



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans

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Medi-Cal Managed Care External Accountability Set (EAS) 2008

Executive Summary

The Medi-Cal Managed Care Division (MMCD) of the California Department of Health Care Services (DHCS) contracts with networks of health care delivery systems to provide essential primary, preventive, and acute care health services to approximately 3.4 million beneficiaries. In 2008, 21 managed care health plans, one prepaid plan, and three specialty plans provided care to Medi-Cal beneficiaries in 25 counties. The primary goals included providing qualified Medi-Cal children and adults with high-quality, accessible health care, delivered in a cost-effective manner. To assess the quality of care, DHCS selected 12 Healthcare Effectiveness Data and Information Set (HEDIS®¹) measures for the External Accountability Set (EAS) each Medi-Cal Managed Care plan is required to report on annually. HEDIS is a nationally recognized, standardized set of performance indicators developed by the National Committee for Quality Assurance (NCQA). More than 90 percent of all national health plans use HEDIS to measure their performance for established dimensions of both health care and their plan services.

The three models of health care used by managed care health plans include: County Organized Health Systems (COHS), Geographic Managed Care (GMC) and the Two-Plan model. In all three models, managed care health plans must have contracted provider networks. To reliably compare and assess the performance of these contracted managed care health plans, DHCS contracted with Delmarva Foundation (Delmarva) as its External Quality Review Organization (EQRO) to validate and report on the rates for the selected EAS measures.

The eight domains of HEDIS consist of 70 measures which are specifically defined while collection and validation is standardized across all plans. This methodology makes it possible to compare the performance of health plans to each other and with other benchmarks. Results are used to identify variances in an effort to focus and target improvement interventions for both individual plans and an aggregate population. NCQA's Committee on Performance Measurement annually evaluates and makes collective decisions about the content of the measures and the entire HEDIS process. The results of these measures are used by states,

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

employer and business groups, payers, and consumers in making decisions about which health plans to use for health care services.

The EAS report provides detailed results for each of the 12 selected HEDIS measures with a total of 23 indicator rates. DHCS selected measures to reflect the care provided to the largest segments of the Medi-Cal population in CY 2007. Each measure has been reported with a Medi-Cal weighted average calculated to provide a comparison that accounts for variation in membership across plans. The Medi-Cal Managed Care weighted averages are also compared to national benchmarks, and key findings from this comparison are:

- Of the 15 indicators required for both 2007 and 2008 reporting years, 13 indicators a Medi-Cal Managed Care weighted average improvement from 2007 to 2008.
- The Medi-Cal Managed Care weighted average for each of 13 indicators is at or above the 2007 national Medicaid average.
- The Medi-Cal Managed Care weighted average for each of 7 measures is above the 2007 national Commercial average.
- The Medi-Cal Managed Care weighted average for Childhood Immunization Status-Combination 3 (72.0%) is 11.4 percentage points above the 2007 national Medicaid average (60.6%).
- The Medi-Cal Managed Care weighted average for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (75.8%) is above the 2007 national Medicaid average of 66.8% by 9.0 percentage points.
- The Medi-Cal Managed Care weighted average for Comprehensive Diabetes Care-Eye Exam (Retinal) Performed (58.1%) is 6.7 percentage points above the 2007 national Medicaid mean of 51.4%.

The report also provides trend analysis for measures where multiple years of data are available. The averages used in the trend analysis are Medi-Cal Managed Care unweighted or simple averages, which unlike weighted averages do not account for variations in membership across health plans. However, a weighted average is taken of the HEDIS rates for all contract counties within each health plan before the simple average of all health plans is calculated for each measure. The two-to-four-year trend rates for the statewide simple averages are displayed in the following table.

