

Performance Evaluation Report
Kaiser–Sacramento County (KP Cal, LLC)
July 1, 2012–June 30, 2013

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

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Performance Evaluation Report – Kaiser–Sacramento County

July 1, 2012 – June 30, 2013

1. INTRODUCTION

Purpose of Report

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

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

- ◆ The *Medi-Cal Managed Care 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, KP Cal, LLC, in Sacramento County (commonly known as “Kaiser Permanente North” and referred to in this report as “Kaiser–Sacramento County” 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

Kaiser–Sacramento County is a full-scope MCP delivering services to its MCMC members under a Geographic Managed Care (GMC) model. In the GMC model, DHCS allows MCMC beneficiaries to select from several commercial MCPs within a specified geographic area.

Kaiser–Sacramento County became operational in Sacramento County to provide MCMC services in April 1994. As of June 30, 2013, Kaiser–Sacramento County had 42,045 MCMC members.³

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 Kaiser–Sacramento County'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).

Member Rights/Program Integrity Unit Routine Monitoring Review

The most recent routine monitoring review for Kaiser–Sacramento County was conducted August 16, 2011, through August 18, 2011, covering the review period of June 1, 2009, through May 31, 2011. HSAG reported on the detailed findings from this review in Kaiser–Sacramento County’s 2011–12 MCP-specific evaluation report. The Member Rights/Program Integrity Unit (MR/PIU) identified findings in the areas of Member Grievances and Prior Authorization Notification. MR/PIU conducted a follow-up review with Kaiser–Sacramento County on October 11, 2012. As part of the follow-up review, MR/PIU evaluated the MCP’s progress on conducting SPD cultural awareness and sensitivity training, and physical accessibility review surveys.

In a letter dated May 31, 2013, MR/PIU indicated that Kaiser–Sacramento County had taken appropriate actions to correct all findings from the August 2011 review. Additionally, the letter indicated that MR/PIU found the MCP’s progress on conducting SPD cultural awareness and sensitivity training, and physical accessibility review surveys, to be satisfactory.

SPD Enrollment Survey

The most recent SPD enrollment survey for Kaiser–Sacramento County was conducted September 10, 2012, through September 14, 2012, covering the review period of June 1, 2011, through May 31, 2012. The survey evaluated the following elements specifically related to the care of the SPD population:

- ◆ Utilization Management
- ◆ Continuity of Care
- ◆ Availability and Accessibility
- ◆ Member Rights
- ◆ Quality Management

DMHC identified one potential deficiency in the area of Continuity of Care:

- ◆ The MCP could not demonstrate that it has a California Children’s Services policy for its Northern California region.

In a letter dated August 30, 2013, DMHC indicated that on August 2, 2013, DHCS received the MCP’s response to its CAP, which addressed the finding in the area of Continuity of Care. Although the letter was issued outside the July 1, 2012, through June 30, 2013, review period for this 2012–13 MCP-specific evaluation report, HSAG includes the information since it was available and indicates resolution of the deficiency.

Strengths

Kaiser–Sacramento County resolved all outstanding findings from the August 2011 MR/PIU routine monitoring review and was found by MR/PIU to be making satisfactory progress on conducting SPD cultural awareness and sensitivity training, and physical accessibility review surveys. Additionally, the MCP resolved the deficiency from the September 2012 SPD enrollment survey.

Opportunities for Improvement

Since Kaiser–Sacramento County resolved all areas of concern identified through the most recent routine monitoring review and SPD enrollment survey, 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.

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

The *Medi-Cal Managed Care Technical Report, July 1, 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 performance measures for each MCP. First, HSAG assesses the validity of each MCP's data using protocols required by CMS.⁵ 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.

⁵ The CMS EQR Protocols can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

Performance Measure Validation

DHCS's 2013 External Accountability Set consisted of 14 Healthcare Effectiveness Data and Information Set (HEDIS[®])⁶ measures and 1 measure developed by DHCS and the MCPs, with guidance from the EQRO, to be used for the statewide collaborative QIP. Several of the 14 required measures include more than one indicator, bringing the total performance measure rates required for MCP reporting to 31. In this report, "performance measure" or "measure" (rather than indicator) is used to describe the required External Accountability Set measures. The performance measures fell under all three domains of care—quality, access, and timeliness.

HSAG performed NCQA HEDIS Compliance AuditsTM⁷ of all Medi-Cal MCPs in 2013 to determine whether the MCPs followed the appropriate specifications to produce valid rates. The audits were conducted in accordance with the *2013 NCQA HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*. NCQA specifies IS standards that detail the minimum requirements that health plans must meet, including the criteria for any manual processes used to report HEDIS information. When a Medi-Cal MCP did not meet a particular IS standard, the audit team evaluated the impact on HEDIS reporting capabilities. MCPs not fully compliant with all of the IS standards could still report measures as long as the final reported rates were not significantly biased. As part of the HEDIS Compliance Audit, HSAG also reviewed and approved the MCPs' source code, either internal or vendor created, for the *All-Cause Readmissions* statewide collaborative QIP measure, since this measure is not certified under software certification for Medicaid.

Performance Measure Validation Findings

The *HEDIS 2013 Compliance Audit Final Report of Findings for Kaiser–Sacramento County* contains the detailed findings and recommendations from HSAG's HEDIS audit. HSAG auditors determined that Kaiser–Sacramento County followed the appropriate specifications to produce valid rates, and no issues of concern were identified. The auditor noted in the MCP's HEDIS audit report that Kaiser–Sacramento County's HEDIS staff members were very experienced.

Performance Measure Results

After validating the MCP's performance measure rates, HSAG assessed the results. Table 3.1 displays a performance measure name key with abbreviations for reporting year 2013.

⁶ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁷ NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

Table 3.1—Name Key for Performance Measures in External Accountability Set

Performance Measure Abbreviation	Full Name of 2013 Reporting Year[†] Performance Measure
AAB	<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>
ACR	<i>All-Cause Readmissions[‡]</i>
AMB-ED	<i>Ambulatory Care—Emergency Department (ED) Visits</i>
AMB-OP	<i>Ambulatory Care—Outpatient 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>
CBP	<i>Controlling High Blood Pressure</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>
MMA-50	<i>Medication Management for People with Asthma—Medication Compliance 50% Total</i>
MMA-75	<i>Medication Management for People with Asthma—Medication Compliance 75% Total</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>
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>
[†] The reporting year represents the year the measure rate is reported and generally represents the previous calendar year’s data. [‡] The ACR measure is a DHCS-developed measure for use in the All-Cause Readmissions Statewide Collaborative Quality Improvement Project.	

Table 3.2 below presents a summary of Kaiser–Sacramento County’s 2013 performance measure results (based on calendar year 2012 data) compared to 2012 performance measure results (based on calendar year 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. Table 3.2 shows the MCP’s 2013 performance compared to the DHCS-established MPLs and HPLs.

