Medi-Cal Managed Care
2013 CAHPS® Survey Summary Report
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Medi-Cal Managed Care Division
California Department of
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HSAG HEALTH SERVICES ADVISORY GROUP

DHCS California Department of HealthCareServices

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Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **AHRQ**—Agency for Healthcare Research and Quality.
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems.[1-1]
- **CATI**—Computer Assisted Telephone Interviewing.
- **CFR**—Code of Federal Regulations.
- **CMS**—Centers for Medicare & Medicaid Services.
- **COHS**—County-Organized Health System.
- **CP**—commercial plan.
- **DHCS**—California Department of Health Care Services.
- **EQR—**external quality review.
- **EQRO**—external quality review organization.
- **FFS**—fee-for-service.
- **GMC**—Geographic Managed Care.
- **HEDIS®**—Healthcare Effectiveness Data and Information Set.[1-2]
- **HSAG**—Health Services Advisory Group, Inc.
- **IOM**—Institute of Medicine.
- **LI**—Local Initiative.
- **MCMC**—Medi-Cal Managed Care program.
- **MCP**—managed care plan.
- **NCOA**—National Change of Address.
- **NCQA**—National Committee for Quality Assurance.
- **Non-SPD**—Non-Seniors and Persons with Disabilities.
- **QI**—quality improvement.
- **SCAN**—Senior Care Action Network.
- **SPD**—Seniors and Persons with Disabilities.
- **TPM**—Two-Plan Model.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

This report provides the results of a member satisfaction survey conducted of adult and child members of Medi-Cal managed care plans (MCPs) during the first half of 2013. The Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys to assess the perceptions and experiences of Medi-Cal Managed Care program (MCMC) beneficiaries and evaluate the quality of the health care services they receive.[1-1]

In 2013, HSAG administered the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys to approximately 24,000 adult members and parents or caretakers of child members in 22 MCPs.

For purposes of National Comparisons, the 2013 CAHPS results were then aggregated and compared to the National Committee for Quality Assurance's (NCQA's) 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) Benchmarks and Thresholds for Accreditation, to determine star ratings for each CAHPS measure, where applicable.[1-2,1-3,1-4,1-5] State Comparisons analyses were also conducted to facilitate comparisons of the MCPs' performance, provide model type comparisons, and comparisons of the Seniors and Persons with Disabilities (SPD) and non-SPD populations.

Overall, HSAG found that MCMC results showed generally *Poor* or *Fair* star rating performance across the global ratings and composite measures for both the adult and child populations when compared to national Medicaid data. The **Rating of Specialist Seen Most Often** for the child Medicaid survey was the exception and showed *Good* performance when compared to national data.

Kaiser Permanente–South in San Diego County and Kaiser Permanente–North in Sacramento County were the only MCPs to demonstrate significantly higher performance than the MCMC average for eight of the nine CAHPS measures. In addition, when compared to national data, both of these MCPs' adult and child populations showed *Excellent* or *Very Good* star rating performance for all eight of the comparable measures. Central CA Alliance for Health's combined rate for Monterey and Santa Cruz counties received significantly higher scores than the MCMC average for five of the nine measures.

Health Net in Sacramento County, Kern Family Health Care in Kern County, and Contra Costa Health Plan in Contra Costa County showed the greatest opportunity for improvement,

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1-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
1-2 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
1-3 National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.
1-4 NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite measure; therefore, overall member satisfaction ratings could not be derived for this CAHPS measure.
1-5 Refer to the Reader's Guide section for information regarding the assignment of star ratings and methodology used for this analysis.

demonstrating significantly lower performance than the MCMC average for four of the nine measures.

In assessing the MCPs' strengths and weaknesses across the CAHPS global ratings and composite measures, **Rating of Health Plan** and **Getting Care Quickly** had the highest number of MCPs that demonstrated *Poor* star rating performance for the adult population. Twenty-eight out of 44 MCPs demonstrated *Poor* performance for **Rating of Health Plan**, and 32 MCPs demonstrated *Poor* performance for **Getting Care Quickly**. For the child population, **Getting Care Quickly** and **How Well Doctors Communicate** had the highest number of MCPs that demonstrated *Poor* performance. Thirty-six MCPs demonstrated *Poor* performance for **Getting Care Quickly**, and 38 MCPs demonstrated *Poor* performance for **How Well Doctors Communicate**. These measures have the greatest opportunity for improvement.

In comparing the CAHPS results to national data, the County-Organized Health System (COHS) MCPs outperformed the Geographic Managed Care (GMC) model and Two-Plan Model (TPM) types on three out of eight measures for the adult population. For the child population, the GMC model types outperformed the COHS MCPs and TPM types on seven out of eight measures. In addition, the GMC model types outperformed the COHS MCPs and TPM types and scored higher than the MCMC average for eight out of nine measures for the State Comparisons analysis.

HSAG's comparison of the SPD and non-SPD populations' CAHPS results to national data revealed that the adult SPD population outperformed the adult non-SPD population on six out of eight measures, and the child SPD population outperformed the child non-SPD population on three out of eight measures. Additionally, for the State Comparisons analysis, the SPD population scored higher than the non-SPD population and the MCMC average for eight out of nine measures.

DHCS demonstrates a commitment to monitor and improve members' satisfaction through the administration of the CAHPS Survey. The CAHPS Survey plays an important role as a quality improvement (QI) tool for MCPs. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on 2013 CAHPS performance, MCPs have opportunities to improve members' satisfaction with care and services. Most measures received *Poor* or *Fair* star ratings when compared to national Medicaid data.

MCPs have the greatest opportunities for improvement on the **Rating of Health Plan**, **Getting Care Quickly**, and **How Well Doctors Communicate** measures. Low performance in these areas may point to issues with access to and timeliness of care.

Based on the 2013 CAHPS results, HSAG provides the following global recommendations for improvement:

- MCPs should consider conducting a barrier analysis or focus groups to identify factors contributing to areas of low performance and implementing interventions.
- MCPs should consider selecting a member satisfaction measure(s) as a formal quality improvement project as a strategy for improving results.

MCPs that demonstrated above average performance should share initiatives and strategies that have been successful in meeting and exceeding members' expectations.

Introduction

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care plans (MCPs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. The California Department of Health Care Services (DHCS) periodically assesses the perceptions and experiences of Medi-Cal Managed Care program (MCMC) beneficiaries as part of its process for evaluating the quality of health care services provided by Medi-Cal MCPs to MCMC beneficiaries.

To accomplish this task, DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys. The administration of the CAHPS Surveys is an optional Medicaid external quality review (EQR) activity to assess managed care members' satisfaction with their health care services. DHCS requires that CAHPS Surveys are administered to both adult members and parents or caretakers of child members. In 2013, HSAG administered standardized survey instruments, CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set, to members of all 22 MCMC full-scope regular MCPs, which resulted in 44 distinct reporting units.[2-1]

This report presents the MCMC CAHPS 2013 results from adult members and parents or caretakers of child members who completed surveys from February to May 2013, which represent members' experiences with care and services over the prior six months. Results include members' global ratings in four areas: **Rating of Health Plan**, **Rating of All Health Care**, **Rating of Personal Doctor**, and **Rating of Specialist Seen Most Often**. Additionally, the results of five composite measures reflect members' experiences with **Getting Needed Care**, **Getting Care Quickly**, **How Well Doctors Communicate**, **Customer Service**, and **Shared Decision Making**.

HSAG presents aggregate MCMC results and compares them to national Medicaid data; displays MCP results at the county level, where applicable, to facilitate comparison; provides comparison among MCMC County-Organized Health System (COHS), Geographic Managed Care (GMC) model, and Two-Plan Model (TPM) and provides comparisons amongst the Seniors and Persons with Disabilities (SPD) and non-SPD populations.

[2-1] Following administration of the CAHPS surveys, it was identified that Anthem Blue Cross was no longer contracted in San Joaquin and Stanislaus counties as of January 1, 2013. Therefore, data obtained from Anthem Blue Cross in San Joaquin County and Stanislaus County was excluded from the CAHPS 2013 results to limit potential for contract-termination induced bias.

Medi-Cal Managed Care Overview

DHCS administers Medi-Cal, California's Medicaid program. MCMC serves about 62 percent of the Medi-Cal population, with 38 percent enrolled in fee-for-service (FFS) Medi-Cal. During the review period, DHCS contracted with 22 full-scope plans and three specialty plans. As of November 30, 2013, MCMC provided services to an estimated 6.1 million beneficiaries statewide.[3-1]

Medi-Cal Managed Care Delivery System

DHCS administers MCMC through a service delivery system that encompasses three different model types: COHS, GMC, and TPM. DHCS monitors MCP performance across model types. Table 3-1 shows the participating MCPs by model type as of December 31, 2012.

County-Organized Health System

A COHS is a nonprofit, independent public agency that contracts with DHCS to administer Medi-Cal benefits through a wide network of managed care providers. Each COHS MCP is sanctioned by the County Board of Supervisors and governed by an independent commission As of December 31, 2012, DHCS had contracts with six COHS MCPs operating in 14 counties.

Geographic Managed Care

In the GMC model, DHCS allows MCMC beneficiaries to select from several commercial health plans within a specified geographic area. As of December 31, 2012, DHCS had contracts with five GMC MCPs in San Diego County and four GMC MCPs in Sacramento County.

Two-Plan

In most TPM counties, there is a local initiative (LI) MCP and a "commercial plan" (CP). DHCS contracts with both plans. The LI is designed—with the input of local government, community groups, and health care providers—to meet the needs and concerns of the community. The CP is a private insurance plan that also provides care for Medi-Cal beneficiaries. As of December 31, 2012, DHCS had contracts with 12 Two-Plan MCPs in 14 counties.

3-1 *Medi-Cal Managed Care Enrollment Report*, November 2013. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx. Accessed on: December 4, 2013.

Table 3-1 lists the MCMC full-scope, regular MCPs and respective model types.

Table 3-1—Medi-Cal Managed Care Plans and Counties by Model Type		
Model Type	**MCP Name**	**County**
County-Organized Health System	CalOptima	Orange
	CenCal Health	San Luis Obispo
	CenCal Health	Santa Barbara
	Central CA Alliance for Health	Merced
	Central CA Alliance for Health	Monterey, Santa Cruz
	Gold Coast Health Plan	Ventura
	Health Plan of San Mateo	San Mateo
	Partnership Health Plan	Marin
	Partnership Health Plan	Mendocino
	Partnership Health Plan	Napa, Solano, Yolo
	Partnership Health Plan	Sonoma
Geographic Managed Care	Anthem Blue Cross	Sacramento
	Care 1st	San Diego
	Community Health Group	San Diego
	Health Net	Sacramento
	Health Net	San Diego
	Kaiser Permanente (North)	Sacramento
	Kaiser Permanente (South)	San Diego
	Molina Healthcare	Sacramento
	Molina Healthcare	San Diego
Two-Plan (Commercial Plan Type)	Anthem Blue Cross	Alameda
	Anthem Blue Cross	Contra Costa
	Anthem Blue Cross	Fresno
	Anthem Blue Cross	Kings
	Anthem Blue Cross	Madera
	Anthem Blue Cross	San Francisco
	Anthem Blue Cross[1]	San Joaquin
	Anthem Blue Cross	Santa Clara
	Health Net	Kern
	Health Net	Los Angeles
	Health Net	Stanislaus
	Health Net	Tulare
	Molina Healthcare	Riverside, San Bernardino

Table 3-1—Medi-Cal Managed Care Plans and Counties by Model Type		
Model Type	**MCP Name**	**County**
Two-Plan (Local Initiative Plan Type)	Alameda Alliance for Health	Alameda
	Anthem Blue Cross[1]	Stanislaus
	Anthem Blue Cross	Tulare
	CalViva	Fresno
	CalViva	Kings
	CalViva	Madera
	Contra Costa Health Plan	Contra Costa
	Health Plan of San Joaquin	San Joaquin
	Inland Empire Health Plan	Riverside, San Bernardino
	Kern Family Health Care	Kern
	L.A. Care Health Plan	Los Angeles
	San Francisco Health Plan	San Francisco
	Santa Clara Family Health Plan	Santa Clara

1. Anthem Blue Cross ceased its contract with DHCS in San Joaquin and Stanislaus Counties effective January 1, 2013; therefore, San Joaquin and Stanislaus Counties data are not included in the MCPs' 2013 CAHPS Survey results.

DHCS also contracted with three specialty MCPs—AIDS Healthcare Foundation, Family Mosaic Project, and Senior Care Action Network (SCAN) Health Plan. DHCS requires that specialty MCPs conduct their own consumer satisfaction survey on an annual basis due to the unique services provided and membership size; therefore, specialty MCPs were not included in the 2013 CAHPS Survey administration.

Seniors and Persons with Disabilities

The 1115 "Bridge to Reform" Waiver allowed the transition of the SPD population from FFS into Medi-Cal Managed Care. This transition allowed DHCS to achieve care coordination, to better manage chronic conditions, and to improve health outcomes for the SPD population. In June 2011, DHCS began to enroll the SPD population according to their birth months into MCPs in 16 counties. The transition of the SPD population was completed in May 2012 and approximately 240,000 beneficiaries were enrolled.

How DHCS Uses Member Satisfaction Results

The overall goal of DHCS is to preserve and improve the health status of all Californians. MCMC provides services to a large population of low-income children and families, as well as an expanding population of seniors and persons with disabilities (i.e., SPD members). Since the MCMC serves some of California's most vulnerable populations, the need to evaluate and monitor the quality of and access to health care, including member satisfaction, has remained a key objective for DHCS in meeting its overarching goal.

One strategy established to evaluate and monitor the quality of health care is administration of the CAHPS Surveys. This strategy is consistent with the *Medi-Cal Managed Care Quality Strategy—June 2013* objective to establish formal systematic monitoring and evaluation of the quality of care and services provided to all enrolled MCMC beneficiaries including individuals with chronic conditions and special health care needs.

DHCS shares MCP-specific and aggregate CAHPS results with the MCPs and publically releases the *CAHPS Summary Report* so that MCMC beneficiaries and other stakeholders can use the information to make informed decisions. DHCS also incorporates CAHPS results into its consumer guides for new enrollees and uses the data as part of its annual performance assessment of MCPs and MCMC as a whole.

Transition from CAHPS 4.0 to 5.0 Survey

In 2012, the Agency for Healthcare Research and Quality (AHRQ) released the CAHPS 5.0 Medicaid Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Adult and Child Medicaid Health Plan Surveys.[3-2] The following is a summary of the changes resulting from the transition to the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys.[3-3]

Global Ratings

AHRQ did not make any changes to the four CAHPS global ratings: **Rating of Health Plan**, **Rating of All Health Care**, **Rating of Personal Doctor**, and **Rating of Specialist Seen Most Often**. Additionally, the question language, response options, and placement of the global ratings remained the same; therefore, HSAG performed comparisons to national data for all four global ratings.

3-2 National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

3-3 National Committee for Quality Assurance. *HEDIS 2013 Survey Vendor Update Training*. October 25, 2012.

Composite Measures

Getting Needed Care

For the **Getting Needed Care** composite measure, AHRQ made changes to the question language and placement of questions included in the composite. One question item that addressed "getting care, tests, or treatment" was moved from the section of the survey titled "Your/Your Child's Health Plan" to the section titled "Your/Your Child's Health Care in the Last 6 Months." While HSAG performed comparisons to national data for this composite measure, the changes to the question language and reordering of questions may impact survey results; therefore, caution should be exercised when interpreting the results of the **Getting Needed Care** composite measure.

Getting Care Quickly

For questions included in the **Getting Care Quickly** composite, AHRQ made changes to the question language. It is expected that these changes will have minimal impact on the survey results; therefore, HSAG performed comparisons to national data for this composite measure.

How Well Doctors Communicate

AHRQ made minor changes to the question language for one question included in the **How Well Doctors Communicate** composite. It is expected that the change in question language will have negligible impact on the survey results; therefore, HSAG performed comparisons to national data for this composite measure.

Customer Service

AHRQ made no changes to the question language, response options, or placement of the questions included in the **Customer Service** composite measure; therefore, HSAG performed comparisons to national data for this composite measure.

Shared Decision Making

AHRQ made changes to the question language, response options, and number of questions for the **Shared Decision Making** composite measure. All items in the composite measure were reworded to ask about "starting or stopping a prescription medicine," whereas previously the items asked about "choices for your/your child's treatment or health care." Response options for these questions were revised from "Definitely yes," "Somewhat yes," "Somewhat no," and "Definitely no" to "Not at all," "A little," "Some," and "A lot" to accommodate the new question language. Also, AHRQ added one question to the composite. Due to these changes, HSAG could not perform comparisons to national data for the **Shared Decision Making** composite measure for 2013.

Domains of Care

CMS chose the domains of quality, access, and timeliness as keys to evaluating the performance of MCPs. HSAG used the following definitions to evaluate and draw conclusions about the performance of the plans in each of these domains.

Quality

The quality domain of care relates to the degree to which an MCP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM)—efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.[3-4]

Access

In the preamble to the Code of Federal Regulations (CFR), CMS discusses access to and the availability of services to Medicaid enrollees as the degree to which plans implement the standards set forth by the state to ensure that all covered services are available to enrollees.[3-5] Access includes the availability of an adequate and qualified provider network that reflects the needs and characteristics of the enrollees served by the plan.

Timeliness

NCQA defines timeliness relative to utilization decisions as follows: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[3-6] NCQA further discusses the intent of this standard to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCP—e.g., processing expedited appeals and providing timely follow-up care. AHRQ indicates "timeliness is the health care system's capacity to provide health care quickly after a need is recognized."[3-7] Timeliness includes the interval between identifying a need for specific tests and treatments and actually receiving those services.[2-8]

3-4 This definition of quality is included in Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocols Introduction: An Introduction to the External Quality Review (EQR) Protocols*, Version 1.0, September 2012. The definition is in the context of Medicaid/Children's Health Insurance Program MCOs, and was adapted from the IOM definition of quality. The CMS Protocols can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html.

3-5 Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register*, Vol. 67, No. 115, June 14, 2002.

3-6 National Committee for Quality Assurance. 2006 Standards and Guidelines for MBHOs and MCOs.

3-7 Agency for Healthcare Research and Quality. *National Healthcare Quality Report* 2007. AHRQ Publication No. 08-0040. February 2008.

3-8 Ibid.

Table 3-2 shows HSAG's assignment of the CAHPS Survey measures into the domains of quality, timeliness, and access.

Table 3-2—Assignment of CAHPS Survey Measures to Performance Domains

CAHPS Survey Measures	Quality	Timeliness	Access
Rating of Health Plan	√		
Rating of All Health Care	√		
Rating of Personal Doctor	√		
Rating of Specialist Seen Most Often	√		
Getting Needed Care	√		√
Getting Care Quickly	√	√	
How Well Doctors Communicate	√		
Customer Service	√		
Shared Decision Making	√		

2013 CAHPS Performance Measures

Table 4-1 lists the global ratings and composite measures included in the CAHPS 5.0 Adult Medicaid and Child Medicaid Health Plan Surveys with the HEDIS supplemental item sets.

Table 4-1—CAHPS Measures	
Global Ratings	**Composite Measures**
Rating of Health Plan	Getting Needed Care
Rating of All Health Care	Getting Care Quickly
Rating of Personal Doctor	How Well Doctors Communicate
Rating of Specialist Seen Most Often	Customer Service
	Shared Decision Making

How CAHPS Results Were Collected

NCQA developed specific HEDIS methodology to ensure the collection of CAHPS data is consistent throughout all MCPs to allow for comparison. Where applicable, HSAG followed the HEDIS 2013, Volume 3: Specifications for Survey Measures published by NCQA.

Sampling Procedures

The members eligible for sampling included those who were MCMC beneficiaries at the time the sample was drawn and were continuously enrolled in the same MCP for at least five of the last six months (July through December) of 2012. The adult members eligible for sampling included those who were 18 years of age or older, and the child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2012). DHCS provided HSAG with a CAHPS sample frame for each MCP from which HSAG selected a general sample of 1,350 adult members and 1,650 child members at the MCP-level. Additionally, in order to accommodate county-level reporting, HSAG conducted a county-level oversample, where appropriate.

Survey Protocol

The CAHPS 5.0 Health Plan Survey process allowed for two methods by which members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. Members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members who were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing members that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. The cover letter provided with the Spanish version of the CAHPS questionnaire had an English cover letter on the back side informing members that they could call the toll-free number to request an English version of the CAHPS questionnaire. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting Computer Assisted Telephone Interviewing (CATI) of sampled members who had not mailed in a completed survey. HSAG attempted up to six CATI calls to each non-respondent. The addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of an MCP's population.[4-1]

DHCS provided HSAG with a list of all eligible members for the sampling frame. HSAG sampled members who met the following criteria:

- Were 18 years of age or older as of December 31, 2012 for the adult population.
- Were 17 years of age or younger as of December 31, 2012 for the child population.
- Were currently enrolled in the MCMC.
- Had been continuously enrolled in the MCP for at least five of the last six months of 2012.
- Had Medicaid as a payer.

HSAG inspected a sample of the file records from the sampling frame to check for any apparent problems with the files, such as missing address elements. HSAG obtained new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system, as available. Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. Following NCQA specifications, HSAG selected no more than one member per household as part of the survey samples.

The specifications also require that the name of the MCP appear in the questionnaires, letters, and postcards; that the letters and cards bear the signature of a high-ranking MCP or state official; and

[4-1] Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care.* 2002; 40(3): 190-200.

that the questionnaire packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG followed these specifications.

Table 4-2 shows the CAHPS timeline used in the administration of the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys.

Table 4-2—CAHPS 5.0 Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the member or parent/caretaker of the child member.	0 day
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in HEDIS 2013, Volume 3: Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. This section provides an overview of each analysis. It is important to note that the CAHPS results presented in this report for the MCMC are based on the general sample of adult and child members selected for surveying for each MCP. As applicable, the MCPs' county-level results presented in this report are based on the general sample and county-level oversample of members selected for surveying.

Who Responded to the Survey

The administration of the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys is comprehensive and is designed to garner the highest possible response rate. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample.[4-2] HSAG considered a survey completed if members answered at least one question. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

$$\textit{Response Rate} = \frac{\textit{Number of Completed Surveys}}{\textit{Random Sample - Ineligibles}}$$

Member and Respondent Demographics

The demographic analysis evaluated self-reported and child demographic information from survey respondents. Given that the demographics of a response group may influence overall member satisfaction scores, it is important to evaluate all CAHPS results in the context of the actual respondent population. Caution should be exercised when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the MCP.

[4-2] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

National Comparisons

In order to assess the overall performance of the MCMC, HSAG aggregated results and compared them to NCQA's HEDIS Benchmarks and Thresholds for Accreditation, except for the **Shared Decision Making** composite measure.[4-3,4-4] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure where one is the lowest possible rating (i.e., *Poor*) and five is the highest possible rating (i.e., *Excellent*). NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result. However, for purposes of this report, HSAG reported CAHPS results for a measure even when the minimum reporting of 100 respondents was not met. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

Table 4-3 shows the percentiles that were used to determine star ratings for each CAHPS measure. Refer to Appendix A for additional information regarding the methodology for producing the star rating assignments.

Table 4-3—Star Ratings Crosswalk

Stars	Adult and Child Percentiles
★★★★★	At or above the 90 percentile
★★★★	At or above the 75th and below the 90th percentiles
★★★	At or above the 50th and below the 75th percentiles
★★	At or above the 25th and below the 50th percentiles
★	Below the 25th percentile

State Comparisons

For purposes of the state comparisons analysis, HSAG combined the adult and child population results for each global rating and composite measure. HSAG calculated question summary rates for each global rating and global proportions for each composite measure.[4-5] For global ratings, a top-box response was considered a value of 9 or 10. For the composite measures, responses of "Usually," "Always," "A lot," or "Yes" were considered top-box responses.

Results for the MCMC average were weighted based on the eligible population for each MCP. This use of a weighted average, based on each MCP's eligible population size, provides the most representative overall MCMC rate. The eligible population size of each MCP was based on the

4-3 National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

4-4 NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite measure; therefore, overall member satisfaction ratings could not be derived for this CAHPS measure.

4-5 National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

total number of members included in the MCP's sample frame (i.e., eligible populations at the time the CAHPS sample was drawn).

Results were also case-mix adjusted. Case-mix refers to the characteristics of the respondents used in adjusting the results for comparability among MCPs. Given that differences in case-mix can result in differences in ratings between MCPs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. Results were case-mix adjusted for reported member general health status, respondent educational level, respondent age, and member race/ethnicity.

Two types of hypothesis tests were then applied to these results. First, a global F test was calculated, which determined whether the difference between MCP means was significant. If the F test demonstrated MCP-level differences (i.e., $p < 0.05$), then a t test was performed for each MCP. The t test determined whether each MCP's mean was significantly different from the overall program aggregate. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant MCP-level performance differences.

Model Type Comparisons

For each model type, HSAG performed National and State Comparisons using a similar methodology as discussed above. Please refer to Table 2-1, beginning on page 3-2, for a list of each MCP and their respective model type.

SPD Comparisons

For purposes of the SPD comparisons, HSAG calculated National and State Comparisons results stratified by SPD enrollment status (i.e., non-SPD and SPD populations) using a methodology similar to the model type comparisons.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. DHCS should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

While HSAG risk adjusted the State Comparisons data to account for differences in self-reported general health status, age, education, and race/ethnicity, it was not possible to adjust for differences in respondent characteristics not measured in the survey instrument. These characteristics include income, employment, or any other characteristics that may not be under the MCP's control.

Non-Response Bias

The experiences of the survey respondent population may be different than those of non-respondents with respect to their health care services and may vary by MCP. Therefore, DHCS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether members report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the MCP. These analyses identify whether members give different ratings of satisfaction with their MCP. The survey by itself does not necessarily reveal the exact cause of these differences.

Survey Instrument

The surveys were only administered in two languages, English and Spanish, as CAHPS 5.0 Health Plan Surveys in alternative languages were not approved by NCQA at the time of survey administration. Therefore, caution should be exercised when interpreting CAHPS results, given that MCMC beneficiaries may not have been able to complete a survey due to language barriers.

Who Responded to the Survey

A total of 29,700 adult surveys and 36,300 child surveys were mailed to the general sample of members selected for surveying. Of these, a total of 9,956 adult surveys and 14,066 child surveys were completed for the general sample. These completed surveys were used to calculate the CAHPS results presented throughout this section for the MCMC. Additionally, in order to accommodate county-level reporting, HSAG conducted a county-level oversample for MCPs operating in multiple counties, where appropriate. The county-level results presented in this section are based on the general sample and county-level oversample of members selected for surveying.

The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. If a member answered at least one question on the survey, HSAG counted the survey as complete. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

Table 5-1 presents the total number of members sampled, the number of ineligible members, the number of surveys completed, and the response rate for the general sample of adult and child members selected for surveying. Please refer to Appendix B for MCP-level response distributions.

Table 5-1—Total Number of Respondents and Response Rates

	Total Adult	Total Child
Surveys to Members (i.e., general sample size)	29,700	36,300
Ineligible Members	2,193	1,114
Eligible Sample	27,507	35,186
Number of Surveys Completed	9,956	14,066
Response Rate	36.19%	39.98%

Response rate is calculated as Number of Surveys Completed / Eligible Sample.

