

Performance Evaluation Report

Kaiser South (KP Cal, LLC, in San Diego County)

July 1, 2013–June 30, 2014

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

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Performance Evaluation Report – Kaiser South

July 1, 2013 – June 30, 2014

1. INTRODUCTION

Purpose of Report

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

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

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

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

¹ *Medi-Cal Managed Care Enrollment Report—June 2014*. Available at:

<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>.

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

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

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

This report is specific to DHCS’s contracted MCP, KP Cal, LLC, in San Diego County (commonly known as “Kaiser Permanente South” and referred to in this report as “Kaiser South” 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

Kaiser South is a full-scope MCP delivering services to its MCMC members under a Geographic Managed Care (GMC) model. 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.

Kaiser South became operational in San Diego County to provide MCMC services in January 1998. As of June 30, 2014, Kaiser South had 32,567 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.

The most recent routine monitoring review for Kaiser South was conducted August 16, 2011, through August 18, 2011. The Member Rights & Program Integrity Unit conducted a follow-up review on October 11, 2012. The most recent SPD medical survey for Kaiser South was conducted September 10, 2012, through September 14, 2012. HSAG reported on the findings from these reviews in Kaiser South's previous MCP-specific evaluation reports.

Strengths

Kaiser South has no outstanding findings from the most recent reviews conducted by DHCS.

Opportunities for Improvement

Since Kaiser South has no outstanding findings from the most recent reviews, 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 AuditsTM⁶ 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 Kaiser South* contains the detailed findings and recommendations from HSAG's HEDIS audit. HSAG auditors determined that Kaiser South followed the appropriate specifications to produce valid rates, and no issues of concern were identified. A brief summary of the findings is included below.

Kaiser South:

- ◆ Demonstrated exceptional ability to capture complete encounter data.
- ◆ Implemented specific training and curriculum for provider, coders, and other staff as appropriate.
- ◆ 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.).
- ◆ Demonstrated good controls, tracking, and workflow for enrollment data processing.

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

⁶ NCQA HEDIS Compliance AuditTM 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 presents a summary of Kaiser South'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 shows 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:

- ◆ 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
Kaiser South—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	—	—	17.51%	11.42%	▲
Ambulatory Care—Emergency Department Visits per 1,000 Member Months*	‡	—	37.16	38.94	30.39	Not Tested
Ambulatory Care—Outpatient Visits per 1,000 Member Months*	‡	—	478.54	479.83	406.16	Not Tested
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Q	—	92.20%	93.22%	93.76%	↔
Annual Monitoring for Patients on Persistent Medications—Digoxin	Q	—	NA	NA	NA	Not Comparable
Annual Monitoring for Patients on Persistent Medications—Diuretics	Q	—	91.69%	92.74%	93.57%	↔
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Q	20.48%	38.30%	NA	NA	Not Comparable
Cervical Cancer Screening	Q,A	—	—	—	87.21%	Not Comparable
Childhood Immunization Status—Combination 3	Q,A,T	84.13%	87.02%	87.91%	88.11%	↔
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	A	—	99.48%	99.52%	99.51%	↔
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	A	—	94.39%	94.40%	93.60%	↔
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	A	—	94.52%	95.31%	89.97%	↓
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	A	—	96.49%	96.97%	88.17%	↓
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	Q	85.78%	87.95%	85.10%	88.86%	↑
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Q,A	77.12%	75.15%	76.07%	81.71%	↑
Comprehensive Diabetes Care—HbA1c Testing	Q,A	93.95%	96.23%	94.84%	96.56%	↔
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	Q	65.52%	69.73%	69.91%	69.19%	↔
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	Q	66.50%	69.43%	69.91%	69.19%	↔
Comprehensive Diabetes Care—LDL-C Screening	Q,A	93.63%	95.18%	92.84%	94.77%	↔
Comprehensive Diabetes Care—Medical Attention for Nephropathy	Q,A	94.61%	95.18%	93.41%	94.91%	↔
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	Q	21.24%	18.98%	18.34%	17.88%	↔
Controlling High Blood Pressure	Q	—	—	84.18%	86.37%	↔
Immunizations for Adolescents—Combination 1	Q,A,T	—	88.30%	89.00%	85.54%	↔
Medication Management for People with Asthma—Medication Compliance 50% Total	Q	—	—	61.18%	62.55%	↔
Medication Management for People with Asthma—Medication Compliance 75% Total	Q	—	—	29.80%	32.73%	↔
Prenatal and Postpartum Care—Postpartum Care	Q,A,T	68.47%	73.21%	70.20%	69.86%	↔

