Performance Evaluation Report

Santa Clara Family Health Plan

July 1, 2010–June 30, 2011

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

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1. Introduction

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 4.3 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, Santa Clara Family Health Plan ("SCFHP" or "the plan"), which delivers care in Santa Clara County, 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

SCFHP is a full-scope managed care plan in Santa Clara County. SCFHP serves members as a local initiative (LI) under the Two-Plan Model. In a Two-Plan Model county, the DHCS contracts with two managed care plans in each county to provide medical services to members. Most counties offer an LI plan and a nongovernmental, commercial health plan.

Members of the MCMC Program may enroll in either the LI plan operated by SCFHP or in the alternative commercial plan. SCFHP became operational with the MCMC Program in February 1997, and as of June 30, 2011, SCFHP had 107,393 MCMC members.[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 SCFHP'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.

For this report, HSAG reviewed the most current audit reports available as of June 30, 2011, to assess plan's compliance with State-specified standards. The State Controller's Office conducted an audit in June 2011; however, the results were not available for this review and will be included in the next evaluation report. The most recent medical performance review with audit results available was completed in May 2007, covering the review period of May 1, 2006, through April 30, 2007. HSAG reported findings from this audit in the 2008–2009 plan evaluation report.[3]

The review showed that SCFHP had audit findings in the areas of utilization management, continuity of care, availability and accessibility, member rights, and quality management. The DHCS *Medical Audit Close-Out Report* letter dated March 27, 2008, noted that the plan had fully corrected several audit deficiencies; however, some issues remained unresolved at the time of the audit close-out report.

In the area of utilization management, the plan should address two continuing deficiencies. First, it needs to update the monitoring and follow-up of referrals to specialists for all network providers. Second, SCFHP should submit an appeal process for its provider medical disputes. In the area of continuity of care, SCFHP must implement follow-up actions to improve Individual Health Education and Behavioral Assessment (IHEBA) compliance rates, implement standards for reasonable telephone waiting times, and ensure emergency services received by members are paid timely and appropriately. In the category of member rights, the plan needs to ensure that all member grievances are resolved consistently and effectively.

According to the plan's response to the follow-up on EQR recommendations in 2010, the plan has taken steps to rectify deficiencies in the areas of member rights and continuity of care, and HSAG will reassess after the June 2011 audit results are made available.

Medi-Cal Managed Care Member Rights and Program Integrity Review

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

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

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

MRPIU conducted an on-site review of SCFHP in March 2011, covering the review period of January 1, 2009, through December 31, 2010. The scope of the review included grievances, prior authorization notifications, cultural and linguistic services, marketing, and provider compliance with member rights requirements.

In the member grievances section, MRPIU identified that one file out of 50 contained a resolution letter in the member's preferred language but not in English so that verification of its adequacy was not readily possible. MRPIU noted one finding in the category of cultural and linguistic services. MRPIU observed that staff in two of the five provider offices visited indicated that they do not discourage the use of family, friends, or minors as interpreters.

Strengths

The plan resolved several areas of deficiency that were identified in the 2007 joint audit review; these areas of deficiency were addressed in the plan's 2010 Quality Improvement Program.

Opportunities for Improvement

While the plan adequately addressed some of the medical performance audit deficiencies, the plan did not fully address the following items from the corrective action plan stemming from the May 2007 medical performance report: utilization management, member rights, and continuity of care. The plan has the opportunity to improve processes, policies, and procedures in these areas. Additionally, the plan should reeducate providers on its cultural and linguistic services requirements.

Conducting the Review

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

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

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

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about SCFHP'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 SCFHP in 2011 to determine whether the plan followed the appropriate specifications to produce valid rates. The audit found all 2011 performance measure rates reportable and did not identify any areas of concern.

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

Performance Measure Results

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

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*

Table 3.2 presents a summary of SCFHP'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 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 percentile and 90th percentile, respectively. For the CDC–H9 (>9.0 percent) measure, a low rate indicates better performance, and a high rate indicates worse performance. For this measure only, the established MPL is based on Medicaid's 75th percentile and the HPL is based on the national Medicaid 10th percentile.