Member and Respondent Demographics

In general, the demographics of a response group may influence overall member satisfaction scores. For example, older and healthier respondents tend to report higher levels of member satisfaction; therefore, exercise caution when comparing populations that have significantly different demographic properties.

Figure 5-1 through Figure 5-5 depict the adult statewide respondent demographics. Please refer to Appendix B for adult MCP-level demographic information.

Figure 5-1—Statewide Adult Respondent Demographics – Age

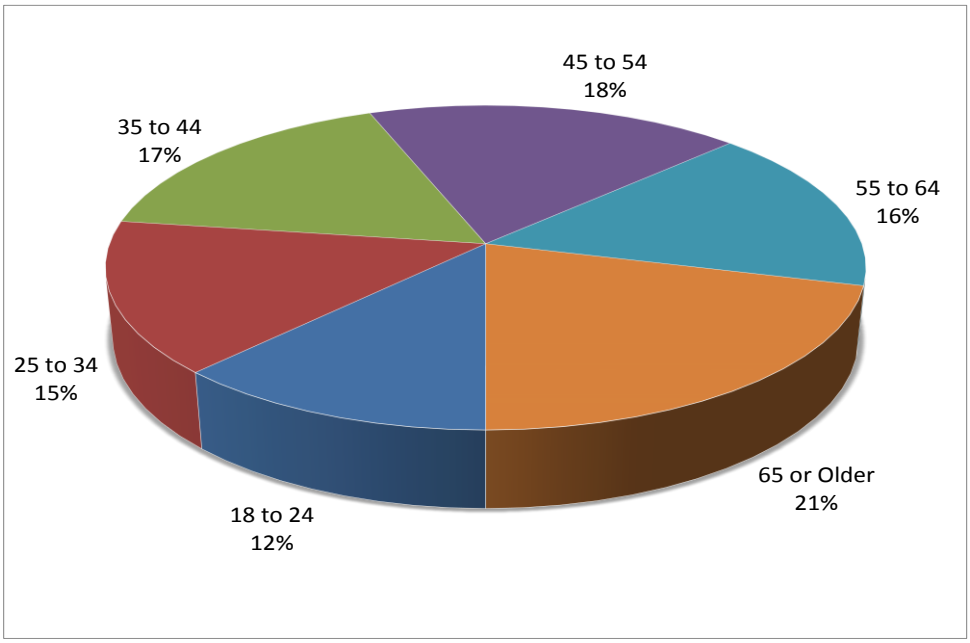
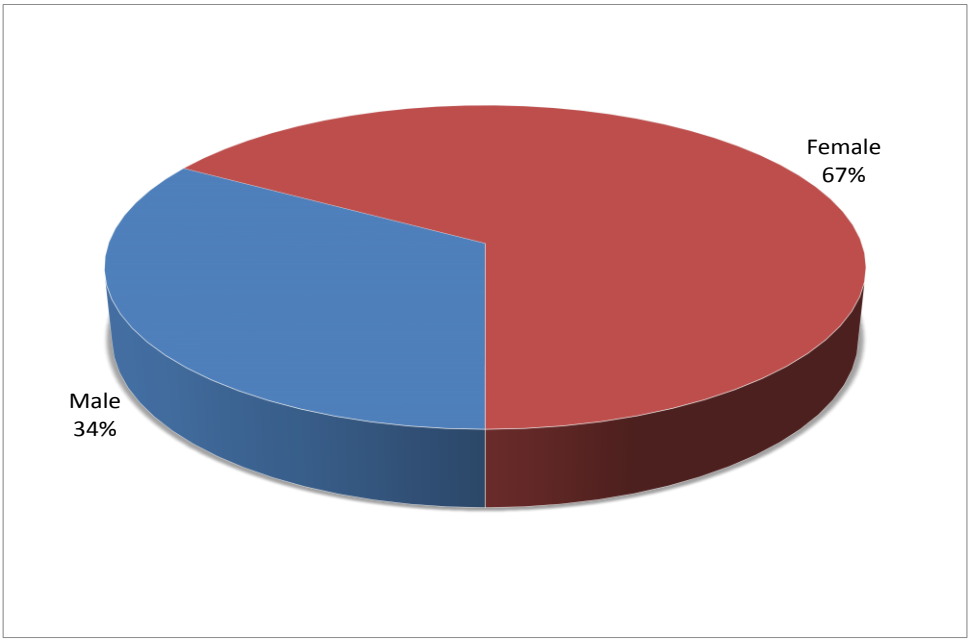


Figure 5-2—Statewide Adult Respondent Demographics – Gender



Percentages may not total 100% due to rounding.

Figure 5-3—Statewide Adult Respondent Demographics – Race/Ethnicity

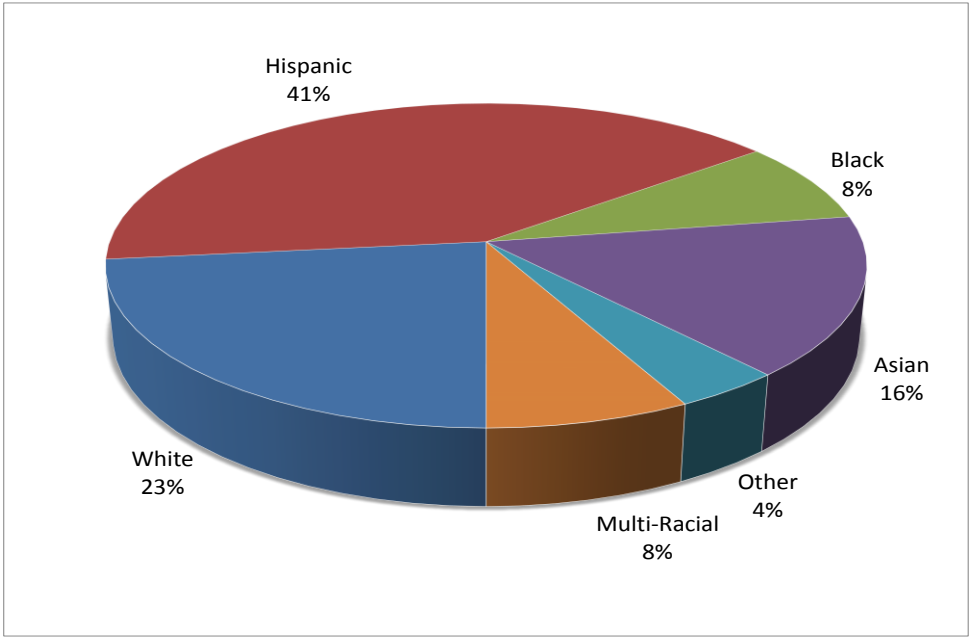


Figure 5-4—Statewide Adult Respondent Demographics – Education

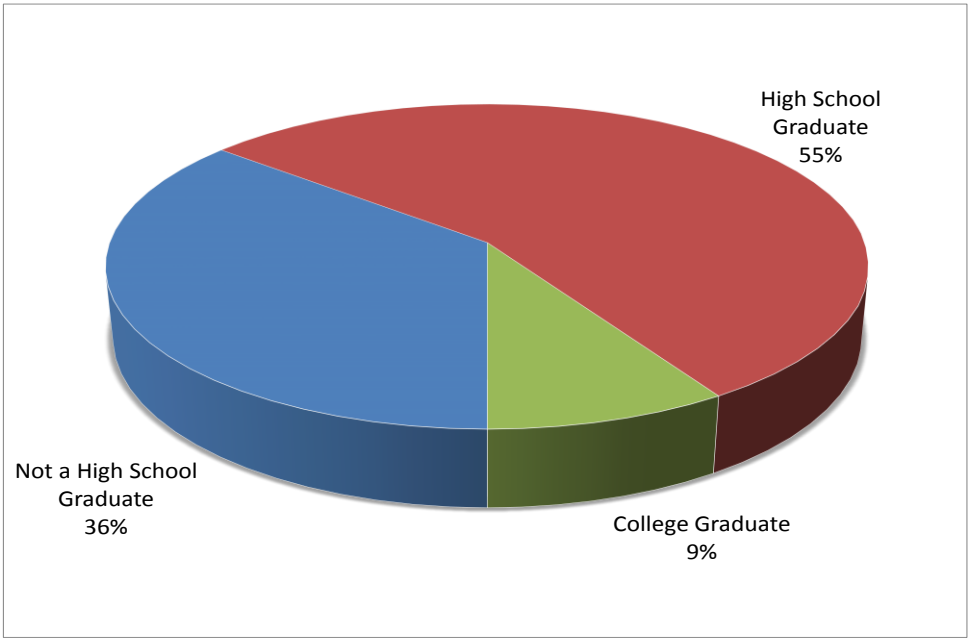


Figure 5-5—Statewide Adult Respondent Demographics – General Health Status

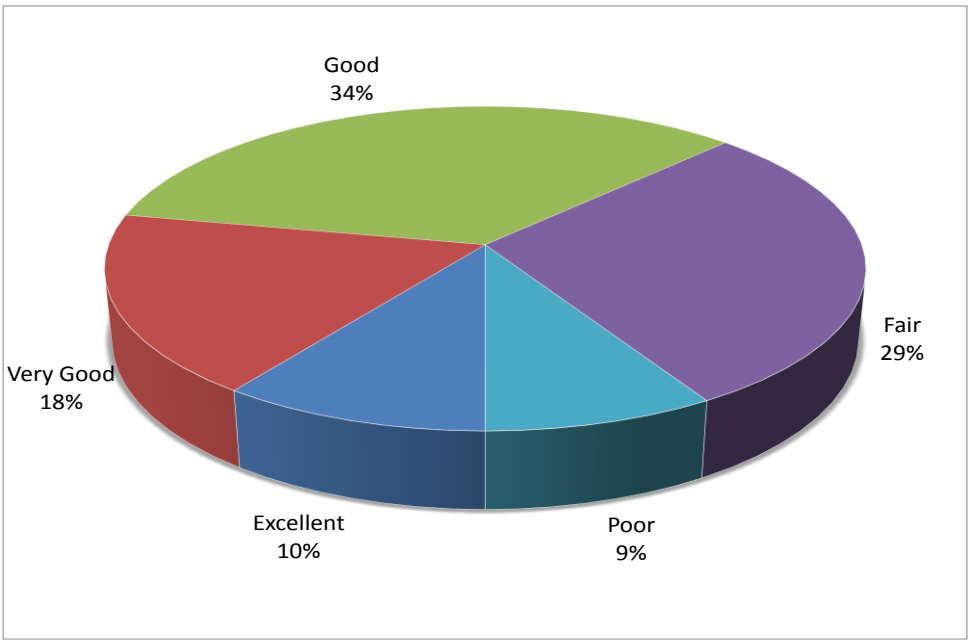


Figure 5-6 through Figure 5-9 depict the statewide demographic characteristics of children for whom a parent or caretaker completed a survey. Please refer to Appendix B for child MCP-level demographic information.

Figure 5-6—Statewide Child Demographics – Age

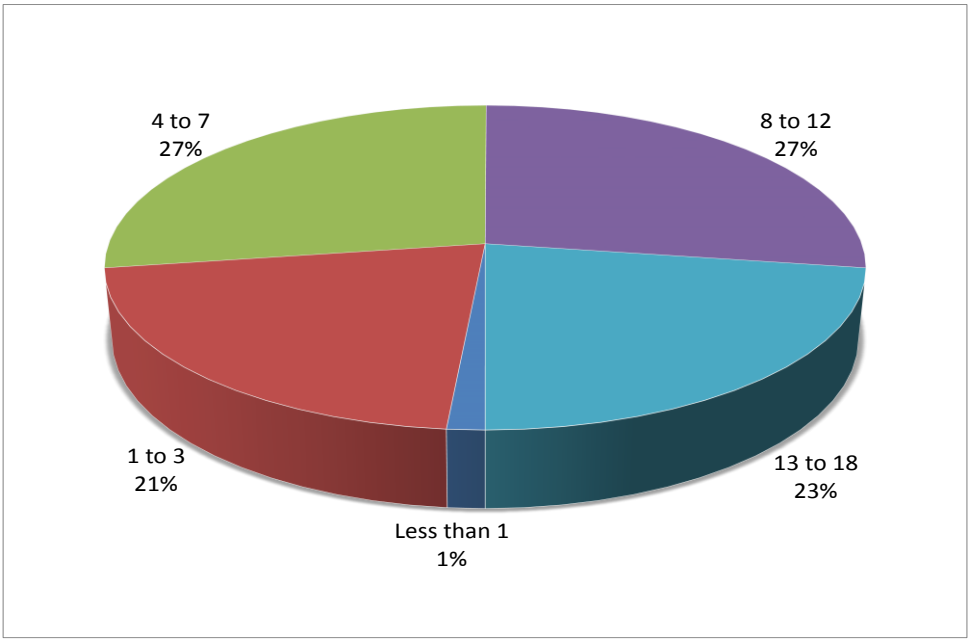
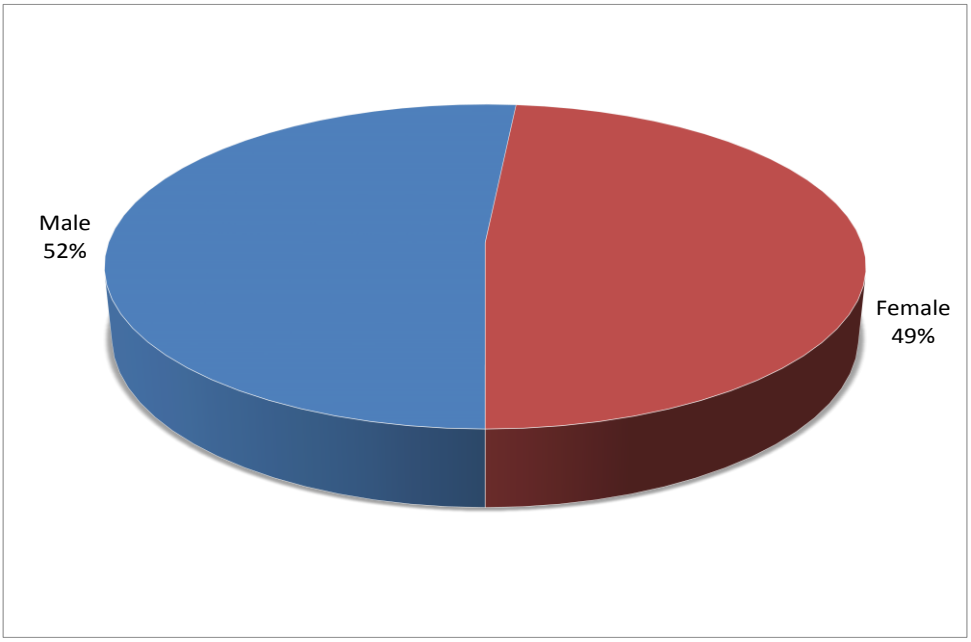


Figure 5-7—Statewide Child Demographics – Gender



Percentages may not total 100% due to rounding.

Figure 5-8—Statewide Child Demographics – Race/Ethnicity

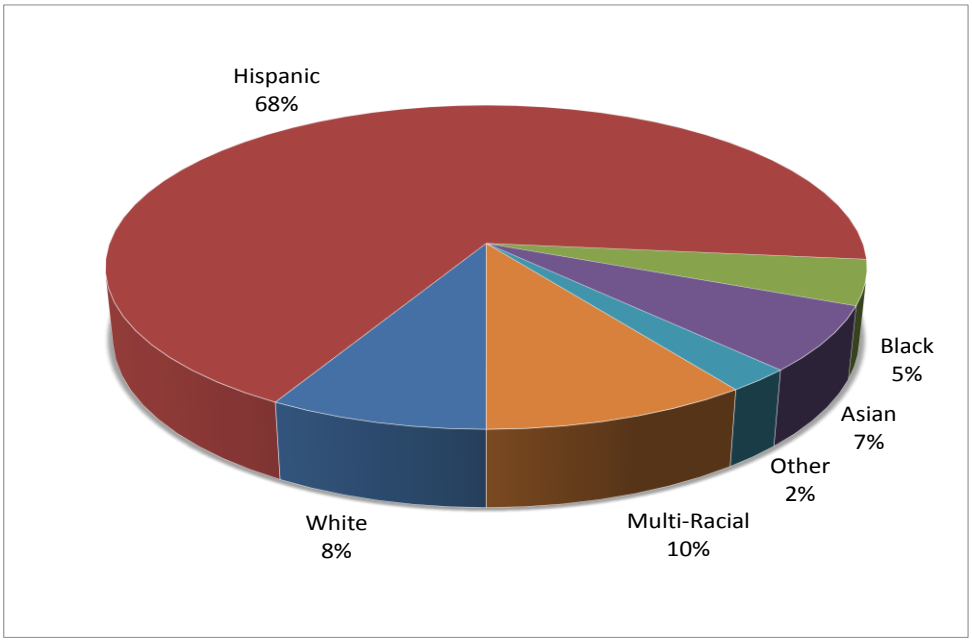
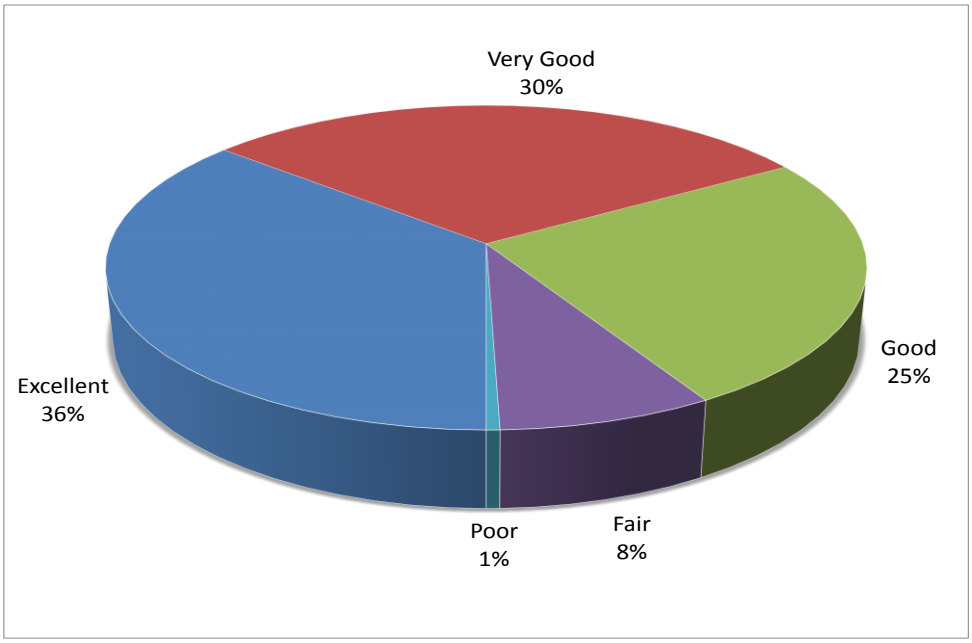


Figure 5-9—Statewide Child Demographics – General Health Status



Rating of Health Plan

Measure Definition

MCMC members were asked to rate their MCP on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

National Comparisons

Table 5-2 shows the adult and child star ratings for **Rating of Health Plan**.

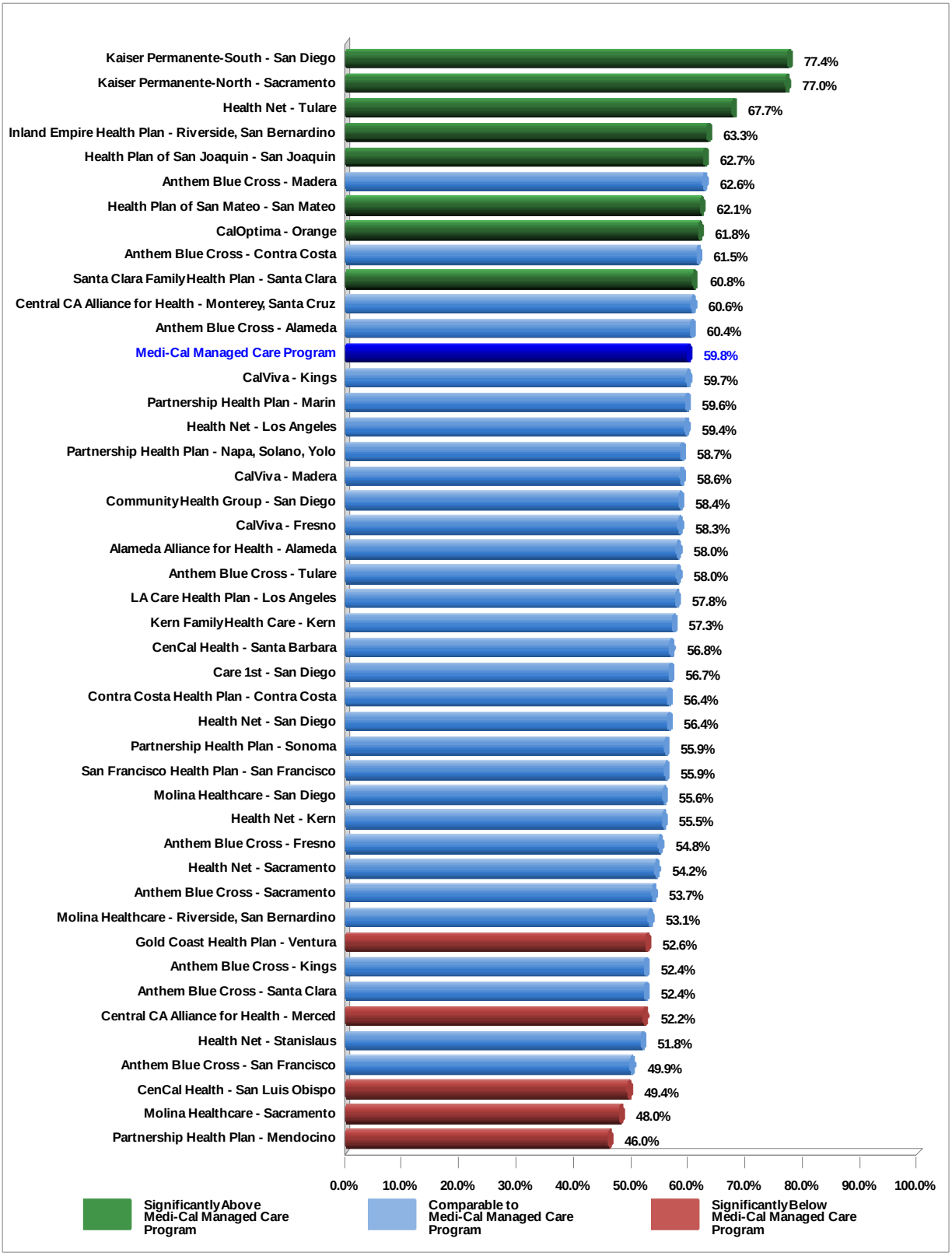
Table 5-2—Rating of Health Plan

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-South—San Diego	★★★★★
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★	Health Net—Tulare	★★★★★
Health Net—Tulare	★★★+	Anthem Blue Cross—Madera	★★★★
Health Plan of San Mateo—San Mateo	★★★	CalViva—Madera	★★★★
CalOptima—Orange	★★★	Health Net—Los Angeles	★★★
Partnership Health Plan—Marin	★★★+	Health Plan of San Mateo—San Mateo	★★★
Inland Empire Health Plan—Riverside, San Bernardino	★★★	Santa Clara Family Health Plan—Santa Clara	★★★
CalViva—Kings	★★	CalOptima—Orange	★★★
Anthem Blue Cross—Madera	★★+	CenCal Health—Santa Barbara	★★★
Health Plan of San Joaquin—San Joaquin	★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★★
Santa Clara Family Health Plan—Santa Clara	★★	Health Plan of San Joaquin—San Joaquin	★★★
Partnership Health Plan—Napa, Solano, Yolo	★★	Community Health Group—San Diego	★★★
Gold Coast Health Plan—Ventura	★★	Inland Empire Health Plan—Riverside, San Bernardino	★★★
Medi-Cal Managed Care Program	★★	Anthem Blue Cross—Tulare	★★★
Partnership Health Plan—Sonoma	★★	LA Care Health Plan—Los Angeles	★★★
CenCal Health—Santa Barbara	★★	Anthem Blue Cross—Contra Costa	★★★
Anthem Blue Cross—Alameda	★+	Anthem Blue Cross—Alameda	★★+
Anthem Blue Cross—Tulare	★	CalViva—Fresno	★★
Contra Costa Health Plan—Contra Costa	★	Medi-Cal Managed Care Program	★★
Health Net—Kern	★+	Alameda Alliance for Health—Alameda	★★
Care 1st—San Diego	★	Anthem Blue Cross—Fresno	★★
Molina Healthcare—San Diego	★	Care 1st—San Diego	★★
San Francisco Health Plan—San Francisco	★	CalViva—Kings	★★
Community Health Group—San Diego	★	Kern Family Health Care—Kern	★★
Health Net—Stanislaus	★+	Molina Healthcare—San Diego	★★
Central CA Alliance for Health—Merced	★	Partnership Health Plan—Marin	★★+
Kern Family Health Care—Kern	★	Partnership Health Plan—Napa, Solano, Yolo	★★
Alameda Alliance for Health—Alameda	★	San Francisco Health Plan—San Francisco	★★
Health Net—Los Angeles	★	Anthem Blue Cross—San Francisco	★+
Anthem Blue Cross—Kings	★+	Molina Healthcare—Riverside, San Bernardino	★
CalViva—Madera	★	Anthem Blue Cross—Santa Clara	★
LA Care Health Plan—Los Angeles	★	Health Net—Kern	★+
Anthem Blue Cross—Santa Clara	★+	Health Net—San Diego	★+
CalViva—Fresno	★	Contra Costa Health Plan—Contra Costa	★
Anthem Blue Cross—Sacramento	★+	Health Net—Stanislaus	★+
CenCal Health—San Luis Obispo	★	Partnership Health Plan—Sonoma	★
Anthem Blue Cross—Fresno	★+	Gold Coast Health Plan—Ventura	★
Molina Healthcare—Sacramento	★+	Anthem Blue Cross—Kings	★+
Anthem Blue Cross—Contra Costa	★+	Anthem Blue Cross—Sacramento	★
Partnership Health Plan—Mendocino	★+	Health Net—Sacramento	★+
Molina Healthcare—Riverside, San Bernardino	★	Central CA Alliance for Health—Merced	★
Health Net—San Diego	★+	CenCal Health—San Luis Obispo	★
Health Net—Sacramento	★+	Partnership Health Plan—Mendocino	★+
Anthem Blue Cross—San Francisco	★+	Molina Healthcare—Sacramento	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-10—Rating of Health Plan Top-Box Rates



Summary of Results

The MCMC's star ratings for **Rating of Health Plan** were *Fair* for both the adult and child populations. For the National Comparisons, 28 out of 44 MCPs for the adult population and 16 out of 44 MCPs for the child population demonstrated *Poor* performance for this measure. There were two MCPs for the adult population and five MCPs for the child population that had *Excellent* or *Very Good* star ratings for **Rating of Health Plan**.