Measure ¹	Domain of Care ²	2011 ³	2012 ⁴	2013 ⁵	2014 ⁶	2013–14 Rate Difference ⁷
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	Q,A,T	89.19%	94.74%	91.41%	91.39%	↔
<i>Use of Imaging Studies for Low Back Pain</i>	Q	84.18%	76.00%	83.03%	88.00%	↔
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total</i>	Q	98.06%	97.80%	99.49%	99.57%	↔
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total</i>	Q	51.17%	65.11%	91.46%	87.79%	↓
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total</i>	Q	59.75%	76.31%	94.11%	91.18%	↓
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Q,A,T	64.58%	68.55%	70.72%	73.70%	↑

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 3.2 and Table 3.3, which present a summary of Kaiser South’s 2014 SPD measure results. Table 3.2 presents 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 3.3 presents 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 3.2.

Table 3.2—2014 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Kaiser South—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	11.46%	11.41%	↔	11.42%
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	90.99%	96.68%	↑	93.76%
Annual Monitoring for Patients on Persistent Medications—Digoxin	NA	NA	Not Comparable	NA
Annual Monitoring for Patients on Persistent Medications—Diuretics	91.03%	96.13%	↔	93.57%
Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months	99.50%	NA	Not Comparable	99.51%
Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years	93.49%	98.80%	↔	93.60%
Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years	89.42%	99.08%	↑	89.97%
Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years	87.65%	96.32%	↑	88.17%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	88.89%	88.84%	↔	88.86%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	79.06%	82.96%	↔	81.71%
Comprehensive Diabetes Care—HbA1c Testing	96.15%	96.75%	↔	96.56%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	61.97%	72.62%	↑	69.19%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)	58.12%	74.44%	↑	69.19%
Comprehensive Diabetes Care—LDL-C Screening	92.74%	95.74%	↔	94.77%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	92.74%	95.94%	↔	94.91%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	21.37%	16.23%	↔	17.88%

* 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 3.3—2014 Non-SPD and SPD Rates for Ambulatory Care Measures
Kaiser South—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
343.04	26.61	890.21	59.41

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

Performance Measure Result Findings

The rates for 20 performance measures exceeded the HPLs, with the rates exceeding the HPLs for four consecutive years for 11 measures and three consecutive years for four measures. For the third consecutive year, Kaiser South had no rates below the MPLs. The rates improved significantly from 2013 to 2014 for the following measures:

- ◆ *All-Cause Readmissions*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
- ◆ *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

The rates declined significantly from 2013 to 2014 for the following measures:

- ◆ *Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total*

Although the rates declined significantly from 2013 to 2014 for two of the three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measures, the rates for these measures continued to be above the HPLs. Additionally, the rates for the two *Children and Adolescents' Access to Primary Care Practitioners* measures were above the MPLs.

Seniors and Persons with Disabilities Findings

The SPD rates were significantly better than the non-SPD rates for five of the 16 measures stratified for the SPD population. No SPD rates were significantly worse than the non-SPD rates. The better rates in the SPD population 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 better monitoring of care.

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 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

Since Kaiser South had no rates below the MPLs in 2013, the MCP was not required to submit any IPs. Additionally, since Kaiser South had no measures with rates below the MPLs in 2014, the MCP will not be required to submit any IPs in 2014.

