state of california

Medi-Cal Managed Care
External Quality Review Organization

2007-2008 Annual Report of Performance for Central Coast Alliance for Health

Submitted by
Delmarva Foundation
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Introduction

The Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) contracts with managed care plans to provide care to 3.4 million Medi-Cal beneficiaries enrolled in managed care plans in 23 counties throughout California. Healthcare providers within each plan’s contracted network provide comprehensive healthcare services—primary and preventive care, as well as the full range of specialty care mandated by federal and state law.

Federal law pertaining to Medicaid managed care programs (42 CFR § 438.240) requires the DHCS to contract with an External Quality Review Organization (EQRO) to independently evaluate the quality of care provided to Medi-Cal beneficiaries enrolled in any of California’s managed care plans. The DHCS retained the services of the Delmarva Foundation for Medical Care, Inc. (Delmarva) as its EQRO during the period covered by this report to provide this independent evaluation as to whether the care and service delivered meets the federal standards for quality, access, and timeliness. Among the services provided by the EQRO is an annual assessment of each contracted plan’s “… quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under the contract…” as stated in Title 42 of the U.S. Codes.

This annual review is for the reporting years 2007 and 2008, covering performance results and quality improvement activities during 2006 and 2007.

Definitions

The terms quality, access, and timeliness provide the framework for this plan-specific review of Central Coast Alliance for Health (“CCAH” or “the plan”). Consistency in meaning and use of these key terms are important for a thorough understanding of this report, so definitions are provided below:

- **Quality**, as it pertains to external quality review, is defined by the Centers for Medicare & Medicaid Service (CMS) as “the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) 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.” (CMS, 2008.)
Access (or accessibility) to health care, according to the Agency for Healthcare Research and Quality (AHRQ), means having "the timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires three discrete steps: gaining entry into the health care system; getting access to sites of care where patients can receive needed services; and, finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.” (AHRQ, 2007.)

Timeliness, according to AHRQ, is defined as “…the health care system's capacity to provide health care quickly after a need is recognized….Measures of timeliness include waiting time spent in doctors' offices and emergency departments (EDs) and the interval between identifying a need for specific tests and treatments and actually receiving those services.” (AHRQ, 2007.)

It is important to note that some interdependence exists among the categories (also referred to as “domains”) of quality, access, and timeliness. A measure or attribute identified in one of the categories of quality, access, or timeliness may also be noted under one or both of the other two categories throughout this review.

Data Sources

Delmarva used five sets of standards or information sources for the evaluation of performance. Each of the sources listed were used to assess the contracted health plan’s ability to provide its members with care that meets the requirements for quality, access, and timeliness:

- The Healthcare Effectiveness Data and Information Set (HEDIS®) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality, access, and timeliness of care and service provided to members of managed care plans.

- In June 2007, each DHCS health plan submitted its results to Delmarva for the 12 required HEDIS measures, which reflect 16 measurement indicators, since several measures have multiple indicators. The 2007 HEDIS results reflect data collected for the period January 1, 2006, through December 31, 2006.

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1 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA, 2008).
2 In 2007 and 2008, the DHCS required plans to report on 12 HEDIS measures. Some of these measures have multiple indicators (such as the Comprehensive Diabetes Care measure), so results are presented for the total number of indicators – 16 in 2007 and 23 in 2008. This report refers to the total number of indicators reported as “measures” since a result is reported for each indicator.
In June 2008, each DHCS health plan submitted its results for the 12 required HEDIS measures, which reflect a total of 23 indicators. The 2008 HEDIS results reflect data collected for the period January 1, 2007, through December 31, 2007. For a more detailed explanation of HEDIS, see the “Quality Assessment” discussion later under “HEDIS Performance Measures” and Appendix A: HEDIS.

AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys to support the assessment of consumers’ experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid surveys. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see Appendix B: CAHPS.

Summaries of plan-conducted Quality Improvement Projects conducted during the period January 1, 2006, and December 31, 2007.

The DHCS’s Audits and Investigations Division and the California Department of Managed Health Care conduct routine medical surveys (audits) to assess compliance with contract requirements and state regulations. Findings from any audits conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.

Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by Medi-Cal Managed Care Division’s Office of the Ombudsman during 2006 and 2007.

**Report Organization**

This report provides the plan’s background and discusses each data source within the framework of quality, access, and timeliness. Due to some variations between the measures reported in the 2007 and 2008 HEDIS reports, the results and analysis of this source are presented separately by year. Where appropriate, sustainability of the plan’s performance is discussed. The plan’s performance is compared to other plan models of similar type and other state and national benchmarks. The document concludes with the plan’s overall strengths and recommendations for improving the plan’s quality of care, access to care, and timeliness of care for its members.

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3 The annual *Report of the Performance Measures for Medi-Cal Managed Care Plans* is produced for the DHCS by the EQRO and includes the measurement results and comparisons of all contracted plans.

4 CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ, 2008).
Background

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

Central Coast Alliance for Health ("CCAH") is a full-service health plan contracted in Monterey and Santa Cruz counties as a COHS plan. CCAH began providing care to eligible members in January 1996 in Santa Cruz County. Monterey County was added to CCAH in October 1999. The plan became Knox-Keene licensed on June 20, 2000. As of December 2007, the plan’s total Medi-Cal enrollment was 86,040 members.

Quality of Care Assessment

According to the CMS (2008), “[q]uality is how well the health plan keeps its members healthy or treats them when they are sick. Good quality health care means doing the right thing at the right time, in the right way, for the right person and getting the best possible results.” The section that follows describes the measures used to assess CCAH’s healthcare delivery with regard to quality.

HEDIS Performance Measures

Delmarva categorized the HEDIS performance measures used in this report into quality, access, and timeliness areas for assessment. For a more detailed explanation of HEDIS and the specific HEDIS measures used in this report, see Appendix A: HEDIS.

Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported on 12 measures for the HEDIS 2007 reporting year, which included multiple indicators for Comprehensive Diabetes Care and Prenatal and Postpartum Care. The 2007 reporting year represents the data collection period January through December 2006. Medi-Cal Managed Care Division (MMCD) made some performance measure changes between 2007 and 2008 reporting years as explained below.

MMCD retired the Chlamydia Screening in Women performance measure from the required measurement set. The required HEDIS measures included several other measures focused on women’s health screening (Breast Cancer Screening and Cervical Cancer Screening), and overall plan results for Chlamydia Screening had trended upward for a number of years. As a result, MMCD decided to eliminate the Chlamydia Screening measure and, instead, require the Ambulatory Care measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities.
The Ambulatory Care measure provides utilization information across the whole spectrum of the population—from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care for chronic conditions. The Ambulatory Care measure consists of four indicators:

- Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)
- Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)
- Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)
- Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)

Additionally, in order to increase the focus on chronic diseases, MMCD added three more Comprehensive Diabetes Care indicators:

- Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)
- Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)
- Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)

Comparisons of HEDIS Performance Measures
This report contains several charts displaying HEDIS rates for CCAH and state and national benchmarks used for assessing plan performance. The plan’s multi-year performance is also evaluated.

In some years, MMCD makes changes to the required measures. Moreover, NCQA continually updates the technical specifications for HEDIS measures. Some of the specification changes or a combination of changes can cause a significant change in the results and make comparisons with previous years’ rates inappropriate. MMCD does not hold the plan to the Minimum Performance Level (MPL) in the baseline year (the first year a score is reported) and does not compare results to previous years in years when a measure’s specifications have changed substantively. For these reasons, rates for measures may be displayed in the charts, but not compared in the narratives.
2007 HEDIS Quality Performance Measures

Table 1 provides CCAH’s 2007 HEDIS results for those measures specifically related to clinical quality of care along with the state’s 2007 Medi-Cal managed care weighted averages\(^5\) and the 2006 national Medicaid averages for these measures.

<table>
<thead>
<tr>
<th>2007 Quality Measure</th>
<th>2007 Central Coast Alliance for Health Rate*</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
<th>2006 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>91.8%</td>
<td>78.9%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>58.8%</td>
<td>52.8%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis(^\dagger)</td>
<td>71.6%</td>
<td>71.0%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People With Asthma</td>
<td>87.9%</td>
<td>86.8%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>68.6%</td>
<td>54.1%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>84.2%</td>
<td>79.5%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening(^\ddagger)</td>
<td>74.9%</td>
<td>75.9%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy(^\ddagger)</td>
<td>78.1%</td>
<td>81.0%</td>
<td>48.8%</td>
</tr>
<tr>
<td>Cervical Cancer Screening(^\ddagger)</td>
<td>77.4%</td>
<td>67.9%</td>
<td>65.0%</td>
</tr>
</tbody>
</table>

\(^\dagger\) For this 2007 measure, a lower rate indicates better performance.
\(^\ddagger\) Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007.
The rate is displayed for informational purposes only and will not be compared to benchmarks.

