# Performance Evaluation Report

## Family Mosaic Project

July 1, 2012–June 30, 2013

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

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# Performance Evaluation Report – Family Mosaic Project

## July 1, 2012 – June 30, 2013



## Purpose of Report

The Department of Health Care Services (DHCS) administers California's Medicaid program (Medi-Cal), which provides managed health care services to more than 5.6 million beneficiaries (as of June 2013)[1] in the State of California through a combination of contracted full-scope and specialty managed care plans (MCPs). DHCS is responsible for assessing the quality of care delivered to beneficiaries through its contracted MCPs, making improvements to care and services, and ensuring that contracted MCPs comply with federal and State standards.

The Code of Federal Regulations (CFR) at 42 CFR §438.364[2] requires that states use an external quality review organization (EQRO) to prepare an annual, independent technical report that analyzes and evaluates aggregated information on the health care services provided by the states' Medicaid MCPs. The EQRO's performance evaluation centers on federal and State-specified criteria that fall into the domains of quality, access, and timeliness and includes designation of one or more domains of care for each area reviewed as part of the compliance review process, each performance measure, and each quality improvement project (QIP). The report must contain an assessment of the strengths and weaknesses with respect to the quality and timeliness of, and access to health care services furnished to Medicaid recipients; provide recommendations for improvement; and assess the degree to which the MCPs addressed any previous recommendations.

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

- The *Medi-Cal Managed Care Program Technical Report, July 1, 2012–June 30, 2013*. This report provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of MCPs' performance through organizational structure and

[1] *Medi-Cal Managed Care Enrollment Report—June 2013*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx.

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

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

- MCP-specific evaluation reports (July 1, 2012–June 30, 2013). Each report includes findings for an MCP regarding its organizational structure and operations, performance measures, QIPs, and optional activities, including member satisfaction survey and encounter data validation results, as they relate to the quality, access, and timeliness domains of care.

This report is specific to DHCS's contracted MCP, Family Mosaic Project ("FMP" or "the MCP") for the review period July 1, 2012, through June 30, 2013. Actions taken by the MCP subsequent to June 30, 2013, regarding findings identified in this report will be included in the next annual MCP-specific evaluation report.

## Managed Care Plan Overview

FMP is a specialty MCP which provides intensive case management and wraparound services for Medi-Cal managed care children and adolescents in San Francisco County who are at risk of out-of-home placement. FMP is part of the Child, Youth, and Family System of Care operated by the City and County of San Francisco Department of Public Health, Community Behavioral Health Services. To receive services from FMP, a member must meet specific enrollment criteria, including being a San Francisco resident between 3 and 18 years of age, having serious mental health care needs, and being at imminent risk of (or already in) out-of-home placement. The MCP submits appropriate clients to DHCS for approval to be enrolled in FMP's MCMC. Once a client is approved and included under FMP's contract with DHCS, the MCP receives a per-member, per-month capitated rate to provide mental health and related wraparound services to these members.

FMP became operational in San Francisco County to provide MCMC services in February 1993. As of June 30, 2013, the plan had 94 MCMC members.[3]

Due to the MCP's unique membership, some of FMP's contract requirements have been modified from the MCMC's full-scope MCP contracts.

[3] *Medi-Cal Managed Care Enrollment Report—June 2013*. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

## Conducting the EQRO Review

The Code of Federal Regulations (CFR) at 42 CFR §438.358 specifies that the State or its EQRO must conduct a comprehensive review within a three-year period to determine a Medicaid MCP's compliance with standards established by the State related to enrollee rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards. DHCS conducts this review activity through an extensive monitoring process that assesses MCPs' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

This report section covers 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, 2012–June 30, 2013*, provides an overview of the objectives and methodology for conducting the EQRO review.

## Assessing the State's Compliance Review Activities

HSAG organized, aggregated, and analyzed results from DHCS's compliance monitoring reviews to draw conclusions about FMP'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.

For this report, HSAG reviewed the most current member rights reviews, medical performance audits, and monitoring reports available as of June 30, 2013. In addition, HSAG reviewed each MCP's quality improvement program description, quality improvement program evaluation, and quality improvement work plan, as available and applicable, to review key activities between formal comprehensive reviews. For newly established MCPs, HSAG reviewed DHCS's readiness review materials.

### *Readiness Reviews*

DHCS aids MCP readiness through review and approval of MCPs' written policies and procedures. DHCS MCP contracts reflect federal and State requirements. DHCS reviews and

approves MCP processes in these areas prior to the commencement of MCP operations, during MCP expansion into new counties, upon contract renewal, and upon the MCP's changes in policies and procedures.