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 2012 and 2013 Performance Measure Results
Kaiser–Sacramento County**

Performance Measure ¹	Domain of Care ²	2012 Rates ³	2013 Rates ⁴	Performance Level for 2013	Performance Comparison ⁵	DHCS’s Minimum Performance Level ⁶	DHCS’s High Performance Level (Goal) ⁷
AAB	Q	47.17%	54.55%	★★★	↔	18.98%	33.33%
ACR	Q, A	--	15.71%	--	Not Comparable	--	--
AMB–ED	‡	53.84	57.00	‡	Not Comparable	‡	‡
AMB–OP	‡	413.25	410.03	‡	Not Comparable	‡	‡
CAP–1224	A	99.29%	98.38%	★★	↔	95.56%	98.39%
CAP–256	A	91.81%	90.32%	★★	↓	86.62%	92.63%
CAP–711	A	91.19%	91.82%	★★	↔	87.56%	94.51%
CAP–1219	A	92.95%	92.53%	★★	↔	86.04%	93.01%
CBP	Q	--	76.40%	--	Not Comparable	--	--
CCS	Q,A	83.91%	83.10%	★★★	↔	61.81%	78.51%
CDC–BP	Q	81.69%	79.87%	★★★	↔	54.48%	75.44%
CDC–E	Q,A	71.89%	66.16%	★★	↓	45.03%	69.72%
CDC–H8 (<8.0%)	Q	61.41%	59.37%	★★★	↔	42.09%	59.37%
CDC–H9 (>9.0%)	Q	26.06%	27.30%	★★★	↔	50.31%	28.95%
CDC–HT	Q,A	95.57%	94.09%	★★★	↔	78.54%	91.13%
CDC–LC (<100)	Q	65.59%	66.79%	★★★	↔	28.47%	46.44%
CDC–LS	Q,A	94.29%	92.70%	★★★	↔	70.34%	83.45%
CDC–N	Q,A	89.44%	89.18%	★★★	↔	73.48%	86.93%

**Table 3.2—Comparison of 2012 and 2013 Performance Measure Results
Kaiser–Sacramento County**

Performance Measure ¹	Domain of Care ²	2012 Rates ³	2013 Rates ⁴	Performance Level for 2013	Performance Comparison ⁵	DHCS's Minimum Performance Level ⁶	DHCS's High Performance Level (Goal) ⁷
CIS-3	Q,A,T	82.39%	83.88%	★★★	↔	64.72%	82.48%
IMA-1	Q,A,T	80.91%	88.91%	★★★	↑	50.36%	80.91%
LBP	Q	92.05%	89.48%	★★★	↔	72.04%	82.04%
MMA-50	Q	--	56.75%	--	Not Comparable	--	--
MMA-75	Q	--	27.16%	--	Not Comparable	--	--
MPM-ACE	Q	93.04%	94.54%	★★★	↔	83.72%	91.33%
MPM-DIG	Q	NA	NA	NA	Not Comparable	87.93%	95.56%
MPM-DIU	Q	92.53%	93.99%	★★★	↔	83.19%	91.30%
PPC-Pre	Q,A,T	93.33%	91.61%	★★	↔	80.54%	93.33%
PPC-Pst	Q,A,T	75.00%	75.55%	★★★	↔	58.70%	74.73%
W-34	Q,A,T	72.22%	77.88%	★★	↑	65.51%	83.04%
WCC-BMI	Q	73.52%	89.84%	★★★	↑	29.20%	77.13%
WCC-N	Q	75.92%	89.41%	★★★	↑	42.82%	77.61%
WCC-PA	Q	75.56%	89.36%	★★★	↑	31.63%	64.87%

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 2012 rates reflect measurement year data from January 1, 2011, through December 31, 2011.
⁴ 2013 rates reflect measurement year data from January 1, 2012, through December 31, 2012.
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. No MPL or HPL is established for a utilization measure; therefore, there is no performance comparison.
-- Indicates a new measure in 2013; the 2012 rate is not available; and DHCS does not apply MPLs and HPLs to new measures; therefore, there is no performance comparison.
★ = 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.
↓ or ▼ = Statistically significant decline.
↔ = No statistically significant change.
↑ or ▲ = Statistically significant improvement.
NA = A *Not Applicable* audit finding because the MCP's denominator was too small to report (less than 30).

Seniors and Persons with Disabilities Performance Measure Results

In response to Welfare and Institutions (W&I) Code, Section 14182(b)(17),⁸ DHCS required full-scope MCPs, effective 2013, to report a separate rate for their Seniors and Persons with Disabilities (SPD) population for a selected group of performance measures (SPD measures). Reporting on these measures assists DHCS with assessing performance related to the implementation of the mandatory enrollment of Medi-Cal only SPDs into managed care. This enrollment began June 2011 and was completed by June 2012.

The SPD measures were selected by DHCS clinical staff in consultation with HSAG and stakeholders (selection team), as part of DHCS's annual HEDIS measures selection process. The selection team considered conditions seen frequently in the senior population and reflected in measures such as *All-Cause Readmissions*, *Annual Monitoring for Patients on Persistent Medications*, and *Comprehensive Diabetes Care*. The selection team also considered measures that could reflect possible access issues which could be magnified in the SPD population, such as *Children and Adolescents' Access to Primary Care Practitioners*.

The final selected SPD measures are listed below. Following the list of measures are Tables 3.3 and 3.4, which present a summary of Kaiser–Sacramento County's 2013 SPD measure results. Table 3.3 presents the non-SPD and SPD rates, a comparison of the non-SPD and SPD rates,⁹ and the total combined rate for all measures except the *Ambulatory Care* measures. Table 3.4 presents the non-SPD and SPD rates for the *Ambulatory Care—Emergency Department (ED) Visits* and *Ambulatory Care—Outpatient Visits* measures.

- ◆ *All-Cause Readmissions—Statewide Collaborative QIP*
- ◆ *Ambulatory Care—Outpatient Visits*
- ◆ *Ambulatory Care—Emergency Department (ED) Visits*
- ◆ *Annual Monitoring for Patients on Persistent Medications—ACE*
- ◆ *Annual Monitoring for Patients on Persistent Medications—Digoxin*
- ◆ *Annual Monitoring for Patients on Persistent Medications—Diuretics*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners (12–24 Months)*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners (25 Months–6 Years)*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners (7–11 Years)*

⁸ Senate Bill 208 (Steinberg et al, Chapter 714, Statutes of 2010) added W&I Code 14182(b)(17), which provides that DHCS shall develop performance measures that are required as part of the contract to provide quality indicators for the Medi-Cal population enrolled in a managed care plan and for the subset of enrollees who are seniors and persons with disabilities. Managed care plan performance measures may include measures from HEDIS; measures indicative of performance in serving special needs populations, such as the NCQA Structure and Process measures; or both.

