Performance Evaluation Report

Anthem Blue Cross Partnership Plan

July 1, 2009–June 30, 2010

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

September 2011

HSAG HEALTH SERVICES ADVISORY GROUP

DHCS California Department of HealthCareServices

TABLE OF CONTENTS

1. Introduction

Purpose of Report

The Department of Health Care Services (DHCS) administers the Medi-Cal Managed Care (MCMC) Program to approximately 4 million beneficiaries (as of June 2010)[1] 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) to the 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. Due to the large number of contracted plans and evaluative text, HSAG produced an aggregate technical report and plan-specific reports as follows:

- The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review. It includes an aggregate assessment of plans' performance through organizational assessment and structure, performance measures, QIPs, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care.
- Plan-specific evaluation reports include findings for each plan regarding its organizational assessment and structure, performance measures, quality improvement projects, and optional activities, such as member satisfaction survey results, as they relate to the quality, access, and timeliness domains of care. Plan-specific reports are issued in tandem with the technical report.

[1] Medi-Cal Managed Care Enrollment Report, June 2010, at http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx

This report is specific to the MCMC Program's contracted plan, Anthem Blue Cross Partnership Plan ("Anthem" or "the plan"), which delivers care in Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare counties, for the review period July 1, 2009, through June 30, 2010. Actions taken by the plan subsequent to June 30, 2010, regarding findings identified in this report will be included in the next annual plan-specific evaluation report.

Plan Overview

Anthem Blue Cross Partnership Plan is a full-scope Medi-Cal managed care plan that operated in nine counties during the review period: Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare. At the end of February 2011, the DHCS closed its existing contract with Anthem in Fresno County in an effort to contract for services in Kings, Madera, and Fresno counties. As of March 2011, Anthem expanded into Kings and Madera counties and continues to provide services in Fresno County under this new contract.

Anthem has been Knox-Keene licensed since 1991. Knox-Keene licensure is granted by the Department of Managed Health Care (DMHC) to plans that meet minimum required standards according to the Knox-Keene Health Care Service Plan Act of 1975. The act includes a set of laws that regulate managed care organizations (MCOs).

The plan delivers care to members using the Two-Plan model in all counties with the exception of Sacramento County, which is a Geographic Managed Care (GMC) model.

In a Two-Plan model county, the DHCS contracts with two managed care plans to provide health care services to members. In most Two-Plan model counties, Medi-Cal beneficiaries in both mandatory and voluntary aid codes can choose between a local initiative (LI) plan and a nongovernmental commercial health plan. In the GMC model, Medi-Cal beneficiaries in both mandatory and voluntary aid codes can choose between several commercial plans within a specified county.

Anthem delivers care to members as a commercial plan in Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, and Santa Clara counties. The plan delivers care as an LI in Stanislaus and Tulare counties. In Sacramento County, Anthem serves members under a GMC model. Anthem initiated services under the MCMC Program in Sacramento County in 1994, and then expanded into its additional contracted counties. As of June 30, 2010, Anthem had 420,535 enrolled members under the MCMC Program for all of its contracted counties combined.[2]

[2] Medi-Cal Managed Care Enrollment Report, June 2010, 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.

This report section covers the DHCS's medical performance and member rights review activities. These reviews occur independently of one another, and while some areas of review are similar, the results are separate and distinct.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

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 and 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.

Medical Performance Review

Medical performance reviews are often a collaborative effort by various State entities. The DHCS's Audits and Investigations Division (A&I) and the Medical Monitoring Unit (MMU) of the Medi-Cal Managed Care Division often work in conjunction with the Department of Managed Health Care (DMHC) to conduct joint audits of MCMC plans. In some instances, however, medical performance audits are conducted solely by the DHCS or DMHC. These medical audits assess plans' compliance with contract requirements and State and federal regulations. A medical performance audit is conducted for each MCMC plan approximately once every three years.

HSAG reviewed the most current medical performance audit reports available as of June 30, 2010, to assess plans' compliance with State-specified standards. A medical performance audit for Anthem was conducted by A&I in tandem with MMCD in September 2009, covering the review period of August 1, 2008, through July 31, 2009. The audit covered the areas of utilization management, continuity of care, access and availability, member rights, quality management, and administrative and organizational capacity.[3] Results from this audit identified many strengths as well as areas that required improvement. Anthem's results for the various review categories follow:

Utilization Management (UM)

Anthem's UM program used written criteria to determine medical necessity, had indicators for monitoring under- and overutilization of services, met prior-authorization review requirements, and was compliant with adequate oversight of UM delegates. The audit revealed one finding: the plan lacked a policy and procedure for tracking and monitoring referrals that require prior authorization.

Continuity of Care

The plan showed compliance with monitoring and ensuring the coordination of services for members identified as eligible for California Children's Services, early intervention services, and developmental disabilities services. While the audit noted that the plan used its medical record review process to determine the completion rates of member initial health assessments and initial health education behavioral assessments, the audit found that these results were not presented to the plan's committee responsible for monitoring compliance.

Availability and Accessibility of Services

Anthem had policies and procedures and standards for access to routine care, urgent care, emergency care, routine specialty care, prenatal care, and initial health assessments. Adequate procedures for triaging member calls, accessing interpreters, and after-hours telephonic access were in place. The audit also noted several findings in this area. The plan lacked a policy and procedure for monitoring the wait time in providers' offices and telephone call responsiveness. While the plan had network adequacy standards in place and conducted an access and availability analysis, the plan did not demonstrate that action had been taken to address a primary care provider (PCP) deficiency in Contra Costa County. Additionally, the plan had a repeat finding for its lack of monitoring network hospitals to ensure that members have access to medications in emergency situations.

[3] *California Department of Health Services. Medical Review – Northern Section, Audits and Investigations. Anthem Blue Cross Partnership Plan*, March 25, 2010.

Member Rights (under the grievance system)

A review of 32 grievance files showed that the plan was compliant with the required time frames for acknowledgment and resolution of grievances. However, Anthem did not resolve grievances appropriately for 13 of the 32 grievances reviewed. The audit noted the plan lacked thorough evaluation and proper resolution of quality-of-care issues. The plan had policies and procedures in place for ensuring the confidentiality of member information, including staff training. Although the plan complied with notifying the DHCS of actual security breaches, the audit noted that the plan was deficient in notifying the DHCS of suspected cases.

Quality Management

The plan was fully compliant with this area of review. The quality program showed a structure to support monitoring, evaluation, and action to address areas needing improvement.

Administrative and Organizational Capacity

The plan had appropriate reporting and resolution of suspected cases of fraud and abuse. A repeat deficiency was noted for noncompliance with completing new provider training in the required time frame.

MCMC Hyde Contract

In addition to A&I's and MMU's medical performance audit, A&I audited Anthem's compliance with the requirements of the plan's MCMC Hyde contract, which covers abortion services funded exclusively with State funds, as these services do not qualify for federal funding. The contract review period was August 1, 2008, through July 31, 2009. The audit found Anthem compliant.

Other Contract Requirements

A DHCS medical audit letter was issued to the plan on March 25, 2010, in response to Anthem's corrective action plan to address audit deficiencies identified in the joint audit. The DHCS noted several areas that were adequately addressed by the plan; however, the letter noted that the plan had eight outstanding deficiencies, including repeat areas of deficiency, that impact the quality of care provided to Medi-Cal members. The DHCS provided the plan an opportunity to append additional information, and Anthem submitted information that addressed four of the eight outstanding areas of deficiency.

The DHCS issued a *Medical Audit Close-Out Report* on September 14, 2010. Although the close-out report was dated after the close of the review period, HSAG opted to include the information as it addressed plan actions taken on the review period findings. The report indicated the four areas that the plan adequately addressed and the four areas that remained noncompliant. The non-compliant areas were: monitoring appointment wait times, time and distance standards for PCPs

in Contra Costa County, oversight of hospitals to ensure access to medications in emergency situations, and adequate review of member grievances involving potential quality-of-care issues.

Medi-Cal Managed Care Member Rights and Program Integrity Review

The Medi-Cal Managed Care Program's 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 member rights reviews are conducted 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 member rights 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, 2010. The most current MRPIU review of Anthem was conducted in May 2009, covering the review period of July 1, 2008, through December 31, 2008. Findings from this review were included in the prior year's plan evaluation report; therefore, HSAG did not include the results in this report. MRPIU anticipates conducting the next on-site review in the fall of 2011.

Strengths

Anthem was compliant with many of the areas covered under the scope of the A&I medical performance review. Anthem was fully compliant in the area of quality management and demonstrated monitoring at both the county and overall plan level.