There were two MCPs that demonstrated *Excellent* performance for both the adult and child populations and one MCP that demonstrated *Excellent* performance for the child population when compared to the national data that also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Health Net in Tulare County
- Kaiser Permanente–North in Sacramento County
- Kaiser Permanente–South in San Diego County

There were four MCPs that demonstrated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:[5-1]

- CenCal Health in San Luis Obispo County
- Central CA Alliance for Health in Merced County
- Molina Healthcare in Sacramento County
- Partnership Health Plan in Mendocino County

[5-1] Molina Healthcare in Sacramento County and Partnership Health Plan in Mendocino County had less than 100 respondents for this measure for both the adult and child populations.

Improvement Strategies

Alternatives to One-on-One Visits

To achieve improved quality, timeliness, and access to care, MCPs should engage in efforts that assist providers in examining and improving their systems' abilities' to manage patient demand. As an example, MCPs can test alternatives to traditional one-on-one visits, such as telephone consultations, telemedicine, or group visits for certain types of health care services and appointments to increase physician availability. Additionally, for patients who need a follow-up appointment, a system could be developed and tested where a nurse or physician assistant contacts the patient by phone two weeks prior to when the follow-up visit would have occurred to determine whether the patient's current status and condition warrants an in-person visit, and if so, schedule the appointment at that time. Otherwise, an additional status follow-up contact could be made by phone in lieu of an in-person office visit. By finding alternatives to traditional one-on-one, in-office visits, MCPs can assist in improving physician availability and ensuring patients receive immediate medical care and services.

MCP Operations

It is important for MCPs to view their organization as a collection of microsystems (such as providers, administrators, and other staff that provide services to members) that provide the MCP's health care "products." Health care microsystems include: a team of health providers, patient/population to whom care is provided, environment that provides information to providers and patients, support staff, equipment, and office environment. The goal of the microsystems approach is to focus on small, replicable, functional service systems that enable MCP staff to provide high-quality, patient-centered care. The first step to this approach is to define a measurable collection of activities. Once the microsystems are identified, new processes that improve care should be tested and implemented. Effective processes can then be rolled out throughout the MCP.

Online Patient Portal

A secure online patient portal allows members easy access to a wide array of MCP and health care information and services that are particular to their needs and interests. To help increase members' satisfaction with their MCP, MCPs should consider establishing an online patient portal or integrating online tools and services into their current Web-based systems that focus on patient-centered care. Online health information and services that can be made available to members include: MCP benefits and coverage forms, online medical records, electronic communication with providers, and educational health information and resources on various medical conditions. Access to online interactive tools, such as health discussion boards allow questions to be answered by trained clinicians. Online health risk assessments can provide

members instant feedback and education on the medical condition(s) specific to their health care needs. In addition, an online patient portal can be an effective means of promoting health awareness and education. MCPs should periodically review health information content for accuracy and request member and/or physician feedback to ensure relevancy of online services and tools provided.

Promote Quality Improvement Initiatives

Implementation of organization-wide QI initiatives are most successful when MCP staff at every level are involved; therefore, creating an environment that promotes QI in all aspects of care can encourage organization-wide participation in QI efforts. Methods for achieving this can include aligning QI goals to the mission and goals of the MCP organization, establishing plan-level performance measures, clearly defining and communicating collected measures to providers and staff, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, by monitoring and reporting the progress of QI efforts internally, MCPs can assess whether QI initiatives have been effective in improving the quality of care delivered to members.

Specific QI initiatives aimed at engaging employees can include quarterly employee forums, an annual all-staff assembly, topic-specific improvement teams, leadership development courses, and employee awards. As an example, improvement teams can be implemented to focus on specific topics such as service quality; rewards and recognition; and patient, physician, and employee satisfaction.

Rating of All Health Care

Measure Definition

MCMC members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible."

National Comparisons

Table 5-3 shows the adult and child star ratings for **Rating of All Health Care**.

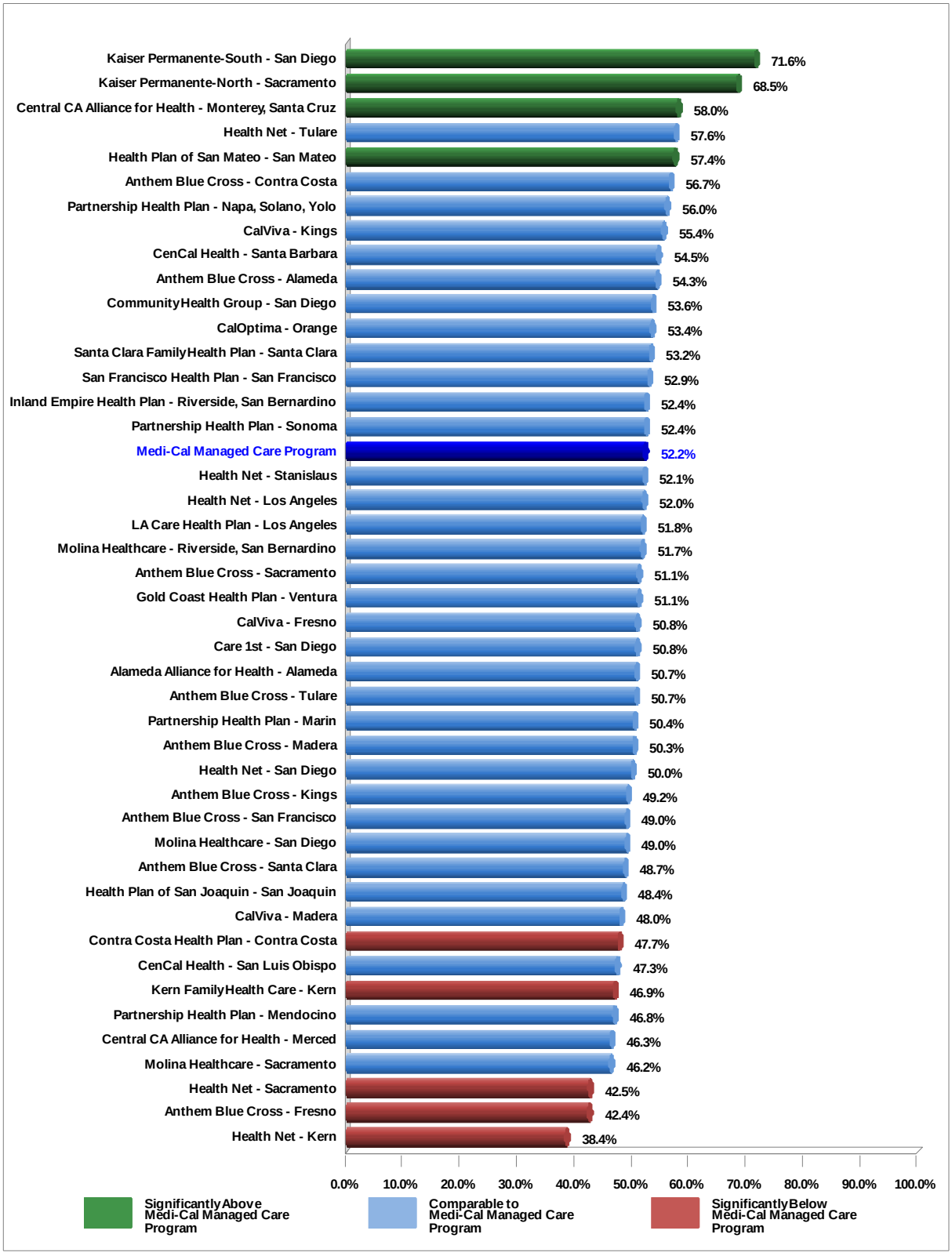
Table 5-3—Rating of All Health Care

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★	Kaiser Permanente-South—San Diego	★★★★★
Kaiser Permanente-North—Sacramento	★★★★★	Anthem Blue Cross—San Francisco	★★★★★+
Health Plan of San Mateo—San Mateo	★★★★	Health Plan of San Mateo—San Mateo	★★★
Anthem Blue Cross—Santa Clara	★★★★+	CenCal Health—Santa Barbara	★★★
CenCal Health—San Luis Obispo	★★★★	Anthem Blue Cross—Contra Costa	★★★+
Partnership Health Plan—Marin	★★★★+	CalViva—Madera	★★★+
Gold Coast Health Plan—Ventura	★★★	Partnership Health Plan—Napa, Solano, Yolo	★★★
Anthem Blue Cross—Kings	★★★+	Alameda Alliance for Health—Alameda	★★
Partnership Health Plan—Sonoma	★★★+	Community Health Group—San Diego	★★
Partnership Health Plan—Mendocino	★★★+	Anthem Blue Cross—Alameda	★★+
San Francisco Health Plan—San Francisco	★★★	Health Net—Tulare	★★+
CalViva—Kings	★★★+	Anthem Blue Cross—Madera	★★+
Anthem Blue Cross—Tulare	★★+	CalOptima—Orange	★★
Health Net—Tulare	★★+	Molina Healthcare—Riverside, San Bernardino	★
CenCal Health—Santa Barbara	★★	Santa Clara Family Health Plan—Santa Clara	★
CalOptima—Orange	★★	CalViva—Kings	★+
Partnership Health Plan—Napa, Solano, Yolo	★★	Medi-Cal Managed Care Program	★
Medi-Cal Managed Care Program	★★	Care 1st—San Diego	★
Anthem Blue Cross—Sacramento	★+	Central CA Alliance for Health—Monterey, Santa Cruz	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Health Net—San Diego	★+
Molina Healthcare—San Diego	★+	Health Net—Los Angeles	★
Santa Clara Family Health Plan—Santa Clara	★	LA Care Health Plan—Los Angeles	★
Care 1st—San Diego	★	Molina Healthcare—San Diego	★
Central CA Alliance for Health—Merced	★	Anthem Blue Cross—Santa Clara	★+
LA Care Health Plan—Los Angeles	★	Partnership Health Plan—Marin	★+
Community Health Group—San Diego	★	Partnership Health Plan—Sonoma	★
Health Plan of San Joaquin—San Joaquin	★	CalViva—Fresno	★
Molina Healthcare—Sacramento	★+	Gold Coast Health Plan—Ventura	★
Contra Costa Health Plan—Contra Costa	★	Inland Empire Health Plan—Riverside, San Bernardino	★
Health Net—Los Angeles	★	San Francisco Health Plan—San Francisco	★
Anthem Blue Cross—Contra Costa	★+	Health Net—Stanislaus	★+
Anthem Blue Cross—Madera	★+	Anthem Blue Cross—Tulare	★+
CalViva—Fresno	★	Health Plan of San Joaquin—San Joaquin	★
Health Net—Kern	★+	Health Net—Sacramento	★+
Alameda Alliance for Health—Alameda	★	Contra Costa Health Plan—Contra Costa	★
Anthem Blue Cross—San Francisco	★+	Anthem Blue Cross—Kings	★+
Kern Family Health Care—Kern	★	Anthem Blue Cross—Fresno	★+
Health Net—San Diego	★+	Anthem Blue Cross—Sacramento	★+
Health Net—Stanislaus	★+	Kern Family Health Care—Kern	★
Molina Healthcare—Riverside, San Bernardino	★+	Molina Healthcare—Sacramento	★+
Anthem Blue Cross—Alameda	★+	Central CA Alliance for Health—Merced	★
Anthem Blue Cross—Fresno	★+	Partnership Health Plan—Mendocino	★+
CalViva—Madera	★+	CenCal Health—San Luis Obispo	★
Health Net—Sacramento	★+	Health Net—Kern	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-11—Rating of All Health Care Top-Box Rates



Summary of Results

The MCMC's star ratings for **Rating of All Health Care** were *Fair* for the adult population and *Poor* for the child population. For the National Comparisons, 26 out of 44 MCPs for the adult population and 30 out of 44 MCPs for the child population demonstrated *Poor* star rating performance for this measure. There were seven MCPs for the adult population and three MCPs for the child population that had star ratings of *Excellent* or *Very Good* for **Rating of All Health Care**.

There were two MCPs that had *Excellent* star ratings for both the adult and child populations and one MCP that had *Excellent* star rating for the adult population when compared to the national data that also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- Kaiser Permanente–North in Sacramento County
- Kaiser Permanente–South in San Diego County

There were five MCPs that had *Poor* star ratings for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:[5-2]

- Anthem Blue Cross in Fresno County
- Contra Costa Health Plan in Contra Costa County
- Health Net in Kern County
- Health Net in Sacramento County
- Kern Family Health Care in Kern County

[5-2] Anthem Blue Cross in Fresno County, Health Net in Kern County, and Health Net in Sacramento County had less than 100 respondents for this measure for both the adult and child populations.

Improvement Strategies

Access to Care

MCPs should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, or receiving adequate assistance when calling a physician office. The MCP should attempt to reduce any hindrances a patient might encounter while seeking care. Standard practices and established protocols can assist in this process by ensuring access to care issues are handled consistently across all practices. For example, MCPs can develop standardized protocols and scripts for common occurrences within the provider office setting, such as late patients. With proactive policies and scripts in place, the late patient can be notified the provider has moved on to the next patient and will work the late patient into the rotation as time permits. This type of structure allows the late patient to still receive care without causing delay in the appointments of other patients. Additionally, having a well-written script prepared in the event of an uncommon but expected situation allows staff to work quickly in providing timely access to care while following protocol.

Patient and Family Engagement Advisory Councils

Since both patients and families have the direct experience of an illness or health care system, their perspectives can provide significant insight when performing an evaluation of health care processes. Therefore, MCPs should consider creating opportunities and functional roles that include the patients and families who represent the populations they serve. Patient and family members could serve as advisory council members providing new perspectives and serving as a resource to health care processes. Patient interviews on services received and family inclusion in care planning can be an effective strategy for involving members in the design of care and obtaining their input and feedback on how to improve the delivery of care. Further, involvement in advisory councils can provide a structure and process for ongoing dialogue and creative problem-solving between the MCP and its members. The councils' roles within an MCP organization can vary and responsibilities may include input into or involvement in: program development, implementation, and evaluation; marketing of health care services; and design of new materials or tools that support the provider-patient relationship.

Rating of Personal Doctor

Measure Definition

MCMC members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible."

National Comparisons

Table 5-4 shows the adult and child star ratings for **Rating of Personal Doctor**.

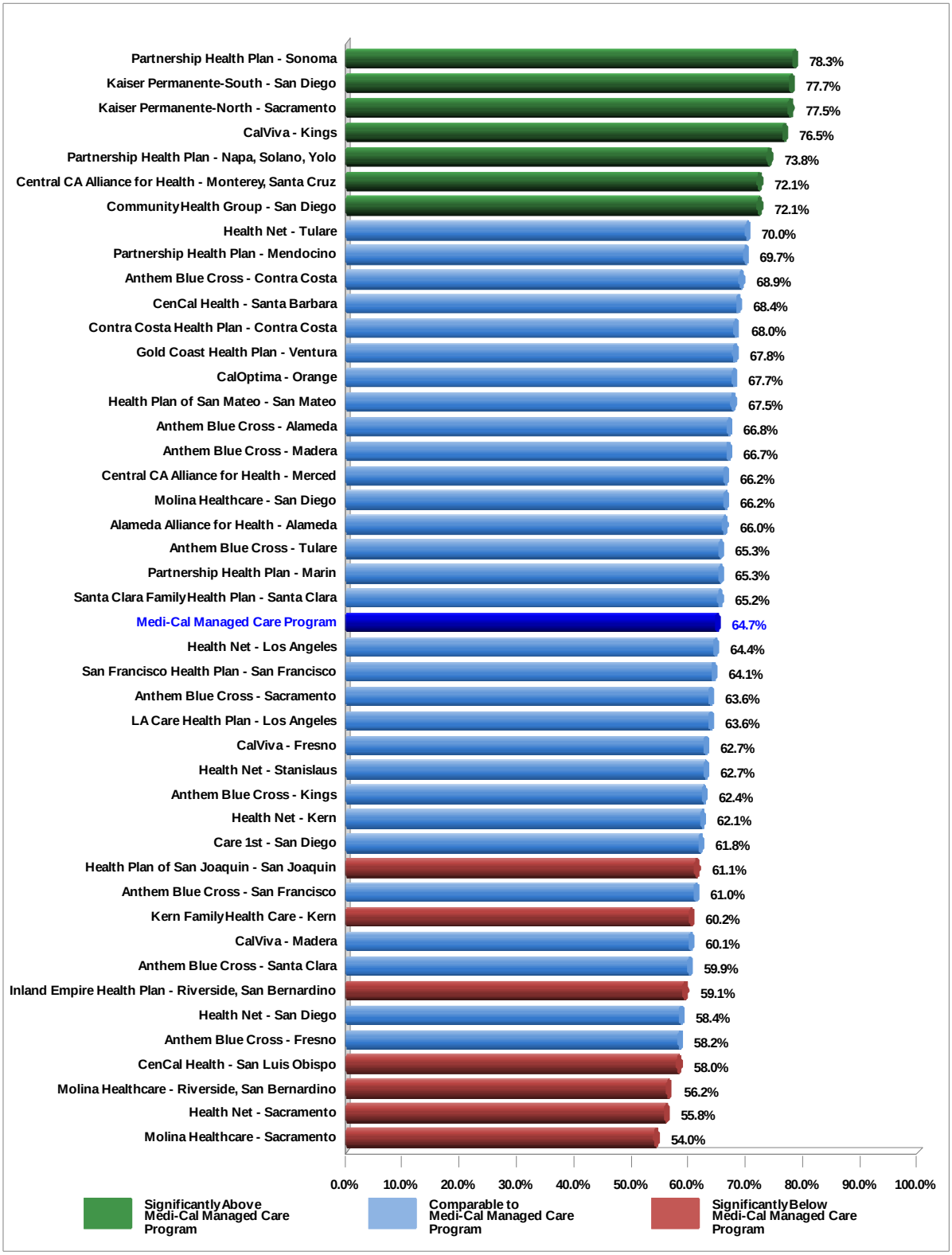
Table 5-4—Rating of Personal Doctor

Adult Medicaid		Child Medicaid	
Anthem Blue Cross—Madera	★★★★★+	Kaiser Permanente-North—Sacramento	★★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★	Partnership Health Plan—Sonoma	★★★★★
Partnership Health Plan—Sonoma	★★★★★+	Anthem Blue Cross—Alameda	★★★★★+
Partnership Health Plan—Mendocino	★★★★★+	Kaiser Permanente-South—San Diego	★★★★★
Kaiser Permanente-South—San Diego	★★★★★	CalViva—Kings	★★★★★+
Partnership Health Plan—Napa, Solano, Yolo	★★★★★	Community Health Group—San Diego	★★★★★
CalViva—Kings	★★★★★+	Partnership Health Plan—Napa, Solano, Yolo	★★★★★
Gold Coast Health Plan—Ventura	★★★★★	Health Plan of San Mateo—San Mateo	★★★★★
Anthem Blue Cross—Kings	★★★★+	Anthem Blue Cross—San Francisco	★★★★+
Partnership Health Plan—Marin	★★★★+	CalOptima—Orange	★★★★
Central CA Alliance for Health—Merced	★★★★	Alameda Alliance for Health—Alameda	★★★★
CenCal Health—Santa Barbara	★★★★	CenCal Health—Santa Barbara	★★★★
Kaiser Permanente-North—Sacramento	★★★★	Health Net—Tulare	★★★★+
CalOptima—Orange	★★★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★
Health Plan of San Mateo—San Mateo	★★★★	CalViva—Madera	★★★
Community Health Group—San Diego	★★★	Medi-Cal Managed Care Program	★★★
Health Net—Tulare	★★★+	Anthem Blue Cross—Contra Costa	★★★+
Contra Costa Health Plan—Contra Costa	★★★	Care 1st—San Diego	★★★
San Francisco Health Plan—San Francisco	★★★	Contra Costa Health Plan—Contra Costa	★★★
Medi-Cal Managed Care Program	★★★	Gold Coast Health Plan—Ventura	★★★
Molina Healthcare—San Diego	★★★+	Santa Clara Family Health Plan—Santa Clara	★★★
CenCal Health—San Luis Obispo	★★★	Anthem Blue Cross—Fresno	★★★+
Santa Clara Family Health Plan—Santa Clara	★★	Molina Healthcare—San Diego	★★★
Anthem Blue Cross—Tulare	★★+	San Francisco Health Plan—San Francisco	★★★
Anthem Blue Cross—Contra Costa	★★+	Health Net—Los Angeles	★★
Alameda Alliance for Health—Alameda	★★	LA Care Health Plan—Los Angeles	★★
Anthem Blue Cross—San Francisco	★★+	Partnership Health Plan—Mendocino	★★+
Health Net—Stanislaus	★★+	Anthem Blue Cross—Madera	★★+
LA Care Health Plan—Los Angeles	★	Partnership Health Plan—Marin	★★+
Anthem Blue Cross—Santa Clara	★+	Anthem Blue Cross—Tulare	★★+
Care 1st—San Diego	★	Health Net—Kern	★★+
Anthem Blue Cross—Sacramento	★+	Health Net—San Diego	★+
CalViva—Fresno	★	Kern Family Health Care—Kern	★
Health Plan of San Joaquin—San Joaquin	★	Anthem Blue Cross—Sacramento	★+
Kern Family Health Care—Kern	★	Molina Healthcare—Riverside, San Bernardino	★
Health Net—Kern	★+	Anthem Blue Cross—Santa Clara	★
Health Net—Los Angeles	★	CalViva—Fresno	★
Anthem Blue Cross—Alameda	★+	Central CA Alliance for Health—Merced	★
Molina Healthcare—Sacramento	★+	Health Plan of San Joaquin—San Joaquin	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Health Net—Stanislaus	★+
CalViva—Madera	★+	Health Net—Sacramento	★+
Anthem Blue Cross—Fresno	★+	Inland Empire Health Plan—Riverside, San Bernardino	★
Health Net—San Diego	★+	Anthem Blue Cross—Kings	★+
Molina Healthcare—Riverside, San Bernardino	★+	CenCal Health—San Luis Obispo	★
Health Net—Sacramento	★+	Molina Healthcare—Sacramento	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-12—Rating of Personal Doctor Top-Box Rates



Summary of Results

The MCMC's star ratings for **Rating of Personal Doctor** were G*ood* for both the adult and child populations. For the National Comparisons, there were 17 out of 44 MCPs for the adult population and 14 out of 44 MCPs for the child population that demonstrated *Poor* performance for this measure. There were 15 MCPs for the adult population and 14 MCPs for the child population that had *Excellent* or *Very Good* star ratings for **Rating of Personal Doctor**.

There were four MCPs that demonstrated *Excellent* performance for both the adult and child populations when compared to the national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis: [5-3]

- CalViva in Kings County
- Kaiser Permanente–South in San Diego County
- Partnership Health Plan's combined rate in Napa, Solano, and Yolo counties
- Partnership Health Plan in Sonoma County

There were two MCPs that demonstrated *Excellent* or *Very Good* performance for both the adult and child populations when compared to the national data and also scored significantly higher that the MCMC weighted average for the State Comparisons analysis:

- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- Kaiser Permanente–North in Sacramento County

There were six MCPs that demonstrated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:[5-4]

- Health Net in Sacramento County
- Health Plan of San Joaquin in San Joaquin County
- Inland Empire Health Plan's combined rate in Riverside and San Bernardino counties
- Kern Family Health Care in Kern County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties
- Molina Healthcare in Sacramento County

[5-3] CalViva in Kings County had less than 100 respondents for this measure for both the adult and child populations, and Partnership Health Plan in Sonoma County had less than 100 respondents for this measure for the adult population.

[5-4] Health Net in Sacramento County and Molina Healthcare in Sacramento County had less than 100 respondents for this measure for both the adult and child populations. In addition, Molina Healthcare's combined rate in Riverside and San Bernardino counties was based on less than 100 respondents for this measure for the adult population.

Improvement Strategies

Maintain Truth in Scheduling

MCPs can request that all providers monitor appointment scheduling to ensure that scheduling templates accurately reflect the amount of time it takes to provide patient care during a scheduled office visit. MCPs could provide assistance or instructions to those physicians unfamiliar with this type of assessment. Patient dissatisfaction can often be the result of prolonged wait times and delays in receiving care at the scheduled appointment time. One method for evaluating appropriate scheduling of various appointment types is to measure the amount of time it takes to complete the scheduled visit. This type of monitoring will allow providers to identify if adequate time is being scheduled for each appointment type and if appropriate changes can be made to scheduling templates to ensure patients are receiving prompt, adequate care. Patient wait times for routine appointments should also be recorded and monitored to ensure that scheduling can be optimized to minimize these wait times. Additionally, by measuring the amount of time it takes to provide care, both MCPs and physician offices' can identify where streamlining opportunities exist. If providers are finding bottlenecks within their patient flow processes, they may consider implementing daily staff huddles to improve communication or working in teams with cross-functionalities to increase staff responsibility and availability.

Direct Patient Feedback

MCPs can explore additional methods for obtaining direct patient feedback to improve patient satisfaction, such as comment cards. Comment cards have been utilized and found to be a simple method for engaging patients and obtaining rapid feedback on their recent physician office visit experiences. MCPs can assist in this process by developing comment cards that physician office staff can provide to patients following their visit. Comment cards can be provided to patients with their office visit discharge paperwork or via postal mail or e-mail. Asking patients to describe what they liked most about the care they received during their recent office visit, what they liked least, and one thing they would like to see changed can be an effective means for gathering feedback (both positive and negative). Comment card questions may also prompt feedback regarding other topics, such as providers' listening skills, wait time to obtaining an appointment, customer service, and other items of interest. Research suggests the addition of the question, "Would you recommend this physician's office to a friend?" greatly predicts overall patient satisfaction. This direct feedback can be helpful in gaining a better understanding of the specific areas that are working well and areas which can be targeted for improvement.

Physician-Patient Communication

MCPs should encourage physician-patient communication to improve patient satisfaction and outcomes. Indicators of good physician-patient communication include providing clear

explanations, listening carefully, and being understanding of patients' perspectives. MCPs can also create specialized workshops focused on enhancing physicians' communication skills, relationship building, and the importance of physician-patient communication. Training sessions can include topics such as improving listening techniques, patient-centered interviewing skills, collaborative communication which involves allowing the patient to discuss and share in the decision making process, as well as effectively communicating expectations and goals of health care treatment. In addition, workshops can include training on the use of tools that improve physician-patient communication. Examples of effective tools include visual medication schedules and the "Teach Back" method, which has patients communicate back the information the physician has provided.

Improving Shared Decision Making

MCPs should encourage skills training in shared decision making for all physicians. Implementing an environment of shared decision making and physician-patient collaboration requires physician recognition that patients have the ability to make choices that affect their health care. Therefore, one key to a successful shared decision making model is ensuring that physicians are properly trained. Training should focus on providing physicians with the skills necessary to facilitate the shared decision making process; ensuring that physicians understand the importance of taking each patient's values into consideration; and understanding patients' preferences and needs. Effective and efficient training methods include seminars and workshops.

Rating of Specialist Seen Most Often

Measure Definition

MCMC members were asked to rate their specialist seen most often on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible."

National Comparisons

Table 5-5 shows the adult and child star ratings for **Rating of Specialist Seen Most Often**.