⁹ HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test. This information is displayed in the “SPD Compared to Non-SPD” column in Table 3.3.

- ◆ *Children and Adolescents' Access to Primary Care Practitioners (12–19 Years)*
- ◆ *Comprehensive Diabetes Care (CDC)—Blood Pressure Control (<140/90 mm Hg)*
- ◆ *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- ◆ *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—LDL-C Control (<100 mg/dL)*
- ◆ *Comprehensive Diabetes Care—LDL-C Screening*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Table 3.3—2013 Performance Measure Comparison and Results for Measures Stratified by the SPD Population for Kaiser–Sacramento County

Performance Measure	Non-SPD Rate	SPD Rate	SPD Compared to Non-SPD*	Total Rate (Non-SPD and SPD)
ACR	11.63%	17.05%	↔	15.71%
CAP-1224	98.34%	NA	Not Comparable	98.38%
CAP-256	90.10%	95.58%	↑	90.32%
CAP-711	91.52%	95.56%	↑	91.82%
CAP-1219	92.23%	94.80%	↑	92.53%
CDC-BP	82.01%	80.69%	↔	79.87%
CDC-E	65.24%	70.60%	↔	66.16%
CDC-H8 (<8.0%)	50.61%	66.30%	↑	59.37%
CDC-H9 (>9.0%)	34.45%	20.05%	▲	27.30%
CDC-HT	91.46%	96.19%	↑	94.09%
CDC-LC (<100)	57.62%	73.68%	↑	66.79%
CDC-LS	89.94%	95.20%	↑	92.70%
CDC-N	85.67%	92.87%	↑	89.18%
MPM-ACE	89.80%	96.27%	↑	94.54%
MPM-DIG	NA	NA	Not Comparable	NA
MPM-DIU	90.72%	95.25%	↑	93.99%

* HSAG calculated statistical significance testing between the SPD and non-SPD rates for each measure using a Chi-square test.

↑ = SPD rates in 2013 were significantly higher than the non-SPD rates.

↓ = SPD rates in 2013 were significantly lower than the non-SPD rates.

↔ = SPD rates in 2013 were not significantly different than the non-SPD rates.

(▲ ▼) are used to indicate performance differences for *All-Cause Readmissions* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* where a decrease in the rate indicates better performance.

▼ denotes significantly *lower* performance, as denoted by a significantly higher SPD rate than the non-SPD rate.

▲ denotes significantly *higher* performance, as indicated by a significantly lower SPD rate than the non-SPD rate.

Not comparable = A rate comparison could not be made because data were not available for both populations.

Table 3.4—2013 Non-SPD and SPD Rates for Ambulatory Care Measures for Kaiser–Sacramento County

Non-SPD Visits/1,000 Member Months*		SPD Visits/1,000 Member Months*	
Outpatient Visits	Emergency Department Visits	Outpatient Visits	Emergency Department Visits
347.03	49.88	671.49	86.57
* Member months are a member's "contribution" to the total yearly membership.			

Performance Measure Result Findings

Kaiser–Sacramento County continues to demonstrate above-average performance on the required measures. The rates for 18 measures were above the HPLs in 2013 compared to 15 in 2012, and the rates for several of the measures have been above the HPLs for multiple years. No measures had rates below the MPLs, which has been the case since 2011.

The rates for the following measures improved significantly from 2012 to 2013:

- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ All three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measures

The rates for the *Children and Adolescents’ Access to Primary Care Practitioners (25 Months–6 Years)* and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measures declined significantly from 2012 to 2013; however, the rates for these measures were still above the MPLs.

Seniors and Persons with Disabilities Findings

The SPD rates for 11 of the 16 measures stratified for the SPD population were significantly better than the non-SPD rates, and no SPD rates were significantly worse than the non-SPD rates. The better rates in the SPD population are likely a result of the SPD population often having more health care needs, resulting in them being seen more regularly by providers and leading to better monitoring of care.

The *Ambulatory Care* measures are utilization measures, which can be helpful in reviewing patterns of suspected under- and overutilization of services; however, rates should be interpreted with caution as high and low rates do not necessarily indicate better or worse performance. For this reason, DHCS does not establish performance thresholds for these measures, and HSAG does not provide comparative analysis.

Improvement Plans

MCPs have a contractual requirement to perform at or above DHCS-established MPLs. DHCS assesses each MCP's rates against the MPLs and requires MCPs that have rates below these minimum levels to submit an improvement plan (IP) to DHCS. The purpose of an IP is to develop a set of strategies that will improve quality, access, and timeliness associated with the low-performing measure and positively impact the measure's rate. For each rate that falls below the MPL, the MCP must submit an IP with a detailed description of the steps it will take to improve care and the measure's rate. DHCS reviews each IP for soundness of design and potential efficacy. DHCS requires MCPs to correct and resubmit any IP that fails to meet DHCS's IP standards.

For the 2012–13 MCP-specific reports, HSAG reviewed IPs for each MCP that had rates below the MPLs for HEDIS 2012 (measurement year 2011). HSAG then reviewed the HEDIS 2013 rates (measurement year 2012) to assess whether the MCP was successful in achieving the MPLs or progressing toward the MPLs. In addition, HSAG assessed the MCP's need to continue existing IPs and/or to develop new IPs.

Since Kaiser–Sacramento County did not have any rates below the MPLs in 2012, no IPs were required. Additionally, since Kaiser–Sacramento County did not have any measures with rates below the MPLs in 2013, the MCP will not be required to submit IPs in 2013.

Strengths

Kaiser–Sacramento County continues to demonstrate excellent performance on measures, which span all three domains of care. The MCP has shown consistent performance over the past five reporting years, with the rate for only one measure falling below the MPLs in 2009 and 2010.

Opportunities for Improvement

Since Kaiser–Sacramento County had no measures with rates below the MPLs for the third consecutive year and continues to show above-average performance across most measures, HSAG has no recommendations for the MCP in the area of performance measures.

Conducting the EQRO Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. HSAG reviews each QIP using the CMS validation protocol¹⁰ to ensure that MCPs design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Full-scope MCPs must conduct a minimum of two QIPs. They must participate in the DHCS-led statewide collaborative QIP and conduct an MCP-specific (internal) QIP or an MCP-led small group collaborative QIP. MCPs that hold multiple MCMC contracts or that have a contract that covers multiple counties must conduct two QIPs for each county.

The *Medi-Cal Managed Care Technical Report, July 1, 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.

HSAG organized, aggregated, and analyzed Kaiser–Sacramento County'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.

¹⁰ The CMS Protocols can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

Quality Improvement Project Objectives

Kaiser–Sacramento County participated in the statewide collaborative QIP and had two internal QIPs in progress during the review period of July 1, 2012–June 30, 2013.