Annual Trend Rates 2005 – 2008 Statewide Simple Averages*

HEDIS Measures	HEDIS 2005	HEDIS 2006	HEDIS 2007	HEDIS 2008
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)	51.9%	52.7%	56.8%	57.0%
Well-Child Visits in 3- 6 Years (W34)	68.7%	69.7%	71.6%	72.6%
CIS - Combination 2 (CIS2)	67.7%	76.7%	76.8%	77.4%
CIS - Combination 3 (CIS3)	-	-	-	70.6%
Adolescent Well-Care Visits (AWC)	35.1%	36.3%	37.0%	39.8%
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	-	85.4%	84.3%	87.8%
Breast Cancer Screening (BCS)	56.2%	55.3%	50.7%†	51.3%
Cervical Cancer Screening (CCS**)	65.9%	67.2%	65.9%†	68.2%
Timeliness of Prenatal Care (PPC-Pre)	79.6%	80.9%	79.6%	82.8%
Postpartum Care (PPC-Pst)	58.1%	57.5%	58.0%	59.1%
CDC** Eye Exam (CDC-E)	63.3%	54.1%	56.1%	58.0%
CDC HbA1c Good Control (< 7%) (CDC-HC)	-	-	-	33.2%
CDC HbA1c Testing (CDC-HT)	-	75.0%	80.6%	81.5%
CDC HbA1c Poor Control (CDC-HP)	-	-	-	42.2%
CDC LDL-C Screening (CDC-LS)	-	83.7%	75.7%†	76.5%
CDC LDL-C Control (CDC-LC)	-	-	-	36.9%
CDC Medical Attention for Nephropathy (CDC-N)	-	58.1%	78.9%†	78.3%
Use of Appropriate Medications for People With Asthma (ASM)	62.1%	84.7%	87.0%	87.7%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)***	-	36.7%	30.7%	28.2%†
Ambulatory Care - Outpatient Visits (AMB-O)	-	-	-	279.1
Ambulatory Care - Emergency Department Visits (AMB-ED)	-	-	-	40.2
Ambulatory Care - Ambulatory Surgery/Procedures (AMB-SP)	-	-	-	3.2
Ambulatory Care - Observation Room Stays (AMB-OB)	-	-	-	1.0

*Data available for a measure are presented in the trending tables. Two years of data for a measure may not indicate a trend, but does allow for comparison between the current year and the previous year.

** Note that the abbreviation CCS is used in the Medi-Cal Managed Care program to refer to the California Children's Services and that the abbreviation CDC also refers to the Centers for Disease Control and Prevention. However, in this report these abbreviations refer to HEDIS measures: CCS refers to Cervical Cancer Screening and CDC refers to Comprehensive Diabetes Care.

*** The 2008 specifications inverted AAB, so a higher rate would indicate better performance. The RY2006 and RY2007 rates have been manually inverted (Subtracted from 100%) for comparison with the RY2008 rates.

† This measure has had a change in technical specifications. Use caution when comparing to prior results.

Key findings related to the Medi-Cal Managed Care simple averages are:

- Fifteen indicators have data for three or more measurement years. Of these 15 indicators, 13 showed improvement between 2007 and 2008 and plans performed better on 12 measures in 2008 than in 2006.
- The unweighted Medi-Cal Managed Care averages for the following measures showed the largest rate improvements between 2007 and 2008:
 - Adolescent Well-Care from 37.0% to 39.8% ,
 - Appropriate Treatment for Children With Upper Respiratory Infection from 84.3% to 87.8%,
 - Cervical Cancer Screening from 65.9% to 68.2%,
 - Prenatal Postpartum Care - Timeliness of Prenatal Care from 79.6% to 82.8%.
- Breast Cancer Screening trended upward between 2007 and 2008 after a previous downward trend for the unweighted Medi-Cal averages.
- Upward trends are noted between 2007 and 2008 for the unweighted Medi-Cal averages for three Comprehensive Diabetes Care indicators: Eye Exam (Retinal) Performed, HbA1c Testing, and LDL-C Screening. Medical Attention for Nephropathy remained stable.
- Use of Appropriate Medications for People With Asthma remained stable between 2007 and 2008.

The identification of Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) are based upon the 25th and the 90th percentiles, respectively, of the 2007 national Medicaid results. This additional comparison can assist DHCS in assessing program-wide quality of care and in identifying improvement needs of specific health plans. The HPL rates also help identify plans that exceed national benchmarks.

The MPLs and HPLs were not applied to a measure if 2008 was the first year it was a required measure in the EAS or if substantial changes were made to the measure's technical specifications for HEDIS 2008. The specific changes for each measure are identified in Section III of this report. The following measures were new to the EAS in 2008:

- *Childhood Immunization Status – Combination 3*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- *Ambulatory Care – Outpatient Visits*
- *Ambulatory Care – Emergency Department Visits*
- *Ambulatory Care – Ambulatory Surgery/Procedures*
- *Ambulatory Care – Observation Room Stays*
- *Comprehensive Diabetes Care – HbA1c Good Control (< 7%)*
- *Comprehensive Diabetes Care – HbA1c Poor Control*
- *Comprehensive Diabetes Care – LDL-C Control (< 100 mg/dL)*

The Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis measure was inverted for HEDIS 2008 and renamed Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis. Due to the substantial technical specification changes, the MPL and HPL requirement was not applied.

