



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

2007-2008 Annual Report of Performance for Anthem Blue Cross Partnership Plan

Submitted by
Delmarva Foundation
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2007 - 2008 Annual Report: Anthem Blue Cross Partnership Plan (formerly known as Blue Cross of California)

Introduction

The Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) contracts with managed care plans to provide care to 3.4 million Medi-Cal beneficiaries enrolled in managed care plans in 23 counties throughout California. Healthcare providers within each plan's contracted network provide comprehensive healthcare services—primary and preventive care, as well as the full range of specialty care mandated by federal and state law.

Federal law pertaining to Medicaid managed care programs (42 CFR § 438.240) requires the DHCS to contract with an External Quality Review Organization (EQRO) to independently evaluate the quality of care provided to Medi-Cal beneficiaries enrolled in any of California's managed care plans. The DHCS retained the services of the Delmarva Foundation for Medical Care, Inc. (Delmarva) as its EQRO during the period covered by this report to provide this independent evaluation as to whether the care and service delivered meets the federal standards for quality, access, and timeliness. Among the services provided by the EQRO is an annual assessment of each contracted plan's "... quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under the contract..." as stated in Title 42 of the U.S. Codes.

This annual review is for the reporting years 2007 and 2008, covering performance results and quality improvement activities during 2006 and 2007.

Definitions

The terms quality, access, and timeliness provide the framework for this plan-specific review of Anthem Blue Cross Partnership Plan, formerly known as Blue Cross of California ("Anthem" or "the plan"). Consistency in meaning and use of these key terms are important for a thorough understanding of this report, so definitions follow.

- **Quality**, as it pertains to external quality review, is defined by the Centers for Medicare & Medicaid Service (CMS) as "the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its enrollees through its structural and

operational characteristics and through the provision of health services that are consistent with current professional knowledge.” (CMS, 2008.)

- **Access** (or accessibility) to health care, according to the Agency for Healthcare Research and Quality (AHRQ), means having "the timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires three discrete steps: gaining entry into the health care system; getting access to sites of care where patients can receive needed services; and, finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.” (AHRQ, 2007.)
- **Timeliness**, according to AHRQ, is defined as “...the health care system's capacity to provide health care quickly after a need is recognized....Measures of timeliness include waiting time spent in doctors' offices and emergency departments (EDs) and the interval between identifying a need for specific tests and treatments and actually receiving those services.” (AHRQ, 2007.)

It is important to note that some interdependence exists among the categories (also referred to as “domains”) of quality, access, and timeliness. A measure or attribute identified in one of the categories of quality, access, or timeliness may also be noted under one or both of the other two categories throughout this review.

Data Sources

Delmarva used five sets of standards or information sources for the evaluation of performance. Each of the sources listed were used to systematically assess the contracted health plan’s ability to provide its members with care that meets the requirements for quality, access, and timeliness:

- The Healthcare Effectiveness Data and Information Set (HEDIS®)¹ is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality, access, and timeliness of care and service provided to members of managed care plans.
- In June 2007, each DHCS health plan submitted its results to Delmarva for the 12 required HEDIS measures, which reflect 16 measurement indicators, since several measures have multiple indicators.² The 2007 HEDIS results reflect data collected for the period January 1, 2006, through December 31, 2006.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA, 2008).

² In 2007 and 2008, the DHCS required plans to report on 12 HEDIS measures. Some of these measures have multiple indicators (such as the *Comprehensive Diabetes Care* measure), so results are presented for the total number of indicators –

- In June 2008, each DHCS health plan submitted its results for the 12 required HEDIS measures, which reflect a total of 23 indicators. The 2008 HEDIS results reflect data collected for the period January 1, 2007, through December 31, 2007.³ For a more detailed explanation of HEDIS, see the “Quality Assessment” discussion later under “HEDIS Performance Measures” and Appendix A: HEDIS.
- AHRQ developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)⁴ surveys to support the assessment of consumers’ experiences with health care. This report utilizes results from the 2007 4.0H Adult Medicaid and the 3.0H Child Medicaid surveys. Delmarva conducted these surveys between February and May 2007. For a more detailed explanation of CAHPS, see Appendix B: CAHPS.
- Summaries of plan-conducted Quality Improvement Projects conducted during the period January 1, 2006, and December 31, 2007.
- The DHCS’s Audits and Investigations Division and the California Department of Managed Health Care conduct routine medical surveys (audits) to assess compliance with contract requirements and state regulations. Findings from any audits conducted during the period January 1, 2006, and December 31, 2007, will be discussed in this report.
- Grievance and appeal data by contracted plans submitted to the DHCS and reports prepared by MMCD’s Office of the Ombudsman during 2006 and 2007.

Report Organization

This report provides the plan’s background and discusses each data source within the framework of quality, access, and timeliness. Due to some variations between the measures reported in the 2007 and 2008 HEDIS reports, the results and analysis of this source are presented separately by year. Where appropriate, sustainability of the plan’s performance is discussed. The plan’s performance is compared to other plan models of similar type and other state and national benchmarks. The document concludes with the plan’s overall strengths and recommendations for improving the plan’s quality of care, access to care, and timeliness of care for its members.

16 in 2007 and 23 in 2008. This report refers to the total number of indicators reported as “measures” since a result is reported for each indicator.

³ The annual *Report of the Performance Measures for Medi-Cal Managed Care Plans* is produced for the DHCS by the EQRO from the measurement results and comparisons of all contracted plans.

⁴ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ, 2008).

Background

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans that operate as quasi-governmental agencies. In a Two-Plan model, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries. In the GMC model, enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

Anthem is a full service, for-profit, health care service plan. In the Medi-Cal managed care program, Anthem operates in ten counties as follows:

- CPs in Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, and Santa Clara counties.
- LIs in Stanislaus and Tulare counties.
- GMC plans in Sacramento County (GMC-North) and San Diego County (GMC-South).

Anthem Blue Cross Partnership Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 31, 1998. As of December 2007, Anthem's total Medi-Cal enrollment was 486,676 members.

Quality of Care Assessment

According to the CMS (2008), “[q]uality is how well the health plan keeps its members healthy or treats them when they are sick. Good quality health care means doing the right thing at the right time, in the right way, for the right person and getting the best possible results.” The section below describes the measures used to assess Anthem's healthcare delivery in regards to quality.

HEDIS Performance Measures

Delmarva categorized the HEDIS performance measures used in this report into quality, access, and timeliness areas for assessment. For a more detailed explanation of HEDIS and the specific HEDIS measures used in this report, see Appendix A: HEDIS.

Changes in HEDIS Performance Measures from 2007 to 2008

Health plans reported on 12 measures for the HEDIS 2007 reporting year, which included multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*. The 2007 reporting year represents the data collection period January through December 2006. MMCD made some performance measure changes between 2007 and 2008 reporting years as explained below.

MMCD retired the *Chlamydia Screening for Women* performance measure from the required measurement set. The required HEDIS measures included several other measures focused on women's health screening (*Breast Cancer Screening* and *Cervical Cancer Screening*), and overall plan results for *Chlamydia Screening* had trended upward for a number of years. As a result, MMCD decided to eliminate the *Chlamydia Screening* measure and, instead, require the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities.

The *Ambulatory Care* measure provides utilization information across the whole spectrum of the population – from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care for chronic conditions. The *Ambulatory Care* measure consists of four indicators:

- *Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)*
- *Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)*
- *Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)*
- *Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)*

Additionally, in order to increase the focus on chronic diseases, MMCD added three more *Comprehensive Diabetes Care* indicators:

- *Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- *Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)*

Comparisons of HEDIS Performance Measures

This report contains several charts displaying HEDIS rates for Anthem and state and national benchmarks used for assessing plan performance. The plan's multi-year performance is also evaluated.

In some years, MMCD makes changes to the required measures. Moreover, NCQA continually updates the technical specifications for HEDIS measures. Some of the specification changes or a combination of changes can cause a significant change in the results and make comparisons with previous years' rates inappropriate. MMCD does not hold the plan to the Minimum Performance Level (MPL) in the baseline

year (the first year a score is reported) and does not compare results to previous years in years when a measure's specifications have changed substantively. For these reasons, rates for measures may be displayed in the charts, but not compared in the narratives.

2007 HEDIS Quality Performance Measures

Table 1 provides Anthem's 2007 HEDIS results for those measures specifically related to clinical quality of care along with the state's 2007 Medi-Cal managed care weighted averages⁵ and the 2006 national Medicaid averages for these measures.

Table 1. 2007 HEDIS Quality Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2007 Quality Measure	2007 Anthem Blue Cross Partnership Plan Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	86.4%	78.9%	82.5%
Chlamydia Screening in Women	55.7%	52.8%	50.6%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis†‡	75.5%	71.0%	69.4%
Use of Appropriate Medications for People With Asthma	88.4%	86.8%	85.7%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	50.8%	54.1%	48.6%
Comprehensive Diabetes Care—HbA1c Testing	77.4%	79.5%	76.2%
Comprehensive Diabetes Care—LDL-C Screening‡	72.3%	75.9%	80.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy‡	74.9%	81.0%	48.8%
Cervical Cancer Screening‡	66.7%	67.9%	65.0%

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.
† For this 2007 measure, a lower rate indicates better performance.
‡ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.

⁵ For each measure, a Medi-Cal managed care weighted average has been calculated to provide a comparative statistic. A weighted average, unlike a simple average, accounts for variations in membership across plans.

Anthem scored higher than the 2007 Medi-Cal managed care weighted average in 3 of the 5 measures. The plan scored higher than the 2006 HEDIS national Medicaid average in all 5 comparable HEDIS measures in the quality domain. The measures in which Anthem scored lower than the state benchmark were *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Comprehensive Diabetes Care—HbA1c Testing*.

2008 HEDIS Quality Performance Measures

Table 2 provides Anthem’s 2008 HEDIS results for those measures specifically related to clinical quality of care along with the state’s 2008 Medi-Cal managed care weighted averages and the 2007 national Medicaid averages for these measures.

Table 2. 2008 HEDIS Quality Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2008 Quality Measure	2008 Anthem Blue Cross Partnership Plan Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Appropriate Treatment for Children With Upper Respiratory Infection	88.2%	83.1%	83.3%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis [†]	27.8%	28.4%	†
Use of Appropriate Medications for People With Asthma	90.5%	88.8%	87.1%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.2%	58.1%	51.4%
Comprehensive Diabetes Care—HbA1c Testing	78.7%	82.1%	78.0%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [‡]	28.7%	32.6%	¶
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{‡§}	50.8%	42.6%	48.7%
Comprehensive Diabetes Care—LDL-C Screening	73.0%	77.8%	71.1%
Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL) [‡]	26.1%	34.2%	30.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	72.1%	78.3%	74.6%
Cervical Cancer Screening	67.9%	68.7%	65.7%

* Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.
† The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*, and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score is better.
‡ 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.
§ A lower rate for this measure is better as it represents better diabetes control.
¶ NCQA first-year measure; national benchmark not available.