### Medical Performance Audits and Member Rights Reviews

Historically, DHCS and the Department of Managed Health Care (DMHC) collaborated to conduct joint medical performance audits of Medi-Cal MCPs. In some instances, however, these audits were conducted solely by DHCS or DMHC. These medical performance audits assess MCPs' compliance with contract requirements and State and federal regulations. These audits were conducted for each Medi-Cal MCP approximately once every three years.

During this review period, DHCS began a transition of medical performance monitoring processes to enhance oversight of MCPs. Two primary changes occurred. First, DHCS's Audits & Investigation Division (A&I) began transitioning its medical performance audit frequency from once every three years to once each year. The second change, which occurred late in this report's review period (March 2013), was the phasing out of DHCS's biennial member rights/program integrity on-site reviews.[4] The biennial member rights/program integrity on-site reviews were replaced with an expanded continuous review process.

Under DHCS's new monitoring protocols, findings identified in annual A&I Medical Audits, DMHC Seniors and Persons with Disabilities (SPD) Enrollment Surveys, and other monitoring-related MCP examinations are actively and continuously monitored until full resolution is achieved. Monitoring activities under these new protocols include follow-up communications and meetings with MCPs, augmented by DHCS technical assistance for MCPs to develop meaningful corrective action plans (CAPs) that address findings.

Since DHCS was transitioning to new monitoring protocols during this reporting period, HSAG reviewed the most recent monitoring reports available as of June 30, 2013. In some cases, the most recent monitoring report available was the earlier DHCS or DMHC medical audit report (once every three-years) and/or the biennial member rights/program integrity review report. For some of the MCP-specific evaluation reports, HSAG assessed the MCP using materials produced under the new monitoring protocols.

[4] These reviews were conducted by DHCS's Medi-Cal Managed Care Member Rights & Program Integrity Unit to monitor MCP 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 the follow areas: member grievances and appeals, prior-authorization request notifications, marketing (for non-COHS MCPs), cultural and linguistic services, and program integrity (fraud and abuse prevention and detection).

### Mental Health Compliance Reviews

Due to the unique nature of FMP's membership and the MCP's emphasis on the mental health component of the services it delivers, FMP is not subject to medical performance review audits by DHCS and DMHC. FMP, as part of San Francisco County's mental health plan (MHP), is subject to review by the Division of Program Compliance—Medi-Cal Oversight, Department of Mental Health (DMH).

The most recent DMH review with FMP was conducted April 25–28, 2011. HSAG provided a detailed summary of the review and actions taken by the MCP related to the identified findings in FMP's 2011–12 MCP-specific evaluation report.

No reviews were conducted with FMP during the review period for this report.

## Strengths

Since no new reviews were conducted during the review period for this report, HSAG does not have any identified strengths related to compliance reviews.

## Opportunities for Improvement

Since no new reviews were conducted during the review period for this report, HSAG does not have any recommendations for opportunities for improvement related to compliance reviews.

## Conducting the EQRO Review

DHCS annually selects a set of performance measures for the Medi-Cal full-scope MCPs to evaluate the quality of care delivered by the contracted MCPs to Medi-Cal managed care program (MCMC) beneficiaries. DHCS consults with contracted MCPs, the EQRO, and stakeholders to determine what measures the MCPs will be required to report. The DHCS-selected measures are referred to as the External Accountability Set. DHCS requires that MCPs collect and report External Accountability Set rates, which provides a standardized method for objectively evaluating MCPs' delivery of services.

Due to the small size of specialty MCP populations, DHCS modified the performance measure requirements applied to these MCPs. Instead of requiring a specialty MCP to annually report the full list of performance measure rates as full-scope MCPs do, DHCS requires specialty MCPs to report only two performance measures. In collaboration with DHCS, a specialty MCP may select measures from the Healthcare Effectiveness Data and Information Set (HEDIS®)[5] or design a measure that is appropriate to the MCP's population. The measures put forth by the specialty MCPs are subject to approval by DHCS. Furthermore, specialty MCPs must report performance measure results specific to MCMC members.

To evaluate the accuracy of reported results, HSAG conducts validation of MCPs' performance measures as required by DHCS. Validation determines the extent to which MCPs followed specifications established by DHCS for its required performance measures when calculating rates.

The *Medi-Cal Managed Care Technical Report, July 1, 2012–June 30, 2013*, provides an overview of the objectives and methodology for conducting the EQRO review.

## Validating Performance Measures and Assessing Results

The Centers for Medicare & Medicaid Services (CMS) requires that states conduct performance measure validation of their contracted health plans to ensure that plans calculate performance measure rates according to state specifications. CMS also requires that states assess the extent to which the plans' information systems (IS) provide accurate and complete information.