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

**Table 4.1—Quality Improvement Projects for Kaiser–Sacramento County
July 1, 2012, through June 30, 2013**

QIP	Clinical/Nonclinical	Domains of Care
<i>All-Cause Readmissions</i>	Clinical	Q, A
<i>Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents</i>	Clinical	Q, A
<i>Childhood Immunization Status</i>	Clinical	Q, A, T

The *All-Cause Readmissions* statewide collaborative QIP focused on reducing readmissions due to all causes within 30 days of an inpatient discharge for beneficiaries aged 21 years and older. Readmissions have been associated with the lack of proper discharge planning and poor care transition. Reducing readmissions can demonstrate improved follow-up and care management of members leading to improved health outcomes.

Prior to initiation of the statewide collaborative QIP, Kaiser–Sacramento County had a 30-day readmission rate of 16.85 percent among Medi-Cal beneficiaries. Kaiser–Sacramento County also found that the readmission rate for the SPD population was 18.27 percent, which was higher than the 13.00 percent rate for the non-SPD population.

The *Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents* QIP targeted beneficiaries 3 to 17 years of age. By increasing the documentation of body mass index (BMI) and nutrition and physical activity referrals, Kaiser–Sacramento County would have a better assessment of the obesity issues for the targeted age group, thereby providing an opportunity to improve the quality of care delivered to children. Childhood obesity is a condition not often addressed that can be an indicator of suboptimal preventive care. The MCP’s objective was to increase these rates by implementing member, provider, and system improvement strategies.

The *Childhood Immunization Status* QIP targeted beneficiaries who will turn 2 years of age during the measurement year. The administration of immunizations has dramatically decreased the occurrence of many diseases including diphtheria, tetanus, pertussis, and small pox. However, due to either misconceptions about immunizations’ side effects or lack of access, the number of children who have not received immunizations has increased. By understanding why children are

not receiving life-saving vaccines, Kaiser–Sacramento County hopes to increase the percentage of children who receive the recommended immunizations.

Quality Improvement Project Validation Findings

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

**Table 4.2—Quality Improvement Project Validation Activity
Kaiser–Sacramento County
July 1, 2012, through June 30, 2013**

Name of Project/Study	Type of Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
Statewide Collaborative QIP				
<i>All-Cause Readmissions</i>	Study Design Submission	90%	100%	<i>Met</i>
Internal QIPs				
<i>Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents</i>	Annual Submission	100%	100%	<i>Met</i>
<i>Childhood Immunization Status</i>	Study Design Submission	82%	100%	<i>Met</i>
¹ Type of Review —Designates the QIP review as a proposal, annual submission, or resubmission. A resubmission means the MCP was required to resubmit the QIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall <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> .				

Validation results during the review period of July 1, 2012, through June 30, 2013, showed that the study design submission by Kaiser–Sacramento County of its *All-Cause Readmissions* QIP received an overall validation status of *Met* with 100 percent of critical elements and 90 percent of evaluation elements met. Kaiser–Sacramento County also received an overall status of *Met* for its *Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents* QIP annual submission with 100 percent of both the critical and evaluation elements being met. Finally, Kaiser–Sacramento County received an overall status of *Met* for its *Childhood Immunization Status* QIP study design submission with 100 percent of critical elements and 82 percent of evaluation elements being met.

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

Table 4.3—Quality Improvement Project Average Rates*
Kaiser–Sacramento County
(Number = 3 QIP Submissions, 3 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	75%	25%	0%
Design Total		90%	10%	0%
Implementation	VII: Sufficient Data Analysis and Interpretation	100%	0%	0%
	VIII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total		100%	0%	0%
Outcomes	IX: Real Improvement Achieved	100%	0%	0%
	X: Sustained Improvement Achieved	100%	0%	0%
Outcomes Total		100%	0%	0%
*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 validated Activities I through VI for Kaiser–Sacramento County’s *All-Cause Readmissions* and *Childhood Immunization Status* QIP study design submissions and Activities I through X for the MCP’s *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents* QIP annual submission.

Kaiser–Sacramento County demonstrated a thorough application of the Design stage, meeting 90 percent of the requirements for all applicable evaluation activities within the study stage for all three QIPs. The MCP did not fully describe its data analysis plan under Activity VI for the *All-Cause Readmissions* QIP, which resulted in one element receiving a *Partially Met* score. Kaiser–Sacramento County also did not provide consistent data collection timelines or fully describe the data analysis plan for its *Childhood Immunization Status* QIP, which resulted in two elements receiving a *Partially Met* score in Activity VI. Finally, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents* QIP received *Met* scores for all elements in Activities I through VI.

Only the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* QIP progressed to the Implementation and Outcomes stages during the reporting period. Kaiser–Sacramento County received *Met* scores for all elements in Activities VII through X. The QIP indicators achieved statistically significant and sustained improvement over baseline, demonstrating that the QIP interventions were successful at improving provider documentation of BMI and nutrition and physical activity referrals.

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).

The *All-Cause Readmissions* and *Childhood Immunization Status* QIPs did not progress to the Implementation or Outcomes stage during the reporting period; therefore, no intervention or outcome information for these QIPs is included in the table or report.

**Table 4.4—Quality Improvement Project Outcomes for Kaiser–Sacramento County
July 1, 2012, through June 30, 2013**

QIP #1—Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents			
Study Indicator 1: Percentage of members 3–17 years of age who had an outpatient visit with a primary care provider and who had evidence of BMI percentile documentation in the medical record			
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[‡]
38.1%	52.8%*	73.5%**	Yes
Study Indicator 2: Percentage of members 3–17 years of age with documentation in the medical record of counseling for nutrition during the measurement year			
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[‡]
46.7%	60.3%*	75.9%**	Yes
Study Indicator 3: Percentage of members 3–17 years of age with documentation in the medical record of counseling for physical activity during the measurement year			
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[‡]
24.5%	59.8%*	75.6%**	Yes
[‡] Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. * Statistically significant improvement over baseline (<i>p</i> value < 0.05) ** A statistically significant difference between the measurement period and prior measurement period (<i>p</i> value < 0.05).			

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

For the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* QIP, Kaiser–Sacramento County demonstrated statistically significant improvement for all three study indicators from baseline to the first remeasurement period and sustained improvement from Remeasurement 1 to Remeasurement 2. A review of the MCP’s QIP Summary Form and QIP Validation Tool revealed the following observations:

- ◆ Kaiser–Sacramento County attributed the success of the QIP to implementation of standardized work processes and prompts in the electronic medical record that flag when a patient’s BMI meets the criteria for counseling.
- ◆ Although the study indicators demonstrated improvement, Kaiser–Sacramento County implemented new interventions. The MCP’s documentation included a description of how the interventions were standardized and monitored.

Since the QIP was successful at improving provider documentation of BMI and nutrition and physical activity referrals, the QIP was closed.

Strengths

Kaiser–Sacramento County demonstrated an excellent application of the QIP process for all three study stages, and each QIP achieved an overall validation status of *Met* on the first submission.

