

Performance Evaluation Report

CenCal Health

July 1, 2011–June 30, 2012

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

June 2013



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Performance Evaluation Report – CenCal Health

July 1, 2011 – June 30, 2012

1. INTRODUCTION

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal program, which provides managed care services to approximately 4.9 million beneficiaries (as of June 2012)¹ in the State of California through a combination of contracted full-scope and specialty managed care plans. DHCS is responsible for assessing the quality of care delivered to beneficiaries through its contracted plans, making improvements to care and services, and ensuring that contracted plans comply with federal and State standards.

The Code of Federal Regulations (CFR) at 42 CFR §438.364² requires that states use an external quality review organization (EQRO) to prepare an annual, independent technical report that analyzes and evaluates aggregated information on the health care services 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 designates each compliance review standard, performance measure, and quality improvement project (QIP) to one or more 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.

DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report on Medi-Cal Managed Care (MCMC). 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 Technical Report, July 1, 2011–June 30, 2012*, provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of plans' performance through organizational structure and operations, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care.

¹ *Medi-Cal Managed Care Enrollment Report—June 2012*. Available at: <http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>. Accessed on: January 17, 2013.

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

- ◆ Plan-specific evaluation reports include findings for each plan regarding its organizational structure and operations, 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.

This report is specific to DHCS's contracted plan, CenCal Health ("CenCal" or "the plan"), which delivers care in San Luis Obispo and Santa Barbara counties, for the review period July 1, 2011, through June 30, 2012. Actions taken by the plan subsequent to June 30, 2012, 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 Regional Health Authority, is a full-scope managed care plan operating 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, DHCS contracts with a county-organized and county-operated plan to provide medical services to MCMC beneficiaries with designated, mandatory aid codes. Under a COHS plan, MCMC beneficiaries can choose from a wide network of managed care providers.

CenCal became operational to provide MCMC services in Santa Barbara County in September 1983 and in San Luis Obispo County in March 2008. As of June 30, 2012, CenCal had 96,075 MCMC members in Santa Barbara and San Luis Obispo counties combined.³

³ *Medi-Cal Managed Care Enrollment Report—June 2012*. Available at:
<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx>

Conducting the Review

The Code of Federal Regulations (CFR) at 42 CFR §438.358 specify that the State or its EQRO must conduct a comprehensive review within a three-year period 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.

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 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 Technical Report, July 1, 2011–June 30, 2012*, provides an overview of the objectives and methodology for conducting the EQRO review.

Assessing Structure and Operations

HSAG organized, aggregated, and analyzed results from 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. DHCS's Audits and Investigations Division (A&I) and the Medical Monitoring Unit (MMU) of DHCS's Medi-Cal Managed Care Division (MMCD) have historically worked in conjunction with the Department of Managed Health Care to conduct joint audits of Medi-Cal managed care plans. In some instances, however, medical performance audits have been conducted solely by DHCS or the Department of Managed Health Care. These medical audits assess plans' compliance with contract requirements and State and federal regulations. A medical performance audit is conducted for each Medi-Cal managed care plan approximately once every three years.

HSAG reviewed the most current medical performance review reports available as of June 30, 2012, to assess the plan's compliance with State-specified standards. The most recent medical performance review was completed in November 2008 for the review period of November 1, 2007, through October 31, 2008. HSAG included a summary of the findings from the 2008 review in CenCal's 2008–2009 plan-specific evaluation report.⁴ HSAG also reported that DHCS's *Medical Audit Close-Out Report* dated September 29, 2009, indicated that all deficiencies were resolved.

In CenCal's 2010–11 plan-specific evaluation report, HSAG noted that the next A&I audit was tentatively scheduled for November 2011. According to the documentation presented at the time of this report, an A&I audit was not conducted with CenCal in 2011; therefore, no updated information is available.

Member Rights and Program Integrity Review

MMCD's Member Rights/Program Integrity Unit (MR/PIU) is responsible for monitoring plan compliance with requirements under the DHCS contract, Title 42 Code of Federal Regulations, titles 22 and 28 of the California Code of Regulations, and applicable MMCD All Plan and Policy Letters pertaining to member rights and program integrity. The MR/PIU aids plan readiness through review and approval of plans' written policies and procedures that include the areas of member grievances and appeals; prior-authorization request notifications; marketing (for non-COHS plans); Seniors and Persons with Disabilities Sensitivity training; facility site accessibility assessment; cultural and linguistic services; and program integrity (fraud and abuse prevention and detection). The MR/PIU reviews and approves processes over these areas prior to the commencement of plan operations, during plan expansion, upon contract renewal, and upon the plan's change in policy and procedures. The MR/PIU aids and monitors plan compliance through biennial on-site health plan monitoring visits that include the issuance of formal monitoring reports, provision of technical assistance, and follow-up as needed for the resolution of compliance observations and findings.

For this report, HSAG reviewed the most current medical performance reviews and MR/PIU plan monitoring reports available as of June 30, 2012. In addition, HSAG reviewed each plan's quality improvement program description, quality improvement program evaluation, and quality improvement work plan, as available and applicable, to review key activities between formal comprehensive reviews.

MR/PIU conducted an on-site review of CenCal in October 2011, covering the review period of January 1, 2010, through June 30, 2011. The scope of the review included grievances, prior

⁴ 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>.

authorization notifications, and cultural and linguistic services. HSAG summarized the findings from the MR/PIU review in the plan's 2010–11 plan-specific report.

MR/PIU noted two findings in the area of cultural and linguistic services in the 2011 review. MR/PIU did not require CenCal to respond to the findings. Instead, MR/PIU will follow up with the plan on the findings during its next review. Listed below are the findings.

Findings

- ◆ In one of the eight provider offices visited, MR/PIU noted that the member's preferred language (if other than English) was not noted in the medical record.
- ◆ MR/PIU noted that the staff members at one of eight provider offices visited did not discourage the use of family, friends, or minors as interpreters.