Opportunities for Improvement

While the plan was complaint with many audit standards, the plan has an opportunity to better address areas of deficiency. The DHCS audit letter to the plan noted many areas that were repeat findings from the prior two medical performance audits. The plan's corrective action plan did not adequately address four areas of deficiency at the time of the Medical Close-Out Letter nearly one year after the audit. Anthem needs to ensure that actions are taken to address the areas of deficiency and that these actions are documented, tracked, and monitored for compliance. This process should be documented within the plan's quality program evaluation.

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 provide 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.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed validated performance measure data to draw conclusions about Anthem's performance in providing quality, accessible, and timely care and services to its MCMC members. The selected EAS measures fell under all three domains of care—quality, access, and timeliness.

Performance Measure Validation

The DHCS's 2010 EAS consisted of Healthcare Effectiveness Data and Information Set (HEDIS®) measures; therefore, HSAG performed a HEDIS Compliance Audit™ of Anthem in 2010 to determine whether the plan followed the appropriate specifications to produce valid rates.[4] While HSAG found all measures to be reportable across all nine of Anthem's counties, HSAG identified several areas as partially compliant and in need of improvement for future reporting years.

HSAG identified an opportunity to improve the monitoring of data completeness and formalize documentation of this process. The audit found that diabetic eye exam rates across all of Anthem's counties dropped significantly, which may indicate a problem with receipt of complete encounter data from Anthem's vision vendor, VSP.

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

Additionally, Anthem had some challenges related to the completion of the medical record review process. This process was significantly delayed, and HSAG identified concerns as to whether Anthem had adequate resources devoted to the project. Because of this delay, the validation of medical record abstraction did not occur until late in the process, leaving little time to discuss several errors identified on the statistical *t* test. While the test did not identify bias, the audit team did not have an opportunity to thoroughly address concerns with the source of the data. Anthem did not submit its rates for audit review until two days prior to the reporting deadline, limiting the auditor's ability to complete the review and jeopardizing the plan's ability to report valid rates. The audit team strongly recommended the creation of a HEDIS team with the responsibility to ensure monitoring of internal activities and compliance with all timelines established by the auditor. In addition, the audit team suggested that the plan should work with its software vendor to ensure that performance standards are met and that delays do not occur in subsequent years.

Performance Measure Results

In addition to validating the plan's HEDIS rates, HSAG also assessed the results. The following table displays a HEDIS performance measure name key with abbreviations contained in Tables 3.2 through 3.10.

Table 3.1—HEDIS® 2010 Performance Measures Name Key

Abbreviation	Full Name of HEDIS® 2010 Performance Measure
AAB	*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
AWC	*Adolescent Well-Care Visits*
BCS	*Breast Cancer Screening*
CCS	*Cervical Cancer Screening*
CDC–BP	*Comprehensive Diabetes Care (CDC)—Blood Pressure Control (140/90 mm Hg)*
CDC–E	*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
CDC–H8 (<8.0%)	*Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Control (< 8.0 Percent)*
CDC–H9 (>9.0%)	*Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0 Percent)*
CDC–HT	*Comprehensive Diabetes Care—HbA1c Testing*
CDC–LC (<100)	*Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)*
CDC–LS	*Comprehensive Diabetes Care—LDL-C Screening*
CDC–N	*Comprehensive Diabetes Care—Medical Attention for Nephropathy*
CIS–3	*Childhood Immunization Status—Combination 3*
LBP	*Use of Imaging Studies for Low Back Pain*
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*
W34	*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
WCC–BMI	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—BMI Assessment: Total*
WCC–N	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Nutrition Counseling: Total*
WCC–PA	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Physical Activity Counseling: Total*

Tables 3.2 through 3.10 present a summary of Anthem's county-level HEDIS 2010 performance measure results (based on calendar year [CY] 2009 data) compared to HEDIS 2009 performance measure results (based on CY 2008 data).

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. Each table shows the plan's HEDIS 2010 performance compared to the MCMC-established MPLs and HPLs.

For all but one measure, the MCMC Program based its MPLs and HPLs on the National Committee for Quality Assurance's (NCQA's) national Medicaid 25th percentile and 90th percentile, respectively. For the CDC–H9 (>9.0 percent) measure, 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.

Table 3.2—2009–2010 Performance Measure Results for Anthem Blue Cross—Alameda County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	33.8%	32.0%	★★	↔	20.2%	33.4%
AWC	Q,A,T	34.0%	26.5%	★	↓	37.9%	59.4%
BCS	Q,A	41.1%	47.3%	★★	↑	45.0%	63.0%
CCS	Q,A	60.0%	61.6%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	40.1%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	45.6%	32.4%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	34.5%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	62.9%	33.8%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	69.1%	72.5%	★	↔	76.5%	89.3%
CDC–LC (<100)	Q	24.6%	22.1%	★	↔	27.2%	44.7%
CDC–LS	Q,A	64.8%	63.7%	★	↔	71.5%	82.5%
CDC–N	Q,A	62.4%	65.9%	★	↔	73.4%	85.4%
CIS–3	Q,A,T	64.1%	54.3%	★	↓	62.4%	80.6%
LBP	Q	‡	86.4%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	76.8%	75.9%	★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	49.7%	43.3%	★	↔	57.9%	72.7%
URI	Q	93.6%	92.5%	★★	↔	81.1%	94.5%
W34	Q,A,T	58.2%	54.0%	★	↔	64.0%	80.3%
WCC–BMI	Q	‡	23.4%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	33.3%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	20.4%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by National Committee for Quality Assurance (NCQA).

[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).

[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.

[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.

[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.

[6] The 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 because a higher rate indicates poorer performance.

[7] The 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 DHCS did not require plans to report this measure in 2009.

★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.

↑= Statistically significant increase.

↓ = Statistically significant decrease.

↔ = Nonstatistically significant change.

Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.3—2009–2010 Performance Measure Results for Anthem Blue Cross—Contra Costa County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	36.6%	42.9%	★★★	↔	20.2%	33.4%
AWC	Q,A,T	29.2%	21.2%	★	↓	37.9%	59.4%
BCS	Q,A	38.6%	42.9%	★	↔	45.0%	63.0%
CCS	Q,A	55.5%	55.0%	★	↔	60.9%	79.5%
CDC–BP	Q	‡	39.8%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	43.3%	23.1%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	25.9%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	71.1%	34.3%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	71.1%	66.7%	★	↔	76.5%	89.3%
CDC–LC (<100)	Q	30.0%	19.4%	★	↔	27.2%	44.7%
CDC–LS	Q,A	65.6%	63.9%	★	↔	71.5%	82.5%
CDC–N	Q,A	65.6%	63.0%	★	↔	73.4%	85.4%
CIS–3	Q,A,T	62.8%	48.9%	★	↓	62.4%	80.6%
LBP	Q	‡	82.4%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	79.3%	66.1%	★	↓	78.5%	92.2%
PPC–Pst	Q,A,T	47.1%	28.8%	★	↓	57.9%	72.7%
URI	Q	88.7%	91.2%	★★	↔	81.1%	94.5%
W34	Q,A,T	55.7%	37.0%	★	↓	64.0%	80.3%
WCC–BMI	Q	‡	33.8%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	36.7%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	29.2%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).

[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).

[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.

[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.

[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.

[6] The 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 because a higher rate indicates poorer performance.

[7] The 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 DHCS did not require plans to report this measure in 2009.

★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.

↑= Statistically significant increase.

↓ = Statistically significant decrease.

↔ = Nonstatistically significant change.

Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.4—2009–2010 Performance Measure Results for Anthem Blue Cross—Fresno County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	34.8%	32.3%	★★	↔	20.2%	33.4%
AWC	Q,A,T	38.2%	40.9%	★★	↔	37.9%	59.4%
BCS	Q,A	45.1%	40.8%	★	↓	45.0%	63.0%
CCS	Q,A	73.9%	65.9%	★★	↓	60.9%	79.5%
CDC–BP	Q	‡	56.7%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	57.4%	41.4%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	38.7%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	46.0%	29.2%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	85.2%	76.9%	★★	↓	76.5%	89.3%
CDC–LC (<100)	Q	27.9%	28.2%	★★	↔	27.2%	44.7%
CDC–LS	Q,A	77.9%	75.7%	★★	↔	71.5%	82.5%
CDC–N	Q,A	79.8%	76.9%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	73.6%	66.2%	★★	↓	62.4%	80.6%
LBP	Q	‡	82.6%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	85.7%	85.2%	★★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	58.5%	55.7%	★	↔	57.9%	72.7%
URI	Q	87.3%	87.1%	★★	↔	81.1%	94.5%
W34	Q,A,T	73.8%	69.3%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	51.3%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	61.6%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	39.9%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.5—2009–2010 Performance Measure Results for Anthem Blue Cross—Sacramento County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	25.2%	30.9%	★★	↔	20.2%	33.4%
AWC	Q,A,T	34.3%	36.5%	★	↔	37.9%	59.4%
BCS	Q,A	43.2%	38.4%	★	↓	45.0%	63.0%
CCS	Q,A	64.5%	58.4%	★	↔	60.9%	79.5%
CDC–BP	Q	‡	50.4%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	43.1%	30.9%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	45.7%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	59.4%	47.7%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	72.5%	71.8%	★	↔	76.5%	89.3%
CDC–LC (<100)	Q	22.6%	22.9%	★	↔	27.2%	44.7%
CDC–LS	Q,A	67.5%	65.0%	★	↔	71.5%	82.5%
CDC–N	Q,A	72.4%	63.3%	★	↓	73.4%	85.4%
CIS–3	Q,A,T	56.3%	53.0%	★	↔	62.4%	80.6%
LBP	Q	‡	83.9%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	74.7%	71.8%	★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	55.3%	52.1%	★	↔	57.9%	72.7%
URI	Q	92.2%	93.8%	★★	↑	81.1%	94.5%
W34	Q,A,T	71.9%	70.3%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	33.6%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	42.3%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	27.5%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.6—2009–2010 Performance Measure Results for Anthem Blue Cross—San Francisco County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	42.5%	52.1%	★★★	↔	20.2%	33.4%
AWC	Q,A,T	53.6%	53.8%	★★	↔	37.9%	59.4%
BCS	Q,A	59.5%	60.3%	★★	↔	45.0%	63.0%
CCS	Q,A	71.9%	70.1%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	68.6%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	61.3%	46.7%	★★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	56.7%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	42.7%	18.6%	★★★	↑	50.6%	29.2%
CDC–HT	Q,A	81.4%	84.3%	★★	↔	76.5%	89.3%
CDC–LC (<100)	Q	26.6%	35.7%	★★	↑	27.2%	44.7%
CDC–LS	Q,A	70.4%	77.1%	★★	↔	71.5%	82.5%
CDC–N	Q,A	80.4%	82.9%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	75.9%	75.2%	★★	↔	62.4%	80.6%
LBP	Q	‡	77.4%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	82.6%	90.4%	★★	↑	78.5%	92.2%
PPC–Pst	Q,A,T	54.4%	57.4%	★	↔	57.9%	72.7%
URI	Q	95.4%	95.3%	★★★	↔	81.1%	94.5%
W34	Q,A,T	78.7%	81.5%	★★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	59.1%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	69.6%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	52.1%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.7—2009–2010 Performance Measure Results for Anthem Blue Cross—San Joaquin County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	18.4%	21.5%	★★	↔	20.2%	33.4%
AWC	Q,A,T	41.7%	41.4%	★★	↔	37.9%	59.4%
BCS	Q,A	45.1%	47.1%	★★	↔	45.0%	63.0%
CCS	Q,A	61.6%	58.9%	★	↔	60.9%	79.5%
CDC–BP	Q	‡	50.7%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	50.0%	36.1%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	34.4%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	68.3%	34.2%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	71.9%	75.0%	★	↔	76.5%	89.3%
CDC–LC (<100)	Q	19.7%	24.0%	★	↔	27.2%	44.7%
CDC–LS	Q,A	73.0%	72.8%	★★	↔	71.5%	82.5%
CDC–N	Q,A	73.8%	75.7%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	68.3%	69.1%	★★	↔	62.4%	80.6%
LBP	Q	‡	79.8%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	77.7%	84.9%	★★	↑	78.5%	92.2%
PPC–Pst	Q,A,T	52.4%	48.9%	★	↔	57.9%	72.7%
URI	Q	82.1%	84.7%	★★	↔	81.1%	94.5%
W34	Q,A,T	75.7%	78.3%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	55.5%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	60.6%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	20.2%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.8—2009–2010 Performance Measure Results for Anthem Blue Cross—Santa Clara County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	24.1%	26.7%	★★	↔	20.2%	33.4%
AWC	Q,A,T	39.7%	48.7%	★★	↑	37.9%	59.4%
BCS	Q,A	64.5%	69.6%	★★★	↑	45.0%	63.0%
CCS	Q,A	72.4%	71.3%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	66.4%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	67.4%	53.5%	★★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	50.1%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	62.0%	22.6%	★★★	↑	50.6%	29.2%
CDC–HT	Q,A	81.6%	81.3%	★★	↔	76.5%	89.3%
CDC–LC (<100)	Q	37.0%	36.0%	★★	↔	27.2%	44.7%
CDC–LS	Q,A	80.4%	81.8%	★★	↔	71.5%	82.5%
CDC–N	Q,A	80.7%	78.1%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	48.1%	64.2%	★★	↑	62.4%	80.6%
LBP	Q	‡	80.1%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	73.4%	79.1%	★★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	56.0%	55.5%	★	↔	57.9%	72.7%
URI	Q	90.5%	91.5%	★★	↔	81.1%	94.5%
W34	Q,A,T	69.1%	74.9%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	56.0%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	55.0%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	55.0%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).

[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).

[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.

[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.

[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.

[6] The 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 because a higher rate indicates poorer performance.

[7] The 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 DHCS did not require plans to report this measure in 2009.

★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.

↑= Statistically significant increase.

↓ = Statistically significant decrease.

↔ = Nonstatistically significant change.

Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.9—2009–2010 Performance Measure Results for Anthem Blue Cross—Stanislaus County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	22.5%	22.0%	★★	↔	20.2%	33.4%
AWC	Q,A,T	22.1%	34.3%	★	↑	37.9%	59.4%
BCS	Q,A	48.1%	50.8%	★★	↔	45.0%	63.0%
CCS	Q,A	64.8%	67.9%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	56.6%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	48.7%	38.5%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	43.2%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	47.0%	30.0%	★★	↑	50.6%	29.2%
CDC–HT	Q,A	77.9%	80.5%	★★	↔	76.5%	89.3%
CDC–LC (<100)	Q	35.1%	29.8%	★★	↔	27.2%	44.7%
CDC–LS	Q,A	77.2%	78.0%	★★	↔	71.5%	82.5%
CDC–N	Q,A	73.6%	75.6%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	67.4%	65.2%	★★	↔	62.4%	80.6%
LBP	Q	‡	81.5%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	83.1%	86.1%	★★	↔	78.5%	92.2%
PPC–Pst	Q,A,T	53.8%	54.3%	★	↔	57.9%	72.7%
URI	Q	91.6%	92.0%	★★	↔	81.1%	94.5%
W34	Q,A,T	62.3%	66.7%	★★	↔	64.0%	80.3%
WCC–BMI	Q	‡	34.5%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	40.9%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	20.2%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Table 3.10—2009–2010 Performance Measure Results for Anthem Blue Cross—Tulare County

Performance Measure[1]	Domain of Care[2]	2009 HEDIS Rates[3]	2010 HEDIS Rates[4]	Performance Level for 2010	Performance Comparison[5]	Minimum Performance Level[6]	High Performance Level (Goal)[7]
AAB	Q	24.4%	23.6%	★★	↔	20.2%	33.4%
AWC	Q,A,T	38.7%	29.9%	★	↓	37.9%	59.4%
BCS	Q,A	50.5%	51.2%	★★	↔	45.0%	63.0%
CCS	Q,A	74.7%	71.0%	★★	↔	60.9%	79.5%
CDC–BP	Q	‡	63.5%	Not Comparable	Not Comparable	NA	NA
CDC–E	Q,A	46.1%	27.7%	★	↓	44.4%	70.8%
CDC–H8 (<8.0%)	Q	‡	43.1%	Not Comparable	Not Comparable	NA	NA
CDC–H9 (>9.0%)	Q	51.1%	27.3%	★★★	↑	50.6%	29.2%
CDC–HT	Q,A	73.9%	76.6%	★★	↔	76.5%	89.3%
CDC–LC (<100)	Q	25.4%	29.4%	★★	↔	27.2%	44.7%
CDC–LS	Q,A	65.3%	72.5%	★★	↑	71.5%	82.5%
CDC–N	Q,A	72.6%	74.7%	★★	↔	73.4%	85.4%
CIS–3	Q,A,T	72.5%	68.1%	★★	↔	62.4%	80.6%
LBP	Q	‡	78.1%	Not Comparable	Not Comparable	NA	NA
PPC–Pre	Q,A,T	82.7%	74.0%	★	↓	78.5%	92.2%
PPC–Pst	Q,A,T	63.6%	46.5%	★	↓	57.9%	72.7%
URI	Q	83.9%	83.7%	★★	↔	81.1%	94.5%
W34	Q,A,T	70.8%	60.1%	★	↓	64.0%	80.3%
WCC–BMI	Q	‡	43.8%	Not Comparable	Not Comparable	NA	NA
WCC–N	Q	‡	48.7%	Not Comparable	Not Comparable	NA	NA
WCC–PA	Q	‡	39.4%	Not Comparable	Not Comparable	NA	NA

[1] DHCS-selected HEDIS performance measures developed by the National Committee for Quality Assurance (NCQA).
[2] HSAG's assignment of performance measures to the domains of care for quality (Q), access (A), and timeliness (T).
[3] HEDIS 2009 rates reflect measurement year data from January 1, 2008, through December 31, 2008.
[4] HEDIS 2010 rates reflect measurement year data from January 1, 2009, through December 31, 2009.
[5] Performance comparisons are based on the *z* test of statistical significance with a *p* value of <0.05.
[6] The 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 because a higher rate indicates poorer performance.
[7] The 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 DHCS did not require plans to report this measure in 2009.
★ = Below average performance relative to the national Medicaid 25th percentile. Note: For the CDC–H9 (>9.0%) measure, below average 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, average 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, above average performance is relative to the national Medicaid 10th percentile.
↑= Statistically significant increase.
↓ = Statistically significant decrease.
↔ = Nonstatistically significant change.
Not Comparable = Performance could not be compared due to either significant methodology changes between years or because the rate was not reported.