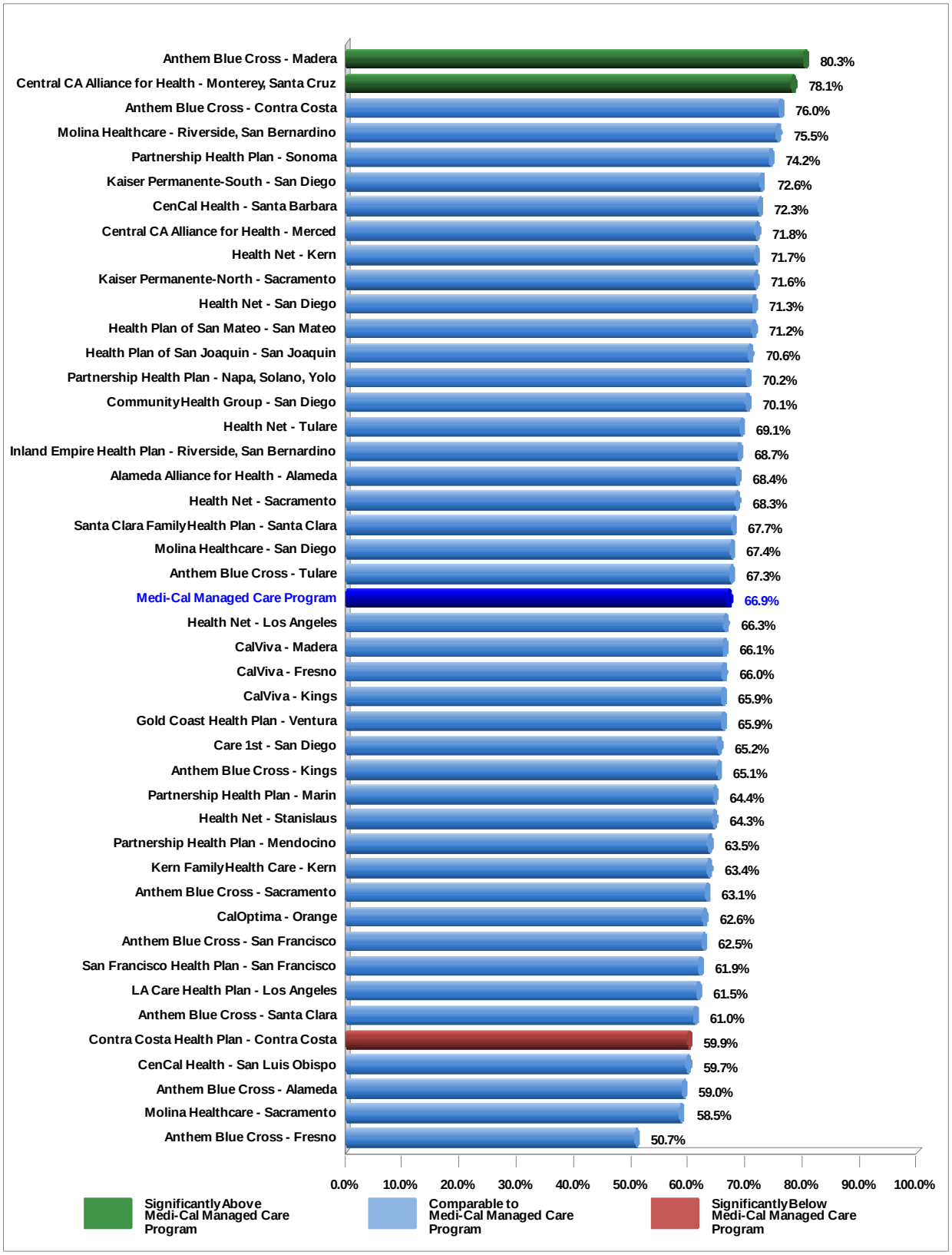
Table 5-5—Rating of Specialist Seen Most Often

Adult Medicaid		Child Medicaid	
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★	Anthem Blue Cross—Madera	★★★★★+
Partnership Health Plan—Mendocino	★★★★★+	Anthem Blue Cross—Contra Costa	★★★★★+
Health Net—Kern	★★★★★+	CenCal Health—Santa Barbara	★★★★★+
Kaiser Permanente-North—Sacramento	★★★★★	Molina Healthcare—Riverside, San Bernardino	★★★★★+
Partnership Health Plan—Marin	★★★★★+	Community Health Group—San Diego	★★★★★
Health Plan of San Mateo—San Mateo	★★★★★	Molina Healthcare—San Diego	★★★★★+
CalViva—Kings	★★★★★+	Central CA Alliance for Health—Merced	★★★★★+
Gold Coast Health Plan—Ventura	★★★★★	Anthem Blue Cross—San Francisco	★★★★★+
Health Net—Stanislaus	★★★★★+	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★+
Kaiser Permanente-South—San Diego	★★★★★	Health Net—Stanislaus	★★★★★+
Partnership Health Plan—Napa, Solano, Yolo	★★★★★+	Health Net—Tulare	★★★★★+
Partnership Health Plan—Sonoma	★★★★+	Kaiser Permanente-South—San Diego	★★★★★
Health Plan of San Joaquin—San Joaquin	★★★★	Health Plan of San Mateo—San Mateo	★★★★★
CenCal Health—Santa Barbara	★★★★	Anthem Blue Cross—Santa Clara	★★★★★+
CalViva—Madera	★★★+	Anthem Blue Cross—Tulare	★★★★★+
Medi-Cal Managed Care Program	★★★	CalViva—Madera	★★★★★+
Molina Healthcare—Sacramento	★★★+	Care 1st—San Diego	★★★★★+
Santa Clara Family Health Plan—Santa Clara	★★★	Health Net—San Diego	★★★★★+
Alameda Alliance for Health—Alameda	★★★	CalViva—Fresno	★★★★★+
CalOptima—Orange	★★★	Health Net—Los Angeles	★★★★★+
CenCal Health—San Luis Obispo	★★★+	Kaiser Permanente-North—Sacramento	★★★★★+
San Francisco Health Plan—San Francisco	★★★	Health Plan of San Joaquin—San Joaquin	★★★★+
Inland Empire Health Plan—Riverside, San Bernardino	★★★	Health Net—Kern	★★★★+
Anthem Blue Cross—Sacramento	★★+	Anthem Blue Cross—Kings	★★★★+
Anthem Blue Cross—Tulare	★★+	Medi-Cal Managed Care Program	★★★★
Health Net—Sacramento	★★+	LA Care Health Plan—Los Angeles	★★★★+
Health Net—San Diego	★★+	Partnership Health Plan—Napa, Solano, Yolo	★★★★+
Central CA Alliance for Health—Merced	★★+	Partnership Health Plan—Sonoma	★★★★+
Community Health Group—San Diego	★★	Santa Clara Family Health Plan—Santa Clara	★★★★
Anthem Blue Cross—Santa Clara	★★+	Anthem Blue Cross—Alameda	★★★+
Contra Costa Health Plan—Contra Costa	★★	Inland Empire Health Plan—Riverside, San Bernardino	★★★+
Health Net—Tulare	★+	Alameda Alliance for Health—Alameda	★★★+
Kern Family Health Care—Kern	★	Health Net—Sacramento	★★+
Molina Healthcare—Riverside, San Bernardino	★+	Kern Family Health Care—Kern	★★+
LA Care Health Plan—Los Angeles	★	Partnership Health Plan—Marin	★★+
Anthem Blue Cross—Kings	★+	Gold Coast Health Plan—Ventura	★★
Anthem Blue Cross—Madera	★+	CalOptima—Orange	★
Health Net—Los Angeles	★+	Contra Costa Health Plan—Contra Costa	★+
Anthem Blue Cross—San Francisco	★+	San Francisco Health Plan—San Francisco	★+
Anthem Blue Cross—Fresno	★+	CalViva—Kings	★+
Care 1st—San Diego	★	Anthem Blue Cross—Sacramento	★+
CalViva—Fresno	★+	CenCal Health—San Luis Obispo	★+
Molina Healthcare—San Diego	★+	Partnership Health Plan—Mendocino	★+
Anthem Blue Cross—Contra Costa	★+	Molina Healthcare—Sacramento	★+
Anthem Blue Cross—Alameda	★+	Anthem Blue Cross—Fresno	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-13–Rating of Specialist Seen Most Often Top-Box Rates



Summary of Results

The MCMC's star rating for **Rating of Specialist Seen Most Often** was *Good* for the adult population and *Very Good* for the child population. For the National Comparisons, 14 out of 44 MCPs for the adult population and nine out of 44 MCPs for the child population demonstrated *Poor* performance for this measure. There were 14 MCPs for the adult population and 28 MCPs for the child population that had star ratings of *Excellent* or *Very Good* for **Rating of Specialist Seen Most Often**.

There were five MCPs that demonstrated *Excellent* performance for both the adult and child populations when compared to national data:[5-5]

- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- Health Net in Stanislaus County
- Health Plan of San Mateo in San Mateo County
- Kaiser Permanente-North in Sacramento County
- Kaiser Permanente–South in San Diego County

There were two MCPs that scored significantly higher that the MCMC weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Madera County
- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties

There was one MCP that demonstrated *Poor* performance for both the adult and child populations when compared to national data and also scored significantly lower than the MCMC weighted average and lowest among all MCPs for the State Comparisons analysis:[5-6]

- Anthem Blue Cross in Fresno County

[5-5] All of the MCPs listed, with the exception of Health Plan of San Mateo in San Mateo County and Kaiser Permanente–South in San Diego County, had less than 100 respondents for this measure for the adult and/or child population(s).

[5-6] Anthem Blue Cross in Fresno County had less than 100 respondents for this measure for both the adult and child populations.

Improvement Strategies

Planned Visit Management

MCPs should work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, by identifying patients with chronic conditions that have routine appointments, a reminder system could be implemented to ensure that these patients are receiving the appropriate attention at the appropriate time. This triggering system could be used by staff to prompt general follow-up contact or specific interaction with patients to ensure they have necessary tests completed before an appointment or various other prescribed reasons. For example, after a planned visit, follow-up contact with patients could be scheduled within the reminder system to ensure patients understood all information provided to them and/or to address any questions they may have.

Skills Training for Specialists

MCPs can create specialized workshops or seminars that focus on training specialists in the skills they need to effectively communicate with patients to improve physician-patient communication. Training seminars can include sessions for improving communication skills with different cultures and handling challenging patient encounters. In addition, workshops can use case studies to illustrate the importance of communicating with patients and offer insight into specialists' roles as both managers of care and educators of patients. According to a 2009 review of more than 100 studies published in the journal *Medical Care*, patients' adherence to recommended treatments and management of chronic conditions is 12 percent higher when providers receive training in communication skills. By establishing skills training for specialists, MCPs can not only improve the quality of care delivered to its members but also their potential health outcomes.

Telemedicine

MCPs may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. Furthermore, the local provider is more involved in the consultation process and more informed about the care the patient is receiving.

Getting Needed Care

Measure Definition

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey and Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care.

Survey Questions

Adult Survey

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 25.** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always

Child Survey

- **Question 14**. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 28.** In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always

National Comparisons

Table 5-6 shows the adult and child star ratings for the **Getting Needed Care** composite measure.[5-7]

Table 5-6—Getting Needed Care Composite

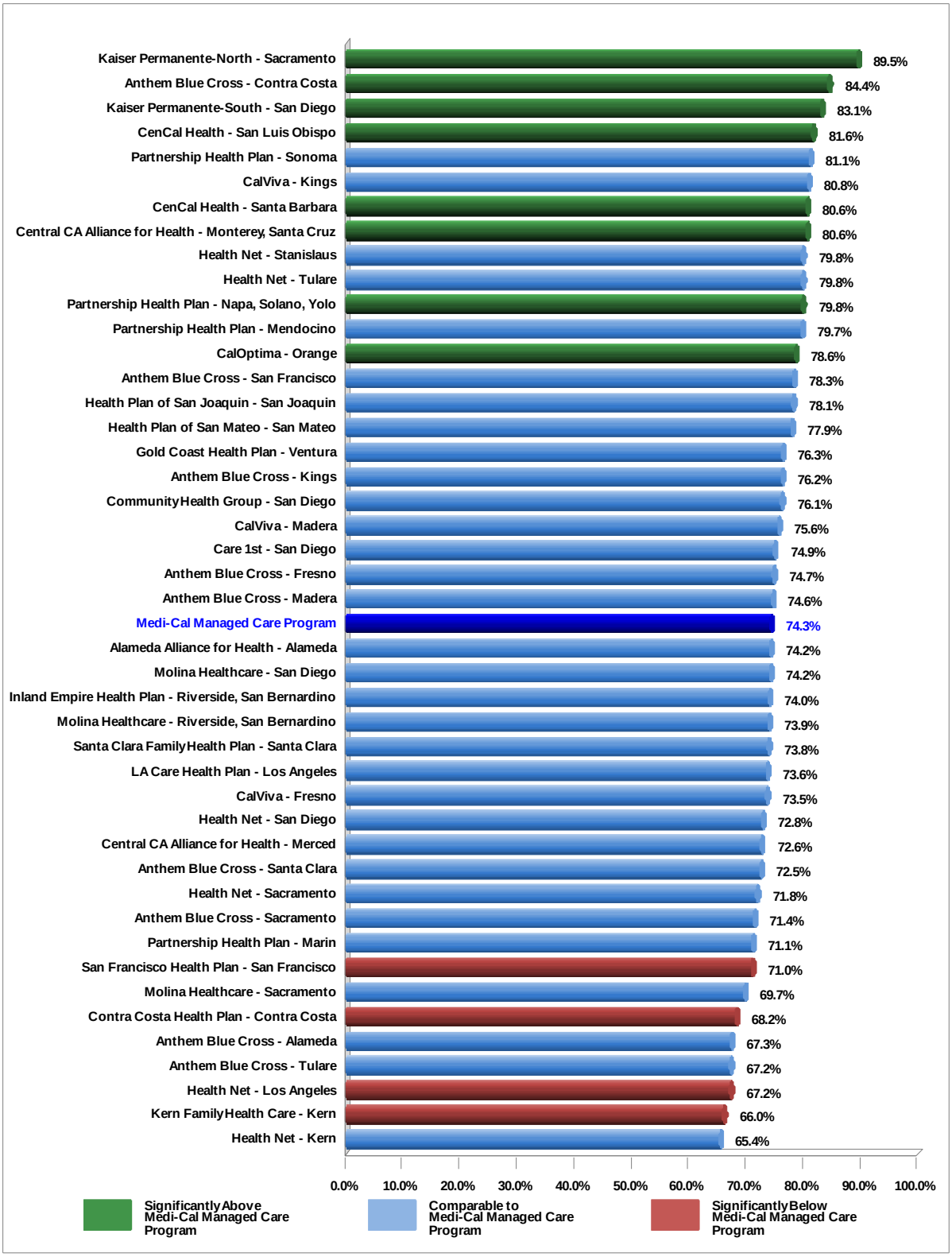
Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Partnership Health Plan—Sonoma	★★★★★+	Anthem Blue Cross—Contra Costa	★★★★+
Kaiser Permanente-South—San Diego	★★★★★	Health Net—Stanislaus	★★★★+
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★	Kaiser Permanente-South—San Diego	★★★★
CenCal Health—San Luis Obispo	★★★★	Health Net—Tulare	★★★★+
CenCal Health—Santa Barbara	★★★	Partnership Health Plan—Mendocino	★★★+
Partnership Health Plan—Marin	★★★+	CalViva—Madera	★★★+
CalOptima—Orange	★★★	Partnership Health Plan—Napa, Solano, Yolo	★★★
Gold Coast Health Plan—Ventura	★★★	Anthem Blue Cross—San Francisco	★★+
Partnership Health Plan—Napa, Solano, Yolo	★★★	CenCal Health—Santa Barbara	★★
Anthem Blue Cross—Contra Costa	★★+	Anthem Blue Cross—Madera	★★+
Health Plan of San Mateo—San Mateo	★★	Anthem Blue Cross—Fresno	★★+
CalViva—Kings	★★+	Central CA Alliance for Health—Monterey, Santa Cruz	★★
Central CA Alliance for Health—Merced	★★	CalViva—Fresno	★★
Anthem Blue Cross—Kings	★★+	Community Health Group—San Diego	★
Health Plan of San Joaquin—San Joaquin	★★	Health Plan of San Joaquin—San Joaquin	★
Medi-Cal Managed Care Program	★★	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Santa Clara	★★+	Santa Clara Family Health Plan—Santa Clara	★
Partnership Health Plan—Mendocino	★★+	CalViva—Kings	★+
Anthem Blue Cross—Madera	★★+	LA Care Health Plan—Los Angeles	★
Inland Empire Health Plan—Riverside, San Bernardino	★★	Medi-Cal Managed Care Program	★
Care 1st—San Diego	★	Alameda Alliance for Health—Alameda	★
Molina Healthcare—San Diego	★+	Anthem Blue Cross—Alameda	★+
Anthem Blue Cross—Fresno	★+	CenCal Health—San Luis Obispo	★+
Anthem Blue Cross—San Francisco	★+	Partnership Health Plan—Sonoma	★+
Anthem Blue Cross—Sacramento	★+	Anthem Blue Cross—Kings	★+
Community Health Group—San Diego	★	CalOptima—Orange	★
Molina Healthcare—Sacramento	★+	Health Net—Sacramento	★+
Alameda Alliance for Health—Alameda	★	Health Net—San Diego	★+
Molina Healthcare—Riverside, San Bernardino	★+	Care 1st—San Diego	★
Health Net—Kern	★+	Gold Coast Health Plan—Ventura	★
Santa Clara Family Health Plan—Santa Clara	★	Molina Healthcare—San Diego	★
LA Care Health Plan—Los Angeles	★	Molina Healthcare—Riverside, San Bernardino	★+
San Francisco Health Plan—San Francisco	★	Health Net—Los Angeles	★
Health Net—Sacramento	★+	Inland Empire Health Plan—Riverside, San Bernardino	★
CalViva—Fresno	★	San Francisco Health Plan—San Francisco	★
Health Net—Los Angeles	★	Anthem Blue Cross—Santa Clara	★+
Health Net—Stanislaus	★+	Contra Costa Health Plan—Contra Costa	★
CalViva—Madera	★+	Anthem Blue Cross—Sacramento	★+
Kern Family Health Care—Kern	★	Anthem Blue Cross—Tulare	★+
Health Net—Tulare	★+	Central CA Alliance for Health—Merced	★+
Anthem Blue Cross—Tulare	★+	Kern Family Health Care—Kern	★
Contra Costa Health Plan—Contra Costa	★	Partnership Health Plan—Marin	★+
Health Net—San Diego	★+	Health Net—Kern	★+
Anthem Blue Cross—Alameda	★+	Molina Healthcare—Sacramento	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

[5-7] Due to the changes to the **Getting Needed Care** composite measure, caution should be exercised when interpreting the results of the National Comparisons and overall member satisfaction star ratings for this measure. For detailed information on the changes to the composite measure, please refer to the Executive Summary section of this report.

State Comparisons

Figure 5-14—Getting Needed Care Composite Top-Box Rates



Summary of Results

The MCMC's star ratings for **Getting Needed Care** were *Fair* for the adult population and *Poor* for the child population. For the National Comparisons, 24 out of 44 MCPs for the adult population and 30 out of 44 MCPs for the child population demonstrated *Poor* performance for this measure. There were five MCPs for the adult and child populations that had star ratings of *Excellent* or *Very Good* for **Getting Needed Care**.

There was one MCP that demonstrated *Excellent* performance for both the adult and child populations when compared to national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Kaiser Permanente–North in Sacramento County

There were four MCPs that demonstrated *Excellent* or *Very Good* performance for the adult or child population when compared to national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:[5-8]

- Anthem Blue Cross in Contra Costa County
- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- CenCal Health in San Luis Obispo County
- Kaiser Permanente–South in San Diego County

There were four MCPs that had star ratings indicating *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:

- Contra Costa Health Plan in Contra Costa County
- Health Net in Los Angeles County
- Kern Family Health Care in Kern County
- San Francisco Health Plan in San Francisco County

5-8 Anthem Blue Cross in Contra Costa County had less than 100 respondents for this measure for the child population.

Improvement Strategies

Appropriate Health Care Providers

MCPs should ensure that patients are receiving care from physicians most appropriate to treat their condition. Tracking patients to ascertain they are receiving effective, necessary care from those appropriate health care providers is imperative to assessing quality of care. MCPs should actively attempt to match patients with appropriate health care providers and engage providers in their efforts to ensure appointments are scheduled for patients to receive care in a timely manner. These efforts can lead to improvements in quality, timeliness, and patients' overall access to care.

Interactive Workshops

MCPs should engage in promoting health education, health literacy, and preventive health care amongst their membership. Increasing patients' health literacy and general understanding of their health care needs can result in improved health. MCPs can develop community-based interactive workshops and educational materials to provide information on general health or specific needs. Free workshops can vary by topic (e.g., women's health, specific chronic conditions) to address and inform the needs of different populations. Access to health assessments also can assist MCPs in promoting patient health awareness and preventive health care efforts.

"Max-Packing"

MCPs can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible; a process called "max-packing." "Max-packing" is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during a scheduled visit, whenever possible. Processes also could be implemented wherein staff review the current day's appointment schedule for any future appointments a patient may have. For example, if a patient is scheduled for their annual physical in the fall and a subsequent appointment for a flu vaccination, the current office visit could be used to accomplish both eliminating the need for a future appointment. MCPs should encourage the care of a patient's future needs during a visit and determine if, and when, future follow-up is necessary.

Language Concordance Programs

MCPs should make an effort to match patients with physicians who speak their preferred language. Offering incentives for physicians to become fluent in another language, in addition to recruiting bilingual physicians, is important since such physicians typically are not readily available. Matching patients to physicians who speak their language can significantly improve the health care

experience and quality of care for patients. Patients who can communicate with their physician are more informed about their health issues and are able to make deliberate choices about an appropriate course of action. By increasing the availability of language-concordant physicians, patients with limited English proficiency can schedule more frequent visits with their physicians and are better able to manage health conditions.

Referral Process

Streamlining the referral process allows MCP members to more readily obtain the care they need. A referral expert can assist with this process and expedite the time from physician referral to the patient receiving needed care. A referral expert can be either a person and/or electronic system that is responsible for tracking and managing each MCP's referral requirements. An electronic referral system, such as a Web-based system, can improve the communication mechanisms between primary care physicians (PCPs) and specialists to determine which clinical conditions require a referral. This may be determined by referral frequency. An electronic referral process also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, patients, and providers) in a timely manner.

Getting Care Quickly

Measure Definition

Two questions (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked to assess how often members received care quickly.

Survey Questions

Adult Survey

- **Question 4**. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 6**. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
  - Never
  - Sometimes
  - Usually
  - Always

Child Survey

- **Question 4**. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 6**. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always

National Comparisons

Table 5-7 shows the adult and child star ratings for the **Getting Care Quickly** composite measure.

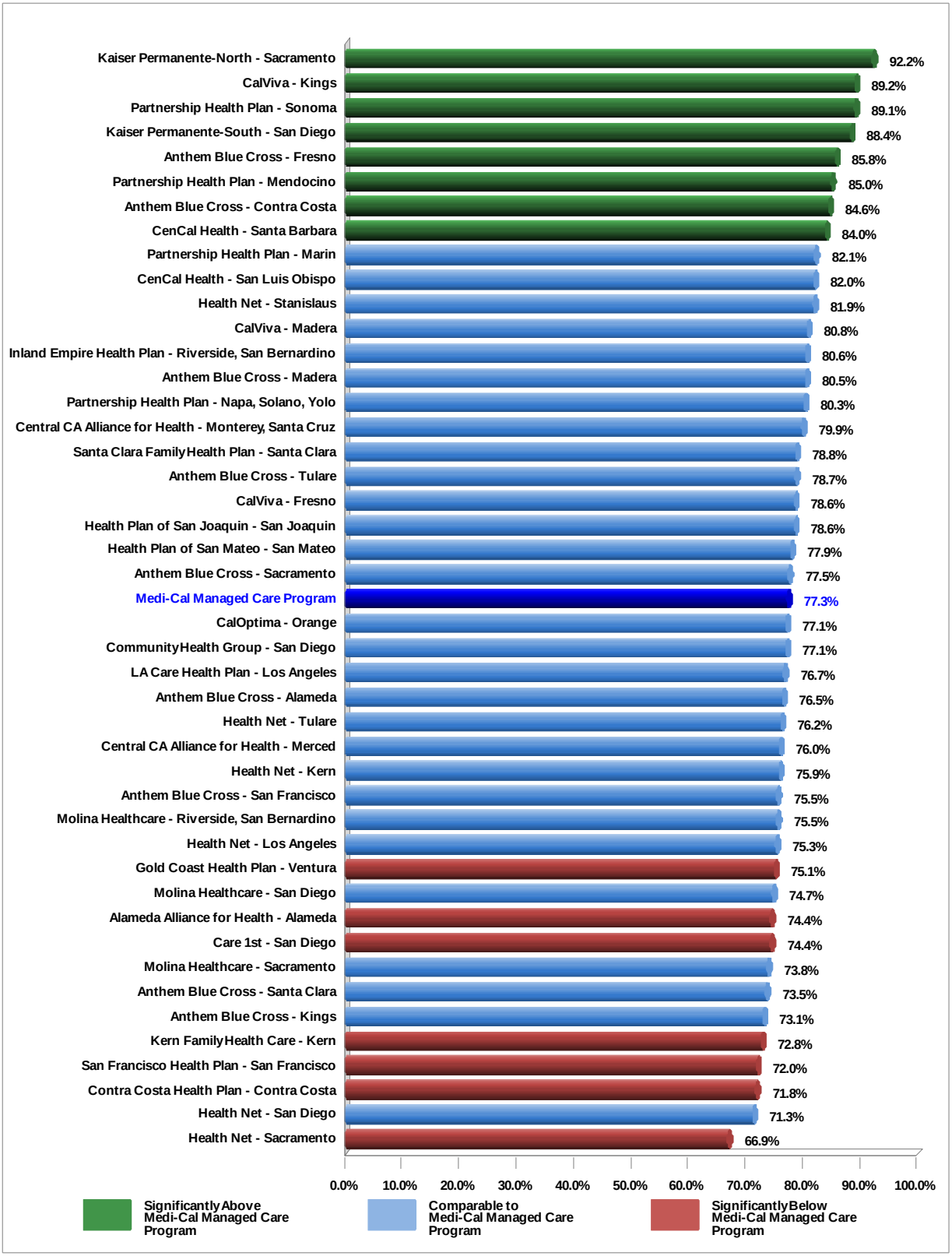
Table 5-7—Getting Care Quickly Composite

Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Partnership Health Plan—Sonoma	★★★★★+	Health Net—Stanislaus	★★★★+
CenCal Health—San Luis Obispo	★★★★★	Kaiser Permanente-South—San Diego	★★★★
Kaiser Permanente-South—San Diego	★★★★★	Anthem Blue Cross—Contra Costa	★★★+
Anthem Blue Cross—Kings	★★★★+	Partnership Health Plan—Sonoma	★★★+
Partnership Health Plan—Mendocino	★★★★+	Anthem Blue Cross—Fresno	★★+
Central CA Alliance for Health—Monterey, Santa Cruz	★★★	Partnership Health Plan—Mendocino	★★+
CenCal Health—Santa Barbara	★★★	Partnership Health Plan—Marin	★★+
Anthem Blue Cross—Fresno	★★+	CalViva—Kings	★+
Partnership Health Plan—Marin	★★+	Anthem Blue Cross—Alameda	★+
CalOptima—Orange	★★	Anthem Blue Cross—San Francisco	★+
CalViva—Kings	★★+	CenCal Health—Santa Barbara	★
Health Net—Kern	★+	Partnership Health Plan—Napa, Solano, Yolo	★
Partnership Health Plan—Napa, Solano, Yolo	★	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Madera	★+	CalViva—Madera	★+
Central CA Alliance for Health—Merced	★	Health Plan of San Joaquin—San Joaquin	★
Gold Coast Health Plan—Ventura	★	CalViva—Fresno	★
Health Net—Tulare	★+	Inland Empire Health Plan—Riverside, San Bernardino	★
Anthem Blue Cross—Contra Costa	★+	Anthem Blue Cross—Sacramento	★+
Health Plan of San Mateo—San Mateo	★	Santa Clara Family Health Plan—Santa Clara	★
Medi-Cal Managed Care Program	★	Medi-Cal Managed Care Program	★
Community Health Group—San Diego	★	Anthem Blue Cross—Madera	★+
Care 1st—San Diego	★	Anthem Blue Cross—Tulare	★+
Inland Empire Health Plan—Riverside, San Bernardino	★	Central CA Alliance for Health—Monterey, Santa Cruz	★
LA Care Health Plan—Los Angeles	★	Alameda Alliance for Health—Alameda	★
Molina Healthcare—Riverside, San Bernardino	★+	CalOptima—Orange	★
Anthem Blue Cross—Sacramento	★+	Community Health Group—San Diego	★
CalViva—Madera	★+	Health Net—Sacramento	★+
Health Plan of San Joaquin—San Joaquin	★	Health Net—San Diego	★+
Anthem Blue Cross—Tulare	★+	Molina Healthcare—San Diego	★
Anthem Blue Cross—Santa Clara	★+	LA Care Health Plan—Los Angeles	★
Molina Healthcare—Sacramento	★+	Health Net—Los Angeles	★
Molina Healthcare—San Diego	★+	Molina Healthcare—Riverside, San Bernardino	★+
Anthem Blue Cross—San Francisco	★+	Anthem Blue Cross—Santa Clara	★+
Santa Clara Family Health Plan—Santa Clara	★	CenCal Health—San Luis Obispo	★+
Alameda Alliance for Health—Alameda	★	Care 1st—San Diego	★
CalViva—Fresno	★	Molina Healthcare—Sacramento	★+
Health Net—Los Angeles	★	Health Net—Tulare	★+
Health Net—Stanislaus	★+	Kern Family Health Care—Kern	★
San Francisco Health Plan—San Francisco	★	Contra Costa Health Plan—Contra Costa	★
Contra Costa Health Plan—Contra Costa	★	Central CA Alliance for Health—Merced	★+
Kern Family Health Care—Kern	★	Gold Coast Health Plan—Ventura	★
Health Net—San Diego	★+	San Francisco Health Plan—San Francisco	★
Anthem Blue Cross—Alameda	★+	Anthem Blue Cross—Kings	★+
Health Net—Sacramento	★+	Health Net—Kern	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-15—Getting Care Quickly Composite Top-Box Rates



Summary of Results

The MCMC's star ratings for **Getting Care Quickly** were *Poor* for both the adult and child populations. For the National Comparisons, 32 out of 44 MCPs for the adult population and 36 out of 44 MCPs for the child population had star ratings of *Poor* for this measure. There were six MCPs for the adult population and three MCPs for the child population that had star ratings of *Excellent* or *Very Good* for **Getting Care Quickly**.