Improvement Plans (IPs) are required of plans not meeting the minimum 25th percentile level of HEDIS 2007 national Medicaid rates and of plans not reporting (NR) on a measure. IPs are Corrective Action Plans (CAPs) and must include a root cause analysis, identification of targeted interventions, the team responsible for implementation, and the proposed timeline. The following list includes the HEDIS 2008 measures and the number of plans scoring below the MPL or NR on a measure, requiring submission of an IP:

- *Adolescent Well-Care Visits* – MPL: 9 plans,
- *Appropriate Treatment for Children With Upper Respiratory Infection* – MPL: 4 plans,
- *Use of Appropriate Medications for People With Asthma* – MPL: 6 plans,
- *Breast Cancer Screening* – MPL: 6 plans,
- *Cervical Cancer Screening* – MPL: 4 plans,
- *Prenatal and Postpartum Care – Timeliness of Prenatal Care* – MPL: 5 plans,
- *Prenatal and Postpartum Care – Postpartum Care* – MPL: 12 plans,
- *Childhood Immunization Status – Combination 2* – MPL: 4 plans,
- *Well-Child Visits in the First 15 Months of Life* – MPL: 8 plans,
- *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* – MPL: 5 plans,
- *Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* – NR: 1 plan,
- *Comprehensive Diabetes Care: Hemoglobin A1c Testing* – MPL: 5 plans,
- *Comprehensive Diabetes Care: LDL-C Screening* – MPL: 2 plans,
- *Comprehensive Diabetes Care: Medical Attention for Nephropathy* – MPL: 4 plans.

Evaluating the quality of health care services provided to the Medi-Cal population requires repeated use of a measurement tool such as the HEDIS, which provides a level comparison field for evaluating health plan performance. Evaluators can use HEDIS measure results to identify areas in need of focused improvement efforts at both the program-wide and individual health plan levels and to trend performance over time.

The performance measure results in this report provide quantified data that describe some aspects of the health care that was delivered to Medi-Cal Managed Care beneficiaries over the course of a measurement year; however, these results do not describe all aspects of care delivery. The purpose of the measures is to provide a tool for quantifiably assessing managed care plan care delivery performance. The results do not describe the specific reasons that may account for differences in plan and comparative rates. DHCS is required to monitor trends and variances in HEDIS results in order to identify opportunities for improving the health services delivered to the State's Medi-Cal Managed Care populations.

Plans should review individual results and comparative benchmarks to identify the specific characteristics of their patient populations. Results from previous interventions should be scrutinized to determine if they effectively brought about performance improvements. System-wide interventions to improve overall processes can yield the most sustainable results.

Results of the 2008 Performance Measures for the Medi-Cal Managed Care Program

I. Introduction

In accordance with the Code of Federal Regulations (CFR), Title 42, CFR Section 438.200, Subpart D, Section 438.300, Subpart E, and Section 1932 [42 U.S.C. 1396u–2] of the Social Security Act, the California Department of Health Care Services (DHCS) contracted with Delmarva Foundation, Inc. (Delmarva) to function as an external quality review organization (EQRO). An essential EQRO task is the validation of performance measures. Validation is a review of the systems and processes used by the plan to create performance measures that are reported to the state. Validation of such performance measures is undertaken to accomplish two main goals:

- 1) Evaluate the accuracy of the performance measures reported by (or on behalf of) a Managed Care Organization (MCO).
- 2) Determine the extent to which the calculation of the performance rates followed the technical specifications for the measures.

In 2008, California's Medi-Cal Managed Care Program funded healthcare services for approximately 3.4 million Medi-Cal beneficiaries in 23 counties across California. To effectively assess the quality of care provided by contracted health plans during measurement year 2007 (reporting year 2008), the DHCS required each Medi-Cal Managed Care plan to report rates for a series of performance measures. These measures were selected from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS²) measures.

DHCS selected 12 HEDIS measures with 23 indicators that assess the care provided to the largest segments of the Medi-Cal population: young women, children, and those with chronic conditions. In accordance with routine NCQA program oversight, each of the HEDIS measures selected by DHCS was audited by NCQA certified auditors.

