

# Center for Data Insights and Innovation (CDII) California Health Care Quality Medical Group Report Card 2024-25 Edition

## Scoring Documentation for Public Reporting on Patient Experience Using the Medical Group Patient Assessment Survey (Reporting Year 2024)

### Background

Representing the interests of health plan members, the California Center for Data Insights and Innovation (CDII) publicly reports on health care quality. CDII's predecessor, the Office of the Patient Advocate (OPA), published its first HMO Health Care Quality Report Card in 2001 and has successfully updated, enhanced, and expanded the Report Cards every year. The current version (2024-25 Edition) of the online Health Care Quality Report Cards is available at <https://www.cdii.ca.gov/consumer-reports/>.

The Integrated Healthcare Association ([IHA](#)) reports performance results for 204 provider organizations that participate in its Align. Measure. Perform. ([AMP](#)) Commercial HMO program. Patient experience results are available for 93 unique physician organizations reporting on 144 units.

### Sources of Data for California Health Care Quality Report Cards

The 2024-25 Edition of the Report Cards is published in Fall 2024/Spring 2025, using data reported in Reporting Year (RY) 2024 for performance in Measurement Year (MY) 2023. The Data source for the Commercial Medical Group Report Card's Patient Ratings and measures addressed in this document is:

- The Purchaser Business Group on Health (PBGH) Patient Assessment Survey's (PAS) patient experience data for medical groups.

The Medical Group Report Card also relies on additional sources for clinical quality and Total Cost of Care data (Methodology descriptions in [separate documents](#)):

1. The IHA AMP Commercial HMO program's medical group clinical performance data.
2. The IHA AMP Commercial HMO program's medical group total cost of care data, called Total Cost of Care

The Medicare Advantage Medical Group Report Card is based on the IHA AMP Medicare Advantage program's medical group clinical performance data (Methodology description in a separate document).

## Medical Group Patient Experience Methodology Process

### 1. Methodology Decision Making Process

The Patient Assessment Survey (PAS) methods are developed by the Purchaser Business Group on Health (PBGH) and ratings are provided to CDII. PBGH annually reviews the scoring and rating methodology with the PAS Committee which consists of health plan and provider group clinical and quality improvement leadership and specific expertise in patient experience measurement.

### 2. Stakeholder Preview and Corrections Period

Each year, prior to the public release of the CDII Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to CDII and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the CDII Report Cards.

## PBGH PAS Scoring Methodology

### Survey Composites

PAS will provide the following data to CDII for public reporting:

**Table 1. MY 2023 Composites for Public Reporting**

Performance Area - PAS Name	Performance Area - CDII Name	Question (PCP and Specialist version)	PAS Question #
Access to Care Composite	Timely Care and Service	Patient got appointment for urgent care as soon as needed	6
Access to Care Composite	Timely Care and Service	Patient got appointment for non-urgent care as soon as needed	8
Access to Care Composite	Timely Care and Service	Patient got answer to medical question the same day he/she contacted provider's office	10
Provider Communication Composite	Communicating With Patients	Provider explained things in a way that was easy to understand	14
Provider Communication Composite	Communicating With Patients	Provider listened carefully to patient	15
Provider Communication Composite	Communicating With Patients	Provider showed respect for what patient had to say	17
Provider Communication Composite	Communicating With Patients	Provider spent enough time with patient	18
Care Coordination Composite	Coordinating Patient Care	Provider knew important information about patient's medical history	16

<b>Performance Area - PAS Name</b>	<b>Performance Area - CDII Name</b>	<b>Question (PCP and Specialist version)</b>	<b>PAS Question #</b>
Care Coordination Composite	Coordinating Patient Care	Someone from provider's office followed up with patient to give results of blood test, x-ray, or another test	20
Care Coordination Composite	Coordinating Patient Care	Someone from provider's office talked about all prescription medications being taken	25
Care Coordination Composite	Coordinating Patient Care	Doctor informed about other care	27
Office Staff Composite	Helpful Office Staff	Clerks and receptionists helpful	28
Office Staff Composite	Helpful Office Staff	Clerks and receptionists courteous and respectful	29
Ratings Composite	Rating of Doctor and Care	Overall rating of provider	23
Ratings Composite	Rating of Doctor and Care	Overall rating of care	30
Super Composite	Patients Rate Overall Experience	An average of all five AMP composites (Access, Communication, Coordination, Office Staff, Ratings)	N/A
Health Promotion Supplemental Composite	Health Promotion	Provider discussed healthy diet and healthy eating habits	21
Health Promotion Supplemental Composite	Health Promotion	Provider discussed exercise and physical activity	22

## Reportable Results

Only results that meet a 0.7 reliability threshold will be publicly reported.

For all individual composites, if any POs do not have a sufficient number of survey responses to meet the reliability threshold for AMP reporting (overall ratings and composites), CSS (Center for the Study of Services) will combine Measurement Year (MY) 2022 and 2023 responses together into a two-year rollup. A scored result is not publicly reported if the group-specific reliability for the measure is less than 0.70. A minimum survey response rate is not a data use criterion.