Anthem scored better than the 2008 Medi-Cal managed care average for 2 of the 7 comparable measures—*Appropriate Treatment for Children With Upper Respiratory Infection* and *Use of Appropriate Medications for People With Asthma*. Anthem scored better in 6 of the 7 comparable measures when comparing the plan’s rates with the 2007 HEDIS national Medicaid average. The plan scored lower than the national benchmark on the measure—*Comprehensive Diabetes Care—Medical Attention for Nephropathy*.

CAHPS Survey Results Pertaining to Quality

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid surveys were conducted among members of Medi-Cal Managed Care’s contracted health plans. The table reflects survey results for three populations: Adult, Child, and Children with Special Health Care Needs (CSHCN). (See Appendix B: CAHPS for further detail.)

Delmarva chose two CAHPS composite areas to most appropriately represent the quality domain in this report: *Getting Needed Care* and *How Well Doctors Communicate*. Table 3 shows the Anthem’s CAHPS scores for these composite categories.⁶

Table 3. 2007 CAHPS Quality Survey Results Comparing Anthem Blue Cross Partnership Plan and the 2007 Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Anthem Blue Cross Partnership Plan Result					2007 Medi-Cal Managed Care Weighted Average*
		CP	GMC North	GMC South	Stanislaus LI	Tulare LI	
Getting Needed Care	Adult	35%	48%	39%	42%	41%	40%
	Child	77%	73%	77%	79%	82%	80%
	CSHCN†	74%	68%	74%	74%	79%	‡
How Well Doctors Communicate	Adult	55%	53%	58%	59%	60%	59%
	Child	54%	59%	62%	53%	57%	52%
	CSHCN†	55%	55%	62%	53%	56%	‡

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.

† CSHCN – Child with Special Health Care Needs.

‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

In the composite area, *Getting Needed Care*, the adult respondents for three of Anthem’s plans indicated they always got the care they needed at a higher rate than the 2007 Medi-Cal managed care weighted average (GMC-North 48%, Stanislaus-L 42%, Tulare- LI 41%, Medi-Cal managed care weighted average 40%).

⁶ See Appendix B: CAHPS for further detail about categories and the DHCS’s *Results of the 2007 CAHPS for Medi-Cal Managed Care Health Plans* for more detail about calculation methods.

Respondents in GMC-South and the combined CP plans indicated they always got the care they needed at a lower rate than the state average (39% and 35%, respectively). Parent/guardian respondents indicated their children always got the care they needed at a higher rate than the 2007 Medi-Cal managed care weighted average in only one plan, (Tulare-LI 82%; Medi-Cal average 80%). CPs, GMC-North, GMC-South, and Stanislaus-LI parent/guardian respondents reported their children always got the care they needed at a lower rate than the 2007 Medi-Cal managed care weighted average (77%, 73%, 77%, and 79%, respectively).

In the composite area *How Well Doctors Communicate*, the rate for adult respondents who indicated their doctor always communicated well was either the same or higher than the Medi-Cal managed care weighted average for two Anthem plans (Stanislaus-LI 59%, Tulare-LI 60%, Medi-Cal managed care weighted average 59%). The rate for Adult respondents who indicated their doctor always communicated well was lower than the Medi-Cal managed care weighted average for GMC-North, GMC-South, and the CPs (GMC-North 53%, GMC-South 58%, CPs 55%). The rates for parents/guardians who indicated their children's doctor always communicated well were higher than the Medi-Cal managed care weighted average for the four Anthem plans and Anthem's combined CPs (GMC-North 59%, GMC-South 62%, Stanislaus-LI 53%, Tulare-LI 57%, CP 54%, Medi-Cal managed care weighted average 52%).

Quality Improvement Projects

Two of Anthem's quality improvement projects (QIPs) were considered part of the quality domain for assessment purposes:

- *Improving Asthma Management*
- *Improving Diabetes Management*

Improving Asthma Management

Anthem developed *Improving Asthma Management* as an Internal Quality Improvement Project (IQIP).

➤ **Relevance:**

Asthma is one of the nation's most common, costly, and increasingly prevalent diseases. Appropriate use of medications is critical to the proper management of an asthma condition. Over or under-usage of asthma medications may lead to increased asthma complications, inpatient hospital stays, and/or emergency room visits. The plan-wide baseline measure for Anthem, for the *Use of Appropriate Medications for People With Asthma* HEDIS measure was 68.48 percent. The benchmark goal was 73.03 percent.

➤ **Goal:**

Increase the rate of appropriate use of asthma control medications.

➤ **Best Interventions:**

- Asthma health education referrals were made during outbound case management calls to members and during member calls to the plan.
- Members meeting high-risk criteria during pre-screening outreach calls received referrals to case management.
- Pharmacy consultations continued during this remeasurement period for a total of 3,320 consults.

➤ **Outcomes:**

- *Use of Appropriate Medications for People With Asthma* (plan-wide results):
 - ◊ 2004 (Baseline): 68.5%
 - ◊ 2005 (Remeasurement 1): 66.4%
 - ◊ 2006 (Remeasurement 2): 88.3% (For 2006, NCQA implemented new technical specifications for this HEDIS measure that resulted in more accurate identification of true asthmatics in the denominator.)
 - ◊ 2007 (Remeasurement 3): 88.4%

➤ **Attributes and Barriers to Outcomes:**

- Barrier: Members lacked knowledge of asthma self-management skills.
- Barrier: Physicians lacked knowledge of Anthem's asthma materials and resources available to members and providers.
- Barrier: Physicians were not aware of patients in need of additional support with asthma management.
- Attribute: Over 15,000 members were enrolled in the Asthma Management Program and received asthma education. Anthem believes this significantly contributed to the improved rates.

For the QIP *Improving Asthma Management*, specifications changed in 2006 for the HEDIS measure *Use of Appropriate Medications for People With Asthma*. Minimal improvement was noted in 2007, as the rate increased by 0.1 percentage points over 2006; however, the plan's rates increased almost 20 percentage points from baseline to Remeasurement 3. The asthma project was closed out during the reporting period.

Improving Diabetes Management

Anthem developed the project *Improving Diabetes Management* as an IQIP.

➤ **Relevance:**

Anthem indicated diabetes consistently ranks among the top 30 diagnoses within the Medicaid adult population. According to the Centers for Disease Control, the incidence of diabetes increased in California from 4.7 per 100 adults in 1994 to 7.1 per 100 adults in 2005.

➤ **Goals:**

- Achieve a rate of 76.70 percent by 2006 for the HEDIS indicator *Comprehensive Diabetes Care—HbA1c Testing*.
- Achieve a rate of 55.83 percent by 2006 for the HEDIS indicator *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

➤ **Best Interventions:**

- Diabetic members are referred to case management and disease management programs.
- Anthem contacted members via telephone to schedule appointments with PCPs and/or ophthalmologists.

➤ **Outcomes:**

The HEDIS rates shown for this QIP were calculated by the plan. These rates may not match those presented in the DHCS annual HEDIS reports due to differences in calculation methods.

- HEDIS *Comprehensive Diabetes Care—HbA1c Testing* (plan-wide results for measurement year):
 - ◊ 2003 (Baseline): 82.2%
 - ◊ 2004 (Remeasurement 1): 79.9%
 - ◊ 2005 (Remeasurement 2): 72.7% (Change in data collection methodology: administrative to hybrid.)
 - ◊ 2006 (Remeasurement 3): 77.9%
- HEDIS *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (plan-wide results for measurement year):
 - ◊ 2003 (Baseline): 47.0%
 - ◊ 2004 (Remeasurement 1): 53.0%
 - ◊ 2005 (Remeasurement 2): 55.8% (Change in data collection methodology: administrative to hybrid.)
 - ◊ 2006 (Remeasurement 3): 54.7%

➤ **Attributes and Barriers to Outcomes:**

- Barrier: Members lack diabetes self-management skills.
- Barrier: Diabetics are in need of disease management support.

In 2005, data collection methodology changes were implemented for both HEDIS indicators used in the QIP *Improving Diabetes Management*. Mixed results of the rates were noted from 2005 to 2006. The rate of the HEDIS indicator, *Comprehensive Diabetes Care—HbA1c Testing*, showed a plan-wide rate increase of 5.2 percentage points, while rate of the other HEDIS indicator, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, showed a minimal decrease of 1.1 percentage points. The diabetes project is ongoing.

Medi-Cal Audit Findings

Anthem was not audited during this reporting period.

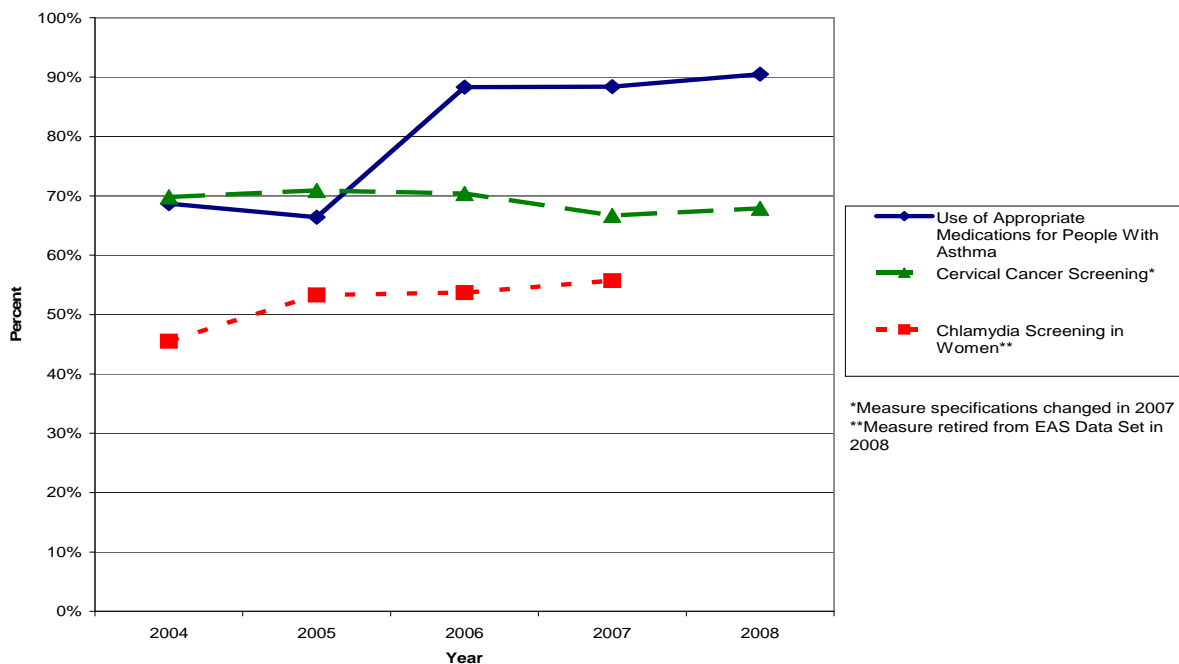
Sustainability of Quality Indicators

Sustainability of quality improvement correlates with a health plan’s ability to bring about positive change in health care processes. For the purpose of this report, a plan’s ability to achieve sustainability is generally categorized as follows:

- Sustained improvement – performance level improves at some point and then levels off or continues to improve.
- Maintaining performance level – rates over multiple years reflect no meaningful change (generally a flat line).
- Declining – performance goes down.

