Performance Evaluation Report

CenCal Health

July 1, 2010–June 30, 2011

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

June 2012

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1. Introduction

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 4.3 million beneficiaries (as of June 2011)[1] in the State of California through a combination of contracted full-scope and specialty managed care plans. The DHCS is responsible for assessing the quality of care delivered to members through its contracted plans, making improvements to care and services, and ensuring that contracted plans comply with federal and State standards.

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

The DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report. Due to the large number of contracted plans and evaluative text, HSAG produced an aggregate technical report and plan-specific reports as follows:

- The *Medi-Cal Managed Care Program Technical Report, July 1, 2010–June 30, 2011*, provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of plans' performance through organizational assessment and structure, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care.
- Plan-specific evaluation reports include findings for each plan regarding its organizational assessment and structure, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care. Plan-specific reports are issued in tandem with the technical report.

[1] *Medi-Cal Managed Care Enrollment Report—June 2011*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

This report is specific to the MCMC Program's contracted plan, CenCal Health ("CenCal" or "the plan"), which delivers care in Santa Barbara and San Luis Obispo counties, for the review period July 1, 2010, through June 30, 2011. Actions taken by the plan subsequent to June 30, 2011, regarding findings identified in this report will be included in the next annual plan-specific evaluation report.

Plan Overview

CenCal, formerly known as Santa Barbara Health Authority, is a full-scope managed care plan delivering care in Santa Barbara and San Luis Obispo counties.

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

CenCal became operational with the MCMC Program in Santa Barbara County in September 1983 and in San Luis Obispo County in March 2008. As of June 30, 2011, CenCal had 94,913 MCMC members in Santa Barbara and San Luis Obispo counties combined.[2]

[2] *Medi-Cal Managed Care Enrollment Report—June 2011*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

Conducting the Review

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

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

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

The *Medi-Cal Managed Care Program Technical Report, July 1, 2010–June 30, 2011*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

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

Medical Performance Review

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

HSAG reviewed the most current medical performance review reports available as of June 30, 2011, to assess the plan's compliance with State-specified standards. The most recent medical performance review was completed in May 2009, covering the review period of November 1, 2007, through October 31, 2008. These medical performance review findings were addressed in the 2008–2009 plan evaluation report.[3]

A DHCS *Medical Audit Close-Out Report* dated September 29, 2009, indicated that all audit deficiencies were resolved by the plan.

Medi-Cal Managed Care Member Rights and Program Integrity Review

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

As part of the monitoring process, MRPIU conducts an on-site member rights review of each plan approximately every two years and follow-up visits when necessary to address unresolved compliance issues and provide technical assistance. For this report, HSAG reviewed the most current MRPIU plan monitoring reports available covering the review period as of June 30, 2011.

MRPIU conducted an on-site review of CenCal Health in October 2011, covering the review period of January 1, 2010, through June 30, 2011. The scope of the review included grievances, prior authorization notifications, and cultural and linguistic services.

MRPIU noted review findings in the area of cultural and linguistic services. In one of the eight provider offices visited, MRPIU noted that the member's preferred language (if other than English) was not noted in the medical record. MRPIU also noted that the staff of one of eight provider offices visited did not discourage the use of family, friends, or minors as interpreters. MRPIU observed that certain Notice of Action (NOA) letters were sent out after the maximum 14-day time frame; however, the DHCS noted that this finding is to be considered corrected based on 12 months of timely mailing of NOAs.

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

Strengths

CenCal was able to resolve all medical performance review identified deficiencies through corrective action plans, demonstrating full compliance with the medical performance. For the MRPIU review, CenCal demonstrated full compliance in the grievance category.

Opportunities for Improvement

The plan has the opportunity to improve in the area of cultural and linguistic services by ensuring that providers note members' preferred languages in the medical record and that members and providers are encouraged to use interpreters. Additionally, CenCal has the opportunity to implement an internal review process to ensure that corrective action plans are fully implemented and effective.

Conducting the Review

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

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

The *Medi-Cal Managed Care Program Technical Report, July 1, 2010–June 30, 2011*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about CenCal's performance in providing quality, accessible, and timely care and services to its MCMC members. The selected EAS measures fell under all three domains of care—quality, access, and timeliness.