Kaiser–Sacramento County excelled at developing and implementing interventions that positively affected the rates for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* HEDIS measures and improved processes for identifying members in the study age group who need nutrition and physical activity counseling. The MCP took advantage of the QIP process to improve these measures’ outcomes and impact organizational processes.

Opportunities for Improvement

Although Kaiser–Sacramento County demonstrated an excellent application of the QIP process, the MCP has the opportunity to ensure all required documentation is included in the QIP Summary Form.

Conducting the EQRO Review

In addition to conducting mandatory federal activities, CMS provides for the administration of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹¹ survey as an optional Medicaid external quality review activity to assess MCMC beneficiaries' satisfaction with their health care services. DHCS periodically assesses the perceptions and experiences of MCMC beneficiaries as part of its process for evaluating the quality of health care services.

To assist with this assessment, DHCS contracted with HSAG to administer the CAHPS Health Plan Surveys in 2013. DHCS requires that the CAHPS survey be administered to both adult beneficiaries and the parents or caretakers of child beneficiaries at the MCP level. In 2013, HSAG administered standardized survey instruments, CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys with HEDIS supplemental item sets, to members of all full-scope 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.

Kaiser–Sacramento County's 2013 CAHPS MCP-Specific Report contains the detailed findings and recommendations from the 2013 survey. A brief summary of the findings, strengths, and opportunities for improvement is included below.

Findings

HSAG organized, aggregated, and analyzed CAHPS data to draw conclusions about Kaiser–Sacramento County's performance in providing quality, accessible, and timely care and services to its MCMC members. HSAG evaluated data on the four CAHPS global rating measures and five composite measures. The global measures (also referred to as global ratings) reflect overall member satisfaction with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., getting needed care, getting care quickly).

¹¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CAHPS Global Rating Measures:

- ◆ *Rating of Health Plan*
- ◆ *Rating of All Health Care*
- ◆ *Rating of Personal Doctor*
- ◆ *Rating of Specialist Seen Most Often*

CAHPS Composite Measures:

- ◆ *Getting Needed Care*
- ◆ *Getting Care Quickly*
- ◆ *How Well Doctors Communicate*
- ◆ *Customer Service*
- ◆ *Shared Decision Making*

Table 5.1 shows the domains of care (quality, access, timeliness) for each of the CAHPS measures.

Table 5.1—CAHPS Measures Domains of Care

Measure	Domains of Care
<i>Rating of Health Plan</i>	Q
<i>Rating of All Health Care</i>	Q
<i>Rating of Personal Doctor</i>	Q
<i>Rating of Specialist Seen Most Often</i>	Q
<i>Getting Needed Care</i>	Q, A
<i>Getting Care Quickly</i>	Q, T
<i>How Well Doctors Communicate</i>	Q
<i>Customer Service</i>	Q
<i>Shared Decision Making</i>	Q

National Comparisons

To assess the overall performance of the MCPs, HSAG calculated MCP-level results with county-level analysis, when the MCP provided services in more than one county, and compared the results to the NCQA HEDIS Benchmarks and Thresholds for Accreditation.¹² Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, with one being the lowest possible rating (i.e., *Poor*) and five being the highest possible rating (i.e., *Excellent*).¹³

Star ratings were determined for each CAHPS measure (except the *Shared Decision Making* measure)¹⁴ using the following percentile distributions in Table 5.2.

Table 5.2—Star Ratings Crosswalk Used for CAHPS Measures

Star Rating	Adult and Child Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★★ Very Good	At or above the 75th and below the 90th percentiles
★★★ Good	At or above the 50th and below the 75th percentiles
★★ Fair	At or above the 25th and below the 50th percentiles
★ Poor	Below the 25th percentile

¹² National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, March 15, 2013.

¹³ NCQA does not publish benchmarks and thresholds for the *Shared Decision Making* composite measure; therefore, overall member satisfaction ratings could not be derived for this CAHPS measure.

¹⁴ Since NCQA does not publish accreditation benchmarks and thresholds for this measure, it does not receive a Star rating.

Table 5.3 and Table 5.4 present the star ratings for the global ratings and composite measures for Kaiser–Sacramento County’s adult and child Medicaid populations.¹⁵

Table 5.3—Medi-Cal Managed Care County-Level Global Ratings for Kaiser–Sacramento County

Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult	★★★★★	★★★★★	★★★★	★★★★★
Child	★★★★★	★★★★★	★★★★★	★★★★★ ⁺
+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.				

Table 5.4—Medi-Cal Managed Care County-Level Composite Measures for Kaiser–Sacramento County

Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Adult	★★★★★	★★★★★	★★★★	★★★★★
Child	★★★★★	★★★★★	★★★★★	★★★★★
+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.				

Strengths

Kaiser–Sacramento County received above-average ratings for all measures for both the adult and child populations. Six of the measures received an *Excellent* rating for both the adult and child populations. Overall, Kaiser–Sacramento County’s CAHPS results show that members are extremely satisfied with the health care services they are receiving from the MCP.

Kaiser–Sacramento County improved its ratings on the following measures from 2010 to 2013:

- ◆ *Rating of Specialist Seen Most Often*—adult and child populations¹⁶
- ◆ *Getting Needed Care*—adult population
- ◆ *Getting Care Quickly*—adult population
- ◆ *Customer Service*—adult population

¹⁵ Due to the changes to the *Getting Needed Care* composite measure, caution should be exercised when interpreting the results of the NCQA comparisons and overall member satisfaction ratings for this measure.

¹⁶ Please note that in 2013 the MCP had fewer than 100 respondents for this measure so caution should be exercised when evaluating these results.

Opportunities for Improvement

Overall, Kaiser–Sacramento County’s CAHPS results showed above-average performance for both the adult and child populations. HSAG conducted an analysis of key drivers of satisfaction that focused on the top three highest priorities based on the MCP’s CAHPS results. The purpose of the analysis was to help decision makers identify specific aspects of care that are most likely to benefit from quality improvement (QI) activities. Based on the key driver analysis, HSAG identified the following measures as ones Kaiser–Sacramento County has some opportunity to improve: *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, and *Rating of Personal Doctor*. The MCP should review the detailed recommendations for improving member satisfaction in these areas, which HSAG outlined in the *Medi-Cal Managed Care Program—2013 Kaiser–Sacramento County CAHPS MCP-Specific Report*. Areas for improvement are in the quality domain of care.

Conducting the EQRO 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.

Methodology

During the reporting period, HSAG evaluated two aspects of the encounter data for each MCP. First, HSAG evaluated the information systems and processes of each MCP. Secondly, HSAG performed a comparative analysis between the encounter data housed in the DHCS data warehouse and the encounter data submitted to HSAG from each MCP's data processing system.