HSAG found the following information regarding actions the plan has taken that appear to address the findings:

- ◆ CenCal's self-report indicated that the plan's new providers are instructed to document the member's preferred language in the medical record. CenCal also indicated that continuous education related to cultural and linguistic services is provided through updates to CenCal's provider manual, reminders in newsletters, and articles on CenCal's Web site. Provider compliance is verified during the facility site review and monitoring processes.
- ◆ CenCal's self-report indicated that members are advised through the member handbook, newsletter, Web site links, and plan call center that face-to-face interpreter services are available at no cost for members who are limited English proficient (LEP). Additionally, members are encouraged not to use family members as interpreters at provider visits.
- ◆ CenCal indicated that providers are encouraged to use interpreters during CenCal's new provider orientation and basic training workshops. Should a member speak a language for which CenCal does not have face-to-face interpreters available, Certified Language Solutions International telephonic interpreting is provided to the member. CenCal also noted that the plan has a network of American Sign Language interpreters available for the hearing impaired and deaf population.

In addition to the specific actions noted above and to better implement an internal review process to ensure provider compliance with requirements and that corrective action plans (CAPs) are fully implemented and effective, CenCal indicated that the plan may review provider sites more frequently, or when determined necessary, based on prior findings. Currently, CenCal conducts facility site reviews as a requirement for participation in all CenCal programs. After the initial site review, the maximum time period before the next required site review is three years. CenCal indicated that interim monitoring occurs within this time period to verify compliance with critical elements of the site review and to follow up with findings from previous reviews.

Strengths

The plan did not have any unresolved deficiencies from the medical performance review. Also, CenCal's self-report demonstrates that the plan has taken action to address the findings in the area of cultural and linguistic services that were identified during the 2011 MR/PIU review.

Opportunities for Improvement

Although HSAG found evidence of processes the plan has implemented to ensure resolution of the findings identified during the 2011 MR/PIU review, the plan has an opportunity for improvement in the area of cultural and linguistic services. Specifically, the plan should provide a mechanism to formally assess and document whether provider education and monitoring have resulted in improved documentation of members' preferred language in the medical record and that member and provider education has resulted in all provider offices discouraging the use of family, friends, or minors as interpreters.

Conducting the Review

DHCS annually selects a set of performance measures—in consultation with contracted plans, the EQRO, and stakeholders—to evaluate the quality of care delivered by contracted plans to Medi-Cal managed care members. These DHCS-selected measures are referred to as the External Accountability Set (EAS). 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 DHCS to evaluate the accuracy of plans' reported results. Validation determines the extent to which plans followed specifications established by DHCS for its EAS-specific performance measures when calculating rates.

The *Medi-Cal Managed Care Technical Report, July 1, 2011–June 30, 2012*, provides an overview of the objectives and methodology for conducting the EQRO review.

Validating Performance Measures and Assessing Results

HSAG evaluates two aspects of performance measures for each plan. First, HSAG assesses the validity of each plan's data using protocols required by the Centers for Medicare & Medicaid Services (CMS). This process is referred to as performance measure validation. Then, HSAG organizes, aggregates, and analyzes validated performance measure data to draw conclusions about the plan's performance in providing quality, accessible, and timely care and services to its MCMC members.

Performance Measure Validation

DHCS's 2012 EAS consisted of Healthcare Effectiveness Data and Information Set (HEDIS®)⁵ measures and an internally developed measure for the statewide collaborative QIP that fell under all three domains of care—quality, access, and timeliness. HSAG performed a HEDIS Compliance Audit™ of CenCal in 2012 to determine whether the plan followed the appropriate specifications to produce valid rates.

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

Performance Measure Validation Findings

HSAG’s auditors determined that measures submitted by CenCal were prepared according to HEDIS Technical Specifications, and no issues were identified. The auditors noted that as a result of last year’s experience with data integration from the MedCapture abstraction tool, CenCal proactively worked with ViPS, the reporting data software program, to resolve these problems and improve inefficiencies.

Performance Measure Results

After validating the plan’s performance measure rates, HSAG assessed the results. The following table displays a performance measure name key with abbreviations contained in Tables 3.2 and 3.3.

Table 3.1—Performance Measures Name Key

Abbreviation	Full Name of 2012 Performance Measure
AAB	<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>
ACR	<i>All-Cause Readmissions (internally developed measure)</i>
AMB–ED	<i>Ambulatory Care—Emergency Department (ED) Visits</i>
AMB–OP	<i>Ambulatory Care—Outpatient Visits</i>
AWC	<i>Adolescent Well-Care Visits</i>
CAP–1224	<i>Children and Adolescents’ Access to Primary Care Practitioners (12–24 Months)</i>
CAP–256	<i>Children and Adolescents’ Access to Primary Care Practitioners (25 Months–6 Years)</i>
CAP–711	<i>Children and Adolescents’ Access to Primary Care Practitioners (7–11 Years)</i>
CAP–1219	<i>Children and Adolescents’ Access to Primary Care Practitioners (12–19 Years)</i>
CCS	<i>Cervical Cancer Screening</i>
CDC–BP	<i>Comprehensive Diabetes Care (CDC)—Blood Pressure Control (<140/90 mm Hg)</i>
CDC–E	<i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i>
CDC–H8 (<8.0%)	<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)</i>
CDC–H9 (>9.0%)	<i>Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)</i>
CDC–HT	<i>Comprehensive Diabetes Care—HbA1c Testing</i>
CDC–LC (<100)	<i>Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)</i>
CDC–LS	<i>Comprehensive Diabetes Care—LDL-C Screening</i>
CDC–N	<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>
CIS–3	<i>Childhood Immunization Status—Combination 3</i>
IMA–1	<i>Immunizations for Adolescents—Combination 1</i>
LBP	<i>Use of Imaging Studies for Low Back Pain</i>
MPM–ACE	<i>Annual Monitoring for Patients on Persistent Medications—ACE</i>
MPM–DIG	<i>Annual Monitoring for Patients on Persistent Medications—Digoxin</i>
MPM–DIU	<i>Annual Monitoring for Patients on Persistent Medications—Diuretics</i>
PPC–Pre	<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>
PPC–Pst	<i>Prenatal and Postpartum Care—Postpartum Care</i>
W-34	<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>

Table 3.1—Performance Measures Name Key

Abbreviation	Full Name of 2012 Performance Measure
WCC–BMI	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment: Total</i>
WCC–N	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Nutrition Counseling: Total</i>
WCC–PA	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total</i>

Tables 3.2 and 3.3 present a summary of CenCal’s HEDIS 2012 performance measure results (based on calendar year [CY] 2011 data) compared to HEDIS 2011 performance measure results (based on CY 2010 data). To create a uniform standard for assessing plans on DHCS-required performance measures, DHCS established a minimum performance level (MPL) and a high performance level (HPL) for each measure, except for first-year measures or measures that had significant specifications changes impacting comparability. The table shows the plan’s HEDIS 2012 performance compared to the DHCS-established MPLs and HPLs. While the *All-Cause Readmissions* (ACR) measure was audited to ensure valid and reliable reporting, the reported rates and analysis for this measure will be reported in an interim report of the statewide collaborative in mid-2013.