Performance Measure Validation

The DHCS's 2011 EAS consisted of Healthcare Effectiveness Data and Information Set (HEDIS®)[4] measures; therefore, HSAG performed a HEDIS Compliance Audit™ of CenCal in 2011 to determine whether the plan followed the appropriate specifications to produce valid rates.

The audit results found CenCal to be fully compliant with the information standards and able to report valid rates; however, the audit team did observe that some diagnosis codes in the transactional system were not rejected by validity edits. While this did not present a significant bias in reporting rates, the plan should consider incorporating front-end edits into the system to check for valid codes.

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

Performance Measure Results

In addition to validating the plan's HEDIS rates, HSAG also assessed the results. The following table displays a HEDIS performance measure name key with abbreviations contained in Tables 3.2 and 3.3.

Table 3.1—HEDIS® 2011 Performance Measures Name Key

Abbreviation	Full Name of HEDIS® 2011 Performance Measure
AAB	*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
AWC	*Adolescent Well-Care Visits*
BCS	*Breast Cancer Screening*
CCS	*Cervical Cancer Screening*
CDC–BP	*Comprehensive Diabetes Care (CDC)—Blood Pressure Control (140/90 mm Hg)*
CDC–E	*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
CDC–H8 (<8.0%)	*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*
CDC–H9 (>9.0%)	*Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)*
CDC–HT	*Comprehensive Diabetes Care—HbA1c Testing*
CDC–LC (<100)	*Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)*
CDC–LS	*Comprehensive Diabetes Care—LDL-C Screening*
CDC–N	*Comprehensive Diabetes Care—Medical Attention for Nephropathy*
CIS–3	*Childhood Immunization Status—Combination 3*
LBP	*Use of Imaging Studies for Low Back Pain*
PPC–Pre	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*
PPC–Pst	*Prenatal and Postpartum Care—Postpartum Care*
URI	*Appropriate Treatment for Children With Upper Respiratory Infection*
W34	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
WCC–BMI	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—BMI Assessment: Total*
WCC–N	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Nutrition Counseling: Total*
WCC–PA	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Physical Activity Counseling: Total*

Tables 3.2 and 3.3 present a summary of CenCal's HEDIS 2011 performance measure results (based on calendar year [CY] 2010 data) compared to HEDIS 2010 performance measure results (based on CY 2009 data). To create a uniform standard for assessing plans on MCMC-required performance measures, MCMC established a minimum performance level (MPL) and a high performance level (HPL) for each measure. The table shows the plan's HEDIS 2011 performance compared to the MCMC-established MPLs and HPLs.

For all but one measure, the MCMC Program based its MPLs and HPLs on the National Committee for Quality Assurance's (NCQA's) national Medicaid 25th percentiles and 90th percentiles, respectively. For the CDC–H9 (>9.0 percent) measure, a low rate indicates better performance, and a high rate indicates worse performance. For this measure only, the established MPL is based on the Medicaid 75th percentile and the HPL is based on the national Medicaid 10th percentile.

Table 3.2—2010–2011 Performance Measure Results for CenCal Health—San Luis Obispo County

Performance Measure[1]	Domain of Care[2]	2010 HEDIS Rates[3]	2011 HEDIS Rates[4]	Performance Level for 2011	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	55.7%	34.4%	★★	↓	19.7%	35.9%
AWC	Q,A,T	36.3%	41.8%	★★	↔	38.8%	63.2%
BCS	Q,A	NA	48.8%	★★	NC	46.2%	63.8%
CCS	Q,A	56.2%	58.5%	★	↔	61.0%	78.9%
CDC–BP	Q	62.5%	66.9%	★★	↔	53.5%	73.4%
CDC–E	Q,A	69.4%	60.8%	★★	↓	41.4%	70.1%
CDC–H8 (<8.0%)	Q	55.9%	51.3%	★★	↔	38.7%	58.8%
CDC–H9 (>9.0%)	Q	32.8%	41.1%	★★	↓	53.4%	27.7%
CDC–HT	Q,A	79.2%	73.7%	★	↔	76.0%	90.2%
CDC–LC (<100)	Q	39.9%	38.7%	★★	↔	27.2%	45.5%
CDC–LS	Q,A	77.6%	75.4%	★★	↔	69.3%	84.0%
CDC–N	Q,A	86.3%	79.3%	★★	↓	72.5%	86.2%
CIS–3	Q,A,T	74.5%	76.3%	★★	↔	63.5%	82.0%
LBP	Q	86.9%	78.4%	★★	↓	72.0%	84.1%
PPC–Pre	Q,A,T	84.7%	84.5%	★★	↔	80.3%	92.7%
PPC–Pst	Q,A,T	69.4%	70.4%	★★	↔	58.7%	74.4%
URI	Q	92.0%	93.0%	★★	↔	82.1%	94.9%
W34	Q,A,T	67.5%	63.7%	★	↔	65.9%	82.5%
WCC–BMI	Q	33.2%	47.0%	★★	↑	13.0%	63.0%
WCC–N	Q	50.8%	57.9%	★★	↑	34.3%	67.9%
WCC–PA	Q	20.0%	34.8%	★★	↑	22.9%	56.7%

