Performance Evaluation Report

Anthem Blue Cross Partnership Plan

July 1, 2008–June 30, 2009

Medi-Cal Managed Care Division
California Department of
Health Care Services

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1. Executive Summary

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 3.4 million beneficiaries in the State of California through a combination of contracted full-scope and specialty managed care plans. The DHCS is responsible for assessing the quality of care delivered to members through its contracted plans, making improvements to care and services, and ensuring that contracted plans comply with federal and State standards.

Federal law requires that states use an external quality review organization (EQRO) to prepare an annual, independent technical report that analyzes and evaluates aggregated information on the health care services plans provide. The EQRO's performance evaluation centers on federal and State-specified criteria that fall into the domains of quality, access, and timeliness. The EQRO assigns compliance review standards, performance measures, and quality improvement projects (QIPs) into domains of care. The report must contain an assessment of the strengths and weaknesses of the plans, provide recommendations for improvement, and assess the degree to which the plans addressed any previous recommendations.

The DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an EQRO, to prepare the external quality review technical report. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review. Plan-specific reports are issued in tandem with the technical report.

Plan-specific reports include findings for each plan regarding its organizational assessment and structure, performance measures, and QIPs as they relate to the quality, access, and timeliness domains of care. This report is unique to the MCMC Program's contracted plan, Anthem Blue Cross Partnership Plan ("Anthem" or "the plan"). Anthem delivers care in Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties. This report covers the review period of July 1, 2008, to June 30, 2009. Actions taken by the plan subsequent to June 30, 2009, regarding findings identified within this report will be included in the next annual plan-specific evaluation report.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Quality

The quality domain of care relates to the plan's ability to increase desired health outcomes for Anthem's MCMC members through the provision of health care services and the plan's structural and operational characteristics.

The DHCS uses performance measures and QIP results to assess care delivered to members by a plan in areas such as preventive screenings and well-care visits, management of chronic disease, and appropriate treatment for acute conditions, all of which are likely to improve health outcomes. In addition, the DHCS monitors aspects of a plan's operational structure that support the delivery of quality care, such as the adoption of practice guidelines, a quality assessment and performance improvement program, and health information systems.

To create a uniform standard for assessing plans on MCMC-required performance measures, MCMC established a minimum performance level (MPL) and a high performance level (HPL) for each measure. Rates below the MPL indicate low performance, rates at or above the HPL indicate high performance, and rates at the MPL or between the MPL and HPL demonstrate average performance. The DHCS contractually required plans to report separate 2009 performance measure rates at the county level, unless otherwise specified. Anthem complied with reporting county-level rates for each of its nine counties that serve MCMC members. Anthem accounted for nine of the MCMC Program's 38 reporting units in 2009.

Overall, Anthem demonstrated below-average to average performance for the quality domain of care. HSAG based this on the Anthem's 2009 performance measure rates (which reflect 2008 measurement data), QIP outcomes, and compliance review standards related to measurement and improvement.

Seven out of nine of Anthem's counties performed below the MPL for at least one performance measure. Anthem's county performance measure rates ranged from below the MPLs to above the HPLs.

Anthem in Alameda, Contra Costa, and Sacramento counties had the greatest opportunity for improvement related to quality of care. These three Anthem counties were among the bottom four MCMC Program performers for 2009 that had seven or more measures below the MPLs and represented the greatest need for improved performance for the MCMC Program as a whole.

Anthem's strengths in delivering quality care to members included its performance across counties on the measures, *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*, *Use of Appropriate Medications for People With Asthma (ASM),* and *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed (CDC–E).* Anthem's rates for these measures were above the MPLs for all counties in which Anthem was contracted. Anthem performed best in Fresno and San Francisco counties compared to its performance in all of its other counties. In these two Anthem counties, the plan had no rates below the MPLs and demonstrated fairly consistent performance between 2008 and 2009.

The plan achieved success with its QIP focused on increasing retinal eye exams for members with diabetes. This improvement resulted in Anthem achieving the MPL for the diabetic retinal eye exam measure in all its counties.

Based on a review of the plan's 2008 Quality Improvement Program Evaluation, Anthem demonstrated a comprehensive quality program infrastructure that provides for compliance monitoring at both the county and overall plan level to support the delivery of quality care.[1]

Access

The access domain of care relates to a plan's standards, set forth by the State, to ensure the availability of and access to all covered services for Medi-Cal managed care members.

The DHCS has contract requirements for plans to ensure access to and the availability of services to members. The DHCS uses monitoring processes, including audits, to assess plans' compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and coverage of services.

Many performance measures fall under more than one domain. Measures such as well-care visits for children and adolescents, childhood immunizations, timeliness of prenatal care and postpartum care, cancer screening, and diabetes care fall under the domains of quality and access because members rely on access to and the availability of these services to receive care according to generally accepted clinical guidelines.

Anthem demonstrated below-average to average performance for the access domain of care. This assessment was based on its 2009 performance measure rates that relate to access, QIP outcomes that address access, and compliance review standards related to the availability of and access to care. Anthem's access-related performance measure rates across counties ranged from below the MPLs to the HPLs, except for one rate reported in Santa Clara County, which exceeded the HPL for the *Breast Cancer Screening (BCS)* measure.

[1] Anthem Blue Cross Partnership Plan State Sponsored Business. 2008 California Quality Improvement Program Evaluation.

The plan achieved success with increasing diabetic retinal eye exam rates as part of its *Improving Diabetes Management* QIP, which suggests that members have adequate access to eye care professionals. The plan did not show improvement in its Hemoglobin A1c (HbA1c) screening rate within the QIP.

For access-related compliance standards, Anthem demonstrated that it monitors, reports, and evaluates network adequacy from geographic access reports, after-hours surveys, and appointment access surveys. Overall geographic access standards were within the thresholds, with an opportunity to increase primary care provider access in Contra Costa County and hospital access in Stanislaus County.[2]

The DHCS Member Rights/Program Integrity Unit (MRPIU) review revealed opportunities for Anthem to increase compliance with cultural and linguistic services requirements, which can improve access to care for its members. The plan lacked a policy and procedure to ensure timely access to oral interpreter services. Additionally, the plan lacked a process for monitoring its providers to ensure the accessibility of language translation and culturally responsive care.

Anthem noted several statistically significant race/ethnicity differences in performance measure rates within its HEDIS®[3] improvement plans that the plan should evaluate to determine if there are any cultural and linguistic access-related barriers that it can address to reduce these disparities.

Timeliness

The timeliness domain of care relates to a plan's ability to make timely utilization decisions based on the clinical urgency of the situation, to minimize any disruptions to care, and to provide a health care service quickly after a need is identified.

