

**DRAFT Sacramento County Health Authority (SCHA) Commission  
Medi-Cal Managed Care Plan Assessment  
Publicly Available Data Overview & Scoring**

**A) Proposed Scoring Methodology by Data Source**

This table provides an overview of each data topic and proposed weight and scoring methodology. Details on the measures in each data source are shown on the next page. Any data points that are not available for each plan currently operating in Sacramento County will not be scored.

<b>Data Topic &amp; Summary (Proposed Weight)</b>	<b>Data Source(s) and Proposed Scoring Methodology (Measurement Year of Most Recent Data)</b>
<p><b>Quality (15%)</b> HEDIS measures provide an annual assessment of quality for acute and chronic disease, behavioral health, women’s health, and children’s health.</p>	<p><b>1) HEDIS (2019):</b> Use each plan’s score for each measure to calculate a percentile ranking relative to all plans and regions statewide. For example, if a plan’s score for a given metric is 80% and is among the top five scores in the state, their percentile ranking is in the 91<sup>st</sup> percentile. Use the percentile rank value (e.g., 91) as the number of points the plan receives for that metric.</p>
<p><b>Access (30%)</b> Access consists of Network Adequacy (15%) and Timely Access (15%). DHCS assesses network adequacy standards compliance and certifies MCPS annually.  DHCS requires MCPs to follow established distance and timely access standards, and measures compliance with provider availability and appointment wait time standards for urgent and non-urgent pediatric and adult appointments among network provider types, and interpretation service standards.</p>	<p><b>2) Network Adequacy (2020):</b> DHCS evaluates MCP data submissions for each Annual Network Certification (ANC) component. DHCS designations and proposed SCHA scoring methodology are as follows:</p> <ul style="list-style-type: none"> <li>• A <b>Pass</b> designation means the required standards were met, and will be awarded 3 points.</li> <li>• An <b>AAS Pass</b> designation mean the required standard was not met but an AAS was approved for the MCP or a Delivery System Alternative Access Standard was granted, and will be awarded 2 points.</li> <li>• A <b>Pass with Conditions</b> designation means the MCP did not fully meet the required standards, and DHCS imposed a temporary access compliance standard for the MCP to maintain until all ANC deficiencies are corrected. This designation will be awarded 1 point.</li> <li>• A <b>Noncompliant</b> designation means the MCP did not fully meet the required standard and compliance will be determined through the quarterly monitoring process. This designation will be awarded 0 points.</li> </ul> <p><b>3) Timely Access (2019):</b> Use the percentage of compliance for each standard as the number of points the plan receives for that metric (e.g., 91% = 91 points).</p>

## B) Overview of Publicly Available Data

The measures included in each data source are listed below.

### 1) HEDIS (52 measures)

- a. Acute & Chronic Disease Management
  1. Adult BMI Assessment—Total
  2. Ambulatory Care—ED Visits per 1,000 Member Months—Total\*
  3. Asthma Medication Ratio—Total
  4. Comprehensive Diabetes Care--HbA1c Poor Control (>9.0 Percent) (inverse)
  5. Comprehensive Diabetes Care--Hemoglobin Alc (HbA1c) Testing
  6. Concurrent Use of Opioids and Benzodiazepines—Ages 18–64 Years (inverse)
  7. Concurrent Use of Opioids and Benzodiazepines—Ages 65+ Years (inverse)
  8. Controlling High Blood Pressure
  9. HIV Viral Load Suppression—Ages 18–64 Years
  10. HIV Viral Load Suppression—Ages 65+ Years
  11. Plan All-Cause Readmissions—Expected Readmissions—Total
  12. Plan All-Cause Readmissions—O/E Ratio—Total \*\*
  13. Plan All-Cause Readmissions—Observed Readmissions—Total
  14. Use of Opioids at High Dosage in Persons Without Cancer—Ages 18–64 Years (inverse)
  15. Use of Opioids at High Dosage in Persons Without Cancer—Ages 65+ Years (inverse)
- b. Behavioral Health
  1. Antidepressant Medication Management— Effective Acute Phase Treatment—Total
  2. Antidepressant Medication Management— Effective Continuation Phase Treatment—Total
  3. Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
  4. Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
  5. Screening for Depression and Follow-Up Plan—Ages 12–17 Years
  6. Screening for Depression and Follow-Up Plan—Ages 18–64 Years
  7. Screening for Depression and Follow-Up Plan—Ages 65+ Years
- c. Children's Health
  1. Adolescent Well-Care Visits
  2. Childhood Immunization Status—Combination 10