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[4] HEDIS 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[5] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.

★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.

★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.

★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (9.0%) measure, performance is relative to the national Medicaid 10th percentile.

NC = Not compared. Indicates instances when one or both of the comparison years had no rate to compare, or significant changes to the measure's methodology impacted the ability to compare rates between years.

↓ = Statistically significant decrease.

↔ = Nonstatistically significant change.

↑ = Statistically significant increase.

Table 3.3—2010–2011 Performance Measure Results for CenCal Health—Santa Barbara County

Performance Measure[1]	Domain of Care[2]	2010 HEDIS Rates[3]	2011 HEDIS Rates[4]	Performance Level for 2011	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	60.3%	31.6%	★★	↓	19.7%	35.9%
AWC	Q,A,T	41.0%	40.9%	★★	↔	38.8%	63.2%
BCS	Q,A	58.2%	58.8%	★★	↔	46.2%	63.8%
CCS	Q,A	68.5%	73.9%	★★	↔	61.0%	78.9%
CDC–BP	Q	69.8%	69.6%	★★	↔	53.5%	73.4%
CDC–E	Q,A	70.9%	70.3%	★★★	↔	41.4%	70.1%
CDC–H8 (<8.0%)	Q	61.8%	61.6%	★★★	↔	38.7%	58.8%
CDC–H9 (>9.0%)	Q	29.1%	29.0%	★★	↔	53.4%	27.7%
CDC–HT	Q,A	81.1%	81.8%	★★	↔	76.0%	90.2%
CDC–LC (<100)	Q	45.6%	45.7%	★★★	↔	27.2%	45.5%
CDC–LS	Q,A	79.6%	76.9%	★★	↔	69.3%	84.0%
CDC–N	Q,A	86.2%	79.6%	★★	↓	72.5%	86.2%
CIS–3	Q,A,T	81.7%	82.3%	★★★	↔	63.5%	82.0%
LBP	Q	87.8%	80.7%	★★	↓	72.0%	84.1%
PPC–Pre	Q,A,T	81.7%	83.5%	★★	↔	80.3%	92.7%
PPC–Pst	Q,A,T	74.4%	77.6%	★★★	↔	58.7%	74.4%
URI	Q	90.4%	93.2%	★★	↑	82.1%	94.9%
W34	Q,A,T	73.3%	74.4%	★★	↔	65.9%	82.5%
WCC–BMI	Q	55.0%	59.1%	★★	↔	13.0%	63.0%
WCC–N	Q	65.9%	72.5%	★★★	↑	34.3%	67.9%
WCC–PA	Q	11.6%	39.2%	★★	↑	22.9%	56.7%

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[4] HEDIS 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
[5] Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.

Performance Measure Result Findings

Overall, CenCal demonstrated average performance across the entire plan; however, CenCal Santa Barbara performed better than CenCal San Luis Obispo for the second year in a row. CenCal had only three measures (*Cervical Cancer Screening*, *HbA1c Testing*, and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) fall below the national Medicaid 25th percentiles in San Luis Obispo County, while six measures came in above the national Medicaid 90th percentiles in Santa Barbara County. The plan had six measures with statistically significant increases and eight measures that had statistically significant decreases in 2011.