Performance Measure Result Findings

Overall, Anthem had below average to average performance across the various counties, with remarkable improvement in specific measures as well as some concerning declines. The plan was able to report valid rates for all measures across all counties.

HEDIS Improvement Plans

Plans have a contractual requirement to perform at or above the established MPLs. The DHCS assesses each plan's rates against the MPLs and requires plans that have rates below these minimum levels to submit an improvement plan to the DHCS. For each area of deficiency, the plan must outline steps to improve care.

For plan measure rates that required a 2009 HEDIS improvement plan, HSAG compared the plan's 2009 improvement plan with the plan's 2010 HEDIS scores to assess whether the plan was successful in achieving the MPL or progressing toward the MPL. In addition, HSAG assessed the plan's need to continue existing improvement plans and/or to develop new improvement plans.

Avoidance of Antibiotic Treatment

Anthem's 2009 rate of 18.4 percent in San Joaquin County for the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measure was below the MPL. The plan conducted a barrier analysis and identified both member- and provider-related intervention barriers as follows:

- Member expectations for treatment with antibiotics along with a lack of understanding of antibiotic resistance.
- The need for providers to be reminded to obtain lab results that warrant prescribing an antibiotic before prescribing one and to consider using clinical education tools to increase patient awareness and understanding.

To address these barriers, during calendar year 2010, Anthem in San Joaquin County distributed provider and member newsletters, disseminated a toolkit containing clinical practice guidelines for treating adult bronchitis to providers, and conducted community education outreach. The plan's HEDIS 2010 rate of 21.5 percent indicated that the interventions were successful in raising the rate above the MPL, with an increase of 3.1 percentage points.

Cancer Screening

Anthem continued efforts to improve performance on the *Breast Cancer Screening* measure in Alameda, Contra Costa, and Sacramento counties in 2010.

The plan implemented the following interventions:

- Providing automated reminder calls and reminder cards to members whose claims data indicated that they needed a mammogram.
- Distributing lists of members in need of the screening to providers.
- Posting screening locations on Anthem's Web site.
- Creating a member newsletter article.
- Distributing preventive health guidelines to providers and members.

Anthem conducted additional analysis and found statistically significant differences based on members' spoken languages and race. Anthem's interventions were successful in Alameda County, with a statistically significant increase in the *Breast Cancer Screening* measure's rate, which also exceeded the MPL. Similar success, however, was not seen in Contra Costa or Sacramento counties. In fact, Anthem in Sacramento County experienced a statistically significant decline in the 2010 rate. The plan noted in the improvement plan that changes to breast cancer screening guidelines by the U.S. Preventive Services Task Force may have impacted the rates, although most counties did not experience significant declines.

Anthem's rate for the *Cervical Cancer Screening* measure in Contra Costa County also required an improvement plan. The plan conducted automated calls to members in need of a screening twice per year, distributed toolkits and member listings to providers, and conducted Webinars to educate providers on appropriate coding and screening guidelines. The plan's HEDIS 2010 rate showed no change, with the rate still below the MPL. Anthem in Contra Costa County should re-evaluate the interventions and align them with the identified barriers. While some interventions addressed the barriers, others barriers did not appear to be addressed, such as member transportation issues and provider appointment availability.

Well-Visits for Children and Adolescents

Well visits continue to be a challenging area for Anthem in several of its counties. Anthem in Alameda and Contra Costa counties performed below the MPL for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure. The plan implemented interventions, which included:

- Automated reminder calls.
- Reminder postcards.
- Distribution of member lists, toolkits, and guidelines to providers.
- A member newsletter.

Despite intervention efforts, the HEDIS 2010 rate for both counties declined and remained below the MPL. In fact, Contra Costa County experienced a statistically significant decline in the rate.

Anthem's barrier analysis cited appointment access, missed opportunities, and documentation issues with providers as well as transportation issues and child care demands for members. In addition, upon rate review during the HEDIS Compliance Audit, Anthem noted some issues with identifying the provider type (primary care provider, specialist, etc.) on claims/encounters, which may have contributed to a decline in the rate.

Anthem's performance in four counties (Alameda, Contra Costa, Sacramento, and Stanislaus) required an improvement plan for the *Adolescent Well-Care Visits* measure. While three of the counties, Alameda, Contra Costa, and Sacramento, did not accomplish an improvement in the rates (two of the three counties had statistically significant declines), Anthem in Stanislaus County achieved a statistically significant improvement although the rate was still below the MPL. All counties implemented similar interventions for children and adolescents; however, Stanislaus County conducted targeted outreach to high school-aged members and parents, participated in sports physical outreach, and conducted telephone outreach. These targeted community interventions appeared to be successful and should be continued in Stanislaus County and considered for expansion in other counties.

In addition, four counties (Alameda, Contra Costa, Santa Clara, and Stanislaus) were required to submit an improvement plan for the *Well-Child Visits in the First 15 Months of Life* measure. This measure was not included in the EAS set for 2010; therefore, HSAG did not evaluate the effectiveness of this improvement plan.

Childhood Immunizations

To improve childhood immunization rates in Sacramento and Santa Clara counties, Anthem:

- Conducted automated calls.
- Sent out reminder postcards.
- Distributed provider toolkits, preventive health guidelines, and listings of members in need of vaccinations.
- Conducted reminder calls to new mothers to remind them of the importance of immunizations.

The interventions were successful for Anthem in Santa Clara County, which achieved a statistically significant improvement and exceeded the MPL. Anthem in Sacramento County, however, noted a decline in the *Childhood Immunization Status—Combination 3* measure, with performance remaining below the MPL. The plan conducted additional analysis and found statistically significant differences based on both language and ethnicity in Sacramento County. The plan should explore targeted improvements that address these language and ethnicity differences with future improvement plans.

Prenatal and Postpartum Care

Anthem continues to struggle with prenatal and postpartum care performance measure rates, similar to the prior year's findings. The plan had rates below the MPL for prenatal care in 2009 in Sacramento and Santa Clara counties. For postpartum care, four counties in 2009 required an improvement plan: Alameda, Contra Costa, San Joaquin, and Stanislaus.

To improve prenatal care, Anthem:

- Sent out educational packets.
- Screened pregnant members for referral to case management.
- Distributed toolkits and perinatal guidelines to providers.
- Encouraged the use of a Pregnancy Notification form by providers to notify the plan of newly pregnant members.

The prenatal care interventions were effective in Santa Clara County, which reported a 2010 rate that exceeded the MPL, but Sacramento County, had a slight decline between 2009 and 2010 rates. The plan identified that a major barrier to improvement was early identification of a pregnant member.

Anthem's interventions to improve postpartum care were similar to those implemented for prenatal care, with some additional activities, including reminder calls, gift cards for members who attend the postpartum visit, and distribution of transportation information to both members and providers. None of the counties with improvement plans in 2009 (Alameda, Contra Costa, San Joaquin, and Stanislaus) reported rates that exceeded the MPL in 2010, and one county (Contra Costa) experienced a statistically significant decline. Additional analysis noted differences in language and ethnicity in some of these counties, which should be considered when exploring additional approaches to interventions.