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

Table 3.2—Comparison of 2011 and 2012 Performance Measure Results for CenCal Health—San Luis Obispo County

Performance Measure ¹	Domain of Care ²	2011 HEDIS Rates ³	2012 HEDIS Rates ⁴	Performance Level for 2012	Performance Comparison ⁵	DHCS's Minimum Performance Level ⁶	DHCS's High Performance Level (Goal) ⁷
AAB	Q	34.4%	33.3%	★★★	↔	18.8%	31.6%
AMB-ED	‡	--	65.8	--	Not Comparable	--	--
AMB-OP	‡	--	343.6	--	Not Comparable	--	--
AWC	Q,A,T	41.8%	39.9%	★★	↔	39.6%	64.1%
CAP-1224	A	--	96.2%	--	Not Comparable	--	--
CAP-256	A	--	87.3%	--	Not Comparable	--	--
CAP-711	A	--	88.3%	--	Not Comparable	--	--
CAP-1219	A	--	86.1%	--	Not Comparable	--	--
CCS	Q,A	58.5%	64.8%	★★	↔	64.0%	78.7%
CDC-BP	Q	66.9%	67.6%	★★	↔	54.3%	76.0%
CDC-E	Q,A	60.8%	61.6%	★★	↔	43.8%	70.6%
CDC-H8 (<8.0%)	Q	51.3%	59.4%	★★★	↑	39.9%	59.1%
CDC-H9 (>9.0%)	Q	41.1%	32.6%	★★	↑	52.1%	29.1%
CDC-HT	Q,A	73.7%	81.0%	★★	↑	77.6%	90.9%
CDC-LC (<100)	Q	38.7%	41.4%	★★	↔	27.3%	45.9%
CDC-LS	Q,A	75.4%	78.6%	★★	↔	70.4%	84.2%
CDC-N	Q,A	79.3%	84.7%	★★	↑	73.9%	86.9%
CIS-3	Q,A,T	76.3%	76.4%	★★	↔	64.4%	82.6%
IMA-1	Q,A,T	--	60.1%	--	Not Comparable	--	--
LBP	Q	78.4%	77.9%	★★	↔	72.3%	82.3%
MPM-ACE	Q	--	82.9%	--	Not Comparable	--	--
MPM-DIG	Q	--	NA	--	Not Comparable	--	--
MPM-DIU	Q	--	82.4%	--	Not Comparable	--	--
PPC-Pre	Q,A,T	84.5%	82.8%	★★	↔	80.3%	93.2%
PPC-Pst	Q,A,T	70.4%	70.1%	★★	↔	59.6%	75.2%
W-34	Q,A,T	63.7%	69.8%	★★	↔	66.1%	82.9%
WCC-BMI	Q	47.0%	62.3%	★★	↑	19.7%	69.8%
WCC-N	Q	57.9%	59.6%	★★	↔	39.0%	72.0%
WCC-PA	Q	34.8%	47.7%	★★	↑	28.5%	60.6%

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 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
⁴ HEDIS 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
⁵ Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
⁶ DHCS'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 DHCS'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.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates a new measure in 2012; the 2011 HEDIS rate is not available; and DHCS does not apply MPLs and HPLs to new measures.
★ = 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.
↔ = No statistically significant change.
↑ = Statistically significant increase.

Table 3.3—Comparison of 2011 and 2012 Performance Measure Results for CenCal Health—Santa Barbara County

Performance Measure ¹	Domain of Care ²	2011 HEDIS Rates ³	2012 HEDIS Rates ⁴	Performance Level for 2012	Performance Comparison ⁵	DHCS's Minimum Performance Level ⁶	DHCS's High Performance Level (Goal) ⁷
AAB	Q	31.6%	29.6%	★★	↔	18.8%	31.6%
AMB-ED	‡	--	48.4	--	Not Comparable	--	--
AMB-OP	‡	--	346.6	--	Not Comparable	--	--
AWC	Q,A,T	40.9%	48.9%	★★	↑	39.6%	64.1%
CAP-1224	A	--	97.3%	--	Not Comparable	--	--
CAP-256	A	--	90.4%	--	Not Comparable	--	--
CAP-711	A	--	89.7%	--	Not Comparable	--	--
CAP-1219	A	--	87.7%	--	Not Comparable	--	--
CCS	Q,A	73.9%	71.6%	★★	↔	64.0%	78.7%
CDC-BP	Q	69.6%	69.1%	★★	↔	54.3%	76.0%
CDC-E	Q,A	70.3%	71.3%	★★★	↔	43.8%	70.6%
CDC-H8 (<8.0%)	Q	61.6%	69.3%	★★★	↑	39.9%	59.1%
CDC-H9 (>9.0%)	Q	29.0%	22.6%	★★★	↑	52.1%	29.1%
CDC-HT	Q,A	81.8%	92.2%	★★★	↑	77.6%	90.9%
CDC-LC (<100)	Q	45.7%	50.1%	★★★	↔	27.3%	45.9%
CDC-LS	Q,A	76.9%	85.2%	★★★	↑	70.4%	84.2%
CDC-N	Q,A	79.6%	87.3%	★★★	↑	73.9%	86.9%
CIS-3	Q,A,T	82.3%	85.2%	★★★	↔	64.4%	82.6%
IMA-1	Q,A,T	--	70.1%	--	Not Comparable	--	--
LBP	Q	80.7%	80.5%	★★	↔	72.3%	82.3%
MPM-ACE	Q	--	86.9%	--	Not Comparable	--	--
MPM-DIG	Q	--	NA	--	Not Comparable	--	--
MPM-DIU	Q	--	87.2%	--	Not Comparable	--	--
PPC-Pre	Q,A,T	83.5%	80.7%	★★	↔	80.3%	93.2%
PPC-Pst	Q,A,T	77.6%	76.4%	★★★	↔	59.6%	75.2%
W-34	Q,A,T	74.4%	76.0%	★★	↔	66.1%	82.9%
WCC-BMI	Q	59.1%	66.4%	★★	↑	19.7%	69.8%
WCC-N	Q	72.5%	67.9%	★★	↔	39.0%	72.0%
WCC-PA	Q	39.2%	44.8%	★★	↔	28.5%	60.6%

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 2011 rates reflect measurement year data from January 1, 2010, through December 31, 2010.
⁴ HEDIS 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
⁵ Performance comparisons are based on the Chi-Square test of statistical significance with a *p* value of <0.05.
⁶ DHCS'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 DHCS'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.
‡ This is a utilization measure, which is not assigned a domain of care.
-- Indicates a new measure in 2012; the 2011 HEDIS rate is not available; and DHCS does not apply MPLs and HPLs to new measures.
★ = 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.
↔ = No statistically significant change.
↑ = Statistically significant increase.

