—	17.46%	Not Comparable
Comprehensive Diabetes Care—LDL-C Screening	—	60.32%	Not Comparable
Comprehensive Diabetes Care—Medical Attention for Nephropathy	—	76.19%	Not Comparable
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	—	74.60%	Not Comparable

*Member months are a member's "contribution" to the total yearly membership.

Table B.6—HEDIS 2014 Non-SPD Trend Table
Health Net—Stanislaus County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	5.66%	S	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	50.77	56.78	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	350.80	378.60	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	84.65%	81.05%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	80.25%	79.47%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	97.12%	95.53%	↓
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	87.18%	85.74%	↓
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	84.96%	86.32%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	85.74%	83.89%	↔
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	58.30%	63.99%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	45.56%	41.61%	↔
Comprehensive Diabetes Care—HbA1c Testing	85.33%	82.97%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	50.19%	46.23%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	29.34%	34.06%	↔
Comprehensive Diabetes Care—LDL-C Screening	76.83%	73.48%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.13%	71.05%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	36.29%	42.09%	↔

*Member months are a member's "contribution" to the total yearly membership.

Table B.7—HEDIS 2014 Non-SPD Trend Table
Health Net—Tulare County

Measure	2013	2014	2013–14 Rate Difference
All-Cause Readmissions—Statewide Collaborative QIP Measure	5.79%	9.62%	↔
*Ambulatory Care—Emergency Department Visits per 1,000 Member Months**	37.86	38.64	Not Tested
*Ambulatory Care—Outpatient Visits per 1,000 Member Months**	449.45	486.43	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	83.16%	85.29%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	79.55%	81.40%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months	97.78%	97.57%	↔
Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	92.30%	92.05%	↔
Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years	91.58%	91.06%	↔
Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years	93.09%	89.35%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	58.64%	60.34%	↔
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	43.55%	40.88%	↔
Comprehensive Diabetes Care—HbA1c Testing	84.43%	79.08%	↓
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	44.53%	41.61%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	30.90%	28.47%	↔
Comprehensive Diabetes Care—LDL-C Screening	73.97%	71.78%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	79.81%	71.53%	↓
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	45.50%	51.09%	↔

*Member months are a member's "contribution" to the total yearly membership.

Quality, Access, and Timeliness Scoring Process

Scale
2.5–3.0 = Above Average
1.5–2.4 = Average
1.0–1.4 = Below Average

HSAG developed a standardized scoring process for the three CMS-specified domains of care—quality, access, and timeliness.[12] This process allows HSAG to evaluate each MCP's performance measure rates and QIP performance uniformly when providing an overall assessment of *Above Average*, *Average*, or *Below Average* in each of the domains of care.

The detailed scoring process is outlined below.

Performance Measure Rates

(Refer to Table 3.1 through 3.7)

Quality Domain

1. To be considered **Above Average**, the MCP must not have more than two measures below the MPLs. Also, the MCP must have at least three more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**:
   - If there are **two or less** measures below the MPLs, the number of measures above the HPLs minus the number of measures below the MPLs must be less than three.
   - If there are **three or more** measures below the MPLs, the number of measures below the MPLs minus the number of measures above the HPLs must be less than three.
3. To be considered **Below Average**, the MCP will have three or more measures below the MPLs than it has above the HPLs.

[12] The CMS protocols specify that the EQRO must include an assessment of each MCP's strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients in its detailed technical report. The report must also document procedures used by the EQRO to analyze the data collected and how the EQRO reached its conclusions regarding the quality, timeliness, and access to care furnished by each MCP. Additional information on this topic can be found at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html.

Access and Timeliness Domains

1. To be considered **Above Average**, the MCP must not have more than two measures below the MPLs. Also, the MCP must have at least two more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**:
   - If there are **two or less** measures below the MPLs, the number of measures above the HPLs minus the number of measures below the MPLs must be less than two.
   - If there are **three or more** measures below the MPLs, then the number of measures below the MPLs minus the number of measures above the HPLs must be less than two.
3. To be considered **Below Average**, the MCP will have two or more measures below the MPLs than it has above the HPLs.

Quality Improvement Projects (QIPs)

Validation *(Table 4.2)*: For each QIP submission and subsequent resubmission(s), if applicable.

1. **Above Average** is not applicable.
2. **Average** = *Met* validation status.
3. **Below Average** = *Partially Met* or *Not Met* validation status.

Outcomes *(Table 4.4)*: Activity IX, Element 4—Real Improvement

1. **Above Average** = All study indicators demonstrated statistically significant improvement.
2. **Average** = Some, but not all, study indicators demonstrated statistically significant improvement.
3. **Below Average** = No study indicators demonstrated statistically significant improvement.

Sustained Improvement *(Table 4.4)*: Activity X—Achieved Sustained Improvement

1. **Above Average =** All study indicators achieved sustained improvement.
2. **Average =** Some, but not all, study indicators achieved sustained improvement.
3. **Below Average =** No study indicators achieved sustained improvement.

Calculating Final Quality, Access, and Timeliness Scores

For **Performance Measure** results, the number of measures above the HPLs and below the MPLs are entered for each applicable domain of care: Quality, Access, and Timeliness (Q, A, T); a score of 1, 2, or 3 is automatically assigned for each domain of care.

For each **QIP**, the Validation score (1 or 2), the Outcomes score (1, 2, or 3), and the Sustained Improvement score (1, 2, or 3) are entered for each applicable domain of care (Q, A, T). The scores are automatically calculated by adding the scores under each domain of care and dividing by the number of applicable elements.