² The term "HEDIS" is a registered trademark of the National Committee of Quality Assurance (NCQA) and has been most commonly used to refer to the set of performance measures used in health plan evaluation. In recent years, NCQA has broadened the scope of their quality measure development activities to include measures for physicians and Preferred Provider Organizations (PPOs). In order to better reflect the expanded scope and utility of HEDIS, NCQA has changed the name of HEDIS® to "Healthcare Effectiveness Data and Information Set," effective July 11, 2007.

Developed by NCQA, HEDIS is a nationally recognized, standardized set of performance indicators that measure healthcare access, utilization, and quality. Since its introduction in 1993, HEDIS has become the gold standard in managed care performance measurement. Conceived as a way to streamline measurement efforts and promote accountability in managed care, HEDIS measures are now used by approximately 90 percent of all managed care organizations to evaluate performance in areas ranging from preventive care and consumer experience to cardiovascular disease and cancer. All measures have a continuous eligibility requirement defined as the time in months or years that the beneficiary must be enrolled in the Medi-Cal Managed Care plan before a particular date or event. This set of standardized performance measures is designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care organizations. For a deeper understanding of how HEDIS works, please refer to Appendix 2.

The rates presented reflect select services for a portion of the Medi-Cal Managed Care population, providing a fairly accurate gauge of plan access, timeliness of services, and quality of care. Several factors may influence a plan's score, including the plan's ability to capture and report data, the unique characteristics of the member population, and the organization of the provider networks within specific geographic areas. Therefore, this information is best used to develop a composite sketch of the systems of quality employed by the managed care plans in delivering care and services.

The Medi-Cal Managed Care Program uses three models of health care delivery to serve the 3.4 million Medi-Cal beneficiaries in 23 counties across California. The three models are the Geographic Managed Care (GMC), the County-Organized Health System (COHS), and the Two-Plan Model, which includes commercial plans (CPs) and Local Initiatives (LIs). For calendar year 2007, DHCS contracted with 21 managed care plans to provide health care services for Medi-Cal-qualified adults and children. A description of each of the three managed care models can be found in Table 1. Table 2 provides the abbreviation for each plan, the contract/model type (as described in Table 1), and the counties of operation for each Medi-Cal Managed Care plan.

This report presents the results of the performance measures for services provided in calendar year 2007, and as reported in June 2008. For a brief description of the measures required by DHCS, refer to Appendix 3.

Table 1. Medi-Cal Managed Care Health Plan Models

Model	Characteristics
Geographic Managed Care (GMC)	Mandatory enrollment of Temporary Assistance to Needy Families (TANF) population into commercially operated managed care plan, with enrollee choosing between multiple plans in area.
County-Organized Health System (COHS)	Mandatory enrollment of nearly all Medi-Cal eligible population into managed care system developed by the county.
Two-Plan Model (includes Commercial Plans [CPs] and Local Initiatives [LIs])	Mandatory enrollment of TANF population into one of two managed care entities. CP is a commercially operated managed care plan, and LI is a community-developed plan designed to meet the specific needs of the community served.

Table 2a lists 21 plans, the abbreviation for each plan, the contract/model type, and counties of operation.

Table 2a. Medi-Cal Managed Care Contracted Health Plans

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
Alameda Alliance for Health	AAH	LI	Alameda
Anthem Blue Cross	Anthem BC	CP	Alameda
			Contra Costa
			Fresno
			San Francisco
			San Joaquin
			Santa Clara
		GMC	Sacramento
		GMC	San Diego*
LI	Stanislaus		
LI	Tulare		
Cal Optima	CalOptima	COHS	Orange
Care1st	Care1st	GMC	San Diego
CenCal (formerly Santa Barbara Regional Health Authority)	CenCal	COHS	Santa Barbara/ San Luis Obispo**
Central Coast Alliance for Health	CCAH	COHS	Monterey/Santa Cruz
Community Health Group	CHG	GMC	San Diego
Contra Costa Health Plan	CCHP	LI	Contra Costa

* Effective January 1, 2008, Blue Cross is no longer a contracted health plan in San Diego County.

**As of March 1, 2008, CenCal's service area expanded to include San Luis County. Since this report is for HEDIS 2008 (measurement year 2007), only the HEDIS scores for their members in Santa Barbara County are included.