Strengths

Kaiser South continued to demonstrate excellent performance on measures. DHCS recognized Kaiser South's outstanding performance by presenting the MCP with the DHCS Silver Quality Award for its HEDIS performance in 2014.

Opportunities for Improvement

Since Kaiser South had no measures with rates below the MPLs and continued to demonstrate excellent performance on measures, HSAG has no recommendations for the MCP related to performance measures.

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 protocol⁹ 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 Kaiser South'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

Kaiser South participated in the statewide collaborative QIP and had one internal QIP in progress during the review period of July 1, 2013–June 30, 2014.

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

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

QIP	Clinical/Nonclinical	Domains of Care
<i>All-Cause Readmissions</i>	Clinical	Q, A
<i>Children’s Access to Primary Care Practitioners</i>	Clinical	Q, A

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.

Kaiser South’s *Children’s Access to Primary Care Practitioners* QIP focused on children’s and adolescents’ access to primary care providers (PCPs). This QIP targeted children 25 months to 6 years of age and sought to increase the percentage of these children having a visit with a PCP. An annual visit with a PCP indicates the ability of members to access care and provides the proper care setting to receive preventive services.

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
Kaiser South—San Diego County
July 1, 2013, through June 30, 2014**

Name of Project/Study	Type of Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
Statewide Collaborative QIP				
<i>All-Cause Readmissions</i>	Annual Submission	81%	86%	<i>Partially Met</i>
	Annual Resubmission 1	94%	100%	<i>Met</i>
Internal QIPs				
<i>Children’s Access to Primary Care Practitioners</i>	Annual Submission	65%	86%	<i>Partially Met</i>
	Annual Resubmission 1	73%	86%	<i>Partially Met</i>
	Annual Resubmission 2	81%	100%	<i>Met</i>

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

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

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

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

Validation results during the review period of July 1, 2013, through June 30, 2014, showed that Kaiser South’s annual submission of its *All-Cause Readmissions* QIP received an overall validation status of *Partially Met*. As of July 1, 2009, DHCS has required MCPs to resubmit their QIPs until they have achieved an overall *Met* validation status. Based on HSAG’s validation feedback, Kaiser South resubmitted the QIP and achieved an overall *Met* validation status, with 94 percent of the evaluation elements and 100 percent of the critical elements receiving a met score. The *Children’s Access to Primary Care Practitioners* QIP annual submission received an overall validation status of *Partially Met*. Kaiser South resubmitted the QIP and, after the second resubmission, achieved an overall *Met* validation status, with 81 percent of the evaluation elements and 100 percent of the critical elements receiving a met score.

Table 4.3 summarizes the aggregated validation results for Kaiser South’s QIPs across CMS protocol activities during the review period.

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

QIP Study Stages	Activity	Met Elements	Partially Met Elements	Not Met Elements
Design	I: Appropriate Study Topic	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	100%	0%	0%
	IV: Correctly Identified Study Population	100%	0%	0%
	V: Valid Sampling Techniques (if sampling is used)	NA	NA	NA
	VI: Accurate/Complete Data Collection	85%	15%	0%
Design Total		94%	6%	0%
Implementation	VII: Sufficient Data Analysis and Interpretation	81%	3%	16%
	VIII: Appropriate Improvement Strategies	56%	44%	0%
Implementation Total		73%	17%	10%
Outcomes	IX: Real Improvement Achieved	25%	25%	50%
	X: Sustained Improvement Achieved	Not Assessed	Not Assessed	Not Assessed
Outcomes Total		25%	25%	50%

*The activity average rate represents the average percentage of applicable elements with a *Met*, *Partially Met*, or *Not Met* finding across all the evaluation elements for a particular activity.

HSAG validated Activities I through VIII for Kaiser South’s *All-Cause Readmissions* QIP annual submission and Activities I through IX for the MCP’s *Children’s Access to Primary Care Practitioners* QIP annual submission.