In the first EDV activity, HSAG conducted a desk review of the MCPs' information systems and encounter data processing and submission. HSAG obtained the HEDIS Record of Administration, Data Management, and Processes (Roadmap)¹⁷ completed by the MCPs during their NCQA HEDIS Compliance Audit™. In addition to using information from the Roadmap, HSAG prepared a supplemental questionnaire that focused on how the MCPs prepare their data files for submission to the DHCS data warehouse.

Concurrent with the review of the MCP information systems and processes, HSAG used the administrative records (claims/encounters) in each MCP's claims processing system to evaluate the extent to which the encounters submitted to DHCS were complete and accurate. HSAG evaluated the encounters submitted to DHCS with a date of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012, for the following four types of encounters:

- ◆ Medical/Outpatient
- ◆ Hospital/Inpatient
- ◆ Pharmacy
- ◆ Long-Term Care

¹⁷ The Roadmap is a tool used by MCPs to communicate information to the HEDIS auditor about the MCPs' systems for collecting and processing data for HEDIS.

All encounters submitted to HSAG by the MCPs underwent a preliminary file review. The preliminary file review determined whether any potential data issues identified in the data files would warrant a resubmission. The comparative analyses evaluated the extent to which specified key data elements in DHCS's data warehouse are matched with the MCP's files in the following categories:

- ◆ Record Completeness
- ◆ Element-Level Completeness
- ◆ Element-Level Accuracy

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.

Kaiser–Sacramento County's 2012–13 MCP-Specific Encounter Data Validation Study Report contains the detailed findings and recommendations from the EDV study. A brief summary of the findings and opportunities for improvement is included below.

Encounter Data Validation Findings

Review of Encounter Systems and Processes

There is not sufficient evidence that Kaiser–Sacramento County's processes for aggregating and submitting claims and encounter data files adhere to industry best practices; more information is needed.

Record Completeness

Overall, Kaiser–Sacramento County had relatively low record omission and record surplus rates for the Medical/Outpatient claim type, indicating relatively complete Medical/Outpatient data when comparing DHCS's data with the encounter data extracted from Kaiser–Sacramento County's data system for this study. However, the Hospital/Inpatient, Pharmacy, and long-term care (LTC) claim types had relatively incomplete data when comparing the records from the two data sources. The LTC and Hospital/Inpatient claim types had a high record omission rate of 74.0 percent and 22.5 percent, respectively. However, this only indicated that 308 LTC records and 612 Hospital/Inpatient records were omitted from the DHCS data warehouse. All of the omitted records for these two claim types had claim control numbers (CCNs) that were not found in the DHCS file. As for the Pharmacy claim type, the relatively high record omission rate occurred mainly because the DHCS data warehouse did not contain any Pharmacy records with dates of service in October 2010. Overall, the record omission rates for Kaiser–Sacramento County were worse than their respective statewide rates across all four claim types, with the difference ranging

from 2.9 percentage points for the Medical/Outpatient claim type to 72.9 percentage points for the LTC claim type. Kaiser–Sacramento County’s record surplus rates were generally low (less than 8 percent) and were all below the respective statewide rates by at least 3 percentage points.

Data Element Completeness

Kaiser–Sacramento County had high data element completeness results, with element omission and element surplus rates of 0.1 percent or less for the key data elements, except for one element. The *Drug/Medical Supply* in the Pharmacy claim type had an element omission rate of 8.1 percent, which was worse than the statewide rate by 7.1 percentage points due to the additional value of “9999MZZ” populated in the MCP’s data but omitted from DHCS’s data. The remaining data element omission and element surplus rates all met or were better than the respective statewide rates.

Data Element Accuracy

Kaiser–Sacramento County had high element accuracy rates across the four claim types. The LTC claim type had element accuracy rates of 100.0 percent for all key data elements, while the remaining three claim types had rates of 99.4 percent or higher. The majority of the data elements met or exceeded their respective statewide rates, although three fell within 1 percentage point below the respective statewide rates.

The all-element accuracy rates were also fairly high, with the highest rate of 100.0 percent for the LTC claim type and the lowest rate of 91.6 percent for the Pharmacy claim type. The four claim types exceeded the respective statewide rates, with the all-element accuracy rates for the Medical/Outpatient, Hospital/Inpatient, and LTC claim types exceeding the respective statewide rates by more than 34 percentage points.

Recommendations

Based on its review, HSAG recommends the following:

- ◆ Kaiser–Sacramento County should investigate the high record omission rates across all claim types and create strategies for future improvement on these rates. Note that DHCS indicated its staff worked with Kaiser–Sacramento County in early 2013 to obtain previously omitted Pharmacy records for October 2010 dates of service.
- ◆ Kaiser–Sacramento County should investigate the *Drug/Medical Supply* value of “9999MZZ,” which was populated in the file Kaiser–Sacramento County submitted to HSAG but was not in the DHCS file.

- ◆ Kaiser–Sacramento County should discuss with DHCS if bundling a hospital/inpatient service to a single line item is an appropriate submission method instead of providing line-level details for the Hospital/Inpatient encounters.
- ◆ For the Pharmacy claim type, all values in the *Referring/ Prescribing/ Admitting Provider Number* field were the same. Kaiser–Sacramento County should work with DHCS to determine whether this is an acceptable way to report the *Referring/ Prescribing/ Admitting Provider Number*.
- ◆ For the Medical/Outpatient claim type, both data sources were missing nearly all values for the *Referring/ Prescribing/ Admitting Provider Number* and *Procedure Code Modifier*. Kaiser–Sacramento County should review its data collection and submission process to determine if more values for these data elements can be submitted to DHCS.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

HSAG developed a standardized scoring process to evaluate each MCP in the three domains of care—quality, access, and timeliness. A numerical score is calculated for each domain of care for performance measure rates, CAHPS survey measure ratings, QIP validation, and QIP outcomes (measured by statistical significance and sustained improvement). A final numeric score, combining the performance measures scores, CAHPS survey measure ratings scores, and QIP performance scores, is then calculated for each domain of care and converted to a rating of above average, average, or below average. In addition to the performance score derived from performance measures, CAHPS survey measures, and QIPs, HSAG uses results from the MCPs' medical performance and Medi-Cal Managed Care Division reviews and assessment of the accuracy and completeness of encounter data to determine overall performance within each domain of care, as applicable. A more detailed description of HSAG's scoring process is included in Appendix A.

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.¹⁸

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

¹⁸ 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-Review.html>.

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 Kaiser–Sacramento County submitted as part of the process for producing this MCP-specific evaluation report. The documents reflect that Kaiser–Sacramento County's quality improvement program structure supports the provision of quality care to the MCP's members and includes continuous quality improvement goals and processes.

The rates for all but three quality measures for which the performance level for 2013 was determined were above the HPLs. The rates for five quality measures improved significantly from 2012 to 2013. One quality measure, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, had a rate with statistically significant decline from 2012 to 2013, but no quality measures had rates below the MPLs in 2013.