Table 3.2—2010–2011 Performance Measure Results for Santa Clara Family Health—Santa Clara 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	30.4%	31.4%	★★	↔	19.7%	35.9%
AWC	Q,A,T	41.0%	41.2%	★★	↔	38.8%	63.2%
BCS	Q,A	52.2%	55.4%	★★	↑	46.2%	63.8%
CCS	Q,A	72.5%	74.4%	★★	↔	61.0%	78.9%
CDC–BP	Q	61.3%	62.7%	★★	↔	53.5%	73.4%
CDC–E	Q,A	54.5%	51.5%	★★	↔	41.4%	70.1%
CDC–H8 (<8.0%)	Q	52.0%	56.4%	★★	↔	38.7%	58.8%
CDC–H9 (>9.0%)	Q	24.4%	34.7%	★★	↓	53.4%	27.7%
CDC–HT	Q,A	86.4%	84.4%	★★	↔	76.0%	90.2%
CDC–LC (<100)	Q	45.0%	51.3%	★★★	↔	27.2%	45.5%
CDC–LS	Q,A	79.0%	78.3%	★★	↔	69.3%	84.0%
CDC–N	Q,A	79.4%	76.2%	★★	↔	72.5%	86.2%
CIS–3	Q,A,T	75.8%	79.4%	★★	↔	63.5%	82.0%
LBP	Q	84.1%	82.3%	★★	↔	72.0%	84.1%
PPC–Pre	Q,A,T	84.8%	83.6%	★★	↔	80.3%	92.7%
PPC–Pst	Q,A,T	66.0%	62.7%	★★	↔	58.7%	74.4%
URI	Q	94.5%	94.8%	★★	↔	82.1%	94.9%
W34	Q,A,T	70.8%	73.6%	★★	↔	65.9%	82.5%
WCC–BMI	Q	44.7%	60.9%	★★	↑	13.0%	63.0%
WCC–N	Q	58.5%	61.8%	★★	↔	34.3%	67.9%
WCC–PA	Q	33.6%	40.0%	★★	↑	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, SCFHP had average performance results across the spectrum of HEDIS measures. Three measures had statistically significant increases from 2010 to 2011, while only one measure had a statistically significant decrease. One measure scored above the national HPL, and zero measures fell below the MPLs.

HEDIS Improvement Plans

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

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

The plan did not have any measures perform below the MPL in 2010; therefore, no HEDIS improvement plans were required in 2011.

Strengths

For the second straight year, the plan did not have any measures fall below the MPLs; and SCFHP exceeded the HPL for the *LDL-C Control (<100 mg/dL)* measure.

Opportunities for Improvement

SCFHP should explore factors that may have contributed to the statistically significant decrease for the *HbA1c Poor Control (> 9.0 Percent)* measure to ensure its performance in 2012 does not continue to decrease. The plan may also consider strategies to improve measures with scores between MPL and HPL with no statistically significant change during the 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 SCFHP's performance in providing quality, accessible, and timely care and services to its MCMC members.

Quality Improvement Projects Conducted

SCFHP 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 (ER) visits among members 12 months of age and older as part of the DHCS statewide collaborative QIP. SCFHP's second project, an internal QIP, aimed to increase the screening for obesity, thereby improving the health of members 12 to 18 years of age. Both QIPs fell under the quality and access domains of care.

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

Childhood obesity is often an indicator of reduced overall health and a risk factor for many chronic conditions. SCFHP's QIP, *Adolescent Health and Obesity Prevention*, attempted to improve the quality of care delivered to adolescents by increasing the obesity screening rate and appropriate counseling.

Quality Improvement Project Validation Findings

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

Table 4.1—Quality Improvement Project Validation Activity for Santa Clara Family Health Plan—Santa Clara County July 1, 2010, through June 30, 2011

Name of Project/Study	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Statewide Collaborative QIP				
Reducing Avoidable Emergency Room Visits	Annual Submission	84%	100%	*Met*
Internal QIPs				
Adolescent Health and Obesity Prevention	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 the annual submission by SCFHP of its *Reducing Avoidable Emergency Room Visits* QIP received an overall validation status of *Met*. The annual submission for the *Adolescent Health and Obesity Prevention* QIP also received a *Met* validation status. Neither QIP required a resubmission.