CCAH scored better than the 2007 Medi-Cal managed care weighted averages and the 2006 national Medicaid averages in all five comparable HEDIS measures in the quality domain:

- Appropriate Treatment for Children With Upper Respiratory Infection
- Chlamydia Screening in Women
- Use of Appropriate Medications for People With Asthma
- Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care—HbA1c Testing

\(^5\) For each measure, a Medi-Cal managed care weighted average has been calculated to provide a comparative statistic. A weighted average, unlike a simple average, accounts for variations in membership across plans.
2008 HEDIS Quality Performance Measures

Table 2 provides CCAH’s 2008 HEDIS results for those measures specifically related to clinical quality of care along with the state’s 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages for these measures.

Table 2. 2008 HEDIS Quality Measure Results Comparing Central Coast Alliance to State and National Programs.

<table>
<thead>
<tr>
<th>2008 Quality Measure</th>
<th>2008 Central Coast Alliance Rate*</th>
<th>2008 Medi-Cal Managed Care Weighted Average*</th>
<th>2007 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>94.5%</td>
<td>83.1%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡</td>
<td>34.1%</td>
<td>28.4%</td>
<td>†</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People With Asthma</td>
<td>88.7%</td>
<td>88.8%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>71.3%</td>
<td>58.1%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>85.6%</td>
<td>82.1%</td>
<td>78.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Good Control (&lt;7.0%)†‡</td>
<td>46.2%</td>
<td>32.6%</td>
<td>¶</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)†§</td>
<td>31.6%</td>
<td>42.6%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening</td>
<td>80.3%</td>
<td>77.8%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Control (&lt;100 mg/dL)‡‡</td>
<td>38.2%</td>
<td>34.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy</td>
<td>81.0%</td>
<td>78.3%</td>
<td>74.6%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>80.5%</td>
<td>68.7%</td>
<td>65.7%</td>
</tr>
</tbody>
</table>

† The 2007 measure was called Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis, and a lower score was better. The 2008 measure is called Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, and a higher score is better.
‡ 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
§ A lower rate for this measure is better as it represents better diabetes control.

MMCD retired the Chlamydia Screening in Women performance measure from the required measurement set for 2008 so that measure is not included in the table above.
CCAH’s 2008 rates were higher than both benchmark performance rates for six of seven HEDIS measures:

- Appropriate Treatment for Children With Upper Respiratory Infection
- Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care—HbA1c Testing
- Comprehensive Diabetes Care—LDL-C Screening
- Comprehensive Diabetes Care—Medical Attention for Nephropathy
- Cervical Cancer Screening

CCAH scored below the Medi-Cal managed care weighted average on the measure, Use of Appropriate Medications for People With Asthma, but above the national benchmark.
CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid surveys were conducted among members of Medi-Cal managed care’s contracted health plans. The table reflects survey results for three populations: Adult, Child, and Children with Special Health Care Needs (CSHCN). (See Appendix B: CAHPS for further detail.)

Delmarva chose two CAHPS composite areas to most appropriately represent the quality domain in this report: Getting Needed Care and How Well Doctors Communicate. Table 3 shows the plan’s CAHPS scores for these composite categories.6

Table 3. 2007 CAHPS Quality Survey Results Comparing Central Coast Alliance for Health and Medi-Cal Managed Care Weighted Averages.

<table>
<thead>
<tr>
<th>CAHPS Composite</th>
<th>Population</th>
<th>2007 Central Coast Alliance Results</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>52%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Child</td>
<td>77%</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>CSHCN†</td>
<td>73%</td>
<td></td>
<td>‡</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>64%</td>
<td></td>
<td>59%</td>
</tr>
<tr>
<td>Child</td>
<td>56%</td>
<td></td>
<td>52%</td>
</tr>
<tr>
<td>CSHCN†</td>
<td>56%</td>
<td></td>
<td>‡</td>
</tr>
</tbody>
</table>

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† CSHCN - Child with Special Health Care Needs.
‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

CCAH’s 2007 adult composite score for Getting Needed Care exceeded the Medi-Cal managed care weighted average by 12 percentage points, with 52 percent of responding adult members indicating that they always got the care they needed. While the child score is higher than the adult score, it does not meet or exceed the benchmark (77% and 80%, respectively).

Sixty-four percent of CCAH’s responding adult members indicated their doctor always communicated well, ranking CCAH five percentage points higher than the Medi-Cal managed care weighted average for the composite regarding How Well Doctors Communicate. Parents/guardians of child members appeared more pleased in this area compared to the benchmark, with 56 percent of respondents indicating their doctors always communicated well.

6 See Appendix B: CAHPS for further detail about categories and DHCS’s Results of the 2007 CAHPS for Medi-Cal Managed Care Health Plans for more detail about calculation methods.
Quality Improvement Projects
One of CCAH’s Quality Improvement Projects (QIPs)—Improving Health of Members with Asthma—is categorized in the quality domain for assessment purposes. The QIP and its results are discussed below.

Improving Health of Members with Asthma

➢ **Relevance:**

In 2005, almost five percent of the CCAH’s membership had a diagnosis of asthma. Thirty percent of these members had an emergency department (ED) visit due to a primary diagnosis of asthma, and two percent had a hospital admission with a primary diagnosis of asthma.

➢ **Goal:**

Achieve 90 percent for the HEDIS Use of Appropriate Medications for People With Asthma indicator by 2007.

➢ **Best Interventions:**

- Hired a disease management case manager.
- Identified members with asthma and sent them asthma educational materials.
- Case management started testing an online tool for providers to allow for timely access to information regarding their members.

➢ **Outcomes:**

- HEDIS Use of Appropriate Medications for People With Asthma:
  - 2004 (Baseline): 68.36%
  - 2005 (Remeasurement 1): 87.85%
  - 2006 (Remeasurement 2): 87.88%

➢ **Attributes/Barriers to Outcomes:**

- Attribute: Case management programs and implementation of new tools continue to promote success.
- Barrier: Lack of integrated information for providers.
- Barrier: Members lack awareness regarding seriousness of chronic disease and available resources.

CCAH closed this QIP during the third quarter of 2007. The plan improved rates of the measure Use of Appropriate Medications for People With Asthma by almost 20 percentage points between 2004 and 2006. The plan was very close to meeting its goal of 90 percent on this measure.

Medi-Cal Audit Findings

A medical audit of CCAH was conducted in June 2006 for the audit period of June 1, 2005, through May 31, 2006. The audit report, presented to the plan on November 2, 2006, represented the combined audit findings of the DHCS medical performance audit and the Department of Managed Health Care’s (DMHC) routine medical survey. The audit included document reviews, verification studies, and interviews conducted with plan staff. Results of issues categorized into the Quality Assessment of this report are discussed below.
Auditors found opportunities for CCAH to make improvements in Member Rights and Quality Management categories. Audit of the Member Rights area revealed two issues relating to the Medi-Cal population. First, grievance information sent to members did not include the required language regarding filing a complaint with DMHC. The language was subsequently included in a plan document titled “Frequently Asked Questions About the Grievance Process.” That added language met the requirements sufficient to correct this issue. The second issue in Member Rights was that the plan failed to notify the California Department of Health Services Privacy Officer when a member complained that personal health information had been breached. Auditors’ recommendations included developing and implementing a system to notify the DHCS when any actual or suspected breach of personal health information has occurred and instruct plan staff and all providers in their responsibility to notify DHCS of such occurrences. CCAH corrected this issue by revising and submitting to DHCS its “HIPAA Security Policy #18” that described procedures for alleged security breaches and timeliness in reporting to the plan’s Privacy Officer and the DHCS.

Auditors found three issues in the Quality Management area. First, CCAH did not consistently report care and service issues to credentialing, peer review, or quality improvement committees. The auditors recommended that the plan’s document committee review all quality improvement activities to ensure effective actions are taken on identified deficiencies. CCAH responded with actions considered adequate to correct the issue.

The second Quality Management issue found was that the plan did not document evaluation of performance indicators prior to credentialing and re-credentialing providers and that the plan was not monitoring or verifying HIV/AIDS provider qualifications. CCAH followed auditor recommendations and took action to correct the issue. The plan incorporated performance monitoring into the re-credentialing process and updated its policies and procedures to improve documentation of that activity. Auditors considered the above actions sufficient to meet requirements.

The final Quality Management issue found was that CCAH lacked oversight of the credentialing and re-credentialing activities delegated to other entities. Auditors reviewed the delegate’s policies and monitoring of compliance and compared policies with that of the plan. The policies were not documented or reported to applicable committees, according to auditors’ findings. CCAH corrected this issue by conducting several on-site audits and oversight of provider credentialing/re-credentialing processes and developing policies regarding these on-site audits.
Sustainability of Quality Indicators

Sustainability of quality improvement correlates with a health plan’s ability to bring about positive change in health care processes. For the purpose of this report, a plan’s ability to achieve sustainability is generally categorized as follows:

- Sustained improvement – performance level improves at some point and then levels off or continues to improve.
- Maintaining performance level – rates over multiple years reflect no meaningful change (generally a flat line).
- Declining – performance goes down.

Figure 1 shows the plan’s sustainability of performance in a trending graph. Note that performance measurement results are trended when three or more years of data are available.

Figure 1. Central Coast Alliance’s Sustainability of Quality of Care Indicators.