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

All CAHPS measures fall into the quality domain of care. Kaiser–Sacramento County received above-average ratings for all measures for both the adult and child populations. Six of the measures received *Excellent* ratings for both the adult and child populations. Overall, Kaiser–Sacramento County's CAHPS results show that members are extremely satisfied with the quality of the health care services they are receiving from the MCP.

All three of the MCP's QIPs fall into the quality domain of care. The *All-Cause Readmissions* and *Childhood Immunization Status* QIPs did not progress to the Implementation or Outcomes stage during the review period, so HSAG was not able to assess these QIPs' success at improving the quality of care delivered to the MCP's members. Kaiser–Sacramento County's *Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents* QIP was successful at improving the MCP's processes for identifying members in the study age group who needed nutrition and physical activity counseling, improving the quality of care they received.

Overall, Kaiser–Sacramento County showed above-average performance related to the quality domain of care.

Access

The access domain of care relates to an MCP's standards, set forth by the State, to ensure the availability of and access to all covered services for MCMC beneficiaries. DHCS has contract

requirements for MCPs to ensure access to and the availability of services to their MCMC members and uses monitoring processes, including audits, to assess an MCP's compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and access to covered services. DHCS uses medical performance reviews, Medi-Cal Managed Care Division reviews, performance measures, QIP outcomes, and member satisfaction survey results to evaluate access to care. Measures such as well-care visits for children and adolescents, childhood immunizations, timeliness of prenatal care and postpartum care, cancer screening, and diabetes care fall under the domains of quality and access because beneficiaries rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

When reviewing the quality documents Kaiser–Sacramento County submitted as part of the process for producing this MCP-specific evaluation report, HSAG found processes, activities, and goals focused on ensuring members' access to needed care.

Seven of the 14 access measures for which the performance level for 2013 was determined had rates above the HPLs in 2013, and 7 had average rates. Two access measures, *Immunizations for Adolescents—Combination 1* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, had rates with statistically significant improvement from 2012 to 2013. Two access measures, *Children and Adolescents' Access to Primary Care Practitioners (25 Months–6 Years)* and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, had rates with statistically significant decline from 2012 to 2013; however, the rates for these measures were still above the MPLs.

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

One CAHPS measure, *Getting Needed Care*, falls into the access domain of care. Kaiser–Sacramento County received an *Excellent* rating on this measure for both the adult and child populations, suggesting that members are extremely satisfied with the level of access to needed health care services.

All three of Kaiser–Sacramento County's QIPs fall into the access domain of care. As indicated above, the *All-Cause Readmissions* and *Childhood Immunization Status* QIPs did not progress to the Implementation or Outcomes stage during the review period; therefore, HSAG was not able to assess these QIPs' success at improving members' access to needed health care services. The MCP's *Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents* QIP was successful at improving the MCP's processes for identifying members in the study age group

who needed nutrition and physical activity counseling, improving access to obesity-related nutrition and physical activity counseling for members in the study age group needing these services.

Overall, Kaiser–Sacramento County showed above-average performance related to the access domain of care.

Timeliness

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

DHCS has contract requirements for MCPs to ensure timeliness of care and uses monitoring processes, including audits and reviews, to assess MCPs' compliance with these standards in areas such as enrollee rights and protections, grievance system, continuity and coordination of care, and utilization management. In addition, performance measures such as childhood immunizations, well-care visits, and prenatal and postpartum care fall under the timeliness domain of care because they relate to providing a health care service within a recommended period of time after a need is identified. Member satisfaction survey results also provide information about MCMC beneficiaries' assessment of the timeliness of care delivered by providers.

Kaiser–Sacramento County's quality improvement program description provides details about the MCP's activities related to member rights and responsibilities, grievances, continuity and coordination of care, and utilization management, which all impact the timeliness of care delivered to members.

Three of the five timeliness measures for which the performance level for 2013 was determined had rates above the HPLs in 2013, and two had average rates. Additionally, two of the measures, *Immunizations for Adolescents—Combination 1* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, had rates with statistically significant improvement from 2012 to 2013.

One CAHPS measure, *Getting Care Quickly*, falls into the timeliness domain of care. Kaiser–Sacramento County received an *Excellent* rating on this measure for both the adult and child populations, suggesting that members are extremely satisfied with the timeliness of care provided by the MCP.

The MCP's *Childhood Immunization Status* QIP falls into the timeliness domain of care. As indicated above, this QIP did not progress to the Implementation or Outcomes stage during the review period; therefore, HSAG was not able to assess the QIP's success at improving the timeliness of care provided to the MCP's members.

Overall, Kaiser–Sacramento County showed above-average performance related to the timeliness domain of care.

Follow-Up on Prior Year Recommendations

DHCS provided each MCP an opportunity to outline actions taken to address recommendations made in the 2011–12 MCP-specific evaluation report. Kaiser–Sacramento County’s self-reported responses are included in Appendix B.

Recommendations

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

- ◆ Refer to the QIP Completion Instructions prior to submitting the QIP Summary Form to ensure all required documentation is included in the QIP Summary Form and that the documentation is accurate and consistent.
- ◆ Review the 2013 MCP-specific CAHPS results report and develop strategies to address the *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, and *Rating of Personal Doctor* priority areas.
- ◆ Review the 2012–13 MCP-Specific Encounter Data Validation Study Report and identify strategies to address the recommendations to ensure accurate and complete encounter data.

In the next annual review, HSAG will evaluate Kaiser–Sacramento County’s progress with these recommendations along with its continued successes.

Quality, Access, and Timeliness Scoring Process

Scale2.5–3.0 = **Above Average**1.5–2.4 = **Average**1.0–1.4 = **Below Average**

HSAG developed a standardized scoring process for the three CMS-specified domains of care—quality, access, and timeliness.¹⁹ This process allows HSAG to evaluate each MCP’s performance measure rates (including CAHPS survey measures) and QIP performance uniformly when providing an overall assessment of *Above Average*, *Average*, or *Below Average* in each of the domains of care.

The detailed scoring process is outlined below.

Performance Measure Rates

(Refer to Table 3.2)

Quality Domain

1. To be considered **Above Average**, the MCP must not have more than two measures below the MPLs. Also, the MCP must have at least three more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**:
 - ◆ If there are **two or less** measures below the MPLs, the number of measures above the HPLs minus the number of measures below the MPLs must be less than three.
 - ◆ If there are **three or more** measures below the MPLs, the number of measures below the MPLs minus the number of measures above the HPLs must be less than three.

¹⁹ The CMS protocols specify that the EQRO must include an assessment of each MCP’s strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients in its detailed technical report. The report must also document procedures used by the EQRO to analyze the data collected and how the EQRO reached its conclusions regarding the quality, timeliness, and access to care furnished by each MCP. Additional information on this topic can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

3. To be considered **Below Average**, the MCP will have three or more measures below the MPLs than it has above the HPLs.