Figure 1 shows Anthem’s sustainability of performance in a trending graph. Note that performance measurement results are trended when three or more years of data are available.

Figure 1. Anthem Blue Cross Partnership Plan’s Sustainability of Quality of Care Indicators.



Anthem achieved sustained improvement during the three-year measurement period for the measure *Chlamydia Screening in Women*. MMCD retired the *Chlamydia Screening in Women* measure in 2008.

HEDIS technical specification changes in 2006 for the *Use of Appropriate Medications for People With Asthma* measure resulted in more accurate identification of true asthmatics in the denominator. Likewise, in 2007, the *Cervical Cancer Screening* measure had specification changes. Both measures remained trendable over the four-year period.

Despite a dip in the rate in 2005, Anthem improved its rates for the *Use of Appropriate Medications for People With Asthma* measure over 20 percentage points from 2004 to 2008. The plan's overall rates reflect sustained improvement in the *Use of Appropriate Medications for People With Asthma* measure. Anthem's rates for the *Cervical Cancer Screening* measure reflect a slight overall decline from 2004 to 2008.

Grievance and Ombudsman Reports

The Medi-Cal Managed Care Division (MMCD) currently requires contracted health plans to maintain grievance systems in accordance with the California Code of Regulations, Title 28, Section 1300.68. All grievances received by a plan—in writing or verbally—must be tracked in a grievance log. Plans submit quarterly reports to MMCD, as well as to the Department of Managed Health Care, with detailed information about pending grievances and those that were not resolved within 30 days (MMCD All Plan Letter No. 03-008).

MMCD's Office of the Ombudsman also provides assistance to members who have questions or problems related to provider and plan services, as well as other areas, such as Medi-Cal eligibility. The Office of the Ombudsman functions, in part, to help solve problems from a neutral standpoint to ensure that members receive all medically necessary covered services for which plans are contractually responsible. Complaints or issues that are not resolved immediately by the Office of the Ombudsman are entered into the Ombudsman Case Management System (OCMS) for tracking and follow-up. The Office of the Ombudsman also assists members who wish to request a formal hearing with the State Fair Hearings Board.

It should be noted that the DHCS monitors plans' quarterly grievance reports and MMCD Office of the Ombudsman monthly statistics in order to understand what aspects of provider and plan performance generate many or few grievances, calls, or requests for State Fair Hearings over time. Unusual patterns in grievances, calls, or hearing requests are discussed with plans when appropriate. The DHCS does not generally perceive any particular number of grievances, calls, or hearing requests as indicators of poor plan performance. Rather, these statistics are an ongoing indication of the degree to which plan members are using the various avenues available to them to ask questions or raise concerns about healthcare quality and plan service.

Anthem Blue Cross Partnership Plan's Grievance Reports

Anthem registered 299 grievances during the first three quarters of 2006 and 150 grievances during the fourth quarter of 2007. Anthem categorized the grievances as follows: timely assignment to a provider, issues related to cultural linguistic sensitivity, access to care, coverage disputes, disputes involving medical necessity, quality of service, and other.

Office of the Ombudsman's Reports⁷

- 2006: 329 OCMS cases (10.6% of all cases; 0.703 cases per 1,000 members)
- 2006: 55 State Fair Hearings (5.7% of all cases; 0.117 cases per 1,000 members)
- 2007: 484 OCMS cases (10.6% of all cases; 1.086 cases per 1,000 members)
- 2007: 126 State Fair Hearings (25.9% of all cases; 0.283 cases per 1,000 members)

Summary of Quality

Delmarva assessed Anthem's quality of care in five ways: HEDIS performance measure rates, CAHPS survey results, QIPs, grievance and Ombudsman reports, and sustainability of quality indicator results. No audit results were available for this reporting period.

When comparing Anthem's 2007 HEDIS rates to the 2007 Medi-Cal managed care weighted average, the plan performed better in 3 of the 5 comparable measures in the quality domain. When comparing reporting year 2007 rate to the 2006 HEDIS national Medicaid average, Anthem scored better in all 5 comparable measures.

For the 2008 reporting year, Anthem's rates were higher than the 2008 Medi-Cal managed care benchmark for 2 of the 7 comparable measures. When comparing Anthem's 2008 rates with the 2007 HEDIS national Medicaid average, the plan scored better in 6 of the 7 comparable measures.

In the CAHPS composite area, *Getting Needed Care*, Anthem's adult respondents for the three plans indicated they always got the care they needed at a higher rate than the 2007 Medi-Cal managed care weighted average (GMC-North 48%, Stanislaus-LI 42%, Tulare- LI 41%, Medi-Cal managed care weighted average 40%). Parents/guardians indicated their children always got the care they needed at a higher rate than the 2007 Medi-Cal managed care weighted average in only one plan (Tulare-LI 82%, Medi-Cal managed care weighted average 80%).

⁷ OCMS cases and State Fair Hearings are presented as a percentage of all managed care plan cases and rates per 1,000 members.

In the composite area *How Well Doctors Communicate*, the rate for adult respondents who indicated their doctor always communicated well was either the same or higher than the Medi-Cal managed care weighted average for two Anthem plans (Stanislaus-LI 59%, Tulare-LI 60%, Medi-Cal managed care weighted average 59%). The rates for parents/guardians who indicated their children's doctor always communicated well were higher than the Medi-Cal managed care weighted average for the five Anthem plans (CP 54%, GMC-North 59%, GMC-South 62%, Stanislaus-LI 53%, Tulare-LI 57%, Medi-Cal managed care weighted average 52%).

Anthem engaged in two quality-related QIPs: *Improving Asthma Management* and *Improving Diabetes Management*. Minimal improvement was noted in 2007, as the rate increased by 0.1 percentage points over 2006; however, the plan's rates increased almost 20 percentage points from baseline to Remeasurement 3. The asthma project was closed out during the reporting period.

For the QIP *Improving Diabetes Management*, data collection methodology changes were implemented in 2005 for both HEDIS indicators used in the QIP. Mixed results of the rates were noted from 2005 to 2006. The rate for the HEDIS indicator, *Comprehensive Diabetes Care—HbA1c Testing*, showed a plan-wide rate increase of 5.2 percentage points, while the rate for other HEDIS indicator, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, showed a minimal decrease of 1.1 percentage points. The diabetes project is ongoing.

In the sustainability area, Anthem's rates reflect overall sustained improvement in the *Use of Appropriate Medications for People With Asthma* measure, achieving a rate increase of over 20 percentage points from reporting year 2004 to reporting year 2008. The plan achieved sustained improvement during the three-year measurement period for the *Chlamydia Screening in Women* measure. The trend line for the *Cervical Cancer Screening* reflects a slight overall decline in the measure's rates from 2004 to 2008.

Access to Care Assessment

One of MMCD's goals is to protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings with regard to access for Anthem are presented in the following section.

2007 HEDIS Performance Measures Pertaining to Access

Delmarva used two HEDIS measures, *Adolescent Well-Care Visits* and *Prenatal and Postpartum Care—Postpartum Care*, as indicators for access to care in this report. Table 4 shows Anthem's 2007 results for these access-related HEDIS measures.

Table 4. 2007 HEDIS Access Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2007 Access Measure	2007 Anthem Blue Cross Partnership Plan Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	35.8%	36.9%	40.6%
Prenatal and Postpartum Care—Postpartum Care	57.6%	58.7%	57.0%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i> .			

Anthem reported scores lower than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. For the *Prenatal and Postpartum Care—Postpartum Care* measure, Anthem scored lower than the 2007 Medi-Cal managed care weighted average, but slightly higher than the 2006 HEDIS national Medicaid average.

2008 HEDIS Performance Measures Pertaining to Access

Table 5 shows Anthem’s 2008 results for access-related HEDIS measures.

Table 5. 2008 HEDIS Access Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2008 Access Measure	2008 Anthem Blue Cross Partnership Plan Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Adolescent Well-Care Visits	39.3%	39.6%	43.7%
Prenatal and Postpartum Care—Postpartum Care	59.3%	59.1%	59.1%
* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</i> .			

Again for 2008, Anthem reported rates lower than both the 2008 Medi-Cal managed care weighted average (Anthem’s rate was only 0.3 percentage points lower than the state benchmark) and the 2007 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. However, Anthem reported 2008 rates slightly higher than both the 2008 Medi-Cal managed care weighted average and the national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measure.

CAHPS Survey Results Pertaining to Access

Delmarva chose the CAHPS composite, *Getting Care Quickly*, to represent the access domain of this report. The results of this composite are presented in Table 6 and discussed below.

Table 6. 2007 CAHPS Access Survey Results Comparing Anthem Blue Cross Partnership Plan and the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Anthem Blue Cross Partnership Plan Result					2007 Medi-Cal Managed Care Weighted Average*
		CP	GMC North	GMC South	Stanislaus LI	Tulare LI	
Getting Care Quickly	Adult	43%	45%	45%	44%	38%	45%
	Child	39%	40%	44%	34%	38%	37%
	CSHCN†	41%	43%	43%	35%	38%	‡

* Medi-Cal average was calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
 † CSHCN - Child with Special Health Care Needs.
 ‡ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to possibility of double counting. Refer to Appendix B: CAHPS for further detail.

In the composite area, *Getting Care Quickly*, adult respondents for two Anthem plans indicated they always received care quickly at a rate equal to the 2007 Medi-Cal managed care weighted average for Anthem plans GMC-North and GMC-South (45%). Adult respondents for the two LIs and the combined CPs scored lower than the state benchmark. The rate for Anthem’s CP, GMC-North, GMC-South, and Tulare-LI parent/guardian respondents who indicated their children always received care quickly was higher than the Medi-Cal managed care weighted average. Stanislaus-LI parent/guardian respondents who indicated their children always received care quickly was lower than the 2007 Medi-Cal managed care weighted average.

Quality Improvement Projects

Anthem engaged in two Quality Improvement Projects (QIPs) categorized in the access domain:

- *Improving Well Adolescent Care*
- *Avoidable Emergency Room Visits*

Both QIPs are Statewide Collaborative (SWC) projects. The SWC, *Avoidable Emergency Room Visits* was implemented in 2007. The *Improving Well Adolescent Care* SWC was closed during this reporting period. Both projects and associated outcomes are discussed below.

Improving Well Adolescent Care

➤ **Relevance:**

In 2003, approximately 22 percent (182,000) of the Anthem population was aged 12 to 21 years. This represents a meaningful portion of the plan membership that requires annual preventative care services. Anthem's *Adolescent Well-Care Visits* rate provided opportunity for improvement.

➤ **Goal:**

Improve the HEDIS *Adolescent Well-Care Visits* indicator to a rate of 35.5 percent by 2006.

➤ **Best Interventions:**

- Plan staff called adolescents to discuss the importance of preventive care, including the need for obtaining well-care visits.
- Plan provided informational packages to primary care providers with lists of members needing a preventive care visit.
- Plan identified and promoted teen friendly sites.
- Plan educated targeted providers and community partners about adolescent well-care.

➤ **Outcomes:**

The HEDIS rates shown for this QIP were calculated by the plan. These rates may not match those presented in the DHCS annual HEDIS reports due to differences in calculation methods.