The DHCS has contract requirements for plans to ensure timeliness of care and uses monitoring processes, including audits, to assess plans' compliance with these standards in areas such as enrollee rights and protections, grievance system, continuity and coordination of care, and utilization management. In addition, performance measures such as childhood immunizations, well-care visits, and prenatal and postpartum care fall under the timeliness domain of care because they relate to providing a health care service within a recommended period of time after a need is identified.

Based on 2009 performance measure rates for providing timely care and compliance review standards related to timeliness, Anthem demonstrated average performance in the timeliness domain of care. Overall, Anthem performed above the MCMC-established MPLs in most counties

[2] Anthem Blue Cross Partnership Plan State Sponsored Business. 2008 Quality Improvement Program Evaluation.
[3] HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

for childhood immunizations, while many of its counties could improve performance in timeliness of prenatal care and postpartum care.

Results from Anthem's after-hours survey, conducted during the fourth quarter of 2008 and reported within its quality improvement evaluation, showed a substantial 32 percent increase over prior-year scores despite falling below the Anthem standard of 100 percent. Appointment access thresholds of 95 percent were met for urgent care but not met for nonurgent, routine physical and prenatal categories.[4]

Anthem tracks and analyzes member grievances and appeals. The plan noted an overall decrease in the number of grievances in 2008 compared with 2007 as part of its annual quality evaluation. The highest percentage of clinical grievances related to care coordination, which may indicate a need for further evaluation by the plan.[5]

Conclusions and Recommendations

Overall, Anthem demonstrated below-average to average performance in providing quality, timely, and accessible health care services to its MCMC members.

Most of Anthem's performance measure rates ranged from below the MPLs to the HPLs. The plan had some success with its diabetes QIP in increasing retinal eye exam rates, but struggled to improve HbA1c rates.

Based on available compliance review information, the plan demonstrated compliance with most MCMC standards for enrollee rights and protections, structure and operations, and the grievance system. Opportunities for improvement related to availability and accessibility, specifically compliance with cultural and linguistic service standards.

Based on the overall assessment of Anthem in the areas of quality and timeliness of and access to care, HSAG recommends the following:

- Explore factors that contribute to low rates unique to Anthem for *Cervical Cancer Screening (CCS)*, *Comprehensive Diabetes Care—LDL-C Screening Performed (CDC–LS), LDL-C Control (CDC–LC)*, *Medical Attention for Nephropathy (CDC–N),* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*.
- Increase quality improvement resources for Alameda, Contra Costa, and Sacramento counties until the plan's performance achieves the MCMC-established MPLs.

[4] Anthem Blue Cross Partnership Plan State Sponsored Business. 2008 Quality Improvement Program Evaluation.
[5] Ibid.

- Revise performance measure improvement plans using evidenced-based and/or best practices to increase the likelihood of success for measures that are not showing improvement.
- Retire the *Improving Diabetes Management* QIP as a formal project and submit a new QIP proposal that addresses an area of low, actionable performance across counties, such as postpartum care.
- Improve QIP documentation by using HSAG's QIP Summary Form, which provides guidance for increasing compliance with the Centers for Medicare & Medicaid Services (CMS) protocol for conducting QIPs.
- Address deficient compliance standard areas related to the cultural and linguistic services requirements.
- Evaluate whether any cultural and linguistic access-related barriers can be targeted to increase performance measure rates.
- Explore opportunities to improve nonurgent, routine physical, and prenatal appointment accessibility.

In the next annual review, HSAG will evaluate Anthem's progress with these recommendations along with its continued successes.

Plan Overview

Anthem Blue Cross Partnership Plan—known as Blue Cross of California prior to April 1, 2009—is a full-scope Medi-Cal managed care plan operating in nine counties: Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare. Anthem initiated services under the MCMC Program beginning in Sacramento County in 1994, then expanded to additional counties. As of December 31, 2007, Anthem made a business decision to terminate its MCMC contract in San Diego County. As of June 30, 2009, Anthem had 436,970 enrolled members under the MCMC Program for all of its contracted counties combined.[6]

Anthem delivers care to members as a Two-Plan model commercial plan in Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, and Santa Clara counties and as a local initiative in Stanislaus and Tulare counties. In a Two-Plan model, the DHCS contracts with two managed care plans in each county to provide medical services to members. Most Two-Plan model counties offer a local initiative plan and a nongovernmental commercial health plan from which members may select.

Anthem delivers care as a Geographic Managed Care (GMC) model commercial plan in Sacramento County. In a GMC model, enrollees choose from three or more commercial plans offered in a county. Beneficiaries with designated, mandatory aid codes must enroll in a managed care plan. Seniors and individuals with disabilities who are eligible for Medi-Cal benefits under the Supplemental Security Income (SSI) program and a small number of beneficiaries in several other aid codes are not required to enroll in a plan but may choose to do so. These "voluntary" beneficiaries may either enroll in a managed care plan or receive services through the Medi-Cal fee-for-service program.

[6] *Medi-Cal Managed Care Enrollment Report, June 2009*, available at http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

Conducting the Review

According to federal requirements, the State or its EQRO must conduct a review to determine a Medicaid managed care plan's compliance with standards established by the State related to enrollee rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards.

The DHCS conducts this review activity through an extensive monitoring process that assesses plans' compliance with State and federal requirements at the point of initial contracting and through subsequent, ongoing monitoring activities.

Findings

HSAG organized, aggregated, and analyzed results from the DHCS's compliance monitoring reviews to draw conclusions about Anthem's performance in providing quality, accessible, and timely health care services to its MCMC members. Compliance monitoring standards fall under the timeliness and access domains of care; however, standards related to measurement and improvement fall under the quality domain of care. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Joint Audit Review

The DHCS's Audits and Investigations (A&I) Division works in conjunction with the California Department of Managed Health Care (DMHC) to conduct routine medical surveys (joint audits) of MCMC plans. These medical audits assess plans' compliance with contract requirements and State and federal regulations. A joint audit is conducted for each MCMC plan approximately once every three years. In addition, the A&I Division periodically conducts non-joint medical audits of five MCMC plans. Anthem is one of the MCMC plans designated to receive a non-joint audit.

HSAG reviewed the most current audit reports available as of June 30, 2009, to assess plan's compliance with State-specified standards.

The DHCS's A&I Division conducted a non-joint medical audit of Anthem in September 2009. The results of the 2009 audit will be included in the next annual performance review.

Member Rights and Program Integrity Monitoring Review

The Member Rights/Program Integrity Unit (MRPIU) is responsible for monitoring plan compliance with contract requirements and State and federal regulations pertaining to member rights and program integrity. To accomplish this, MRPIU reviews and approves plans' written policies and procedures for member rights (such as member grievances, prior-authorization request notifications, marketing and enrollment programs, and cultural and linguistic services) and for program integrity (fraud and abuse prevention and detection). These reviews are done before a plan becomes operational in the MCMC Program, when changes are made to policies and procedures, during contract renewal, and if the plan's service area is expanded.

