



CONTRA COSTA  

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HEALTH PLAN

A Division of Contra Costa Health Services

**Healthcare Effectiveness Data and Information Set (HEDIS®)**

**Measurement Year 2020 (Reporting Year 2021)**

**Prepared by: The Quality Department**

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## Executive Summary

The Healthcare Effectiveness Data Information Set (HEDIS) is used to evaluate performance of Health Plans nationally on a set of standardized quality measures. This report focuses on the nineteen (19) measures CCHP is held accountable to through the Managed Care Accountability Sets (MCAS). The high performance level (HPL) is the 90<sup>th</sup> percentile of all Medicaid plans nationally, while the minimum performance level (MPL) is the 50<sup>th</sup> percentile.

The COVID-19 pandemic had an impact on CCHP's 2021 HEDIS rates. Most measures declined in performance from the prior year. In March 2020, several countywide restrictions including stay at home orders were in effect. It took time for members and providers to fully transition to telehealth and there remained a subset of services that required in person visits. Recognizing the impact of the pandemic on Health Plans' rates, DHCS removed formal reporting requirements and financial sanctions for measures under the MPL.

CCHP measures between the 25<sup>th</sup> and 50<sup>th</sup> percentiles include: Breast cancer screening (BCS); HbA1c>9% (CDC-H9); and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD).

For BCS, our rate dropped 15% from last year. Kaiser performed best, followed by CCRMC (below the 50<sup>th</sup> percentile), and CPN (below the 33<sup>rd</sup> percentile). For CDC-H9, our rate dropped 3% which put CCHP under the 50<sup>th</sup> percentile. For SSD, CCHP was below the 50<sup>th</sup> percentile, due to Kaiser data. CPN and CCRMC are above the 50<sup>th</sup> percentile, Kaiser is below the 5<sup>th</sup> percentile.

CCHP performed at the 90<sup>th</sup> percentile in one measure, Post-Partum Care. Performance in this measure remained flat from last year and is high for all three networks with CPN performing best. Individual networks performed at the 90<sup>th</sup> percentile in:

- CCRMC – PPC-Post and CIS-Combo 10
- CPN – PPC-Post
- Kaiser – PPC-Post, AMR-Acute, AMR, BCS, CCS, IMA-Combo 2

Measures that increased or decreased by 5% or greater from the previous year (MY 2019) include:

- AMR increased by 5.7%
- BCS decreased 15%, CHL decreased 8%, CBP decreased 12%, IMA-Combo 2 decreased 14%, WCC-BMI decreased 8%

Auto-Assignment measures performed as follows: CCS- Above the 75<sup>th</sup> percentile; CIS-Combo3- Above the 66<sup>th</sup> percentile; CDC Test –Below the 10<sup>th</sup> percentile; CBP –Close to the 66<sup>th</sup> percentile; PPC-Prenatal Care –Above the 75<sup>th</sup> percentile; W34 – Outdated measure, now a part of WCV. We do not have our rate for MY 2020.

## Overview

The Healthcare Effectiveness Data Information Set (HEDIS) is used to evaluate and compare performance of Health Plans nationally on a set of standardized quality measures. There are six domains evaluated through HEDIS including effectiveness of care, access, and member experience. This HEDIS report focuses on the effectiveness of care measures that are part of the Managed Care Accountability Set (MCAS). MCAS includes preventive and chronic care measures selected through a rigorous review and vetting process managed by the National Committee on Quality Assurance (NCQA).

The California Department of Healthcare Services (DHCS) requires plan participation in the annual HEDIS reporting initiative. HEDIS rates are also used for NCQA accreditation and to determine a plan’s overall rating which is publicly reported by NCQA. HEDIS is also a powerful tool for health plans to identify improvement opportunities internally and track efforts aimed at improving performance in targeted measures over time.

The COVID-19 pandemic had an impact on CCHP’s 2021 HEDIS rates. Most measures declined in performance from the prior year. In March 2020, several countywide restrictions including stay at home orders were in effect. It took time for members and providers to fully transition to telehealth and there remained a subset of services that required in person visits.

Recognizing the impact of the pandemic on Health Plans’ rates, DHCS removed formal reporting requirements and financial sanctions for measures under the MPL.