HEDIS technical specification changes in 2006 for the Use of Appropriate Medications for People With Asthma measure resulted in more accurate identification of true asthmatics in the denominator. Likewise, in 2007, the Cervical Cancer Screening measure had specification changes; however, both measures remained trendable over
the four-year measurement period. The plan demonstrated sustained improvement on both measures over the measurement period, including 2007 and 2008. The *Chlamydia Screening in Women* measure had maintained performance until 2007, when a notable increase in the rate occurred. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

**Grievance and Ombudsman Reports**

MMCD requires contracted health plans to maintain grievance systems in accordance with the California Code of Regulations, Title 28, Section 1300.68. All written or verbal grievances received by a plan must be tracked in a grievance log. Plans submit quarterly reports to MMCD, as well as to the Department of Managed Health Care, with detailed information about pending grievances and those that were not resolved within 30 days (MMCD All Plan Letter No. 03-008).

MMCD’s Office of the Ombudsman also provides assistance to members who have questions or problems related to provider and plan services, as well as other areas, such as Medi-Cal eligibility. The Office of the Ombudsman functions, in part, to help solve problems from a neutral standpoint to ensure that members receive all medically necessary covered services for which plans are contractually responsible. Complaints or issues that are not resolved immediately by the Office of the Ombudsman are entered into the Ombudsman Case Management System (OCMS) for tracking and follow-up. The Office of the Ombudsman also assists members who wish to request a formal hearing with the State Fair Hearings Board.

It should be noted that the DHCS monitors plans’ quarterly grievance reports and MMCD Office of the Ombudsman monthly statistics in order to understand what aspects of provider and plan performance generate many or few grievances, calls, or requests for State Fair Hearings over time. Unusual patterns in grievances, calls, or hearing requests are discussed with plans when appropriate. The DHCS does not generally perceive any particular number of grievances, calls, or hearing requests as indicators of poor plan performance. Rather, these statistics are an ongoing indication of the degree to which plan members are using the various avenues available to them to ask questions or raise concerns about healthcare quality and plan service.

**Central Coast Alliance’s Grievance Reports**

CCAH reported approximately 98 grievances in quarterly reports during 2006 (three quarters) and all quarters of 2007. CCAH categorized grievances into access, acceptability, quality of care, billing, and other issues.
Office of the Ombudsman’s Reports

- 2006: 106 OCMS cases (3.4% of all cases; 1.491 cases per 1,000 members)
- 2006: 20 State Fair Hearings (2.1% of all cases; 0.281 cases per 1,000 members)
- 2007: 113 OCMS cases (2.5% of all cases; 1.572 cases per 1,000 members)
- 2007: 12 State Fair Hearings (2.5% of all cases; 0.167 cases per 1,000 members)

Summary of Quality

Delmarva assessed CCAH’s quality of care in six ways: HEDIS performance measure rates, CAHPS survey results, QIPs, grievance and Ombudsman reports, Medi-Cal audits findings, and sustainability of improvement of quality indicators.

When comparing CCAH’s 2007 HEDIS rates, the plan scored better than the 2007 Medi-Cal managed care weighted average and 2006 national Medicaid average in all five comparable measures in the quality domain. For the 2008 reporting year, CCAH’s rates were higher than both benchmark performance rates for six of seven measures. The plan scored slightly below the Medi-Cal managed care weighted average on the measure, Use of Appropriate Medications for People With Asthma, but above the national benchmark.

CCAH’s CAHPS composite score for Getting Needed Care exceeded the Medi-Cal managed care weighted average in the Adult category; however, CCAH fell below the benchmark in the Child category. For the composite, How Well Doctors Communicate, both Adult and Child categories exceeded the Medi-Cal managed care weighted average.

CCAH completed one QIP categorized in the quality area: Improving Health of Members with Asthma. This QIP was closed during this reporting period. The project measured improved by almost 20 percentage points over the baseline rate.

Regarding audit findings, auditors found opportunities for improvement in CCAH’s Member Rights and Quality Management categories. Based on auditor recommendations, the plan corrected all deficiencies and actions were considered adequate to correct the issues.

Finally, in the sustainability area, CCAH sustained improvement for two measures, Use of Appropriate Medications for People With Asthma and Cervical Cancer Screening. The Chlamydia Screening in Women measure had maintained performance until a notable increase was reported in 2007. MMCD retired the Chlamydia Screening in Women measure in 2008.

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7 OCMS cases and State Fair Hearings are presented as a percentage of all managed care plan cases and rates per 1,000 members.
Access to Care Assessment

One of MMCD’s goals is to protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings with regard to the access domain for CCAH are presented in the following section.

2007 HEDIS Performance Measures Pertaining to Access

Delmarva used two HEDIS measures Adolescent Well-Care Visits and Prenatal and Postpartum Care—Postpartum Care as indicators for access to care in this report. Table 4 shows CCAH’s 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Central Coast Alliance to State and National Programs.

<table>
<thead>
<tr>
<th>2007 Access Measure</th>
<th>2007 Central Coast Alliance Rate*</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
<th>2006 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>43.6%</td>
<td>36.9%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>72.0%</td>
<td>58.7%</td>
<td>57.0%</td>
</tr>
</tbody>
</table>


CCAH reported a higher 2007 score than both the 2007 Medi-Cal managed care weighted averages and the 2006 national Medicaid averages for the Adolescent Well-Care Visits and Prenatal and Postpartum Care—Postpartum Care measures.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows CCAH’s 2008 results for access-related HEDIS measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Central Coast Alliance to State and National Programs.

<table>
<thead>
<tr>
<th>2008 Access Measure</th>
<th>2008 Central Coast Alliance Rate*</th>
<th>2008 Medi-Cal Managed Care Weighted Average*</th>
<th>2007 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>47.2%</td>
<td>39.6%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>71.3%</td>
<td>59.1%</td>
<td>59.1%</td>
</tr>
</tbody>
</table>


CCAH reported a higher 2008 score than both the 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages for the Adolescent Well-Care Visits and Prenatal and Postpartum Care—Postpartum Care measures.
CAHPS Survey Results Pertaining to Access

Delmarva chose the CAHPS composite, *Getting Care Quickly*, to represent the access domain of this report. The results of this composite are presented in Table 6 and discussed below.

Table 6. 2007 CAHPS Access Survey Results Comparing Central Coast Alliance to the Medi-Cal Managed Care Weighted Average.

<table>
<thead>
<tr>
<th>2007 CAHPS Composite</th>
<th>Population</th>
<th>2007 Central Coast Alliance for Health Result</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Care Quickly</td>
<td>Adult</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>35%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>CSHCN†</td>
<td>38%</td>
<td>‡</td>
</tr>
</tbody>
</table>

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† CSHCN - Child with Special Health Care Needs.
‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

CCAH’s composite score for *Getting Care Quickly* showed 53 percent of responding adult members indicated they always received care quickly, eight percentage points higher than the Medi-Cal managed care weighted average. Of the CCAH parents/guardians of child members who responded, 35 percent indicated their children always received care quickly, slightly less than the state benchmark.
Quality Improvement Projects

CCAH engaged in three Quality Improvement Projects (QIPs) categorized in the access domain:

- Improving Adolescent Health Collaborative
- Improving Rates of Non-Urgent Emergency Department Visits
- Avoidable Emergency Room Visits

The Adolescent Health Collaborative and Avoidable Emergency Room Visits QIPs are statewide collaborative projects. The QIPs and associated outcomes are discussed below.

Improving Adolescent Health Collaborative Project

- **Relevance:**
  In 2002, CCAH reported a HEDIS rate of 26.9 percent for the Adolescent Well-Care Visits measure, which fell below the NCQA national Medicaid average of 32.4 percent.

- **Goal:**
  Achieve a rate of 48 percent for the HEDIS Adolescent Well-Care Visits measure by 2006.

- **Best Interventions:**
  - Continued the adolescent incentive program, which provided movie tickets to members completing an adolescent well-care exam.
  - Provided monthly provider action lists, which included a roster of members with no record of well-care visits.

- **Outcomes:**
  - HEDIS Adolescent Well-Care Visits:
    - 2003 (Baseline): 30.17%
    - 2004 (Remeasurement 1): 40.39%
    - 2005 (Remeasurement 2): 41.61%
    - 2006 (Remeasurement 3): 43.55%

- **Attributes/Barriers to Outcomes:**
  - Attribute: An increase in the adolescent well-care visit rate was attributed to CCAH’s maturing case management and incentive programs.
  - Barrier: General resistance by adolescents to adult advice regarding health.
  - Barrier: Lack of adolescent medicine specialists to champion adolescent care and projects regionally.

Although CCAH did not meet its goal of 48 percent, the plan’s most recent HEDIS rate was 13 percentage points higher than the reported baseline rate.
Improving Rates of Non-Urgent Emergency Department Visits

- **Relevance:**
  CCAH reported 41 emergency department (ED) visits per 1,000 member months in 2004. Although this rate was lower than the NCQA mean of 49.5, CCAH recognized that their EDs were overburdened and at times had to divert members to other facilities.

- **Goals:**
  - Decrease non-emergent use of ED services by five percent for CCAH frequent users by the end of 2006.
  - Achieve a rate of at least 10 percent participation in the Chronic Pain Management Contracts Program by the end of 2006.