Kaiser South demonstrated a strong application of the Design stage, meeting 94 percent of the requirements for all applicable evaluation elements within the study stage for both QIPs. The MCP did not describe the data analysis plan for either QIP, resulting in a lower score for Activity VI.

Both QIPs progressed to the Implementation stage during the reporting period. The MCP demonstrated an adequate application of the Implementation stage, meeting 73 percent of the requirements for all applicable evaluation elements within the study stage for both QIPs. For the *All-Cause Readmissions* QIP, Kaiser South did not indicate if any factors threatened the internal or external validity of the findings, did not prioritize the barriers, and did not include an evaluation plan for each intervention, resulting in lower scores for Activities VII and VIII. Kaiser South corrected the deficiencies in its resubmission, resulting in the QIP achieving an overall *Met* validation status. The *Children’s Access to Primary Care Practitioners* QIP had multiple implementation

issues, resulting in lower scores for Activities VII and VIII. Kaiser South corrected the deficiencies in the resubmissions, resulting in the QIP achieving an overall *Met* validation status.

Only the *Children's Access to Primary Care Practitioners* QIP progressed to the Outcomes stage during the reporting period. The QIP study indicators did not achieve statistically significant improvement over baseline, resulting in only 25 percent of the requirements for all applicable elements being met for Activity IX. This QIP was not assessed for sustained improvement (Activity X), since it had not yet progressed to that stage.

Quality Improvement Project Outcomes and Interventions

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. Following is a summary of the MCP's interventions for the *All-Cause Readmissions* QIP:

- ◆ The MCP established the Bridge Clinic pilot which allowed a physician and social worker to visit members within seven days of discharge for one-hour.
- ◆ The home health provider conducted home health visits within 24 hours of discharge.
- ◆ Based on risk level, the MCP made a post-discharge call to all high-risk members to ensure appointments were made, address medication issues, confirm durable medical equipment was delivered, and confirm that home health had contacted or seen the member.
- ◆ Pharmacists provided education and medication reconciliation at the member's bedside prior to discharge. The pharmacists also sold necessary medications and offered medical financial assistance to members who could not afford the medications.

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

Table 4.4 summarizes the *Children's Access to Primary Care Practitioners* 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 Kaiser South—San Diego County
July 1, 2013, through June 30, 2014**

QIP #1—Children’s Access to Primary Care Practitioners			
Study Indicator 1: Number of children who have had one or more visits with a PCP during the measurement year.			
Baseline Period 1/1/11–12/31/11	Remeasurement 1 1/1/12–12/31/12	Remeasurement 2 1/1/13–12/31/13	Sustained Improvement*
94.4%	94.4%	‡	‡
Study Indicator 2: Number of children who have had a well visit during the measurement year.			
Baseline Period 1/1/11–12/31/11	Remeasurement 1 1/1/12–12/31/12	Remeasurement 2 1/1/13–12/31/13	Sustained Improvement*
68.6%	70.7%	‡	‡

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

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

Children’s Access to Primary Care Practitioners QIP

For the *Children’s Access to Primary Care Practitioners* QIP, Kaiser South achieved its goal of the rate for Study Indicator 1 being above the DHCS-established HPL. Study Indicator 2 improved by more than 2 percentage points; however, the improvement was not enough to meet the MCP’s goal of 71.22 percent of children having a well visit during the measurement year. A review of the MCP’s QIP Summary Form and QIP Validation Tool revealed the following observations:

- ◆ Kaiser South did not provide complete or accurate data analysis documentation in the initial QIP submission.
- ◆ HSAG noted some documentation errors that the MCP corrected in the QIP resubmissions.
- ◆ Although Kaiser South documented brainstorming as the process the MCP used for its causal/barrier analysis, the MCP did not initially provide any details on how the data were used to identify and prioritize the barriers and did not link the planned interventions to the identified barriers. Kaiser South provided this documentation in its resubmissions.
- ◆ Initially, Kaiser South did not provide the process used to evaluate the effectiveness of the implemented interventions. Kaiser South provided this information in the resubmissions.
- ◆ Although the interventions did not result in statistically significant improvement for the study indicators, following is a brief description of the interventions implemented by Kaiser South:
 - Improved physician culture and access by performing monthly tracking on W-34 rates.
 - Modified physician schedules to allow for more flexibility of well visits.
 - Provided employee outreach programs through letters and telephone calls and identified monthly those members who have not had well visits.

Strengths

Kaiser South demonstrated an excellent application of the Design stage for both QIPs.

Although the study indicators did not achieve statistically significant improvement, Kaiser South achieved its goal for Study Indicator 1, with the rate being above the DHCS-established HPL. Additionally the rate for Study Indicator 2 rate improved by more than 2 percentage points and was above the DHCS-established MPL.

The MCP indicated that, in response to HSAG's recommendations in Kaiser South's 2012–13 MCP-specific evaluation report, the MCP conducted a new causal/barrier analysis and evaluated the implemented interventions (see Appendix D). Kaiser South also documented the links between the interventions and barriers.

Opportunities for Improvement

Although Kaiser South improved its QIP documentation, the MCP should continue to implement strategies to ensure that all required information is included in the QIP Summary Form, including referencing the QIP Completion Instructions and previous QIP validation tools.

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.¹⁰

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

¹⁰ 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.

Kaiser South's quality program description includes details about the MCP's organizational structure, which is designed to ensure that quality care is provided to all members. The MCP appears to have many processes to monitor quality of care and to implement continuous quality improvement strategies.

The rates exceeded the HPLs for 18 performance measures falling into the quality domain of care, and the rates improved significantly from 2013 to 2014 for the following quality measures:

- ◆ *All-Cause Readmissions*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
- ◆ *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

The rates declined significantly from 2013 to 2014 for two quality measures (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total*); however, the rates for both measures were above the HPLs.

Twelve of the performance measures stratified for the SPD population fall into the quality domain of care. The SPD rates were significantly better than the non-SPD rates for three of the measures. The better rates are likely a result of the SPD population often having more health care needs, resulting in this population being seen more regularly by providers and leading to better monitoring of care. No quality measures had SPD rates significantly worse than the non-SPD rates.

Both of the MCP's QIPs fell into the quality domain of care. Only the *Children's Access to Primary Care Practitioners* QIP progressed to the Outcomes stage. Although neither study indicator achieved statistically significant improvement over baseline at Remeasurement 1, the rate for Study Indicator 1 was above the DHCS-established HPL and the rate for Study Indicator 2 was above the DHCS-established MPL.

Overall, Kaiser South showed above-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.

Kaiser South's quality program description includes details of the MCP's processes that ensure members have access to needed health care services. The results of Kaiser South's evaluation of the MCP's 2013 work plan activities show that the MCP met or exceeded most access-related goals.

The rates were above the HPLs for eight measures falling into the access domain of care, and the rates improved significantly from 2013 to 2014 for the following access measures:

- ◆ *All-Cause Readmissions*
- ◆ *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

The rates declined significantly from 2013 to 2014 for two access measures (*Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years* and *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years*); however, the rates remained above the MPLs.

Nine of the performance measures stratified for the SPD population fall into the access domain of care. The SPD rates were significantly better than the non-SPD rates for two of the measures. As indicated above, the better rates are likely a result of the SPD population often having more health care needs, resulting in this population being seen more regularly by providers and leading to better monitoring of care. No access measures had SPD rates significantly worse than the non-SPD rates.

Both of the MCP's QIPs fell into the access domain of care. As indicated above, only the *Children's Access to Primary Care Practitioners* QIP progressed to the Outcomes stage. Although neither study indicator achieved statistically significant improvement over baseline at Remeasurement 1, the rate for Study Indicator 1 was above the DHCS-established HPL; and the rate for Study Indicator 2 was above the DHCS-established MPL.

