

Assessing the Quality of California Dual Eligible Demonstration Health Plans

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Overview

California has proposed a three-year demonstration project to enroll individuals dually eligible for Medicare and Medi-Cal (dual eligibles) into managed care. An analysis of both Medicare and Medi-Cal quality ratings for the eight health plans selected by the California Department of Health Care Services (DHCS) for the first phase of the project raises cause for concern.

Approved health plans in participating counties would be responsible for providing enrolled dual eligibles with all Medicare and Medi-Cal benefits and services, including all needed medical care, long-term services and supports, and behavioral health care, beginning in January 2013. DHCS has chosen Los Angeles, Orange, San Diego and San Mateo as the initial participating counties and is seeking approval from the Legislature

This report is part of NSCLC's project to ensure that models for delivering health and long term services and supports to dual eligibles (people with both Medicare and Medicaid) include strong consumer protections. Aging and disability advocates can find tools and resources on our project website, www.dualsdemoadvocacy.org.

to have up to 10 counties take part in the project in 2013.

According to a DHCS report assessing the quality of health plans in the Medi-Cal Managed Care (MCMC) Program, seven of the eight plans received a global health plan rating of 1 out of 5 stars.

Looking at Medicare evaluations, two of the plans selected have received a notice of non-compliance from the Medicare program. One of those has been marked as a low-performing plan for three consecutive years and is at risk for termination of its Medicare contract. Another plan was recently sanctioned by Medicare as a result of beneficiary access problems. Medicare continues to restrict the enrollment of dual eligibles into that plan. All eight proposed demonstration plans were found to be low-performing on at least one composite Medicare quality measure.

Introduction

California has approximately 1.1 million low-income seniors and persons with disabilities who are dually eligible for Medicare and Medi-Cal.¹ These dually eligible beneficiaries (dual eligibles) are among the state's highest-need and highest-cost users of health care services. To address concerns that the current multi-payer healthcare model leads to unnecessary complexity, uncoordinated

care and misaligned financial incentives – and therefore higher costs and poorer health outcomes – California has proposed a three-year demonstration project to enroll dual eligibles into managed care plans beginning in January 2013.

Under the demonstration, dual eligibles living in counties selected by the California Department of Health Care Services (DHCS) would be automatically enrolled in an approved health plan. Unless these beneficiaries affirmatively opt to keep their Medicare benefits separate, the demonstration plan into which they enroll would be responsible for delivering all Medicare and Medi-Cal benefits and services, including all needed medical care, long-term services and supports, and behavioral health care.

DHCS has designated Los Angeles, Orange, San Diego and San Mateo as the initial counties to participate in the demonstration.² The Governor is seeking authority from the California Legislature and the federal Centers for Medicare and Medicaid Services (CMS) to begin the project in an additional six counties in 2013.

In Los Angeles County, DHCS approved L.A. Care Health Plan and Health Net of California to participate in the demonstration. In Orange County, DHCS approved CalOptima. In San Diego County, DHCS approved four plans: Care 1st, Community Health Group, Health Net of California and Molina Healthcare of California. Finally, in San Mateo

1 California Department of Health Care Services (DHCS), *DHCS Announces Initial Counties Selected for Project to Improve Care for Californians Eligible for Both Medicare and Medi-Cal*, News Release Number: 12-05 (April 4, 2012), available at http://www.dhcs.ca.gov/provgovpart/Documents/Duals/Proposal_Documents/Press%20Release%204-4-12.pdf.

2 *Id.*

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County, DHCS selected the Health Plan of San Mateo.

All eight plans selected to participate in the demonstration currently operate both Medicare Special Needs Plans that serve dual eligibles (D-SNPs) and Medi-Cal managed care plans. This report examines the most recent Medicare and Medi-Cal quality ratings for each plan. Specifically, the analysis considers plan-specific ratings found on CMS’s Medicare.gov website³ and in DHCS’s own

Medi-Cal Managed Care Program 2010 CAHPS Summary Report.⁴ Review of these reports raises concerns related to the quality of the selected demonstration health plans and their ability to effectively meet the complex needs of the dual eligible population. An overview of our findings is compiled in Table 1 below. More detailed quality assessment information is provided in plan-specific summaries (beginning on page 4) and tables featuring Medicare and Medi-Cal plan ratings by county (beginning on page 10).

TABLE 1: Medi-Cal and Medicare Plan Performance Overview

County	Plan	Overall Plan Rating	
		Medi-Cal (Adult)	Medicare
		(Out of 5 Stars)	(Out of 5 Stars)
Los Angeles	L.A. Care Health Plan	1 Star	2.5 Stars
	Health Net	1 Star	3.5 Stars
Orange	CalOptima	1 Star	4 Stars
San Diego	Care 1st	1 Star	3 Stars
	Community Health Group	1 Star	Insufficient Data
	Health Net	1 Star	3.5 Stars
	Molina	1 Star	2.5 Stars
San Mateo	Health Plan of San Mateo	3 Stars	3.5 Stars

³ Center for Medicare and Medicaid Services (CMS), Medicare Plan Finder - Search by Plan Name or ID (“Medicare Plan Finder”), available at www.medicare.gov/find-a-plan/questions/search-by-plan-name-or-plan-id.aspx.

⁴ DHCS Medi-Cal Managed Care Division, Medi-Cal Managed Care Program 2010 CAHPS Summary Report (July 2011), available at www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/CAHPS_Reports/CAHPS2009-10.pdf.

Summary of Quality Findings

Below is a summary of the Medicare and Medi-Cal quality ratings for each plan selected to participate in the California dual eligible demonstration. The summaries highlight areas of below-average performance. The rating system is always based on a five star scoring, 1 being the lowest and 5 the highest. (See *How Medicare Quality Star Ratings Work* on page 8 and *How Medi-Cal Quality Star Ratings Work* on page 23.)