- **Best Interventions:**
  - Identified and stratified members with five or more ED visits in the most recent quarter by primary diagnosis of diabetes, asthma, and chronic pain.
  - Informed providers of frequent ED users and included dates and locations of service and ED diagnosis.
  - Conducted demonstration testing of pay-for-performance rewards for providers with low non-emergent ED visit rates.

- **Outcomes:**
  - Quarterly frequent ED visits (the number of ED visits during a given quarter/the number of frequent users during a given quarter):
    - 7/1/2004-9/30/2004 (Baseline): 7.47 visits
    - 10/1/2004-12/31/2004 (Remeasurement 1): 7.29 visits
    - 10/1/2005-12/31/2005 (Remeasurement 5): 6.78 visits
    - 7/1/2006-9/30/2006 (Remeasurement 8): 6.52 visits
  - Chronic Pain Management Contracts Program:
    - 9/1/2004-2/28/2004 (Baseline): 0%
    - 3/31/2006-8/31/2006 (Remeasurement 3): 10.00%
Attributes/Barriers to Outcomes:

- Barrier: Coordination of care complexities between providers, ED staff, and pharmacies.
- Barrier: Providers who were busy providing primary care often overlooked recent non-emergent ED visit follow-up.

CCAH saw a 12.9 percent decrease (positive results) in ED visits between the baseline and final measurement periods. Although CCAH closed this project, the plan is participating in the statewide collaborative project focused on avoidable emergency room visits. See project description below.

Avoidable Emergency Room Visits

Relevance:
CCAH indicated that 6 to 19 year olds accounted for 20 percent of all ER visits and children five and younger accounted for 30 percent of all ER visits in 2006.

Goals:
- Achieve a five percent reduction in the rate of members seen in the ER by Remeasurement 1.
- Achieve a five percent reduction in avoidable ER visits by Remeasurement 1.

Best Interventions:
Collaborative interventions were being developed during this reporting period.

Outcomes:
- HEDIS rate of members seen in the ER:
  - 2006 (Baseline): 42.88 visits per 1,000 member months
- Rate of members seen in the ER with designated avoidable visits:
  - 2006 (Baseline): 4.63%

Attributes/Barriers to Outcomes:
Attributes and barriers to outcomes were not available to Delmarva in time to be included in this report.

CCAH closed two of these QIP projects during this reporting period, Improving Adolescent Health Collaborative and Improving Rates of Non-Urgent Emergency Department Visits. The plan implemented the Avoidable Emergency Room Visits project during 2007.

Medi-Cal Audit Findings
Delmarva presents audit results of issues categorized into the access domain of this report. Auditors identified deficiencies two access-related areas—Continuity of Care and Availability and Accessibility.
In the category of Continuity of Care, Auditors found that CCAH was unable to demonstrate that all new members received Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) within 120 days of enrollment. CCAH did not agree to implement processes to monitor IHA and IHEBA completion as recommended by the auditors. CCAH remained in non-compliance with this issue. This was a repeat finding from the July 2003 audit.

In the category of Availability and Accessibility, Auditors found that oversight committees did not monitor waiting times for various services and access to care. Although the plan had a policy and procedures to collect data on provider availability and performance, there was no evidence that this information was used to assess performance, identify problems, and take corrective actions. Because the plan did not provide timeframes for oversight or actions to be taken in the case of identified deficiencies, the plan was found non-compliant with this issue.

**Sustainability of Access Measures**

Sustainability of access measures indicates a plan’s ability to improve and maintain improvement of enrollee access to health care services. Delmarva chose two measures to represent the access domain: *Prenatal and Postpartum Care—Postpartum Care* and *Adolescent Well-Care Visits*. Figure 2 charts the rates for those measures over a four-year period.

![Figure 2. Central Coast Alliance’s Sustainability of Access to Care Indicators.](image-url)
CCAH sustained improvement in the *Adolescent Well-Care Visits* measure over the four-year measurement period, including reporting years 2007 and 2008. The plan maintained performance for the *Prenatal and Postpartum Care—Postpartum Care* measure during 2007 and 2008.

**Summary of Access**

Delmarva assessed CCAH’s access to care in five ways: HEDIS performance measure rates, CAHPS survey results, QIPs, managed care audit findings, and sustainability of improvement of access to care indicators.

For 2007 and 2008, CCAH reported HEDIS scores higher than both the Medi-Cal managed care weighted averages and the national Medicaid averages for the *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care* measures.

CAHPS survey results showed that CCAH enrollees rated the plan higher than the state benchmark for the Adult category, but not the Child category, for the composite area *Getting Care Quickly*.

In the QIP area, CCAH reported on three projects: *Improving Adolescent Health Collaborative*, *Improving Rates of Non-Urgent Emergency Department Visits*, and *Avoidable Emergency Room Visits*. The *Improving Adolescent Health Collaborative* QIP closed during the reporting period and demonstrated a 13 percentage point increase over baseline in the project indicator. The *Improving Rates of Non-Urgent Emergency Department Visits* QIP also closed and reported a decrease (positive outcome) in the number of emergency department visits for frequent users. CCAH only reported baseline data for the new statewide collaborative, *Avoidable Emergency Room Visits*.

Auditors identified deficiencies in two areas: CCAH was unable to demonstrate that all new members received Initial Health Assessment (IHA) and Individual Health Education Behavioral Assessment (IHEBA) within 120 days of enrollment and oversight committees did not monitor waiting times for various services and access to care.

In the sustainability area, CCAH sustained improvement or maintained performance in both access measures during 2007 and 2008 (*Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*).
Timeliness of Care Assessment

Access to necessary health care and related services alone is insufficient to advance the health status of Medi-Cal managed care enrollees. Timely delivery of those services is equally important. The findings related to timeliness are described in the following section.

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

Delmarva included the five measures shown in Table 7 in the timeliness domain because each measure is associated with the receipt of services within a certain timeframe.

Table 7. 2007 HEDIS Timeliness Measure Results Comparing Central Coast Alliance to State and National Programs.

<table>
<thead>
<tr>
<th>2007 Timeliness Measure</th>
<th>2007 Central Coast Alliance Rate*</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
<th>2006 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening†</td>
<td>58.6%</td>
<td>48.6%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>85.6%</td>
<td>77.9%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>86.4%</td>
<td>79.4%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>75.2%</td>
<td>57.7%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>77.1%</td>
<td>74.3%</td>
<td>63.3%</td>
</tr>
</tbody>
</table>

† Due to significant changes in technical specifications, this measure is treated as a first-year measure in 2007. Because new MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.

CCAH’s rates were higher than both the 2007 Medi-Cal managed care weighted averages and the 2006 national Medicaid averages in the timeliness domain for all four comparable HEDIS measures:

- **Childhood Immunization Status—Combination 2**
- **Prenatal and Postpartum Care—Timeliness of Prenatal Care**
- **Well-Child Visits in the First 15 Months of Life**
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life**
2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures as for the 2007 reporting year to represent the timeliness domain and added a newly required measure, *Childhood Immunization Status—Combination 3*. Table 8 shows the results of the 2008 HEDIS timeliness measures.

Table 8. 2008 HEDIS Timeliness Measure Results Comparing Central Coast Alliance to State and National Programs.

<table>
<thead>
<tr>
<th>2008 Timeliness Measure</th>
<th>2008 Central Coast Alliance Rate*</th>
<th>2008 Medi-Cal Managed Care Weighted Average*</th>
<th>2007 HEDIS National Medicaid Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>59.1%</td>
<td>50.4%</td>
<td>49.1%</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>84.2%</td>
<td>80.1%</td>
<td>73.3%</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 3†</td>
<td>75.7%</td>
<td>72.0%</td>
<td>60.6%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>84.2%</td>
<td>82.6%</td>
<td>81.2%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>77.9%</td>
<td>60.2%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>78.1%</td>
<td>75.8%</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.  
† 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.

CCAH’s rates were higher than both the 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages in the timeliness domain for all five comparable measures:

- Breast Cancer Screening, *Childhood Immunization Status—Combination 2*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

CAHPS Survey Results Pertaining to Timeliness

Delmarva chose two CAHPS composites, *Courteous and Helpful Office Staff* and *Health Plan’s Customer Service*, to represent the timeliness of care domain. The results of the composite scores are presented in Table 9, which is followed by a discussion of the results.
Table 9. 2007 CAHPS Timeliness Survey Results Comparing Central Coast Alliance to the Medi-Cal Managed Care Weighted Average.

<table>
<thead>
<tr>
<th>2007 CAHPS Composite</th>
<th>Population</th>
<th>2007 Central Coast Alliance Result</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courteous and Helpful Office Staff</td>
<td>Adult</td>
<td>†</td>
<td>†</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>CSHCN‡</td>
<td>54%</td>
<td>§</td>
</tr>
<tr>
<td>Health Plan’s Customer Service</td>
<td>Adult</td>
<td>50%¶</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>75%¶</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>CSHCN‡</td>
<td>67%¶</td>
<td>§</td>
</tr>
</tbody>
</table>

* Each Medi-Cal average is calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† The composite Courteous and Helpful Office Staff was eliminated from the 2007 CAHPS Adult survey.
‡ CSHCN - Child with Special Health Care Needs.
§ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling, and data cannot be used due to the possibility of double counting. Refer to Appendix B: CAHPS for further detail.
¶ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the composite area, Courteous and Helpful Office Staff, 51 percent of CCAH’s responding parents/guardians of child members indicated that the office staff was always courteous and helpful; whereas the Medi-Cal managed care weighted average for this composite was 52 percent. In the composite area, Health Plan’s Customer Service, the plan received 100 or less responses to some of the questions. Rates in the above table that are noted as not statistically valid are not discussed here.

