

BEHAVIORAL HEALTH

Quality Rating System (QRS) Measure Results

INTERPRETING THE QRS MEASURE SET

- Health plans can offer multiple products that vary by network type (HMO, PPO, or EPO), therefore the QRS measure results for 16 total plan products are reported.
- The data is listed by measurement year such that QRS measure data reflects the time period that the service or activity occurred.
- Only data for products meeting CMS participation criteria for QRS score eligibility are displayed in the tables. Blank cells indicate one of the following: (1) CMS participation criteria were not met for scoring because the health plan did not offer a product for two consecutive years through Covered California; (2) CMS participation criteria were met but denominator size for a given measure was below the minimum threshold for scoring; (3) the health plan chose not to report the measure as documented by the HEDIS® Compliance Auditor. The HEDIS® Compliance Auditor determines reportability and accuracy per the HEDIS® Compliance Audit standards.
- The percentile values provide benchmark information for measure rates for each respective measurement year, allowing a health plan to compare its results to all other health plans products nationally. CMS reports benchmark values that include the standardized 25th, 50th, 75th, and 90th percentile values for the numerical rates across all health plan products. To create these benchmark values, CMS uses only measure rates that have met the minimum denominator size criteria for scoring.
- QRS measure results for Measurement Year 2019 are a 'best of' Measurement Year 2018 or 2019. Covered California adopted this policy recognizing the COVID-19 pandemic's impact on quality measurement and to align with the approach of DHCS and NCQA for Measurement Year 2019. In order to implement this policy Covered California reviewed each measure result per plan product for Measurement Years 2018 and 2019 and displayed the result that indicated better performance. National benchmarks for Measurement Year 2019 are from Measurement Year 2018 as CMS did not produce national benchmarks for Measurement Year 2019.
- Color codes represent national performance percentiles while the numbers in the cell represent measure results. Measure results displayed here are rounded to the nearest hundredths for readability while the color-coding of each cell is based on the unrounded results. In some cases, the color-coding may not align with the rounded result as displayed.
- In some cases, the technical specification for each measure changes from year to year. When the changes are significant enough that results cannot be meaningfully compared to previous years, measure stewards indicate that a break in trending is required. Covered California has noted on those measures where measure stewards have indicated a break in trending is required.

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Measure Results Listed Alphabetically



QRS

BEHAVIORAL HEALTH

ANTIDEPRESSANT MEDICATION MANAGEMENT

Antidepressant Medication Management	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	M-NS	72 +	73 +	73 +	73 +	1%	22,390	1
Plans at 50th to 90th Percentile	M-NS	63 to <72	63 to <73	64 to <73	64 to <73	38%	579,990	2
Plans at 25th to 50th Percentile	M-NS	58 to <63	57 to <63	59 to <64	59 to <64	14%	210,410	4
Plans Below 25th Percentile	M-NS	Below 58	Below 57	Below 59	Below 59	47%	709,380	6
Covered California Plan-Specific Performance	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
Anthem HMO		50						
Anthem PPO		52						
Anthem EPO			53	52	52	5%	75,320	
Blue Shield HMO			66	60	60	5%	83,290	
Blue Shield PPO		53	53	56	56	20%	309,450	
CCHP HMO		56	36	43	50	0%	6,490	
Health Net HMO		51	55	53	55	12%	189,760	
Health Net EPO			65					
Health Net PPO					60	3%	48,060	
Kaiser Permanente HMO		68	69	69	71	37%	558,970	
LA Care HMO		61	54	56	56	5%	82,910	
Molina Healthcare HMO		43	45	51	51	3%	45,450	
Oscar Health Plan EPO			78	62	63	5%	70,270	
Sharp Health Plan HMO		67	77	67	67	1%	21,020	
Valley Health Plan HMO				84	84	1%	22,390	
Western Health Advantage HMO		57	46	61	61	1%	8,790	

- 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
- In MY 2019, 10 out of 13 plan products scored below the 50th percentile of national performance, accounting for 61% of our enrollees
- Performance below the 50th percentile means that fewer than 64% of adults received appropriate antidepressant medication management



Please see the introductory slide to these measures for additional context.