HEDIS Improvement Plans

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

For plan measure rates that required a 2010 HEDIS improvement plan, HSAG compared the plan's 2010 improvement plan with the plan's 2011 HEDIS scores to assess whether the plan was successful in achieving the MPL or progressing toward the MPL. In addition, HSAG assessed the plan's need to continue existing improvement plans and/or to develop new improvement plans.

In 2010, HEDIS results revealed that CenCal's San Luis Obispo County did not achieve the MPLs for two measures: *Adolescent Well-Care Visits* and *Cervical Cancer Screening*. The improvement plans for these two measures were new, as the plan was above the MPLs for these measures in 2009.

Adolescent Well-Care Visits

CenCal implemented an improvement plan targeting the *Adolescent Well-Care Visits* measure; subsequently, the rate rose by approximately six percentage points in 2011. The plan was able to provide a comprehensive improvement plan that was able to identify and address the barriers that caused the *Adolescent Well-Care Visits* measure to fall below the MPL in 2010.

The plan was able to identify several barriers that included but were not limited to: primary care providers (PCPs) do not see the value in well teen visits, member mailing proving to be ineffective, reluctance of teen/families to seek preventive health care, and teens' fear of confidentiality and embarrassment.

CenCal implemented the "Well Teen Campaign," an incentive program that coincided with the beginning of the school year. It consisted of member mailings to teens identified as not having a

well care exam in the previous 12 months and provided lists of those same teens to their assigned PCPs. Through CenCal's PCP Incentive Program, CenCal sponsored lunch for the top-performing providers, and members were also incentivized with gift cards.

CenCal's improvement plan achieved the desired effect and was able to raise the plan's *Adolescent Well-Care Visits* rate to approximately two percentage points above the MPL in 2011.

Cervical Cancer Screening

CenCal implemented an improvement plan targeting *Cervical Cancer Screening*; as a result, the rate rose by approximately two percentage points in 2011. However, the plan was not able to provide a comprehensive improvement plan that was able to identify and address the barriers that caused *Cervical Cancer Screening* to fall below the MPL in 2010, as the 2011 rate still fell below the MPL for San Luis Obispo County.

The plan was able to identify several barriers that contributed to poor performance. The Planned Parenthood (PP) FamPACT program has allowed for PP to bill FamPACT rather than pursue insurance information that is not forthcoming. Another barrier is that many members prefer to seek care for sensitive services from Planned Parenthood. Finally, PCPs who may not feel confident performing the screening may be referring patients to other qualified providers who seek reimbursement from programs or payors other than CenCal.

CenCal implemented two interventions to address the decline in the *Cervical Cancer Screening* measure's performance:

- The plan completed development of its PCP Internet portal to give PCPs ready access to data regarding services for which members may be due, to assist in performing their own member outreach.
- The plan continued to partner with Planned Parenthood to devise methods to improve identification of its members and promote data reporting.

CenCal's improvement plan was not implemented in time to increase the 2011 *Cervical Cancer Screening* measure's rate above the MPL. CenCal will need to continue to work on interventions addressed in 2010's improvement plans as well as identify any new potential actions that will positively affect this measure's rate.

Strengths

Santa Barbara County continued to perform extremely well having six measures outperform the national Medicaid 90th percentiles. The plan also had six measures with statistically significant increases in 2011, three in each county.

Opportunities for Improvement

CenCal Health has the opportunity to improve in a few areas in future years. San Luis Obispo County had three measures (*Cervical Cancer Screening*, *Comprehensive Diabetes Care—HbA1c Testing*, and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*) fall below the MPLs. The plan also has the opportunity to address the eight measures that had statistically significant decreases between 2010 and 2011. CenCal should also revisit its improvement plan for *Cervical Cancer Screening* and modify its interventions to prevent this measure from falling below the MPL for the third consecutive year.

Conducting the Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas.

HSAG reviews each QIP using the Centers for Medicare & Medicaid Services' (CMS') validating protocol to ensure that plans design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from a QIP.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2010–June 30, 2011*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

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

Quality Improvement Projects Conducted

CenCal had two clinical QIPs in progress during the review period of July 1, 2010–June 30, 2011. The first QIP targeted the reduction of avoidable emergency room visits among members 12 months of age and older as part of the DHCS statewide collaborative QIP project. A second project, an internal QIP (IQIP), aimed at improving the documentation of weight assessment and counseling for nutrition and physical activity in children and adolescents. Both QIPs fell under the quality domain of care. Additionally, the collaborative QIP fell under the access domain of care.