Quality Improvement Projects
CCAH did not engage in any QIPs that were categorized in the timeliness domain during this reporting period.

Medi-Cal Audit Findings
The discussion that follows presents audit results of issues categorized into the timeliness domain of this report. Auditors identified one deficiency in Utilization Management.

CCAH did not provide written notification to enrollees within the required five-day timeframe when Treatment Authorization Requests (TARs) were deferred. Although the plan partially corrected the issue with the addition of physician identification on notification letters, CCAH remained in non-compliance. The plan failed to develop and implement processes to assure that the plan will respond to the members in writing within five working days after making the decision to modify or deny services and will notify the members in writing of TAR deferrals.
Sustainability of Timeliness of Care Measures

Sustainability of timeliness relates to the plan’s delivery of screening tests, preventive health visits, and/or preventive health procedures early enough to prevent the consequences of delayed care. Delmarva chose four measures to represent timeliness for this assessment. Figure 3 charts those measures.

Figure 3. Central Coast Alliance’s Sustainability of Timeliness of Care Indicators.

CCAHA showed sustained improvement from 2004 to 2008 for the timeliness measure, *Well-Child Visits in the First 15 Months of Life*. For the *Childhood Immunization Status—Combination 2* measure, the plan showed overall improvement of the rates despite a decline in both 2007 and 2008. The plan maintained rates for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure until 2007 and 2008—when the rates declined. The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure’s 2007 technical specifications. Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates for 2007 or 2008, as trend cannot be determined with missing data points.
Summary of Timeliness of Care

Delmarva assessed CCAH in four areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, Medi-Cal audit findings, and sustainability of improvement of timeliness of care indicators. Molina had no QIP regarding timeliness during this reporting period.

For 2007 and 2008, CCAH’s HEDIS rates exceeded both the Medi-Cal managed care weighted average and the national Medicaid average in the timeliness domain for all comparable measures.

CCAH’s parents/guardians of child members indicated less often that the office staff was always courteous and helpful than the Medi-Cal managed care weighted average for the composite, Courteous and Helpful Office Staff.

Auditors identified one deficiency in Utilization Management. CCAH did not provide written notification to enrollees within the required five-day timeframe after Treatment Authorization Requests were deferred. Although the plan partially corrected the issue with the addition of physician identification on notification letters, CCAH remained in non-compliance.

In the sustainability area, CCAH showed sustained improvement over the four-year measurement period for the timeliness measure, Well-Child Visits in the First 15 Months of Life. The plan showed overall improvement of the rates for the Childhood Immunization Status—Combination 2 measure—despite a decline in both 2007 and 2008. The plan maintained rates for the Prenatal and Postpartum Care—Timeliness of Prenatal Care measure for three years until 2007 and 2008 when the rates declined.
Comparison of Central Coast Alliance’s 2007 and 2008 HEDIS Scores

Delmarva presents CCAH’s 2007 and 2008 HEDIS rates in Table 10 and provides a brief discussion of the rate comparisons.

Table 10. Comparison of Central Coast Alliance’s 2007 and 2008 HEDIS Performance Rates.

<table>
<thead>
<tr>
<th>2008 Performance Measure</th>
<th>2007 Central Coast Alliance Rate*</th>
<th>2008 Central Coast Alliance Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>85.6%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 3†</td>
<td>†</td>
<td>75.7%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>75.2%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>77.1%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>43.6%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>86.4%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>72.0%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>58.6%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>77.4%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People With Asthma</td>
<td>87.9%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>91.8%</td>
<td>94.5%</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†‡</td>
<td>†</td>
<td>34.1%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>68.6%</td>
<td>71.3%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>84.2%</td>
<td>85.6%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Good Control (&lt;7.0%)†</td>
<td>†</td>
<td>46.2%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)‡</td>
<td>†</td>
<td>31.6%§</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening</td>
<td>74.9%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Control (&lt;100mg/dL)†</td>
<td>†</td>
<td>38.2%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy</td>
<td>78.1%</td>
<td>81.0%</td>
</tr>
<tr>
<td>2008 Performance Measure</td>
<td>2007 Central Coast Alliance Rate*</td>
<td>2008 Central Coast Alliance Rate*</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †</td>
<td>†</td>
<td>310.3</td>
</tr>
<tr>
<td>Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †</td>
<td>†</td>
<td>60.9</td>
</tr>
<tr>
<td>Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †</td>
<td>†</td>
<td>4.3</td>
</tr>
<tr>
<td>Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †</td>
<td>†</td>
<td>14.9</td>
</tr>
</tbody>
</table>

† Since 2008 is the first year MMCD required reporting of this measure, no rates were reported for 2007. Because MPLs and HPLs had not yet been established, the 2008 rate is displayed for informational purposes only and will not be compared to benchmarks.
‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis, and a lower score was better. The 2008 measure is called Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, and a higher score is better.
§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.

Due to 2007 specification changes, the plan’s rates of Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis cannot be compared between reporting years 2007 and 2008. MMCD eliminated the Chlamydia Screening measure and instead required the Ambulatory Care measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities. The Ambulatory Care measure provides utilization information across the whole spectrum of the population – from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care for chronic conditions. Although rates for the four Ambulatory Care indicators are included, conclusions should not be drawn regarding plan performance for these indicators as noted in the Table 10 footnotes.

- CCAH improved on 8 of the 14 comparable HEDIS scores:
  - Well-Child Visits in the First 15 Months of Life
  - Adolescent Well-Care Visits
  - Cervical Cancer Screening
  - Appropriate Treatment for Children With Upper Respiratory Infection
  - Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
  - Comprehensive Diabetes Care—HbA1c Testing
  - Comprehensive Diabetes Care—LDL-C Screening
  - Comprehensive Diabetes Care—Medical Attention for Nephropathy
CCAH’s scores remained relatively unchanged for four measures:
- Well-Child visits in the Third, Fourth, Fifth and Sixth Years of Life
- Prenatal and Postpartum Care—Postpartum Care
- Breast Cancer Screening
- Use of Appropriate Medications for People with Asthma

CCAH’s performance decreased on two measures:
- Childhood Immunization Status—Combination 2
- Prenatal and Postpartum Care—Timeliness of Prenatal Care

Comparison of 2007 and 2008 HEDIS Measures by Model Type

Medi-Cal beneficiaries receive their health care through three models of health care delivery—County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC).

- COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

- The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community developed managed care plans operated as quasi-governmental agencies. In a Two-Plan model, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries.

- In the GMC model, enrollees choose from several commercially operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

CCAH is contracted in Monterey and Santa Cruz counties as a COHS plan. Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) on measures to which MPLs and HPLs were not applied.
Table 11. Comparison of 2007 Medi-Cal Managed Care Weighted Averages by Plan Type.

<table>
<thead>
<tr>
<th>2007 Performance Measure</th>
<th>Rate (ranking among plan types)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COHS Model &amp; Plan Type*</td>
</tr>
<tr>
<td></td>
<td>CP†</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>82.9% (1)</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>68.0% (1)</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>76.3% (1)</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>47.8% (1)</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>82.0% (2)</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>64.3% (1)</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>54.4% (3)</td>
</tr>
<tr>
<td>Breast Cancer Screening ¶</td>
<td>55.6%</td>
</tr>
<tr>
<td>Cervical Cancer Screening ¶</td>
<td>70.1%</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People With Asthma</td>
<td>88.7% (1)</td>
</tr>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>81.3% (3)</td>
</tr>
<tr>
<td>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis ¶</td>
<td>71.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>68.7% (1)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>85.4% (1)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening ¶</td>
<td>80.7%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy ¶</td>
<td>81.2%</td>
</tr>
</tbody>
</table>

Plan Model Definitions:
* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.
† Two-Plan consists of two plan types:
  - Commercial Plans (CPs) are commercially-operated managed care plans.
  - Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies.
  - Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries.
‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.
§ For this measure, a lower score indicates better performance.
¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.
For reporting year 2007, COHS ranked as follows:

- COHS plans ranked first of the five plan types in the following HEDIS measures:
  - Childhood Immunization Status—Combination 2
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Adolescent Well-Care Visits
  - Prenatal and Postpartum Care—Postpartum Care
  - Use of Appropriate Medications for People With Asthma
  - Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
  - Comprehensive Diabetes Care—HbA1c Testing

- COHS plans ranked second of the five plan types in the HEDIS measure Prenatal and Postpartum Care—Timeliness of Prenatal Care.