Los Angeles County Demonstration Plans

Health Net of California - Los Angeles

Health Net's Medicare plan received a Medicare *Overall Plan Rating* of 3.5 stars. Both its drug and health plans received poor ratings for *Problems Medicare Found in Access to Services and Plan Performance* because of serious problems identified in Medicare audits. As a result of these findings, CMS sanctioned Health Net by suspending its drug plan auto-enrollment privileges for some low-income Medicare beneficiaries (including dual eligibles) and by suspending marketing to and enrollment of new members in its drug and health plans. In addition, Health Net's drug plan received a below-average rating for *Drug Plan Customer Service*, based in part on low scores for timely decisions on appeals of claims denials. Health Net's health plan also received low scores on key measures related to managing chronic/long term conditions and care for older adults, including *Yearly Assessment of How Well Members Do Activities of Daily Living*. These results are presented in Table 3.

Health Net's Los Angeles adult Medi-Cal plan received a rating of 1 star in all Medi-Cal quality measures included in this report: *Rating of Health Plan, Rating of All Health Care, Getting Needed Care, Getting Care Quickly* and *Shared Decision-Making*. It was the lowest-rated adult plan in the Medi-Cal Managed Care (MCMC) Program on *Shared Decision-Making* and the second lowest-rated adult plan on *Getting Needed Care*. These results are presented in Table 7.

L.A. Care Health Plan

L.A. Care Health Plan's Medicare plan received a below-average *Medicare Overall Plan Rating* of 2.5 stars. L.A. Care's drug plan scored below average for *Members' Overall Rating of Drug Plan* and on key patient safety measures related to proper administration of blood pressure, cholesterol and oral diabetes medications. L.A. Care's Part C health plan received below-average scores (i.e., less than 3 stars) on 22 of 31 ratings for which data was available. Low-rated health plan measures include *Staying Healthy and Plan Responsiveness and Care* (a composite made up of individual measures such as *Getting Needed Care/Specialists, Getting Appointments and Care Quickly* and *Overall Rating of Health Care Quality*). L.A. Care's health plan also performed below-average on key individual measures related to managing chronic/long term conditions and care for older adults, including *Yearly Assessment of How Well Members Do Activities of Daily Living*, and *Yearly Pain Screening/Management*. These results are presented in Table 3.

L.A. Care’s adult Medi-Cal plan received a rating of 1 star in all Medi-Cal quality measures included in this report: *Rating of Health Plan, Rating of All Health Care, Getting Needed Care, Getting Care Quickly* and *Shared Decision-Making*. These results are presented in Table 7.

Orange County Demonstration Plan

CalOptima

CalOptima’s Medicare plan generally received above-average Medicare quality ratings, including an *Overall Plan Rating* of 4 stars. However, CalOptima’s Part C health plan performed below average on key measures related to managing chronic/long term conditions and care for older adults, including *Yearly Assessment of How Well Members Do Activities of Daily Living* and *Yearly Pain Screening/Management*. CalOptima’s Part D drug plan was below average for members’ ability to get prescriptions filled easily when using the plan. These results are presented in Table 4.

CalOptima’s adult Medi-Cal plan received a Medi-Cal quality rating of 1 star for *Rating of Health Plan, Rating of All Health Care* and *Getting Care Quickly*. The plan received 2 stars for *Getting Needed Care* and *Shared Decision-Making*. These results are presented in Table 8.

San Diego County Demonstration Plans

Care 1st

Care 1st’s Medicare plan received a Medicare *Overall Plan Rating* of 3 stars. Care 1st’s Part

D drug plan received below-average scores (i.e., less than 3 stars) on 10 of 21 drug plan measures, including measures related to the availability of help or information when members need it and the ability of members to easily fill prescriptions. Care 1st’s drug plan also received the lowest possible ratings on patient safety measures related to proper administration of blood pressure, cholesterol and oral diabetes medications. Care 1st’s Medicare Part C health plan received below-average ratings on *Getting Needed Care* and *Overall Rating of Health Care Quality*. The health plan also received low scores on key measures related to managing chronic/long term conditions and care for older adults, including *Yearly Review of All Medications Taken*. These results are presented in Table 5.

Care 1st’s adult Medi-Cal plan received a rating of 1 star in all Medi-Cal quality measures included in this report: *Rating of Health Plan, Rating of All Health Care, Getting Needed Care, Getting Care Quickly* and *Shared Decision-Making*. Care 1st is the second lowest rated plan in the adult MCMC program on *Shared Decision-Making* and the 5th lowest-rated on *Rating of All Health Care*. These results are presented in Table 9.

Community Health Group

Community Health Group’s small size yielded insufficient data to calculate star ratings for many Medicare quality measures, including Medicare’s *Overall Plan Rating*. Those ratings that do exist, however, are cause for concern. Community Health Group received low scores for both *Complaints About the Drug Plan* and *Complaints About the Health Plan* and was the only plan approved for the demonstration project to show below-average performance on either measure.

Community Health Group’s Medicare Part C health plan received low scores (i.e., less than 3 stars) on 10 of 17 measures for which data was available. The health plan had particular problems in measures related to *Plan Responsiveness and Care*, including *Getting Needed Care/Specialists*, *Getting Appointments and Care Quickly* and *Overall Rating of Health Care Quality*. The Part C plan also received a below-average rating in *Yearly Pain Screening/Management*, a key measure used to evaluate care for older adults and management of chronic/long term conditions. These results are presented in Table 5.

Community Health Group’s adult Medi-Cal plan received low ratings in all Medi-Cal quality measures included in this report. Specifically, it received 1 star for *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care* and *Getting Care Quickly*. It received 2 stars in *Shared Decision-Making*. These results are presented in Table 9.

Health Net of California - San Diego

Health Net’s Medicare plan received a Medicare *Overall Plan Rating* of 3.5 stars. Both its drug and health plans received poor ratings for *Problems Medicare Found in Access to Services and Plan Performance* because of serious problems identified in Medicare audits. As a result of these findings, CMS sanctioned Health Net by suspending its drug plan auto-enrollment privileges for some low-income Medicare beneficiaries (including dual eligibles) and by suspending marketing to and enrollment of new members in its drug and health plans. In addition, Health Net’s drug plan received a below-average rating for *Drug Plan Customer Service*, based in part on low scores for

timely decisions on appeals of claims denials. Health Net’s health plan also received low scores on key measures related to managing chronic/long term conditions and care for older adults, including *Yearly Assessment of How Well Members Do Activities of Daily Living*. These results are presented in Table 5.