To comply with the CMS requirement, DHCS contracts with HSAG to conduct validation of the selected External Accountability Set performance measures. HSAG evaluates two aspects of

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

performance measures for each MCP. First, HSAG assesses the validity of each MCP's data using protocols required by CMS.[6] This process is referred to as performance measure validation. Then, HSAG organizes, aggregates, and analyzes validated performance measure data to draw conclusions about the MCP's performance in providing quality, accessible, and timely care and services to its MCMC members.

## Performance Measure Validation

For 2013, FMP was required to report two performance measures—*Inpatient Hospitalizations* and *Out-of-Home Placements*.

HSAG conducted performance measure validation for the two performance measures that were selected, calculated, and reported by FMP. HSAG conducted the validation activities as outlined in CMS' publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012[7] (i.e., CMS Performance Measure Validation Protocol). The validation process included three phases:

- The pre-on-site phase included a review of the Information Systems Capabilities Assessment (ISCA) tool completed by FMP, supportive documentation, and source code used to calculate the performance measures. The pre-on-site phase is also used to plan for the on-site visit.
- The on-site visit included system evaluation and demonstration, review of data integration and data control, evaluation of data output files, and primary source verification of performance measure member-level files.
- The post-on-site phase included review of follow-up documentation and preliminary performance measure results, and final approval of calculations and final results.

## Performance Measure Validation Findings

The *2013 Performance Measure Validation Final Report of Findings for Family Mosaic Project* contains the detailed findings and recommendations from HSAG's performance measure validation of the two measures FMP was required to report. HSAG determined that each performance measure was fully compliant with the written specifications and was calculated accurately. A review of the MCP's performance measure validation report revealed the following observations:

- The auditor noted that FMP has become proficient in calculating the required performance measures. FMP has a data system, Avatar, which houses all previous independent databases in

[6] The CMS EQR Protocols can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html.

[7] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

one system and includes claims, membership, billing, and clinical information. This has improved FMP's efficiency with calculating and reporting performance measure data. The MCP has staff members who now have experience and capacity to support the calculation and reporting of valid and reliable performance measures.

- Based on FMP's high performance for its inpatient hospitalization rate, the auditor suggested that the MCP should begin to work to identify a new area of performance in need of improvement.

## Performance Measure Results

After validating the MCP's performance measure rates, HSAG assessed the results. Tables 3.1 and 3.2 present a summary of FMP's 2013 performance measure results (based on calendar year [CY] 2012 data) compared to 2012 performance measure results (based on CY 2011 data).

To create a uniform standard for assessing MCPs on DHCS-required performance measures, DHCS established a minimum performance level (MPL) and a high performance level (HPL) for each measure, except for utilization measures, first-year measures, or measures that had significant specifications changes impacting comparability. Additionally, since FMP's measures were developed by the MCP (i.e., they are not HEDIS measures), DHCS did not establish MPLs or HPLs for these measures since no national benchmark data exist from which to derive MPLs or HPLs.

### Inpatient Hospitalizations

#### Measure Definition

*Inpatient Hospitalizations* measures the percentage of members enrolled into FMP with one or more acute mental health inpatient hospitalizations during the measurement year. For this measure, a lower rate indicates better performance. The *Inpatient Hospitalizations* measure falls into the quality and access domains of care.

**Table 3.1—2012–13 Performance Measure Results**
**FMP—San Francisco County**
**Inpatient Hospitalization Admissions**

| Number of Admissions | | | |
|---|---|---|---|
| Year | 1 | 2 | 3+ |
| 2012 | 1.5% | 0.5% | 0% |
| 2013 | 2.9% | 0% | 0% |

### Measure Definition

*Out-of-Home Placements* measures the percentage of members enrolled in FMP who were discharged to an out-of-home placement (foster care, group home, or residential treatment facility) during the measurement period). The *Out-of-Home Placements* measure falls into the quality and access domains of care.

**Table 3.2—2012–13 Performance Measure Results**
**FMP—San Francisco County**
**Out-of-Home Placements**

| Year | 2012 | 2013 |
|---|---|---|
| Rate | 6.3% | 4.1% |

### *Performance Measure Result Findings*

For the *Inpatient Hospitalizations* measure, the rates for two and three admissions reached the maximum performance level, with both rates at 0.0 percent. The rate for one admission was at 2.9 percent. Based on FMP's strong performance on the *Inpatient Hospitalizations* measure, the MCP was directed to stop reporting on this measure starting in 2014 and identify a new measure to report for its Medi-Cal population.

The rate for the *Out-of-Home Placements* measure dropped from 6.3 percent in 2012 to 4.1 percent in 2013. Although the percentage decrease was not statistically significant, the change in the rate reflected an improvement in performance.