Diabetes Care

Anthem was required to develop HEDIS improvement plans for every diabetes indicator except eye exams for at least one county. Anthem identified barriers and challenges related to diabetes care management, which included:

- Members' lack of education about the disease
- Low literacy
- Denial
- Transportation issues
- Frequent PCP changes
- Lack of specialty care

- Appointment availability
- Language issues
- Lack of knowledge of or adherence to clinical guidelines

Anthem used an overall approach to improving each indicator through its existing diabetes program. Interventions targeting members included outreach calls, distribution of diabetes management educational materials and educational calendars, automated screening reminder calls, and case management outreach screening scripts. Provider interventions included distributing lists of members in need of specific screenings, toolkits, diabetes clinical practice guidelines, and member-specific provider notices, which included reminders for upcoming screenings and data on utilization of services.

The improvement plans yielded mixed results. Most noteworthy was the dramatic improvement in the *HbA1c Poor Control* indicator, with statistically significant improvement across all five counties that participated in the project, including Alameda, Contra Costa, Sacramento, San Joaquin, and Santa Clara counties. With this improvement, all of Anthem's counties achieved the MPL in 2010 for this measure, and three counties, Santa Clara, San Francisco, and Tulare, exceeded the HPL for the indicator, making it one of the top performing indicators. It was not evident from a review of the improvement plans what intervention brought about the remarkable results for this indicator.

Improvement in the other diabetes indicators was not observed except for Tulare County, which had statistically significant improvement in the *HbA1c Testing* and *LDL-C Screening* rates. The remaining counties, Alameda, Contra Costa, Sacramento, San Joaquin, and Santa Clara, did not experience improvement across the indicators or exceed the MPL. Anthem would benefit from re-evaluating the effectiveness of the diabetes interventions, including completing another barrier analysis, identifying the key barriers to improvement, and targeting interventions to address those barriers. In addition, given the success in Tulare County as well as success with the *HbA1c Poor Control* indicator, Anthem should explore what factors led to this success and expand them across all of its counties and interventions.

Anthem conducted additional analysis to determine if there were any significant differences in results related to the language and ethnicity of its members. The plan found that in certain counties, differences did occur when factoring in these member characteristics. HSAG recommends that Anthem customize its interventions by county to address some of these specific variables.

Anthem was required to submit improvement plans for its 2010 performance measure results (which are based on measurement year 2009) that fell below the MPL as follows:

- Alameda County—9 improvement plans (AWC, CDC-E, CDC-HT, CDC-LC, CDC-N, CIS-3, PPC-Pre, PPC-Pst, W34)
- Contra Costa County—12 improvement plans (AWC, BCS, CCS, CDC-E, CDC-HT, CDC-LC, CDC-LS, CDC-N, CIS-3, PPC-Pre, PPC-Pst, W34)
- Fresno County—3 improvement plans (BCS, CDC-E, PPC-Pst)
- Sacramento County—11 improvement plans (AWC, BCS, CCS, CDC-E, CDC-HT, CDC-LC, CDC-LS, CDC-N, CIS-3, PPC-Pre, PPC-Pst)
- San Francisco County—1 improvement plan (PPC-Pst)
- San Joaquin County—5 improvement plans (CCS, CDC-E, CDC-HT, CDC-LS, PPC-Pst)
- Santa Clara County—1 improvement plan (PPC-Pst)
- Stanislaus County—3 improvement plans (AWC, CDC-E, PPC-Pst)
- Tulare County—3 improvement plans (AWC, CDC-E, PPC-Pst)

HSAG noted that Anthem was required to submit improvement plans for many of the same measures and the same counties that it did in 2009. Anthem should conduct an objective evaluation of the effectiveness of its interventions and improvement plans, specifically in scenarios in which performance declined. Anthem has an opportunity to identify what interventions were more likely to be effective or what conditions supported improvement by examining the counties and measures that experienced marked improvement.

Strengths

HSAG identified some notable strengths across all counties for Anthem. The plan exceeded the MPL across all its counties for *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, with two counties (Contra Costa and San Francisco) exceeding the HPL. The plan performed well in *Appropriate Treatment for Children With Upper Respiratory Infection*, with no counties below the MPL and one (San Francisco County) performing above the HPL. Most remarkable, however, was the performance for *HbA1c Poor Control*, with all nine counties achieving statistically significant improvement and three counties, Tulare, Santa Clara, and San Francisco, exceeding the HPL. Anthem should consider sharing its best practices and effective interventions with other plans given the dramatic improvement achieved for this indicator.

The top-performing counties were San Francisco and Santa Clara counties, both of which exceeded the MPL for all but one measure in 2010. San Francisco County demonstrated the strongest performance by also exceeding the HPLs for four measures, while Santa Clara exceeded the HPLs for two.

Opportunities for Improvement

While Anthem showed some noteworthy strengths, the plan had significant areas for improvement. A concerning trend related to the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* indicator. Every Anthem county experienced a statistically significant decline in this indicator, resulting in seven counties falling below the MPL. During the rate review process of Anthem's HEDIS Compliance Audit, Anthem indicated that the declines were due to incomplete encounter data. In addition, an elimination of the Medi-Cal benefit related to dispensing optician services (such as eyeglasses or contact lenses) in July 2009 may had led to member confusion and impacted the rates. Nonetheless, this downward trend should be examined by Anthem and targeted interventions should be implemented.

Other measures that needed focused improvement efforts included all the diabetes care indicators (except *HbA1c Poor Control*), *Adolescent Well-Care Visits*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Prenatal and Postpartum Care—Postpartum Care*. *Prenatal and Postpartum Care—Postpartum Care* in particular showed the poorest performance, with all nine counties falling below the MPL.

Three counties had substantial opportunities for improvement. Contra Costa, Sacramento, and Alameda reported 12, 11, and 10 rates below the MPLs, respectively as noted in Tables 3.2–3.10. These counties also experienced statistically significant declines in performance—Alameda and Sacramento counties had three measures decline significantly and Contra Costa County had six. Targeted interventions specific to these county populations should be explored. In addition, one of the higher performing counties in 2009 (Fresno) experienced five statistically significant declines in its performance measures, and the county had three measures below the MPLs. Fresno had no measures below the MPLs in 2009. This concerning trend should be a priority for Anthem and promptly addressed.

Similar to 2009, Anthem's performance measures that need improvement spanned all three domains of care: quality, timeliness, and access.

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 clinical and nonclinical areas.

HSAG reviews each QIP using the Centers for Medicare & Medicaid Services' (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.

The *Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010*, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed validated QIP data to draw conclusions about Anthem's performance in providing quality, accessible, and timely care and services to its MCMC members.

Quality Improvement Projects Conducted

Anthem had two clinical QIPs in progress during the review period of July 1, 2009–June 30, 2010. 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 collaborative QIP project. Per recommendations from HSAG in the last evaluation report, Anthem closed out its diabetes QIP as a formal project since the QIP had reached four remeasurement periods. To replace the closed out diabetes QIP Anthem initiated a second project, an internal QIP, aimed at improving postpartum care rates, an area identified as an opportunity for improvement across its counties. Both QIPs fell under the quality and access domains of care. Additionally, the *Postpartum Care* QIP fell under the timeliness domain of care.

The statewide collaborative QIP sought to reduce ER visits that could have been more appropriately managed by and/or referred to a PCP 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.

The *Postpartum Care* QIP aims to improve the rate of postpartum visits for women between 21 and 56 days after delivery. Ensuring that women are seen postpartum is important to the physical and mental health of the mother.

Quality Improvement Project Validation Findings

The table below summarizes the validation results for both of Anthem's QIPs across CMS protocol activities during the review period. HSAG validated QIPs at the county level beginning July 1, 2009, for new QIP projects and validated existing projects at the overall plan level; therefore, HSAG validated one QIP submission for the *Reducing Avoidable Emergency Room Visits* QIP and nine county-level QIP submissions for the *Postpartum Care* QIP.

Table 4.1—Quality Improvement Project Validation Activity for Anthem—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare Counties July 1, 2009, through June 30, 2010

Name of Project/Study	Type of Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Statewide Collaborative QIP				
Reducing Avoidable Emergency Room Visits (Combined Rate for All Plan Counties)	Annual Submission	73%	60%	*Partially Met*
	Annual Resubmission 1	100%	100%	*Met*
Internal QIPs				
Improving HEDIS Postpartum Care Rates (Individual County Rates)	Proposal	71%	50%	*Partially Met*

[1]**Type of Review**—Designates the QIP review as a proposal, annual submission, or resubmission. A resubmission means the plan was required to resubmit the QIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

[2]**Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and noncritical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3]**Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4]**Overall Validation Status**—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*.

Beginning July 1, 2009, HSAG provided plans with an overall validation status of *Met, Partially Met,* or *Not Met*. In the prior review period (July 1, 2008, through June 30, 2009), HSAG provided plans with an overall status of *Not Applicable* since HSAG's application of the CMS validation requirements was more rigorous than previously experienced by the plans. HSAG provided training and technical assistance to plans throughout the prior review period to prepare plans for the next validation cycle (which began July 1, 2010).