There was one MCP that had a star rating that indicated *Excellent* performance for both the adult and child populations when compared to national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Kaiser Permanente–North in Sacramento County.

There were two MCPs that had star ratings that indicated *Excellent* performance for the adult population when compared to national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:[5-9]

- Kaiser Permanente–South in San Diego County
- Partnership Health Plan in Sonoma County

There were six MCPs that had star ratings that indicated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:[5-10]

- Alameda Alliance for Health in Alameda County
- Care 1st in San Diego County
- Contra Costa Health Plan in Contra Costa County
- Health Net in Sacramento County
- Kern Family Health Care in Kern County
- San Francisco Health Plan in San Francisco County

[5-9] Partnership Health Plan in Sonoma County had less than 100 respondents for this measure for the adult population.
[5-10] Health Net in Sacramento County had less than 100 respondents for this measure for both the adult and child populations.

Improvement Strategies

Decrease No-Show Appointments

Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. MCPs can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the MCP can assist providers in re-examining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or e-mail follow-up). Additionally, follow-up appointments could be conducted by another health care professional such as nurse practitioners or physician assistants.

Electronic Communication

MCPs should encourage the use of electronic communication where appropriate. Electronic forms of communication between patients and providers can help alleviate the demand for in-person visits and provide prompt care to patients that may not require an appointment with a physician. Electronic communication can also be used when scheduling appointments, requesting referrals, providing prescription refills, answering patient questions, educating patients on health topics, and disseminating lab results. An online patient portal can aid in the use of electronic communication and provide a safe, secure location where patients and providers can communicate. It should be noted that Health Insurance Portability and Accountability Act (HIPAA) regulations must be carefully reviewed when implementing this form of communication.

Nurse Advice Help Line

MCPs can establish a nurse advice help line to direct members to the most appropriate level of care for their health problem. Members unsure if their health problem requires immediate care or a physician visit can be directed to the help line where nurses can assess their situation and provide advice for receiving care and/or offer steps they can take to manage symptoms of minor conditions. Additionally, a 24-hour help line can improve members' perceptions of getting care quickly by providing quick, easy access to the resources and expertise of clinical staff.

Open Access Scheduling

MCPs should encourage providers to explore open access scheduling. An open access scheduling model can be used to match the demand for appointments with physician supply. This type of scheduling model allows for appointment flexibility and for patients to receive same-day appointments. Instead of booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a physician's schedule open for same-day appointments. Open access scheduling has been shown to have the following benefits: 1) reduces delays in patient care; 2) increases continuity of care; and 3) decreases wait times and number of no-shows resulting in cost savings.

Patient Flow Analysis

MCPs should request that all providers monitor patient flow. The MCPs could provide instructions and/or assistance to those providers that are unfamiliar with this type of evaluation. Dissatisfaction with timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. One method that can be used to identify these problems is to conduct a patient flow analysis. A patient flow analysis involves tracking a patient's experience throughout a visit or clinical service (i.e., the time it takes to complete various parts of the visit/service). Examples of steps that are tracked include wait time at check-in, time to complete check-in, wait time in waiting room, wait time in exam room, and time with provider. This type of analysis can help providers identify "problem" areas, including steps that can be eliminated or steps that can be performed more efficiently.

How Well Doctors Communicate

Measure Definition

Four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey and Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often doctors communicated well.

Survey Questions

Adult Survey

- **Question 17**. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 18**. In the last 6 months, how often did your personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 19**. In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 20**. In the last 6 months, how often did your personal doctor spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

Child Survey

- **Question 17**. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 18**. In the last 6 months, how often did your child's personal doctor listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 19**. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 22**. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
  - Never
  - Sometimes
  - Usually
  - Always

National Comparisons

Table 5-8 shows the adult and child star ratings for the **How Well Doctors Communicate** composite measure.

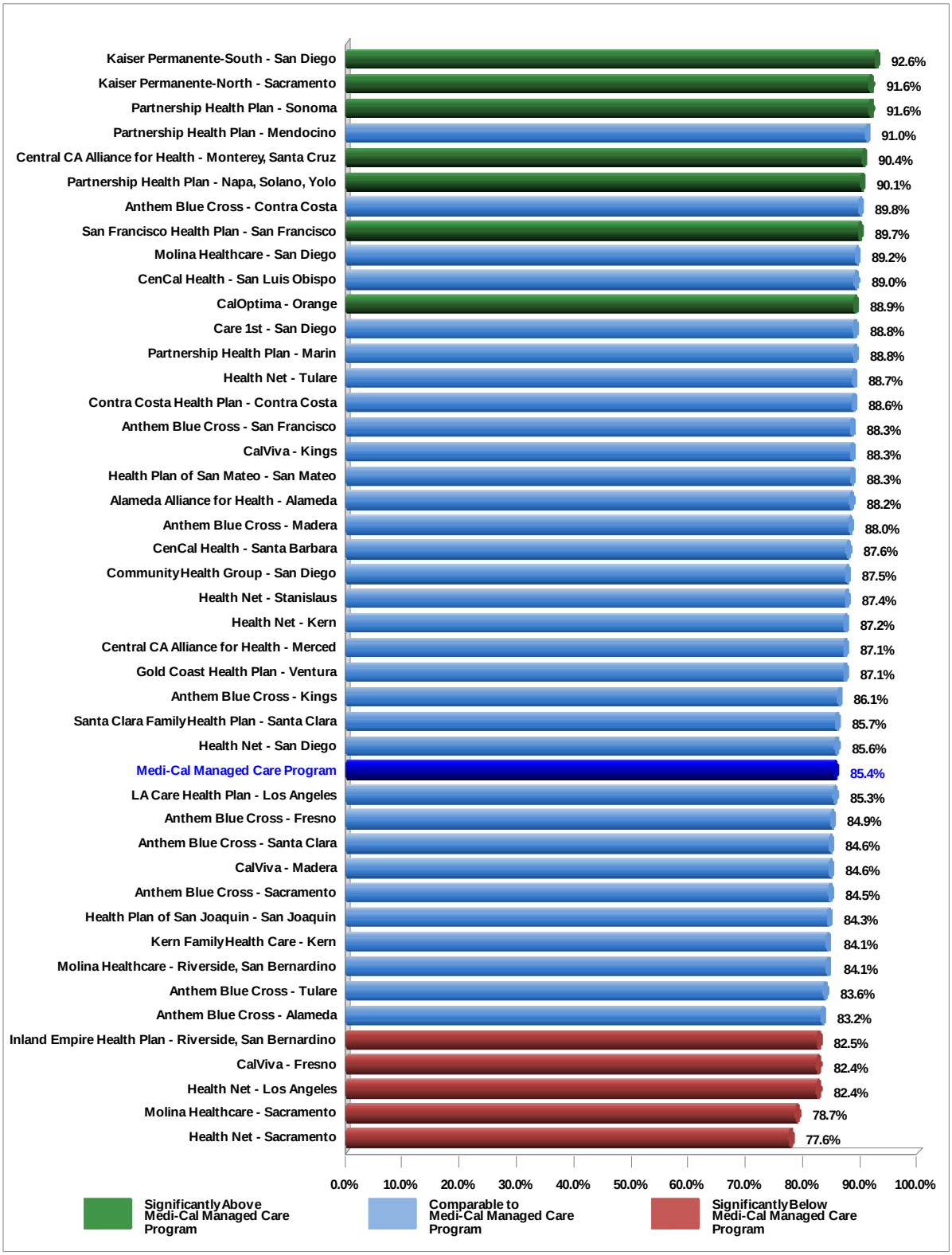
Table 5-8—How Well Doctors Communicate Composite

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Anthem Blue Cross—Madera	★★★★★+	Kaiser Permanente-South—San Diego	★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★	Anthem Blue Cross—Contra Costa	★★★+
Anthem Blue Cross—Kings	★★★★★+	Anthem Blue Cross—San Francisco	★★+
Partnership Health Plan—Mendocino	★★★★+	Alameda Alliance for Health—Alameda	★★
Kaiser Permanente-North—Sacramento	★★★★	CalViva—Kings	★★+
Partnership Health Plan—Napa, Solano, Yolo	★★★★	Health Plan of San Mateo—San Mateo	★
CenCal Health—Santa Barbara	★★★★	Partnership Health Plan—Napa, Solano, Yolo	★
Anthem Blue Cross—Contra Costa	★★★+	Contra Costa Health Plan—Contra Costa	★
Partnership Health Plan—Sonoma	★★★+	Molina Healthcare—San Diego	★
Gold Coast Health Plan—Ventura	★★★	Anthem Blue Cross—Alameda	★+
Anthem Blue Cross—San Francisco	★★★+	Community Health Group—San Diego	★
Anthem Blue Cross—Santa Clara	★★★+	Health Net—Kern	★+
CalOptima—Orange	★★	Partnership Health Plan—Marin	★+
Care 1st—San Diego	★★	Partnership Health Plan—Sonoma	★+
CenCal Health—San Luis Obispo	★★	San Francisco Health Plan—San Francisco	★
Contra Costa Health Plan—Contra Costa	★★	Health Net—Stanislaus	★+
San Francisco Health Plan—San Francisco	★★	Anthem Blue Cross—Sacramento	★+
Partnership Health Plan—Marin	★★+	Health Net—Tulare	★+
Health Plan of San Mateo—San Mateo	★★	Health Net—San Diego	★+
Medi-Cal Managed Care Program	★★	CalOptima—Orange	★
Central CA Alliance for Health—Merced	★★	Medi-Cal Managed Care Program	★
Anthem Blue Cross—Tulare	★★+	Central CA Alliance for Health—Monterey, Santa Cruz	★
Molina Healthcare—San Diego	★★+	Partnership Health Plan—Mendocino	★+
CalViva—Kings	★+	Anthem Blue Cross—Fresno	★+
CalViva—Fresno	★	Care 1st—San Diego	★
Community Health Group—San Diego	★	LA Care Health Plan—Los Angeles	★
Alameda Alliance for Health—Alameda	★	Santa Clara Family Health Plan—Santa Clara	★
Health Net—Kern	★+	Gold Coast Health Plan—Ventura	★
Kern Family Health Care—Kern	★	CalViva—Madera	★+
Santa Clara Family Health Plan—Santa Clara	★	CenCal Health—San Luis Obispo	★
Health Net—Los Angeles	★	CenCal Health—Santa Barbara	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Health Plan of San Joaquin—San Joaquin	★
LA Care Health Plan—Los Angeles	★	Health Net—Los Angeles	★
Molina Healthcare—Riverside, San Bernardino	★+	Kern Family Health Care—Kern	★
Anthem Blue Cross—Sacramento	★+	Molina Healthcare—Riverside, San Bernardino	★
Health Net—Stanislaus	★+	Inland Empire Health Plan—Riverside, San Bernardino	★
Health Net—Tulare	★+	Anthem Blue Cross—Madera	★+
Anthem Blue Cross—Fresno	★+	Central CA Alliance for Health—Merced	★+
Health Plan of San Joaquin—San Joaquin	★	CalViva—Fresno	★
Molina Healthcare—Sacramento	★+	Anthem Blue Cross—Tulare	★+
Anthem Blue Cross—Alameda	★+	Anthem Blue Cross—Santa Clara	★+
Health Net—San Diego	★+	Anthem Blue Cross—Kings	★+
CalViva—Madera	★+	Molina Healthcare—Sacramento	★+
Health Net—Sacramento	★+	Health Net—Sacramento	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-16—How Well Doctors Communicate Composite Top-Box Rates



Summary of Results

The MCMC's star ratings for **How Well Doctors Communicate** were *Fair* for the adult population and *Poor* for the child population. For the National Comparisons, 21 out of 44 MCPs for the adult population and 38 out of 44 MCPs for the child population had *Poor* star rating performance for this measure. There were eight MCPs for the adult population and two MCPs for the child population that demonstrated *Excellent* or *Very Good* performance for **How Well Doctors Communicate**.

There were three MCPs that demonstrated *Excellent* performance for their adult or child population when compared to the national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Central CA Alliance for Health combined rate in Monterey and Santa Cruz counties
- Kaiser Permanente–North in Sacramento County
- Kaiser Permanente–South in San Diego County

There were five MCPs that demonstrated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:[5-11]

- CalViva in Fresno County
- Health Net in Los Angeles County
- Health Net in Sacramento County
- Inland Empire Health Plan's combined rate in Riverside and San Bernardino counties
- Molina Healthcare in Sacramento County

[5-11] Health Net in Sacramento County and Molina Healthcare in Sacramento County had less than 100 respondents for this measure for both the adult and child populations.

Improvement Strategies

Communication Tools for Patients

MCPs can encourage patients to take a more active role in the management of their health care by providing them with the necessary tools to effectively communicate with physicians. This can include items such as "visit preparation" handouts, sample symptom logs, and health care goals and action planning forms that facilitate physician-patient communication. Furthermore, educational literature and information on medical conditions specific to their needs can encourage patients to communicate with their physicians any questions, concerns, or expectations they may have regarding their health care and/or treatment options.

Improve Health Literacy

Often health information is presented to patients in a manner that is too complex and technical, which can result in patient inadherence and poor health outcomes. To address this issue, MCPs should consider revising existing and creating new print materials that are easy to understand based on patients' needs and preferences. Materials such as patient consent forms and disease education materials on various conditions can be revised and developed in new formats to aid patients' understanding of the health information that is being presented. Further, providing training for health care workers on how to use these materials with their patients and ask questions to gauge patient understanding can help improve patients' level of satisfaction with provider communication.

Additionally, health literacy coaching can be implemented to ease the inclusion of health literacy into physician practice. MCPs can offer a full-day workshop where physicians have the opportunity to participate in simulation training resembling the clinical setting. Workshops also provide an opportunity for MCPs to introduce physicians to the *AHRQ Health Literacy Universal Precautions Toolkit*, which can serve as a reference for devising health literacy plans.

Language Barriers

MCPs can consider hiring interpreters that serve as full-time time staff members at provider offices with a high volume of non-English speaking patients to ensure accurate communication amongst patients and physicians. Offering an in-office, interpretation service promotes the development of relationships between the patient and family members with their physician. With an interpreter present to translate, the physician will have a more clear understanding of how to best address the appropriate health issues and the patient will feel more at ease. Having an interpreter on site is also more time efficient for both the patient and physician, allowing the physician to stay on schedule.

Customer Service

Measure Definition

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often members were satisfied with customer service.

Survey Questions

Adult Survey

- **Question 31**. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 32**. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

Child Survey

- **Question 32**. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 33**. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always

National Comparisons

Table 5-9 shows the adult and child star ratings for the **Customer Service** composite measure.

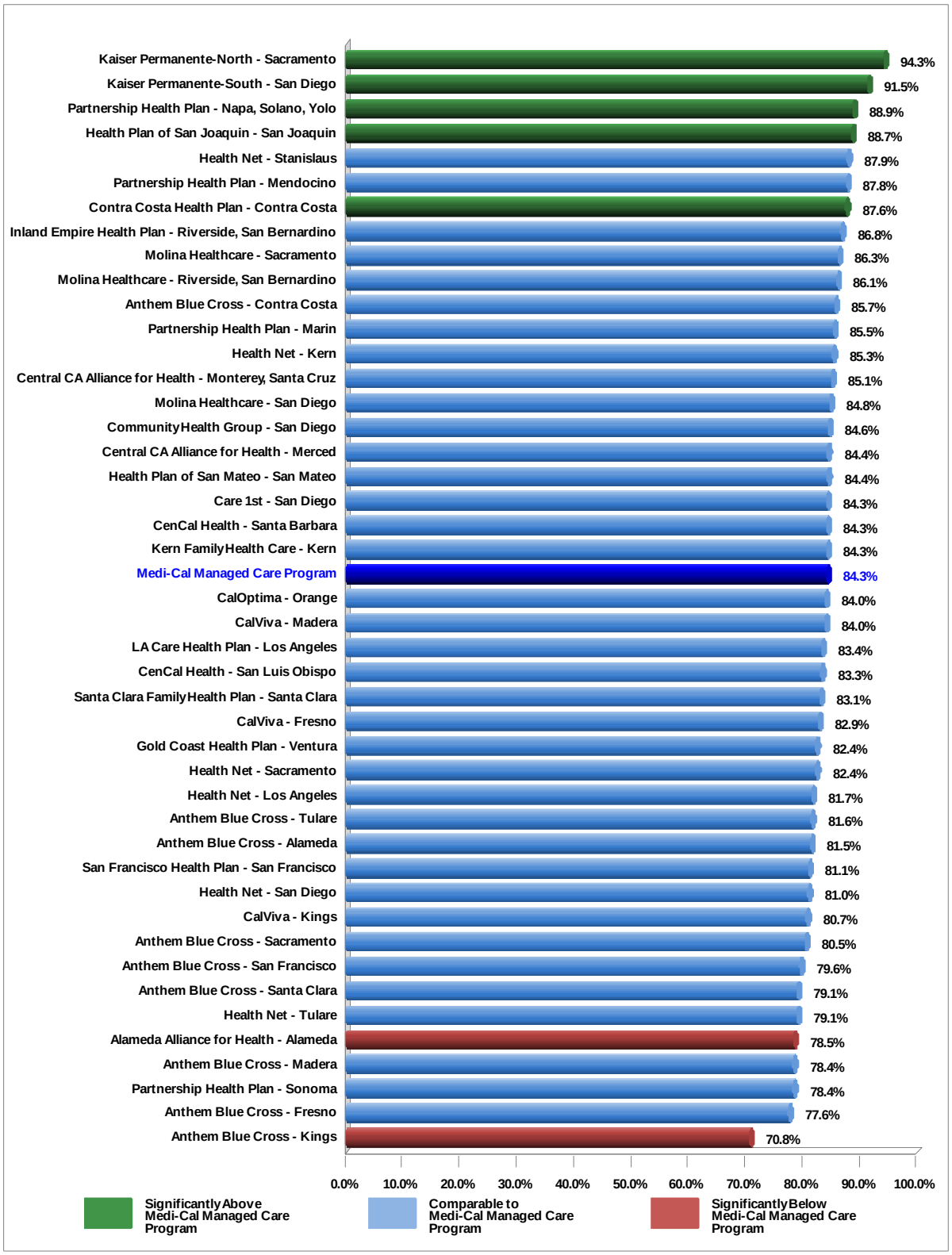
Table 5-9—Customer Service Composite

Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★★	Health Net—Stanislaus	★★★★★+
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★+	Kaiser Permanente-South—San Diego	★★★★★
CalOptima—Orange	★★★★★	Anthem Blue Cross—Tulare	★★★★★+
CenCal Health—San Luis Obispo	★★★★+	Molina Healthcare—San Diego	★★★★★+
Central CA Alliance for Health—Merced	★★★★+	Anthem Blue Cross—Contra Costa	★★★★★+
Partnership Health Plan—Mendocino	★★★★+	CalViva—Kings	★★★★★+
Health Net—Kern	★★★★+	Partnership Health Plan—Mendocino	★★★★★+
Inland Empire Health Plan—Riverside, San Bernardino	★★★★	Partnership Health Plan—Napa, Solano, Yolo	★★★★★+
Anthem Blue Cross—Madera	★★★★+	Inland Empire Health Plan—Riverside, San Bernardino	★★★★
Contra Costa Health Plan—Contra Costa	★★★★	CalViva—Madera	★★★★+
Molina Healthcare—Riverside, San Bernardino	★★★★+	CenCal Health—Santa Barbara	★★★★
Partnership Health Plan—Napa, Solano, Yolo	★★★★+	Health Net—Los Angeles	★★★★
Health Plan of San Joaquin—San Joaquin	★★★★+	Community Health Group—San Diego	★★★★
Care 1st—San Diego	★★★	Anthem Blue Cross—Alameda	★★★+
Gold Coast Health Plan—Ventura	★★★	Anthem Blue Cross—Fresno	★★★+
Medi-Cal Managed Care Program	★★★	Health Plan of San Joaquin—San Joaquin	★★★
Health Plan of San Mateo—San Mateo	★★★	LA Care Health Plan—Los Angeles	★★★
CenCal Health—Santa Barbara	★★★+	Molina Healthcare—Riverside, San Bernardino	★★★+
Kern Family Health Care—Kern	★★★	Partnership Health Plan—Marin	★★★+
Community Health Group—San Diego	★★	Medi-Cal Managed Care Program	★★★
Anthem Blue Cross—Kings	★★+	Care 1st—San Diego	★★★
Molina Healthcare—Sacramento	★★+	Health Plan of San Mateo—San Mateo	★★★
CalViva—Fresno	★★+	Kern Family Health Care—Kern	★★★
LA Care Health Plan—Los Angeles	★★	CalViva—Fresno	★★
CalViva—Madera	★★+	Molina Healthcare—Sacramento	★★+
Partnership Health Plan—Marin	★★+	Contra Costa Health Plan—Contra Costa	★★
Alameda Alliance for Health—Alameda	★	Health Net—San Diego	★★+
Molina Healthcare—San Diego	★+	Health Net—Tulare	★★+
Santa Clara Family Health Plan—Santa Clara	★	San Francisco Health Plan—San Francisco	★★
Health Net—Los Angeles	★+	Central CA Alliance for Health—Merced	★★+
Partnership Health Plan—Sonoma	★+	Santa Clara Family Health Plan—Santa Clara	★★
Anthem Blue Cross—San Francisco	★+	Partnership Health Plan—Sonoma	★+
Health Net—Stanislaus	★+	Anthem Blue Cross—Santa Clara	★+
Anthem Blue Cross—Contra Costa	★+	Central CA Alliance for Health—Monterey, Santa Cruz	★
Health Net—Sacramento	★+	Health Net—Sacramento	★+
Anthem Blue Cross—Alameda	★+	CalOptima—Orange	★
Health Net—Tulare	★+	Gold Coast Health Plan—Ventura	★
CalViva—Kings	★+	Anthem Blue Cross—Sacramento	★+
Anthem Blue Cross—Tulare	★+	Anthem Blue Cross—San Francisco	★+
San Francisco Health Plan—San Francisco	★	Alameda Alliance for Health—Alameda	★
Health Net—San Diego	★+	Health Net—Kern	★+
Anthem Blue Cross—Santa Clara	★+	Anthem Blue Cross—Madera	★+
Anthem Blue Cross—Sacramento	★+	CenCal Health—San Luis Obispo	★+
Anthem Blue Cross—Fresno	★+	Anthem Blue Cross—Kings	★+

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

State Comparisons

Figure 5-17—Customer Service Composite Top-Box Rates



Summary of Results

The MCMC's star ratings for **Customer Service** were *Good* for both the adult and child populations. For the National Comparisons, 18 out of 44 MCPs for the adult population and 13 out of 44 MCPs for the child population had a *Poor* star rating for this measure. There were 14 MCPs for both the adult and child populations that had star ratings of *Excellent* or *Very Good* for **Customer Service**.

There were two MCPs that received *Excellent* star ratings for both the adult and child populations when compared to national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis:

- Kaiser Permanente–North in Sacramento County
- Kaiser Permanente–South in San Diego County

There was one MCP that received an *Excellent* star rating for the child population when compared to the national data and also scored significantly higher than the MCMC weighted average for the State Comparisons analysis: [5-12]

- Partnership Health Plan's combined rate in Napa, Solano, and Yolo counties.

There was one MCP that received *Poor* star ratings for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC weighted average for the State Comparisons analysis:

- Alameda Alliance for Health in Alameda County.

[5-12] Partnership Health Plan's combined rate in Napa, Solano, and Yolo counties had less than 100 respondents for this measure for the child population.

Improvement Strategies

Call Centers

An evaluation of current MCP call center hours and practices can be conducted to determine if the hours and resources meet members' needs. If it is determined that the call center is not meeting members' needs, an after-hours customer service center can be implemented to assist members after normal business hours and/or on weekends. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program

MCP efforts to improve customer service should include implementing a training program to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place.

The customer service training should be geared toward teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery.