Overall, Kaiser South showed above-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.

Kaiser South's quality program description includes details of the MCP's processes related to member rights, grievances, continuity and coordination of care, and utilization management, which all affect the timelines of care delivered to members.

The *Childhood Immunization Status—Combination 3* measure falls into the timeliness domain of care and the rate was above the HPL for this measure for the fourth consecutive year. The rate for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, which falls into the timeliness domain of care, improved significantly from 2013 to 2014.

Overall, Kaiser South showed 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. Kaiser South's self-reported responses are included in Appendix D.

Recommendations

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

- ◆ Continue to implement strategies to ensure that all required information is included in the QIP Summary Form, including referencing the QIP Completion Instructions and previous QIP validation tools.

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

Table A.1 provides 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 table:

– = 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
Kaiser South—San Diego County**

Measure	2013	2014	2013–14 Rate Difference
<i>All-Cause Readmissions—Statewide Collaborative QIP Measure</i>	20.74%	11.41%	▲
<i>Ambulatory Care—Emergency Department Visits per 1,000 Member Months*</i>	52.40	59.41	Not Tested
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months*</i>	737.64	890.21	Not Tested
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs</i>	94.76%	96.68%	↔
<i>Annual Monitoring for Patients on Persistent Medications—Digoxin</i>	NA	NA	Not Comparable
<i>Annual Monitoring for Patients on Persistent Medications—Diuretics</i>	94.24%	96.13%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months</i>	NA	NA	Not Comparable
<i>Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years</i>	98.70%	98.80%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years</i>	97.80%	99.08%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	93.57%	96.32%	↔
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	84.15%	88.84%	↑
<i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i>	78.37%	82.96%	↔
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	94.86%	96.75%	↔
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)</i>	73.02%	72.62%	↔
<i>Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)</i>	74.52%	74.44%	↔
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	93.79%	95.74%	↔
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	94.65%	95.94%	↔
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)</i>	15.85%	16.23%	↔

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

Table B.1 provides 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 table:

– = 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 B.1—HEDIS 2014 Non-SPD Trend Table
Kaiser South—San Diego County**

Measure	2013	2014	2013–14 Rate Difference
<i>All-Cause Readmissions—Statewide Collaborative QIP Measure</i>	6.67%	11.46%	↔
<i>Ambulatory Care—Emergency Department Visits per 1,000 Member Months*</i>	35.60	26.61	Not Tested
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months*</i>	415.75	343.04	Not Tested
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs</i>	91.74%	90.99%	↔
<i>Annual Monitoring for Patients on Persistent Medications—Digoxin</i>	NA	NA	Not Comparable
<i>Annual Monitoring for Patients on Persistent Medications—Diuretics</i>	91.46%	91.03%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—12 to 24 Months</i>	99.51%	99.50%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years</i>	94.23%	93.49%	↔
<i>Children & Adolescents' Access to Primary Care Practitioners—7 to 11 Years</i>	95.14%	89.42%	↓
<i>Children & Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	97.23%	87.65%	↓
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	87.01%	88.89%	↔
<i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i>	71.43%	79.06%	↔
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	94.81%	96.15%	↔
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)</i>	63.64%	61.97%	↔
<i>Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)</i>	60.61%	58.12%	↔
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	90.91%	92.74%	↔
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	90.91%	92.74%	↔
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)</i>	23.38%	21.37%	↔

*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.¹¹ 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)

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.