Validation results during the review period of July 1, 2009, through June 30, 2010, showed that the initial submission by Anthem of its *Reducing Avoidable Emergency Room Visits* QIP received an overall validation status of *Partially Met*. As of July 1, 2009, the DHCS required plans to resubmit their QIPs until they achieved an overall *Met* validation status. Based on the validation feedback, Anthem resubmitted this QIP and upon subsequent validation, achieved an overall *Met* validation status. Anthem received a *Partially Met* validation status for its *Postpartum Care* QIP proposal submission. The plan's resubmission of the proposal fell outside of this review period; therefore, HSAG will include the validation results in the next evaluation report.

Table 4.2 summarizes the validation results for both of Anthem's QIPs across CMS protocol activities during the review period.

Table 4.2—Quality Improvement Project Average Rates* for Anthem—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare Counties (Number = 10 QIP Submissions, 2 QIP Topics) July 1, 2009, through June 30, 2010

QIP Study Stages	Activity	*Met* Elements	*Partially Met* Elements	*Not Met* Elements
Design	I: Appropriate Study Topic	100%	0%	0%
	II: Clearly Defined, Answerable Study Question(s)	100%	0%	0%
	III: Clearly Defined Study Indicator(s)	56%	44%	0%
	IV: Correctly Identified Study Population	38%	62%	0%
Design Total*		**74%**	**26%**	**0%**
Implementation	V: Valid Sampling Techniques (if sampling is used)	Not Applicable	Not Applicable	Not Applicable
	VI: Accurate/Complete Data Collection	100%	0%	0%
	VII: Appropriate Improvement Strategies	100%	0%	0%
Implementation Total*		**100%**	**0%**	**0%**
Outcomes	VIII: Sufficient Data Analysis and Interpretation	100%	0%	0%
	IX: Real Improvement Achieved	100%	0%	0%
	X: Sustained Improvement Achieved	‡	‡	‡
Outcomes Total*		**100%**	**0%**	**0%**

*The activity average rate represents the average percentage of applicable elements with a *Met, Partially Met,* or *Not Met* finding across all the evaluation elements for a particular activity.

‡ The QIP did not progress to this activity during the review period and could not be assessed.

HSAG validated QIPs at the county level beginning July 1, 2009, for new QIP projects and validated existing projects at the overall plan level; therefore, HSAG validated one QIP submission for the *Reducing Avoidable Emergency Room Visits* QIP and nine county-level QIP submissions for the *Postpartum Care* QIP. Anthem's *Reducing Avoidable Emergency Room Visits* QIP achieved an overall *Met* validation status with its resubmission to address omitted emergency room

codes that were necessary to clearly define the study indicator and study population. For the *Postpartum Care* QIP, Anthem lacked codes to identify postpartum care visits and codes to identify live births.

Quality Improvement Project Outcomes

Table 4.3 summarizes QIP study indicator results and displays whether statistically significant improvement was achieved after at least one remeasurement period and whether sustained improvement was achieved after two remeasurement periods.

Table 4.3—Quality Improvement Project Outcomes for Anthem—Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare Counties (Number = 10 QIP Submissions, 2 QIP Topics) July 1, 2009, through June 30, 2010

QIP #1—Reducing Avoidable Emergency Room Visits					
QIP Study Indicator	**County†**	**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 avoidable ER visits	**Overall**	**18.6%**	**17.7%***	‡	‡
	Alameda	18.7%	16.3%*	‡	‡
	Contra Costa	20.9%	17.7%*	‡	‡
	Fresno	16.4%	16.6%	‡	‡
	Sacramento	17.0%	15.7%*	‡	‡
	San Francisco	16.4%	16.3%	‡	‡
	San Joaquin	18.5%	18.3%	‡	‡
	Santa Clara	17.6%	17.7%	‡	‡
	Stanislaus	22.2%	21.1%*	‡	‡
	Tulare	21.3%	19.8%*	‡	‡
QIP #2—Improving HEDIS Postpartum Care Rates					
QIP Study Indicator	**County**	**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 deliveries that had a postpartum visit on or between 21 and 56 days after delivery	All Counties	‡	‡	‡	‡

†The county-specific rates are provided for informational purposes since only the overall rate was included in the validation.
*A statistically significant difference between baseline and Remeasurement 1 (p value < 0.05)
‡The QIP did not progress to this phase during the review period and could not be assessed.

Anthem showed a statistically significant reduction in avoidable ER visits between baseline and the first remeasurement period in its overall rate. Nearly all of its counties showed a decrease. Anthem implemented a new automated phone intervention in 2008 to members who used the ER. The phone message provided information on the importance of seeing a primary care physician and provided members with the nurse advice line. Since collaborative interventions were not initiated until 2009, HSAG cannot evaluate the effectiveness of those interventions until the next remeasurement period.

Strengths

Anthem retired its formal diabetes QIP and initiated a new QIP that targets its postpartum care rate, which was identified by HSAG in the prior evaluation report as one of the plan's greatest opportunities for improvement across counties. Anthem was one of only a few plans to have a statistically significant decrease in avoidable ER visits between the baseline and first remeasurement periods. The plan's internal interventions and efforts to reduce avoidable visits may have contributed to its success.

The plan has shown that it gained some proficiency with QIP validation during the review period despite the need to resubmit QIPs. Although it omitted some technical codes necessary to fully validate the project, overall, Anthem's documentation in its *Improving HEDIS Postpartum Care Rates* QIP was sufficient to meet evaluation element criteria for producing a valid QIP.

Opportunities for Improvement

The plan has an opportunity to ensure that all codes needed to fully define the study indicator and study population are documented as part of its QIP submissions.

Conducting the Review

In addition to conducting mandatory federal activities, the DHCS periodically assesses the perceptions and experiences of Medi-Cal Managed Care (MCMC) members as part of its process for evaluating the quality of health care services provided by plans to MCMC members. To evaluate member satisfaction with care and services, the DHCS contracted with HSAG to administer Consumer Assessment of Healthcare Providers and Systems (CAHPS®) health plan surveys.[5]

The administration of the CAHPS surveys is an optional Medicaid external quality review (EQR) activity to assess managed care members' satisfaction with their health care services. The DHCS requires that CAHPS surveys be administered to both adult members and the parents or caretakers of child members at the county level unless otherwise specified. In 2010, HSAG administered standardized survey instruments, CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys, to members of all 20 MCMC full-scope regular plans, which resulted in 36 distinct county-level reporting units.

The Medi-Cal Managed Care Program Technical Report, July 1, 2009–June 30, 2010, provides an overview of the objectives and methodology for conducting the EQRO review.

Findings

HSAG organized, aggregated, and analyzed CAHPS data to draw conclusions about Anthem's performance in providing quality, accessible, and timely care and services to its MCMC members. HSAG evaluated data on the four CAHPS global rating measures and five composite measures as follows:

CAHPS Global Rating Measures:

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*
- *Rating of Specialist Seen Most Often*

[5] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CAHPS Composite Measures:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service*
- *Shared Decision Making*

National Comparisons

In order to assess the overall performance of the MCMC Program, HSAG calculated county-level results and compared them to the National Committee for Quality Assurance (NCQA)'s HEDIS® benchmarks and thresholds or NCQA's national Medicaid data, when applicable. Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, with one being the lowest possible rating (i.e., *Poor*) and five being the highest possible rating (i.e., *Excellent*).

Star ratings were determined for each CAHPS measure using the following percentile distributions in Table 5.1.

Table 5.1—Star Ratings Crosswalk

Stars	Adult Percentiles	Child Percentiles
★★★★★	≥ 90th percentile	≥ 80th percentile
★★★★	75th percentile–89th percentile	60th percentile–79th percentile
★★★	50th percentile–74th percentile	40th percentile–59th percentile
★★	25th percentile–49th percentile	20th percentile–39th percentile
★	< 25th percentile	< 20th percentile

Table 5.2—Anthem Blue Cross Adult Medicaid County-Level Global Ratings

County	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Alameda	★	★	★	★★+
Contra Costa	★	★	★	★+
Fresno	★	★	★	★+
Sacramento	★	★	★	★+
Santa Clara	★	★	★	★
San Francisco	★	★	★	★+
San Joaquin	★	★	★	★+
Stanislaus	★	★	★	★★+
Tulare	★	★	★★★	★+

+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.

Table 5.3—Anthem Blue Cross Child Medicaid County-Level Global Ratings

County	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Alameda	★★	★	★★★	★★+
Contra Costa	★★	★★★	★★★★	★★★★★+
Fresno	★	★	★	★+
Sacramento	★	★	★	★★★+
Santa Clara	★★	★	★★	★+
San Francisco	★	★	★	★+
San Joaquin	★★	★	★★	★★★+
Stanislaus	★★	★	★	★★★★+
Tulare	★★★★	★★	★★★	★★★★+

+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.