## HEDIS Results

Table 1 shows CCHP’s overall performance in the MCAS measures and broken down by provider network. CCHP performed at the 90<sup>th</sup> percentile in post-partum care and performed below the 50<sup>th</sup> percentile in three measures: Breast cancer screening (BCS), HbA1c>9% (CDC-H9), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD). There was greater variation in performance at the provider network level, with Kaiser outperforming CPN and CCRMC in most measures.

**Table 1: Summary Performance in MCAS Measures Overall and by Network**

Measures	CCHP	RMC	CPN	KSR	25th	50th	75th	90th
AMM–Acute*	63.07	63.28	58.17	69.36	50.38	53.57	58.93	64.29
AMM–Cont*	41.01	41.91	39.26	39.27	34.23	38.18	43.1	49.37
AMR*	63.93	54.3	64.52	86.22	57.59	62.43	68.13	73.38
BCS*	58.33	57.66	52.97	71.76	52.85	58.82	64.06	69.22
CCS	68.06	67.3	56.32	87.1	55.23	61.31	67.4	72.68

Measures	CCHP	RMC	CPN	KSR	25th	50th	75th	90th
CIS-10	51.34	57.75	43.18	50.00	30.17	37.47	44.77	52.07
CHL*	62.81	64.81	58.72	63.52	51.34	58.44	66.26	71.42
CDC-H9	38.93	34.48	52.73	30	45.96	37.47	32.85	27.98
SSD*	79.41	83.85	82.8	65.32	78.65	82.09	84.78	87.91
CBP	64.96	72.15	54.39	55.93	54.01	61.8	67.64	72.75
IMA-2	43.8	34.19	44.59	57.58	31.02	36.86	43.06	50.85
APM-BC*	42.22	0	0	46.34	29.35	35.43	44.3	56.34
PPC-Pre	93.4	92.86	93.06	95.16	84.18	89.05	92.94	95.86
PPC-Post	90.97	90.26	93.06	90.32	71.3	76.4	80.89	84.18
WCC-BMI	84.18	86.9	84.11	79.35	71.29	80.5	87.23	90.77
WCC-N	75.91	76.19	77.48	72.83	63.02	71.55	80.05	85.16
WCV	42.09	47.65	41.11	33.44	NA	NA	NA	NA
W30-6+	56.69	67.82	52.1	38.56	NA	NA	NA	NA
W30-2+	69.85	77.86	71.21	54.13	NA	NA	NA	NA
WCC-PA	76.64	76.79	76.82	76.09	57.42	66.79	76.28	81.02

\*Administrative Measure which calculates rates on the entire population versus a statistically valid sample of members for the hybrid measures. Teal represents measures at or above the HPL. Orange represents measures below the MPL.

Graph 1 shows the total number of measures in each of the percentiles for CCHP overall and broken down by provider network. Kaiser had the largest number of measures at the 90<sup>th</sup> National Medicaid Percentile. All provider networks had measures below the MPL with CPN at five, CCRMC at 4, CCHP at three, and Kaiser had three.