The **overall Quality score is automatically calculated** using a weighted average of the HEDIS Quality and QIPs' Quality scores. The **overall Access score is automatically calculated** using a weighted average of the HEDIS Access and QIPs' Access scores. The **overall Timeliness score is automatically calculated** using a weighted average of the HEDIS Timeliness and QIPs' Timeliness scores.

Medical audit/SPD medical survey reviews do not have scores; therefore, they are not used in calculating the overall Q, A, and T scores. The qualitative evaluation of these activities is coupled with the objective scoring for performance measures and QIPs to provide an overall designation of above average, average, and below average for each domain. Additionally, the EDV study results are an indicator of an MCP's completeness and accuracy of data reporting to DHCS and are not a direct indicator of the quality, access, and timeliness of services provided to members; therefore, EDV study results are not included in the overall Q, A, and T scores.

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

for Health Net Community Solutions, Inc.

The table below provides external quality review recommendations from the July 1, 2012, through June 30, 2013, Performance Evaluation Report, along with Health Net'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 D.1—Health Net'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 Health Net	Actions Taken by Health Net During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
1. Since the MCP is performing poorly on a significant number of measures, HSAG recommends that the MCP work with DHCS to identify priority areas for improvement and focus efforts on the priority areas rather than trying to make improvements on all measures at once. In instances where Health Net has some counties with rates on a particular measure below the MPLs and some counties with rates above the MPLs, the MCP has the opportunity to apply successful strategies from the counties with rates above the MPLs to the poorer-performing counties, as applicable.	On January 28, 2014, a meeting was held with DHCS to discuss improvement plans (IPs) with Fe Alindogan, nurse specialist, with DHCS's MMCD. It was a general meeting to discuss the recommendations and review the checklist. Health Net has implemented IPs on ALL measures below MPL. One strategy we implemented that has been proven successful is provider profiles for diabetes and *Annual Monitoring for Patients on Persistent Medications*. It has been found that previous provider profiles for other measures were effective in improving rates.
2. Engage in the following efforts to improve performance on QIPs:	
a. Reference the QIP Completion Instructions to ensure all required documentation is included in the QIP Summary Form.	During this review period, Health Net has submitted two QIPs. *Postpartum* was submitted in December 2013 and received a "met" HSAG validation requirements notice as of May 7, 2014. *All Cause Readmissions* was submitted in September 2013 and received a "met" HSAG validation requirements notice as of December 13, 2013.
b. Ensure that the planned interventions target county-specific barriers.	Causal/barrier analysis was completed at the plan level and then examined at the county level. In general, interventions are implemented to address barriers, but then applied to all counties to be efficient and proactive in addressing issues and to sustain quality member outcomes.

2012–13 External Quality Review Recommendation Directed to Health Net	Actions Taken by Health Net During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
c. Conduct ongoing evaluation of each county-specific intervention and modify or discontinue existing interventions, or implement new ones, based on the evaluation results.	Ongoing evaluations are occurring after the implementation of interventions. For example, Health Net's quality improvement (QI) team completed a quarter 1 (Q1) 2013 Plan-Do-Study-Act (PDSA) evaluation of the interventions planned for the *Postpartum* IQIP, and presented this information to DHCS during our quarterly technical assistance teleconference on April 24, 2014. Please refer to attached report for more information (2014 Q1 PPC_PDSA Report_Final.docx). **NOTE:** HSAG reviewed the referenced document and confirmed that it contains PDSA information for the *Postpartum* IQIP. HSAG did not confirm that it was presented to DHCS.
d. Target low-performing, high-volume providers for interventions and duplicate successful interventions across all providers.	For the *All-Cause Readmission* statewide collaborative QIP, Health Net's QI department received the results of a survey conducted in July 2013 of high-volume providers (hospitals, primary physician groups [PPGs], and primary care physicians [PCPs]) across all Health Net contracted counties. These surveys, fielded in quarter 1 (Q1) 2013, assessed whether readmissions in Health Net's Medi-Cal population were due to poorly managed transitions during discharge. As the result of this survey, Health Net shared the Agency for Healthcare Research and Quality booklet, "Taking Care of Myself: A Guide for When I Leave the Hospital," distributed to patients prior to discharge. Distribution was limited to those providers who participated in the survey. The QI department plans a follow-up focus group in Q3 2014 with high-volume providers to better understand the discharge process and coordination of care from hospitals and PCPs, to identify additional/new barriers, and to identify opportunities that Health Net can support.
3. Review the 2013 MCP-specific CAHPS®[13] results report and develop strategies to address the *Getting Needed Care, How Well Doctors Communicate,* and *Rating of All Health Care* priority areas.	Annually, a report is prepared evaluating the MCP-specific CAHPS results. The report is distributed to stakeholders in different functional areas to encourage action on the identified opportunities for improvement. The quality improvement committee, access workgroups, and clinical services workgroup identify barriers and support, taking action where necessary. Refer to attached report for more information (2013 HNCS Integrated Member Satisfaction Report Medi-Cal.doc). **NOTE:** HSAG reviewed the referenced document and confirmed it reflects the MCP-specific CAHPS results. Health Net's provider network was notified of these CAHPS results in a provider online news article published in December 2013 and indicating opportunities for improvement in specific areas of physician communication.

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

2012–13 External Quality Review Recommendation Directed to Health Net	Actions Taken by Health Net During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
4. Review the 2012–13 MCP-Specific Encounter Data Validation Study Report and identify strategies to address the recommendations to ensure accurate and complete encounter data.	Health Net has responded to the EDV study recommendations and received approval from Jian Wang at DHCS (see attached HN Legacy Data and Clean Up.docx). **NOTE:** HSAG reviewed the referenced document and confirmed it contains Health Net's responses to the EDV study recommendations. HSAG did not confirm that DHCS approved the document.