- COHS plans ranked third of the five plan types in the following HEDIS measures:
  - Chlamydia Screening in Women
  - Appropriate Treatment for Children With Upper Respiratory Infection

- The COHS plan type has no HEDIS measures in the fourth and fifth rankings of the five plan types.
<table>
<thead>
<tr>
<th>2008 Performance Measure</th>
<th>Rate (ranking among plan types)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COHS Model &amp; Plan Type*</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>83.3% (1)</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 3†</td>
<td>77.4%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>72.3% (1)</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>78.9% (1)</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>48.4% (1)</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>85.2% (1)</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>66.9% (1)</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>56.4% (1)</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>69.1% (2)</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People with Asthma</td>
<td>90.1% (1)</td>
</tr>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>85.2% (3)</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis†</td>
<td>26.1%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>69.6% (1)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>85.3% (1)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Good Control (&lt;7.0%)†</td>
<td>39.7%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)§†</td>
<td>35.5%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening</td>
<td>81.3% (1)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Control (&lt;100mg/dL)†</td>
<td>40.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy</td>
<td>82.0% (1)</td>
</tr>
</tbody>
</table>
## 2008 Performance Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate (ranking among plan types)</th>
<th>COHS Model &amp; Plan Type*</th>
<th>Two-Plan Model</th>
<th>GMC Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)†</td>
<td>322.38</td>
<td>254.75</td>
<td>268.14</td>
<td>263.24</td>
</tr>
<tr>
<td>Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)†</td>
<td>43.49</td>
<td>33.42</td>
<td>38.17</td>
<td>33.98</td>
</tr>
<tr>
<td>Ambulatory Care—Ambulatory Surgery/ Procedures (Total Procedures per 1,000 Member Months)†</td>
<td>4.95</td>
<td>2.04</td>
<td>2.09</td>
<td>2.48</td>
</tr>
<tr>
<td>Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)†</td>
<td>2.87</td>
<td>0.29</td>
<td>0.52</td>
<td>0.26</td>
</tr>
</tbody>
</table>

### Plan Model Definitions:

* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.

† Two-Plan consists of two plan types:
   - Commercial Plans (CPs) are commercially-operated managed care plans.
   - Local Initiatives (LI) are community-developed managed care plans operated as quasi-governmental agencies. Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries.

‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

§ This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.

¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.

For reporting year 2008, COHS ranked as follows:

- COHS plan ranked first of the five plan types in the following HEDIS measures:
  - Childhood Immunization Status—Combination 2
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Adolescent Well-Care Visits
  - Prenatal and Postpartum Care—Timeliness of Prenatal Care
  - Prenatal and Postpartum Care—Postpartum Care
  - Breast Cancer Screening
  - Use of Appropriate Medications for People With Asthma
  - Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
  - Comprehensive Diabetes Care—HbA1c Testing
  - Comprehensive Diabetes Care—LDL-C Screening
  - Comprehensive Diabetes Care—Medical Attention for Nephropathy
COHS plans ranked second of the five plan types in the HEDIS measure *Cervical Cancer Screening*.

COHS plans ranked third of the five plan types in the HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection*.

The COHS plan has no HEDIS measures in the fourth and fifth rankings of the five plan types.

**Comparison to Other National and California State Programs**

In each of the quality, access, and timeliness assessments provided earlier in this report, CCAH’s performance was compared with the Medi-Cal managed care weighted average and the national Medicaid average. This section provides two comparisons that have not been made elsewhere in this report—with national commercial averages and the California Healthy Families Program averages. The Healthy Families Program, administered by the California Managed Risk Medical Insurance Board, is a low cost health, dental, and vision coverage plan for uninsured children (up to age 19) of working families. In addition to the new rate comparisons, the Medi-Cal managed care weighted averages and the national Medicaid averages are provided in Tables 13 and 14.
Table 13. 2007 Performance Measurement Rates Comparing Central Coast Alliance to National and State Programs.

<table>
<thead>
<tr>
<th>2007 Performance Measure</th>
<th>2007 Central Coast Alliance Rate*</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
<th>2006 HEDIS National Medicaid Average*</th>
<th>2006 HEDIS National Commercial Average*</th>
<th>2007 California Healthy Families Average†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>85.6%</td>
<td>77.9%</td>
<td>70.4%</td>
<td>77.8%</td>
<td>79.2%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>75.2%</td>
<td>57.7%</td>
<td>48.6%</td>
<td>71.0%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>77.1%</td>
<td>74.3%</td>
<td>63.3%</td>
<td>64.4%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>43.6%</td>
<td>36.9%</td>
<td>40.6%</td>
<td>38.7%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>86.4%</td>
<td>79.4%</td>
<td>79.1%</td>
<td>91.9%</td>
<td>‡</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>72.0%</td>
<td>58.7%</td>
<td>57.0%</td>
<td>81.5%</td>
<td>‡</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>58.8%</td>
<td>52.8%</td>
<td>50.6%</td>
<td>34.9%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Breast Cancer Screening§</td>
<td>58.6%</td>
<td>48.6%</td>
<td>53.9%</td>
<td>72.0%</td>
<td>‡</td>
</tr>
<tr>
<td>Cervical Cancer Screening§</td>
<td>77.4%</td>
<td>67.9%</td>
<td>65.0%</td>
<td>81.8%</td>
<td>‡</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People With Asthma</td>
<td>87.9%</td>
<td>86.8%</td>
<td>85.7%</td>
<td>89.9%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>91.8%</td>
<td>78.9%</td>
<td>82.5%</td>
<td>82.9%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis§§</td>
<td>71.6%</td>
<td>71.0%</td>
<td>69.4%</td>
<td>66.1%</td>
<td>‡</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>68.6%</td>
<td>54.1%</td>
<td>48.6%</td>
<td>54.8%</td>
<td>‡</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>84.2%</td>
<td>79.5%</td>
<td>76.2%</td>
<td>87.6%</td>
<td>‡</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening§</td>
<td>74.9%</td>
<td>75.9%</td>
<td>80.5%</td>
<td>92.3%</td>
<td>‡</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy§</td>
<td>78.1%</td>
<td>81.0%</td>
<td>48.8%</td>
<td>55.1%</td>
<td>‡</td>
</tr>
</tbody>
</table>

† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
‡ Healthy Families did not report data on these measures.
§ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007.
The rate is displayed for informational purposes only and will not be compared to benchmarks.
¶ For this 2007 measure, a lower rate indicates better performance. For 2008, this measure will be called Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, and a higher score will be better.
In this section, Delmarva compares the 2007 rates of CCAH to the rates of the 2006 national commercial and 2007 Healthy Families benchmarks and follows with a comparison of the plan to other benchmarks.

- CCAH reported higher 2007 rates than the 2006 national commercial averages, for 7 of the 11 comparable HEDIS measures:
  - Childhood Immunization Status—Combination 2
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Adolescent Well-Care Visits
  - Chlamydia Screening in Women
  - Appropriate Treatment for Children With Upper Respiratory Infection
  - Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

- CCAH had higher rates than the 2007 California Healthy Families rates on six of the seven comparable HEDIS measures:
  - Childhood Immunization Status—Combination 2
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Adolescent Well-Care Visits
  - Appropriate Treatment for Children With Upper Respiratory Infection
  - Chlamydia Screening in Women

- CCAH performed better than all benchmarks for the following HEDIS measures:
  - Childhood Immunization Status—Combination 2
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - Adolescent Well-Care Visits
  - Chlamydia Screening in Women
  - Appropriate Treatment for Children With Upper Respiratory Infection
  - Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

- CCAH had mixed results on the following HEDIS measures:
  - Prenatal and Postpartum Care—Timeliness of Prenatal Care (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)
  - Prenatal and Postpartum Care—Postpartum Care (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)
- **Use of Appropriate Medications for People With Asthma** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average and the California Healthy Families average.)

- **Comprehensive Diabetes Care—HbA1c Testing** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but lower than the national commercial average.)

Table 14. 2008 Performance Measurements Comparing Rates of Central Coast Alliance to National and State Programs.