The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. It is advised that all employees sign a commitment statement to affirm the course of action agreed upon. MCPs should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures

Setting MCP-level customer service standards can assist in addressing areas of concern and serve as domains for which MCPs can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Shared Decision Making

Measure Definition

Three questions (Questions 10, 11, and 12 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked regarding the involvement of members in starting or stopping a prescription medicine.[5-13]

Survey Questions

Adult Survey

- **Question 10**. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?
  - Not at all
  - A little
  - Some
  - A lot
- **Question 11**. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - Not at all
  - A little
  - Some
  - A lot
- **Question 12**. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
  - Yes
  - No

[5-13] NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite measure; therefore, comparisons to national data (i.e., National Comparisons analysis) could not be performed and star ratings could not be determined for this CAHPS measure.

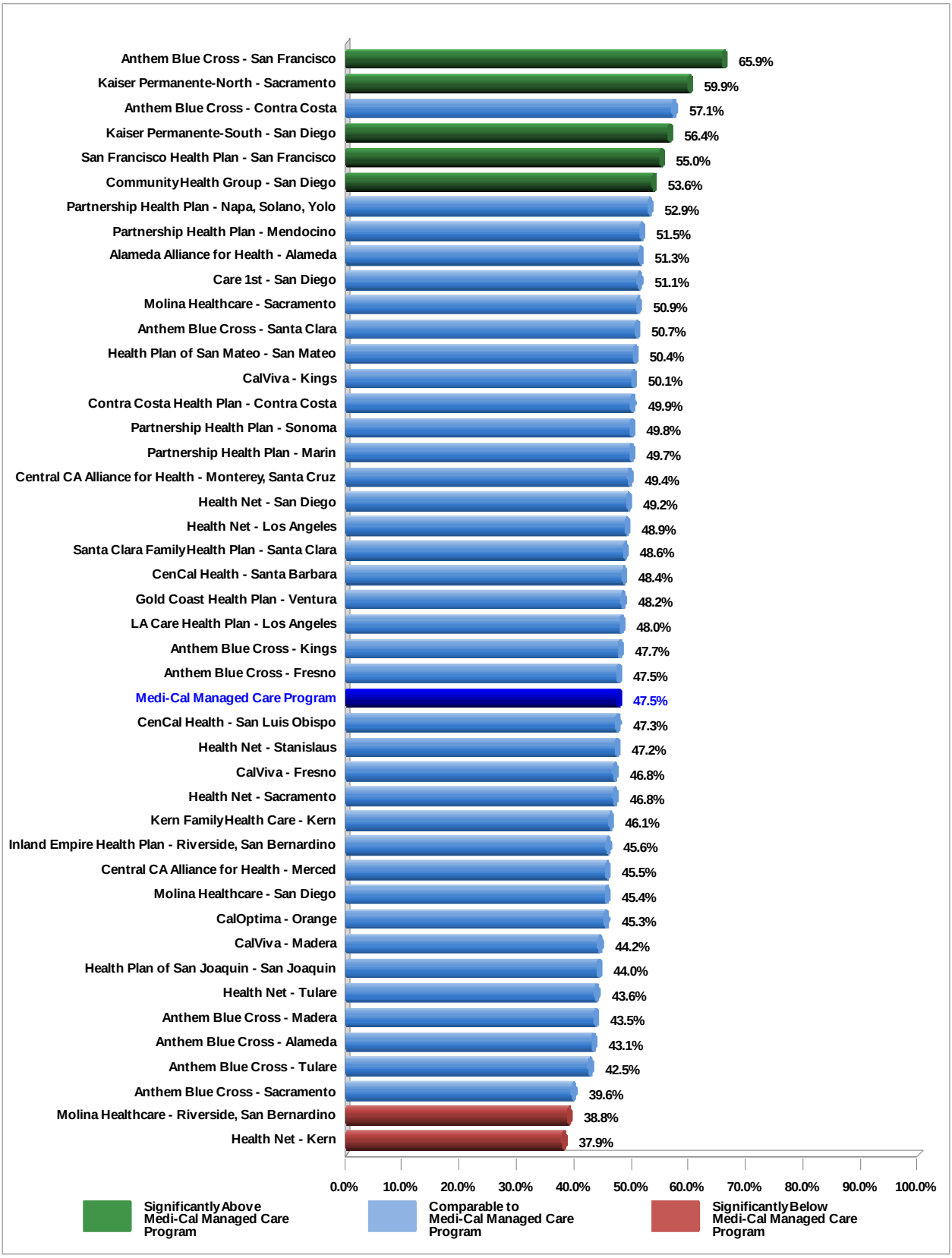
Child Survey

- **Question 10**. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?
  - Not at all
  - A little
  - Some
  - A lot
- **Question 11**. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
  - Not at all
  - A little
  - Some
  - A lot
- **Question 12**. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
  - Yes
  - No

State Comparisons

Figure 5-18, on the following page, shows the State Comparisons results for the **Shared Decision Making** composite measure.

Figure 5-18—Shared Decision Making Composite Top-Box Rates



Summary of Results

For the State Comparisons analysis, there were five MCPs that scored significantly higher than the MCMC weighted average for **Shared Decision Making**:

- Anthem Blue Cross in San Francisco County
- Kaiser Permanente–North in Sacramento County
- Kaiser Permanente–South in San Diego County
- San Francisco Health Plan in San Francisco County
- Community Health Group in San Diego County

There were two MCPs that scored significantly lower than the MCMC weighted average for the State Comparisons analysis for **Shared Decision Making**:

- Health Net in Kern County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties

Improvement Strategies

Shared Decision Making Materials

Patients may become more involved in the management of their health care if physicians promote shared decision making. Physicians will be able to better encourage their patients to participate if the MCP provides the physicians with literature that conveys the importance of the shared decision making model. In addition, materials such as health care goal-setting handouts and forms can assist physicians in facilitating the shared decision making process with their patients. MCPs can also provide members with pre-structured question lists to assist them in asking all the necessary questions so the appointment is as efficient and effective as possible.

Patient Education

Patients who are educated about their medical condition(s) are more likely to play an active role in the management of their own health. MCPs can provide members with educational literature and information. Items such as brochures on a specific medical condition and a copy of the assessment and plan, and portions of the physician's progress notes together with a glossary of terms can empower patients with the information they need to ask informed questions and express personal values and opinions about their condition and treatment options. Access to this information can also improve members' understanding of their medical condition(s) and treatment plan, as well as facilitate discussion about their health care.

Model Type Comparisons

National Comparisons

Table 5-10 and Table 5-11 present the model type star results for the global ratings and composite measures, respectively.

Table 5-10—Model Type Global Ratings

Model Type	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult Medicaid				
COHS	★★	★★★	★★★★	★★★★★
GMC	★★★	★★★	★★★	★★★
Two-Plan	★	★	★	★★
Child Medicaid				
COHS	★★	★	★★★★	★★★★
GMC	★★★	★★★	★★★★★	★★★★★
Two-Plan	★★	★	★★	★★★

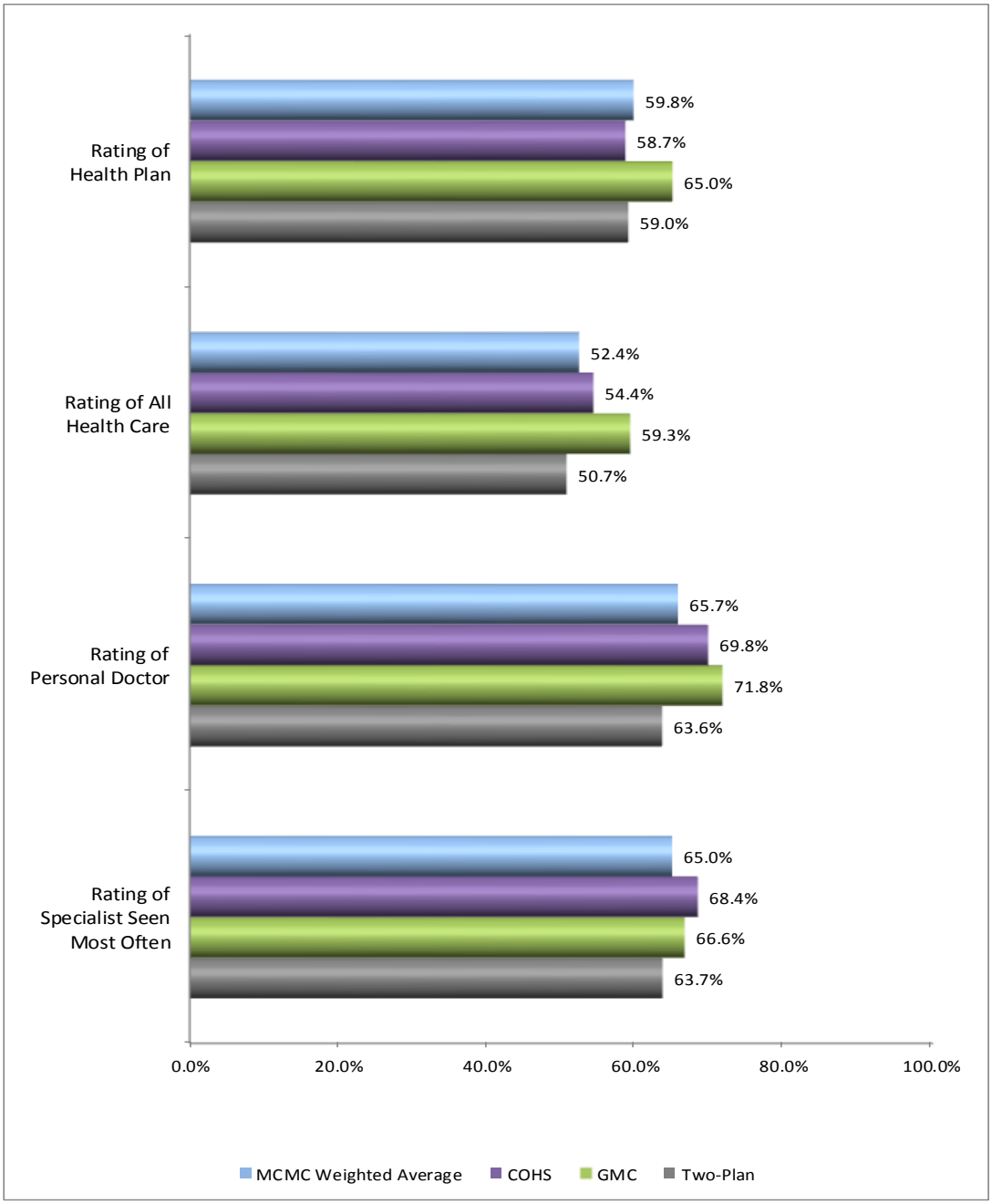
Table 5-11—Model Type Composite Measures

Model Type	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Adult Medicaid				
COHS	★★★	★★	★★★	★★★★
GMC	★★	★★	★★★	★★★★
Two-Plan	★	★	★	★★
Child Medicaid				
COHS	★	★	★	★★
GMC	★★	★	★★	★★★★
Two-Plan	★	★	★	★★★

State Comparisons

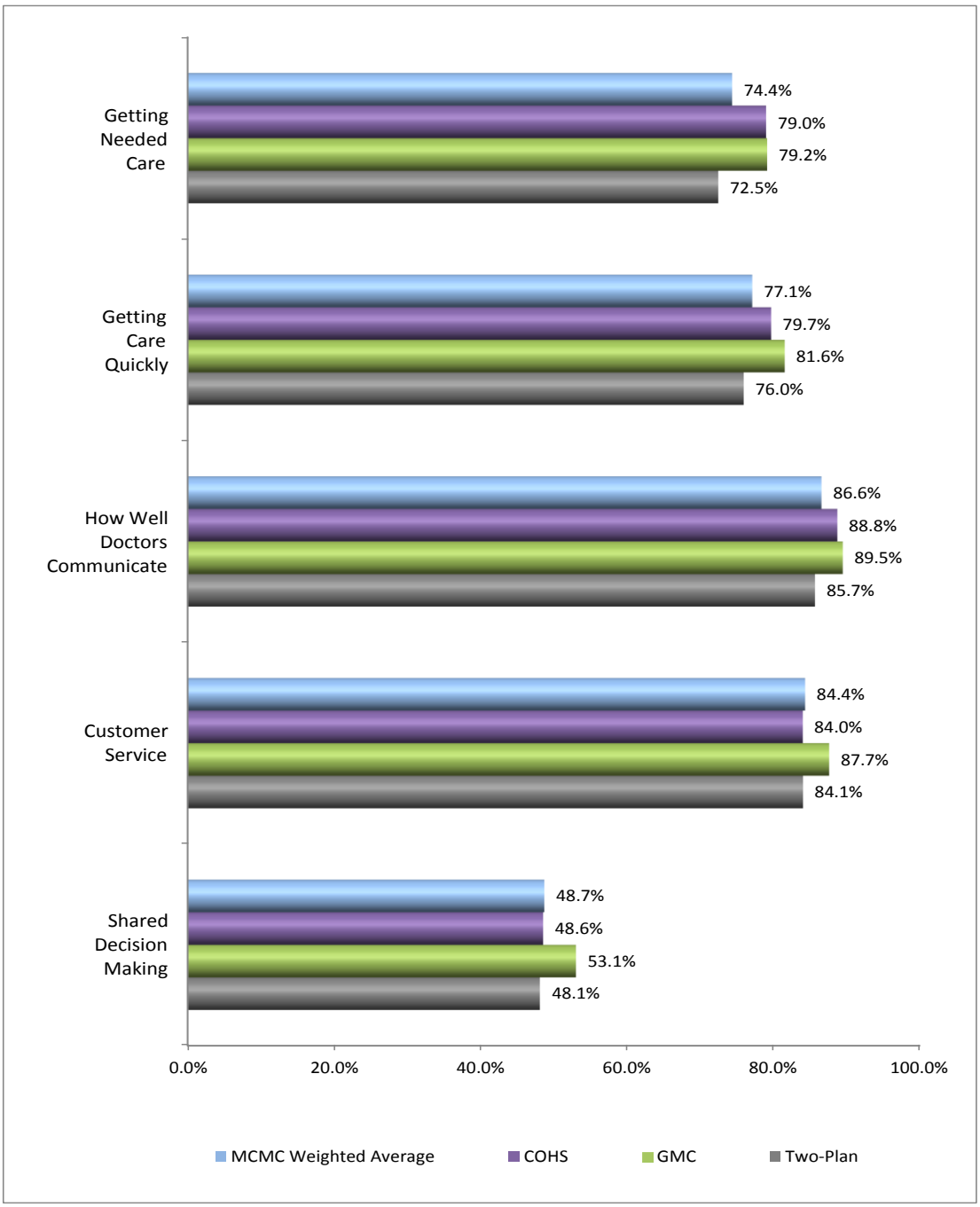
Figure 5-19 and Figure 5-20 present the model type state comparisons results for the global ratings and composite measures, respectively.

Figure 5-19—Global Ratings Model Type Top-Box Rates*



*County-level oversamples were not included in the calculation of these results.

Figure 5-20—Composite Measures Model Type Top-Box Rates*



**County-level oversamples were not included in the calculation of these results.*

Summary of Results

In comparing the CAHPS results to national data, the COHS MCPs outperformed the GMC model and TPM types for three out of eight measures for the adult population. Additionally, for the adult population, star rating performance did not differ between the COHS MCPs and GMC model types for four of the eight measures. For the child population, the GMC model types outperformed the COHS MCPs and TPM types on seven of the eight measures. GMC model types also outperformed the COHS MCPs and TPM types and scored higher than the MCMC average for eight out of nine measures for the State Comparisons analysis.

Seniors and Persons with Disabilities Comparisons

National Comparisons

Table 5-12 and Table 5-13 present the non-SPD and SPD populations' star results for the global ratings and composite measures, respectively.

Table 5-12—Non-SPD and SPD Global Ratings

Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult Medicaid				
Non-SPD	★★	★	★	★★
SPD	★★	★★	★★★★	★★★★
Child Medicaid				
Non-SPD	★★★	★	★★★	★★★★
SPD	★	★	★★★	★★★★★

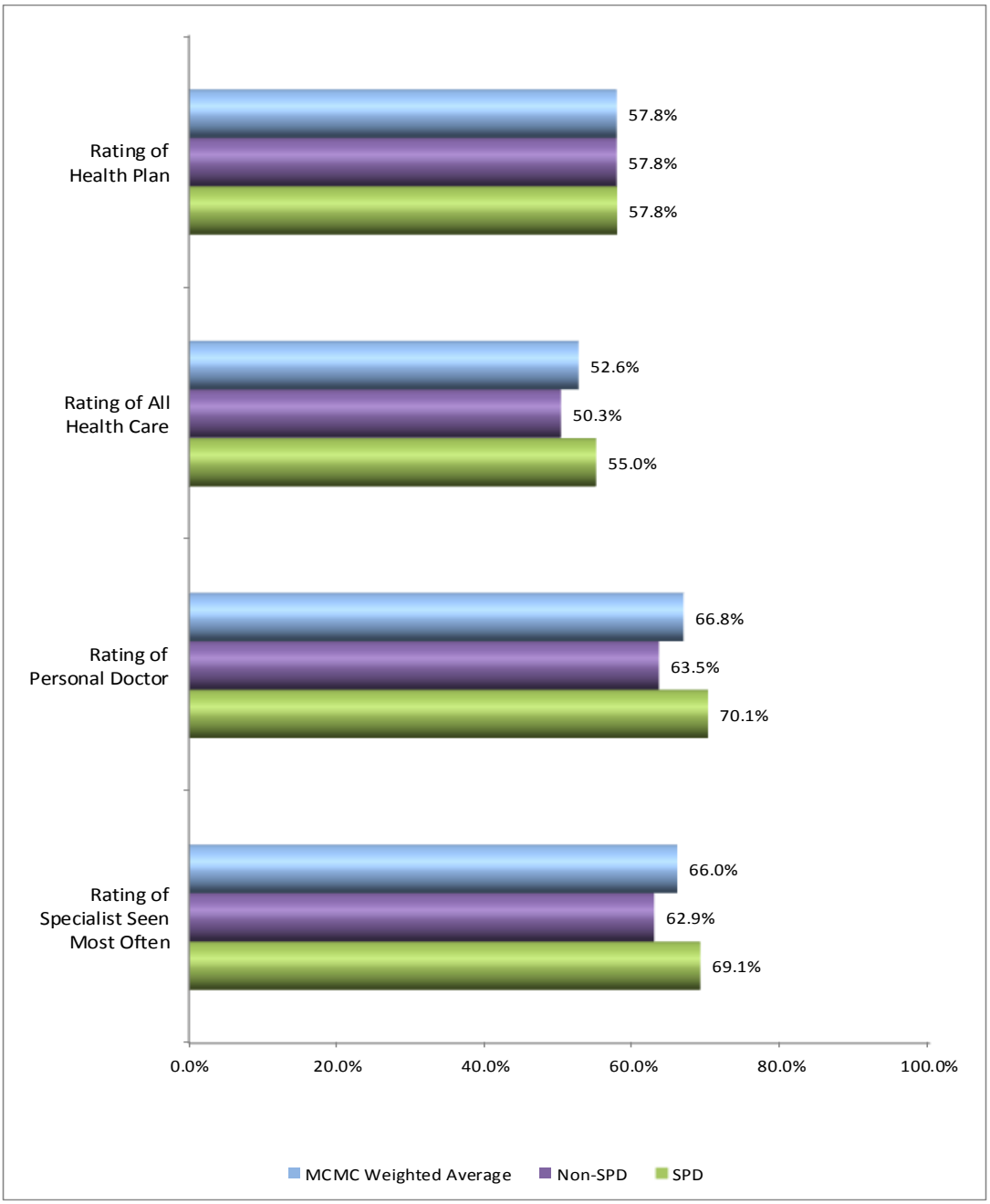
Table 5-13—Non-SPD and SPD Composite Measures

Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Adult Medicaid				
Non-SPD	★	★	★	★★★
SPD	★★	★★	★★	★★★
Child Medicaid				
Non-SPD	★	★	★	★★★
SPD	★★	★★	★	★★★

State Comparisons

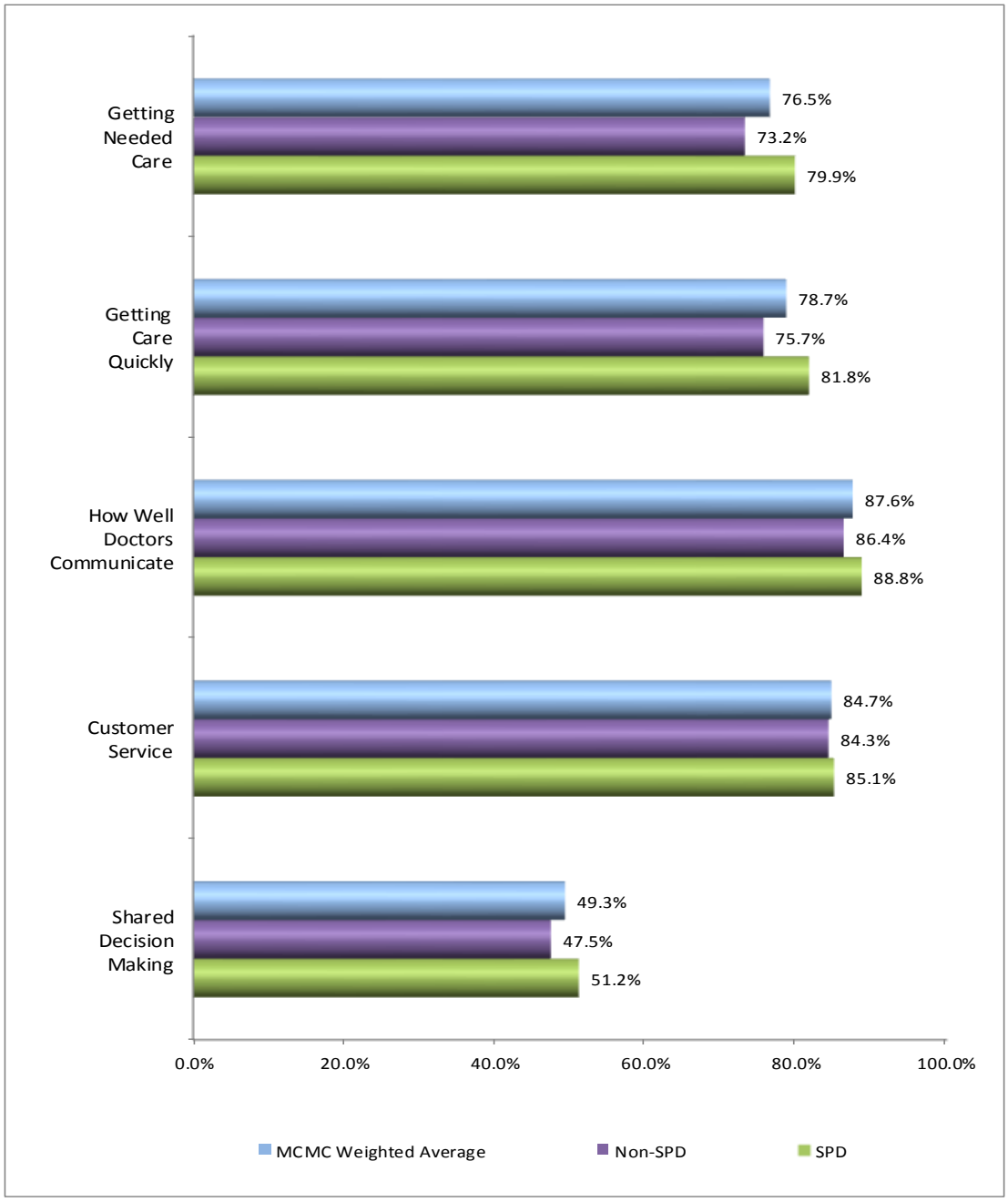
Figure 5-21 and Figure 5-22 present the non-SPD and SPD populations' state comparisons results for the global ratings and composite measures, respectively.

Figure 5-21—Global Ratings Non-SPD and SPD Top-Box Rates*



*County-level oversamples were not included in the calculation of these results.

Figure 5-22—Composite Measures Non-SPD and SPD Top-Box Rates*



**County-level oversamples were not included in the calculation of these results.*

Summary of Results

In comparing the SPD and non-SPD populations' CAHPS results to national data, the SPD population outperformed the non-SPD population for six out of eight measures for the adult population. For the child population, the SPD population outperformed the non-SPD population on three out of eight measures; however, star rating performing did not differ between the populations on four out of eight measures. For the State Comparisons analysis, the SPD population scored higher than the non-SPD population and the MCMC average for eight out of nine measures.

Additional Areas of Evaluation

Medical Assistance with Smoking and Tobacco Use Cessation

A series of questions was asked to adult members regarding medical assistance with smoking and tobacco use cessation. Three smoking and tobacco use cessation measures were calculated based on responses to this series of questions. Only adult members who reported smoking or using tobacco some days or every day were included in these measures results. Table 5-14 presents the Medical Assistance with Smoking and Tobacco Use Cessation results.[5-14]

Table 5-14—Medical Assistance with Smoking and Tobacco Use Cessation Measure Results

Measure	Rate
Advising Smokers and Tobacco Users to Quit	**69.7%** (n=1,845)
Discussing Cessation Medications	**41.5%** (n=1,848)
Discussing Cessation Strategies	**40.3%** (n=1,839)

Question 38 in the CAHPS Adult Medicaid Health Plan Survey asked members how often they smoke cigarettes or use tobacco.[5-15] Table 5-15 presents the frequency distribution of the responses to this survey item.

Table 5-15—Frequency of Cigarette or Tobacco Use

Every Day	Some Days	Not at All	Don't Know
11.1% (n=1,041)	**6.9%** (n=651)	**81.0%** (n=7,619)	**1.0%** (n=90)

[5-14] The rates presented are based on a single year of data and do not follow NCQA's methodology of calculating a rolling average.

[5-15] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual question language.

Questions 39 through 41 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors or other health providers advised them to quit smoking or using tobacco and how frequently cessation strategies or medications were discussed.[5-16] Table 5-16 presents the frequency distribution of the responses to these survey items.

Table 5-16—Smoking and Tobacco Use Cessation Advice from Doctor or Health Provider

Item	Response Distributions			
	Never	Sometimes	Usually	Always
How often member was advised to quit smoking or using tobacco by a doctor or other health provider.	**30.3%** (n=502)	**21.8%** (n=362)	**15.6%** (n=258)	**32.4%** (n=537)
How often medication was recommended or discussed by a doctor or health provider to assist member with quitting smoking or using tobacco.	**58.5%** (n=971)	**18.5%** (n=307)	**9.4%** (n=156)	**13.6%** (n=226)
How often methods and strategies were discussed with or provided by a doctor or health provider to assist member with quitting smoking or using tobacco.	**59.3%** (n=980)	**19.4%** (n=320)	**9.3%** (n=153)	**12.0%** (n=199)

Please note: Percentages may not total 100% due to rounding.

[5-16] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual language of these questions.

Aspirin Use and Discussion

A series of questions was asked regarding aspirin and medication utilization among adult members. Two aspirin measures were calculated based on responses to this series of questions. Table 5-17 presents the results of the Aspirin Use and Discussion measures.[5-17]

Table 5-17—Aspirin Use and Discussion Measure Results

Measure	Rate
Aspirin Use	**33.2%** (n=774)
Discussing Aspirin Risks and Benefits	**38.6%** (n=1,933)

[5-17] The rates presented are based on a single year of data and do not follow NCQA's methodology of calculating a rolling average.