As part of the monitoring process, MRPIU conducts an on-site review of each plan approximately every two years and follow-up visits when necessary to address unresolved compliance issues and provide technical assistance. For this report, HSAG reviewed the most current MRPIU plan monitoring reports available as of June 30, 2009.

MRPIU conducted a review of Anthem in May 2009, covering the review period of July 1, 2007, through December 31, 2008. The relevant areas of review addressed member grievances, prior-authorization notification, marketing, and cultural and linguistic services.

The MRPIU review showed that, overall, Anthem was compliant with member grievances; however, Anthem's policy and procedure related to processing member grievances lacked information that addressed cultural and linguistic requirements. The DHCS requested that the plan modify its policy.

In the area of prior-authorization notification, MRPIU found that Anthem's policy and procedure lacked the required record retention time frame. In addition, MRPIU recommended that Anthem make adjustments to ensure subcontractors' compliance with using the DHCS's Notice of Action (NOA) templates, including the "Your Rights" attachment with each NOA, and specifying a citation or specification regulation or plan authorization procedure supporting the action within the NOA.

Anthem was fully compliant with its marketing requirements; however, MRPIU noted several deficiencies with cultural and linguistic services requirements:

- Anthem's policies and procedures lacked the specification that limited English proficient members would not be subjected to unreasonable delays in receiving appropriate interpreter services.
- Not all providers were in compliance with the required 24-hour oral interpreter service requirements.

- Some providers indicated that they do not document in the medical record the request or refusal of language/interpreter services by a limited English proficient member.
- Some providers encouraged members to use their own family and/or friends as interpreters.
- Not all providers received cultural competency, sensitivity, or diversity training from Anthem.

Strengths

Findings from the review showed that overall, Anthem was compliant with most areas under the scope of the review as they related to access and timeliness of care.

Anthem had a comprehensive quality program infrastructure that supported internal compliance monitoring at both its county and overall plan level. In addition, Anthem incorporated monitoring of its providers and oversight of delegated entities as part of its quality program.

Anthem reported both successes and opportunities for improvement within its annual evaluation in areas that included patient safety, program operations, availability of providers and services, member satisfaction, case management, disease management, continuity and coordination of care, and member rights, complaints, grievances, and appeals.

The plan voluntarily sought accreditation of its Medicaid product line through the National Committee for Quality Assurance (NCQA). NCQA evaluates the plan's structure and operations against NCQA's standards and addresses areas similar to the DHCS's standards for access to care, quality of care, and timely care. NCQA gave Anthem a *Commendable* rating for its MCMC plan.[7] Anthem scored highest in the area of *Access and Service,* which relates to members' access to needed care, taking into consideration member appeals and grievances, and member satisfaction scores.

Opportunities for Improvement

While the MRPIU review findings did not result in a formal corrective action plan, Anthem has an opportunity to evaluate its policy and procedure related to cultural and linguistic requirements.

According to Anthem's 2008 Quality Improvement Program Evaluation, 34 percent of its MCMC population identifies Spanish as their preferred language. Having timely, appropriate, and accessible language translation available to those members is critical to delivering culturally and linguistically appropriate services. In addition, the plan's contracted providers should receive training that better prepares them to address the needs of its diverse MCMC members in a culturally responsive way.

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[7] National Committee for Quality Assurance. Health Plan Report Card, http://reportcard.ncqa.org/plan/external/plansearch.aspx. Accessed May 2010.

Conducting the Review

The DHCS selects a set of performance measures to evaluate the quality of care delivered by contracted plans to Medi-Cal managed care members on an annual basis. These DHCS-selected measures are referred to as the External Accountability Set (EAS). The DHCS requires that plans collect and report EAS rates, which provides a standardized method for objectively evaluating plans' delivery of services.

HSAG conducts validation of these performance measures as required by the DHCS to evaluate the accuracy of plans' reported results. Validation determines the extent to which plans followed specifications established by the MCMC Program for its EAS-specific performance measures when calculating rates.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about Anthem's performance in providing accessible, timely, and quality care and services to its MCMC members. The selected EAS measures fell under all three domains of care—quality, access, and timeliness. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Performance Measure Validation

HSAG performed a HEDIS® Compliance Audit™ of Anthem Blue Cross in 2009. HSAG found all measures to be reportable except for the *Comprehensive Diabetes Care—HbA1c Control (< 7.0 Percent)* measure. This measure had significant methodology revisions which made it challenging for the plan to achieve the required sample size because of a high number of unexpected exclusions. The plan chose not to report this measure due to the added cost to resample and abstract the number of medical records needed to produce a valid rate.

Anthem's information systems (IS) supported accurate HEDIS reporting. The plan was fully compliant with IS standards, and the auditors identified no corrective actions. Suggestions from the audit involved obtaining more complete encounter data from its providers and implementing a process to reconcile rejected encounters.

Performance Measure Results

Tables 4.1–4.9 present a summary of Anthem's HEDIS 2009 performance measure results (based on calendar year 2008 data) compared to HEDIS 2008 performance measures results (based on calendar year 2007 data) across counties. In addition, the table shows the plan's HEDIS 2009 performance compared to the MCMC-established MPLs and HPLs.

For all but one measure, the MCMC Program bases its MPLs and HPLs on the National Committee for Quality Assurance (NCQA)'s national Medicaid 25th percentile and 90th percentile, respectively. For the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure, NCQA inverted the rate—a low rate indicates better performance, and a high rate indicates worse performance. For this measure only, the established MPL is based on the Medicaid 75th percentile, and the HPL is based on the national Medicaid 10th percentile.

Since the plan chose not to report the *Comprehensive Diabetes Care—HbA1c Control (<7.0 Percent)* measure, HSAG could not compare rates between 2008 and 2009. Table 4.1–Table 4.9 note the 2009 rate as a *Not Report* audit result.

Appendix A includes a performance measure name key with abbreviations contained in the following tables.