Health Net’s San Diego adult Medi-Cal plan received a rating of 1 star in all Medi-Cal quality measures included in this report: *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care*, *Getting Care Quickly* and *Shared Decision-Making*. Of these, Health Net - San Diego’s *Rating of Health Plan* and *Getting Needed Care* were the lowest in the adult MCMC Program. Health Net - San Diego was the 3rd lowest-rated adult MCMC plan in *Rating of All Health Care* and the 5th lowest-rated in *Shared Decision-Making*. These results are presented in Table 9.

Molina Healthcare of California

Molina Healthcare’s Medicare plan received a below-average Medicare *Overall Plan Rating* of 2.5 stars. Molina’s Part D drug plan received below-average ratings (i.e., less than 3 stars) on 9 out of 21 quality measures for which data was available. In addition to low ratings for *Members Choosing to Leave Drug Plan* and *Member Experience with Drug Plan*, Molina’s Part D plan also received the lowest possible ratings on patient safety measures related to proper administration of blood pressure, cholesterol and oral diabetes medications. Molina’s Part C health plan received below-average ratings on 25 out of 32 quality measures. Problem areas include *Staying Healthy* (measures related to health screenings and access to primary care doctor visits), *Plan Responsiveness and Care*

(measures such as *Overall Rating of Health Care Quality* and *Getting Appointments and Care Quickly*), and *Member Complaints, Problems Getting Care and Choice to Leave Plan*. Molina also received a low score in *Managing Chronic (Long Term) Conditions*, based in part on below-average performance on measures related to care for older adults, including *Yearly Review of All Medications Taken*, *Yearly Assessment of How Well Members Do Activities of Daily Living* and *Yearly Pain Screening/Management*. These results are presented in Table 5.

Because this is the third consecutive year in which Molina has received low Medicare summary plan ratings, it is at risk for termination of its Medicare contract. “CMS considers organizations that fail for three straight years to achieve at least a three-star summary rating on Part C or D to have ignored their obligation to meet program requirements and to be substantially out of compliance with their Medicare contracts over a significant period of time. In [CMS’s] view, such plans have demonstrated a serious lack of commitment to the programs and their enrollees.”⁵

Molina’s adult Medi-Cal plan received a rating of 1 star in all Medi-Cal quality measures included in this report: *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care*, *Getting Care Quickly* and *Shared Decision-Making*. These results are presented in Table 9.

San Mateo County Demonstration Plan

Health Plan of San Mateo

Health Plan of San Mateo generally received above-average Medicare quality ratings, including an *Overall Plan Rating* of 3.5 stars. However, its Part D drug plan received below-average ratings for *Member Experience with Drug Plan*, based in part on low ratings related to the availability of help or information when members need it and the ability of members to easily fill prescriptions. Health Plan of San Mateo’s Part C health plan also received below-average ratings on measures related to *Plan Responsiveness and Care*, including *Getting Needed Care/Specialists*, *Getting Appointments and Care Quickly*, *Customer Service* and *Overall Rating of Health Care Quality*. Finally, the health plan received low ratings on measures related to chronic/long term conditions and care for older adults, including *Yearly Assessment of How Well Members Do Activities of Daily Living* and *Yearly Pain Screening/Management*. These results are presented in Table 6.

Health Plan of San Mateo’s adult Medi-Cal plan had among the highest Medi-Cal quality ratings in the MCMC Program, garnering the third highest adult score statewide for *Rating of Health Plan*, as well as the third highest adult score for *Rating of All Health Care* (3 stars each). It was also the highest-rated adult MCMC plan in *Shared Decision-Making* (5 stars). Health Plan of San Mateo’s adult plan was below average in *Getting Needed Care* and *Getting Care Quickly*. These results are presented in Table 10.

⁵ CMS, *Announcement of Calendar Year (CY) 2013 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter* at 87 (April 2, 2012) (“2013 Medicare Advantage Final Call Letter”), available at www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2013.pdf.

How Medicare Quality Star Ratings Work

CMS measures the quality of its health and drug plans using a series of Quality Star Ratings published on its website (Medicare.gov).⁶ Ratings are on a scale of 1 to 5 stars, where 1 is the lowest possible rating (i.e., *Poor*) and 5 is the highest possible rating (i.e., *Excellent*). Information used to generate these ratings comes from member surveys, information submitted by plans and clinicians and Medicare's own regular monitoring activities. A Medicare Star Ratings Key is found below.

CMS considers plans with less than a 3-star summary plan rating to be "out of compliance with the requirements of the Part C or D programs" and "does not believe it is in beneficiaries' best interest for CMS to continue to contract with organizations whose performance is consistently out of compliance with Medicare requirements."⁷

For plans covering health services (Medicare Part C), Medicare scores 36 different topics in five categories, then creates a composite rating for each category and a summary measure of health plan quality. Health plan rating categories include:

- Staying Healthy: Screenings, Tests and Vaccines
- Managing Chronic (Long-Term) Conditions
- Health Plan Responsiveness and Care

- Member Complaints, Problems Getting Services, and Choosing to Leave the Plan
- Health Plan Customer Service

For plans covering drug services (Medicare Part D), Medicare scores 17 topics in four categories, then creates a composite rating for each category and a summary measure of drug plan quality. Drug plan rating categories include:

- Customer Service
- Member Complaints, Problems Getting Services, and Choosing to Leave the Plan
- Member Experience With Plan's Drug Services
- Drug Pricing and Patient Safety

Finally, Medicare creates an *Overall Plan Rating* that combines the scores for all services covered by the plan.