Questions 45 and 46 in the CAHPS Adult Medicaid Health Plan Survey asked members to identify if they are aware of having, or if a doctor has ever told them they have, certain conditions.[5-18] Table 5-18 presents the frequency distribution of the responses to these survey items. Responses of members who selected multiple conditions were combined into a single category.

Table 5-18—Self-Reported Conditions

Item	Response Distributions
Member Aware of Having Condition	
High cholesterol	**19.6%** (n=1,029)
High blood pressure	**29.3%** (n=1,541)
Parent or sibling with heart attack before the age of 60	**12.1%** (n=639)
Multiple conditions	**39.0%** (n=2,054)
Condition Diagnosed by Doctor	
Heart attack	**5.7%** (n=174)
Angina or coronary heart disease	**5.8%** (n=176)
Stroke	**7.8%** (n=235)
Any kind of diabetes or high blood sugar	**62.7%** (n=1,898)
Multiple conditions	**18.0%** (n=545)

[5-18] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual language of these questions.

A series of questions was asked to adult members regarding aspirin and other medication use.[5-19] Table 5-19 displays the results for these survey items.

Table 5-19—Medication Utilization

Item	Response Distributions		
	Yes	No	Don't Know
Aspirin			
Member takes aspirin daily or every other day.	**24.1%** (n=2,275)	**74.5%** (n=7,041)	**1.4%** (n=132)
Member has health problem or takes medication that makes taking aspirin unsafe.	**10.2%** (n=962)	**77.7%** (n=7,328)	**12.1%** (n=1,143)
Doctor or health provider has discussed with member the risk and benefits of aspirin to prevent heart attack or stroke.	**35.2%** (n=3,311)	**64.8%** (n=6,092)	
Other Medications			
Member has seen a doctor or other health provider at least 3 times in the last 6 months for the same condition or problem.	**31.0%** (n=2,873)	**69.0%** (n=6,392)	
For those members who have been seen at least 3 times in the last 6 months for the same condition, the condition lasted for at least 3 months.	**81.5%** (n=2,230)	**18.5%** (n=505)	
Member needs or takes medicine prescribed by a doctor.	**63.2%** (n=5,888)	**36.8%** (n=3,433)	
For those members taking prescription medications, the medications are used to treat a condition that has lasted for at least 3 months.	**89.9%** (n=5,073)	**10.1%** (n=569)	

[5-19] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual language of these questions.

After-Hours Care Information

Question 7a asked if adult and child members, when visiting a doctor's office or clinic, were given information about what to do if the member needed care during evening, weekends, or holidays in the last 6 months.[5-20] Table 5-20 displays the responses for this question.

Table 5-20—After-Hours Care Information in the Past 6 Months

Response	Response Distributions	
	Adult Medicaid	Child Medicaid
Yes	**50.5%** (n=3,495)	**62.3%** (n=5,621)
No	**49.5%** (n=3,420)	**37.7%** (n=3,400)

[5-20] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual question language.

Difficulty with Taking Care of Member's Health

One question asked if adult and child members had been asked by a doctor or other health provider if there are things that make it hard to take care of the member's health (Question 14a in the CAHPS Adult Medicaid Health Plan Survey and Question 26b in the CAHPS Child Medicaid Health Plan Survey).[5-21] Table 5-21 displays the responses for this question.

Table 5-21—Difficulty with Taking Care of Member's Health

Response	Response Distributions	
	Adult Medicaid	Child Medicaid
Yes	**37.3%** (n=2,554)	**31.1%** (n=4,130)
No	**62.7%** (n=4,296)	**68.9%** (n=9,170)

[5-21] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual question language.

Discussed Food Nutrition

One question asked parents or caretakers of child members if they had discussed with the child member's doctor or other health care provider how much or what kind of food the child member eats (Question 26a in the CAHPS Child Medicaid Health Plan Survey).[5-22] Table 5-22 displays the responses for this question.

Table 5-22—Discussed Food Nutrition

Response	Child Medicaid
Yes	**56.6%** (n=7,483)
No	**43.4%** (n=5,741)

[5-22] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual question language.

Mental or Emotional Assistance

One question asked adult members if they talked with a doctor or other health provider about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness (Question 14b in the CAHPS Adult Medicaid Health Plan Survey).[5-23] Table 5-23 displays the responses for this question.

Table 5-23—Mental or Emotional Assistance

Response	Adult Medicaid
Yes	**33.5%** (n=2,303)
No	**66.5%** (n=4,569)

[5-23] Refer to the Survey Instrument section of this report beginning on page 8-1 for the actual question language.

Key Findings

Medi-Cal Managed Care Performance

In order to assess the overall performance of MCMC, HSAG aggregated results for the four CAHPS global ratings and four composite measures and compared them to NCQA's HEDIS Benchmarks and Thresholds for Accreditation.[6-1,6-2,6-3] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each of these CAHPS measures, where one is the lowest possible rating (i.e., *Poor*) and five is the highest possible rating (i.e., *Excellent*).

Table 6-1 shows the MCMC's star ratings for each global rating and the four composite measures.

Table 6-1—Medi-Cal Managed Care 2013 CAHPS National Comparisons Results

Measure	Adult Medicaid	Child Medicaid
Global Ratings		
Rating of Health Plan	★★	★★
Rating of All Health Care	★★	★
Rating of Personal Doctor	★★★	★★★
Rating of Specialist Seen Most Often	★★★	★★★★
Composite Measures		
Getting Needed Care	★★	★
Getting Care Quickly	★	★
How Well Doctors Communicate	★★	★
Customer Service	★★★	★★★

The MCMC results showed generally *Poor* or *Fair* star rating performance across the global ratings and composite measures for both the adult and child populations when compared to national Medicaid data. The **Rating of Specialist Seen Most Often** for the child Medicaid survey was the exception and showed *Good* performance when compared to national data.

6-1 National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

6-2 NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite measure; therefore, overall member satisfaction ratings could not be derived for this CAHPS measure.

6-3 Refer to Appendix A for additional details regarding the methodology used for this analysis.

Managed Care Plan Performance

Kaiser Permanente–South in San Diego County and Kaiser Permanente–North in Sacramento County were the only MCPs to demonstrate significantly higher performance than the MCMC average for eight of the nine CAHPS measures. In addition, when compared to national data, both of these MCPs' adult and child populations showed *Excellent* or *Very Good* star rating performance for all eight of the comparable measures. Central CA Alliance for Health's combined rate for Monterey and Santa Cruz counties received significantly higher scores than the MCMC average for five of the nine measures.

Health Net in Sacramento County, Kern Family Health Care in Kern County, and Contra Costa Health Plan in Contra Costa County showed the greatest opportunity for improvement, demonstrating significantly lower performance than the MCMC average for four of the nine measures.

In assessing the MCPs' strengths and weaknesses across the CAHPS global ratings and composite measures, **Rating of Health Plan** and **Getting Care Quickly** had the highest number of MCPs that demonstrated *Poor* star rating performance for the adult population. Twenty-eight out of 44 MCPs demonstrated *Poor* performance for **Rating of Health Plan**, and 32 MCPs demonstrated *Poor* performance for **Getting Care Quickly**. For the child population, **Getting Care Quickly** and **How Well Doctors Communicate** had the highest number of MCPs that demonstrated *Poor* performance. Thirty-six MCPs demonstrated *Poor* performance for **Getting Care Quickly**, and 38 MCPs demonstrated *Poor* performance for **How Well Doctors Communicate**. These measures have the greatest opportunity for improvement.

Model Type Performance

In comparing the CAHPS results to national data, the COHS MCPs outperformed the GMC model and TPM types on three out of eight measures for the adult population. For the child population, the GMC model types outperformed the COHS MCPs and TPM types on seven out of eight measures. In addition, the GMC model types outperformed the COHS MCPs and TPM types and scored higher than the MCMC average for eight out of nine measures for the State Comparisons analysis.

Seniors and Persons with Disabilities Performance

HSAG's comparison of the SPD and non-SPD populations' CAHPS results to national data revealed that the adult SPD population outperformed the adult non-SPD population on six out of eight measures, and the child SPD population outperformed the child non-SPD population on three out of eight measures. Additionally, for the State Comparisons analysis, the SPD population

scored higher than the non-SPD population and the MCMC average for eight out of nine measures.

Conclusions and Recommendations

DHCS demonstrates a commitment to monitor and improve members' satisfaction through the administration of the CAHPS Survey. The CAHPS Survey plays an important role as a QI tool for MCPs. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on 2013 CAHPS performance, MCPs have opportunities to improve members' satisfaction with care and services. Most measures received *Poor* or *Fair* star ratings when compared to national Medicaid data.

MCPs have the greatest opportunities for improvement on the **Rating of Health Plan**, **Getting Care Quickly**, and **How Well Doctors Communicate** measures. Low performance in these areas may point to issues with access to and timeliness of care.

Based on the 2013 CAHPS results, HSAG provides the following global recommendations for improvement:

- MCPs should consider conducting a barrier analysis or focus groups to identify factors contributing to areas of low performance and implementing interventions.
- MCPs should consider selecting a member satisfaction measure(s) as a formal quality improvement project as a strategy for improving results.
- MCPs that demonstrated above average performance should share initiatives and strategies that have been successful in meeting and exceeding members' expectations.

In addition to the global recommendations, HSAG provided MCP-specific CAHPS reports to DHCS and the MCPs that identified key drivers for improvement for each MCP.[6-4]

Measure-specific improvement strategies can be found in the Results section of this report. Additional QI references begin on page 7-1. These references offer guidance on possible approaches to CAHPS-related QI initiatives.

[6-4] Each MCP only received their individual MCP-specific report.

The CAHPS surveys were originally developed to meet the need of consumers for usable, relevant information on quality of care from the members' perspectives. However, they also play an important role as a QI tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time. The following references offer guidance on possible approaches to CAHPS-related QI activities.

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Survey Instruments

The survey instruments selected were the CAHPS 5.0 Adult Medicaid and CAHPS 5.0 Child Medicaid Health Plan Surveys with the HEDIS supplemental item sets. This section will provide copies of the survey instruments in the final report.

National Comparisons

HSAG conducted an analysis of the CAHPS 5.0 Adult Medicaid and Child Medicaid Health Plan Surveys results using NCQA HEDIS Specifications for Survey Measures.[A-1] Per HEDIS specifications, no weighting or case-mix adjustment was performed on the results. NCQA also requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+). The following methodology was used to perform the National Comparisons analysis.

Three-Point Mean Calculations

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. For the global ratings, response values were scored as follows:

- Response values of 9 and 10 were given a score of 3.
- Response values of 7 and 8 were given a score of 2.
- Response values of 0 through 6 were given a score of 1.

The three-point global rating mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question.

For composite measures, response values were scored as follows:

- Responses of "Always," "A lot," or "Yes" were given a score of 3.
- Response of "Usually" or "Some" were given a score of 2.
- All other responses were given a score of 1.

The three-point composite mean was the average of the mean score of each question included in the composite.

[A-1] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

Star Rating Assignments

To derive the overall member satisfaction ratings for each CAHPS measure, HSAG compared the resulting adult and child Medicaid three-point mean scores to NCQA's Benchmarks and Thresholds for Accreditation, except the **Shared Decision Making** composite.[A-2] NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite; therefore, star ratings could not be assigned for this CAHPS measure. The National Comparisons analysis scored each measure using a one (★) to five (★★★★★) star rating system, where one is the lowest possible rating and five is the highest possible rating.

Table A-1 shows the adult and child percentiles used to determine star ratings for each CAHPS measure.

Table A-1—Star Ratings

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

[A-2] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

Table A-2 and Table A-3 show the benchmarks and thresholds used to derive the overall adult Medicaid and child Medicaid member satisfaction ratings on each CAHPS measure, respectively.[A-3]

Table A-2—Overall Adult Medicaid Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.54	2.46	2.40	2.32
Rating of All Health Care	2.41	2.37	2.31	2.25
Rating of Personal Doctor	2.57	2.51	2.46	2.42
Rating of Specialist Seen Most Often	2.56	2.52	2.47	2.43
Getting Needed Care	2.43	2.35	2.28	2.18
Getting Care Quickly	2.48	2.44	2.40	2.33
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.55	2.47	2.42	2.32

Table A-3—Overall Child Medicaid Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.67	2.62	2.57	2.51
Rating of All Health Care	2.59	2.57	2.52	2.49
Rating of Personal Doctor	2.69	2.65	2.62	2.58
Rating of Specialist Seen Most Often	2.66	2.62	2.59	2.53
Getting Needed Care	2.50	2.45	2.36	2.29
Getting Care Quickly	2.69	2.66	2.61	2.54
How Well Doctors Communicate	2.75	2.72	2.68	2.63
Customer Service	2.58	2.51	2.46	2.40

[A-3] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

APPENDIX B: MANAGED CARE PLAN-LEVEL DISPOSITIONS AND DEMOGRAPHICS

Responses to the Survey

Table B-1—Adult and Child Medicaid Survey Dispositions and Response Rates

	Adult			Child		
MCP Name	**Total Ineligible**	**Total Complete**	**Response Rate**	**Total Ineligible**	**Total Complete**	**Response Rate**
MCMC	**2,403**	**10,973**	**40.20%**	**1,195**	**15,140**	**43.13%**
Alameda Alliance for Health	123	468	38.14%	55	624	39.12%
Anthem Blue Cross*	231	836	29.55%	138	1,076	36.70%
CalOptima	175	430	36.60%	45	718	44.74%
CalViva	85	615	35.24%	39	801	39.83%
Care 1st	87	436	34.52%	48	567	35.39%
CenCal Health	88	517	40.97%	42	793	49.32%
Central CA Alliance for Health	73	502	39.31%	28	652	40.20%
Community Health Group	145	445	36.93%	52	697	43.62%
Contra Costa Health Plan	73	435	34.06%	50	671	41.94%
Gold Coast Health Plan	90	517	41.03%	31	727	44.90%
Health Net	156	739	32.07%	84	997	39.16%
Health Plan of San Joaquin	59	424	32.84%	25	602	37.05%
Health Plan of San Mateo	114	559	45.23%	49	761	47.53%
Inland Empire Health Plan	54	390	30.09%	28	449	27.68%
Kaiser Permanente-North	114	368	29.77%	90	516	33.08%
Kaiser Permanente-South	63	550	42.74%	26	625	38.49%
Kern Family Health Care	45	444	34.02%	12	549	33.52%
LA Care Health Plan	93	445	35.40%	79	589	37.49%
Molina Healthcare	109	383	30.86%	52	615	36.43%
Partnership Health Plan	108	531	36.82%	48	727	41.26%
San Francisco Health Plan	195	455	39.39%	129	666	43.79%
Santa Clara Family Health Plan	123	484	39.45%	45	718	44.74%

Please note: Response rate is calculated as (Total Complete)/(Total Sample - Total Ineligible), where the total sample size for each MCP was the general sample of 1,350 adult members and 1,650 child members and where applicable, the county-level oversample.

** On January 1, 2013, Anthem Blue Cross terminated its contracts in San Joaquin and Stanislaus counties. To limit the potential for contract-termination induced bias, the completed surveys from the San Joaquin and Stanislaus county-level oversamples were excluded from Anthem Blue Cross' analysis and reporting; as such, the survey dispositions and response rates presented in the table above will differ from the results presented in the final disposition report for this MCP.*

Demographic Tables

The tables below show the MCP-level demographics for the adult and child populations.

Table B-2: Adult Respondent Demographics—Age						
MCP Name and County	**18 to 24**	**25 to 34**	**35 to 44**	**45 to 54**	**55 to 64**	**65 or Older**
MCMC	**12.1%**	**15.2%**	**17.0%**	**18.4%**	**16.4%**	**20.9%**
Alameda Alliance for Health—Alameda	11.2%	13.3%	17.4%	19.0%	18.1%	21.1%
Anthem Blue Cross—Alameda	17.4%	15.9%	21.7%	17.4%	18.8%	8.7%
Anthem Blue Cross—Contra Costa	11.1%	16.7%	25.0%	18.1%	13.9%	15.3%
Anthem Blue Cross—Fresno	19.5%	16.1%	24.1%	26.4%	6.9%	6.9%
Anthem Blue Cross—Kings	23.0%	11.5%	26.4%	19.5%	12.6%	6.9%
Anthem Blue Cross—Madera	12.0%	17.4%	19.6%	25.0%	19.6%	6.5%
Anthem Blue Cross—Sacramento	16.1%	21.8%	12.6%	20.7%	19.5%	9.2%
Anthem Blue Cross—San Francisco	4.3%	5.7%	18.6%	20.0%	28.6%	22.9%
Anthem Blue Cross—Santa Clara	8.7%	9.8%	15.2%	27.2%	20.7%	18.5%
Anthem Blue Cross—Tulare	21.7%	20.8%	17.9%	24.5%	7.5%	7.5%
CalOptima—Orange	12.3%	9.8%	14.3%	15.2%	14.5%	33.9%
CalViva—Fresno	17.9%	27.3%	22.3%	15.7%	12.4%	4.4%
CalViva—Kings	10.0%	29.1%	18.2%	24.5%	10.9%	7.3%
CalViva—Madera	14.5%	19.7%	17.1%	23.9%	14.5%	10.3%
Care 1st—San Diego	11.7%	12.1%	12.9%	23.1%	25.5%	14.8%
CenCal Health—San Luis Obispo	7.6%	12.8%	12.8%	19.8%	18.0%	29.1%
CenCal Health—Santa Barbara	12.8%	13.7%	12.5%	20.6%	15.9%	24.6%
Central CA Alliance for Health—Merced	13.7%	15.8%	19.1%	12.0%	14.2%	25.1%
Central CA Alliance for Health—Monterey, Santa Cruz	9.3%	16.2%	14.1%	16.6%	15.9%	27.9%
Community Health Group—San Diego	14.3%	14.0%	16.9%	18.6%	19.3%	16.9%
Contra Costa Health Plan—Contra Costa	10.8%	14.0%	18.4%	20.4%	16.2%	20.1%
Gold Coast Health Plan—Ventura	11.4%	11.6%	12.4%	14.6%	12.8%	37.3%
Health Net—Kern	21.5%	18.3%	15.1%	15.1%	19.4%	10.8%
Health Net—Los Angeles	18.7%	15.3%	20.2%	19.1%	13.7%	13.0%
Health Net—Sacramento	10.3%	14.1%	20.5%	25.6%	20.5%	9.0%
Health Net—San Diego	9.8%	26.5%	21.6%	11.8%	16.7%	13.7%
Health Net—Stanislaus	16.9%	21.1%	19.7%	22.5%	14.1%	5.6%
Health Net—Tulare	18.0%	15.7%	18.0%	24.7%	16.9%	6.7%
Health Plan of San Joaquin—San Joaquin	12.3%	19.3%	20.5%	20.5%	17.3%	10.1%
Health Plan of San Mateo—San Mateo	5.0%	7.4%	10.7%	12.0%	13.3%	51.6%
Inland Empire Health Plan—Riverside, San Bernardino	15.0%	20.2%	16.3%	18.3%	21.3%	9.0%
Kaiser Permanente-North—Sacramento	11.1%	19.4%	21.7%	20.5%	12.9%	14.4%
Kaiser Permanente-South—San Diego	11.3%	19.3%	21.6%	14.6%	14.0%	19.1%
Kern Family Health Care—Kern	16.6%	18.2%	21.6%	19.0%	17.1%	7.6%
LA Care Health Plan—Los Angeles	17.8%	14.7%	16.6%	20.4%	16.1%	14.5%
Molina Healthcare—Riverside, San Bernardino	16.4%	10.7%	20.0%	21.4%	15.0%	16.4%
Molina Healthcare—Sacramento	12.8%	11.5%	15.4%	17.9%	25.6%	16.7%
Molina Healthcare—San Diego	10.8%	18.0%	19.4%	20.9%	20.1%	10.8%
Partnership Health Plan—Marin	3.7%	12.3%	14.8%	21.0%	13.6%	34.6%

Table B-2: Adult Respondent Demographics—Age						
MCP Name and County	**18 to 24**	**25 to 34**	**35 to 44**	**45 to 54**	**55 to 64**	**65 or Older**
Partnership Health Plan—Mendocino	10.0%	11.3%	15.0%	17.5%	18.8%	27.5%
Partnership Health Plan—Napa, Solano, Yolo	6.1%	15.0%	15.0%	16.8%	15.9%	31.3%
Partnership Health Plan—Sonoma	4.7%	13.3%	10.9%	17.2%	20.3%	33.6%
San Francisco Health Plan—San Francisco	8.0%	12.0%	18.6%	23.3%	20.7%	17.4%
Santa Clara Family Health Plan—Santa Clara	10.0%	14.8%	16.9%	17.4%	14.3%	26.7%

Please note: Percentages may not total 100% due to rounding.

Table B-3: Adult Respondent Demographics—Gender		
MCP Name and County	**Male**	**Female**
MCMC	**33.5%**	**66.5%**
Alameda Alliance for Health—Alameda	32.2%	67.8%
Anthem Blue Cross—Alameda	33.3%	66.7%
Anthem Blue Cross—Contra Costa	31.9%	68.1%
Anthem Blue Cross—Fresno	37.2%	62.8%
Anthem Blue Cross—Kings	33.3%	66.7%
Anthem Blue Cross—Madera	27.5%	72.5%
Anthem Blue Cross—Sacramento	31.5%	68.5%
Anthem Blue Cross—San Francisco	42.0%	58.0%
Anthem Blue Cross—Santa Clara	34.0%	66.0%
Anthem Blue Cross—Tulare	28.0%	72.0%
CalOptima—Orange	36.6%	63.4%
CalViva—Fresno	32.7%	67.3%
CalViva—Kings	27.7%	72.3%
CalViva—Madera	31.4%	68.6%
Care 1st—San Diego	35.2%	64.8%
CenCal Health—San Luis Obispo	33.3%	66.7%
CenCal Health—Santa Barbara	36.0%	64.0%
Central CA Alliance for Health—Merced	29.6%	70.4%
Central CA Alliance for Health—Monterey, Santa Cruz	31.6%	68.4%
Community Health Group—San Diego	32.5%	67.5%
Contra Costa Health Plan—Contra Costa	35.7%	64.3%
Gold Coast Health Plan—Ventura	37.0%	63.0%
Health Net—Kern	30.4%	69.6%
Health Net—Los Angeles	30.1%	69.9%
Health Net—Sacramento	32.1%	67.9%
Health Net—San Diego	33.3%	66.7%
Health Net—Stanislaus	31.4%	68.6%
Health Net—Tulare	34.4%	65.6%
Health Plan of San Joaquin—San Joaquin	32.4%	67.6%
Health Plan of San Mateo—San Mateo	35.2%	64.8%
Inland Empire Health Plan—Riverside, San Bernardino	31.3%	68.8%
Kaiser Permanente-North—Sacramento	29.3%	70.7%
Kaiser Permanente-South—San Diego	29.0%	71.0%
Kern Family Health Care—Kern	31.3%	68.7%
LA Care Health Plan—Los Angeles	35.2%	64.8%
Molina Healthcare—Riverside, San Bernardino	33.3%	66.7%
Molina Healthcare—Sacramento	40.3%	59.7%
Molina Healthcare—San Diego	36.4%	63.6%
Partnership Health Plan—Marin	33.8%	66.3%
Partnership Health Plan—Mendocino	35.0%	65.0%
Partnership Health Plan—Napa, Solano, Yolo	26.4%	73.6%
Partnership Health Plan—Sonoma	34.9%	65.1%
San Francisco Health Plan—San Francisco	44.0%	56.0%
Santa Clara Family Health Plan—Santa Clara	32.9%	67.1%

Please note: Percentages may not total 100% due to rounding.

Table B-4: Adult Respondent Demographics—Race/Ethnicity						
MCP Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**
MCMC	**23.3%**	**41.1%**	**8.1%**	**16.0%**	**4.0%**	**7.6%**
Alameda Alliance for Health—Alameda	12.4%	19.9%	19.5%	33.9%	5.9%	8.5%
Anthem Blue Cross—Alameda	7.2%	23.2%	33.3%	23.2%	7.2%	5.8%
Anthem Blue Cross—Contra Costa	12.7%	26.8%	29.6%	18.3%	5.6%	7.0%
Anthem Blue Cross—Fresno	15.3%	47.1%	7.1%	18.8%	3.5%	8.2%
Anthem Blue Cross—Kings	19.8%	65.1%	3.5%	4.7%	1.2%	5.8%
Anthem Blue Cross—Madera	29.7%	65.9%	0.0%	0.0%	2.2%	2.2%
Anthem Blue Cross—Sacramento	36.4%	17.0%	10.2%	15.9%	3.4%	17.0%
Anthem Blue Cross—San Francisco	20.0%	15.7%	14.3%	30.0%	4.3%	15.7%
Anthem Blue Cross—Santa Clara	14.0%	29.0%	3.2%	44.1%	2.2%	7.5%
Anthem Blue Cross—Tulare	18.9%	67.0%	1.9%	3.8%	2.8%	5.7%
CalOptima—Orange	25.4%	38.3%	2.5%	24.4%	3.5%	5.9%
CalViva—Fresno	15.1%	56.4%	7.1%	11.5%	3.0%	6.8%
CalViva—Kings	25.9%	58.0%	4.5%	2.7%	0.9%	8.0%
CalViva—Madera	27.1%	62.7%	0.8%	1.7%	5.1%	2.5%
Care 1st—San Diego	27.0%	38.6%	8.8%	12.3%	4.2%	9.1%
CenCal Health—San Luis Obispo	59.9%	22.1%	0.6%	5.2%	2.3%	9.9%
CenCal Health—Santa Barbara	30.7%	56.3%	2.5%	2.8%	2.2%	5.6%
Central CA Alliance for Health—Merced	24.5%	47.3%	6.0%	10.9%	3.8%	7.6%
Central CA Alliance for Health—Monterey, Santa Cruz	25.8%	61.0%	1.0%	4.7%	2.4%	5.1%
Community Health Group—San Diego	18.9%	45.5%	6.9%	15.3%	4.3%	9.1%
Contra Costa Health Plan—Contra Costa	23.5%	27.4%	15.6%	16.3%	6.9%	10.4%
Gold Coast Health Plan—Ventura	24.7%	57.7%	2.0%	7.7%	3.2%	4.7%
Health Net—Kern	21.7%	51.1%	12.0%	4.3%	3.3%	7.6%
Health Net—Los Angeles	7.6%	60.8%	8.4%	14.1%	3.0%	6.1%
Health Net—Sacramento	30.8%	14.1%	11.5%	21.8%	10.3%	11.5%
Health Net—San Diego	25.7%	37.6%	8.9%	11.9%	5.0%	10.9%
Health Net—Stanislaus	28.2%	40.8%	7.0%	8.5%	5.6%	9.9%
Health Net—Tulare	11.4%	71.6%	3.4%	5.7%	2.3%	5.7%
Health Plan of San Joaquin—San Joaquin	17.3%	41.1%	8.7%	22.3%	3.7%	6.9%
Health Plan of San Mateo—San Mateo	20.0%	33.7%	3.8%	31.6%	5.7%	5.3%
Inland Empire Health Plan—Riverside, San Bernardino	28.3%	49.9%	9.5%	3.5%	1.1%	7.6%
Kaiser Permanente-North—Sacramento	37.8%	19.9%	15.8%	10.6%	5.9%	10.0%
Kaiser Permanente-South—San Diego	33.6%	36.2%	8.9%	7.5%	4.5%	9.3%
Kern Family Health Care—Kern	19.3%	61.2%	8.2%	3.3%	3.1%	4.9%
LA Care Health Plan—Los Angeles	14.0%	56.0%	11.2%	10.5%	2.9%	5.5%
Molina Healthcare—Riverside, San Bernardino	13.6%	56.4%	12.1%	8.6%	0.7%	8.6%
Molina Healthcare—Sacramento	25.0%	26.3%	10.5%	14.5%	10.5%	13.2%
Molina Healthcare—San Diego	23.9%	35.5%	7.2%	10.9%	8.0%	14.5%
Partnership Health Plan—Marin	40.7%	28.4%	4.9%	14.8%	4.9%	6.2%
Partnership Health Plan—Mendocino	60.3%	15.4%	2.6%	1.3%	6.4%	14.1%

Table B-4: Adult Respondent Demographics—Race/Ethnicity						
MCP Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**
Partnership Health Plan—Napa, Solano, Yolo	28.3%	28.3%	15.1%	13.2%	6.1%	9.0%
Partnership Health Plan—Sonoma	60.9%	21.1%	2.3%	3.1%	4.7%	7.8%
San Francisco Health Plan—San Francisco	13.9%	23.6%	10.4%	40.4%	4.5%	7.1%
Santa Clara Family Health Plan—Santa Clara	13.4%	35.3%	4.1%	39.6%	2.2%	5.4%

Please note: Percentages may not total 100% due to rounding.