3. Children and Adolescents' Access to Primary Care Practitioners—12–19 Years
  4. Children and Adolescents' Access to Primary Care Practitioners—12–24 Months
  5. Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years
  6. Children and Adolescents' Access to Primary Care Practitioners—7–11 Years
  7. Developmental Screening in the First Three Years of Life—Total
  8. Immunizations for Adolescents—Combination 2
  9. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total
  10. Well-Child Visits in the First 15 Months of Life— Six or More Well-Child Visits
  11. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- d. Women's Health
1. Breast Cancer Screening
  2. Cervical Cancer Screening
  3. Chlamydia Screening in Women—Ages 16–20 Years
  4. Chlamydia Screening in Women—Ages 21–24 Years
  5. Chlamydia Screening in Women—Total
  6. Contraceptive Care—All Women—LARC—Ages 15–20 Years
  7. Contraceptive Care—All Women—LARC—Ages 21–44 Years
  8. Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years
  9. Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years
  10. Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 15–20 Years
  11. Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years
  12. Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years
  13. Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years
  14. Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years
  15. Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years
  16. Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years
  17. Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years
  18. Prenatal and Postpartum Care—Postpartum Care
  19. Prenatal and Postpartum Care—Timeliness of Prenatal Care

## 2) Network Adequacy

### a. Provider-to-Member Ratios (3 measures)

1. Primary Care Physician (PCP)-to-Member Ratio (1:2,000)
2. Total Physician Ratio (1:1,200)
3. Mental Health Outpatient Services (adult and pediatric)

### b. Time and Distance Provider Types (40 measures)

1. PCP (adult and pediatric)
2. OB/GYN (Primary Care)
3. OB/GYN (Specialty Care)
4. Cardiology/ Interventional Cardiology (adult and pediatric)
5. Dermatology (adult and pediatric)
6. Endocrinology (adult and pediatric)
7. ENT/ Otolaryngology (adult and pediatric)
8. Gastroenterology (adult and pediatric)
9. General Surgery (adult and pediatric)
10. Hematology (adult and pediatric)
11. HIV/AIDS Specialists/ Infectious Diseases (adult and pediatric)
12. Nephrology (adult and pediatric)
13. Neurology (adult and pediatric)
14. Oncology (adult and pediatric)
15. Ophthalmology (adult and pediatric)
16. Orthopedic Surgery (adult and pediatric)
17. Physical Medicine and Rehabilitation (adult and pediatric)
18. Psychiatry (adult and pediatric)
19. Pulmonology (adult and pediatric)
20. Mental Health Outpatient Services (adult and pediatric)
21. Hospitals
22. Pharmacies

### c. Mandatory Provider Types (5 measures)

1. Federally Qualified Health Center (FQHC)
2. Rural Health Clinic (RHC)
3. Freestanding Birthing Center (FBC)
4. Indian Health Facilities (IHF)
5. Licensed Midwife (LM)

### d. Timely Access (1 measure)

1. Long Term Supports and Services (LTSS) - Policies and Procedures

### e. Alternative Access Standards (3 measures)

1. Alternative Access Standards Request(s)
2. Telehealth
3. Mail Order Pharmacy

### f. Provider Validations (4 measures)

1. Contracted Providers
2. Contracted Facilities
3. Mandatory Provider Types
4. Alternative Access Standards Requests

## 3) Timely Access

**a. Provider Category Criteria and Wait Time Standards (10 measures)**

Appointment Type	Criteria for Provider Type/Specialty	Wait-Time Standard	
		Non-Urgent Appointments	Urgent Appointments
Primary care appointment (adult and pediatric)	Primary Care Physicians (PCPs) and PCP extenders (e.g., Physician Assistants, Nurse Practitioners and Certified Nurse Midwives)	10 business days	48 hours
Specialist appointment (adult and pediatric)	Cardiologists/interventional cardiologists; dermatologists; endocrinologists; gastroenterologists; general surgeons; hematologists; HIV/AIDS specialists and infectious disease specialists; nephrologists; neurologists; oncologists; ophthalmologists; orthopedic surgeons; otolaryngologists and ear, nose, and throat (ENT) specialists; physical medicine and rehabilitation specialists; psychiatrists; and pulmonologists	15 business days	96 hours
Appointment with a mental health care provider	Non-physician mental health providers (psychologists, licensed clinical social workers, and marriage and family therapists)	10 business days	96 hours

**b. Interpretation Services (2 measures)**

MCPs are required by law, regulation, and contract to provide members with limited proficiency in English with a qualified interpreter or provider who speaks the member’s primary language 24-hours per day. MCP member medical records must indicate the member’s primary language and if the member had refused interpretation services in the past. Member informing materials must state that interpretation services are available. Call center staff must be able to access interpreter services. MCPs provider directories must indicate which providers are competent in a language other than English.

1. **MCP member services representatives’ knowledge of interpretation service requirements.** This refers to the percentages of MCP call center staff awareness of interpretation services.
2. **Participating provider office’s knowledge of interpretation service requirements.** This refers to the percentages of PCP office staff who were aware of and able to access interpretation services when needed.

**c. Call Center Wait Times (1 measure) – These data are not available at the Sacramento-specific plan level, so they will not be scored.**

### C) Data Not Scored

The following public data sources will not be scored because Sacramento-specific plan data are not available.

- **Consumer Assessment** of Healthcare Providers and Systems (CAHPS) Surveys, which provides Medi-Cal beneficiaries' evaluation of their managed care plan.
- **Encounter completeness** reports the completeness of data for different service categories (e.g., inpatient, outpatient and emergency room, prescription).