## Strengths

FMP reached the maximum performance level for the *Inpatient Hospitalizations* measure for two and three admissions with rates of 0.0 percent. The MCP was directed to stop reporting on this measure starting in 2014.

FMP continues to improve its performance on the *Out-of-Home Placements* measure. The MCP was able to decrease the rate from 6.3 percent in 2012 to 4.1 percent in 2013.

## Opportunities for Improvement

The MCP has the opportunity to assess the factors leading to the improvement on the *Out-of-Home Placements* measure to ensure that the efforts leading to this positive outcome are continued.

## Conducting the EQRO Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. HSAG reviews each QIP using the CMS validation protocol[8] to ensure that MCPs design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Specialty MCPs must conduct a minimum of two QIPs; however, because specialty MCPs serve unique populations that are limited in size, DHCS does not require specialty MCPs to participate in the statewide collaborative QIP. Instead, specialty MCPs are required to design and maintain two internal QIPs with the goal to improve health care quality, access, and/or timeliness for the specialty MCP's MCMC members.

The *Medi-Cal Managed Care Technical Report, July 1, 2012–June 30, 2013,* provides an overview of the objectives and methodology for conducting the EQRO review.

## Validating Quality Improvement Projects and Assessing Results

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

Beginning July 1, 2012, HSAG began using a revised QIP methodology and scoring tool to validate the QIPs. HSAG updated the methodology and tool to place greater emphasis on health care outcomes by ensuring that statistically significant improvement has been achieved before it assesses for sustained improvement. Additionally, HSAG streamlined some aspects of the scoring to make the process more efficient. With greater emphasis on improving QIP outcomes, member health, functional status, and/or satisfaction will be positively affected.

[8] The CMS Protocols can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html.

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

## Quality Improvement Project Objectives

Specialty MCPs must be engaged in two QIPs at all times. However, because specialty MCPs serve unique populations that are limited in size, DHCS does not require them to participate in the statewide collaborative QIP. Instead, specialty MCPs are required to design and maintain two internal QIPs with the goal to improve health care quality, access, and/or timeliness for the specialty MCP's beneficiaries.

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

**Table 4.1—Quality Improvement Projects for FMP**
**July 1, 2012, through June 30, 2013**

| QIP | Clinical/Nonclinical | Domains of Care |
|---|---|---|
| *Increase the Rate of School Attendance* | Nonclinical | Q |
| *Reduction of Out-of-Home Placement* | Clinical | Q |

FMP's *Increase the Rate of School Attendance* QIP focused on increasing the rate of school attendance for its members aged 6 to 18 years. Using the Child and Adolescent Needs and Strength (CANS) outcome/assessment tool, the MCP aimed to reduce the percentage of members identified in the tool as having missed school at least two days per week on average, were generally truant, or refused to go to school. FMP's data clearly showed that school attendance is a marked problem for children and youth within FMP. At the initiation of the QIP, 34 of the 55 completed CANS assessments (62.0 percent) identified school attendance as a serious need requiring action by FMP.

The *Reduction of Out-of-Home Placement* QIP focused on reducing out-of-home placements. At the initiation of the QIP in 2010, FMP reported that 11 of 81 eligible clients (13.6 percent) had an out-of-home discharge living situation code. Research has demonstrated adverse effects on the health and well-being of children and youth who are placed out-of-home in foster care, group homes, and residential treatment facilities, as well as community treatment facilities.

## Quality Improvement Project Validation Findings

Table 4.2 summarizes the QIP validation results and status across CMS protocol activities during the review period.

**Table 4.2—Quality Improvement Project Validation Activity**
**FMP—San Francisco County**
**July 1, 2012, through June 30, 2013**

| 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] |
|---|---|---|---|---|
| **Internal QIPs** | | | | |
| *Increase the Rate of School Attendance* | Annual Submission | 81% | 100% | *Met* |
| *Reduction of Out-of-Home Placement* | Annual Submission | 72% | 100% | *Partially Met* |
| | Annual Resubmission 1 | 80% | 100% | *Met* |

[1]**Type of Review**—Designates the QIP review as a proposal, annual submission, or resubmission. A resubmission means the MCP was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.
[2]**Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and noncritical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.
[3]**Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
[4]**Overall Validation Status**—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

Validation results during the review period of July 1, 2012, through June 30, 2013, showed that FMP's submission of its *Increase the Rate of School Attendance* QIP received an overall validation status of *Met* with 100 percent of critical elements and 81 percent of evaluation elements being met. FMP received a *Partially Met* validation status for its *Reduction of Out-of-Home Placement* annual submission. As of July 1, 2009, DHCS has required MCPs to resubmit their QIPs until they have achieved an overall *Met* validation status. Based on the validation feedback, FMP resubmitted the QIP and upon the subsequent validation, achieved an overall *Met* validation status with 100 percent of critical elements and 80 percent of evaluation elements being met.