<table>
<thead>
<tr>
<th>2008 Performance Measure</th>
<th>2008 Central Coast Alliance Rate(a)</th>
<th>2008 Medi-Cal Managed Care Weighted Average(a)</th>
<th>2007 HEDIS National Medicaid Average(a)</th>
<th>2007 HEDIS National Commercial Average(a)</th>
<th>2007 California Healthy Families Average(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Status—Combination 2</td>
<td>84.2%</td>
<td>80.1%</td>
<td>73.3%</td>
<td>79.8%</td>
<td>79.2%</td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 3(c)</td>
<td>75.7%</td>
<td>72.0%</td>
<td>60.6%</td>
<td>65.8%</td>
<td>73.4%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>77.9%</td>
<td>60.2%</td>
<td>55.6%</td>
<td>72.9%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>78.1%</td>
<td>75.8%</td>
<td>66.8%</td>
<td>66.7%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>47.2%</td>
<td>39.6%</td>
<td>43.7%</td>
<td>40.3%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Timeliness of Prenatal Care</td>
<td>84.2%</td>
<td>82.6%</td>
<td>81.2%</td>
<td>90.6%</td>
<td>(d)</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care—Postpartum Care</td>
<td>71.3%</td>
<td>59.1%</td>
<td>59.1%</td>
<td>79.9%</td>
<td>(d)</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>59.1%</td>
<td>50.4%</td>
<td>49.1%</td>
<td>68.9%</td>
<td>(d)</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>80.5%</td>
<td>68.7%</td>
<td>65.7%</td>
<td>81.0%</td>
<td>(d)</td>
</tr>
<tr>
<td>Use of Appropriate Medications for People with Asthma</td>
<td>88.7%</td>
<td>88.8%</td>
<td>87.1%</td>
<td>91.6%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>94.5%</td>
<td>83.1%</td>
<td>83.3%</td>
<td>82.8%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis(e)</td>
<td>34.1%</td>
<td>28.4%</td>
<td>(e)</td>
<td>(e)</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</td>
<td>71.3%</td>
<td>58.1%</td>
<td>51.4%</td>
<td>54.7%</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Testing</td>
<td>85.6%</td>
<td>82.1%</td>
<td>78.0%</td>
<td>87.5%</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Good Control (&lt;7.0%)(e)</td>
<td>46.2%</td>
<td>32.6%</td>
<td>N/A</td>
<td>41.8%</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)(e)</td>
<td>31.6%</td>
<td>42.6%</td>
<td>48.7%</td>
<td>29.6%</td>
<td>(d)</td>
</tr>
</tbody>
</table>
### 2008 Performance Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>2008 Central Coast Alliance Rate(a)</th>
<th>2008 Medi-Cal Managed Care Weighted Average(b)</th>
<th>2007 HEDIS National Medicaid Average(c)</th>
<th>2007 HEDIS National Commercial Average(c)</th>
<th>2007 California Healthy Families Average(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Screening</td>
<td>90.3%</td>
<td>77.8%</td>
<td>71.1%</td>
<td>83.4%</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—LDL-C Control(&lt;100mg/dL)(d)</td>
<td>38.2%</td>
<td>34.2%</td>
<td>30.6%</td>
<td>43.0%</td>
<td>(d)</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care—Medical Attention for Nephropathy</td>
<td>81.0%</td>
<td>78.3%</td>
<td>74.6%</td>
<td>79.7%</td>
<td>(d)</td>
</tr>
<tr>
<td>Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)(e)</td>
<td>310.3</td>
<td>271.57</td>
<td>317.97</td>
<td>296.73</td>
<td>(d)</td>
</tr>
<tr>
<td>Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)(e)</td>
<td>60.9</td>
<td>37.26</td>
<td>57.02</td>
<td>16.71</td>
<td>(d)</td>
</tr>
<tr>
<td>Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)(e)</td>
<td>4.3</td>
<td>2.58</td>
<td>5.30</td>
<td>10.49</td>
<td>(d)</td>
</tr>
<tr>
<td>Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)(e)</td>
<td>14.9</td>
<td>0.79</td>
<td>1.78</td>
<td>.83</td>
<td>(d)</td>
</tr>
</tbody>
</table>

(a) Rates obtained from the Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans.
(b) 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
(c) Due to first-year reporting requirements, MPLs and HPLs were not established for 2008. The rate is displayed for informational purposes only and will not be compared to benchmarks.
(d) Healthy Families did not report data on these measures.
(e) 2007 and 2008 rates cannot be compared. The 2007 measure was called Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis, and a lower score was better. The 2008 measure is called Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, and a higher score is better.
(f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
(g) MMCD has yet to determine whether to apply an MPL or HPL to the Ambulatory Care measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.

Plan performance on newly required measures is not assessed because the first-year results are considered “baseline” results, and MMCD does not apply the MPL or HPL to these measures. In addition, the newly required Ambulatory Care indicators are not scored as percentages, but rather as utilization counts per 1,000 member months. MMCD has yet to determine whether to apply MPLs or HPLs to these measures.
In this section, Delmarva compares the 2008 rates of CCAH to the 2007 national commercial and 2007 California Healthy Families benchmarks. Additionally, a comparison of the plan’s rates to other benchmarks follows.

➢ CCAH reported rates higher than the 2007 national commercial averages for the 8 of the 14 comparable HEDIS measures:
  • Childhood Immunization Status—Combination 2
  • Well-Child Visits in the First 15 Months of Life
  • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  • Adolescent Well-Care Visits
  • Appropriate Treatment for Children With Upper Respiratory Infection
  • Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
  • Comprehensive Diabetes Care—LDL-C Screening
  • Comprehensive Diabetes Care—Medical Attention for Nephropathy

➢ CCAH had higher rates than the 2007 California Healthy Families rates on five of the six comparable HEDIS measures:
  • Childhood Immunization Status—Combination 2
  • Well-Child Visits in the First 15 Months of Life
  • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  • Adolescent Well-Care Visits
  • Appropriate Treatment for Children With Upper Respiratory Infection.

➢ CCAH performed better than all benchmarks for the following HEDIS measures:
  • Childhood Immunization Status—Combination 2
  • Well-Child Visits in the First 15 Months of Life
  • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  • Adolescent Well-Care Visits
  • Appropriate Treatment for Children With Upper Respiratory Infection
  • Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
  • Comprehensive Diabetes Care—LDL-C Screening
  • Comprehensive Diabetes Care—Medical Attention for Nephropathy
CCAH had mixed results on the following HEDIS measures:

- **Prenatal and Postpartum Care—Timeliness of Prenatal Care** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)

- **Prenatal and Postpartum Care—Postpartum Care** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)

- **Breast Cancer Screening** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)

- **Cervical Cancer Screening** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but lower than the national commercial average.)

- **Use of Appropriate Medications for People With Asthma** (CCAH scored higher than the national Medicaid average, but scored lower than the Medi-Cal managed care weighted average, national commercial average, and California Healthy Families average.)

- **Comprehensive Diabetes Care—HbA1c Testing** (CCAH scored higher than both the national Medicaid average and the Medi-Cal managed care weighted average, but scored lower than the national commercial average.)
2007 Overall Strengths

- CCAH rated better than the state and national benchmark in all five comparable HEDIS measures in the quality domain.
- CCAH rated higher than the state benchmark in both the Adult and Child categories for the CAHPS composite item *How Well Doctors Communicate*.
- In the QIP, *Improving Health of Members with Asthma*, CCAH’s project measure improved by nearly 20 percentage points.
- CCAH successfully sustained improvement for two comparable HEDIS measures: *Use of Appropriate Medications for People With Asthma* and *Cervical Cancer Screening*.
- CCAH rated better than the state and national benchmarks in both access-related HEDIS measures.
- CCAH performed better than the 2007 Medi-Cal managed care weighted average in the CAHPS adult composite area *Getting Care Quickly*.
- CCAH showed improvement in both access QIPs reporting remeasurement data.
- CCAH sustained improvement for one measure, *Adolescent Well-Care Visits*, and maintained performance in the other access measure, *Prenatal and Postpartum Care—Postpartum Care*.
- CCAH rated better than the state and national benchmarks in all four comparable HEDIS measures in the timeliness domain.
- CCAH successfully sustained improvement for one timeliness of care measure, *Well-Child Visits in the First 15 Months of Life*.

2007 Recommendations

Delmarva recommends that the plan focus on which factors may be causing CCAH’s child population to respond with rates lower than the Medi-Cal managed care weighted average to the CAHPS survey items *Getting Needed Care, Getting Care Quickly*, and *Courteous and Helpful Office Staff*.

2007 Summary

Both strengths and continued opportunities for improvement exist for CCAH in the areas of quality, access, and timeliness. CCAH is performing well in several areas, including all of the HEDIS measures noted throughout the report. Additionally, on the CAHPS survey, CCAH adult respondents scored the plan’s performance higher than Medi-Cal managed care weighted averages on all composite items.

Delmarva recommends that CCAH focus on parent/guardian perceptions for CAHPS composites: *Getting Needed Care, Getting Care Quickly*, and *Courteous and Helpful Office Staff*. The plan also should address its lower performance on the *Use of Appropriate Medications for People With Asthma* measure compared to the 2007 California Health Families average.
2008 HEDIS Measure Strengths

CCAH’s rates were higher than all benchmark rates for the following indicators:

- Childhood Immunization Status—Combination 2
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits
- Appropriate Treatment for Children With Upper Respiratory Infection
- Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care—LDL-C Screening
- Comprehensive Diabetes Care—Medical Attention for Nephropathy

2008 Recommendations

Delmarva’s assessment of CCAH’s performance on the 2008 HEDIS measures in the areas of quality, access, and timeliness has identified a few opportunities for improvement. Delmarva recommends that the plan focus on:

- Why its performance on the HEDIS measure Use of Appropriate Medications for People With Asthma was worse than the 2008 Medi-Cal managed care weighted average and the 2007 California Healthy Families average.
- Factors that have led to its excellent performance on the measures Appropriate Treatment for Children with Upper Respiratory Infection and Comprehensive Diabetes Care—LDL-C Screening. Once identified, CCAH should consider reproducing the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for CCAH in the area of HEDIS performance measures as presented in this report. In particular, CCAH is performing well on the measures Appropriate Treatment for Children with Upper Respiratory Infection and Comprehensive Diabetes Care—LDL-C Screening. CCAH should focus on improving its rate for the Use of Appropriate Medications for People With Asthma measure.
Appendix A: HEDIS®

HEDIS Background
The Healthcare Effectiveness Data and Information Set (HEDIS®) is a nationally recognized, standardized set of performance indicators developed by the National Committee for Quality Assurance (NCQA). NCQA’s Committee on Performance Measurement annually evaluates and makes collective decisions about the content of the measures and the entire HEDIS process. State governments, employer and business groups, payers, and consumers use the results of these measures. More than 90 percent of all national health plans use HEDIS to measure their performance on established dimensions of health care and plan services.