The statewide collaborative QIP sought to reduce ER visits that could have been more appropriately managed by and/or referred to a PCP in an office or clinic setting. Accessing care in a primary care setting encourages timely preventive care to avoid or minimize the development of chronic disease.

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

Quality Improvement Project Validation Findings

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

Table 4.1—Quality Improvement Project Validation Activity for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2010, through June 30, 2011

Name of Project/Study	County	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Statewide Collaborative QIPs					
Reducing Avoidable Emergency Room Visits	San Luis Obispo	Annual Submission	92%	100%	*Met*
	Santa Barbara	Annual Submission	89%	100%	*Met*
Internal QIPs					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents	San Luis Obispo	Annual Submission	100%	100%	*Met*
	Santa Barbara	Annual Submission	98%	100%	*Met*

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

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

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

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

Validation results during the review period of July 1, 2010, through June 30, 2011, showed that CenCal's annual submission of its *Reducing Avoidable Emergency Room Visits* QIP for the two counties received an overall validation status of *Met* with 89 to 92 percent of all evaluation elements and 100 percent of critical elements receiving a *Met* score. For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, the two counties received an overall validation status of *Met* with 98 to 100 percent of all evaluation elements and 100 percent of critical elements receiving a *Met* score.

Table 4.2 summarizes the validation results for CenCal's QIPs across CMS protocol activities during the review period.

Table 4.2––Quality Improvement Project Outcomes for CenCal Health—San Luis Obispo and Santa Barbara Counties (Number = 4 QIPs, 2 QIP Topics) July 1, 2010, through June 30, 2011

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%
Design Total		**100%**	**0%**	**0%**
Implementation	V: Valid Sampling Techniques (if sampling is used)	100%	0%	0%
	VI: Accurate/Complete Data Collection	100%	0%	0%
	VII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total		**100%**	**0%**	**0%**
Outcomes	VIII: Sufficient Data Analysis and Interpretation	100%	0%	0%
	IX: Real Improvement Achieved	42%	8%	50%
	X: Sustained Improvement Achieved	0%	0%	100%
Outcomes Total†		**81%**	**2%**	**16%**

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

CenCal submitted Remeasurement 2 data for Santa Barbara County's *Reducing Avoidable Emergency Room Visits* QIP; therefore, HSAG assessed Activities I through X. For San Luis Obispo County's *Reducing Avoidable Emergency Room Visits* QIP and Santa Barbara County's *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, validation included Activities I through IX. Since only baseline data were submitted for San Luis Obispo County's *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, HSAG assessed Activities I through VIII.

CenCal demonstrated an accurate application of the design and implementation stages, scoring 100 percent on all evaluation elements for all seven activities. Conversely, in the outcomes stage, both counties' *Reducing Avoidable Emergency Room Visits* QIP outcome did not demonstrate statistically significant improvement; therefore, CenCal received a score of 42 percent for Activity IX. Santa Barbara County's *Reducing Avoidable Emergency Room Visits* QIP was the only QIP that could be assessed for sustained improvement. In Activity X for this QIP, CenCal did not achieve sustained improvement. Sustained improvement is defined as improvement in performance over baseline which is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect improvement when compared to the baseline results.

Quality Improvement Project Outcomes

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

Table 4.3––Quality Improvement Project Outcomes for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2010, through June 30, 2011

QIP #1—Reducing Avoidable Emergency Room Visits					
QIP Study Indicator	**County**	**Baseline Period 1/1/07–12/31/07**	**Remeasurement 1 1/1/08–12/31/08**	**Remeasurement 2 1/1/09–12/31/09**	**Sustained Improvement¥**
Percentage of avoidable ER visits€	Overall	19.2%	19.4%	21.4%*	No
	Santa Barbara	19.2%	19.6%	21.1%*	No
	San Luis Obispo	NR	18.8%	22.0%*	‡
QIP #2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents					
QIP Study Indicator	**County**	**Baseline Period 1/1/08–12/31/08**	**Remeasurement 1 1/1/09–12/31/09**	**Remeasurement 2 1/1/10–12/31/10**	**Sustained Improvement¥**
1) Percentage of members 3 to 17 years of age who had a BMI percentile documented	Santa Barbara	37.5%	55.0%*	‡	‡
2) Percentage of members 3 to 17 years of age who had documentation or a referral for nutrition counseling		44.7%	65.9%*	‡	‡
3) Percentage of members 3 to 17 years of age who had documentation or a referral for physical activity counseling		9.7%	11.6%	‡	‡