¹¹ 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 Kaiser South

The table below provides external quality review recommendations from the July 1, 2012, through June 30, 2013, Performance Evaluation Report, along with Kaiser South'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—Kaiser South'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 Kaiser South	Actions Taken by Kaiser South During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
<p>1. For the <i>All-Cause Readmissions and Children and Adolescents' Access to Primary Care Practitioners (12–19 Years)</i> measures, assess the factors leading to the SPD rates for these measures being significantly worse than the non-SPD rates and identify strategies to ensure the MCP is meeting the SPD population's needs.</p>	<p>Kaiser Permanente South deploys a robust bundle of readmission interventions for all members, regardless of funding source, triggered by an acuity scoring system. Additionally, Medi-Cal members benefit from Complex Case Management. New interventions are implemented as a result of continued causal/barrier analysis. Although extensive efforts are made to avoid readmissions, it seems clinically reasonable that Seniors and Persons with Disabilities will have a higher rate of readmission due to their medical complexities.</p> <p><i>Children and Adolescents' Access to Primary Care Practitioners (12–19 Years)</i> SPD rate was 93.57 percent, exceeding the 2013 DHCS Medi-Cal Managed Care Division (MMCD) high performance level.</p>
<p>2. Ensure all required documentation is included in each QIP submission and that the MCP addresses all recommendations from previous submissions. Kaiser–San Diego County should refer to the QIP Completion Instructions prior to submitting each QIP to ensure completeness of the data in the QIP Summary Form.</p>	<p>KP South will consult the QIP Completion Instructions and is participating in the group HSAG Technical Assistance calls.</p>
<p>3. For all QIPs, conduct an annual causal/barrier analysis and assess if the MCP needs to discontinue or modify existing interventions or identify new interventions to better address the priority barriers. Additionally, ensure that the QIP interventions are designed to address each specific barrier to improve the likelihood that the interventions will result in positive outcomes.</p>	<p>KP South conducts the causal/barrier analysis quarterly and will ensure that outdated interventions are removed from the study. QIP interventions are targeted to specific barriers resulting in improved well-visit results.</p>

2012–13 External Quality Review Recommendation Directed to Kaiser South	Actions Taken by Kaiser South During the Period July 1, 2013–June 30, 2014 that Address the External Quality Review Recommendation
<p>4. Review the 2013 MCP-Specific CAHPS®¹² results report and develop strategies to address the <i>Rating of Specialist Seen Most Often, Getting Needed Care, and Getting Care Quickly</i> priority areas.</p>	<p>Though the 2013 MCP-Specific CAHPS results report for Kaiser-San Diego County identified <i>Rating of Specialist Seen Most Often, Getting Needed Care, and Getting Care Quickly</i> as priority areas, note that in the 2013–14 reporting period KP San Diego County performed above the state average and in the National 90th (Adult) and 75th percentile (Child). High performance in these areas stems from continuous improvement efforts, particularly around access to specialty and routine care, which include:</p> <p>Appointment availability is monitored daily, weekly, and monthly to meet the needs of current and newly added members. Immediate action is taken to meet the appointment needs of members through the opening of extra clinics when warranted.</p> <p>Direct booking is offered from primary care to specialty care services so members leave the referring physician's office with the date and time of the specialty appointment. For greater flexibility and timely member access, primary care appointments can also be scheduled through the appointment call center or online via kp.org.</p>
<p>5. 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.</p>	<p>Kaiser's encounter reporting team has redesigned the process to retrieve encounter information for submittal to the Department.</p> <p>As of January 2014, encounter information (hospital, professional, and pharmacy) has been populated with data from Kaiser's electronic medical record system or Kaiser's Pharmacy Information Management system. Attention was specifically focused on meeting the requirements as outlined in the DHCS Encounter Data Element Dictionary for Managed Care Plans, version 2.0, April 2013. Enhancements made included: referring/prescribing/admitting provider, billing/reporting provider number, appropriate procedure code(s), and either the appropriate line level detail or header level detail.</p> <p>Additionally, the encounter team worked with the pharmacy data file to eliminate the use of "local codes" which did not represent the National Standard.</p> <p>The Process Improvement work group has not addressed the issue of adjustment records. This continues to be "work in process."</p>

¹² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).