HEDIS data collection and validation is standardized across all plans. HEDIS methodology makes it possible to compare the performance of health plans to each other and to national benchmarks. Results are used to identify performance variances to help plans focus their quality improvement activities.

HEDIS Domains of Care
➤ NCQA assigns each of the technically-defined HEDIS measures (71 measures in 2007 and 70 measures in 2008) to one of eight domains of care:
  • Effectiveness of Care
  • Access/Availability of Care
  • Satisfaction with the Experience of Care (Adult and Child CAHPS)
  • Use of Services
  • Cost of Care
  • Health Plan Descriptive Information
  • Health Plan Stability
  • Informed Health Care Choices

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8 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

For the 2007 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for Comprehensive Diabetes Care and Prenatal and Postpartum Care—for a total of 16 measurement indicators.9

- Adolescent Well-Care Visits
- Appropriate Treatment for Children With Upper Respiratory Infection
- Breast Cancer Screening*
- Cervical Cancer Screening*
- Childhood Immunization Status—Combination 2
- Chlamydia Screening in Women
- Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care—HbA1c Testing
- Comprehensive Diabetes Care—LDL-C Screening*
- Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*
- Prenatal and Postpartum Care—Timeliness of Prenatal Care
- Prenatal and Postpartum Care—Postpartum Care
- Use of Appropriate Medications for People With Asthma
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

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9 The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 06-010, entitled “Quality and Performance Improvement Program Requirements for 2007.”

* MPLs/HPLs were not applied to these measures in 2007.
2008 DHCS-Required HEDIS Measures

For the 2008 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for Ambulatory Care, Childhood Immunization Status, Comprehensive Diabetes Care, and Prenatal and Postpartum Care—for a total of 23 measurement indicators.10

- Adolescent Well-Care Visits
- Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)*
- Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)*
- Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)*
- Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)*
- Appropriate Treatment for Children With Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status—Combination 2
- Childhood Immunization Status—Combination 3*
- Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)*
- Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- Comprehensive Diabetes Care—HbA1c Testing
- Comprehensive Diabetes Care—LDL-C Screening
- Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)*
- Comprehensive Diabetes Care—Medical Attention for Nephropathy
- Prenatal and Postpartum Care—Postpartum Care
- Prenatal and Postpartum Care—Timeliness of Prenatal Care
- Use of Appropriate Medications for People With Asthma
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

The DHCS strives to select measures that gauge the quality of care provided to and access to care experienced by the largest segments of the Medi-Cal managed care population. The EQRO compiles and validates the measurement results from all the plans and communicates the results to the DHCS in an annual Performance Measures for Medi-Cal Managed Care Plans report.

10 The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 07-013, entitled “Quality and Performance Improvement Program Requirements for 2008.”

* MPLs/HPLs were not applied to these measures in 2008.
The Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans and the Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans (“Annual Performance Measures reports”) provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans’ HEDIS data processes are audited according to the protocols described in the Annual Performance Measures reports. CCAH’s rates in this plan report were taken from the Annual Performance Measures reports, as were the state and national benchmark rates used for comparison.

Performance Level Criteria

This report utilizes the following established benchmarks in assessing plans’ performance on measures:

- Medi-Cal Managed Care Weighted Average (Same Year)
- National Medicaid Average (Prior Year)
- National Commercial Average (Prior Year)

The DHCS compares plan rates to Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) for each measure to assess further program-wide quality of care and to identify specific health plan improvement needs. MPLs and HPLs are equal to the 25th and the 90th percentiles, respectively, of the 2006 and 2007 national Medicaid results. The performance benchmarks (MPLs and HPLs) were taken from NCQA’s Quality Compass for the previous year.

The HPL rates help identify plans that outperform the national Medicaid 90th percentile from the previous year. The DHCS does not apply the MPL and HPL to the first-year scores reported for any measure since that rate establishes a “baseline”. Similarly, the MPL and HPL are not applied in years when there were substantive changes to a measure’s technical specifications, since making a comparison to the previous rate would be inappropriate.
Appendix B: CAHPS®

CAHPS Background
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)11 program is funded and administered by the U.S. Agency of Healthcare Research and Quality (AHRQ). AHRQ works closely with a consortium of public and private organizations to develop and support a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their health care experiences.

The CAHPS surveys capture members’ ratings of health care experiences and probe those aspects of care for which members are the best, and sometimes, the only source of information. CAHPS results allow the DHCS to determine how well health plans are meeting their members’ expectations and provide individual feedback to plans. This data-driven communication encourages health plan accountability and supports health plan efforts to develop and implement action plans for improving members’ satisfaction with their healthcare and plan services. CAHPS results are presented and discussed in this report in relation to quality, access, and timeliness.

The DHCS generally has CAHPS surveys administered every two years. The survey discussed in this report was administered in 2007. Across all Medi-Cal managed care plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate,12 respectively.

CAHPS Measurements
During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and the 3.0H Child Medicaid surveys were administered to members of the Medi-Cal managed care contracted health plans.

The 2007 Adult (4.0H CAHPS) survey consisted of 51 questions. The 51 questions were categorized into five major areas:
➢ Your Health Care in the Last 6 Months
➢ Your Personal Doctor
➢ Getting Health Care From Specialists
➢ Your Health Plan
➢ About You

11 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.
12 The adjusted response rate for the category is calculated by dividing the total number of surveys completed by the difference between the number of surveys mailed and the number of surveys found to be ineligible.
The 2007 Child (3.0H CAHPS) survey consisted of 110 questions. The 110 questions were categorized into seven major areas:

- Your Child's Personal Doctor or Nurse
- Getting Health Care From a Specialist
- Your Child's Health Care in the Last 6 Months
- Specialized Services
- Your Child’s Health Plan
- Prescription Medicines
- About Your Child and You

Survey results were divided into composite areas. The composite areas are used to report plan scores and are derived by combining similar questions. Composite areas include Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, and Customer Service. As with other data sources used throughout this report, Delmarva assessed CAHPS scores using the quality, access, and timeliness framework. CAHPS composite scores were divided as follows:

- Quality
  - Getting Needed Care
  - How Well Doctors Communicate
- Access
  - Getting Care Quickly
- Timeliness
  - Courteous and Helpful Office Staff
  - Customer Service

Adult members were classified as those 18 years or older and child members were classified as those members 17 years or younger for survey purposes.

Medi-Cal Adult and Child overall averages were calculated from the ratings of all 30 contracts within the Medi-Cal managed care plans operating in the State of California and were weighted to be proportionate to plan enrollment. Delmarva employed a calculation method whereby a plan’s result is considered indicative of high performance in a CAHPS composite area when 80 percent or more of the total responses for the composite area fall within the most positive response category (i.e., definitely yes, always, etc.). It should be noted that this calculation method differs from the standardized scoring method established by NCQA. For future CAHPS surveys, California is likely to adopt NCQA’s calculation methods, including scoring.
Sample Selection and Survey Methodology

Sample selection and survey methodology are summarized below:

Sample Groups
Surveyors pulled a random sample of eligible members from each managed care plan for participation in the survey.

Adult Sample
For each managed care plan, the CAHPS 4.0H adult survey sample was drawn first, employing the required sample size. An overall score was calculated for the adult population by collecting the results from all plans and weighting the results by each plan’s population size relative to the total Medi-Cal managed care population.

Child Sample
The CAHPS 3.0H child survey sample was drawn second, employing the required sample size.

Children with Chronic Conditions and CSHCN Population
The Children with Chronic Conditions (CCC) supplemental sample is drawn from the set of prescreened members who were not already selected for the CAHPS 3.0H child survey sample. The CCC survey-based screening tool contains five questions representing five different health consequences. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered “Yes.”

The CSHCN population consists of all child members identified as having a chronic condition, as defined by the parent/guardian’s responses to the CCC survey-based screening tool. The term “CSHCN” refers to all child members surveyed who met the criteria for Children with Special Health Care Needs. After Sample A was drawn, an oversample (Sample B) was drawn as required by NCQA sampling methodology. Sample B contains the CCC Measurement Set. The prescreening process described above identified these children. Therefore, it is important to note that the CCC population data set is a subset of Sample A/General Population and the CCC population may also have been included in the results for Sample B.

Calculating an overall score by collecting the results from all plans and weighting the results by plan population size could not be accomplished for the CSHCN population due to the selection methodology and possibility of “double counting”. Overall, 31 percent of child members across all plans qualified as having special health care needs based on parent’s/guardian’s responses to the CCC screening tool.
References


California Code of Regulations, Title 28, Section 1300.68, Grievance System.