- HEDIS *Adolescent Well-Care Visits*:
 - ◊ 2003 (Baseline): 32.6%
 - ◊ 2004 (Remeasurement 1): 35.9%
 - ◊ 2005 (Remeasurement 2): 35.7%
 - ◊ 2006 (Remeasurement 3): 40.3%

➤ **Attributes and Barriers to Outcomes:**

- Attribute: Anthem identified face-to-face education as the most effective intervention.
- Barrier: Lack of member awareness of importance of well-care visit.
- Barrier: Lack of provider awareness of adolescent health needs and issues.

Avoidable Emergency Room Visits

➤ **Relevance:**

In 2006, 15.37 percent of Anthem's emergency room (ER) visits were considered avoidable. The plan's project is "designed to reduce non-emergency ER visits and assist members in establishing a medical home with their primary care physician."

➤ **Goals:**

- Decrease the rate of members seen in the ER to 33 visits per 1,000 member months by Remeasurement 2.
- Decrease avoidable ER visits by 10 percent by Remeasurement 2.

➤ **Best Interventions:**

Interventions were not available to Delmarva for validation in time to be included in this report.

➤ **Outcomes:**

- HEDIS rate of members seen in the ER (plan-wide results):
 - ◊ 2006 (Baseline): 35.28 visits per 1,000 member months
 - ◊ 2007 (Remeasurement 1): 39.56%
- Rate of members seen in the ER with designated avoidable visits (plan-wide results):
 - ◊ 2006 (Baseline): 15.37%
 - ◊ 2007 (Remeasurement 1): 18.56%

➤ **Attributes/Barriers to Outcomes:**

- Attributes and barriers to outcomes were not available to Delmarva for validation in time to be included in this report.

Anthem's statewide collaborative project, *Improving Well Adolescent Care*, showed improvement in the project's indicator, *Adolescent Well-Care Visits*, as the 2006 rate increased over 4 percentage points over the last remeasurement. Additionally, a 7.7 percentage point increase was evident from the baseline measurement through Remeasurement 3 for that indicator. The final results for this project indicator exceeded the project goal. This project was closed during 2007, and Anthem began participating in a new statewide collaborative project, *Avoidable Emergency Room Visits*, during this reporting period.

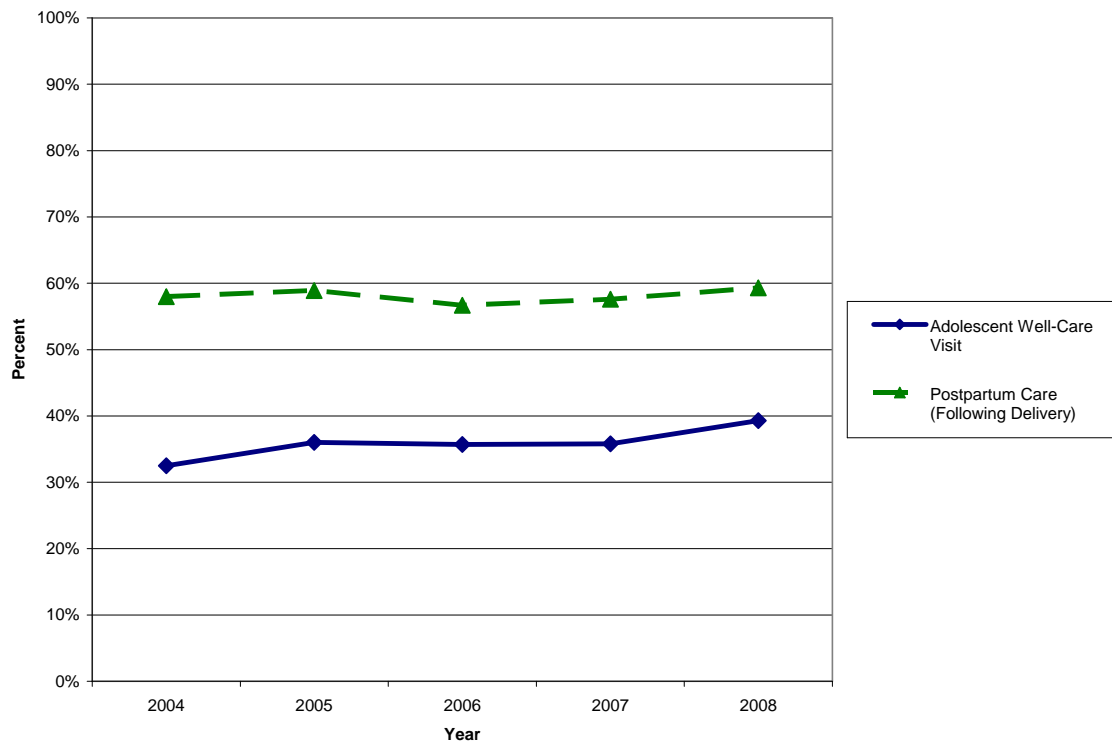
Medi-Cal Audit Findings

There were no updated audit findings for Anthem during this reporting period.

Sustainability of Access Measures

Sustainability of access measures indicates a plan’s ability to improve and maintain improvement of enrollee access to health care services. Delmarva chose two measures to represent the access domain: *Prenatal and Postpartum Care—Postpartum Care* and *Adolescent Well-Care Visits*. Figure 2 charts the rates for those measures over a four-year period.

Figure 2. Anthem Blue Cross Partnership Plan’s Sustainability of Access to Care Indicators.



The trend line for the *Adolescent Well-Care Visits* measure shows that Anthem has sustained improvement for this measure over the four-year measurement period. The plan has been unable to demonstrate sustained performance for the *Prenatal and Postpartum Care—Postpartum Care* measure.

Summary of Access

Delmarva assessed Anthem in four areas of the access domain: HEDIS performance measure rates, CAHPS survey results, QIPs, and sustainability of access to care indicator results.

The plan reported scores lower than both the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. For the *Prenatal and Postpartum Care—Postpartum Care* measure, Anthem scored slightly lower than the 2007 Medi-Cal managed care weighted average, but higher than the 2006 HEDIS national Medicaid average.

Again for 2008, the plan reported rates lower than both the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national Medicaid average for the *Adolescent Well-Care Visits* measure. However, for 2008, Anthem reported rates slightly higher than both the Medi-Cal managed care weighted average and the national Medicaid average for the *Prenatal and Postpartum Care—Postpartum Care* measures.

In the CAHPS composite area, Getting Care Quickly, adult respondents indicated they always received care quickly at a rate equal to the 2007 Medi-Cal managed care weighted average for two of the plans (GMC-North and GMC-South). Adult respondents in both LI plans and in the combined CP plans scored lower. Anthem parents/guardian respondents indicated their children always received care quickly at a rate higher than the Medi-Cal managed care weighted average for all Anthem plans but LI-Stanislaus.

The plan participated in two QIPs categorized in the access domain. The *Improving Adolescent Well Care* project indicator—*Adolescent Well-Care Visits*—improved since the baseline measurement and exceeded the plan's project goal by project end. In 2007, the plan initiated work on the new *Avoidable Emergency Room Visits* statewide collaborative QIP, but no baseline information was available at the time this report was prepared.

In the area of sustainability, Anthem has shown sustained improvement for the *Adolescent Well-Care Visits* measure. The plan has been unable to demonstrate sustained performance for the *Prenatal and Postpartum Care—Postpartum Care* measure.

Timeliness of Care Assessment

Access to necessary health care and related services alone is insufficient to advance the health status of Medi-Cal managed care enrollees. Timely delivery of those services is equally important. The findings related to timeliness are described in the following section.

2007 HEDIS Performance Measures Pertaining to Timeliness of Care

Delmarva included the five measures shown in Table 7 in the timeliness domain because each measure is associated with the receipt of services within a certain timeframe.

Table 7. 2007 HEDIS Timeliness Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2007 Timeliness Measure	2007 Anthem Blue Cross Partnership Plan Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*
Breast Cancer Screening†	48.7%	48.6%	53.9%
Childhood Immunization Status—Combination 2	74.3%	77.9%	70.4%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.7%	79.4%	79.1%
Well-Child Visits in the First 15 Months of Life	51.3%	57.7%	48.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	71.8%	74.3%	63.3%
* Rates obtained from the <i>Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans</i> . † Due to significant changes in technical specifications, this measure is treated as a first-year measure in 2007. Because new MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.			

Anthem scored slightly better than the 2007 Medi-Cal managed care weighted average in one of the four comparable HEDIS measures in the timeliness domain, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. The plan's rates were lower on the *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures than the Medi-Cal managed care weighted average. When compared to the 2006 HEDIS national Medicaid average, Anthem scored better than all four of the four comparable measures.

2008 HEDIS Performance Measures Pertaining to Timeliness of Care

For the 2008 reporting year, Delmarva used the same measures to represent the timeliness domain and added a newly required measure, *Childhood Immunization Status—Combination 3*. Table 8 shows the results of the 2008 HEDIS timeliness measures.

Table 8. 2008 HEDIS Timeliness Measure Results Comparing Anthem Blue Cross Partnership Plan to State and National Programs.

2008 Timeliness Measure	2008 Anthem Blue Cross Partnership Plan Rate	2008 Medi-Cal Managed Care Weighted Average*	2007 HEDIS National Medicaid Average*
Breast Cancer Screening	48.5%	50.4%	49.1%
Childhood Immunization Status—Combination 2	72.7%	80.1%	73.3%
Childhood Immunization Status—Combination 3 [†]	64.1%	72.0%	60.6%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.3%	82.6%	81.2%
Well-Child Visits in the First 15 Months of Life	47.7%	60.2%	55.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	74.2%	75.8%	66.8%
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</i>. [†] 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks.</p>			

Anthem’s 2008 rate was higher than the 2008 Medi-Cal managed care weighted average for one of the five comparable measures, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. The plan reported higher 2008 rates than the 2007 HEDIS national Medicaid average for two of the five comparable measures. The *Breast Cancer Screening*, *Childhood Immunization Status—Combination 2*, and *Well-Child Visits in the First 15 Months of Life* measure results were lower than both benchmark averages.

CAHPS Survey Results Pertaining to Timeliness

Delmarva chose two CAHPS composites, *Courteous and Helpful Office Staff* and *Health Plan’s Customer Service*, to represent the timeliness of care domain. The results of the composite scores are presented in Table 9 and followed by a discussion of the results.

Table 9. 2007 CAHPS Timeliness Survey Results Comparing Anthem Blue Cross Partnership Plan Types to the Medi-Cal Managed Care Weighted Average.