Table B-5: Adult Respondent Demographics—Education			
MCP Name and County	Not a High School Graduate	High School Graduate	College Graduate
MCMC	**36.1%**	**54.7%**	**9.3%**
Alameda Alliance for Health—Alameda	34.0%	54.9%	11.2%
Anthem Blue Cross—Alameda	29.4%	63.2%	7.4%
Anthem Blue Cross—Contra Costa	29.6%	56.3%	14.1%
Anthem Blue Cross—Fresno	46.9%	48.1%	4.9%
Anthem Blue Cross—Kings	38.1%	58.3%	3.6%
Anthem Blue Cross—Madera	40.0%	58.9%	1.1%
Anthem Blue Cross—Sacramento	23.3%	67.4%	9.3%
Anthem Blue Cross—San Francisco	40.6%	42.0%	17.4%
Anthem Blue Cross—Santa Clara	34.0%	53.2%	12.8%
Anthem Blue Cross—Tulare	46.6%	52.4%	1.0%
CalOptima—Orange	36.4%	52.4%	11.2%
CalViva—Fresno	42.6%	53.1%	4.3%
CalViva—Kings	50.9%	47.2%	1.9%
CalViva—Madera	44.3%	53.9%	1.7%
Care 1st—San Diego	35.0%	58.4%	6.7%
CenCal Health—San Luis Obispo	24.6%	67.1%	8.4%
CenCal Health—Santa Barbara	41.9%	50.6%	7.5%
Central CA Alliance for Health—Merced	39.4%	55.8%	4.8%
Central CA Alliance for Health—Monterey, Santa Cruz	45.4%	48.6%	6.0%
Community Health Group—San Diego	37.7%	54.7%	7.5%
Contra Costa Health Plan—Contra Costa	32.7%	53.8%	13.6%
Gold Coast Health Plan—Ventura	46.6%	46.4%	6.9%
Health Net—Kern	31.5%	65.2%	3.3%
Health Net—Los Angeles	42.2%	51.2%	6.6%
Health Net—Sacramento	23.3%	64.4%	12.3%
Health Net—San Diego	22.8%	63.4%	13.9%
Health Net—Stanislaus	33.3%	56.5%	10.1%
Health Net—Tulare	46.0%	51.7%	2.3%
Health Plan of San Joaquin—San Joaquin	40.6%	55.2%	4.3%
Health Plan of San Mateo—San Mateo	33.3%	47.0%	19.7%
Inland Empire Health Plan—Riverside, San Bernardino	32.8%	60.6%	6.7%
Kaiser Permanente-North—Sacramento	19.1%	70.4%	10.4%
Kaiser Permanente-South—San Diego	22.8%	67.1%	10.0%
Kern Family Health Care—Kern	46.8%	50.5%	2.7%
LA Care Health Plan—Los Angeles	37.6%	53.3%	9.0%
Molina Healthcare—Riverside, San Bernardino	40.7%	50.0%	9.3%
Molina Healthcare—Sacramento	33.8%	64.9%	1.4%
Molina Healthcare—San Diego	32.6%	53.6%	13.8%
Partnership Health Plan—Marin	27.8%	51.9%	20.3%
Partnership Health Plan—Mendocino	25.9%	59.3%	14.8%
Partnership Health Plan—Napa, Solano, Yolo	35.4%	56.8%	7.8%
Partnership Health Plan—Sonoma	30.5%	54.7%	14.8%
San Francisco Health Plan—San Francisco	38.2%	48.5%	13.3%
Santa Clara Family Health Plan—Santa Clara	33.6%	52.0%	14.4%

Please note: Percentages may not total 100% due to rounding.

Table B-6: Adult Respondent Demographics—General Health Status					
MCP Name and County	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
MCMC	**10.0%**	**18.1%**	**34.4%**	**28.9%**	**8.6%**
Alameda Alliance for Health—Alameda	8.2%	21.3%	37.8%	22.4%	10.3%
Anthem Blue Cross—Alameda	8.5%	19.7%	33.8%	28.2%	9.9%
Anthem Blue Cross—Contra Costa	5.8%	18.8%	37.7%	29.0%	8.7%
Anthem Blue Cross—Fresno	12.9%	18.8%	30.6%	29.4%	8.2%
Anthem Blue Cross—Kings	17.4%	14.0%	40.7%	18.6%	9.3%
Anthem Blue Cross—Madera	12.1%	22.0%	31.9%	26.4%	7.7%
Anthem Blue Cross—Sacramento	4.4%	18.7%	31.9%	37.4%	7.7%
Anthem Blue Cross—San Francisco	7.0%	12.7%	32.4%	32.4%	15.5%
Anthem Blue Cross—Santa Clara	11.0%	9.9%	41.8%	28.6%	8.8%
Anthem Blue Cross—Tulare	5.7%	17.0%	36.8%	29.2%	11.3%
CalOptima—Orange	8.6%	17.9%	32.7%	32.4%	8.4%
CalViva—Fresno	12.4%	15.1%	37.1%	26.6%	8.8%
CalViva—Kings	11.7%	8.1%	48.6%	23.4%	8.1%
CalViva—Madera	14.4%	10.2%	36.4%	28.8%	10.2%
Care 1st—San Diego	10.3%	16.7%	33.3%	30.8%	8.9%
CenCal Health—San Luis Obispo	10.4%	19.7%	33.5%	22.0%	14.5%
CenCal Health—Santa Barbara	5.6%	18.9%	33.5%	31.1%	10.9%
Central CA Alliance for Health—Merced	9.1%	12.4%	32.8%	33.9%	11.8%
Central CA Alliance for Health—Monterey, Santa Cruz	12.2%	13.5%	31.8%	35.5%	7.1%
Community Health Group—San Diego	13.0%	17.6%	37.1%	25.5%	6.7%
Contra Costa Health Plan—Contra Costa	8.8%	21.8%	35.0%	27.3%	7.3%
Gold Coast Health Plan—Ventura	10.8%	16.4%	32.9%	31.8%	8.1%
Health Net—Kern	11.0%	19.8%	25.3%	33.0%	11.0%
Health Net—Los Angeles	14.3%	17.7%	33.8%	28.9%	5.3%
Health Net—Sacramento	8.0%	17.3%	32.0%	30.7%	12.0%
Health Net—San Diego	12.0%	19.0%	28.0%	28.0%	13.0%
Health Net—Stanislaus	9.7%	23.6%	34.7%	26.4%	5.6%
Health Net—Tulare	6.7%	14.4%	38.9%	30.0%	10.0%
Health Plan of San Joaquin—San Joaquin	9.4%	14.1%	38.5%	30.9%	7.2%
Health Plan of San Mateo—San Mateo	8.5%	15.7%	37.0%	29.8%	8.9%
Inland Empire Health Plan—Riverside, San Bernardino	12.1%	17.9%	29.2%	32.0%	8.8%
Kaiser Permanente-North—Sacramento	11.0%	25.0%	33.3%	26.2%	4.5%
Kaiser Permanente-South—San Diego	12.9%	21.1%	36.1%	24.4%	5.7%
Kern Family Health Care—Kern	11.5%	15.5%	30.5%	30.3%	12.2%
LA Care Health Plan—Los Angeles	11.1%	19.3%	34.4%	27.8%	7.3%
Molina Healthcare—Riverside, San Bernardino	9.8%	18.9%	30.1%	34.3%	7.0%
Molina Healthcare—Sacramento	6.5%	19.5%	35.1%	27.3%	11.7%
Molina Healthcare—San Diego	10.7%	20.7%	30.7%	27.1%	10.7%
Partnership Health Plan—Marin	10.0%	20.0%	32.5%	28.8%	8.8%
Partnership Health Plan—Mendocino	8.6%	16.0%	29.6%	34.6%	11.1%
Partnership Health Plan—Napa, Solano, Yolo	8.3%	15.1%	33.9%	32.6%	10.1%
Partnership Health Plan—Sonoma	6.3%	24.4%	22.8%	32.3%	14.2%
San Francisco Health Plan—San Francisco	9.4%	18.2%	37.0%	26.2%	9.2%
Santa Clara Family Health Plan—Santa Clara	7.4%	22.1%	37.0%	26.8%	6.7%

Please note: Percentages may not total 100% due to rounding.

Table B-7: Child Member Demographics—Age					
MCP Name and County	**Less than 1**	**1 to 3**	**4 to 7**	**8 to 12**	**13 to 18***
MCMC	**1.4%**	**21.2%**	**27.4%**	**27.3%**	**22.6%**
Alameda Alliance for Health—Alameda	0.9%	21.6%	26.7%	26.1%	24.7%
Anthem Blue Cross—Alameda	0.0%	16.3%	37.2%	25.6%	20.9%
Anthem Blue Cross—Contra Costa	3.6%	17.0%	30.4%	27.7%	21.4%
Anthem Blue Cross—Fresno	1.8%	15.5%	23.6%	28.2%	30.9%
Anthem Blue Cross—Kings	0.0%	24.3%	25.2%	23.3%	27.2%
Anthem Blue Cross—Madera	0.9%	16.2%	29.1%	25.6%	28.2%
Anthem Blue Cross—Sacramento	1.8%	18.0%	28.8%	27.0%	24.3%
Anthem Blue Cross—San Francisco	0.0%	16.3%	25.0%	27.5%	31.3%
Anthem Blue Cross—Santa Clara	0.8%	21.9%	25.8%	28.1%	23.4%
Anthem Blue Cross—Tulare	1.4%	15.2%	21.7%	37.7%	23.9%
CalOptima—Orange	1.6%	18.8%	30.2%	25.9%	23.6%
CalViva—Fresno	1.4%	23.0%	28.3%	26.5%	20.9%
CalViva—Kings	1.8%	18.6%	23.0%	28.3%	28.3%
CalViva—Madera	0.0%	19.7%	32.1%	26.3%	21.9%
Care 1st—San Diego	1.5%	21.6%	29.1%	23.5%	24.3%
CenCal Health—San Luis Obispo	2.2%	20.0%	31.7%	25.6%	20.6%
CenCal Health—Santa Barbara	1.2%	23.5%	31.6%	25.4%	18.3%
Central CA Alliance for Health—Merced	0.5%	23.2%	24.3%	30.3%	21.6%
Central CA Alliance for Health—Monterey, Santa Cruz	1.8%	24.7%	28.5%	26.7%	18.4%
Community Health Group—San Diego	1.2%	18.0%	26.9%	28.6%	25.3%
Contra Costa Health Plan—Contra Costa	1.3%	20.4%	28.9%	28.9%	20.5%
Gold Coast Health Plan—Ventura	1.4%	22.1%	29.1%	27.4%	20.0%
Health Net—Kern	2.4%	22.4%	22.4%	27.1%	25.9%
Health Net—Los Angeles	0.6%	19.7%	25.9%	28.0%	25.7%
Health Net—Sacramento	1.1%	27.7%	29.8%	25.5%	16.0%
Health Net—San Diego	2.2%	24.4%	28.9%	26.7%	17.8%
Health Net—Stanislaus	3.0%	20.9%	23.9%	32.8%	19.4%
Health Net—Tulare	2.3%	23.5%	31.1%	25.0%	18.2%
Health Plan of San Joaquin—San Joaquin	1.6%	21.0%	29.9%	24.7%	22.9%
Health Plan of San Mateo—San Mateo	2.1%	24.8%	31.0%	25.8%	16.4%
Inland Empire Health Plan—Riverside, San Bernardino	1.9%	22.7%	25.0%	27.3%	23.1%
Kaiser Permanente-North—Sacramento	1.1%	18.6%	27.2%	27.6%	25.5%
Kaiser Permanente-South—San Diego	1.3%	20.4%	23.4%	26.5%	28.3%
Kern Family Health Care—Kern	1.3%	18.7%	24.8%	31.5%	23.7%
LA Care Health Plan—Los Angeles	0.9%	19.6%	25.7%	28.5%	25.3%
Molina Healthcare—Riverside, San Bernardino	1.8%	19.6%	22.8%	30.8%	25.0%
Molina Healthcare—Sacramento	0.0%	16.2%	27.3%	27.3%	29.3%
Molina Healthcare—San Diego	2.4%	21.9%	27.1%	27.9%	20.7%
Partnership Health Plan—Marin	2.1%	29.8%	33.0%	20.2%	14.9%
Partnership Health Plan—Mendocino	1.3%	18.7%	24.0%	26.7%	29.3%
Partnership Health Plan—Napa, Solano, Yolo	0.9%	19.4%	20.7%	33.2%	25.7%
Partnership Health Plan—Sonoma	1.0%	23.9%	25.9%	28.9%	20.4%

Table B-7: Child Member Demographics—Age					
MCP Name and County	**Less than 1**	**1 to 3**	**4 to 7**	**8 to 12**	**13 to 18***
San Francisco Health Plan—San Francisco	1.3%	22.6%	27.6%	25.7%	22.8%
Santa Clara Family Health Plan—Santa Clara	0.9%	24.2%	27.2%	27.9%	19.9%

** Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2012. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2013 and the time of survey administration.*

Please note: Percentages may not total 100% due to rounding.

Table B-8: Child Member Demographics—Gender		
MCP Name and County	**Male**	**Female**
MCMC	**51.5%**	**48.5%**
Alameda Alliance for Health—Alameda	52.5%	47.5%
Anthem Blue Cross—Alameda	60.5%	39.5%
Anthem Blue Cross—Contra Costa	50.5%	49.5%
Anthem Blue Cross—Fresno	48.6%	51.4%
Anthem Blue Cross—Kings	57.3%	42.7%
Anthem Blue Cross—Madera	51.3%	48.7%
Anthem Blue Cross—Sacramento	53.5%	46.5%
Anthem Blue Cross—San Francisco	46.3%	53.7%
Anthem Blue Cross—Santa Clara	57.0%	43.0%
Anthem Blue Cross—Tulare	51.8%	48.2%
CalOptima—Orange	51.3%	48.7%
CalViva—Fresno	50.7%	49.3%
CalViva—Kings	43.8%	56.3%
CalViva—Madera	48.6%	51.4%
Care 1st—San Diego	49.5%	50.5%
CenCal Health—San Luis Obispo	52.3%	47.7%
CenCal Health—Santa Barbara	51.5%	48.5%
Central CA Alliance for Health—Merced	43.9%	56.1%
Central CA Alliance for Health—Monterey, Santa Cruz	55.1%	44.9%
Community Health Group—San Diego	48.9%	51.1%
Contra Costa Health Plan—Contra Costa	51.4%	48.6%
Gold Coast Health Plan—Ventura	51.1%	48.9%
Health Net—Kern	47.1%	52.9%
Health Net—Los Angeles	54.4%	45.6%
Health Net—Sacramento	55.9%	44.1%
Health Net—San Diego	53.8%	46.2%
Health Net—Stanislaus	58.6%	41.4%
Health Net—Tulare	52.2%	47.8%
Health Plan of San Joaquin—San Joaquin	49.7%	50.3%
Health Plan of San Mateo—San Mateo	50.1%	49.9%
Inland Empire Health Plan—Riverside, San Bernardino	55.5%	44.5%
Kaiser Permanente-North—Sacramento	48.7%	51.3%
Kaiser Permanente-South—San Diego	52.7%	47.3%
Kern Family Health Care—Kern	48.9%	51.1%
LA Care Health Plan—Los Angeles	54.2%	45.8%
Molina Healthcare—Riverside, San Bernardino	52.4%	47.6%
Molina Healthcare—Sacramento	45.5%	54.5%
Molina Healthcare—San Diego	50.8%	49.2%
Partnership Health Plan—Marin	55.9%	44.1%
Partnership Health Plan—Mendocino	56.6%	43.4%
Partnership Health Plan—Napa, Solano, Yolo	51.7%	48.3%
Partnership Health Plan—Sonoma	50.2%	49.8%
San Francisco Health Plan—San Francisco	50.5%	49.5%
Santa Clara Family Health Plan—Santa Clara	52.2%	47.8%

Please note: Percentages may not total 100% due to rounding.

Table B-9: Child Member Demographics—Race/Ethnicity						
MCP Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**
MCMC	**8.0%**	**68.5%**	**4.5%**	**6.7%**	**2.4%**	**9.9%**
Alameda Alliance for Health—Alameda	4.0%	51.6%	12.6%	15.9%	3.7%	12.1%
Anthem Blue Cross—Alameda	5.9%	50.6%	18.8%	8.2%	3.5%	12.9%
Anthem Blue Cross—Contra Costa	8.0%	55.8%	15.9%	7.1%	3.5%	9.7%
Anthem Blue Cross—Fresno	3.6%	79.1%	1.8%	3.6%	2.7%	9.1%
Anthem Blue Cross—Kings	10.8%	74.5%	2.0%	0.0%	2.0%	10.8%
Anthem Blue Cross—Madera	9.5%	81.9%	0.0%	0.9%	0.0%	7.8%
Anthem Blue Cross—Sacramento	19.1%	47.8%	7.8%	7.8%	4.3%	13.0%
Anthem Blue Cross—San Francisco	7.2%	39.8%	8.4%	22.9%	3.6%	18.1%
Anthem Blue Cross—Santa Clara	4.0%	61.9%	0.8%	25.4%	0.8%	7.1%
Anthem Blue Cross—Tulare	9.9%	78.0%	0.7%	0.7%	1.4%	9.2%
CalOptima—Orange	5.5%	76.4%	0.4%	8.3%	1.7%	7.6%
CalViva—Fresno	5.4%	70.8%	3.3%	9.3%	2.5%	8.7%
CalViva—Kings	10.7%	83.9%	0.0%	0.9%	0.9%	3.6%
CalViva—Madera	6.4%	79.4%	3.5%	0.0%	2.8%	7.8%
Care 1st—San Diego	7.5%	74.4%	3.3%	3.3%	2.5%	9.1%
CenCal Health—San Luis Obispo	31.7%	50.6%	0.0%	1.1%	3.3%	13.3%
CenCal Health—Santa Barbara	5.4%	84.5%	0.3%	1.4%	1.0%	7.3%
Central CA Alliance for Health—Merced	3.2%	75.9%	2.7%	8.6%	1.1%	8.6%
Central CA Alliance for Health—Monterey, Santa Cruz	5.6%	84.1%	0.4%	0.7%	2.5%	6.7%
Community Health Group—San Diego	7.9%	71.2%	6.3%	3.1%	2.2%	9.3%
Contra Costa Health Plan—Contra Costa	7.8%	66.6%	8.1%	5.1%	2.7%	9.7%
Gold Coast Health Plan—Ventura	9.1%	80.7%	0.6%	1.6%	0.9%	7.2%
Health Net—Kern	12.8%	70.9%	5.8%	1.2%	0.0%	9.3%
Health Net—Los Angeles	3.4%	79.8%	4.4%	4.6%	1.5%	6.3%
Health Net—Sacramento	14.7%	36.8%	8.4%	11.6%	6.3%	22.1%
Health Net—San Diego	15.6%	58.9%	0.0%	5.6%	4.4%	15.6%
Health Net—Stanislaus	17.1%	62.9%	2.9%	4.3%	1.4%	11.4%
Health Net—Tulare	6.8%	80.3%	0.8%	0.8%	2.3%	9.1%
Health Plan of San Joaquin—San Joaquin	8.4%	63.3%	4.3%	9.9%	3.3%	10.8%
Health Plan of San Mateo—San Mateo	3.5%	73.8%	1.2%	8.2%	2.7%	10.5%
Inland Empire Health Plan—Riverside, San Bernardino	11.5%	71.2%	4.4%	0.9%	3.2%	8.8%
Kaiser Permanente-North—Sacramento	19.7%	34.1%	13.8%	7.0%	2.5%	22.9%
Kaiser Permanente-South—San Diego	18.4%	48.0%	7.2%	4.0%	4.3%	18.1%
Kern Family Health Care—Kern	7.1%	77.1%	4.1%	1.3%	3.0%	7.3%
LA Care Health Plan—Los Angeles	3.3%	79.6%	5.8%	4.6%	1.2%	5.5%
Molina Healthcare—Riverside, San Bernardino	4.0%	82.7%	1.8%	3.1%	1.8%	6.7%
Molina Healthcare—Sacramento	5.2%	49.5%	14.4%	14.4%	5.2%	11.3%
Molina Healthcare—San Diego	13.5%	68.3%	4.0%	2.4%	1.2%	10.7%
Partnership Health Plan—Marin	6.3%	80.2%	2.1%	2.1%	2.1%	7.3%
Partnership Health Plan—Mendocino	34.2%	50.0%	0.0%	1.3%	5.3%	9.2%
MCP Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**

Table B-9: Child Member Demographics—Race/Ethnicity						
Partnership Health Plan—Napa, Solano, Yolo	12.5%	55.8%	10.0%	2.2%	2.5%	16.9%
Partnership Health Plan—Sonoma	15.1%	69.3%	0.0%	1.5%	2.0%	12.2%
San Francisco Health Plan—San Francisco	4.1%	48.1%	7.8%	28.6%	4.3%	7.1%
Santa Clara Family Health Plan—Santa Clara	2.0%	73.5%	1.0%	12.6%	1.3%	9.6%

Please note: Percentages may not total 100% due to rounding.

Table B-10: Child Member Demographics—General Health Status					
MCP Name and County	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
MCMC	**36.2%**	**30.1%**	**25.2%**	**8.0%**	**0.5%**
Alameda Alliance for Health—Alameda	35.4%	32.8%	23.7%	7.7%	0.3%
Anthem Blue Cross—Alameda	42.4%	25.9%	27.1%	3.5%	1.2%
Anthem Blue Cross—Contra Costa	38.1%	28.3%	23.9%	9.7%	0.0%
Anthem Blue Cross—Fresno	41.1%	19.6%	33.0%	5.4%	0.9%
Anthem Blue Cross—Kings	28.2%	30.1%	35.0%	6.8%	0.0%
Anthem Blue Cross—Madera	41.4%	23.3%	23.3%	11.2%	0.9%
Anthem Blue Cross—Sacramento	31.6%	39.5%	22.8%	6.1%	0.0%
Anthem Blue Cross—San Francisco	39.8%	33.7%	20.5%	6.0%	0.0%
Anthem Blue Cross—Santa Clara	38.3%	27.3%	28.9%	4.7%	0.8%
Anthem Blue Cross—Tulare	30.5%	29.8%	29.1%	9.9%	0.7%
CalOptima—Orange	33.5%	29.5%	28.4%	8.3%	0.3%
CalViva—Fresno	34.2%	27.1%	29.2%	9.0%	0.4%
CalViva—Kings	27.4%	31.9%	29.2%	9.7%	1.8%
CalViva—Madera	32.6%	37.7%	19.6%	10.1%	0.0%
Care 1st—San Diego	34.7%	32.1%	23.7%	9.4%	0.2%
CenCal Health—San Luis Obispo	35.8%	33.5%	19.6%	10.1%	1.1%
CenCal Health—Santa Barbara	34.0%	30.6%	23.8%	11.3%	0.3%
Central CA Alliance for Health—Merced	30.3%	36.2%	22.2%	9.2%	2.2%
Central CA Alliance for Health—Monterey, Santa Cruz	30.8%	27.9%	27.5%	12.6%	1.1%
Community Health Group—San Diego	34.3%	28.1%	29.0%	7.9%	0.7%
Contra Costa Health Plan—Contra Costa	35.8%	32.0%	23.7%	8.3%	0.3%
Gold Coast Health Plan—Ventura	33.5%	28.8%	28.7%	8.3%	0.7%
Health Net—Kern	28.7%	35.6%	31.0%	4.6%	0.0%
Health Net—Los Angeles	34.3%	29.2%	29.9%	5.7%	0.8%
Health Net—Sacramento	34.7%	33.7%	25.3%	6.3%	0.0%
Health Net—San Diego	39.1%	31.5%	25.0%	4.3%	0.0%
Health Net—Stanislaus	32.9%	42.9%	20.0%	2.9%	1.4%
Health Net—Tulare	34.3%	23.9%	29.9%	11.2%	0.7%
Health Plan of San Joaquin—San Joaquin	37.1%	31.1%	24.7%	7.0%	0.0%
Health Plan of San Mateo—San Mateo	38.4%	29.7%	23.5%	8.1%	0.3%
Inland Empire Health Plan—Riverside, San Bernardino	40.0%	30.3%	22.3%	7.1%	0.2%
Kaiser Permanente-North—Sacramento	42.7%	31.6%	21.3%	4.4%	0.0%
Kaiser Permanente-South—San Diego	45.3%	31.0%	18.6%	4.4%	0.7%
Kern Family Health Care—Kern	37.7%	28.7%	25.8%	7.2%	0.6%
LA Care Health Plan—Los Angeles	37.6%	29.1%	25.4%	7.6%	0.4%
Molina Healthcare—Riverside, San Bernardino	29.9%	32.6%	27.2%	9.4%	0.9%
Molina Healthcare—Sacramento	34.3%	23.2%	31.3%	9.1%	2.0%
Molina Healthcare—San Diego	42.3%	30.8%	20.2%	6.7%	0.0%
Partnership Health Plan—Marin	39.6%	24.0%	24.0%	10.4%	2.1%
Partnership Health Plan—Mendocino	44.0%	32.0%	17.3%	6.7%	0.0%
Partnership Health Plan—Napa, Solano, Yolo	39.8%	30.4%	24.1%	5.3%	0.3%
Partnership Health Plan—Sonoma	32.8%	27.9%	28.4%	10.3%	0.5%
San Francisco Health Plan—San Francisco	33.9%	33.8%	25.3%	6.7%	0.3%
Santa Clara Family Health Plan—Santa Clara	38.3%	28.0%	23.9%	9.3%	0.4%

Please note: Percentages may not total 100% due to rounding.