Table 4.3––Quality Improvement Project Outcomes for CenCal Health—San Luis Obispo and Santa Barbara Counties July 1, 2010, through June 30, 2011

QIP #2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents					
QIP Study Indicator	**County**	**Baseline Period 1/1/08–12/31/08**	**Remeasurement 1 1/1/09–12/31/09**	**Remeasurement 2 1/1/10–12/31/10**	**Sustained Improvement¥**
1) Percentage of members 3 to 17 years of age who had a BMI percentile documented	San Luis Obispo	NR	33.2%	‡	‡
2) Percentage of members 3 to 17 years of age who had documentation or a referral for nutrition counseling		NR	50.8%	‡	‡
3) Percentage of members 3 to 17 years of age who had documentation or a referral for physical activity counseling		NR	20.0%	‡	‡

NR—San Luis Obispo's baseline data corresponds to the same time period as Santa Barbara's Remeasurement 1 data.

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

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

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

€ The overall rate was provided for informational purposes only; validation was performed at the county level. Baseline for San Luis Obispo was 2008. Since the overall rate was calculated by combining the individual county rates, the overall baseline rate included only Santa Barbara's rate. The overall Remeasurement 1 rate consisted of San Luis Obispo's baseline rate and Santa Barbara's Remeasurement 1 rate; the overall Remeasurement 2 rate comprised San Luis Obispo's Remeasurement 1 rate and Santa Barbara's Remeasurement 2 rate.

For the *Reducing Avoidable Emergency Room Visits* QIP, the overall county results demonstrated a decline in performance, which was statistically significant. An increase in the rate for this study indicator represents a decline in performance. Santa Barbara County's rate demonstrated a statistically significant decline in performance from Remeasurement 1 to Remeasurement 2. San Luis Obispo County's rate also represented a statistically significant decline from Remeasurement 1 to Remeasurement 2. The plan implemented the statewide collaborative interventions in early 2009; however, they were not associated with any reduction in avoidable ER visits. Additionally, for the overall county outcome and Santa Barbara County's outcome from baseline to the second remeasurement period, the plan did not achieve sustained improvement.

For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, Santa Barbara County demonstrated statistically significant improvement for all three study indicators from baseline to Remeasurement 1. The plan concentrated its improvement strategies on provider interventions.

Strengths

CenCal demonstrated an excellent understanding of the design and implementation stages and received *Met* scores for all evaluation elements. The plan achieved these scores without the benefit of resubmission, indicating proficiency with the QIP validation process.

For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, Santa Barbara County demonstrated statistically significant improvement in documenting BMIs and documenting referrals for nutrition counseling. Although the plan primarily relied on literature research to identify barriers, it was able to survey providers during on-site visits to understand barriers identified by the providers.

Opportunities for Improvement

CenCal has an opportunity to improve its intervention strategies in order to achieve sustained improvement of its QIP outcomes. While barrier analysis was performed annually using plan data to identify and prioritize barriers for each measurement period, more frequent analyses may allow the plan to identify changes or trends that are not evident from an annual analysis alone.

Additionally, HSAG recommends that CenCal implement a method to evaluate the effectiveness of each intervention. Based on the evaluation results, the plan can make appropriate revisions or implement new interventions, if necessary. If the intervention evaluation demonstrates that an intervention is successful, the plan should clearly document the process used to monitor and standardize the intervention in the QIP.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Quality

The quality domain of care relates to a plan's ability to increase desired health outcomes for Medi-Cal managed care members through the provision of health care services and the plan's structural and operational characteristics.