Medicare Ratings Key

5 Star	Excellent
4 Star	Above Average
3 Star	Average
2 Star	Below Average
1 Star	Poor

Table 3, Table 4, Table 5 and Table 6 present Part D and C Star Ratings data for each of the selected dual eligible demonstration plans in Los Angeles, Orange, San Diego and San Mateo counties respectively. Each plan's ratings data was retrieved from www.Medicare.gov in

April 2012 using the Medicare Plan ID for its contract to serve duals in the relevant county. (See Table 2.) All quality measures that received low ratings (i.e., less than 3 stars) have been highlighted in red.

⁶ CMS, Medicare Plan Finder - Search by Plan Name or ID ("*Medicare Plan Finder*"), available at www.medicare.gov/find-a-plan/questions/search-by-plan-name-or-plan-id.aspx.

⁷ 2013 Medicare Advantage Final Call Letter, *supra* note 5, at 87.

TABLE 2: Medicare Dual Eligible Special Needs Plans (D-SNPs)

Demonstration County ⁸	Selected Demo Plan	Medicare D-SNP Plan Name	D-SNP Plan ID	D-SNP Enrollment ⁹
Los Angeles (373,941 Duals)	Health Net	Health Net Seniority Plus Amber I and II	H0562-055-0 H0562-070-0	4,632
	L.A. Care Health Plan	L.A. Care Health Plan Medicare Advantage	H2643-001-0	2,860
Orange (71,588 Duals)	CalOptima	OneCare	H5433-001-0	13,400
San Diego (75,724 Duals)	Care 1st	Care1st TotalDual Plan	H5928-009-0	2,086
	Community Health Group	CommuniCare Advantage	H7086-001-0	1,071
	Health Net	Health Net Seniority Plus Amber I and II	H0562-055-0 H0562-070-0	2,318
	Molina	Molina Medicare Options Plus	H5810-001-0	1,252
San Mateo (13,787 Duals)	Health Plan of San Mateo	HPSM CareAdvantage	H5428-001-0	7,925

8 Figures for the California dual eligible population by county are available at www.dhcs.ca.gov/dataandstats/statistics/Documents/20_AVG_Monthly_Dual_Eligible_LTC_Users_by_County_2010.xls.

9 CMS, Monthly Enrollment by Contract/Plan/State/County - Report Period 2012-04, *CPSC_Enrollment_Info2012_04.csv*, (April 2012), available at www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Monthly-Enrollment-by-Contract-Plan-State-County-Items/Monthly-Enrollment-by-CPSC.html.

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TABLE 3: Los Angeles County Medicare Plan Performance Ratings

Medicare Plan Performance Ratings			
Los Angeles County (373,941 Duals)			
Performance Measures		Health Net (4,632 enrollees)	L.A. Care Health Plan (2,860 enrollees)
Overall	Overall Plan Rating	3.5 Stars out of 5	2.5 Stars out of 5
	Significant CMS Sanctions/Citations for Medicare Program Non-Compliance	Sanctioned for Problems with Services/Access*	Received Formal Compliance Notice Based on Low Star Rating**
Part D	Summary of Rx Drug Plan	3 Stars out of 5	3 Stars out of 5
	Total Low-Rated Drug Plan Measures (out of those with available data)	4/20	5/20
	Drug Plan Customer Service	2	5
	Time on Hold When Pharma. Calls Plan	no data available	5
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Drug Plan	no data available	not enough data
	Makes Timely Decisions about Appeals	2	5
	Fairness of Plan's Denials to Member Appeals Based on Independent Review	3	no appeals required review
	Handles Enrollment Requests <7 days	1	5
	Complaints, Problems Getting Care & Choice to Leave Plan	3	4
	Complaints about Drug Plan	4	5
	Problems Medicare Found in Access to Services and Plan Performance	1	5
	Members Choosing to Leave Drug Plan	4	1
	Member Experience w/ Drug Plan	4	3
	Plan Provides Info/Help When Needed	4	3
	Members' Overall Rating of Drug Plan	4	2
	Members' Ability to Get Rx Filled Easily	4	3
	Drug Pricing and Patient Safety	4	3
	Provides Accurate Drug Price Info for Medicare Website/Keeps Prices Stable	5	5
	Members 65+ Prescribed High Risk Drug, When May Be Safer Choices	3	3
	Using Kind of Blood Pressure Meds. Recommended for People w/ Diabetes	3	5
	Taking Oral Diabetes Meds. as Directed	3	2
	Taking Blood Press. Meds. as Directed	3	1
	Taking Cholesterol Meds. as Directed	4	1

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TABLE 3: Los Angeles County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings			
Los Angeles County (373,941 Duals)			
Performance Measures	Health Net (4,632 enrollees)	L.A. Care Health Plan (2,860 enrollees)	
Part C	Summary of Health Plan Quality	4 Stars out of 5	2 Stars out of 5
	Total Low-Rated Health Plan Measures (out of those with available data)	6/40	22/31
	Staying Healthy: Screenings, Tests and Vaccines	4	1
	Breast Cancer Screening	5	1
	Colorectal Cancer Screening	5	1
	Cholesterol Screening for Patients with Heart Disease	4	not enough data available
	Cholesterol Screening - Ppl w/ Diabetes	5	1
	Glaucoma Testing	3	1
	Annual Flu Vaccine	4	2
	Pneumonia Vaccine	4	1
	Improving/Maintaining Physical Health	5	plan too new
	Improving/Maintaining Mental Health	2	plan too new
	Monitoring Physical Activity	3	3
	Access to Primary Care Doctor Visits	4	1
	Assessing Members for Healthy Weight	4	1
	Managing Chronic (Long Term) Conditions	4	3
	Yearly Review of All Medications Taken	4	4
	Yearly Assessment of How Well Members Do Activites of Daily Living	2	2
	Yearly Pain Screening/Management	3	1
	Osteoporosis Management	2	not enough data available
	Diabetes Care - Eye Exam	5	1
	Diabetes Care - Kidney Function Testing	5	4
	Diabetes Care - Blood Sugar Controlled	4	1
	Diabetes Care - Cholesterol Controlled	4	2
	Diabetes Care - Blood Press. Controlled	4	4
	Rheumatoid Arthritis Management	3	not enough data
	Improving Bladder Control	2	not enough data
	Reducing the Risk of Falling	3	4
Readmission to Hospital within 30 Days of Being Discharged	4	3	