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
Health Net	Health Net	CP	Fresno
			Kern
			Los Angeles
			Stanislaus
		GMC	Tulare
			Sacramento
Health Plan of San Joaquin	HPSJ	LI	San Joaquin
Health Plan of San Mateo	HPSM	COHS	San Mateo
Inland Empire Health Plan	IEHP	LI	Riverside/San Bernardino
Kaiser Permanente	Kaiser (N)	GMC	Sacramento
Kaiser Permanente	Kaiser (S)	GMC	San Diego
Kern Family Health Care	KFHC	LI	Kern
L.A. Care Health Plan	LA Care	LI	Los Angeles
Molina Healthcare	Molina	CP	Riverside/San Bernardino
		GMC	Sacramento
Partnership Health Plan of CA	PHP of CA	COHS	San Diego
San Francisco Health Plan	SFHP	LI	Napa /Solano/Yolo
Santa Clara Family Health Plan	SCFHP	LI	San Francisco
Western Health Advantage	WHA	LI	Santa Clara
		GMC	Sacramento

Table 2b lists the three specialty plans and one prepaid health plan that also provide care to Medi-Cal managed care members. AHF Healthcare Centers was the only specialty plan to be audited and to submit HEDIS 2008 data for Medicaid. SCAN did not participate in an audit for their Medicaid population but did for their Medicare members. Please see Appendix 1 for more discussion of these plans.

Table 2b. Medi-Cal Managed Care Contracted Specialty and Prepaid Health Plans

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
AHF Healthcare Centers	AHC	Specialty Plan (SP)	Los Angeles
Family Mosaic Project	FMP	SP	San Francisco
Kaiser Prepaid Health Plan	Kaiser PHP	Prepaid Health Plan (PHP)	Marin/Sonoma
SCAN Health Plan	SCAN	SP	Los Angeles/ Riverside/ San Bernardino

II. HEDIS Audit Process and DHCS

HEDIS audit activities for Medi-Cal Managed Care plans occur year-round. Plans perform initial steps such as project planning and preparing for the audit teams between October and December of the measurement year. In January through May of the reporting year, audit teams review documentation submitted by plans and perform onsite visits to the plans. The audit teams go on site to investigate any issues identified during the review of plan documentation and to observe the systems plans use for HEDIS reporting. After the visit, the audit team may identify areas that call for corrective action on the part of the plans. Plans make any needed corrections and submit their final results to NCQA in June. Audit teams submit final audit reports in July. Aggregate data analysis and reporting at the state level takes place in August and September. Table 3 provides approximate time periods for audit-related tasks.

Table 3. HEDIS Audit and Reporting Process

Task	Dates
Plans and audit teams prepare for data capture and audits	October - December
Plans gather data Audit teams conduct audits (2 days onsite at plan) and plans implement corrective actions	January - May
Data collection ends and results are finalized Plans submit final results to NCQA	June
Audit teams submit Final Audit Reports to plans	July
Aggregate Medi-Cal Managed Care data analysis and report writing	August - September

III. How DHCS Uses HEDIS Measures

In the reporting of HEDIS measures, DHCS sets the Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) equal to the 25th and the 90th percentiles, respectively, of the 2007 national Medicaid results. Comparing plan results to the MPL allows DHCS to identify the improvement needs of specific health plans. The HPLs help DHCS identify plans that outperform others on specific HEDIS measures. Together, the MPLs and HPLs provide DHCS with one means of assessing the performance of the Medi-Cal Managed Care program at the plan level and as a whole.

MPLs and HPLs were not applied to the measures listed below. All are first-year required measures for the EAS with the exception of Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). AAB was a revised NCQA measure in HEDIS reporting year (RY) 2007. Since the HEDIS RY 2007 national Medicaid 25th and 90th percentiles are used for the RY 2008 measures' MPLs and HPLs in this report, no applicable MPLs or HPLs were available for AAB.

- *Childhood Immunization Status – Combination 3*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
- *Ambulatory Care – Outpatient Visits*
- *Ambulatory Care – Emergency Department Visits*
- *Ambulatory Care – Ambulatory Surgery/Procedures*
- *Ambulatory Care – Observation Room Stays*
- *Comprehensive Diabetes Care – HbA1c Good Control (< 7%)*
- *Comprehensive Diabetes Care – HbA1c Poor Control (> 9%)*
- *Comprehensive Diabetes Care – LDL-C Control (< 100 mg/dL)*