Table 5.4—Anthem Blue Cross Adult Medicaid County-Level Composite Measures

County	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Alameda	★	★	★	★+	★★★★★+
Contra Costa	★	★	★	★+	★+
Fresno	★+	★	★	★+	★★+
Sacramento	★	★	★	★+	★+
Santa Clara	★	★	★	★+	★+
San Francisco	★	★	★	★+	★+
San Joaquin	★	★	★	★+	★
Stanislaus	★	★	★	★+	★★
Tulare	★	★	★	★+	★

+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.

Table 5.5—Anthem Blue Cross Child Medicaid County-Level Composite Measures

County	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Alameda	★	★	★★	★+	★★★
Contra Costa	★	★	★	★	★★
Fresno	★+	★	★	★+	★+
Sacramento	★+	★	★	★+	★
Santa Clara	★	★	★	★+	★
San Francisco	★	★	★	★+	★
San Joaquin	★★	★	★	★★★+	★
Stanislaus	★+	★	★	★+	★
Tulare	★	★	★	★+	★

+The health plan had fewer than 100 respondents for the measure; therefore, caution should be exercised when evaluating these results.

Strengths

Anthem in Contra Costa and Tulare counties performed best when compared across all Anthem counties in the child global ratings areas. Many counties had satisfaction with the *Rating of Specialist Seen Most Often* above the national Medicaid 40th percentiles in the child population. Additionally, Anthem in Alameda County exceeded the national Medicaid 90th percentile for adult members and the national Medicaid 40th percentile for child members in the area of *Shared Decision Making*.

Opportunities for Improvement

Anthem's CAHPS results primarily showed poor performance for most global rating categories and composite measures for both adult and child surveys. HSAG conducted an analysis of key drivers of satisfaction that focused on the top three highest priorities based on the plan's CAHPS results. The purpose of the analysis was to help decision makers identify specific aspects of care that are most likely to benefit from quality improvement (QI) activities.

Based on the key driver analysis, HSAG identified the following measures as Anthem's highest priority: *Rating of All Health Care*, *Customer Service*, and *Getting Needed Care*. The plan should review the detailed recommendations for improving member satisfaction in these areas, which HSAG outlined in the *Medi-Cal Managed Care Program – 2010 Anthem Blue Cross CAHPS Plan-Specific Report*. Areas for improvement spanned the quality, access, and timeliness domains of care.

Overall Findings Regarding Health Care Quality, Access, and Timeliness

Quality

The quality domain of care relates to a plan's ability to increase desired health outcomes for Medi-Cal managed care members through the provision of health care services and the plan's structural and operational characteristics.

The DHCS uses the results of performance measures and quality improvement project (QIP) 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.

The plan demonstrated below-average to average performance for the quality domain of care based on Anthem's 2010 performance measure rates (which reflect 2009 measurement data), QIP outcomes, and the results of the medical performance review standards related to measurement and improvement. Even high-performing counties showed statistically significant declines in performance measure rates. Overall, Anthem had few statistically significant improvements from the prior year's rates.

All of Anthem's counties performed below the MPL for at least one performance measure. Anthem's county performance measure rates ranged from below the MPL to above the HPL. Anthem in Alameda, Contra Costa, and Sacramento counties had the greatest opportunity for improvement related to quality of care. These three Anthem counties had rates below the MPL in 10, 12, and 11 measures, respectively.

Anthem's strengths in delivering quality care to members included its performance for *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*. The plan exceeded the MPL across all its counties, with two counties (Contra Costa and San Francisco) exceeding the HPL. The plan performed well in *Appropriate Treatment for Children With Upper Respiratory Infection*, with no counties below the MPL and one (San Francisco) performing above the HPL. Anthem demonstrated a

statistically significant improvement in performance for *Comprehensive Diabetes Care—HbA1c Poor Control* in all nine counties, and Santa Clara, San Francisco, and Tulare counties exceeded the HPL.

Anthem's top-performing counties were San Francisco and Santa Clara, both of which exceeded the MPL for all but one measure. San Francisco County had the strongest performance by also exceeding the HPL for four measures, while Santa Clara exceeded the HPL for two.

A review of DHCS's Audits & Investigations Division's medical performance audit of Anthem showed the plan was fully compliant with the standards reviewed under quality management; however, the plan had opportunities to improve the implementation and monitoring of quality activities. Despite having policies and procedures in place to process grievances, a file review found that the plan lacked an adequate process for evaluating potential quality-of-care issues. Additionally, many deficiencies noted in the audit were repeat deficiencies. This suggests that the plan does not have a process for monitoring ongoing compliance as part of its quality improvement process.

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 a plan's compliance with access standards. These standards include assessment of network adequacy and availability of services, coordination and continuity of care, and access to covered services under the Medi-Cal Managed Care Program. Performance measures, QIP outcomes, and member satisfaction results are used to evaluate access to care. 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.

The plan had below-average to average performance based on Anthem's 2010 performance measure rates that relate to access, QIP outcomes, results of the medical performance review standards related to the availability of and access to care, and member satisfaction results. Overall, performance measures rates for which HSAG identified a need for focused improvement efforts—*Comprehensive Diabetes Care* (all indicators except *HbA1c Poor Control*), *Adolescent Well-Care Visits*, *Timeliness of Prenatal Care*, and *Postpartum Care*—fell under the access domain of care.

For access-related compliance standards, three of the four outstanding deficiencies related to access: monitoring appointment wait times, the time and distance standard for PCPs in Contra Costa County, and oversight of hospitals to ensure access to medications in emergency situations. Member satisfaction results for adults and children showed poor or fair performance for the

Getting Needed Care composite in all counties. This composite assesses members' satisfaction with accessing care once a need is identified. This area was a significant opportunity for improvement.

Anthem's strength under the access to care domain was demonstrated through its *Reducing Avoidable Emergency Visits* QIP. The plan had a statistically significant decline in its overall plan rate between the baseline and first remeasurement periods. This suggests that Anthem is doing well with providing services in the appropriate care setting.

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.

Anthem had below-average to average performance in the timeliness domain of care based on its 2010 performance measure rates for providing timely care, medical performance review standards related to timeliness, and member satisfaction results related to timeliness. Anthem performed below the national Medicaid average for performance measures in the timeliness domain. Anthem continues to have a significant opportunity to improve postpartum care rates across counties.

Anthem was compliant with standards related to the timeliness of utilization management decisions, including prior-authorization requirements. The plan was also fully compliant with resolving member grievances within the appropriate time frame.

Member satisfaction results showed that the plan performed poorly for the *Getting Care Quickly* category for both adult and child populations. This suggests that members perceive that they do not always receive care in a timely manner.

Follow-Up on Prior Year Recommendations

The DHCS provided each plan an opportunity to outline actions taken to address recommendations made in the 2008–2009 plan-specific evaluation report. Anthem's self-reported responses are included in Appendix A.

Conclusions and Recommendations

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

Many of Anthem's performance measure rates fell below the MPL. During 2010 the plan had many statistically significant declines or no change in performance between 2009 and 2010. Despite the plan's submission of numerous improvement plans at the county level over several years, the plan has not shown a trend of improvement. The plan had one significant improvement over the prior year for the *Comprehensive Diabetes Care—HbA1c Poor Control* measure.

Based on available medical performance reviews, the plan was compliant with many standards covered under the scope of the audit. The plan had four areas that remained deficiencies related to quality of care and accessibility of services.

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

- Incorporate medical performance review deficiencies in the quality improvement work plan to ensure that they are addressed and monitored.
- Monitor encounter data submission patterns from the vision vendor to improve data completeness.
- Create a HEDIS team, dedicated to the Medi-Cal managed care product line, with responsibility to ensure coordination of activities and adherence to timelines.
- Establish performance standards with the HEDIS software vendor to reduce delays.
- Explore factors that contributed to the significant drop in *Comprehensive Diabetes Care—Retinal Eye Exam* rates.
- Identify factors that contributed to the decline in performance measure rates for Fresno County.
- Increase quality improvement resources for Alameda, Contra Costa, and Sacramento counties until the plan's performance achieves the MCMC-established MPLs.
- 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.
- Review the 2010 plan-specific CAHPS results report and develop strategies to address the *Getting Needed Care, Customer Service,* and *Rating of All Health Care* priority areas.

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

The table on the next page provides the prior year's EQR recommendations, plan actions that address the recommendations, and comments.