Super composite: If the one-year super composite is reliable, it will be used, even if one or more of the underlying composites is not reliable. The reliability of the super composite is the consideration rather than the reliability of each underlying composite. If the super composite (using all one-year data) is not reliable, all composites in the super composite will roll up the current and prior year results. Another way to think about this is that the super composite will be either all one-year data or all current-and-prior year data (using the 55/45 weighting). If the super

composite that averages the one-year composites is reliable, this will be reported; if it's not reliable, the super composite using the two-year composites will be used.

Note that the Health Promotion composite is not included in the super composite.

Please note that Integrated Healthcare Association (IHA) uses a mix of one- and two-year scores to calculate the super composite so scores reported on the CDII website may be inconsistent with the PAS scores groups receive from IHA as part of the AMP program.

## Scoring

Raw scores are calculated using the response choice values per Table 2. Individual composite scores are calculated as follows:

1. Scoring of individual items is done on a per respondent basis.
2. Item response values are assigned per Table 2.
3. The per-respondent item score is adjusted per the case mix adjustment method.
4. A medical group adjusted item score is calculated as the mean of the non-missing respondent adjusted scores for that item.
5. A medical group adjusted composite score is calculated as the mean of the adjusted item scores.

Each item in a composite is equally weighted.

**Table 2. Response Choice Values**

Item Response Set	Response Choice Value Top Box Scoring
Never-always	Always = 1 Usually = 0 Sometimes = 0 Never = 0
Yes/No	Yes = 1 No = 0
0-10 global	0-8 = 0 9-10 = 1

## Case Mix Adjustment

Each PO's results are adjusted for patient case-mix to control for differences across POs. In MY 2023/RY 2024, the case-mix adjustment model controls for the following:

- Age
- Gender
- Education level
- Race/ethnicity — primary language of respondent
- Specialty type of physician that patient rated (29 categories)
- Survey response mode (mail/Internet, phone)
- Language in which survey was completed
- Single item mental health status
- Single-item physical health status

## **Performance Classification**

### **Summary Indicator**

The Super Composite ("Overall Patient Experience") and the five composites will be presented to CDII using a 5-part ratings model depicted by 1 to 5 stars. The cutpoints for each star rating are based on the RY 2024 10th, 35th, 65th and 90th statewide percentile scores shown in Table 3. The RY 2024 PAS cutpoints were updated using current-year benchmarks in order to align with CDII and IHA methodology. PAS cutpoints are reviewed by the PAS Committee periodically for updates to the methodology.

For the star rating cutpoints, the PAS methodology lowers the actual statewide percentiles in order to reduce the chance of misclassification and give a provider organization the 'benefit of the doubt' if a score is close to the boundary. For example, the actual percentile is first truncated to the first decimal (e.g., the Overall Patient Experience 10th percentile 63.76% was truncated to 63.70%) and then also reduced further by applying a buffer zone of a half-point (0.5), which lowered the cutpoint to 63.20%. The truncated and buffered scores used to set the star ratings are shown in Table 4. Given the decision to adopt current-year benchmarks for RY 2024, the PAS Committee voted to implement a guardrail so no PO would lose more than one star rating for any composite. This guardrail will be applied to star ratings reported to the CDII Report Card for any PO that would have lost more than one star rating in RY 2024.

**Table 3. RY 2024 Percentiles**

Percentile	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
10	44.98%	75.49%	57.02%	65.48%	56.48%	68.40%	63.76%
35	50.07%	80.03%	61.17%	70.93%	60.35%	72.92%	67.57%
65	55.86%	82.95%	65.34%	74.21%	63.77%	76.70%	70.57%
90	61.68%	85.75%	69.49%	78.97%	67.16%	80.18%	73.57%

**Table 4. RY 2024 Cutpoints – Actuals**

Percentile	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
10	44.40%	74.90%	56.50%	64.90%	55.90%	67.90%	63.20%
35	49.50%	79.50%	60.60%	70.40%	59.80%	72.40%	67.00%
65	55.30%	82.40%	64.80%	73.70%	63.20%	76.10%	70.00%
90	61.10%	85.20%	68.90%	78.40%	66.60%	79.60%	73.00%

**Table 5. RY 2024 Cutpoints - Star Rating Ranges for Adjusted Item Score Mean**

Ranges	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
1 star	0% - 44.39%	0% - 74.89%	0% - 56.49%	0% - 64.89%	0% - 55.89%	0% - 67.89%	0% - 63.19%
2 stars	44.40% - 49.49%	74.90% - 79.49%	56.50% - 60.59%	64.90% - 70.39%	55.90% - 59.79%	67.90% - 72.39%	63.20% - 66.99%
3 stars	49.50% - 55.29%	79.50% - 82.39%	60.60% - 64.79%	70.40% - 73.69%	59.80% - 63.19%	72.40% - 76.09%	67.00% - 69.99%
4 stars	55.30% - 61.09%	82.40% - 85.19%	64.80% - 68.89%	73.70% - 78.39%	63.20% - 66.59%	76.10% - 79.59%	70.00% - 72.99%
5 stars	61.10% - 100%	85.20% - 100%	68.90% - 100%	78.40% - 100%	66.60% - 100%	79.60% - 100%	73.00% - 100%