TABLE 3: Los Angeles County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings			
Los Angeles County (373,941 Duals)			
Performance Measures	Health Net (4,632 enrollees)	L.A. Care Health Plan (2,860 enrollees)	
Part C	Plan Responsiveness/Care	2	
	Getting Needed Care/Specialists	2	
	Getting Appointments and Care Quickly	1	
	Customer Service	1	
	Overall Rating of Health Care Quality	2	
	Overall Rating of Health Plan	2	
	Complaints, Problems Getting Care & Choice to Leave Plan	3	4
	Complaints about the Health Plan	4	5
	Problems Medicare Found in Access to Services and in Plan Performance	1	5
	Members Choosing to Leave the Plan	4	1
	Health Plan Customer Service	4	not enough data
	Makes Timely Decisions about Appeals	5	not enough data
	Reviewing Appeals Decisions	3	not enough data
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Health Plan	not enough data	not enough data

* In January 2010, based on findings of problems in Health Net’s processing of pharmacy claims, CMS suspended auto-enrollment of Low Income Subsidy (LIS) Medicare beneficiaries, including dual eligibles, into Health Net’s stand-alone prescription drug plan (PDP). This freeze is ongoing. In August 2010, CMS imposed sanctions suspending the marketing to and enrollment of new members in Health Net’s Medicare Advantage (MA), MA-PDP and stand-alone PDP plans based on problems found in an audit of Health Net’s grievances, coverage determinations, Part D formulary administration and appeals, compliance program, premium billing and membership accounting. These sanctions were lifted on August 1, 2011.¹⁰

** L.A. Care Health Plan received a *Summary of Health Plan* rating of 2 stars for its Medicare Part C plan and an *Overall Plan Rating* of 2.5 stars. CMS considers plans with summary plan ratings of less than 3 stars to be “out of compliance with the requirements of the Part C or D programs.” Accordingly, CMS has instructed that plans “should interpret a less than average (or three-star) summary rating on either their Part C or D performance to be a notice from CMS that they are to take corrective action to come into compliance with program requirements.” CMS also issues “formal compliance notices” to all plans that earn low ratings.¹¹

10 Health Net, MQR #7a–Attachment 5 in *California’s Dual Eligible Demonstration Request for Solutions - Los Angeles County Application* at 289-91 (February 29, 2012) (“*Health Net Medicare Disclosures*”), available at www.dhcs.ca.gov/provgovpart/Documents/Duals/RFS%20Applications/Health%20Net%20LA%20County%20Large%20Format.pdf.

11 2013 Medicare Advantage Final Call Letter, *supra* note 5, at 87.

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TABLE 4: Orange County Medicare Plan Performance Ratings

Medicare Plan Performance Ratings		
Orange County (71,588 Duals)		
Performance Measures		CalOptima (13,400 enrollees)
Overall	Overall Plan Rating	4 Stars out of 5
	Significant CMS Sanctions/Citations for Medicare Program Non-Compliance	none
Part D	Summary of Rx Drug Plan	4.5 Stars out of 5
	Total Low-Rated Drug Plan Measures (out of those with available data)	1/20
	Drug Plan Customer Service	4
	Time on Hold When Pharma. Calls Plan	4
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Drug Plan	not enough data
	Makes Timely Decisions about Appeals	5
	Fairness of Plan’s Denials to Member Appeals Based on Independent Review	not enough data
	Handles Enrollment Requests <7 days	3
	Complaints, Problems Getting Care & Choice to Leave Plan	4
	Complaints about Drug Plan	5
	Problems Medicare Found in Access to Services and Plan Performance	4
	Members Choosing to Leave Drug Plan	4
	Member Experience w/ Drug Plan	3
	Plan Provides Info/Help When Needed	4
	Members’ Overall Rating of Drug Plan	3
	Members’ Ability to Get Rx Filled Easily	2
	Drug Pricing and Patient Safety	4
	Provides Accurate Drug Price Info for Medicare Website/Keeps Prices Stable	4
	Members 65+ Prescribed High Risk Drug, When May Be Safer Choices	5
	Using Kind of Blood Pressure Meds. Recommended for People w/ Diabetes	5
	Taking Oral Diabetes Meds. as Directed	4
	Taking Blood Press. Meds. as Directed	3
Taking Cholesterol Meds. as Directed	3	

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TABLE 4: Orange County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings		
Orange County (71,588 Duals)		
Performance Measures	CalOptima (13,400 enrollees)	
Part C	Summary of Health Plan Quality	3.5 Stars out of 5
	Total Low-Rated Health Plan Measures (out of those with available data)	7/40
	Staying Healthy: Screenings, Tests and Vaccines	3
	Breast Cancer Screening	3
	Colorectal Cancer Screening	4
	Cholesterol Screening for Patients with Heart Disease	3
	Cholesterol Screening - Ppl w/ Diabetes	5
	Glaucoma Testing	3
	Annual Flu Vaccine	3
	Pneumonia Vaccine	1
	Improving/Maintaining Physical Health	5
	Improving/Maintaining Mental Health	2
	Monitoring Physical Activity	3
	Access to Primary Care Doctor Visits	4
	Assessing Members for Healthy Weight	4
	Managing Chronic (Long Term) Conditions	3
	Yearly Review of All Medications Taken	4
	Yearly Assessment of How Well Members Do Activites of Daily Living	1
	Yearly Pain Screening/Management	1
	Osteoporosis Management	2
	Diabetes Care - Eye Exam	5
	Diabetes Care - Kidney Function Testing	5
	Diabetes Care - Blood Sugar Controlled	4
	Diabetes Care - Cholesterol Controlled	4
	Diabetes Care - Blood Press. Controlled	4
	Rheumatoid Arthritis Management	2
	Improving Bladder Control	1
	Reducing the Risk of Falling	4
	Readmission to Hospital within 30 Days of Being Discharged	4