**Graph 1: Overall and Network Distribution of Measures by Percentile Ranking**

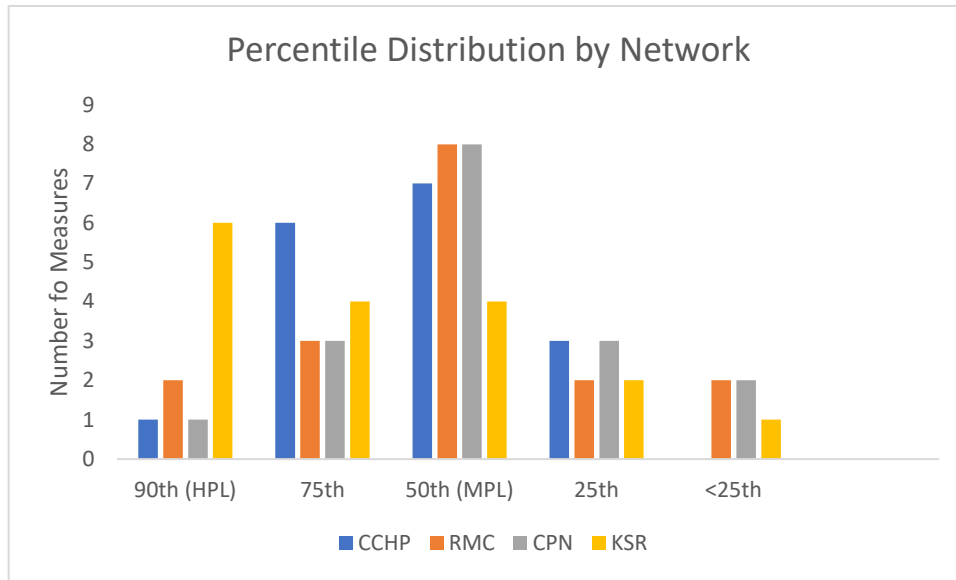


Table 2 shows the measures performing at the 90<sup>th</sup> National Medicaid Percentile. Kaiser has six measures (out of 17) in the 90<sup>th</sup> percentile, CCRMC has two, CPN has one, and CCHP overall has one measure.

**Table 2: Measures at the High Performance Level (HPL) – 90<sup>th</sup> Percentile**

Measures	CCHP	RMC	CPN	KSR
Antidepressant Medication Management (AMM) - Acute Phase*				●
Asthma Medication Ratio (AMR)*				●
Breast Cancer Screening (BCS)*				●
Cervical Cancer Screening (CCS)				●
Childhood Immunization Status (CIS) - Combo 10		●		
Immunizations for Adolescents (IMA) - Combo 2				●
Prenatal and Postpartum Care (PPC) - Postpartum Care	●	●	●	●

\*Administrative Measure which calculates rates on the entire population versus a statistically valid sample of members for the hybrid measures. Teal represents measures at HPL.

Table 3 shows the measures performing below the 50<sup>th</sup> National Medicaid Percentile. Kaiser has 3 measures below the 50<sup>th</sup> percentile, CCHP overall has three measures, CCRMC has four, and CPN has five measures.

**Table 3: Measures Below the Minimum Performance Level (MPL) – 50<sup>th</sup> Percentile**

Measures	CCHP	RMC	CPN	KSR
Asthma Medication Ratio (AMR)*		●		
Breast Cancer Screening (BCS)*	●	●	●	
Cervical Cancer Screening (CCS)			●	
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	●		●	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)*	●			●
Controlling High Blood Pressure (CBP)			●	●
Immunizations for Adolescents (IMA) - Combo 2		●		
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose and Cholesterol (BC)*		●	●	
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI				●

Table 4 shows all measures that either improved or declined by 5% or more from the prior year (measurement year 2019). The 2019 measurement year was a non-pandemic year; therefore, making comparisons year to year is challenging. CCHP and the individual networks declined in performance across several measures with the largest declines in measures requiring in person visits such as breast cancer screening, cervical cancer screening, weight assessment and counseling, and immunizations. There were increases in a few measures, mainly ones around medication management.

**Table 4: Measures that Improved or Declined by ≥ 5% from 2019 MY**

Measures	CCHP	RMC	CPN	KSR
Antidepressant Medication Management (AMM) - Acute Phase*	0.77%	0.29%	6.21%	-2.98%
Antidepressant Medication Management (AMM) - Continuation Phase*	-0.39%	-0.71%	19.17%	-18.12%
Asthma Medication Ratio (AMR)*	5.70%	7.80%	8.49%	-3.24%
Breast Cancer Screening (BCS)*	-15.29%	-17.57%	-10.63%	-13.18%
Cervical Cancer Screening (CCS)	-0.45%	0.57%	-1.16%	-3.57%
Childhood Immunization Status (CIS) - Combo10	0.00%	13.57%	0.51%	-23.34%
Chlamydia Screening in Women (CHL)*	-8.12%	-3.50%	-13.08%	-12.10%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	0.00%	-5.31%	5.76%	34.28%
Controlling High Blood Pressure (CBP)	-11.89%	3.26%	-29.46%	-40.34%
Immunizations for Adolescents (IMA) - Combo 2	-13.86%	-33.65%	8.92%	-10.94%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	-0.03%	-2.32%	5.80%	-1.13%
Prenatal and Postpartum Care (PPC) - Postpartum Care	3.28%	0.14%	11.68%	1.77%
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI	-2.56%	-11.62%	18.98%	-14.77%
*Administrative Measure which calculates rates on the entire population versus a statistically valid sample of members for the hybrid measures. Green represents measures that improved ≥5%. Yellow represents measures that declined ≤5%.				