2007 CAHPS Composite	Population	2007 Anthem Blue Cross Partnership Plan Result					2007 Medi-Cal Managed Care Weighted Average*
		CP	GMC North	GMC South	Stanislaus LI	Tulare LI	
Courteous and Helpful Office Staff	Adult	†	†	†	†	†	†
	Child	58%	60%	61%	56%	55%	52%
	CSHCN‡	60%	58%	60%	55%	54%	§
Health Plan's Customer Service	Adult	38%¶	43%¶	37%¶	42%¶	48%¶	45%
	Child	74%¶	65%¶	76%¶	75%¶	86%¶	79%
	CSHCN‡	59%¶	60%¶	66%¶	69%¶	75%¶	§

* Each Medi-Cal average is calculated from scores of all contracted health plans and weighted to be proportionate to plan enrollment.
† The composite *Courteous and Helpful Office Staff* was eliminated from the 2007 CAHPS Adult survey.
‡ CSHCN - Child with Special Health Care Needs.
§ MCMC overall averages were not calculated for CSHCN members because they are subsets of the same sampling and data cannot be used due to the possibility of double counting. Refer to Appendix B: CAHPS for further detail.
¶ The plan received <100 responses to some of the questions in this area, so this result is not statistically valid.

In the composite area with statistically valid results, *Courteous and Helpful Office Staff*, Anthem parent/guardian respondents in all five plans indicated the doctor's office or clinic were always courteous and helpful at a higher rate than the Medi-Cal managed care weighted average for this measure. GMC-South parent/guardian respondents indicated the doctor's office or clinic was always courteous and helpful with the highest rate of nine percentage points more than the Medi-Cal managed care weighted average for this measure (61% and 52%, respectively).

Delmarva will not discuss the results in the composite area, *Health Plan's Customer Service*, because the number of survey responses the plan received was too low to be statistically valid.

Quality Improvement Projects

Anthem did not engage in any QIPs categorized in the timeliness domain during this reporting period.

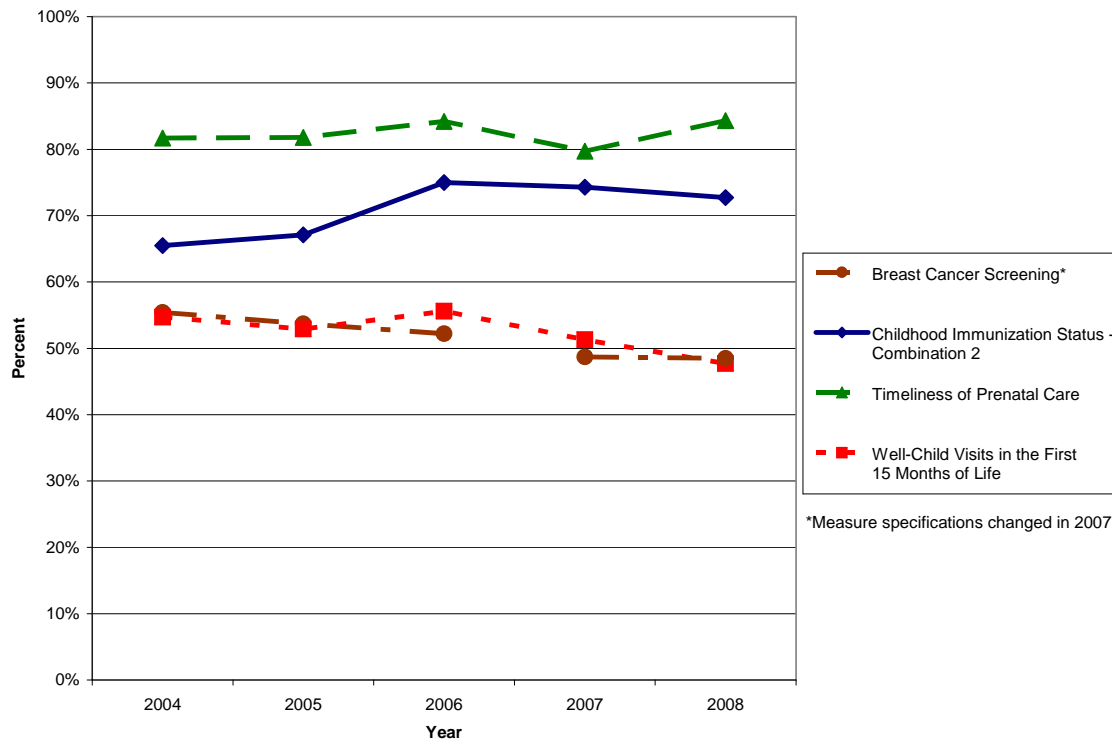
Medi-Cal Audit Findings

Anthem was not audited during this reporting period.

Sustainability of Timeliness of Care Measures

Sustainability of timeliness relates to the plan’s delivery of screening tests, preventive health visits, and/or preventive health procedures early enough to prevent the consequences of delayed care. Delmarva chose four measures to represent timeliness for this assessment. Figure 3 charts those measures.

Figure 3. Anthem Blue Cross Partnership Plan’s Sustainability of Timeliness of Care Indicators.



Anthem demonstrated an overall rate improvement on the measure *Childhood Immunization Status—Combination 2*, from measurement years 2004 to 2008. The trend line for the *Breast Cancer Screening* measure is broken between 2006 and 2007 to reflect the substantive changes in the measure’s 2007 technical specifications. Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates for the measurement period due to the missing data points. For the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, rates fluctuated over the four-year measurement period, and overall the plan was unable to show sustained improvement. Likewise, Anthem was unable to show sustainability of improvement for the *Well-Child Visits in the First 15 Months of Life* measure, as the plan’s rates declined over the four-year measurement period.

Summary of Timeliness of Care

Delmarva assessed Anthem in three areas of the timeliness domain: HEDIS performance measure rates, CAHPS survey results, and sustainability of timeliness of care indicator results. Anthem did not engage in any QIPs categorized in the timeliness domain during this reporting period.

Anthem reported rates higher than the 2007 Medi-Cal managed care weighted average in one of the four comparable measures. The plan reported rates higher than the 2006 HEDIS national Medicaid average for all four comparable measures.

The plan reported higher 2008 rates for one measure when rates were compared with the 2008 Medi-Cal managed care weighted average. Anthem's 2008 rates were higher for two of the five comparable measures when compared with the 2007 HEDIS national Medicaid averages. The plan's 2008 rates were lower on the *Childhood Immunization Status—Combination 2*, *Well-Child Visits in the First 15 Months of Life*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measures than the state and national benchmarks.

In the composite area with statistically valid results, *Courteous and Helpful Office Staff*, Anthem parent/guardian respondents in all five plans indicated the doctor's office or clinic were always courteous and helpful at a higher rate than the Medi-Cal managed care weighted average for this measure.

In the sustainability area, Anthem demonstrated an overall rate improvement on the measure *Childhood Immunization Status—Combination 2*, during the four-year measurement period. Delmarva cannot determine sustainability of the *Breast Cancer Screening* rates for the measurement period due to the missing data points. For the measure *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, the plan was unable to show sustained improvement. For *Well-Child Visits in the First 15 Months of Life*, Anthem's rates declined over the four-year measurement period.

Comparison of Anthem's 2007 and 2008 HEDIS Scores

Anthem's 2007 and 2008 HEDIS rates are displayed in Table 10 and rate comparisons follow.

Table 10. Comparison of Anthem Blue Cross Partnership Plan's 2007 and 2008 HEDIS Performance Rates.

2008 Performance Measure	2007 Anthem Blue Cross Partnership Plan Rate*	2008 Anthem Blue Cross Partnership Plan Rate
Childhood Immunization Status—Combination 2	74.3%	72.7%
Childhood Immunization Status—Combination 3 [†]	†	64.1%
Well-Child Visits in the First 15 Months of Life	51.3%	47.7%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	71.8%	74.2%
Adolescent Well-Care Visits	35.8%	39.3%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.7%	84.3%
Prenatal and Postpartum Care—Postpartum Care	57.6%	59.3%
Breast Cancer Screening	48.7%	48.5%
Cervical Cancer Screening	66.7%	67.9%
Use of Appropriate Medications for People With Asthma	88.4%	90.5%
Appropriate Treatment for Children With Upper Respiratory Infection	86.4%	88.2%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^{††}	†	27.8%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	50.8%	54.2%
Comprehensive Diabetes Care—HbA1c Testing	77.4%	78.7%
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) [†]	†	28.7%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{†§}	†	50.8% [§]
Comprehensive Diabetes Care—LDL-C Screening	72.3%	73.0%
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) [†]	†	26.1%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	74.9%	72.1%

2008 Performance Measure	2007 Anthem Blue Cross Partnership Plan Rate*	2008 Anthem Blue Cross Partnership Plan Rate
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) †	†	295.3
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) †	†	41.8
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) †	†	3.0
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) †	†	0.1
<p>* Rates obtained from the <i>Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans</i>. † 2008 is the first year MMCD required reporting of this measure. Because MPLs and HPLs had not yet been established, the rate is displayed for informational purposes only and will not be compared to benchmarks. ‡ 2007 and 2008 rates cannot be compared. The 2007 measure was called <i>Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis</i>, and a lower score was better. The 2008 measure is called <i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</i>, and a higher score is better. § This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.</p>		

Due to 2007 specification changes, the plan's rates of *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* cannot be compared between reporting years 2007 and 2008. MMCD eliminated the *Chlamydia Screening* measure and instead required the *Ambulatory Care* measure in order to focus more on the entire Medi-Cal managed care population, including seniors and persons with disabilities. The *Ambulatory Care* measure provides utilization information across the whole spectrum of the population – from birth to 85+ years of age. Plus, this measure provides insight regarding emergency room (ER) use, which is an area of particular interest to MMCD because many members use the ER for avoidable visits and, as a result, may not be getting appropriate preventive care and follow-up care for chronic conditions. Although rates for the four *Ambulatory Care* indicators are included, conclusions should not be drawn regarding plan performance for these indicators as noted in the Table 10 footnotes.

Anthem improved its rates on 9 of the 14 HEDIS measures that could be compared between years:

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Cervical Cancer Screening*
- *Use of Appropriate Medications for People With Asthma*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Testing*

Anthem's rates remained relatively unchanged for two measures:

- *Breast Cancer Screening*
- *Comprehensive Diabetes Care—LDL-C Screening*

Anthem's performance decreased for three measures:

- *Childhood Immunization Status—Combination 2*
- *Well-Child Visits in the First 15 Months of Life*
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

Comparison of 2007 and 2008 HEDIS Measures by Plan Type

Medi-Cal beneficiaries receive their health care through three models of health care delivery: County Organized Health Systems (COHS), Two-Plan, and Geographic Managed Care (GMC). COHS plans are county-operated managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. The Two-Plan model consists of two plan types: Commercial Plans (CPs), which are commercially-operated managed care plans; and Local Initiatives (LIs), which are community-developed managed care plans that operate as quasi-governmental agencies. In a Two-Plan model, members choose between an LI and a CP. Enrollment is mandatory for specified beneficiaries. In the GMC model, enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.

Anthem is a full service, for-profit, health care service plan. In the Medi-Cal managed care program, Anthem operates in ten counties as follows:

- CPs in Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, and Santa Clara counties.
- LIs in Stanislaus and Tulare counties.
- GMC plans in Sacramento County (GMC-North) and San Diego County (GMC-South).

Tables 11 (2007) and 12 (2008) show the ranking (1 through 5) of the five different plan types when HEDIS results were compared. Note that averages are not ranked (1 through 5) for measures where MPLs and HPLs were not applied in the reporting year.