Table 4.1—2008–2009 Performance Measure Results for Anthem Blue Cross—Alameda County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	36.9%	33.8%	★★	↔	20.6%	35.4%
ASM	Q	86.6%	92.1%	★★★	↑	86.1%	91.9%
AWC	Q,A,T	34.0%	34.0%	★	↔	35.9%	56.7%
BCS	Q,A	38.3%	41.1%	★	↔	44.4%	61.2%
CCS	Q,A	63.7%	60.0%	★★	↔	56.5%	77.5%
CDC–E	Q,A	48.8%	45.6%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	20.2%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	64.7%	62.9%	★	↔	52.5%	32.4%
CDC–HT	Q,A	71.2%	69.1%	★	↔	74.2%	88.8%
CDC–LC (<100)	Q	17.2%	24.6%	★	↑	25.1%	42.6%
CDC–LS	Q,A	67.4%	64.8%	★	↔	66.7%	81.8%
CDC–N	Q,A	58.1%	62.4%	★	↔	67.9%	85.4%
CIS–3	Q,A,T	52.5%	64.1%	★★	↑	59.9%	78.2%
PPC–Pre	Q,A,T	70.4%	76.8%	★★	↑	76.6%	91.4%
PPC–Pst	Q,A,T	48.8%	49.7%	★	↔	54.0%	70.6%
URI	Q	93.4%	93.6%	★★	↔	79.6%	94.1%
W15	Q,A,T	22.0%	33.3%	★	↑	44.5%	73.7%
W34	Q,A,T	65.5%	58.2%	★	↓	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.2—2008–2009 Performance Measure Results for Anthem Blue Cross—Contra Costa County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	NA	36.6%	★★★	Not Comparable	20.6%	35.4%
ASM	Q	90.8%	86.9%	★★	↔	86.1%	91.9%
AWC	Q,A,T	28.2%	29.2%	★	↔	35.9%	56.7%
BCS	Q,A	35.9%	38.6%	★	↔	44.4%	61.2%
CCS	Q,A	54.5%	55.5%	★	↔	56.5%	77.5%
CDC–E	Q,A	48.8%	43.3%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	25.0%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	60.0%	71.1%	★	↔	52.5%	32.4%
CDC–HT	Q,A	72.5%	71.1%	★	↔	74.2%	88.8%
CDC–LC (<100)	Q	21.3%	30.0%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	56.3%	65.6%	★	↔	66.7%	81.8%
CDC–N	Q,A	63.8%	65.6%	★	↔	67.9%	85.4%
CIS–3	Q,A,T	48.8%	62.8%	★★	↑	59.9%	78.2%
PPC–Pre	Q,A,T	72.1%	79.3%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	51.9%	47.1%	★	↔	54.0%	70.6%
URI	Q	88.8%	88.7%	★★	↔	79.6%	94.1%
W15	Q,A,T	39.4%	31.8%	★	↔	44.5%	73.7%
W34	Q,A,T	58.6%	55.7%	★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.3—2008–2009 Performance Measure Results for Anthem Blue Cross—Fresno County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	35.2%	34.8%	★★	↔	20.6%	35.4%
ASM	Q	92.4%	91.4%	★★	↔	86.1%	91.9%
AWC	Q,A,T	44.2%	38.2%	★★	↔	35.9%	56.7%
BCS	Q,A	45.7%	45.1%	★★	↔	44.4%	61.2%
CCS	Q,A	70.6%	73.9%	★★	↔	56.5%	77.5%
CDC–E	Q,A	57.1%	57.4%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	21.3%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	59.6%	46.0%	★★	↑	52.5%	32.4%
CDC–HT	Q,A	81.1%	85.2%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	20.8%	27.9%	★★	↑	25.1%	42.6%
CDC–LS	Q,A	73.5%	77.9%	★★	↔	66.7%	81.8%
CDC–N	Q,A	74.5%	79.8%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	65.5%	73.6%	★★	↑	59.9%	78.2%
PPC–Pre	Q,A,T	87.2%	85.7%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	67.1%	58.5%	★★	↓	54.0%	70.6%
URI	Q	86.2%	87.3%	★★	↑	79.6%	94.1%
W15	Q,A,T	58.5%	61.3%	★★	↔	44.5%	73.7%
W34	Q,A,T	81.9%	73.8%	★★	↓	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.4—2008–2009 Performance Measure Results for Anthem Blue Cross—Sacramento County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	27.7%	25.2%	★★	↔	20.6%	35.4%
ASM	Q	85.4%	90.3%	★★	↑	86.1%	91.9%
AWC	Q,A,T	36.6%	34.3%	★	↔	35.9%	56.7%
BCS	Q,A	45.5%	43.2%	★	↔	44.4%	61.2%
CCS	Q,A	67.3%	64.5%	★★	↔	56.5%	77.5%
CDC–E	Q,A	47.9%	43.1%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	32.4%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	47.0%	59.4%	★	↓	52.5%	32.4%
CDC–HT	Q,A	71.2%	72.5%	★	↔	74.2%	88.8%
CDC–LC (<100)	Q	21.1%	22.6%	★	↔	25.1%	42.6%
CDC–LS	Q,A	66.6%	67.5%	★★	↔	66.7%	81.8%
CDC–N	Q,A	67.3%	72.4%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	63.9%	56.3%	★	↓	59.9%	78.2%
PPC–Pre	Q,A,T	81.5%	74.7%	★	↓	76.6%	91.4%
PPC–Pst	Q,A,T	51.2%	55.3%	★★	↔	54.0%	70.6%
URI	Q	91.5%	92.2%	★★	↔	79.6%	94.1%
W15	Q,A,T	52.3%	45.7%	★★	↔	44.5%	73.7%
W34	Q,A,T	68.5%	71.9%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a p value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.5—2008–2009 Performance Measure Results for Anthem Blue Cross—San Francisco County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	46.6%	42.5%	★★★	↔	20.6%	35.4%
ASM	Q	89.3%	88.0%	★★	↔	86.1%	91.9%
AWC	Q,A,T	53.2%	53.6%	★★	↔	35.9%	56.7%
BCS	Q,A	57.3%	59.5%	★★	↔	44.4%	61.2%
CCS	Q,A	69.2%	71.9%	★★	↔	56.5%	77.5%
CDC–E	Q,A	56.7%	61.3%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	37.9%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	35.5%	42.7%	★★	↔	52.5%	32.4%
CDC–HT	Q,A	80.8%	81.4%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	32.5%	26.6%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	78.3%	70.4%	★★	↔	66.7%	81.8%
CDC–N	Q,A	72.9%	80.4%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	79.5%	75.9%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	89.4%	82.6%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	63.0%	54.4%	★★	↔	54.0%	70.6%
URI	Q	94.7%	95.4%	★★★	↔	79.6%	94.1%
W15	Q,A,T	67.5%	64.0%	★★	↔	44.5%	73.7%
W34	Q,A,T	85.2%	78.7%	★★	↓	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a p value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.6—2008–2009 Performance Measure Results for Anthem Blue Cross—San Joaquin County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	18.8%	18.4%	★	↔	20.6%	35.4%
ASM	Q	93.9%	92.6%	★★★	↔	86.1%	91.9%
AWC	Q,A,T	41.2%	41.7%	★★	↔	35.9%	56.7%
BCS	Q,A	45.6%	45.1%	★★	↔	44.4%	61.2%
CCS	Q,A	60.6%	61.6%	★★	↔	56.5%	77.5%
CDC–E	Q,A	48.5%	50.0%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	26.9%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	53.6%	68.3%	★	↓	52.5%	32.4%
CDC–HT	Q,A	74.9%	71.9%	★	↔	74.2%	88.8%
CDC–LC (<100)	Q	29.0%	19.7%	★	↓	25.1%	42.6%
CDC–LS	Q,A	69.5%	73.0%	★★	↔	66.7%	81.8%
CDC–N	Q,A	68.6%	73.8%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	68.1%	68.3%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	78.7%	77.7%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	47.6%	52.4%	★	↔	54.0%	70.6%
URI	Q	86.3%	82.1%	★★	↓	79.6%	94.1%
W15	Q,A,T	59.8%	52.2%	★★	↔	44.5%	73.7%
W34	Q,A,T	78.7%	75.7%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.7—2008–2009 Performance Measure Results for Anthem Blue Cross—Santa Clara County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	21.7%	24.1%	★★	↔	20.6%	35.4%
ASM	Q	85.8%	86.1%	★★	↔	86.1%	91.9%
AWC	Q,A,T	41.0%	39.7%	★★	↔	35.9%	56.7%
BCS	Q,A	64.7%	64.5%	★★★	↔	44.4%	61.2%
CCS	Q,A	70.1%	72.4%	★★	↔	56.5%	77.5%
CDC–E	Q,A	57.3%	67.4%	★★	↑	39.7%	67.6%
CDC–H7 (<7.0%)	Q	32.5%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	50.7%	62.0%	★	↓	52.5%	32.4%
CDC–HT	Q,A	80.3%	81.6%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	27.3%	37.0%	★★	↑	25.1%	42.6%
CDC–LS	Q,A	77.5%	80.4%	★★	↔	66.7%	81.8%
CDC–N	Q,A	71.3%	80.7%	★★	↑	67.9%	85.4%
CIS–3	Q,A,T	63.6%	48.1%	★	↓	59.9%	78.2%
PPC–Pre	Q,A,T	80.1%	73.4%	★	↓	76.6%	91.4%
PPC–Pst	Q,A,T	50.2%	56.0%	★★	↔	54.0%	70.6%
URI	Q	89.8%	90.5%	★★	↔	79.6%	94.1%
W15	Q,A,T	30.0%	40.6%	★	↑	44.5%	73.7%
W34	Q,A,T	71.5%	69.1%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.8—2008–2009 Performance Measure Results for Anthem Blue Cross—Stanislaus County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	20.0%	22.5%	★★	↔	20.6%	35.4%
ASM	Q	90.0%	90.7%	★★	↔	86.1%	91.9%
AWC	Q,A,T	32.2%	22.1%	★	↓	35.9%	56.7%
BCS	Q,A	45.2%	48.1%	★★	↔	44.4%	61.2%
CCS	Q,A	61.6%	64.8%	★★	↔	56.5%	77.5%
CDC–E	Q,A	50.2%	48.7%	★★	↔	39.7%	67.6%
CDC–H7 (<7.0%)	Q	41.5%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	35.2%	47.0%	★★	↓	52.5%	32.4%
CDC–HT	Q,A	82.3%	77.9%	★★	↔	74.2%	88.8%
CDC–LC (<100)	Q	33.5%	35.1%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	75.7%	77.2%	★★	↔	66.7%	81.8%
CDC–N	Q,A	70.6%	73.6%	★★	↔	67.9%	85.4%
CIS–3	Q,A,T	62.7%	67.4%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	85.0%	83.1%	★★	↔	76.6%	91.4%
PPC–Pst	Q,A,T	56.3%	53.8%	★	↔	54.0%	70.6%
URI	Q	89.8%	91.6%	★★	↑	79.6%	94.1%
W15	Q,A,T	40.0%	38.1%	★	↔	44.5%	73.7%
W34	Q,A,T	65.0%	62.3%	★★	↔	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Table 4.9—2008–2009 Performance Measure Results for Anthem Blue Cross—Tulare County