Performance Measure Result Findings

Overall, CenCal demonstrated above average performance across the entire plan; however, Santa Barbara County performed better than San Luis Obispo County for the third consecutive year. Across both counties, no measures fell below the MPLs. The following measures performed above the HPLs:

San Luis Obispo County

- ◆ *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- ◆ *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*

Santa Barbara County

- ◆ *Comprehensive Diabetes Care*
 - *Eye Exam (Retinal) Performed*
 - *Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*
 - *HbA1c Poor Control (>9.0 Percent)*
 - *HbA1c Testing*
 - *LDL-C Control (<100 mg/dL)*
 - *LDL-C Screening*
 - *Medical Attention for Nephropathy*
- ◆ *Childhood Immunization Status—Combination 3*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*

Both counties had statistically significant improvement in performance on the following measures from 2011 to 2012:

- ◆ *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*
- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—BMI Assessment: Total*

San Luis Obispo County also had statistically significant improvement on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Physical Activity Counseling: Total* measure. Santa Barbara County had statistically significant improvement on the *Adolescent Well-Care Visits* and *Comprehensive Diabetes Care—LDL-C Screening* measures. Both counties had no measures with a statistically significant decline in performance in 2012.

Both counties had an internal quality improvement project (QIP) aimed at increasing documentation of weight assessment and counseling for nutrition and physical activity in children and adolescents. The improvements in the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measures is likely a result of the interventions implemented as part of the QIPs. Details about these QIPs can be found in Section 4 of this report.

HEDIS Improvement Plans

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

HSAG compared the plan's 2011 IP (if one was required) with the plan's 2012 HEDIS rate for that measure 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.

Based on CenCal's 2011 performance measure rates, DHCS required the plan to submit HEDIS improvement plans for three measures for San Luis Obispo County:

- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Cervical Cancer Screening*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

HSAG reviewed San Luis Obispo County's improvement plans and assessed whether performance improved from 2011 to 2012. HSAG provides the following analysis of the plan's 2011 HEDIS improvement plans.

Comprehensive Diabetes Care—HbA1c Testing

Specific identified barriers to performing above the MPL on this measure in 2011 (measurement year 2010) included:

- ◆ The San Luis Obispo County network was new to managed care beginning in 2008. The plan described several challenges with serving the new membership, including a lack of primary care

provider (PCP) assignment under the previous service delivery model under which members were accustomed to using the emergency room (ER) for services for care that could be more appropriately provided in another setting and had a lack of continuity of care for chronic health conditions such as diabetes.

- ◆ Other challenges included geographic challenges based on San Luis Obispo County patients living in somewhat rural locations and patient compliance factors related to preventive care because San Luis Obispo County patients have a higher percentage of disability and co-morbid chronic/acute health and mental health issues that prevent them from seeing prevention as a priority.

Keeping these challenges in mind, CenCal's improvement plan focused on working with its largest provider group to identify barriers to quality and develop strategies to improve HbA1c testing rates. The plan reported implementing several activities, including the following:

- ◆ The plan collaborated with the provider group to implement a reminder system that resulted in computer-generated recall letters to inform patients of their need for diabetes blood tests. A standing order lab form was included that could be presented to any community clinic, eliminating the need for the patients to see a provider to obtain the lab order.
- ◆ Communication was sent by the clinic's nursing director to all clinical staff members informing them that patients were being recalled for diabetes labs to ensure that the staff members administered the testing and scheduled follow-up provider appointments.
- ◆ Quality improvement collaborative meetings occurred with CenCal and clinic staff members to review the provider profile reports, identify barriers to performance improvement, and develop strategies for improvement.
- ◆ CenCal monitored performance across provider sites using monthly reports, and interventions were revised based on performance results.

CenCal's improvement plan targeting *Comprehensive Diabetes Care—HbA1c Testing* in San Luis Obispo County was extremely effective. San Luis Obispo County's performance on this measure improved by more than 7 percentage points, which was statistically significant improvement over the 2011 rate. The plan will not be required to submit a HEDIS 2012 improvement plan for this measure.

Cervical Cancer Screening

This was the second year of CenCal's *Cervical Cancer Screening* improvement plan in San Luis Obispo County. When the improvement plan for this measure was initially developed in 2010, the

plan identified the following barriers specific to San Luis Obispo County performing above the MPL:

- ◆ Medi-Cal Managed Care was new to San Luis Obispo County, and there was a learning curve for providers who were used to the fee-for-service structure and for members not used to having a medical home. Additionally, the concept of preventive care was not previously known to many of the members.
- ◆ The San Luis Obispo County rate in 2008 appeared falsely comparable to the Santa Barbara County rate due to extremely small sample sizes. The plan did not begin serving Medi-Cal members in San Luis Obispo County until March 2008, and most San Luis Obispo County members who met the eligibility criteria in 2008 were previously eligible under Santa Barbara County and were already established with a plan and a PCP.
- ◆ Providers and members had knowledge deficits regarding cervical cancer screening.

CenCal's primary intervention was member outreach via an automated telephone messaging vendor. CenCal also reported that it partnered with a women's health care provider group in San Luis Obispo County to improve cervical cancer screening rates. Finally, CenCal reported success with PCP profiling and coaching and indicated that it has plans to expand this process.

The plan's efforts resulted in the rate on the *Cervical Cancer Screening* measure improving by approximately 6 percentage points, which resulted in a rate above the MPL. The plan will not be required to submit a HEDIS 2012 improvement plan for this measure.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

CenCal identified three barriers that resulted in San Luis Obispo County performing below the MPL on this measure in 2011 (measurement year 2010):

- ◆ Providers who strictly follow child health and disability prevention (CHDP) periodicity, which skips exams for children aged 5, 6, and 7, may not realize the visits are covered by CenCal in those off-periodicity years.
- ◆ When a child is healthy, many parents do not understand the importance of yearly well-child exams to keep their children healthy. Many parents also do not have the ability to take time off from work to schedule appointments unless the child is sick. Additionally, parents tend to reduce the number of visits to the PCP for children aged two and older if they are healthy since children have numerous PCP visits during the first 2 years of life for immunizations and well-checkups.
- ◆ PCP availability is limited because of growing caseloads, and the PCPs do not have adequate appointment times to accommodate the well-child visits, which take more time than sick visits.

