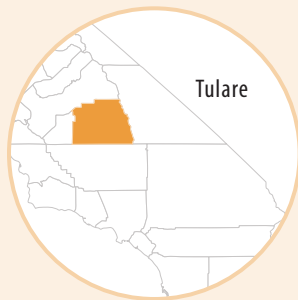




Tulare County

QUICK FACTS

- **201,875**
Medi-Cal managed care enrollees
- **Two-Plan Model**
A publicly run entity (called a local initiative) and a commercial plan compete to serve members.
- **Plans and Membership**
 - Anthem Blue Cross, local initiative (92,083 members)
 - Health Net, commercial plan (109,792 members)



Tulare is unique among two-plan counties in that the plan classified as the local initiative is a commercial plan.

About This Series

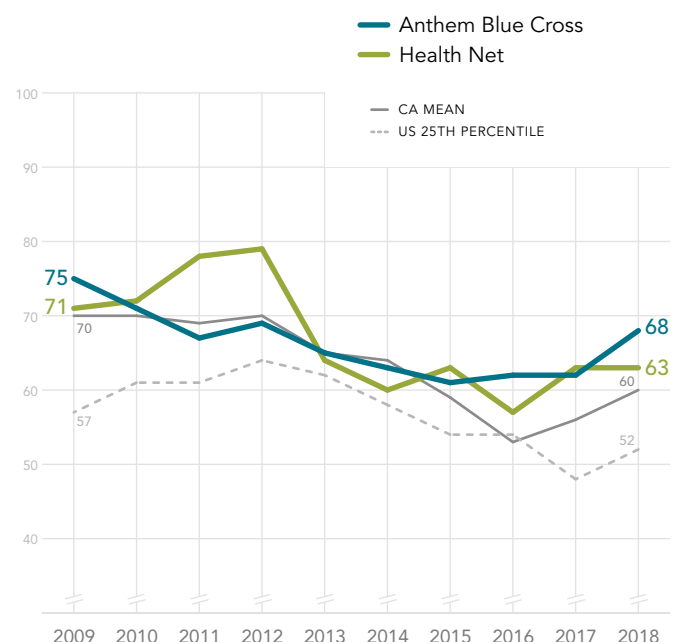
About 10.5 million Californians get their health care through Medi-Cal managed care. California has evolved six models for administering the program, each using different numbers and types of health plans to serve members. Research shows that quality of care can vary widely by health plan and region. The fact sheets in this series provide a snapshot of quality in Medi-Cal managed care at the county or regional level.

For data files and additional statewide and local analysis, visit www.chcf.org/medi-cal-quality.

Quality of care in Medi-Cal managed care is measured primarily using the Healthcare Effectiveness Data and Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS). HEDIS is a set of roughly 90 metrics that measure access, the effectiveness of care, and patients' experience of care, among other domains, every year. CAHPS is a survey administered approximately every three years that asks health plan member to rank the managed care plan, doctors, and overall health care experience, among other questions.

Below are trends for six select HEDIS and CAHPS measures for this region's Medi-Cal managed care plans.

Figure 1. Cervical Cancer Screening, HEDIS Score
by Health Plan, Tulare County, 2009–18



Note: CA mean is weighted to reflect differing enrollments across plans.

— Anthem Blue Cross
— Health Net

— CA MEAN
--- US 25TH PERCENTILE

Figure 2. Childhood Immunization Status – Combination 3, HEDIS Score by Health Plan, Tulare County, 2009–18