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

Table 4.2––Quality Improvement Project Average Rates* for Santa Clara Family Health Plan—Santa Clara County (Number = 2 QIP Submissions, 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	94%	6%	0%
	VII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total		**97%**	**3%**	**0%**
Outcomes	VIII: Sufficient Data Analysis and Interpretation	94%	6%	0%
	IX: Real Improvement Achieved	50%	0%	50%
	X: Sustained Improvement Achieved	50%	0%	50%
Outcomes Total†		**78%**	**4%**	**19%**

*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 may not equal 100 percent due to rounding.

SCFHP submitted Remeasurement 2 data for both QIPs; therefore, HSAG validated Activity I through Activity X. The plan demonstrated an excellent understanding of the design and implementation stages, scoring 100 percent on all applicable evaluation elements for six of the seven activities. For the outcomes stage, SCFHP was scored lower in Activity IX and Activity X for the plan's inability to achieve statistically significant improvement and sustained improvement for its *Reducing Avoidable Emergency Room Visits* QIP. Sustained improvement is defined as improvement in performance over baseline that 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 Santa Clara Family Health—Santa Clara County (Number = 2 QIP Submissions, 2 QIP Topics) July 1, 2010, through June 30, 2011

QIP #1—Reducing Avoidable Emergency Room Visits				
QIP Study Indicator	**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 ER visits that were avoidable	17.1%	20.8%*	24.8%*	No
QIP #2—Adolescent Obesity Prevention				
QIP Study Indicator	**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¥**
1) Percentage of members 12–21 years of age with documentation in the medical record of at least one BMI with a primary care practitioner, obstetrician, or gynecologist during the measurement year	23.4%	33.2%*	38.7%	Yes
2) Percentage of members 12–21 years of age with documentation in the medical record of counseling for nutrition, physical activity, healthy lifestyles, and/or weight management or referral for nutrition education, physical activity, healthy lifestyles, and/or weight management during the measurement year	33.6%	35.5%	37.2%	Yes

¥ Sustained improvement is defined as improvement in performance over baseline that 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.

*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.

SCFHP reported an increase in the percentage of avoidable ER visits from Remeasurement 1 to Remeasurement 2, reflecting a statistically significant decline in performance. Without any documented improvement from baseline to Remeasurement 2, the plan was unable to

demonstrate sustained improvement. SCFHP identified several plan-specific barriers related to reduction of avoidable ER visits; however, the plan primarily relied on the implementation of collaborative interventions which were initiated in early 2009 and did not correspond to a reduction in avoidable ER visits.

Conversely, both study indicators for the *Adolescent Health and Obesity Prevention* QIP improved from Remeasurement 1 to Remeasurement 2, although neither increase was statistically significant. The plan demonstrated sustained improvement from baseline to Remeasurement 2 for both the increased documentation of BMIs and the increased referrals for nutritional and physical activity counseling.

For the *Adolescent Health and Obesity Prevention* QIP, SCFHP conducted a barrier analysis of why there were more obese adolescents. Even if these barriers were addressed, the focus of the QIP is documentation of BMI and documentation of provider referrals for nutrition and physical activity counseling. The plan did identify barriers specific to the lack of documentation and continued numerous system and provider interventions.

Strengths

SCFHP successfully applied documentation requirements for the activities in both the design and implementation stages. The plan had partial success with its obesity QIP outcomes. Although the outcomes did not demonstrate statistically significant improvement for the most recent measurement period, the plan did achieve sustained improvement from baseline to the second remeasurement period. The rates for both the BMI documentation and the referrals for counseling remain below the plan's goals; however, the plan continues to conduct thorough barrier analyses and has developed interventions targeted to the identified barriers that may contribute to the plan's future success.

Opportunities for Improvement

For the ER statewide collaborative QIP, SCFHP identified several plan-specific barriers; however, SCFHP did not propose any interventions to address these barriers, and the plan may need to implement plan-specific interventions targeted to its population in order to achieve improvement for this 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 plan 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 supporting 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 had average performance in the quality domain. This assessment was based on SCFHP's 2011 performance measure rates (which reflect 2010 measurement data), QIP outcomes, medical performance, and member rights reviews.