CenCal described interventions the plan implemented to improve performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, including:

- ◆ The plan established a contract with an outside vendor that specializes in outreach through automated telephone calls to provide members with education on various health-related topics. CenCal created a campaign message to be performed through the use of the vendor's automated calling system, encouraging members who have not seen their PCP in the past year to schedule an annual exam.
- ◆ CenCal included an article in the plan's provider bulletin that encouraged PCPs to reach out to their 3-to-6-year-old CenCal members who had not had a well-child appointment and schedule the appointments.
- ◆ CenCal worked with the largest PCP network in San Luis Obispo County, which sees approximately 80 percent of CenCal's pediatric population in the county, to discuss how the providers could actively conduct outreach to their members to schedule well-child visits.
- ◆ The plan met with CHDP administrators and as a result of the meeting, CHDP agreed to remind pediatric providers during CHDP trainings that children covered by CenCal can receive annual exams and are not limited to the CHDP periodicity.
- ◆ The medical director and quality improvement manager of CenCal's Health Services Department initiated PCP profile and coaching meetings for providers in the network who are performing poorly on HEDIS measures to assist with quality improvement efforts.

CenCal's improvement plan activities resulted in the rate on this measure in San Luis Obispo County improving by approximately 6 percentage points in 2012. This improvement moved the rate from below the MPL to above the MPL. CenCal will not have to submit an improvement plan for this measure in 2012.

Strengths

The plan had no measures performing below the MPLs in 2012 and no measures with statistically significant decline in performance. Santa Barbara County continued to perform extremely well, having nine measures perform above the HPLs. San Luis Obispo County had two measures perform above the HPLs. Santa Barbara and San Luis Obispo counties, combined, had thirteen measures with statistically significant increases in 2012; and all three improvement plans for San Luis Obispo County achieved the desired effect of increasing the measures above the MPLs. The plan also has demonstrated success with decreasing HbA1c rates in members with diabetes in addition to the process measure of increasing the percentage of members who receive the test. The increase in HbA1c control is a better indicator of improved health outcomes for members with diabetes.

Opportunities for Improvement

Although CenCal demonstrated above-average performance, the plan should focus attention on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure in Santa Barbara County since the rate of 80.7 percent is just slightly above the MPL of 80.3 percent.

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, DHCS and interested parties can have confidence in reported improvements that result from a QIP.

The *Medi-Cal Managed Care Technical Report, July 1, 2011–June 30, 2012* provides an overview of the objectives and methodology for conducting the EQRO review.

Validating Quality Improvement Projects and Assessing Results

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

CenCal had two clinical QIPs and one clinical QIP proposal in progress during the review period of July 1, 2011–June 30, 2012. The first QIP targeted the reduction of avoidable ER visits among members 12 months of age and older as part of the current DHCS statewide collaborative QIP. CenCal's second project, an internal QIP, aimed at improving the documentation of weight assessment and counseling for nutrition and physical activity in children and adolescents. Additionally, the plan participated in the new statewide *All-Cause Readmissions* collaborative, which focused on reducing readmissions for members aged 21 years and older. All three QIPs fell under the quality domain of care. The two statewide collaborative QIPs also fell under the access domain of care.

The current 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. At the initiation of the QIP, CenCal—Santa Barbara County had identified 5,631 ER visits that were avoidable, which was 19.2 percent of its ER visits. Likewise, CenCal—San Luis Obispo County had identified 3,053 ER visits that were avoidable, which was 18.8 percent of its ER visits. CenCal’s objective was to reduce these rates by implementing both member and provider improvement strategies. Accessing care in the primary care setting encourages timely preventive care to avoid or minimize the development of chronic disease.

The new statewide collaborative proposal focused on reducing readmissions due to all causes within 30 days of an inpatient discharge. Readmissions have been associated with the lack of proper discharge planning and poor care transition. Reducing readmissions can demonstrate improved follow-up and care management of members leading to improved health outcomes.

The weight assessment QIP targeted members 3 to 17 years of age. CenCal’s objective was to increase these rates by implementing provider improvement strategies. 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 QIP validation results and status 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, 2011, through June 30, 2012

Name of Project/Study	County	Type of Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
Statewide Collaborative QIP					
<i>Reducing Avoidable Emergency Room Visits</i>	San Luis Obispo	Annual Submission	92%	100%	<i>Met</i>
	Santa Barbara	Annual Submission	97%	100%	<i>Met</i>
<i>All-Cause Readmissions*</i>	San Luis Obispo	Proposal	Not Applicable	Not Applicable	<i>Pass</i>
	Santa Barbara	Proposal	Not Applicable	Not Applicable	<i>Pass</i>
Internal QIPs					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents</i>	San Luis Obispo	Annual Submission	100%	100%	<i>Met</i>
	Santa Barbara	Annual Submission	98%	100%	<i>Met</i>
¹ Type of Review —Designates the QIP review as a 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 <i>Met</i> validation status. ² Percentage Score of Evaluation Elements <i>Met</i> —The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i>). ³ Percentage Score of Critical Elements <i>Met</i> —The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i> . ⁴ Overall Validation Status —Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were <i>Met</i> , <i>Partially Met</i> , or <i>Not Met</i> . *During the review period, the <i>All-Cause Readmissions</i> QIP was reviewed as a <i>Pass/Fail</i> only, since the project was in its study design phase.					

Validation results during the review period of July 1, 2011, through June 30, 2012, showed that CenCal’s annual submission of its *Reducing Avoidable Emergency Room Visits* QIP for both counties received an overall validation status of *Met*. Additionally, the plan received a *Met* validation status for its *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP submission for both counties. For the *All-Cause Readmissions* proposal, the plan appropriately

submitted the common language developed for the study design phase and received a *Pass* score for both counties.

Due to unique one-time validation scoring used for the initial submission of the study design stage for the *All-Cause Readmissions* statewide collaborative proposal, these QIPs will not be included in the following QIP validation table. Additionally, since the QIPs had not progressed to the implementation stage, they will not be included in the outcomes table or discussion.