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

The plan showed average performance in the quality domain. This assessment was based on CenCal's overall 2011 performance measure rates (which reflect 2010 measurement data), QIP outcomes, and the results of the medical performance and member rights reviews as they related to measurement and improvement.

The plan was able to report valid rates for all 2011 performance measures. CenCal had average to above-average performance in Santa Barbara County, which performed better than CenCal in San Luis Obispo County, which had only three measures below the MPLs, while Santa Barbara County had six measures above the HPLs.

Medical performance reviews showed that, overall, CenCal was compliant with standards that support delivery of quality care. The plan adequately addressed all areas that were deficient at the time of the audit close-out report. In the MRPIU review, there were no deficiencies related to quality.

QIP results showed that CenCal demonstrated an excellent understanding of the design and implementation stages and received *Met* scores for all evaluation elements. The plan achieved these scores without the benefit of resubmission, indicating proficiency with the QIP validation process.

For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, Santa Barbara County demonstrated statistically significant improvement in documenting BMIs and documenting referrals for nutrition counseling. Although the plan primarily relied on literature research to identify barriers, it was able to survey providers during on-site visits to understand barriers identified by the providers.

Access

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

Performance measures, QIP outcomes, and member satisfaction results are used to evaluate access to care. Measures such as well-care visits for children and adolescents, childhood immunizations, timeliness of prenatal care and postpartum care, cancer screening, and diabetes care fall under the domains of quality and access because members rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

The plan demonstrated average performance in the access domain. This assessment was based on a review of 2011 performance measure rates that related to access, QIP outcomes, and results of the medical performance and member rights reviews related to the availability and accessibility of care. Overall, performance measure rates for which HSAG identified a need for focused improvement efforts—*Comprehensive Diabetes Care—HbA1c Testing* , *Cervical Cancer Screening,* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*—fell under the access domain of care.

The MRPIU review found that in certain offices visited, the member's preferred language (if other than English) was not noted in the medical record. MRPIU also noted that the provider office staff did not discourage the use of family, friends, or minors as interpreters. There were no deficiencies related to access in the medical performance review.

QIP validation results during the review period of July 1, 2010, through June 30, 2011, showed that CenCal's annual submission of its *Reducing Avoidable Emergency Room Visits* QIP for the two counties received an overall validation status of *Met* with 89 to 92 percent of all evaluation elements and 100 percent of critical elements receiving a *Met* score; however, the plan did not have outcome improvement of reducing avoidable ER visits.

Timeliness

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

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

The plan demonstrated average performance in the timeliness domain of care. This assessment was based on 2011 performance measure rates for providing timely care, as well as medical performance and member rights reviews related to timeliness.

For the timeliness measures, across both counties, the plan performed above the HPLs for two measures and at or above the MPLs for seven measures. Overall, San Luis Obispo performed below Santa Barbara County.

Follow-Up on Prior Year Recommendations

The DHCS provided each plan an opportunity to outline actions taken to address recommendations made in the 2009–2010 plan-specific evaluation report. CenCal's self-reported responses are included in Appendix A.

Conclusions and Recommendations

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

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

- Ensure that providers note members' preferred languages in the medical record and that members are encouraged to use interpreters.
- Implement an internal review process to ensure that corrective action plans are fully implemented and effective.
- Address the eight HEDIS measures that had statistically significant decreases between 2010 and 2011 and the three measures that fell below the MPLs.
- Incorporate front-end edits in the transactional system to check for valid diagnosis codes.
- Implement the improvement plan for the *Cervical Cancer Screening* measure to ensure that the measure does not fall below the MPL for the third consecutive year.
- Improve intervention strategies to order to achieve sustained improvement of QIP outcomes. At a minimum, barrier analysis should be performed using plan data to identify and prioritize barriers for each measurement period. More frequent analyses may allow the plan to identify changes or trends that are not evident from an annual analysis alone. The plan should ensure that the barrier analysis is county-specific and that interventions are targeted to the county-specific barriers.
- Implement a method to evaluate the effectiveness of each intervention. Based on the evaluation results, the plan can make appropriate revisions or implement new interventions, if necessary. If the intervention evaluation demonstrates that an intervention is successful, the plan should clearly document the process used to monitor and standardize the intervention in the QIP.