Performance Measure[1]	Domain of Care[2]	2008 HEDIS Rates[3]	2009 HEDIS Rates[4]	Performance Level for 2009	Performance Comparison[5]	MMCD's Minimum Performance Level[6]	MMCD's High Performance Level (Goal)[7]
AAB	Q	21.1%	24.4%	★★	↔	20.6%	35.4%
ASM	Q	91.5%	92.4%	★★★	↔	86.1%	91.9%
AWC	Q,A,T	40.0%	38.7%	★★	↔	35.9%	56.7%
BCS	Q,A	53.4%	50.5%	★★	↔	44.4%	61.2%
CCS	Q,A	75.0%	74.7%	★★	↔	56.5%	77.5%
CDC–E	Q,A	60.0%	46.1%	★★	↓	39.7%	67.6%
CDC–H7 (<7.0%)	Q	30.4%	Not Report	Not Comparable	Not Comparable	†	†
CDC–H9 (>9.0%)	Q	42.5%	51.1%	★★	↓	52.5%	32.4%
CDC–HT	Q,A	82.2%	73.9%	★	↓	74.2%	88.8%
CDC–LC (<100)	Q	28.8%	25.4%	★★	↔	25.1%	42.6%
CDC–LS	Q,A	77.8%	65.3%	★	↓	66.7%	81.8%
CDC–N	Q,A	79.7%	72.6%	★★	↓	67.9%	85.4%
CIS–3	Q,A,T	73.6%	72.5%	★★	↔	59.9%	78.2%
PPC–Pre	Q,A,T	89.8%	82.7%	★★	↓	76.6%	91.4%
PPC–Pst	Q,A,T	68.3%	63.6%	★★	↔	54.0%	70.6%
URI	Q	84.6%	83.9%	★★	↔	79.6%	94.1%
W15	Q,A,T	52.9%	52.8%	★★	↔	44.5%	73.7%
W34	Q,A,T	77.3%	70.8%	★★	↓	59.8%	78.9%

[1] DHCS-selected HEDIS performance measures developed by NCQA. See Appendix A for the full name of each HEDIS measure.
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2008 rates reflect measurement year data from January 1, 2007, through December 31, 2007.
[4] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[5] Performance comparisons are based on the z test of statistical significance with a p value of <0.05.
[6] The MMCD's minimum performance level (MPL) is based on NCQA's national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, the MPL is based on the national Medicaid 75th percentile.
[7] The MMCD's high performance level (HPL) is based on NCQA's national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, the HPL is based on the national Medicaid 10th percentile because a lower rate indicates better performance.
†The MMCD's MPL and HPL are not applied to this measure due to significant methodology changes between 2008 and 2009.
★ = Below-average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the Medicaid 75th percentile.
★★ = Average performance relative to national Medicaid percentiles (between the 25th and 90th percentiles). Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th and 75th percentiles.
★★★ = Above-average performance relative to the national Medicaid 90th percentile. Note: For the CDC–H9 (>9.0%) measure, performance is relative to the national Medicaid 10th percentile.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
↑ = Statistically significant increase.
Not Comparable = Performance could not be compared due either to significant methodology changes between years or because the rate was not reported.
Not Report = The plan chose not to report the rate or the rate could not be reported due to material bias.