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

Table 4.2—Quality Improvement Project Average Rates* for CenCal Health—San Luis Obispo and Santa Barbara Counties (Number = 4 QIP Submissions, 2 QIP Topics) July 1, 2011, through June 30, 2012

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	94%	6%	0%
	IX: Real Improvement Achieved	88%	6%	6%
	X: Sustained Improvement Achieved	50%	0%	50%
Outcomes Total		90%	6%	4%
*The activity average rate represents the average percentage of applicable elements with a <i>Met</i> , <i>Partially Met</i> , or <i>Not Met</i> finding across all the evaluation elements for a particular activity.				

HSAG assessed Activities I through X for CenCal—San Luis Obispo and CenCal—Santa Barbara counties’ *Reducing Avoidable Emergency Room Visits* QIPs and CenCal—Santa Barbara County’s *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP. Since only the first remeasurement data were submitted for CenCal—San Luis Obispo County’s *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, HSAG assessed Activities I through IX.

CenCal demonstrated an accurate application of the design and implementation stages, scoring 100 percent on all evaluation elements for all seven activities. In Activity IX of the outcomes stage, CenCal—Santa Barbara County’s *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP was the only QIP for which one of the study outcomes did not demonstrate statistically significant improvement. However, in Activity X, Santa Barbara County’s *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP achieved sustained improvement for all three study outcomes. Conversely, CenCal’s *Reducing Avoidable Emergency Room Visits* QIPs for both counties were unable to achieve sustained improvement. 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 and Interventions

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, 2011, through June 30, 2012**

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	Remeasurement 3 1/1/10–12/31/10	Sustained Improvement [‡]
Percentage of avoidable ER visits [^]	San Luis Obispo	NR	18.8%	22.0%*	21.3%*	No
	Santa Barbara	19.2%	19.6%	21.1%*	20.2%*	No
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 [‡]	
Percentage of members 3 to 17 years of age who had	(1) a BMI percentile documented	San Luis Obispo	NR	33.2%	47.0%*	‡
	(2) documentation or a referral for nutrition counseling		NR	50.8%	57.9%*	‡
	(3) documentation or a referral for physical activity counseling		NR	20.0%	34.8%*	‡
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 [‡]	
Percentage of members 3 to 17 years of age who had	(1) a BMI percentile documented	Santa Barbara	37.5%	55.0%*	59.1%	Yes
	(2) documentation or a referral for nutrition counseling		44.7%	65.9%*	72.5%*	Yes
	(3) documentation or a referral for physical activity counseling		9.7%	11.6%	39.2%*	Yes

[^]A lower percentage indicates better performance.
^{NR}—San Luis Obispo’s baseline data corresponds to the same time period as Santa Barbara’s Remeasurement 1 data.
[‡] 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 prior measurement period (p value < 0.05).
[‡] The QIP did not progress to this phase during the review period and therefore could not be assessed.

Reducing Avoidable Emergency Room Visits QIP

For the *Reducing Avoidable Emergency Room Visits* QIP, both counties demonstrated a statistically significant decline in performance in CY 2009; however, in CY 2010, both counties reported statistically significant improvement in performance. Neither county demonstrated sustained improvement since the most recent measurement period's rate was higher than the initial rate. An increase in the rate for this study indicator represents a decline in performance. Neither county met the plan's objective of a 10 percent decrease in the percentage of avoidable ER visits over the course of the project. A critical analysis of the plan's improvement strategy led to the following observations:

- ◆ The plan conducted thorough barrier analyses and used the results of the collaborative surveys to refine its improvement strategy.
- ◆ The plan successfully implemented the statewide collaborative interventions in early 2009; however, they were not associated with any reduction in avoidable ER visits.
- ◆ The plan initiated a provider incentive program for providing after-hours visits in CY 2007. The plan was able to document an increase in visits occurring after hours. By CY 2008, 85 percent of providers offered some after-hours availability. In CY 2009, the plan mailed an After-Hours Brochure to members. During this same time period, after-hour visits increased by 57 percent in Santa Barbara County and 68 percent in San Luis Obispo County.
- ◆ In CY 2010, the plan piloted a project with a hospital in Santa Barbara where ER physicians would distribute the After-Hours Brochure and the "What to Do When Your Child Gets Sick" book to members at the time of an avoidable ER visit. Additionally, the ER would contact the plan which would then place a follow-up call to the member. During this time period, the avoidable ER visit rate for this hospital decreased by 9.3 percent compared to 8.3 percent for Santa Barbara County. The plan did not report whether it would expand this intervention to other hospitals or San Luis Obispo County.

The plan noted outside factors that may have affected the impact of its interventions. The plan documented the effects of the H1N1 scare on the rates of the avoidable and unavoidable ER visits. According to its calculations, the increase in avoidable ER visits in CY 2009 was largely attributed to the H1N1 epidemic and corresponded to the increase in upper respiratory infection and fever diagnoses for ER visits. Similarly, the decrease in the avoidable ER visits for CY 2010 was partly due to the end of the H1N1 scare. Outside factors aside, CenCal's evaluation of its interventions demonstrated the plan's ability to reduce avoidable ER visits. If CenCal continues its improvement strategy related to reducing avoidable ER visits and continues to evaluate its interventions, the plan should be successful at reducing avoidable ER visits in both San Luis Obispo and Santa Barbara counties in the future.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents QIP

For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* QIP, both counties demonstrated statistically significant improvement for all three study indicators from baseline to the first remeasurement period. For CenCal—Santa Barbara County, the plan maintained or exceeded the initial improvement through the second remeasurement period, demonstrating sustained improvement for the project. The plan was able to exceed the project goal of increasing each project outcome by 10 percent. A critical analysis of the plan's improvement strategy resulted in the following observations:

- ◆ Although the plan initially relied on literature research to identify barriers, it was able to survey providers during on-site visits to understand barriers identified by the providers. Barrier analyses were conducted annually.
- ◆ The plan's improvement strategies focused primarily on provider interventions such as provider detailing, education at annual Childhood Obesity Summits, distribution of the California Association of Health Plans Child & Adolescent Obesity Provider Toolkit, and direct BMI training for medical assistants. Additionally, the plan modified the forms provider offices used to document counseling for nutrition and physical activity.
- ◆ The plan's future focus is to continue to address barriers associated with provider practice.