Access and Timeliness Domains

1. To be considered **Above Average**, the MCP must not have more than two measures below the MPLs. Also, the MCP must have at least two more measures above the HPLs than it has below the MPLs.
2. To be considered **Average**:
 - ◆ If there are **two or less** measures below the MPLs, the number of measures above the HPLs minus the number of measures below the MPLs must be less than two.
 - ◆ If there are **three or more** measures below the MPLs, then the number of measures below the MPLs minus the number of measures above the HPLs must be less than two.
3. To be considered **Below Average**, the MCP will have two or more measures below the MPLs than it has above the HPLs.

CAHPS Survey Measures

(Refer to Tables 5.3 through 5.4)

1. A score of 3 is given for each measure receiving an Excellent or Very Good Star rating.
2. A score of 2 is given for each measure receiving a Good Star rating.
3. A score of 1 is given for each measure receiving a Fair or Poor Star rating.

Quality Domain

(Note: Although the *Shared Decision Making* measure falls into the quality domain of care, since NCQA does not publish accreditation benchmarks and thresholds for this measure, it does not receive a Star rating and is therefore not included in this calculation.)

1. To be considered **Above Average**, the average score for all quality measures must be 2.5–3.0.
2. To be considered **Average**, the average score for all quality measures must be 1.5–2.4.
3. To be considered **Below Average**, the average score for all quality measures must be 1.0–1.4.

Access Domain

1. To be considered **Above Average**, the MCP must receive an Excellent or Very Good Star rating on the *Getting Needed Care* measure.
2. To be considered **Average**, the MCP must receive a Good Star rating on the *Getting Needed Care* measure.
3. To be considered **Below Average**, the MCP must receive a Fair or Poor Star rating on the *Getting Needed Care* measure.

Timeliness Domain

1. To be considered **Above Average**, the MCP must receive an Excellent or Very Good Star rating on the *Getting Care Quickly* measure.
2. To be considered **Average**, the MCP must receive a Good Star rating on the *Getting Care Quickly* measure.
3. To be considered **Below Average**, the MCP must receive a Fair or Poor Star rating on the *Getting Care Quickly* measure.

Quality Improvement Projects (QIPs)

Validation (Table 4.2): For each QIP submission and subsequent resubmission(s), if applicable.

1. **Above Average** is not applicable.
2. **Average** = *Met* validation status.
3. **Below Average** = *Partially Met* or *Not Met* validation status.

Outcomes (Table 4.4): Activity IX, Element 4—Real Improvement

1. **Above Average** = All study indicators demonstrated statistically significant improvement.
2. **Average** = Not all study indicators demonstrated statistically significant improvement.
3. **Below Average** = No study indicators demonstrated statistically significant improvement.

Sustained Improvement (Table 4.4): Activity X—Achieved Sustained Improvement

1. **Above Average** = All study indicators achieved sustained improvement.
2. **Average** = Not all study indicators achieved sustained improvement.
3. **Below Average** = No study indicators achieved sustained improvement.

Calculating Final Quality, Access, and Timeliness Scores

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

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

For each **CAHPS** measure, a score of 3 is given for each measure receiving a Star rating of Excellent or Very Good and the total score is entered for each domain of care (Q, A, T). A score of 2 is given for each measure receiving a Star rating of Good, and the total score is entered for each domain of care (Q, A, T). A score of 1 is given for each measure receiving a Star rating of Fair or Poor, and the total score is entered for each domain of care (Q, A, T). The average score for each domain of care is used to determine the CAHPS measure performance for each domain of care.

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 and Medi-Cal Managed Care Division reviews do not have scores; therefore, they are not used in calculating the overall Q, A, and T scores. The qualitative evaluation of these activities is coupled with the objective scoring for performance measures, CAHPS measures, and QIPs to provide an overall designation of above average, average, and below average for each domain. Additionally, the encounter data validation (EDV) study results are an indicator of an MCP's completeness and accuracy of data reporting to DHCS and are not a direct indicator of the quality, access, and timeliness of services provided to members; therefore, EDV study results are not included in the overall Q, A, and T scores.

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

for Kaiser–Sacramento County

The table below provides external quality review recommendations from the July 1, 2011, through June 30, 2012, Performance Evaluation Report, along with Kaiser–Sacramento County’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 B.1—Kaiser–Sacramento County’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	Kaiser–Sacramento County’s Self-Reported Actions Taken through June 30, 2013, that Address the External Quality Review Recommendation
1. Revise internal goals for providing timely grievance acknowledgement letters and prior authorization notifications to align with State and federal requirements of 100 percent.	NOTE: The MCP did not provide a response to this recommendation; however, information from DHCS indicates that the MCP fully resolved this issue.
2. Assess the factors leading to a statistically significant decline in performance on the <i>Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)</i> measure and implement interventions, as appropriate, to prevent further decline in performance.	Although there was a decline in the <i>Comprehensive Diabetes Care-HbA1c poor Control (> 9.0 percent)</i> performance measure, the measure is still well above the High Performance Level (HPL). We will take HSAG’s recommendation under advisement in monitoring all performance measures in order to ensure performance the HPL.
3. Consider including subgroup analyses as part of the QIP barrier analyses to determine if interventions are affecting the entire study population in the same way. Additionally, evaluate the outcomes by factors such as gender, age, provider, etc., to understand any disparities that may exist in the study population in relationship to the study outcomes. Interventions that are data-driven and targeted may be an overall more effective strategy, especially with a growing Medi-Cal population and finite resources.	<p>For retired QIP - ED Statewide Collaborative: Subgroup analysis and evaluation was performed with data stratified by diagnosis/reason code for ED visit, ethnicity, age, gender, location, and date of care. For retired QIP - Childhood Obesity based on HEDIS BMI with counseling: Subgroup analysis and evaluation was performed with data stratified by age, gender, and location of care. Interventions were based on age group, diagnosis/reason code, and location.</p> <p>Moving forward for the current Statewide All Cause Readmission QIP - the plan is evaluating and reporting data based on three readmission subgroups: Total rate, SPD rate, non-SPD rate. Also considered in evaluation: Location and possible relationship between index and readmission diagnosis. Interventions have been applied to the hospital with the highest rate of readmissions and members who are identified with a transition concern. For the Remeasurement year 1 report (submitted Sept 2013), the plan has developed a method to evaluate effectiveness of interventions.</p>

2011–12 External Quality Review Recommendation	Kaiser–Sacramento County’s Self-Reported Actions Taken through June 30, 2013, that Address the External Quality Review Recommendation
4. When multiple QIP interventions are implemented, incorporate a method to evaluate the effectiveness of each intervention and document the evaluation results for each measurement period.	For our current plan-specific QIP on Childhood Immunization, the plan has submitted an evaluation plan to HSAG that addresses how we will evaluate interventions for future reporting.