TABLE 4: Orange County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings		
Orange County (71,588 Duals)		
	Performance Measures	CalOptima (13,400 enrollees)
Part C	Plan Responsiveness/Care	4
	Getting Needed Care/Specialists	4
	Getting Appointments and Care Quickly	3
	Customer Service	4
	Overall Rating of Health Care Quality	4
	Overall Rating of Health Plan	4
	Complaints, Problems Getting Care & Choice to Leave Plan	4
	Complaints about the Health Plan	5
	Problems Medicare Found in Access to Services and in Plan Performance	4
	Members Choosing to Leave the Plan	4
	Health Plan Customer Service	5
	Makes Timely Decisions about Appeals	5
	Reviewing Appeals Decisions	5
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Health Plan	not enough data

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TABLE 5: San Diego County Medicare Plan Performance Ratings

Medicare Plan Performance Ratings					
San Diego County (75,724 Duals)					
Performance Measures	Care 1st (2,086 en.)	Comm'ty Health Group (1,071)	Health Net (2,318 en.)	Molina (1,252 en.)	
Overall	Overall Plan Rating	3 Stars out of 5	not enough data	3.5 Stars out of 5	2.5 Stars Out of 5
	Significant CMS Sanctions/Citations for Medicare Program Non-Compliance	none	none	Sanctioned for Problems w/ Services/Access*	Rated by Medicare as "Low Performing Plan"***
Part D	Summary of Rx Drug Plan	2.5 Stars out of 5	3.5 Stars out of 5	3 Stars out of 5	2.5 Stars out of 5
	Total Low-Rated Drug Plan Measures (out of those with available data)	10/20	4/20	4/20	9/21
	Drug Plan Customer Service	3	5	2	4
	Time on Hold When Pharma. Calls Plan	4	5	no data available	3
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Drug Plan	2	no data available	no data available	4
	Makes Timely Decisions about Appeals	5	5	2	5
	Fairness of Plan's Denials to Member Appeals Based on Independent Review	not enough data	no appeals required review	3	not enough data
	Handles Enrollment Requests < 7 days	1	5	1	5
	Complaints, Problems Getting Care & Choice to Leave Plan	3	2	3	2
	Complaints about Drug Plan	3	2	4	3
	and Plan Performance	5	4	1	3
	Members Choosing to Leave Drug Plan	1	1	4	1
	Member Experience w/ Drug Plan	3	3	4	2
	Plan Provides Info/Help When Needed	2	3	4	3
	Members' Overall Rating of Drug Plan	4	4	4	2
	Members' Ability to Get Rx Filled Easily	2	3	4	2
	Drug Pricing and Patient Safety	2	3	4	3
	Provides Accurate Drug Price Info for Medicare Website/Keeps Prices Stable	3	3	5	5
	Members 65+ Prescribed High Risk Drug, When May Be Safer Choices	3	3	3	3
	Using Kind of Blood Pressure Meds. Recommended for People w/ Diabetes	5	5	3	5
Taking Oral Diabetes Meds. as Directed	1	3	3	1	
Taking Blood Press. Meds. as Directed	1	2	3	1	
Taking Cholesterol Meds. as Directed	1	3	4	1	

SPECIAL REPORT

TABLE 5: San Diego County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings					
San Diego County (75,724 Duals)					
Performance Measures	Care 1st (2,086 en.)	Comm'ty Health Group (1,071)	Health Net (2,318 en.)	Molina (1,252 en.)	
Part C	Summary of Health Plan Quality	3.5 Stars out of 5	not enough data	4 Stars out of 5	2 Stars out of 5
	Total Low-Rated Health Plan Measures (out of those with available data)	10/41	10/17	6/40	25/32
	Staying Healthy: Screenings, Tests and Vaccines	3	not enough data	4	2
	Breast Cancer Screening	4	plan too small	5	1
	Colorectal Cancer Screening	3	plan too small	5	1
	Cholesterol Screening for Patients with Heart Disease	5	plan too small	4	4
	Cholesterol Screening - Ppl w/ Diabetes	5	plan too small	5	1
	Glaucoma Testing	1	plan too small	3	1
	Annual Flu Vaccine	3	3	4	1
	Pneumonia Vaccine	2	2	4	1
	Improving/Maintaining Physical Health	5	plan too small	5	not enough data
	Improving/Maintaining Mental Health	1	plan too small	2	not enough data
	Monitoring Physical Activity	2	3	3	2
	Access to Primary Care Doctor Visits	4	plan too small	4	2
	Assessing Members for Healthy Weight	3	plan too small	4	2
	Managing Chronic (Long Term) Conditions	4	not enough data	4	2
	Yearly Review of All Medications Taken	2	4	4	2
	Yearly Assessment of How Well Members Do Activites of Daily Living	4	3	2	1
	Yearly Pain Screening/Management	4	2	3	1
	Osteoporosis Management	3	plan too small	2	not enough data
	Diabetes Care - Eye Exam	4	plan too small	5	2
	Diabetes Care - Kidney Function Testing	5	plan too small	5	4
	Diabetes Care - Blood Sugar Controlled	3	plan too small	4	2
	Diabetes Care - Cholesterol Controlled	4	plan too small	4	2
	Diabetes Care - Blood Press. Controlled	4	plan too small	4	3
	Rheumatoid Arthritis Management	2	plan too small	3	not enough data
	Improving Bladder Control	2	not enough data	2	not enough data
	Reducing the Risk of Falling	4	4	3	3
Readmission to Hospital within 30 Days of Being Discharged	4	plan too small	4	4	