## Quality and Performance Improvement Projects to Improve HEDIS Measures

The Department of Healthcare Services (DHCS) requires Health Plans to conduct two Performance Improvement Projects (PIPs) and at least one Plan-Do-Study-Act (PDSA) project. Projects are approved by DHCS and encouraged to focus on low performing HEDIS measures and where disparities exist.

Project SMART Aim	Key Interventions
By Dec 31, 2021, increase the percentage of well visits for 3- to 6-year-olds African American members assigned to CCRMC North Richmond, Antioch, and Brentwood clinics from 69% to 90%.	<ul style="list-style-type: none"> <li>• Identify all children who need well visits</li> <li>• Modify scheduling template to open more clinic appointments for well visits</li> <li>• Outreach calls to educate on importance of well visits and schedule well visits</li> <li>• Provide incentives to members for completing a well visit</li> </ul>
By December 31, 2022, decrease the percentage of obese members with an A1c>9 among members who reside in East County or West County from 22.65% to 20.00%.	<ul style="list-style-type: none"> <li>• Diabetes management program for 100 members with HbA1c&gt;9 with obesity residing in East and West counties where disparity is greatest</li> <li>• Cellular enabled smart meters coupled with monitoring</li> <li>• Work with high volume providers to share data, sign onto Gojji, and refer to diabetes management program</li> </ul>
To increase the rate of members with asthma control as evidenced by an AMR of 0.5 or above from 63.93% to 68.13% (75 <sup>th</sup> percentile).	<ul style="list-style-type: none"> <li>• Asthma Mitigation Program</li> <li>• Outreach to all members with AMR &lt; .5 via text, email, and phone</li> <li>• Work closely with high volume providers to share data on members with AMR&lt;.5 and link to programs/resources</li> <li>• Send outreach lists to CPN providers</li> </ul>
Improve preventive services for CCHP members by 5% from prior year in the following measures: child well visits, cervical cancer screening, breast cancer screening, vaccinations.	<p>Members receive letters on their birthday reminding them of services based on age or care gaps. Orders placed where gaps exist. Currently done for CCRMC adult members. All CCHP pediatric members get the well visit reminder. Plan to expand to all CCHP (except KP) members.</p> <p><u>Orders</u></p> <p>A1c Testing – Diabetic patients. 3 months/6 months dependent on last A1c</p> <p>Mammogram – Women age 50-75. Every 2 Years</p>



## Appendix

### Measurement Year 2020 HEDIS Measure Definitions

HEDIS Measure	Measure Definition
Anti-depressant Medication Management (AMM)	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <ul style="list-style-type: none"> <li>• Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>• Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>
Asthma Medication Ratio (AMR)	<p>Asthma Medication Ratio: Assesses adults and children 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>
Breast Cancer Screening (BCS)	<p>Assesses women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.</p>
Cervical Cancer Screening (CCS)	<p>Assesses women who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21–64 years of age who had cervical cytology performed within the last 3 years.</li> <li>• Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>• Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.</li> </ul>
Childhood Immunization Status (CIS) – Combo 10	<p>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>
Chlamydia Screening in Women (CHL)	<p>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>

Comprehensive Diabetes Care – HbA1c>9% (CDC)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9% or is missing a result, or if an HbA1c test was not done in the measurement year.
Controlling High Blood Pressure (CBP)	Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Immunizations for Adolescents (IMA)	Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.
Metabolic Monitoring for Children & Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing (APM)	The percentage of children and adults 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both glucose and cholesterol testing.
Prenatal and Postpartum Care (PPC)	Women who delivered (EDD) between October 8, 2020 - October 7, 2021, and had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization, and had a postpartum visit on or between 7 and 84 days after deliver.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC)	Assesses children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of: <ul style="list-style-type: none"> <li>• Body mass index (BMI) percentile documentation.</li> <li>• Counseling for nutrition.</li> <li>• Counseling for physical activity.</li> </ul>
Well-Child Visits in the first 30 months of life (W30)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: <ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>• Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ul>