Table 4.3 summarizes the aggregate validation results for FMP's QIPs across CMS protocol activities during the review period.

**Table 4.3—Quality Improvement Project Average Rates***
**FMP—San Francisco County**
**(Number = 3 QIP Submissions, 2 QIP Topics)**
**July 1, 2012, through June 30, 2013**

| QIP Study Stages | Activity | *Met* Elements | *Partially Met* Elements | *Not Met* Elements |
|---|---|---|---|---|
| Design | I: Appropriate Study Topic | 100% | 0% | 0% |
| | II: Clearly Defined, Answerable Study Question(s) | 100% | 0% | 0% |
| | III: Clearly Defined Study Indicator(s) | 100% | 0% | 0% |
| | IV: Correctly Identified Study Population | 100% | 0% | 0% |
| | V: Valid Sampling Techniques (if sampling is used) | NA | NA | NA |
| | VI: Accurate/Complete Data Collection | 90% | 10% | 0% |
| **Design Total** | | **97%** | **3%** | **0%** |
| Implementation | VII: Sufficient Data Analysis and Interpretation | 58% | 29% | 13% |
| | VIII: Appropriate Improvement Strategies | 78% | 22% | 0% |
| **Implementation Total** | | **64%** | **27%** | **9%** |
| Outcomes | IX: Real Improvement Achieved | 67% | 0% | 33% |
| | X: Sustained Improvement Achieved | Not Assessed | Not Assessed | Not Assessed |
| **Outcomes Total** | | **67%** | **0%** | **33%** |

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

HSAG validated Activities I through IX for FMP's *Increase the Rate of School Attendance* and *Reduction of Out-of-Home Placement* QIPs' annual submissions.

FMP demonstrated a strong application of the Design stage, meeting 97 percent of the requirements for all applicable evaluation elements within the study stage for both QIPs. For the *Increase the Rate of School Attendance* QIP, FMP documented that the MCP planned to use a *t* test for statistical testing; however, HSAG's recommendation was that the MCP use a Chi-square or Fisher's exact test for statistical testing. Activity VI in this QIP received a lower score based on the MCP's choice of statistical test.

The MCP had challenges with application of the Implementation stage, meeting only 64 percent of the requirements for all applicable evaluation elements. For the *Increase the Rate of School Attendance* QIP, FMP did not fully describe the data analysis plan, did not include a thorough description of the interpretation of the findings, did not perform appropriate statistical testing, or

include a description of whether or not the MCP identified factors that affected its ability to compare measurement periods, resulting in a lower score for Activity VII.

For the *Reduction of Out-of-Home Placement* QIP, FMP did not include all data analysis plan elements in its description of how the remeasurement rates will be compared to the goal or a complete description of the interpretation of the findings, resulting in a lower score for Activity VII. Additionally, even though FMP documented in the QIP Summary Form that staff continued to implement the planned interventions, the description did not include information about the success of the quality improvement actions and how the interventions were standardized and monitored as a result of those actions. This resulted in a lower score for Activity VIII.

Both the *Increase the Rate of School Attendance* and *Reduction of Out-of-Home Placement* QIPs progressed to the Outcomes stage during the reporting period. The study indicator for the *Increase the Rate of School Attendance* QIP achieved statistically significant improvement over baseline at Remeasurement 1, resulting in the QIP meeting 100 percent of all applicable evaluation elements for Activity IX. The study indicator for the *Reduction of Out-of-Home Placement* QIP demonstrated improvement at Remeasurement 2; however, the improvement was not statistically significant. Since the indicator did not achieve statistically significant improvement, the QIP received a lower score for Activity IX. It should be noted that, due to the small population numbers and the high compliance reported, the MCP would have had to have no members who were discharged to an out-of-home placement at Remeasurement 1 or only one member at Remeasurement 2 in order to achieve statistically significant improvement above the baseline rate. The change in rates was meaningful to the MCP because of how difficult it was to show statistically significant improvement with such a small population and the limited opportunity for improvement due to the high performance of the baseline rate.

Activity X was not assessed for either QIP since neither QIP could be assessed for sustained improvement, which is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period.

## Quality Improvement Project Outcomes and Interventions

Table 4.4 summarizes QIP study indicator results and displays whether statistically significant improvement was achieved over baseline and whether sustained improvement was achieved (i.e., the statistically significant improvement was maintained or improved for at least one subsequent measurement period).