The plan reported valid rates for all 2011 performance measures, and many rates remained constant between 2010 and 2011. One measure, *Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL),* performed above the HPL in 2011; and three measures had statistically significant improvement in 2011. SCFHP had no HEDIS improvement plans to complete in 2011 because 2010 results all exceeded the MPLs.

QIP validation results indicated the plan did well documenting QIP study design and implementation phases; however, the plan had challenges with improved outcomes for the *Reducing Avoidable Emergency Room Visits* QIP and has an opportunity to analyze factors preventing further improvement. The plan achieved sustained improvement for both study indicators of its *Adolescent Health and Obesity Prevention* QIP, indicating that interventions increased the number of adolescents being screened for obesity.

The Member Rights/Program Integrity Unit (MRPIU) conducted a review in March 2011, revealing the plan performed well in audit areas related to quality. The medical performance

review, conducted in May 2007, revealed noncompliance in many areas covered under the scope of the review. However, several issues were fully resolved at the close of the medical performance review. HSAG reported findings from this audit in the 2008–2009 plan evaluation report.[5]

Access

The access domain of care relates to a plan's standards, set forth by the State, to ensure availability of, and access to, all covered services for Medi-Cal managed care members. The DHCS has contract requirements for plans to ensure access and 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, 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 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 2012 performance measure rates, QIP outcomes, medical performance, member rights reviews, and member satisfaction results.

The plan performed above the MPLs and below the HPLs for all HEDIS measures related to access. One measure, *Breast Cancer Screening,* had a statistically significant increase in performance from 2010.

SCFHP's QIP, *Reducing Avoidable Emergency Room Visits,* was not able to effectively limit the access of its members to local emergency rooms for QIP measurement purposes. In contrast, the plan was able to increase and improve access to primary care providers for adolescent members through implemented interventions in its *Adolescent Health and Obesity Prevention* QIP.

Medical performance review results indicated that SCFHP was compliant in most areas of availability and accessibility of services; however, the MRPIU noted some contract providers did not discourage the use of family and friends as interpreters.

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

Timeliness

The timeliness domain of care relates to a plan's ability to make timely utilization decisions based on the clinical urgency of the situations, to minimize any disruptions to care, and to provide expedient health care services 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/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.

SCFHP demonstrated average performance in the timeliness domain of care. This assessment was based on 2010 performance measure rates, medical performance, member rights reviews, and member satisfaction results.

MRPIU results revealed no deficiencies for SCFHP related to timeliness.

Performance measure rates related to timeliness showed that the plan had average performance for the timeliness domain of care as no measures fell outside the MPL and HPL.

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. SCFHP's self-reported responses are included in Appendix A.

Conclusions and Recommendations

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

The plan showed steady performance in its HEDIS rates for 2011 and was generally compliant with documentation requirements across performance measures, QIPs, and State and federal requirements.

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

- Update the monitoring and follow-up of referrals to specialists for all network providers.
- Submit an appeal process for provider medical disputes.
- Reeducate providers on the plan's cultural and linguistic services requirements.
- Ensure all member grievances are resolved consistently and effectively.
- Explore factors contributing to the statistically significant decrease of the *HbA1c Poor Control (> 9.0 Percent)* measure to ensure its performance in 2012 does not continue to decrease.
- For the ER statewide collaborative QIP, the plan may need to implement plan-specific interventions targeted to its population to achieve improvement.

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

APPENDIX A. GRID OF PLAN'S FOLLOW-UP ON EQR RECOMMENDATIONS FROM THE JULY 1, 2009–JUNE 30, 2010 PERFORMANCE EVALUATION REPORT

for Santa Clara Family Health Plan

The table (grid) on the following page provides EQR recommendations from the July 1, 2009, through June 30, 2010 Performance Evaluation Report, along with SCFHP'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 SCFHP's Follow-Up on EQR Recommendations From the July 1, 2009–June 30, 2010 Performance Evaluation Report