Table 11. Comparison of 2007 Medi-Cal Managed Care Weighted Averages by Plan Type.

2007 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS Model	Two-Plan Model		GMC Model	
	COHS*	CP†	LI†	GMC - N‡	GMC - S‡
Childhood Immunization Status—Combination 2	82.9% (1)	79.5% (3)	75.6% (4)	73.6% (5)	80.2% (2)
Well-Child Visits in the First 15 Months of Life	68.0% (1)	44.8% (5)	53.0% (3)	57.2% (2)	51.4% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	76.3% (1)	73.6% (3)	74.6% (2)	70.3% (5)	72.5% (4)
Adolescent Well-Care Visits	47.8% (1)	36.8% (3)	34.0% (5)	36.7% (4)	37.8% (2)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	82.0% (2)	81.4% (3)	77.5% (5)	77.9% (4)	82.6% (1)
Prenatal and Postpartum Care—Postpartum Care	64.3% (1)	56.6% (4)	58.7% (2)	58.5% (3)	53.8% (5)
Chlamydia Screening in Women	54.4% (3)	52.8% (4)	50.5% (5)	58.1% (2)	59.8% (1)
Breast Cancer Screening ¶	55.6%	42.8%	48.4%	47.8%	50.6%
Cervical Cancer Screening ¶	70.1%	65.7%	69.3%	62.9%	66.5%
Use of Appropriate Medications for People With Asthma	88.7% (1)	85.8% (4)	86.9% (2)	86.4% (3)	84.9% (5)
Appropriate Treatment for Children With Upper Respiratory Infection	81.3% (3)	74.5% (5)	79.3% (4)	84.8% (2)	85.1% (1)
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis § ¶	71.0%	73.7%	70.2%	71.8%	64.6%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	68.7% (1)	54.6% (3)	45.5% (5)	54.2% (4)	56.9% (2)
Comprehensive Diabetes Care—HbA1c Testing	85.4% (1)	79.5% (2)	76.7% (4)	76.1% (5)	78.0% (3)
Comprehensive Diabetes Care—LDL-C Screening ¶	80.7%	74.5%	74.2%	71.4%	77.5%
Comprehensive Diabetes Care—Medical Attention for Nephropathy ¶	81.2%	75.4%	83.8%	77.7%	78.3%
<p>* County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS.</p> <p>† Two-Plan consists of two plan types: Commercial Plans (CPs) are commercially-operated managed care plans. Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies. Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries.</p> <p>‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries.</p> <p>§ For this measure, a lower score indicates better performance.</p> <p>¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.</p>					

For the 2007 reporting year, CP plans ranked as follows:

- CP plans did not rank first of the five plan types in any of the HEDIS measures.
- CP plans ranked second of the five plan types in the following HEDIS measures:
 - *Comprehensive Diabetes Care—HbA1c Testing*
- CP plans ranked third of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- CP plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Chlamydia Screening in Women*
 - *Use of Appropriate Medications for People With Asthma*
- CP plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

For the 2007 reporting year, LI plans ranked as follows:

- LI plans did not rank first of the five plan types in any of the HEDIS measures.
- LI plans ranked second of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*
- LI plans ranked third of the five plan types in the HEDIS measure *Well-Child Visits in the First 15 Months of Life*.
- LI plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—HbA1c Testing*
- LI plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Chlamydia Screening in Women*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

For the 2007 reporting year, GMC-N plans ranked as follows:

- GMC-N plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked second of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Comprehensive Diabetes Care—HbA1c Testing*

For the 2007 reporting year, GMC-S plans ranked as follows:

- GMC-S plans ranked first of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Adolescent Well-Care Visits*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S plans ranked third of the five plan types in the HEDIS measure *Comprehensive Diabetes Care—HbA1c Testing*.
- GMC-S plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- GMC-S plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*

Table 12. Comparison of 2008 Medi-Cal Managed Care Weighted Averages by Plan Type.

2008 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS Model	Two-Plan Model		GMC Model	
	COHS*	CP†	LI†	GMC – N‡	GMC – S‡
Childhood Immunization Status—Combination 2	83.3% (1)	77.4% (3)	82.3% (2)	70.8% (5)	71.4% (4)
Childhood Immunization Status—Combination 3¶	77.4%	68.8%	73.6%	65.8%	62.8%
Well-Child Visits in the First 15 Months of Life	72.3% (1)	46.6% (5)	56.7% (2)	55.9% (3)	49.5% (4)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.9% (1)	75.1% (3)	76.1% (2)	69.1% (5)	73.1% (4)
Adolescent Well-Care Visits	48.4% (1)	38.8% (2)	38.4% (4)	38.7% (3)	37.1% (5)
Prenatal and Postpartum Care—Timeliness of Prenatal Care	85.2% (1)	83.1% (2)	81.9% (3)	81.7% (4)	80.8% (5)
Prenatal and Postpartum Care—Postpartum Care	66.9% (1)	57.4% (3)	59.1% (2)	54.8% (4)	52.0% (5)
Breast Cancer Screening	56.4% (1)	45.3% (5)	50.5% (3)	47.4% (4)	51.3% (2)
Cervical Cancer Screening	69.1% (2)	69.9% (1)	68.2% (3)	68.2% (3)	67.0% (4)
Use of Appropriate Medications for People with Asthma	90.1% (1)	88.8% (3)	89.0% (2)	86.6% (4)	85.1% (5)
Appropriate Treatment for Children with Upper Respiratory Infection	85.2% (3)	81.3% (5)	82.5% (4)	89.5% (1)	88.4% (2)
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis¶	26.1%	30.3%	28.4%	28.7%	26.5%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	69.6% (1)	58.2% (2)	52.0% (5)	56.2% (3)	52.4% (4)
Comprehensive Diabetes Care—HbA1c Testing	85.3% (1)	81.0% (4)	81.4% (2)	78.1% (5)	81.1% (3)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)¶	39.7%	27.4%	31.0%	32.8%	32.1%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)§¶	35.5%	49.4%	43.1%	42.9%	45.5%
Comprehensive Diabetes Care—LDL-C Screening	81.3% (1)	76.4% (4)	77.4% (2)	72.0% (5)	77.0% (3)
Comprehensive Diabetes Care—LDL-C Control(<100mg/dL) ¶	40.0%	28.9%	32.9%	32.3%	40.6%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	82.0% (1)	77.7% (3)	76.9% (4)	75.1% (5)	78.8% (2)

2008 Performance Measure	Plan Type Rate (ranking among plan types)				
	COHS*	CP†	LI†	GMC-N‡	GMC-S‡
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)¶	322.4	254.8	268.1	263.2	250.0
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)¶	43.5	33.4	38.2	34.0	33.8
Ambulatory Care—Ambulatory Surgery/ Procedures (Total Procedures per 1,000 Member Months)¶	5.0	2.0	2.1	2.5	2.9
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)¶	2.9	0.3	0.5	0.3	0.4
Plan Model Definitions: * County Organized Health System (COHS) – County-operated and managed care organizations. Enrollment is mandatory for almost all Medi-Cal beneficiaries within a county operating a COHS. † Two-Plan consists of two plan types: Commercial Plans (CPs) are commercially-operated managed care plans. Local Initiatives (LIs) are community-developed managed care plans operated as quasi-governmental agencies. Members choose between an LI and a CP. Enrollment is mandatory for some beneficiaries. ‡ Geographic Managed Care (GMC) - Enrollees choose from several commercially-operated plans within a certain geographic area. Enrollment is mandatory for specified Medi-Cal beneficiaries. § This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control. ¶ Averages not ranked for measures where MPLs and HPLs are not applied in the reporting year.					

For the 2008 reporting year, CP plans ranked as follows:

- CP plans ranked first of the five plan types in the HEDIS measure *Cervical Cancer Screening*.
- CP plans ranked second of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- CP plans ranked third of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People with Asthma*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- CP plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
- CP plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Breast Cancer Screening*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

For the 2008 reporting year, LI plans ranked as follows:

- LI plans did not rank first of the five plan types in any of the HEDIS measures.
- LI plans ranked second of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
- LI plans ranked third of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Breast Cancer Screening*
 - *Cervical Cancer Screening*
- LI plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- LI plans ranked fifth of the five plan types in the HEDIS measure *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*.

For the 2008 reporting year, GMC-N plans ranked as follows:

- GMC-N plans ranked first of the five plan types in the HEDIS measure *Appropriate Treatment for Children with Upper Respiratory Infection*.
- GMC-N plans did not rank second of the five plan types in any of the HEDIS measures.
- GMC-N plans ranked third of the five plan types in the following HEDIS measures:
 - *Well-Child Visits in the First 15 Months of Life*
 - *Adolescent Well-Care Visits*
 - *Cervical Cancer Screening*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-N plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Breast Cancer Screening*
 - *Use of Appropriate Medications for People with Asthma*

- GMC-N plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*

For the 2008 reporting year, GMC-S plans ranked as follows:

- GMC-S plans did not rank first of the five plan types in any of the HEDIS measures.
- GMC-S plans ranked second of the five plan types in the following HEDIS measures:
 - *Breast Cancer Screening*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- GMC-S plans ranked third of the five plan types in the following HEDIS measures:
 - *Comprehensive Diabetes Care—HbA1c Testing*
 - *Comprehensive Diabetes Care—LDL-C Screening*
- GMC-S plans ranked fourth of the five plan types in the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Cervical Cancer Screening*
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- GMC-S plans ranked fifth of the five plan types in the following HEDIS measures:
 - *Adolescent Well-Care Visits*
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
 - *Prenatal and Postpartum Care—Postpartum Care*
 - *Use of Appropriate Medications for People With Asthma*

Comparison to Other National and California State Programs

In each of the quality, access, and timeliness assessments provided earlier in this report, Anthem's performance was compared with the Medi-Cal managed care weighted average and the national Medicaid average. This section provides two comparisons that have not been made elsewhere in this report—with national commercial averages and the California Healthy Families Program averages. The Healthy Families Program, administered by the California Managed Risk Medical Insurance Board, is a low cost health, dental, and vision coverage plan for uninsured children (up to age 19) of working families. In addition to the new rate comparisons, the Medi-Cal managed care weighted averages and the national Medicaid averages are provided in Tables 13 and 14.

Table 13. 2007 Performance Measurement Rates Comparing Anthem Blue Cross Partnership Plan to National and State Programs.