**Table 4.4—Quality Improvement Project Outcomes for FMP—San Francisco County July 1, 2012, through June 30, 2013**

| QIP #1—Increase the Rate of School Attendance | | | |
|---|---|---|---|
| **Study Indicator 1:** Percentage of 6-month and discharge CANS assessments scored "2" or "3" for members 6–18 years of age^ | | | |
| **Baseline Period 1/1/10–12/31/10** | **Remeasurement 1 1/1/11–12/31/11** | **Remeasurement 2 1/1/12–12/31/12** | **Sustained Improvement¥** |
| 61.8% | 35.7%* | ‡ | ‡ |
| **QIP #2—Reduction of Out-of-Home Placement** | | | |
| **Study Indicator 1:** Percentage of members who are discharged to out-of-home placement^ | | | |
| **Baseline Period 1/1/09–12/31/09** | **Remeasurement 1 1/1/10–12/31/10** | **Remeasurement 2 1/1/11–12/31/11** | **Sustained Improvement¥** |
| 13.6% | 12.2% | 6.3% | ‡ |

^A lower rate indicates better performance.

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

* A statistically significant improvement over baseline (*p* value < 0.05).

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

## *Increase the Rate of School Attendance* QIP

FMP's objective for the *Increase the Rate of School Attendance* QIP was a 20 percent reduction in school attendance problems. The QIP study indicator achieved statistically significant improvement over baseline at Remeasurement 1, and the improvement exceeded the project goal. A review of the MCP's QIP Summary Form and QIP Validation Tool revealed the following observations:

- FMP noted that numerous staffing changes occurred in 2011, which may have caused delays in clinical care, including care needed to address school truancy.
- FMP indicated that it is looking to enhance the monitoring and oversight provided to FMP staff to ensure that effective supports for improving school attendance are being provided. The MCP indicated that if the interventions are provided in a timely and conscientious manner, they are likely to effectively address the barriers to increased school attendance.
- The MCP indicated that it observed that clients who were assessed at six months rather than nine months showed better progress toward reducing school attendance problems. The MCP

indicated that additional monitoring of care managers will be done to ensure they are delivering timely and effective support to their clients.

- The MCP did not provide all required documentation in the QIP Summary Form and did not use the correct statistical testing for the data analysis.

### *Reduction of Out-of-Home Placement* QIP

FMP's objective for the *Reduction of Out-of-Home Placement* QIP was a 10 percent decrease in out-of-home placements. The QIP has achieved a decrease in the percentage of out-of-home placements throughout the life of the QIP; however, the decrease has not been statistically significant due to the small number of clients being targeted by this QIP. While the decrease in percentage of out-of-home placements has not been statistically significant, FMP achieved its goal of a 10 percent decrease in out-of-home placements over baseline at Remeasurement 2. A review of the MCP's QIP Summary Form and QIP Validation Tool revealed the following observations:

- Although FMP documented that the MCP's staff members continued to implement the planned interventions, the narrative did not include a thorough discussion about the success of quality improvement actions and how the interventions were standardized and monitored as a result of those actions.
- FMP did not provide all required documentation in the QIP Summary Form and had to resubmit the QIP one time before it achieved a fully *Met* validation status. Although the QIP resubmission achieved a fully *Met* validation status, the MCP did not respond to all comments, resulting in some elements receiving a *Partially Met* or *Not Met* score.

NOTE: Due to the small population numbers and the high compliance reported, the MCP would have had to have no members who were discharged to an out-of-home placement at Remeasurement 1 or only one member at Remeasurement 2 in order to achieve statistically significant improvement above the baseline rate. The change in rates was meaningful to the MCP because of how difficult it was to show statistically significant improvement with such a small population and the limited opportunity for improvement due to the high performance of the baseline rate.

Due to the success of the QIP in reducing the percentage of members discharged to out-of-home placement, HSAG recommended that FMP close the QIP and identify a new area in need of improvement.

## Strengths

FMP demonstrated an excellent application of the QIP process for the Design stage. Both QIPs were successful at achieving positive outcomes, resulting in an increase in school attendance and fewer out-of-home placements.

## Opportunities for Improvement

As indicated in previous years, FMP has the opportunity to ensure that all required documentation is included in the QIP Summary Form. The MCP should refer to the QIP Completion Instructions prior to submitting the QIP to ensure completeness of the data.

## Conducting the EQRO Review

In addition to conducting mandatory federal activities, DHCS periodically assesses the perceptions and experiences of MCMC beneficiaries as part of its process for evaluating the quality of health care services. For full-scope MCPs, DHCS contracted with HSAG to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[9] survey. Specialty MCPs are required to administer their own annual consumer satisfaction survey to evaluate Medi-Cal member satisfaction regarding care and services provided by the MCPs.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2012–June 30, 2013,* provides an overview of the objectives and methodology for conducting the EQRO review.