Performance Measure Result Findings

Overall, Anthem demonstrated below-average to average performance across its counties, with rates ranging from the HPL to below the MPL for its reported performance measures in 2009. Anthem did not report 2009 rates for the *Comprehensive Diabetes Care—HbA1c Control (<7.0 Percent)* measure due to challenges with producing a valid rate.

HEDIS Improvement Plans

Plans have a contractual requirement to perform at or above the established MPL. Plans that have rates below this minimum level must submit an improvement plan to the DHCS for each area of deficiency, outlining the steps they will take to improve care.

Between 2008 and 2009 Anthem had to submit an increased number of improvement plans in all counties except Contra Costa County, which decreased from 11 required improvement plans in 2008 to 10 in 2009.

Asthma Medication Management

Anthem's 2008 rate of 85.4 percent in Sacramento County for *Use of Appropriate Medications for People With Asthma (ASM)* required an improvement plan. Anthem identified many barriers in Sacramento County related to practitioners, members, and health care delivery. The improvement plan focused its intervention on providers, with quarterly notification to primary care providers and specialists of its Health Habits Count and asthma programs. In addition, in Sacramento County, Anthem sent member-specific medical chart inserts for those identified as asthmatics and assigned to a physician. In 2009, Anthem achieved the MPL in Sacramento County with a rate of 90.3 percent, a statistically significant increase over its 2008 rate. Anthem should continue to monitor its rate in Sacramento County to ensure sustained improvement.

Cancer Screening

As a means to improving screening rates for breast and cervical cancer, Anthem provided automated reminder calls to members due for a screening and to members identified without the appropriate screening. Although literature shows evidence that client reminders are an effective strategy for increasing screening rates, this intervention alone has not been sufficient in improving rates for Anthem.

The Task Force on Community Preventive Services provides evidence-based interventions for increasing breast and cervical cancer screening rates.[8] Interventions include client reminders, small

[8] Centers for Disease Control and Prevention. *Guide to Community Preventive Services. Cancer prevention and control: client-oriented screening interventions.* http://www.thecommunityguide.org/cancer/screening/client-oriented/index.html

media (videos and printed materials such as letters, brochures, and newsletters), and one-on-one education. For breast cancer screening, the task force also found it effective to reduce structural barriers (distance from screening locations, limited hours of operations, lack of day care for children, and language and cultural factors). Anthem should modify its improvement plan interventions to increase the likelihood of success and should consider alternative, evidence-based strategies.

Anthem's county-level data analysis found statistically significant differences in breast cancer and cervical cancer screening rates by race/ethnicity and language. Anthem in Alameda County noted differences in its breast cancer screening rates, with Asian Indians and Whites having the lowest rates compared to Vietnamese, which had the highest rates. In addition, English-speaking members showed lower rates of breast cancer screening compared to all other racial groups. Anthem in Contra Costa County noted statistically significant differences by race for cervical cancer screening rates, with the lowest rates for Whites, followed by Blacks. The plan may consider exploring these differences further and implementing targeted interventions based on the identified barriers as a means to improving screening rates.

Childhood Immunizations

Although the DHCS did not require improvement plans for HEDIS 2008 rates due to the change from reporting *Combination 2* rates to reporting *Combination 3* rates, Anthem in both Alameda and Contra Costa counties improved childhood immunization rates, exceeding the MPL in 2009.

In 2009, Anthem had statistically significant decreases in its 2008 rates in Sacramento and Santa Clara counties, falling below the MPL.

Diabetes Care

To improve HbA1c and LDL-C screening rates and attention for nephropathy (kidney disease), Anthem's 2008 improvement plans targeted both physicians and members. In September 2008, the plan had clinical quality auditors distribute lists of members without documented screenings to providers. The timing of this intervention may not have impacted the 2009 HEDIS rates.

Because Anthem's rates continued to fall below the MPLs for these measures in several counties, the plan may consider implementing the use of report cards to providers documenting their care of diabetic members. These report cards could include identification of diabetic members, a summary of all diabetes services received, and a chart tool. HSAG has noted this to be an effective strategy used by other plans to improve rates.

Prenatal and Postpartum Care

Anthem's prenatal and postpartum care rates in several counties were below the MPL in 2008 and 2009 for both *Timeliness of Prenatal Care* (*PPC–Pre)* and *Postpartum Care (PPC–Pst)*. The plan noted targeted interventions aimed at improving a member knowledge deficit regarding postpartum care. Because of continued low performance in this area, the plan should conduct further barrier analysis and modify its interventions for increased success. The prenatal care improvement plan was not available for HSAG's review.

Data analysis included in the 2008 postpartum improvement plan noted several differences in rates based on race/ethnicity and language. Anthem had its lowest postpartum care rates for Black women in Alameda County, and had its lowest rates for White women in San Joaquin County, both statistically significant differences. The plan had its lowest postpartum rates among English-speaking members in Santa Clara County, also a statistically significant difference. The plan should explore these differences further. Also, it was unclear in the improvement plan if women were not seeking postpartum care or if the care was outside of the recommended time frame. Making this distinction would provide the plan better direction in the development of targeted interventions.

HSAG noted sustained improvement of postpartum care in QIPs that implemented interventions that included bus tokens or taxi vouchers for transportation; member incentives for postpartum visits scheduled at 36 weeks gestation, with appointments falling within four to eight weeks after delivery; a database for tracking patients who missed postpartum visits and contacting members; and inclusion of a postpartum appointment as part of the hospital discharge plan.

Well-Visits for Children and Adolescents

To address well-visits for children and adolescents, Anthem focused early efforts on improving data collection and chart abstraction to report valid HEDIS 2008 rates for all its counties, a substantial opportunity for improvement at that time. Based on its ability to report all county rates as part of HEDIS 2008, Anthem found that the focus of its interventions needed to shift to address a lack of awareness by members of the importance of well-care visits and a lack of awareness by providers of members not receiving services.

The plan implemented automated reminder calls to members regarding the importance of well-child visits. Anthem augmented the intervention in late 2008 to include members that had not received the recommended service, as well as notification to its providers of members needing a preventive care visit. It was likely that these interventions were not in place long enough to impact HEDIS 2009 rates, which indicate services provided in the 2008 calendar year. Anthem's rates in five counties remained below the MPL for at least one of these three well-care HEDIS measures.