With the implementation of any intervention and especially for multiple interventions, the plan should ensure that each intervention includes an evaluation plan. Without a method to evaluate the effectiveness of the intervention, the plan cannot determine which intervention to modify or discontinue, or when to implement new interventions, thereby reducing the likelihood of achieving project objectives and improving performance.

Strengths

CenCal demonstrated an excellent application of the design and implementation stages and received *Met* scores for all evaluation elements for both counties. 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, both counties demonstrated statistically significant improvement in BMI assessment and documentation of referrals for nutrition and physical activity counseling during the course of the project. Additionally, the improvement was sustained for CenCal—Santa Barbara County. With a more complete assessment and an improved referral process related to obesity, CenCal—Santa Barbara County has a better understanding of the obesity issues for members aged 3 to 17 years.

Opportunities for Improvement

CenCal should develop a method to evaluate each intervention before the plan implements the interventions. Using the interventions' evaluation results, the plan should determine and document the effectiveness of each intervention. The evaluation results should be the basis for any changes to the plan's improvement strategy. Without a method to evaluate the effectiveness of the intervention, the plan cannot determine which intervention to modify or discontinue or when to implement new interventions, thereby reducing the likelihood of achieving project objectives and improving performance.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

HSAG developed a standardized scoring process to evaluate each plan's performance measure rates and QIP performance uniformly when providing an overall assessment of above average, average, or below average in the areas of quality, access, and timeliness domains of care. A score is calculated for performance measure rates, QIP validation, and QIP outcomes as measured by statistical significance and sustained improvement for each domain of care. A final score, combining the performance measures scores and QIP performance scores, is then calculated for each domain of care. In addition to the performance score derived from performance measures and QIPs, HSAG uses results from the plans' medical performance and MR/PIU reviews, when applicable, to determine overall performance within each domain of care. A more detailed description of HSAG's scoring process is included in Appendix A.

Quality

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

DHCS uses the results of performance measures and quality improvement projects (QIPs) to assess care delivered to beneficiaries 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, 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.

Overall, CenCal demonstrated above average performance across the quality domain of care. The plan performed above the HPLs on 11 measures across both counties that fall into the quality domain of care, and 13 quality measures had statistically significant improvement from 2011 to 2012.

All of the plan's QIPs fell into the quality access domain of care. The plan did not have sustained improvement for its *Reducing Avoidable Emergency Room Visits* QIP; however, there was statistically significant improvement from Remeasurement 2 to Remeasurement 3. The internal QIP, *Weight*

Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, showed sustained improvement in Santa Barbara County. The internal QIP in San Luis Obispo County was not at a point in its implementation where sustained improvement could be assessed.

Finally, HSAG reviewed CenCal's 2012 quality assessment and improvement program description; and it appears that the plan has implemented processes to ensure quality care is provided to members.

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 MCMC beneficiaries. DHCS has contract requirements for plans to ensure access to and the availability of services to members and 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. Medical performance reviews, MR/PIU reviews, performance measures, and QIP outcomes 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 beneficiaries rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

Overall, CenCal demonstrated above average performance across the access domain of care. The plan performed above the HPLs on six measures across both counties that fall into the access domain of care and had statistically significant improvement on six access measures from 2011 to 2012. In addition to falling into the quality domain of care, the plan's *Reducing Avoidable Emergency Room Visits* QIP fell into the access domain of care. As described above, the plan did not have sustained improvement for this QIP; however, there was statistically significant improvement from Remeasurement 2 to Remeasurement 3, which suggests that the plan is making progress on ensuring members have access to their PCPs.

CenCal's self-report provided evidence that the plan has taken action to ensure providers are aware of the member's preferred language, which should result in members having access to services that meet their cultural and linguistic needs. Additionally, CenCal reported actions to ensure that members have access to appropriate interpreter services.

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.

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.

Overall, CenCal demonstrated average performance in the timeliness domain of care. San Luis Obispo County had average performance on all five measures falling into the timeliness domain of care, and Santa Barbara County had average performance on three timeliness measures. Santa Barbara County performed above the HPLs on two timeliness measures, *Childhood Immunization Status—Combination 3* and *Prenatal and Postpartum Care—Postpartum Care*.

Follow-Up on Prior Year Recommendations

DHCS provided each plan an opportunity to outline actions taken to address recommendations made in the 2010–2011 plan-specific evaluation report. CenCal's self-reported responses are included in Appendix B.

Recommendations

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

- ◆ Provide a mechanism to formally assess and document whether provider education and monitoring have resulted in improved documentation of members' preferred language in the medical record and that member and provider education has resulted in all provider offices discouraging the use of family, friends, or minors as interpreters.
- ◆ Focus efforts on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure in Santa Barbara County and implement interventions to prevent the measure from performing below the MPL since the measure's rate of 80.7 percent is just slightly above the MPL of 80.3 percent.
- ◆ Develop a method to evaluate each QIP intervention before implementing the interventions. Additionally, using the interventions' evaluation results, CenCal should determine and document the effectiveness of each intervention. The evaluation results should be the basis for any changes to the plan's improvement strategy.

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

Quality, Access, and Timeliness

Scale

2.5–3.0 = Above Average

1.5–2.4 = Average

1.0–1.4 = Below Average

HSAG developed a standardized scoring process to evaluate each plan's performance measure rates and QIP performance uniformly when providing an overall assessment of *Above Average*, *Average*, or *Below Average* in the areas of quality, access, and timeliness domains of care.

The detailed scoring process is outlined below.

Performance Measure Rates

(Refer to Tables 3.2 and 3.3)

Quality Domain

1. To be considered ***Above Average***, a plan cannot have more than two measures below the MPLs. Also, the plan must have at least three more measures above the HPLs than it has below the MPLs.
2. To be considered ***Average***, a plan must have an MPL and HPL net difference (i.e., the number of measures below the MPLs minus the number of measures above the HPLs) greater than negative three, if there are two or less measures below the MPLs. Or, if there are three or more measures below the MPLs, then the plan must have an MPL and HPL net difference of less than three.
3. To be considered ***Below Average***, a plan will have three or more measures below the MPLs than it has above the HPLs.

Access Domain

1. To be considered **Above Average**, a plan cannot have more than two measures below the MPLs. Also, the plan must have at least two more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**, a plan must have an MPL and HPL net difference (i.e., the number of measures below the MPLs minus and the number of measures above the HPLs) no greater than negative two, if there are two or fewer measures below the MPLs. Or, if there are three or more measures below the MPLs, then the plan must have an MPL and HPL net difference of less than two.
3. To be considered **Below Average**, a plan will have two or more measures below the MPLs than it has above the HPLs.