TABLE 5: San Diego County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings					
San Diego County (75,724 Duals)					
Performance Measures	Care 1st (2,086 en.)	Comm'ty Health Group (1,071)	Health Net (2,318 en.)	Molina (1,252 en.)	
Part C	Plan Responsiveness/Care	3	2	4	2
	Getting Needed Care/Specialists	2	2	4	plan too small
	Getting Appointments and Care Quickly	3	1	4	1
	Customer Service	4	4	2	1
	Overall Rating of Health Care Quality	2	2	4	2
	Overall Rating of Health Plan	3	2	4	2
	Complaints, Problems Getting Care & Choice to Leave Plan	3	2	3	2
	Complaints about the Health Plan	3	2	4	3
	Problems Medicare Found in Access to Services and in Plan Performance	5	4	1	3
	Members Choosing to Leave the Plan	1	1	4	1
	Health Plan Customer Service	4	not enough data	4	not enough data
	Makes Timely Decisions about Appeals	4	not enough data	5	not enough data
	Reviewing Appeals Decisions	3	not enough data	3	not enough data
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Health Plan	4	not enough data	not enough data	4

* In January 2010, based on findings of problems in Health Net's processing of pharmacy claims, CMS suspended auto-enrollment of Low Income Subsidy (LIS) Medicare beneficiaries, including dual eligibles, into Health Net's stand-alone prescription drug plan (PDP). This freeze is ongoing. In August 2010, CMS imposed sanctions suspending the marketing to and enrollment of new members in Health Net's Medicare Advantage (MA), MA-PDP and stand-alone PDP plans based on

problems found in an audit of Health Net's grievances and coverage determinations, Part D formulary administration and appeals, compliance program, premium billing and membership accounting. These sanctions were lifted on August 1, 2011.¹²

** Molina received a 2.5-star *Overall Plan Rating*, a 2.5-star summary rating for its Part D drug plan, and a 2-star summary rating for its Part C health plan. Molina has been identified by Medicare as a "Low-Performing

¹² *Health Net Medicare Disclosures*, supra note 10, at 289-91.

Plan” because this is the third consecutive year it has received a low plan rating. “CMS considers organizations that fail for three straight years to achieve at least a three-star summary rating on Part C or D to have ignored their obligation to meet program requirements and to be substantially out of compliance with their Medicare contracts over a significant period of time. In [CMS's] view, such plans have demonstrated a serious lack of commitment to the programs and their enrollees.”¹³ Accordingly, in 2013, CMS will implement a policy of “issuing notices

to individuals enrolled in plans with less than three stars in three consecutive years, alerting them to the organization’s low rating and offering an opportunity to contact CMS to request a special enrollment period (SEP) to move into a higher quality plan for 2013.”¹⁴ In addition, CMS intends to “initiate action to terminate [the Medicare] contracts” of such plans upon publishing and confirming the accuracy of the data used to calculate the third consecutive low rating.¹⁵

13 2013 Medicare Advantage Final Call Letter, *supra* note 5, at 87.

14 *Id.*

15 *Id.* at 88.

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TABLE 6: San Mateo County Medicare Plan Performance Ratings

Medicare Plan Performance Ratings		
San Mateo County (13,787 Duals)		
Performance Measures	Health Plan of San Mateo (7,925 enrollees)	
Overall	Overall Plan Rating	3.5 Stars out of 5
	Significant CMS Sanctions/Citations for Medicare Program Non-Compliance	none
Part D	Summary of Rx Drug Plan	4 Stars out of 5
	Total Low-Rated Drug Plan Measures (out of those with available data)	3/20
	Drug Plan Customer Service	4
	Time on Hold When Pharma. Calls Plan	4
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Drug Plan	no data available
	Makes Timely Decisions about Appeals	5
	Fairness of Plan's Denials to Member Appeals Based on Independent Review	no appeals required review
	Handles Enrollment Requests <7 days	4
	Complaints, Problems Getting Care & Choice to Leave Plan	4
	Complaints about Drug Plan	5
	Problems Medicare Found in Access to Services and Plan Performance	3
	Members Choosing to Leave Drug Plan	5
	Member Experience w/ Drug Plan	2
	Plan Provides Info/Help When Needed	1
	Members' Overall Rating of Drug Plan	4
	Members' Ability to Get Rx Filled Easily	2
	Drug Pricing and Patient Safety	4
	Provides Accurate Drug Price Info for Medicare Website/Keeps Prices Stable	3
	Members 65+ Prescribed High Risk Drug, When May Be Safer Choices	3
	Using Kind of Blood Pressure Meds. Recommended for People w/ Diabetes	3
	Taking Oral Diabetes Meds. as Directed	5
	Taking Blood Press. Meds. as Directed	4
	Taking Cholesterol Meds. as Directed	4

SPECIAL REPORT

TABLE 6: San Mateo County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings		
San Mateo County (13,787 Duals)		
Performance Measures	Health Plan of San Mateo (7,925 enrollees)	
Part C	Summary of Health Plan Quality	3.5
	Total Low-Rated Health Plan Measures (out of those with available data)	10/40
	Staying Healthy: Screenings, Tests and Vaccines	4
	Breast Cancer Screening	3
	Colorectal Cancer Screening	3
	Cholesterol Screening for Patients with Heart Disease	4
	Cholesterol Screening - Ppl w/ Diabetes	4
	Glaucoma Testing	4
	Annual Flu Vaccine	4
	Pneumonia Vaccine	2
	Improving/Maintaining Physical Health	5
	Improving/Maintaining Mental Health	2
	Monitoring Physical Activity	3
	Access to Primary Care Doctor Visits	4
	Assessing Members for Healthy Weight	4
	Managing Chronic (Long Term) Conditions	3
	Yearly Review of All Medications Taken	3
	Yearly Assessment of How Well Members Do Activites of Daily Living	1
	Yearly Pain Screening/Management	1
	Osteoporosis Management	2
	Diabetes Care - Eye Exam	4
	Diabetes Care - Kidney Function Testing	5
	Diabetes Care - Blood Sugar Controlled	3
	Diabetes Care - Cholesterol Controlled	4
	Diabetes Care - Blood Press. Controlled	4
	Rheumatoid Arthritis Management	2
	Improving Bladder Control	3
	Reducing the Risk of Falling	5
	Readmission to Hospital within 30 Days of Being Discharged	3

TABLE 6: San Mateo County Medicare Plan Performance Ratings, cont.