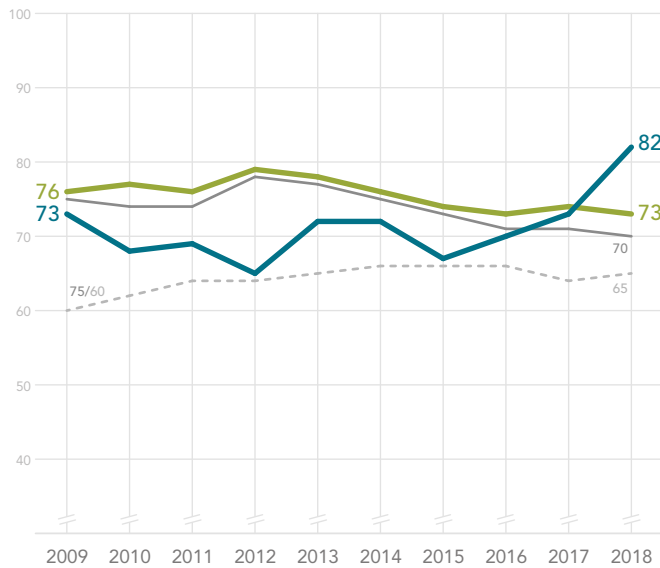


Figure 3. Children and Adolescents Access to Primary Care Practitioners – 12 to 24 Months, HEDIS Score by Health Plan, Tulare County, 2012–18

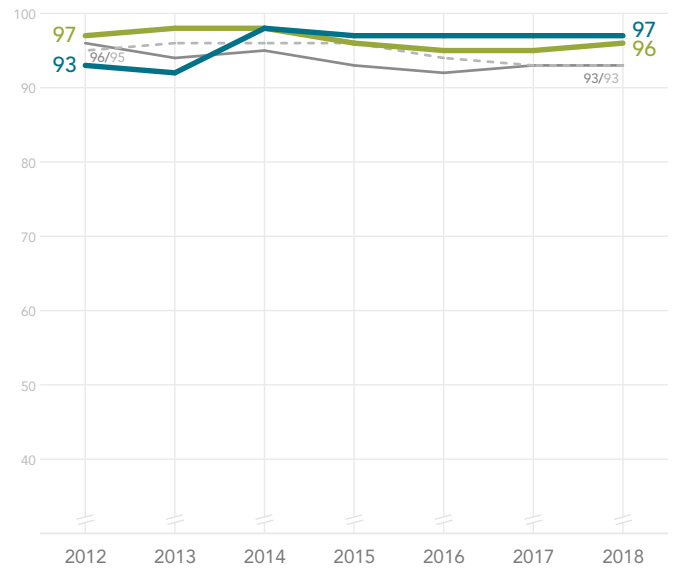


Figure 4. Controlling High Blood Pressure, HEDIS Score by Health Plan, Tulare County, 2013–18

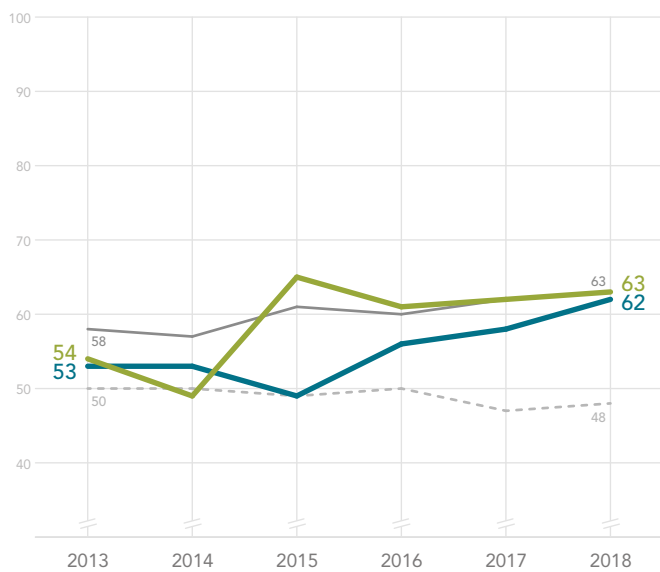
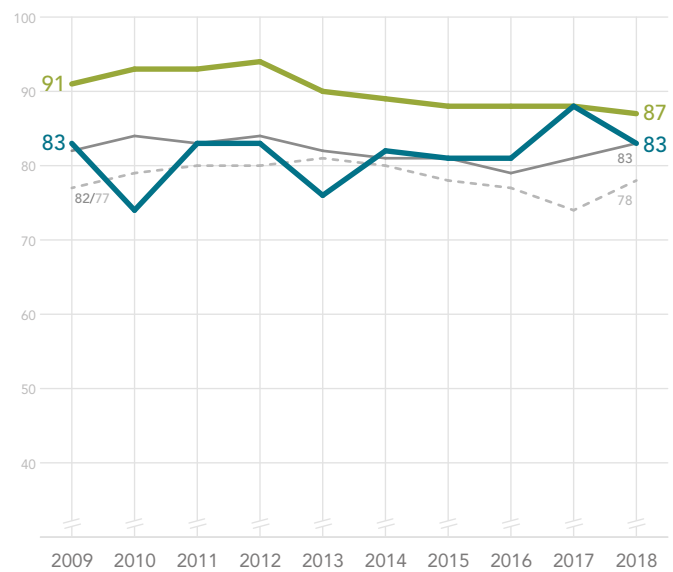