QRS

BEHAVIORAL HEALTH

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Follow-Up After Hospitalization for Mental Illness (7 days)	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	67 +	67 +	64 +	59 +	59 +	39%	558,970	1
Plans at 50th to 90th Percentile	48 to <67	48 to <67	41 to <64	38 to <59	38 to <59	45%	651,580	5
Plans at 25th to 50th Percentile	38 to <48	38 to <48	31 to <41	29 to <38	29 to <38	11%	158,230	2
Plans Below 25th Percentile	Below 38	Below 38	Below 31	Below 29	Below 29	5%	70,270	1
Covered California Plan-Specific Performance	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
Anthem HMO	51	48						
Anthem PPO	43	44						
Anthem EPO			39	27	33	5%	75,320	
Blue Shield HMO				30	41	6%	83,290	
Blue Shield PPO	56	55	42	38	38	22%	309,450	
CCHP HMO								
Health Net HMO	38	30	35	40	40	13%	189,760	
Health Net EPO								
Health Net PPO					43	3%	48,060	
Kaiser Permanente HMO	75	79	73	72	72	39%	558,970	
LA Care HMO				26	37	6%	82,910	
Molina Healthcare HMO			28					
Oscar Health Plan EPO					22	5%	70,270	
Sharp Health Plan HMO	70	65	57	35	49	1%	21,020	
Valley Health Plan HMO								
Western Health Advantage HMO								

- The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge
- In MY 2019, three out of nine plan products scored below the 50th percentile of national performance, accounting for 16% of our enrollees
- Between MY 2018 and MY 2019, four plan products advanced to a higher percentile range
- Performance below the 50th percentile means that fewer than 38% of individuals 6 years and older received appropriate follow-up after hospitalization for mental illness



Please see the introductory slide to these measures for additional context.

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION



Follow-Up Care for Children Prescribed ADHD Medication	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	M-NS	53 +	63 +	51 +				
Plans at 50th to 90th Percentile	M-NS	36 to <53	41 to <63	45 to <51				
Plans at 25th to 50th Percentile	M-NS	29 to <36	35 to <41	39 to <45				
Plans Below 25th Percentile	M-NS	Below 29	Below 35	Below 39				
Covered California Plan-Specific Performance	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
Anthem HMO								
Anthem PPO		51						
Anthem EPO								
Blue Shield HMO								
Blue Shield PPO		32	63	46				
CCHP HMO								
Health Net HMO								
Health Net EPO								
Health Net PPO								
Kaiser Permanente HMO		60	58	57				
LA Care HMO								
Molina Healthcare HMO								
Oscar Health Plan EPO								
Sharp Health Plan HMO								
Valley Health Plan HMO								
Western Health Advantage HMO								

- Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care
- This measure was removed from QRS as of Measurement Year 2019

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG USE OR DEPENDENCE TREATMENT



Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
	US Benchmark	US Benchmark	US Benchmark	US Benchmark	US Benchmark	Percent of Enrollees	Number of Enrollees	Number of Plans
Plans at 90th Percentile and Above	28 +	30 +	31 +	32 +	32 +	41%	629,240	2
Plans at 50th to 90th Percentile	21 to <28	21 to <30	23 to <31	24 to <32	24 to <32	34%	523,710	4
Plans at 25th to 50th Percentile	18 to <21	18 to <21	19 to <23	19 to <24	19 to <24	18%	271,570	3
Plans Below 25th Percentile	Below 18	Below 18	Below 19	Below 19	Below 19	6%	97,650	4
Covered California Plan-Specific Performance	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019			
Anthem HMO	17	18						
Anthem PPO	19	20						
Anthem EPO			20	18	22	5%	75,320	
Blue Shield HMO			21	18	26	5%	83,290	
Blue Shield PPO	19	19	29	23	26	20%	309,450	
CCHP HMO	14	21	17	22	22	0%	6,490	
Health Net HMO	12	14	14	20	20	12%	189,760	
Health Net EPO		12	23					
Health Net PPO					27	3%	48,060	
Kaiser Permanente HMO	33	33	33	34	38	37%	558,970	
LA Care HMO	20	24	12	19	27	5%	82,910	
Molina Healthcare HMO	13	24	21	17	17	3%	45,450	
Oscar Health Plan EPO			18	18	45	5%	70,270	
Sharp Health Plan HMO	12	17	18	17	17	1%	21,020	
Valley Health Plan HMO			19	18	18	1%	22,390	
Western Health Advantage HMO	14	6	15	16	16	1%	8,790	

- The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) misuse or dependence who initiated AOD treatment and were also engaged in ongoing AOD treatment
- In MY 2019, seven out of 13 plan products scored below the 50th percentile of national performance, accounting for 24% of our enrollees
- Between MY 2018 and MY 2019, one additional plan product reached or exceeded the 90th percentile and four plans advanced to a higher percentile range
- Performance below the 50th percentile means that fewer than 24% of adolescents and adults received appropriate initiation and engagement of alcohol and other drug use or dependence treatment