Timeliness Domain

1. To be considered **Above Average**, a plan cannot have more than two measures below the MPLs. Also, the plan must have at least two more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**, a plan must have an MPL and HPL net difference (i.e., the number of measures below the MPLs minus the number of measures above the HPLs) no greater than negative two, if there are two or fewer measures below the MPLs. Or, if there are three or more measures below the MPLs, then the plan must have an MPL and HPL net difference of less than two.
3. To be considered **Below Average**, a plan will have two or more measures below the MPLs than it has above the HPLs.

Quality Improvement Projects (QIPs)

(Refer to Tables 4.1 and 4.3)

- ◆ **Validation** (Table 4.1): For each QIP submission and subsequent resubmission(s), if applicable.
 - **Above Average** is not applicable.
 - **Average** = *Met* validation status.
 - **Below Average** = *Partially Met* or *Not Met* validation status.
- ◆ **Outcomes** (Table 4.3): Activity IX, Element 4—**Real Improvement**
 - **Above Average** = All study indicators demonstrated statistically significant improvement.
 - **Average** = Not all study indicators demonstrated statistically significant improvement.
 - **Below Average** = No study indicators demonstrated statistically significant improvement.

◆ **Sustained Improvement** (*Table 4.3*): Activity X—**Achieved Sustained Improvement**

- **Above Average** = All study indicators achieved sustained improvement.
- **Average** = Not all study indicators achieved sustained improvement.
- **Below Average** = No study indicators achieved sustained improvement.

Calculating Final Quality, Access, and Timeliness Scores

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

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

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

Medical performance reviews and MR/PIUs did not have scores; therefore, they are not used in calculating the overall Q, A, and T scores. The qualitative evaluation of this activity is coupled with the objective scoring for performance measures and QIPs to provide an overall designation of above average, average, and below average for each domain.

Appendix B. **Grid of Plan’s Follow-Up on EQR Recommendations From the July 1, 2010–June 30, 2011 Performance Evaluation Report**

for **CenCal Health**

The table (grid) on the following page provides EQR recommendations from the July 1, 2010, through June 30, 2011, Performance Evaluation Report, along with CenCal’s self-reported actions taken through June 30, 2012, that address the recommendations. Neither Health Services Advisory Group, Inc. nor any State agency has confirmed implementation of the actions reported by the plan in the grid.

Table B.1—Grid of CenCal's Follow-Up on EQR Recommendations From the July 1, 2010–June 30, 2011 Performance Evaluation Report

2010–2011 EQR Recommendation	CenCal's Self-Reported Actions Taken Through June 30, 2012, That Address the EQR Recommendation
<p>Implement an internal review process to ensure that corrective action plans are fully implemented and effective.</p>	<p>CenCal Health conducts facility site reviews as a requirement for participation in all CenCal Health programs. After the initial site review, the maximum time period before the next required site review is three years. Interim monitoring occurs within this time period to verify compliance with critical elements of the site review and to follow up with findings from previous reviews. CenCal Health may review sites more frequently, or when determined necessary based on prior findings.</p>
<p>Address the eight HEDIS measures that had statistically significant decreases between 2010 and 2011 and the three measures that fell below the MPLs.</p>	<p>CenCal Health implemented specific interventions to improve performance in San Luis Obispo and Santa Barbara counties. For measures reported in June 2012, CenCal Health missed no MPLs and surpassed 9 HPLs. Each of the three measures that fell below MPLs in the prior year in San Luis Obispo County improved to exceed MPLs in the subsequent 2012 reporting year. This improvement was achieved with CenCal Health's implementation of strong and timely interventions to address as priorities the three measures that fell below MPLs. Four of the eight measures that previously decreased significantly, increased in the subsequent 2012 reporting year. Three of these measures increased by a statistically significant magnitude.</p>
<p>Incorporate front-end edits in the transactional system to check for valid diagnosis codes.</p>	<p>A report and data were misinterpreted to suggest that CenCal Health's health information system allowed claim processing without edits to check the validity of provider-reported ICD-9 diagnosis codes. Subsequent to the finding, additional investigation was completed and the presence of required diagnosis code edits was confirmed; only a small proportion of data were measured to actually be invalid, and the finding was accepted in a subsequent HEDIS Compliance Audit conducted by the EQRO.</p>
<p>Implement the improvement plan for the <i>Cervical Cancer Screening</i> measure to ensure that the measure does not fall below the MPL for the third consecutive year.</p>	<p>Cervical Cancer Screening in San Luis Obispo County improved from 58.5% reported in 2011 to 64.8% reported in 2012, which surpassed the prevailing MPL. CenCal Health effectively designed and implemented the prior year's improvement plan to successfully achieve this rapid cycle improvement.</p> <p>CenCal Health continues to provide preventive health reminders to members and identify services that are past due. These reminders for providers are supplied on the coordination of care portal of CenCal Health's Web site.</p>

Table B.1—Grid of CenCal's Follow-Up on EQR Recommendations From the July 1, 2010–June 30, 2011 Performance Evaluation Report

2010–2011 EQR Recommendation	CenCal's Self-Reported Actions Taken Through June 30, 2012, That Address the EQR Recommendation
<p>Improve intervention strategies in 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.</p>	<p>Barrier analyses are performed annually for all measures with performance below expectations; and for several aspects of care measured administratively, performance and barriers are monitored quarterly. Providers with high-volume patient assignments and relative low performance were supplied individualized profiles that quantified their specific performance relative to goals. The profiles produced were provider and county-specific, and the results enabled follow-up with specific providers to improve county performance. These profiling and intervention activities were performed prior and subsequent to the audited period of performance for the referenced Plan Specific Evaluation Report.</p>
<p>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.</p>	<p>CenCal Health evaluates plan performance quarterly for aspects of care measured administratively, and monitors performance annually for all other measures. Results are analyzed quarterly by a multidisciplinary team to identify and reevaluate barriers, design and redesign interventions, and monitor improvements on a continual basis. Results are reported quarterly within the relevant committees that comprise CenCal Health's QI program structure, in advance of quarterly reporting to CenCal Health's governing board. These evaluation and reporting activities were performed prior and subsequent to the audited period of performance for the referenced Plan Specific Evaluation Report.</p>