2007 Performance Measure	2007 Anthem Blue Cross Partnership Plan Rate	2007 Medi-Cal Managed Care Weighted Average*	2006 HEDIS National Medicaid Average*	2006 HEDIS National Commercial Average*	2007 CA Healthy Families Average†
Childhood Immunization Status—Combination 2	74.3%	77.9%	70.4%	77.8%	79.2%
Well-Child Visits in the First 15 Months of Life	51.3%	57.7%	48.6%	71.0%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	71.8%	74.3%	63.3%	64.4%	72.9%
Adolescent Well-Care Visits	35.8%	36.9%	40.6%	38.7%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	79.7%	79.4%	79.1%	91.9%	‡
Prenatal and Postpartum Care—Postpartum Care	57.6%	58.7%	57.0%	81.5%	‡
Chlamydia Screening in Women	55.7%	52.8%	50.6%	34.9%	41.1%
Breast Cancer Screening§	48.7%	48.6%	53.9%	72.0%	‡
Cervical Cancer Screening§	66.7%	67.9%	65.0%	81.8%	‡
Use of Appropriate Medications for People With Asthma	88.4%	86.8%	85.7%	89.9%	94.0%
Appropriate Treatment for Children With Upper Respiratory Infection	86.4%	78.9%	82.5%	82.9%	83.1%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis¶§	75.5%	71.0%	69.4%	66.1%	‡
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	50.8%	54.1%	48.6%	54.8%	‡
Comprehensive Diabetes Care—HbA1c Testing	77.4%	79.5%	76.2%	87.6%	‡
Comprehensive Diabetes Care—LDL-C Screening§	72.3%	75.9%	80.5%	92.3%	‡
Comprehensive Diabetes Care—Medical Attention for Nephropathy§	74.9%	81.0%	48.8%	55.1%	‡

* Rates obtained from the *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans*.
† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
‡ Healthy Families did not report data on these measures.
§ Due to significant changes in technical specifications, MPLs and HPLs had not yet been established for 2007. The rate is displayed for informational purposes only and will not be compared to benchmarks.
¶ For this 2007 measure, a lower rate indicates better the performance.

In this section, Delmarva focused on comparing Anthem's 2007 rates to the rates of national and Healthy Families benchmarks.

- When compared with the 2006 HEDIS national commercial averages, Anthem reported higher rates in 2007 for the following HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- Anthem had higher rates than the 2007 California Healthy Families rates on two of the seven comparable HEDIS measures:
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection.*

Delmarva presents additional comparisons below:

- Anthem performed better than all benchmarks for two HEDIS measures:
 - *Chlamydia Screening in Women*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- Anthem had mixed results for the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2* (Anthem had higher rates than the 2006 HEDIS national Medicaid average, but lower rates than the 2006 HEDIS national commercial average, the 2007 California Healthy Families average, and the 2007 Medi-Cal managed care weighted average.)
 - *Well-Child Visits in the First 15 Months of Life* (Anthem had higher rates than the 2006 HEDIS national Medicaid average, but lower rates than the 2006 HEDIS national commercial average, the 2007 California Healthy Families average, and the 2007 Medi-Cal managed care weighted average.)
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (Anthem had higher rates than the 2006 HEDIS national Medicaid average and the 2006 HEDIS national commercial average, but lower rates than the 2007 California Healthy Families average and the 2007 Medi-Cal managed care weighted average.)
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Anthem had higher rates than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower rates than the 2006 HEDIS national commercial average.)
 - *Prenatal and Postpartum Care—Postpartum Care* (Anthem had slightly higher rates than the 2006 HEDIS national Medicaid average, but lower rates than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national commercial average.)

- *Use of Appropriate Medications for People With Asthma* (Anthem had higher rates than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national Medicaid average, but lower rates than the 2006 HEDIS national commercial average and the 2007 California Healthy Families average.)
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (Anthem had higher rates than the 2006 HEDIS national Medicaid average, but lower rates than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national commercial average.)
- *Comprehensive Diabetes Care—HbA1c Testing* (Anthem had higher rates than the 2006 HEDIS national Medicaid average, but lower rates than the 2007 Medi-Cal managed care weighted average and the 2006 HEDIS national commercial average.)

➤ Anthem’s score was lower than all benchmarks for the HEDIS measure *Adolescent Well-Care Visits*.

Table 14. 2008 Performance Measurement Rates Comparing Anthem Blue Cross Partnership Plan to National and State Programs.

2008 Performance Measure	2008 Anthem Blue Cross Partnership Plan Rate	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 CA Healthy Families Average ^(b)
Childhood Immunization Status—Combination 2	72.7%	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status—Combination 3 ^(c)	64.1%	72.0%	60.6%	65.8%	73.4%
Well-Child Visits in the First 15 Months of Life	47.7%	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	74.2%	75.8%	66.8%	66.7%	72.9%
Adolescent Well-Care Visits	39.3%	39.6%	43.7%	40.3%	43.5%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.3%	82.6%	81.2%	90.6%	(d)
Prenatal and Postpartum Care—Postpartum Care	59.3%	59.1%	59.1%	79.9%	(d)
Breast Cancer Screening	48.5%	50.4%	49.1%	68.9%	(d)
Cervical Cancer Screening	67.9%	68.7%	65.7%	81.0%	(d)
Use of Appropriate Medications for People with Asthma	90.5%	88.8%	87.1%	91.6%	94.0%
Appropriate Treatment for Children with Upper Respiratory Infection	88.2%	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis ^(e)	27.8%	28.4%	(e)	(e)	(d)

2008 Performance Measure	2008 Anthem Blue Cross Partnership Plan Rate	2008 Medi-Cal Managed Care Weighted Average ^(a)	2007 HEDIS National Medicaid Average ^(a)	2007 HEDIS National Commercial Average ^(a)	2007 CA Healthy Families Average ^(b)
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	54.2%	58.1%	51.4%	54.7%	(d)
Comprehensive Diabetes Care—HbA1c Testing	78.7%	82.1%	78.0%	87.5%	(d)
Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) ^(e)	28.7%	32.6%	N/A	41.8%	(d)
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ^{(e)(f)}	50.8%	42.6%	48.7%	29.6%	(d)
Comprehensive Diabetes Care—LDL-C Screening	73.0%	77.8%	71.1%	83.4%	(d)
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL) ^(e)	26.1%	34.2%	30.6%	43.0%	(d)
Comprehensive Diabetes Care—Medical Attention for Nephropathy	72.1%	78.3%	74.6%	79.7%	(d)
Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months) ^{(e)(g)}	295.25	271.57	317.97	296.73	(d)
Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months) ^{(e)(g)}	41.82	37.26	57.02	16.71	(d)
Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months) ^{(e)(g)}	2.95	2.58	5.30	10.49	(d)
Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months) ^{(e)(g)}	0.11	0.79	1.78	.83	(d)

(a) Rates obtained from the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans*.
(b) 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html.
(c) Due to first-year reporting requirements, MPLs and HPLs were not established for 2008. The rate is displayed for informational purposes only and will not be compared to benchmarks.
(d) Healthy Families did not report data on these measures.
(e) 2007 and 2008 rates cannot be compared. The 2007 measure was called *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis*, and a lower score was better. The 2008 measure is called *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*, and a higher score is better.
(f) This measure represents poor diabetes control as measured by HbA1c levels. A lower number represents better diabetes control.
(g) MMCD has yet to determine whether to apply an MPL or HPL to the *Ambulatory Care* measure. Scores are reported, but no conclusions should be drawn regarding plan performance in this area.

Plan performance of on newly required measures is not assessed because the first-year results are considered “baseline” results, and MMCD does not apply the MPL or HPL to these measures. In addition, the newly required *Ambulatory Care* indicators are not scored as percentages, but rather as utilization counts per 1,000 member months. MMCD has yet to determine whether to apply MPLs or HPLs to these measures.

In this section, Delmarva focused on comparing Anthem's 2008 rates to the rates of national and Healthy Families benchmarks.

- When compared with the 2007 HEDIS national commercial average, Anthem reported rates higher in 2008 for the following measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- When compared with 2007 California Healthy Families averages, Anthem reported higher rates in 2008 for two measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
 - *Appropriate Treatment for Children With Upper Respiratory Infection*

- Anthem showed lower rates than both the 2007 national commercial average and the 2007 Healthy Families average on the following HEDIS measures:
 - *Childhood Immunization Status—Combination 2*
 - *Adolescent Well-Care Visits*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Use of Appropriate Medications for People With Asthma*

Additional comparisons are presented below:

- Anthem performed better than all benchmarks for the measure *Appropriate Treatment for Children with Upper Respiratory Infection*.

- Anthem had mixed results for the following HEDIS measures:
 - *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* (Anthem's rates were higher than the 2007 HEDIS national Medicaid average, the 2007 HEDIS national commercial average, and the 2007 California Healthy Families average, but lower than the 2008 Medi-Cal managed care weighted average).
 - *Prenatal and Postpartum Care—Timeliness of Prenatal Care* (Anthem's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)
 - *Prenatal and Postpartum Care—Postpartum Care* (Anthem's rates were slightly higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than the 2007 HEDIS national commercial average.)

- *Cervical Cancer Screening* (Anthem's rates were higher than the 2007 national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
 - *Use of Appropriate Medications for People With Asthma* (Anthem's rates were higher than the 2008 Medi-Cal managed care weighted average and the 2007 national Medicaid average, but lower than 2007 HEDIS national commercial average.)
 - *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* (Anthem's rates were higher than the 2007 national Medicaid average, but lower than the 2008 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
 - *Comprehensive Diabetes Care—HbA1C Testing* (Anthem's rates were slightly higher than the 2007 HEDIS national Medicaid average, but lower than the 2007 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
 - *Comprehensive Diabetes Care—LDL-C Screening* (Anthem's rates were slightly higher than the 2007 HEDIS national Medicaid average, but lower than the 2007 Medi-Cal managed care weighted average and the 2007 HEDIS national commercial average.)
- Anthem performed worse than all benchmarks for five measures:
- *Childhood Immunization Status—Combination 2*
 - *Well-Child Visits in the First 15 Months of Life*
 - *Adolescent Well-Care Visits*
 - *Breast Cancer Screening*
 - *Comprehensive Diabetes Care—Medical Attention for Nephropathy.*

2007 Overall Strengths

- Anthem reported higher scores than all other benchmarks for two measures: *Chlamydia Screening in Women* and *Appropriate Treatment for Children With Upper Respiratory Infection.*
- Anthem improved HEDIS measure performance from 2007 to 2008 in 9 of the 14 comparable measures.
- For CAHPS, Anthem performed well in the following composite areas for most of the plan types in the composite areas: *Getting Needed Care* adult category, *How Well Doctors Communicate* child category, *Getting Care Quickly* child category, and *Courteous and Helpful Office Staff* child category.
- In the QIP assessment, the plan reported higher rates for *Adolescent Well-Care Visits* since the baseline measurement.
- In the sustainability area, Anthem showed overall sustainability and/or maintenance of performance for 4 of the 7 comparable HEDIS measures.

2007 Recommendations

Delmarva's overall assessment of Anthem in the areas of quality, access, and timeliness has identified several opportunities for improvement. Delmarva recommends that the plan focus on:

- Why its performance on the HEDIS measure, *Adolescent Well-Care Visits*, was poorer than all benchmarks.
- Which factors may be causing Anthem's adult and child populations to respond with mixed results for some plan types in all CAHPS composite areas.
- Determine from published reports on the statewide *Adolescent Health Collaborative* which factors may have led other plans to have greater successes and attempt to implement some of those "best practices."