## Findings

HSAG reviewed FMP's member satisfaction survey description, survey results, and FMP's analysis.

FMP had three separate locations during the review period. The MCP conducted a survey in 2012 for members at each location and assessed the following areas:

- General satisfaction
- Satisfaction with access to care
- Satisfaction with cultural sensitivity of staff
- Satisfaction with participation in treatment planning
- Outcomes of services
- Level of social connectedness

## Strengths

Overall, members were found to be satisfied with the MCP in the areas assessed in the survey.

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

## Opportunities for Improvement

The MCP did not provide information on areas with an opportunity for improvement; however, HSAG's review of the results found that the average rating for the outcomes of services area for the Mission Family Center location was slightly lower than the other locations, suggesting that the MCP might benefit from assessing the factors leading to the lower rating and implement strategies to improve the rating.

## Conducting the Review

Accurate and complete encounter data are critical to the success of managed care programs. The completeness and accuracy of these data are essential in DHCS's overall management and oversight of its Medi-Cal MCPs. In order to examine the extent to which encounters submitted to DHCS by MCPs are complete and accurate, DHCS contracted with HSAG to conduct an encounter data validation (EDV) study.

Since FMP does not have encounter data, the MCP was not included in the EDV study. Therefore, no additional information about the EDV study is included in this report.

## Overall Findings Regarding Health Care Quality, Access, and Timeliness

Although HSAG uses a standardized scoring process to evaluate each full-scope Medi-Cal MCP's performance measure rates and QIP performance in the areas of quality, access, and timeliness domains of care, HSAG does not use this scoring process for specialty MCPs due to the small size of the specialty MCPs' populations. To determine the degree to which specialty MCPs provide quality, accessible, and timely care to beneficiaries, HSAG assesses each specialty MCP's performance related to medical performance and MR/PIU reviews (as applicable), performance measure rates, QIP validation, QIP outcomes, and member satisfaction surveys.

### *Quality*

The quality domain of care relates to the degree to which an MCP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM)—efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.[10]

DHCS uses the results of performance measures and QIPs to assess care delivered to beneficiaries by an MCP. In addition, DHCS monitors aspects of an MCP's operational structure that support the delivery of quality care, such as the adoption of practice guidelines, a quality assessment and performance improvement program, and health information systems. DHCS also uses the results of member satisfaction surveys to assess beneficiaries' satisfaction with the quality of the health care they receive from the MCPs.

HSAG reviewed the quality documents FMP submitted as part of the process for producing this MCP-specific evaluation report. The MCP's quality improvement program structure supports the provision of quality care to the MCP's members and includes continuous quality improvement goals and processes.

[10] This definition of quality is included in Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocols Introduction: An Introduction to the External Quality Review (EQR) Protocols*, Version 1.0, September 2012. The definition is in the context of Medicaid/Children's Health Insurance Program MCOs, and was adapted from the IOM definition of quality. The CMS Protocols can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html.

Both of the MCP's required performance measures fall into the quality domain of care. The MCP reached the maximum performance level for the *Inpatient Hospitalizations* measure for two of the three indicators and, as a result, was directed to stop reporting on the measure starting in 2014. The MCP continued to improve the rate for the *Out-of-Home Placements* measure, from 6.3 percent in 2012 to 4.1 percent in 2013.

Both of FMP's QIPs—*Increase the Rate of School Attendance* and *Reduction of Out-of-Home Placement*—fall into the quality domain of care. Both QIPs were successful at achieving positive outcomes, resulting in an increase in school attendance and fewer out-of-home placements.

HSAG's review of FMP's member satisfaction survey results found that, overall, members are satisfied with the quality of services provided by the MCP.

Overall, FMP showed average performance related to the quality domain of care based on the MCP's 2013 performance measure rates (which reflect 2012 measurement data), QIP validation results, and member satisfaction survey results.

### Access

The access domain of care relates to an MCP's standards, set forth by the State, to ensure the availability of and access to all covered services for MCMC beneficiaries. DHCS has contract requirements for MCPs to ensure access to and the availability of services to their MCMC members and uses monitoring processes, including audits, to assess an MCP's compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and access to covered services. DHCS uses medical performance reviews, Medi-Cal Managed Care Division reviews, performance measures, QIP outcomes, and member satisfaction survey results to evaluate access to care.

When reviewing the quality documents FMP submitted as part of the process for producing this MCP-specific evaluation report, HSAG found activities and goals with a focus on ensuring members' access to needed services.