Figure 5. Prenatal and Postpartum Care-Timeliness of Prenatal Care, HEDIS Score by Health Plan, Tulare County, 2009–18



Notes: Plans were not required to report on access to primary care (12 to 24 months) until 2012, and controlling high blood pressure until 2013. CA mean is weighted to reflect differing enrollments across plans.

Table 1. CAHPS Rating of Health Plans by Members
Tulare County, 2010, 2013, 2016

	ANTHEM BLUE CROSS	HEALTH NET	CA MEAN
2010	1	2	1.1
2013	1	—	1.7
2016	1	3	1.1

Notes: Scores (1 is lowest; 5 is highest) reflect which quintile the plan falls into when compared to Medicaid managed care plans nationally on this measure. A “1,” for example, indicates that the plan scored in the lowest quintile, or bottom 20%, of all plans. CAHPS is typically conducted every three years. Scores may be excluded due to a small response rate. CA mean is weighted to reflect differing enrollments across plans.

Interpreting the Data

The graphs above highlight the quality of care experienced by a given health plan’s members over time, and how that quality compares across plans operating in the same county or region.

The national Medicaid HEDIS 25th percentile is the quality score at which 25% of Medicaid managed care plans nationally do worse and 75% do better. For many years, the California Department of Health Care Services used this benchmark as its minimum performance level (MPL); plans scoring below this benchmark had to develop quality-improvement initiatives. (The MPL is now the 50th percentile nationally.) However, states differ with regard to which Medicaid populations are enrolled in managed care. For example, California includes seniors and persons with disabilities and the Medicaid expansion population in Medi-Cal managed care, but many states do not.

Similarly, the California mean allows one to compare the quality experienced by members in a given health plan to other Californians in Medi-Cal managed care. However, when comparing a plan’s quality scores to the state mean, it’s important to consider that it can be more challenging to provide timely access to high-quality care in some regions of the state — such as rural areas with provider shortages and regions with higher rates of uninsured Californians — than in others.

Recommendations

All Californians in Medi-Cal managed care, no matter where they live or their health plan, deserve timely, high-quality care. Some key steps California should take to make this a reality include:

- Establish clear, measurable quality-improvement goals for the entire Medi-Cal managed care system as well as individual health plans, with a focus on year-to-year, continuous improvement.
- Pay health plans based on quality.
- Collect better data to track racial/ethnic disparities in Medi-Cal as well as the quality of care delivered by “delegated” health care providers.
- Expand investments in building the health care workforce, particularly in rural parts of the state.

Learn more about these recommendations at www.chcf.org/medi-cal-quality.

Resources

Medi-Cal Managed Care Enrollment Report (August 2019), California Dept. of Health Care Services, n.d., accessed September 12, 2019, <https://data.chhs.ca.gov>.

For more information about Medi-Cal managed care, see *The Medi-Cal Program: An Overview*, CHCF, www.chcf.org.

For more information on how quality is measured in Medi-Cal managed care, see *Accountability in the Medi-Cal Managed Care Program*, CHCF, www.chcf.org.

This fact sheet features only a small subset of HEDIS and CAHPS measures. For data on additional measures, visit www.chcf.org/medi-cal-quality.