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

The table (grid) on the following page provides EQR recommendations from the July 1, 2009, through June 30, 2010 Performance Evaluation Report, along with CenCal's self-reported actions that address the recommendations. Neither Health Services Advisory Group, Inc. (the external quality review organization for Medi-Cal Managed Care) nor any State agency has confirmed implementation of the actions reported by the plan in the grid.

Table A.1—Grid of CenCal's Follow-Up on EQR Recommendations From the July 1, 2009–June 30, 2010 Performance Evaluation Report

2009–2010 EQR Recommendation	CenCal's Self-Reported Actions That Address the EQR Recommendation
Enhance internal controls to ensure that all time frame requirements acknowledging receipt and resolution of member grievances are met.	CenCal Health disputed the MRPIU finding that one resolution letter was sent after the 30-day timeline, and demonstrated that all resolution letters were sent timely. The subject finding was erroneously based on review of correspondence to a member to acknowledge receipt of the member's letter of disagreement with the plan's timely resolution. This additional correspondence to the member was included in the reviewed grievance file and was mistaken by the MRPIU as a final resolution letter. The MRPIU overlooked the timely resolution letter and at the time did not question staff for an explanation.
Ensure providers are re-educated on cultural and linguistic services policies and language interpreter services.	CenCal Health has continued efforts to reeducate providers on the following: ◆ Requirements of SB853 ◆ Availability of plan-sponsored over-the-phone interpreters ◆ Availability of plan-sponsored on-site interpreters ◆ Availability of cultural and linguistic resources on the plan's Web site ◆ The use of trained vs. untrained persons as interpreters ◆ Availability of health care interpreting programs at the local city college The plan has also continued to promote the availability of the Health Care Interpreter Program for bilingual office staff. The plan has provided details about the program and contact information for providers to pursue this resource if they so choose.
Strategize to improve San Luis Obispo County's performance for the *Adolescent Well-Care Visits* and *Cervical Cancer Screening* measures, which fell below the MPL.	In San Luis Obispo County, CenCal Health improved *Adolescent Well-Care Visits* to exceed the HEDIS 2011 MPL. To continue and sustain improvement, the plan invested to develop a partnership with a vendor that specializes in mass automated member phone messaging to promote utilization of select preventive services. During 2011 automated phone messaging was implemented and completed at quarterly intervals. These interventions will continue for the foreseeable future to improve select aspects of care. Also, at the request of CenCal Health, the largest provider system in San Luis Obispo County implemented improvements to medical record documentation and member screening and recall protocols to improve utilization of pediatric preventive care, women's cancer screenings, and care for members with diabetes. To date, these efforts have proved beneficial for both aspects of care identified by the EQRO, with significant improvement anticipated based on initial measurement of services rendered in 2011.

Table A.1—Grid of CenCal's Follow-Up on EQR Recommendations From the July 1, 2009–June 30, 2010 Performance Evaluation Report

2009–2010 EQR Recommendation	CenCal's Self-Reported Actions That Address the EQR Recommendation
Follow up on recommendations for improving member satisfaction outlined in the *Medi-Cal Managed Care Program—2010 CenCal Health CAHPS Plan-Specific Report*.	CenCal Health will complete a subsequent survey in 2012 to Medi-Cal members in follow-up to CAHPS scores related to the Customer Service composite. This survey will be undertaken to verify improvement opportunities and differentiate between health plan customer service versus that of the Department of Social Services and provider sites. The current CAHPS survey does not clearly differentiate between traditional managed care functions performed by the Department of Social Services, including but not limited to enrollment, and those performed by CenCal Health. CenCal Health's CAHPS scores in relation to State of California Medi-Cal benchmarks indicate performance above the overall Medi-Cal averages for every Overall Rating and 4 of 5 Composites. "Customer Service" was the sole exception that rated 1/10 of a percentage point below the Medi-Cal average. Performance among Medi-Cal plans, therefore, is an important consideration in combination with national benchmarks, especially since the average performance of Medi-Cal plans varies from the overall national experience. CenCal Health is awaiting the "CAHPS All-Plan Comparison Report" (yet to be released to plans) to evaluate recent performance. CenCal Health has a goal to perform as a Top 10 Medi-Cal plan in each CAHPS Overall Rating and Composite Score.