QIP studies validated by HSAG showed that, in addition to member and provider reminders, plan interventions that increased well-visit rates included provider-specific feedback on a provider's well-care visit rates. In addition, a review of claims and encounter data for missed opportunities for performing well-care visits during a sick visit, particularly among the adolescent population, was also effective.[9] Also, electronic tracking tools and provider prompts were associated with improvement. Depending on its HEDIS 2010 rates, Anthem may consider exploring these best practices when modifying its interventions.

Based on its 2009 performance, Anthem was required to submit improvement plans for its measures that fell below the MPL as follows:

- Alameda County—10 improvement plans
- Contra Costa County—10 improvement plans
- Fresno County—None
- Sacramento County—7 improvement plans
- San Francisco County—None
- San Joaquin County—5 improvement plans
- Santa Clara County—4 improvement plans
- Stanislaus County—3 improvement plans
- Tulare County—2 improvement plans

Strengths

The plan exceeded the MCMC Program goal and the HPL for *Use of Appropriate Medications for People With Asthma (ASM)* in Alameda, San Joaquin, and Tulare counties; for *Avoidance of Inappropriate Antibiotic Treatment in Adults With Acute Bronchitis (AAB)* in Contra Costa and San Francisco counties; for *Breast Cancer Screening (BCS)* in Santa Clara County; and for *Appropriate Treatment for Children With Upper Respiratory Infection (URI)* in San Francisco County.

Anthem performed best in San Francisco and Fresno counties compared to all nine Anthem counties with performance above the MPLs for all reported measures.

Anthem in San Francisco County had stable performance over the previous year, with only one rate showing a statistically significant change: a decrease in its *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*.

[9] Health Services Advisory Group. Validation of Performance and Quality Improvement Projects. Studies validation between 2004 and 2009.

Anthem in Fresno County showed statistically significant improvement in three of its 2008 rates, resulting in an increase in LDL-C control and a reduction of HbA1c poor control among members with diabetes, as well as an increase in its childhood immunization rates.

Anthem, as a whole, had the strongest performance in three measures for which it had rates above the MPL in all counties: *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*, *Use of Appropriate Medications for People With Asthma (ASM),* and *Comprehensive Diabetes Care–Eye Exam (Retinal) Performed (CDC–E).*

Opportunities for Improvement

Opportunities for improvement were great. Anthem was the only plan with rates below the MPL for the following measures:

- *Cervical Cancer Screening (CCS)*
- *Comprehensive Diabetes Care (CDC)*
  - *LDL-C Screening Performed (CDC–LS)*
  - *LDL-C Control (CDC–LC)*
  - *Medical Attention for Nephropathy (CDC–N)*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*

Anthem's performance on *Well-Child Visits in the First 15 Months of Life* (*W15*), *Comprehensive Diabetes Care—HbA1c Testing (CDC–HT),* and *HbA1c Poor Control (CDC–H9)* also indicated a need for improvement.

The plan showed the greatest opportunities for improvement in Alameda and Contra Costa counties, with each county having ten measures below the MCMC-established MPLs for 2009. In addition, Anthem had at least seven measures below the MPL in Sacramento County. These three counties were among four counties performing at the bottom of the MCMC Program overall. Although Anthem in Alameda County continued to have a large number of performance measures with rates below the MPL, the plan did demonstrate statistically significant improvement for five rates between 2008 and 2009, with only one statistically significant decrease.

Anthem in Contra Costa County was the only plan in the MCMC Program with a cervical cancer screening rate below the MPL in 2009. The plan showed a continued trend of poor performance in 2009, with no statistically significant changes, except for improvement in *Childhood Immunization Status (CIS–3).*

Anthem's performance measures that are in need of improvement spanned all three domains of care for quality, timeliness, and access to care.

Conducting the Review

The purpose of a quality improvement project (QIP) is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in both clinical and nonclinical areas.

HSAG reviews each QIP using CMS' validating protocol to ensure that plans design, conduct, and report QIPs in a methodologically sound manner and meet all State and federal requirements. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from a QIP.

Findings

HSAG organized, aggregated, and analyzed validated QIP data to draw conclusions about Anthem's performance in providing accessible, timely, and quality care and services to its MCMC members. The *Medi-Cal Managed Care Program Technical Report, July 1, 2008–June 30, 2009*, scheduled for release in early 2011, will provide an overview of the objectives and methodology for conducting the EQRO review.

Quality Improvement Projects Conducted

Anthem had two clinical QIPs in progress during the review period of July 1, 2008–June 30, 2009. Both QIPs fell under the quality and access domains of care.

The first QIP targeted the reduction of avoidable emergency room (ER) visits among members 12 months of age and older as part of the DHCS's statewide ER collaborative. The QIP sought to reduce ER visits that could have been more appropriately managed by and/or referred to a primary care provider in an office or clinic setting. Accessing care in a primary care setting encourages timely preventive care to avoid or minimize the development of chronic disease.

Anthem's second project, an internal QIP, aimed at increasing retinal eye exam rates and HbA1c screening rates among members with diabetes. Managing and controlling members with diabetes improves the health outcomes of those members. Regular testing of blood glucose helps providers and patients monitor and control blood sugar, which has an impact on years of life, eyesight, and kidneys without disease.[10] In addition, a routine retinal eye exam can identify diabetic retinopathy early to reduce severe retinopathy leading to blindness with timely and appropriate interventions.

[10] National Committee for Quality Assurance. The State of Health Care Quality, 2008. Available at http://www.ncqa.org/Portals/0/Newsroom/SOHC/SOHC_08.pdf. Accessed September 15, 2009.

Quality Improvement Project Validation Findings

The DHCS contracted with HSAG as its new EQRO in the second half of 2008. HSAG began validation for QIPs submitted by the plans after July 1, 2009.

Table 5.1 summarizes the validation results for both of Anthem's QIPs across CMS protocol activities during the review period. Anthem's QIP included Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties.

Table 5.1—QIP Validation Results for Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare Counties (N=2 QIPs)

Activity		Percentage of Applicable Elements		
		Met	*Partially Met*	*Not Met*
I.	Appropriate Study Topic	92%	8%	0%
II.	Clearly Defined, Answerable Study Question(s)	50%	0%	50%
III.	Clearly Defined Study Indicator(s)	77%	15%	8%
IV.	Correctly Identified Study Population	50%	17%	33%
V.	Valid Sampling Techniques (if sampling was used)	100%	0%	0%
VI.	Accurate/Complete Data Collection	75%†	13%†	13%†
VII.	Appropriate Improvement Strategies	67%	33%	0%
VIII.	Sufficient Data Analysis and Interpretation	77%	0%	23%
IX.	Real Improvement Achieved	25%	50%	25%
X.	Sustained Improvement Achieved	0%	0%	100%
Percentage Score of Applicable Evaluation Elements *Met*		**73%**		
Validation Status		***Not Applicable****		

† The sum may not equal 100 percent due to rounding.
* QIPs were not given an overall validation status during the review period.