Medicare Plan Performance Ratings		
San Mateo County (13,787 Duals)		
Performance Measures	Health Plan of San Mateo (7,925 enrollees)	
Part C	Plan Responsiveness/Care	3
	Getting Needed Care/Specialists	2
	Getting Appointments and Care Quickly	2
	Customer Service	2
	Overall Rating of Health Care Quality	2
	Overall Rating of Health Plan	5
	Complaints, Problems Getting Care & Choice to Leave Plan	4
	Complaints about the Health Plan	5
	Problems Medicare Found in Access to Services and in Plan Performance	3
	Members Choosing to Leave the Plan	5
	Health Plan Customer Service	3
	Makes Timely Decisions about Appeals	3
	Reviewing Appeals Decisions	3
	Availability of TTY/TDD & Foreign Lang. Interp. when Members Call Health Plan	not enough data

How Medi-Cal Quality Star Ratings Work

DHCS assesses the performance of health plans participating in the Medi-Cal Managed Care (MCMC) program using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, which is administered to adults and parents of children enrolled in MCMC plans.¹⁶ The most recent data available is that from the 2010 CAHP Summary Report, published in July 2011.

The CAHPS Summary Report analyzes survey data by comparing a plan’s raw score for each measure to the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS) or to NCQA’s National Medicaid data, where applicable. Based on a plan’s performance relative to these national benchmarks, ratings of 1 to 5 stars are assigned for each measure, where 1 is the lowest possible rating (i.e., *Poor*) and 5 is the highest possible rating (i.e., *Excellent*). A Medi-Cal Star Ratings Key is found at right.¹⁷

Table 7, Table 8, Table 9, and Table 10 present the 2010 CAHP ratings for each plan selected to participate in the dual eligible demonstration in Los Angeles, Orange, San Diego and San Mateo counties respectively. These tables include star ratings for the adult Medicaid

population for two global ratings (*Rating of Health Plan*¹⁸ and *Rating of All Health Care*¹⁹) and three composite measures (*Getting Needed Care*,²⁰ *Getting Care Quickly*²¹ and *Shared Decision-Making*²²). All low ratings (i.e., less than 3 stars) have been highlighted in red. In addition, these tables identify instances in which a plan was among the five best or five worst performers in the Medi-Cal Managed Care program on a particular measure. Where a plan received one of the five lowest adult ratings statewide, this has also been flagged in red.

Medi-Cal Ratings Key (Adult Medicaid)		
5 Star	Excellent	≥ 90th percentile
4 Star	Very Good	75th and 89th percentiles
3 Star	Good	50th and 74th percentiles
2 Star	Fair	25th and 49th percentiles
1 Star	Poor	< 25th percentile

16 DHCS Medi-Cal Managed Care Division, *Medi-Cal Managed Care Program 2010 CAHPS Summary Report* at pp.1-1, 1-2 (July 2011) (“2010 Medi-Cal CAHPS Report”), available at www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/CAHPS_Reports/CAHPS2009-10.pdf.

17 *Id.* at p. 3-4.

18 All data for *Rating of Health Plan* is from Table 4-2 in *2010 Medi-Cal CAHPS Report*, supra note 15, at p. 4-7.

19 All data for *Rating of All Health Care* is from Table 4-3 in *2010 Medi-Cal CAHPS Report*, supra note 15, at p. 4-11.

20 All data for *Getting Needed Care* is from Table 4-6, in *2010 Medi-Cal CAHPS Report*, supra note 15, at p. 4-23.

21 All data for *Getting Care Quickly* is from Table 4-7, in *2010 Medi-Cal CAHPS Report*, supra note 15, at p. 4-27.

22 All data for *Shared Decision-Making* is from Table 4-10, in *2010 Medi-Cal CAHPS Report*, supra note 15, at p. 4-40.

TABLE 7: Los Angeles County Medi-Cal Plan Performance Ratings

Medi-Cal Plan Performance Ratings		
Los Angeles County (373,941 Duals)		
Performance Measures	Health Net	L.A. Care Health Plan
Rating of Health Plan (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Rating of All Health Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Getting Needed Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5
	2nd Lowest Rated Plan Statewide	
Getting Care Quickly (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	1 Star out of 5	1 Star out of 5*
	Lowest Rated Plan Statewide	

* Less than 100 Respondents

TABLE 8: Orange County Medi-Cal Plan Performance Ratings

Medi-Cal Plan Performance Ratings	
Orange County (71,588 Duals)	
Performance Measures	CalOptima
Rating of Health Plan (Adult Medicaid)	1 Star out of 5
Rating of All Health Care (Adult Medicaid)	1 Star out of 5
Getting Needed Care (Adult Medicaid)	2 Stars out of 5
Getting Care Quickly (Adult Medicaid)	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	2 Stars out of 5

TABLE 9: San Diego County Medi-Cal Plan Performance Ratings

Medi-Cal Plan Performance Ratings				
San Diego County (75,724 Duals)				
Performance Measures	Care 1st	Community Health Group	Health Net	Molina
Rating of Health Plan (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
			Lowest Rated Plan Statewide	
Rating of All Health Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
	5th Lowest Rated Plan Statewide		3rd Lowest Rated Plan Statewide	
Getting Needed Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
			Lowest Rated Plan Statewide	
Getting Care Quickly (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	1 Star out of 5	2 Stars out of 5	1 Star out of 5*	1 Star out of 5
	2nd Lowest Rated Plan Statewide		5th Lowest Rated Plan Statewide	

* Less than 100 Respondents

TABLE 10: San Mateo County Medi-Cal Plan Performance Ratings

Medi-Cal Plan Performance Ratings	
San Mateo County (13,787 Duals)	
Performance Measures	Health Plan of San Mateo
Rating of Health Plan (Adult Medicaid)	3 Stars out of 5
	3rd Highest Rated Plan Statewide
Rating of All Health Care (Adult Medicaid)	3 Stars out of 5
	3rd Highest Rated Plan Statewide
Getting Needed Care (Adult Medicaid)	2 Stars out of 5
	5th Highest Rated Plan Statewide
Getting Care Quickly (Adult Medicaid)	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	5 Stars out of 5
	Highest Rated Plan Statewide



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