Both of the MCP's required performance measures fall into the access domain of care. As indicated above, the MCP reached the maximum performance level for the *Inpatient Hospitalizations* measure for two of the three indicators and, as a result, was directed to stop reporting on the measure starting in 2014. Also indicated above, the MCP continued to improve the rate for the *Out-of-Home Placements* measure, from 6.3 percent in 2012 to 4.1 percent in 2013. The performance measure results are likely an indication that members are being provided access to needed services, resulting in fewer inpatient hospital admissions and fewer out-of-home placements.

HSAG's review of FMP's member satisfaction survey results found that, overall, members are satisfied with the level of access to needed services.

Overall, FMP showed average performance related to the access domain of care based on the MCP's 2013 performance measure rates (which reflect 2012 measurement data) and member satisfaction survey results.

### *Timeliness*

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

DHCS has contract requirements for MCPs to ensure timeliness of care and uses monitoring processes, including audits and reviews, to assess MCPs' compliance with these standards in areas such as enrollee rights and protections, grievance system, continuity and coordination of care, and utilization management. In addition, performance measures that assess if a health care service is provided within a recommended period of time after a need is identified are used to assess if MCPs are ensuring timeliness of care. Member satisfaction survey results also provide information about MCMC beneficiaries' assessment of the timeliness of care delivered by providers.

FMP's quality improvement documents include descriptions of processes, goals, and objectives related to member rights, grievances, and utilization management, which all impact the timeliness of services delivered to members.

HSAG's review of FMP's member satisfaction survey results found that, overall, members are satisfied with the time it takes to receive needed services.

## Follow-Up on Prior Year Recommendations

DHCS provided each MCP an opportunity to outline actions taken to address recommendations made in the 2011–12 MCP-specific evaluation report. FMP's self-reported responses are included in Appendix A.

## Recommendations

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

- Assess the factors leading to the improvement on the *Out-of-Home Placements* measure to ensure that the efforts leading to this positive outcome are continued.
- Carefully review the QIP completion instructions prior to submitting QIPs to ensure that all required documentation is included in the QIP Summary Form.

- To improve performance related to member satisfaction:
  - Review the MCP's detailed member satisfaction survey results and determine if there are strategies the MCP can implement to improve members' overall satisfaction with FMP.
  - Assess the factors that are leading to the Mission Family Center location having a slightly lower average rating in the area of outcomes of services and implement strategies to improve the satisfaction rating.

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

# *Appendix A.* MCP's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2011–June 30, 2012 Performance Evaluation Report

*for* Family Mosaic Project

The table below provides external quality review recommendations from the July 1, 2011, through June 30, 2012, Performance Evaluation Report, along with FMP's self-reported actions taken through June 30, 2013, that address the recommendations. Neither HSAG nor any State agency has confirmed implementation of the actions reported by the MCP in the table.

**Table A.1—FMP's Self-Reported Follow-Up on External Quality Review Recommendations from the July 1, 2011–June 30, 2012 Performance Evaluation Report**

| 2011–12 External Quality Review Recommendation | FMP's Self-Reported Actions Taken through June 30, 2013, that Address the External Quality Review Recommendation |
|---|---|
| 1. Ensure that all corrective action plans to address the applicable DMH-identified deficiencies are implemented and monitored to ensure the deficiencies are fully resolved. | See attachment.<br><br>NOTE: The MCP provided HSAG with documentation of the DMH Audit Plan of Correction that includes details of the actions the MCP has taken to resolve all deficiencies. |
| 2. Improve documentation of data systems used to produce performance measure rates among the various systems used. | As of FY 2010–11 SF CBHS and FMP moved into an EHR—Avatar one data system that includes billing, clinical information, etc. FMP no longer is using various systems to produce performance measures rate. |
| 3. Develop a new performance measure to replace the *Inpatient Hospitalizations* measure since the plan's rates for this measure remain high and steady. The new measure should be developed to focus on an area of low performance in need of improvement. | FMP has already developed a new performance measure, "Depression," that has been approved by HSAG and DHCS. |
| 4. Implement a process to formally document manual processes and HEDIS audit findings, including actions taken to resolve any identified issues. | This recommendation is not applicable to FMP, as stated earlier to HSAG. HEDIS measures are applicable to primary care providers—physical health not behavioral health. |
| 5. Refer to the QIP Completion Instructions and address any deficiencies noted in the prior QIP Validation Tool before completing the annual QIP submission. | FMP has addressed all deficiencies—see QIPS submitted to HSAG. |
| 6. Plan QIP interventions at the beginning of the measurement period to maximize the time the interventions have to affect the outcomes. | Completed—see QIPS. |
| 7. Document a method to evaluate each intervention, as well as provide the results of the interventions' evaluations for each measurement period. | Completed. |