2007 Summary

Both strengths and continued opportunities for improvement exist for Anthem in the areas of quality, access, and timeliness. Anthem is performing well in several areas, including the HEDIS measures:

- *Chlamydia Screening in Women*
- *Appropriate Treatment for Children With Upper Respiratory Infection*

Additionally, on the CAHPS survey, Anthem showed mixed results when compared to the Medi-Cal managed care weighted average in all composite areas for each plan types. Delmarva recommends that Anthem focus on enrollee perceptions for all CAHPS composite areas. The plan also should address its lower performance compared to benchmarks for the HEDIS *Adolescent Well-Care Visits* measure.

2008 HEDIS Measure Strengths

Anthem's rates were higher than all benchmark rates for the measure *Appropriate Treatment for Children With Upper Respiratory Infection*.

2008 Recommendations

Delmarva's assessment of Anthem's 2008 HEDIS measures in the areas of quality, access, and timeliness has identified several opportunities for improvement. Delmarva recommends that the plan focus on:

- Why its performance on the HEDIS measures *Childhood Immunization Status—Combination 2, Well-Child Visits in the First 15 Months of Life, Adolescent Well-Care Visits, Breast Cancer Screening, and Comprehensive Diabetes Care—Medical Attention for Nephropathy* was worse than other benchmarks.
- Factors that have led to its excellent performance on the measure *Appropriate Treatment for Children with Upper Respiratory Infection*. Once identified, Anthem should consider reproducing the activity/behavior for other projects.

2008 Summary

Delmarva concludes that both strengths and continued opportunities for improvement exist for Anthem in the area of HEDIS performance measures as presented in this report. In particular Anthem is performing well on the measure *Appropriate Treatment for Children with Upper Respiratory Infection*. Anthem should focus on improving rates for the five indicators on which the plan performed worse than benchmarks.

Appendix A: HEDIS®

HEDIS Background

The Healthcare Effectiveness Data and Information Set (HEDIS®)⁸ is a nationally recognized, standardized set of performance indicators developed by the National Committee for Quality Assurance (NCQA).

NCQA's Committee on Performance Measurement annually evaluates and makes collective decisions about the content of the measures and the entire HEDIS process. State governments, employer and business groups, payers, and consumers use the results of these measures. More than 90 percent of all national health plans use HEDIS to measure their performance on established dimensions of health care and plan services.

HEDIS data collection and validation is standardized across all plans. HEDIS methodology makes it possible to compare the performance of health plans to each other and to national benchmarks. Results are used to identify performance variances to help plans focus their quality improvement activities.

HEDIS Domains of Care

- NCQA assigns each of the technically-defined HEDIS measures (71 measures in 2007 and 70 measures in 2008) to one of eight domains of care:
 - Effectiveness of Care
 - Access/Availability of Care
 - Satisfaction with the Experience of Care (Adult and Child CAHPS)
 - Use of Services
 - Cost of Care
 - Health Plan Descriptive Information
 - Health Plan Stability
 - Informed Health Care Choices

⁸ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

DHCS-Required Measures

2007 DHCS-Required HEDIS Measures

For the 2007 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for *Comprehensive Diabetes Care* and *Prenatal and Postpartum Care*—for a total of 16 measurement indicators.⁹

- *Adolescent Well-Care Visits*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Breast Cancer Screening**
- *Cervical Cancer Screening**
- *Childhood Immunization Status—Combination 2*
- *Chlamydia Screening in Women*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening**
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy**
- *Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis**
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Use of Appropriate Medications for People With Asthma*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

⁹The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 06-010, entitled “Quality and Performance Improvement Program Requirements for 2007.”

* MPLs/HPLs were not applied to these measures in 2007.

2008 DHCS-Required HEDIS Measures

For the 2008 Reporting Year, the DHCS required plans to report on 12 selected HEDIS measures—including multiple indicators for *Ambulatory Care*, *Childhood Immunization Status*, *Comprehensive Diabetes Care*, and *Prenatal and Postpartum Care*—for a total of 23 measurement indicators.¹⁰

- *Adolescent Well-Care Visits*
- *Ambulatory Care—Outpatient Visits (Total Visits per 1,000 Member Months)**
- *Ambulatory Care—Emergency Department Visits (Total Visits per 1,000 Member Months)**
- *Ambulatory Care—Ambulatory Surgery/Procedures (Total Procedures per 1,000 Member Months)**
- *Ambulatory Care—Observation Room Stays (Total Stays per 1,000 Member Months)**
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis**
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Childhood Immunization Status—Combination 2*
- *Childhood Immunization Status—Combination 3**
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- *Comprehensive Diabetes Care—HbA1c Good Control (<7.0%)**
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**
- *Comprehensive Diabetes Care—HbA1c Testing*
- *Comprehensive Diabetes Care—LDL-C Screening*
- *Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)**
- *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- *Prenatal and Postpartum Care—Postpartum Care*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Use of Appropriate Medications for People With Asthma*
- *Well-Child Visits in the First 15 Months of Life*
- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*

The DHCS strives to select measures that gauge the quality of care provided to and access to care experienced by the largest segments of the Medi-Cal managed care population. The EQRO compiles and validates the measurement results from all the plans and communicates the results to the DHCS in an annual *Performance Measures for Medi-Cal Managed Care Plans* report.

¹⁰The measures are set forth annually in All Plan Letters issued by the DHCS and available on its website. See All Plan Letter No. 07-013, entitled “Quality and Performance Improvement Program Requirements for 2008.”

* MPLs/HPLs were not applied to these measures in 2008.

The *Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans* and the *Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans* (“*Annual Performance Measures reports*”) provide the Medi-Cal managed care weighted average for each measure. The Medi-Cal managed care weighted average accounts for variation in membership across plans. The plans’ HEDIS data processes are audited according to the protocols described in the *Annual Performance Measures reports*. Anthem’s rates in this plan report were taken from the *Annual Performance Measures reports*, as were the state and national benchmark rates used for comparison.

Performance Level Criteria

This report utilizes the following established benchmarks in assessing plans’ performance on measures:

- Medi-Cal Managed Care Weighted Average (Same Year)
- National Medicaid Average (Prior Year)
- National Commercial Average (Prior Year)

The DHCS compares plan rates to Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) for each measure to assess further program-wide quality of care and to identify specific health plan improvement needs. MPLs and HPLs are equal to the 25th and the 90th percentiles, respectively, of the 2006 and 2007 national Medicaid results. The performance benchmarks (MPLs and HPLs) were taken from NCQA’s *Quality Compass* for the previous year.

The HPL rates help identify plans that outperform the national Medicaid 90th percentile from the previous year. The DHCS does not apply the MPL and HPL to the first-year scores reported for any measure since that rate establishes a “baseline.” Similarly, the MPL and HPL are not applied in years when there were substantive changes to a measure’s technical specifications, since making a comparison to the previous rate would be inappropriate.

Appendix B: CAHPS®

CAHPS Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹¹ program is funded and administered by the U.S. Agency of Healthcare Research and Quality (AHRQ). AHRQ works closely with a consortium of public and private organizations to develop and support a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their health care experiences.

The CAHPS surveys capture members' ratings of health care experiences and probe those aspects of care for which members are the best, and sometimes, the only source of information. CAHPS results allow the DHCS to determine how well health plans are meeting their members' expectations and provide individual feedback to plans. This data-driven communication encourages health plan accountability and supports health plan efforts to develop and implement action plans for improving members' satisfaction with their healthcare and plan services. CAHPS results are presented and discussed in this report in relation to quality, access, and timeliness.

The DHCS generally has CAHPS surveys administered every two years. The survey discussed in this report was administered in 2007. Across all Medi-Cal managed care plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. A total of 12,985 adult members and 25,224 child members responded to this survey—a 35 percent and 30 percent adjusted response rate,¹² respectively.

CAHPS Measurements

During this reporting period, the 2007 CAHPS 4.0H Adult Medicaid Survey and the 3.0H Child Medicaid Survey were administered to members of the Medi-Cal managed care contracted health plans.

The 2007 Adult (4.0H CAHPS) survey consisted of 51 questions. The 51 questions were categorized into five major areas:

- Your Health Care in the Last 6 Months
- Your Personal Doctor
- Getting Health Care From Specialists
- Your Health Plan
- About You

¹¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

¹² The adjusted response rate for the category is calculated by dividing the total number of surveys completed by the difference between the number of surveys mailed and the number of surveys found to be ineligible.

The 2007 Child (3.0H CAHPS) survey consisted of 110 questions. The 110 questions were categorized into seven major areas:

- Your Child's Personal Doctor or Nurse
- Getting Health Care From a Specialist
- Your Child's Health Care in the Last 6 Months
- Specialized Services
- Your Child's Health Plan
- Prescription Medicines
- About Your Child and You

Survey results were divided into composite areas. The composite areas are used to report plan scores and are derived by combining similar questions. Composite areas include *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Courteous and Helpful Office Staff*, and *Customer Service*. As with other data sources used throughout this report, Delmarva assessed CAHPS scores using the quality, access, and timeliness framework. CAHPS composite scores were divided as follows:

- Quality
 - *Getting Needed Care*
 - *How Well Doctors Communicate*
- Access
 - *Getting Care Quickly*
- Timeliness
 - *Courteous and Helpful Office Staff*
 - *Customer Service*

Adult members were classified as those 18 years or older and child members were classified as those members 17 years or younger for survey purposes.

Medi-Cal Adult and Child overall averages were calculated from the ratings of all 30 contracts within the Medi-Cal managed care plans operating in the State of California and were weighted to be proportionate to plan enrollment. Delmarva employed a calculation method whereby a plan's result is considered indicative of high performance in a CAHPS composite area when 80 percent or more of the total responses for the composite area fall within the most positive response category (*i.e.*, definitely yes, always, etc.). It should be noted that this calculation method differs from the standardized scoring method established by NCQA. For future CAHPS surveys, California is likely to adopt NCQA's calculation methods, including scoring.

Sample Selection and Survey Methodology

Sample selection and survey methodology are summarized below:

Sample Groups

Surveyors pulled a random sample of eligible members from each managed care plan for participation in the survey.

Adult Sample

For each managed care plan, the CAHPS 4.0H adult survey sample was drawn first, employing the required sample size. An overall score was calculated for the adult population by collecting the results from all plans and weighting the results by each plan's population size relative to the total Medi-Cal managed care population.

Child Sample

The CAHPS 3.0H child survey sample was drawn second, employing the required sample size.

Children with Chronic Conditions and CSHCN Population

The Children with Chronic Conditions (CCC) supplemental sample is drawn from the set of prescreened members who were not already selected for the CAHPS 3.0H child survey sample. The CCC survey-based screening tool contains five questions representing five different health consequences. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered "Yes."

The CSHCN population consists of all child members identified as having a chronic condition, as defined by the parent's/guardian's responses to the CCC survey-based screening tool. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs. After Sample A was drawn, an oversample (Sample B) was drawn as required by NCQA sampling methodology. Sample B contains the CCC Measurement Set. These children were identified by the prescreening process described above. Therefore, it is important to note that the CCC population data set is a subset of Sample A/General Population and the CCC population may also have been included in the results for Sample B.

Calculating an overall score by collecting the results from all plans and weighting the results by plan population size could not be accomplished for the CSHCN population due to the selection methodology and possibility of "double counting." Overall, 31 percent of child members across all plans qualified as having special health care needs based on parent's/guardian's responses to the CCC screening tool.

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