State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services
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MMCD All Plan Letter 02008

TO: [X] County Organized Health System Plan (COHS)
[X] Geographic Managed Care (GMC) Plans
[X] Prepaid Health Plans (PHP)
[X] Primary Care Case Management (PCCM) Plans
[X] Two-Plan Model Plans

FROM: Cheri Rice, Chief
Medi-Cal Managed Care Division

SUBJECT: EXTERNAL ACCOUNTABILITY SET (EAS) PERFORMANCE MEASURE AUDITS

This letter is to inform the Medi-Cal managed care plans of the guidelines regarding the audit and reporting of the External Accountability Set (EAS) performance measures to be implemented beginning January 2003. Changes to the EAS reporting requirements for calendar year 2004 are noted as well.

EAS Compliance Audits

For calendar year 2003, health plans who have previously used an independent auditing firm other than the DHS contracted External Quality Review Organization (EQRO) for performance of the EAS Compliance Audit may continue to use their auditing firm of choice. Beginning January 2004, all health plans must use the DHS-selected contractor for performance of the EAS Compliance Audit and calculation of DHS-developed performance measures. Health plans will not be permitted to submit rates audited by alternate auditing firms.

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Performance Measure Rate Reporting

For calendar year 2003, all HEDIS performance measures will continue to be calculated at the contract level.

Beginning in January 2004, commercial plans with multiple-county contracts will be required to calculate and report HEDIS rates at the county level.[1] Proportional sampling may no longer be used in the calculation of the rates. Plans contracting with the Department under local initiative, geographic managed care, or county organized health system arrangements will continue to report HEDIS rates by contract.

EAS Performance Measures

For calendar year 2003, the External Accountability Set Measures will be as follows:

I. Health Plan Employer and Data Information Set (HEDIS®) Measures:

- Well Child Visits ≤15 months of age
- Well Child Visits 3-6 years of age*
- Adolescent Well Care Visits
- Childhood Immunization Status (Combinations 1 and 2)
- Timeliness of Prenatal Care
- Postpartum Care
- Chlamydia Screening
- Appropriate Use of Medications for Asthma Patients

* For County Organized Health System (COHS) plans, this measure will be substituted with Retinal Exams for Diabetics

II. DHS-Developed Measures:

- Blood Lead Screening
- Use of Beta Agonists for Asthma

The DHS-developed measures will be calculated and reported at the contract level. Detailed instructions regarding the specifications for the lead screening measure will be published shortly.

[1] If the commercial plan's counties of operation are identical to those of the competing plan in that area, the commercial plan may report HEDIS by contract.

Minimum and High Performance Levels

The Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) will be as follows:

HEDIS Measure	EAS 2003	
	MPL	HPL
Childhood IZ #1	56.0	72.2
Childhood IZ #2	46.7	72.2
Well child visits ≤ 15 mos.	26.3	57.9
Well child visits 3 - 6 yrs.	50.5	68.4
Well Adolescent	23.5	44.4
Timeliness of Prenatal Care	65.0	87.7
Postpartum Care	40.8	65.7
Retinal exams for Diabetics	54.5	65.0
Medications for Asthma	51.6	68.3
Chlamydia Screening	28.4	55.6

Adjustments to previous years' MPLs and HPLs were based upon historical performance of the Medi-Cal managed care plans, as well as noted changes in the national Medicaid averages and NCQA National Medicaid benchmarks.

As in previous years, DHS will continue to pay the EQRO contractor for performance of the EAS Compliance Audit. However, DHS will not pay for any portion of the audit performed for the Health Families Program regardless of whether the audit is conducted by the same contractor.