2009–2010 EQR Recommendation	SCFHP's Self-Reported Actions That Address the EQR Recommendation
Examine the statistically significant decrease on the *Breast Cancer Screening* measure.	SCFHP's BCS HEDIS measure trends along with other HEDIS measure trends were presented to SCFHP's QI Committee (Oct. 2009) and other health plan committees. The committee members discussed barriers and improvement strategies. A couple of factors identified contributing to the decrease in BCS rate: (1) In the past, BCS was a hybrid measure. In 2006, BCS measure specifications switched to administrative data collection; therefore, there was no additional pursuit of medical records and breast cancer screening reports as in the past. SCFHP has a delegated medical group model that is capitated for most preventive services such as breast cancer screening. The delegated groups send encounter data, but the data received is often incomplete; (2) Members who changed PCP, GYN's and/or changed health plans and may have had breast cancer screening, but the data was not sent to SCFHP; and (3) USPSTF had changed the age guidelines when to start screening from 40 to 50 years of age. SCFHP's clinical practice guidelines for Breast Cancer Screening were not changed by the QI Committee, but the public and our members hear on the news and television about this new recommendation and the possibility of confusion about the periodicity of breast cancer screening may exist. The Breast Cancer Screening measure rate reported for 2011 increased to 55.44%.
Propose interventions to address the barriers identified in the *Reducing Avoidable Emergency Room Visits* QIP.	The ER Hospital collaboration with Santa Clara Valley Medical Center (SCVMC) provided ER census data starting 11/2009. SCFHP part-time QI Nurse made educational and informational telephone outreach calls to members seen in the ER for "avoidable ER visits," on appropriate ER use, follow-up with PCP, and education about Urgent Care Centers closest to the member's home for evening and weekend urgent care needs. From February to July 2010, 627 member calls were attempted and 235 (37.5%) of the members were contacted to discuss their experience, barriers to care, education on urgent care centers.

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

2009–2010 EQR Recommendation	SCFHP's Self-Reported Actions That Address the EQR Recommendation
Conduct a new barrier analysis focusing on improvement of the two study indicators for the *Adolescent Health and Obesity Prevention* QIP.	SCFHP presented the Adolescent Health and Obesity Prevention QIP rates to the QI Committee members and provider groups with discussion about barriers and improvement strategies. In 2010, SCFHP's governing board prioritized the focus on strategies for combating the childhood obesity epidemic. SCFHP initiated Childhood Obesity Partnership and Education (COPE) Program with internal and external workgroups in partnership with community resources focusing on interventions for children with BMI>85th and >95th percentile by developing provider/member education. SCFHP expanded the age-group to include children as young as 2 years of age. The medical director working with community leaders and clinicians formed Obesity Strategic Physician Task Force strategizing on barriers to care, interventions, outcomes, goal and methodology. Collaborative community partnership and education of providers and members would avoid duplication of efforts and maximizing the collaborative process. The Childhood Obesity Workgroup involved the health plan, community providers, community organizations such as, First Five, and other interested partners working in partnership to tackle the childhood obesity problem. IS and Medical Management initiated workgroup meetings on converting CHDP PM160 forms to standardized formats for capturing clinical data on BMI percentile/number and counseling for nutrition. SCFHP is actively involved with Santa Clara County's *Childhood Feeding Collaborative,* which is a consortium of community providers and local health leaders interested in promoting healthy childhood eating habits.
Review the 2010 plan-specific CAHPS results report and develop strategies to address all of the underperforming areas in the composite level rankings	The 2010 CAHPS survey was reviewed by the CEO and executive team, medical director, and QI Department. The CAHPS survey results were presented to the QIC in August 2010 and part of the 2010 annual QI Program evaluation. The adult survey indicated that all survey items, except for one, scored below the 25th percentile. Even though greater than 75% of the health plan membership is below the age of 21 years, the adult survey results prompted concern about access to care and perception of care provided to the adult population. Strategies for improvement have included: ◆ Encourage providers to explore open access scheduling. ◆ Discuss with delegated groups about streamlining the member referral process. ◆ Offer workshops for clinicians and physicians to help enhance their communication skills with their patients such as the childhood obesity prevention CMEs. ◆ Explore contracting with Medical Home models of care that provide and promote patient-centered, shared decision making, enhanced access, care coordination, and culturally and linguistically competent care. ◆ Explore electronic communication between patients and providers of care such as Text4Baby for member prenatal education.