The plan submitted baseline data for its statewide collaborative QIP, but it had not progressed to the point of remeasurement; therefore, HSAG could not yet assess for real and sustained improvement.

Anthem's diabetes QIP progressed to multiple years of remeasurement that HSAG assessed for both real and sustained improvement, shown in Table 5.1 as Activity IX and X. Although HSAG's validation scoring resulted in the plan receiving a *Not Met* for Activity X due to increases and decreases in rates throughout the study period, the plan did achieve sustained improvement for one of its two study indicators. The QIP outcomes section and the section on strengths below discuss this sustained improvement.

During the period covered by this report, HSAG's application of the CMS validation requirements was more rigorous than previously experienced by MCMC plans. As a result, many plans had

difficulty complying fully with these requirements during the first cycle of QIP validations by HSAG. This was the case with Anthem's QIPs, neither of which fully met the new validation criteria. As directed by the DHCS, HSAG provided Anthem, as well as other plans, with an overall validation status of "Not Applicable" for both QIPs. This allowed time for plans to receive technical assistance and training with HSAG's validation requirements without holding up the ongoing progress of QIPs that were already underway.

Quality Improvement Project Outcomes

Table 5.2 displays Anthem's data for its QIPs. For the ER collaborative QIP, Anthem applied the State-defined collaborative goal, which was a reduction in the overall rate of members who use the ER and a reduction in its avoidable ER visit rate of 3 percent or greater, with a 10 percent cumulative decline over three years. The plan submitted its first remeasurement year data in late 2010. HSAG will assess for statistically significant improvement and report results in the next performance evaluation report.

Table 5.2—QIP Outcomes for Anthem Blue Cross Partnership Plan—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare Counties

QIP #1—Reducing Avoidable Emergency Room Visits QIP Initiated Calendar Year 2007				
QIP Study Indicator	**Baseline Period 1/1/07–12/31/07**	**Remeasurement 1 1/1/08–12/31/08**	**Remeasurement 2 1/1/09–12/31/09**	**Sustained Improvement**
Percentage of ER visits that were avoidable	18.6%	‡	‡	‡
‡ The QIP did not progress to this phase during the review period and could not be assessed.				

QIP #2—Improving Diabetes Management QIP Initiated Calendar Year 2003							
QIP Study Indicator	**Baseline Period**	**Remeasurement Period**					**Sustained Improvement**
	1/1/03–12/31/03	**1/1/04–12/31/04**	**1/1/05–12/31/05**	**1/1/06–12/31/06**	**1/1/07–12/31/07**	**1/1/08–12/31/08**	
Percentage of eligible members who received one or more HbA1c tests during the measurement year	82.2%	79.9%	72.7%¥	77.9%	79.0%	81.1%	No
Percentage of eligible members who received a diabetic retinal eye exam during the measurement year	47.0%	53.0%	55.8%	54.7%	52.5%	51.6%	Yes
¥ Designates a statistically significant decline in performance over the prior measurement period.							

Strengths

Anthem demonstrated a good understanding of documenting support for its QIP topic selections and for providing plan-specific data. In addition, Anthem's interventions to address identified causes/barriers and system interventions were likely to induce permanent change.

At the plan level, Anthem achieved sustained improvement over the baseline rate for diabetic retinal eye exams. At the county level, Anthem demonstrated some statistically significant increases between remeasurement periods for this measure. Based on the plan's performance across its counties, rates for the diabetic retinal eye exam measure were all above the DHCS-established MPL for HEDIS 2009. Among the interventions implemented to increase retinal exams were:

- Patient reminders.
- Small media–education packets and calendars.
- Referrals to case management, disease management, and health education classes.
- Member mailings that included a listing of ophthalmologists.
- Materials translated in Spanish.
- Targeted member telephonic outreach linking members to appointments.
- Dissemination of clinical guidelines.
- Provider notification of incomplete screenings.

These interventions not only provided education and increased awareness, but also helped reduce barriers related to access and availability of services by helping to link members to an eye professional for services. The multipronged approach may have increased the plan's likelihood for success.

Opportunities for Improvement

Anthem has an opportunity to improve its QIP documentation to increase compliance with the CMS protocol for conducting QIPs. HSAG recommends that the plan comply with the DHCS's requirement to document QIPs using HSAG's QIP Summary Form, which will help the plan document all required elements within the CMS protocol activities.

Typically QIPs have a baseline and remeasurement period, at which time a plan standardizes and monitors system changes for its successful interventions. After the second remeasurement period, a plan evaluates for sustained results. Anthem should retire its *Improving Diabetes Management* QIP as a formal activity and develop a new project that targets another area of low, actionable performance, such as postpartum care.

Periodically implementing new QIPs allows a plan to address a broad spectrum of care and services across the various population subgroups, a CMS requirement. A plan should evaluate with the State and EQRO whether a QIP should extend beyond the second remeasurement period with future projects.

The plan should also determine county-level performance when considering a QIP. While a planwide QIP is reasonable when performance is low among all counties, there may be circumstances in which some county-level performance is above the established HPL, and plan efforts for those counties may be better served by addressing another area in need of improvement.

Finally, Anthem has an opportunity to analyze its HbA1c results and factors that may have hindered the plan from achieving improvement.

The table below provides abbreviations of HEDIS performance measures used throughout this report.

Table A.1—HEDIS® Performance Measures Name Key

Abbreviation	Full Name of HEDIS® Performance Measure
AAB	*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
ASM	*Use of Appropriate Medications for People With Asthma*
AWC	*Adolescent Well-Care Visits*
BCS	*Breast Cancer Screening*
CCS	*Cervical Cancer Screening*
CDC–E	*Comprehensive Diabetes Care (CDC)—Eye Exam (Retinal) Performed*
CDC–H7	*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 7.0 Percent)*
CDC–H9	*Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)*
CDC–HT	*Comprehensive Diabetes Care—HbA1c Testing*
CDC–LC	*Comprehensive Diabetes Care—LDL-C Control*
CDC–LS	*Comprehensive Diabetes Care—LDL-C Screening*
CDC–N	*Comprehensive Diabetes Care—Medical Attention for Nephropathy*
CIS–3	*Childhood Immunization Status—Combination 3*
PPC–Pre	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*
PPC–Pst	*Prenatal and Postpartum Care—Postpartum Care*
URI	*Appropriate Treatment for Children With Upper Respiratory Infection*
W15	*Well-Child Visits in the First 15 Months of Life (Six or More Visits)*
W34	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*