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
1. 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).	◆ December 2009: State-sponsored business quality management area was realigned under one management team to improve efficiency and outcomes and provided an opportunity to leverage best practices and processes within the company. ◆ December 2009 to present: HEDIS data collection and reporting team has been integrated into one department. This consolidation strategy aligns similar functions across the enterprise and centralizes technology and subject matter expertise into one area resulting in improvements and enhancements to data systems, collection methodology and program oversight. ◆ Initiated in 2009 and completed July 2010: Anthem implemented a new Enterprise-wide Data Warehouse (EDW), to be used for a variety of analytic purposes, including HEDIS and other quality-of-care reporting. All claims data (for all other types and places of service) for our State-sponsored business were migrated from an older, local data warehouse and incorporated into EDW. ◆ September 2009 through February 2010: Provider outreach to 435 medical provider offices and 45 top OB providers by the CRC staff providing HEDIS education. ◆ September 2009 through February 2010: Contacted 250 high volume providers via phone/email/office visits to distribute lists of members without preventive and other HEDIS-related services who were identified through claims data. ◆ The following interventions have been ongoing since 2009 and will continue through 2011: **Cervical Cancer Screening** ◆ Bi-annual automated reminder telephone calls made to female members ages 21–69 that have not had a Pap smear and/or mammogram within the last twelve months ▪ 2009: 259,254 calls made/80% answer rate ▪ 2010: 168,265 calls made/68% answer rate ▪ October 2009: Anthem pulled the names of female members who met the HEDIS requirements who had not had a Pap smear during the measurement year or two years prior and/or a mammogram during the measurement year or one year prior. These members were added to the original files with duplicates removed. The calls stressed the importance of Pap smears and mammogram screenings and encouraged members to get in touch with their PCP to make an appointment.

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
	◆ Reminder cards were mailed to members identified with gap in care regarding breast cancer screening/mammography. This reminder card included an incentive for members who receive a mammogram. ▪ 2009: 9,698 mailed ▪ 2010: 31,974 mailed ◆ Reminder cards mailed to members identified with gaps in care regarding cervical cancer/Pap ▪ 2009: 60,259 mailed ▪ 2010: 65,100 mailed **Comprehensive Diabetes Care** ◆ Alerts were faxed to providers of non-adherent diabetics ◆ Screening telephone calls were made to diabetic members to evaluate for referrals to care manager and health trainers ◆ Member educational mailings based on diagnosis were sent; ▪ 2009: 64,860 mailings included 20,815 Diabetes calendars ▪ 2010: 7,986 mailings ▪ 2011: 19,455 Diabetes calendars mailed ◆ Retinal eye reminder mailings were sent to members with no exam in the previous 12 months ▪ March–September 2009: 15,103 mailings **Well Child Visits (W34)** ◆ Monthly interactive voice recognition (IVR) automated reminder calls to the parents/guardians of members ages 2 to 20 due for a checkup ▪ 2009: 685,009 calls completed/82% answer rate ▪ 2010: 614,794 calls completed/76% answer rate ▪ September through November 2009: Anthem included the Gaps in Care intervention with the monthly IVR calls to members who met the W34 HEDIS requirements and did not have at least one well child visit within the measurement period, with the monthly IVR calls. ◆ Monthly IVR automated reminder calls to all newly enrolled members regarding the importance of receiving an initial health assessment

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
	▪ 2009: 331,068 calls completed/57% answer rate ▪ 2010: 267,867 calls completed/72% answer rate ◆ Reminder mailings sent to the parents/guardians of members age of 2 to 20 who were due/overdue for a checkup, or overdue for immunization(s) or preventive care
2. Increase quality improvement resources for Alameda, Contra Costa, and Sacramento counties until the plan's performance achieves the MCMC-established MPLs.	◆ 2009 and continuing through 2011: Anthem contracted with Verisk Health to administer HEDIS collection and reporting. Verisk Health provides Anthem with tools for managing risk, meeting our HEDIS reporting requirements efficiently and effectively, and delivering software training and ongoing support to ensure successful outcomes. ◆ Increased staff in California to ensure adequate resources were available to complete HEDIS collection: ▪ 2009: Hired 18 additional temporary FTE's ▪ 2010: Hired 24 additional temporary FTE's ▪ 2011: Hired 46 additional temporary FTE 's
3. 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.	◆ March 8, 2010: Submitted to DHCS the following revised performance measure improvement plans using updated interventions which are evidence-based and/or best practices: ▪ AAB—Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis ▪ AWC—Adolescent Well Care Visits ▪ BCS—Breast Cancer Screening ▪ CCS—Cervical Cancer Screening ▪ CDC—HbA1c Poor Control ▪ CDC—HbA1c Testing ▪ CDC—LDL Control ▪ CDC—LDL Screen ▪ CDC—Nephropathy ▪ CIS—Combo 3 ▪ PPC Pre—Prenatal and Postpartum Care: Timeliness of Prenatal Care ▪ PPC PST—Prenatal and Postpartum Care: Postpartum Care ▪ W15—Well Child Visits: first 15 months of life ▪ W34—Well Child Visits in the 3rd, 4th, 5th and 6th years of life

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
4. 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	◆ September 1, 2009: Anthem Blue Cross Partnership Plan submitted final measurement and analysis of the *Improving Diabetes Management* QIP ◆ November 2, 2009: The *Improving Diabetes Management* QIP was retired after receiving confirmation that HSAG completed the validation review with an overall "Met" status ◆ January 29, 2010: Anthem submitted a new QIP proposal related to postpartum care that addresses an area of low, actionable performance across all Anthem Medi-Cal counties
5. 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	◆ October 30, 2009: Anthem submitted the Avoidable ER QIP using the HSAG QIP Summary Form. ◆ January 29, 2010: Anthem submitted the Postpartum QIP proposal using the HSAG QIP Summary Form
6. Address deficient compliance standard areas related to the cultural and linguistic services requirements	◆ July 2009/January 2010/June 2011: CA_CLLS_018 policy was reviewed and approved. This policy addresses cultural and linguistic service requirements that ensure timely access to oral interpreter services and process for monitoring our providers to ensure the accessibility of language translation and culturally responsive care. ◆ April 2010: Developed the Cultural Competency Toolkit that continues to be made available via the provider resources section of the Web site. ◆ November 24, 2010: Distributed to providers via fax blast the communication titled, "Employee Language Skills Self Assessment Tool" and posted to the provider resources section of the Web site. ◆ December 7, 2010: Distributed to providers via fax blast the communication titled, "Cultural Competency Toolkit" and posted to the provider resources section of the Web site. ◆ July 2009 through 2011: Anthem Blue Cross Partnership Plan CRC field staff began and continues to reach out to members and contracted providers to educate them on available benefits and services including health education, provision of culturally appropriate care and availability of translators. The Initial Gaps in Care report was also generated during this time and nurses were able to use the report to help educate providers on what specific services members still needed. The lists are useful as an indicator for identifying services that can be improved by certain providers.

Table A.1—Follow-Up on the Prior Year's Recommendations Grid

EQR Recommendation	Plan Actions That Address the Recommendation
7. Evaluate whether any cultural and linguistic access-related barriers can be targeted to increase performance measure rates	◆ June 2009 through 2011: The Health Equities and Cultural and Linguistics Program Office began and continues to conduct annual analyses and geo-spatial mapping of select HEDIS measures to identify aggregate health disparities trends for planning of quality improvement intervention activities. The overall analyses do not break out the health disparities performance of State-sponsored business membership specifically due to the need to aggregate the data to increase statistical sample size. However, any health disparities trends identified do translate into quality improvement initiatives that include State-sponsored business membership.
8. Explore opportunities to improve non-urgent, routine physical and prenatal appointment accessibility	◆ June 2009 through 2011: Anthem Blue Cross Partnership Plan CRC staff began and will continue to conduct ongoing provider office visits to educate the physician's and office staff on a variety of topics, including appointment access standards and the importance for offices to ensure compliance with member timely access to care. ◆ August/September 2009: Anthem conducted an annual Appointment Access Survey. The results showed a 2% increase from 2008 in urgent care appointments, and a 1% increase in prenatal appointments. Decreases were noted for non-urgent sick (9%) and routine physical (4%) appointments. ◆ January 2010: Anthem contacted over 700 non-compliant providers via letter and advised them of their status, using this opportunity to educate providers on program standards. The non-compliant notification letter outlined the proper standards and also referred providers to the Provider Operations Manual. ◆ August/September 2010: Anthem conducted an annual Appointment Access Survey. Compliance with access by condition for non-urgent sick visits increased by 40%, and routine physical increased by 11%. Access by condition to urgent care decreased by 10%, and prenatal decreased by 8%. ◆ December 2009/May 2010/December 2010/April 2011: Distributed bulletins via fax blast and posted on the provider resources section of the Web site. The bulletins routinely outline Appointment Access standards as well as the annual survey results and are another avenue to educate providers on program standards.