Improvement Plans (IPs) are required of plans not meeting the minimum 25th percentile level of HEDIS 2007 national Medicaid rates and of plans not reporting (NR) on a measure. IPs are Corrective Action Plans (CAPs) and must include a root cause analysis, identification of targeted interventions, the team responsible for implementation, and the proposed timeline. The following list includes the HEDIS measures and the number of plans scoring below the MPL or NR on a measure, requiring submission of an IP:

- *Adolescent Well-Care Visits – MPL: 9 plans,*
- *Appropriate Treatment for Children With Upper Respiratory Infection – MPL: 4 plans,*
- *Use of Appropriate Medications for People With Asthma – MPL: 6 plans,*
- *Breast Cancer Screening – MPL: 6 plans,*
- *Cervical Cancer Screening – MPL: 4 plans,*
- *Prenatal and Postpartum Care – Timeliness of Prenatal Care – MPL: 5 plans,*
- *Prenatal and Postpartum Care – Postpartum Care – MPL: 12 plans,*
- *Childhood Immunization Status – Combination 2– MPL: 4 plans,*
- *Well-Child Visits in the First 15 Months of Life – MPL: 8 plans,*

- *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* – MPL: 5 plans,
- *Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* – NR: 1 plan,
- *Comprehensive Diabetes Care: Hemoglobin A1c Testing* – MPL: 5 plans,
- *Comprehensive Diabetes Care: LDL-C Screening* – MPL: 2 plans,
- *Comprehensive Diabetes Care: Medical Attention for Nephropathy* – MPL: 4 plans.

DHCS applies HPLs to acknowledge plans that have achieved or exceeded the HEDIS 2007 national Medicaid 90th Percentile. The following list includes the HEDIS measures and the number of plans scoring above the HPL:

- *Appropriate Treatment for Children With Upper Respiratory Infection* – 9 plans,
- *Use of Appropriate Medications for People With Asthma* – 5 plans,
- *Breast Cancer Screening* – 3 plans,
- *Cervical Cancer Screening* – 3 plans,
- *Prenatal and Postpartum Care: Timeliness of Prenatal Care* – 1 plan,
- *Prenatal and Postpartum Care: Postpartum Care* – 3 plans,
- *Childhood Immunization Status: Combination 2* – 3 plans,
- *Well-Child visits in the First 15 Months of Life* – 3 plans,
- *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* – 6 plans,
- *Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* – 4 plans,
- *Comprehensive Diabetes Care: Hemoglobin A1c Testing* – 2 plans,
- *Comprehensive Diabetes Care: LDL-C Screening* – 5 plans,
- *Comprehensive Diabetes Care: Medical Attention for Nephropathy* – 4 plans.

The Adolescent Well-Care measure was the only measure for which no plan scored above the HPL.

Each year DHCS has presented Quality Awards to plans at the annual Medi-Cal Managed Care Quality Conference. These Quality Awards include awards specifically acknowledging outstanding performance in the required HEDIS measures (gold, silver, bronze and honorable mention categories) as well as awards for the greatest degree of improvement in HEDIS scores over the previous two years.

In 2005, DHCS began using an auto assignment strategy as an incentive to health plans to improve the quality of care offered to enrollees. This strategy assigns more default enrollments in the geographic managed care (GMC) and two-plan model counties to health plans that have demonstrated high quality performance for selected HEDIS measures and for two measures related to the utilization of safety net providers. (The members subject to default enrollment are Medi-Cal beneficiaries who are required to enroll in a managed care plan but who do not select a health plan within the required timeframe established by DHCS.)

The six HEDIS measures used for the auto assignment incentive program were:

- *Childhood Immunization Status – Combination 2*
- *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life*
- *Adolescent Well-Care Visits*
- *Prenatal and Postpartum Care: Timeliness of Prenatal Care*
- *Cervical Cancer Screening*
- *Use of Appropriate Medications for People With Asthma*

IV. Report Organization

This report is organized into sections, reflecting individual health plan HEDIS rates and HEDIS rates by model type. For each measure, a Medi-Cal Managed Care weighted average has been calculated to provide a comparative statistic. A weighted average, unlike a simple average, accounts for variations in membership across plans. The report also identifies MPLs and HPLs unique to each measure. Each MPL and HPL is based upon the 25th and 90th percentiles, respectively, of the 2007 national Medicaid results³. Establishment of MPLs permits health plans and DHCS to detect opportunities for improvement, whereas the use of HPLs allows for identification of performance in excess of the national 90th percentile. Used alongside the program-wide weighted averages, these two benchmarks facilitate the assessment of quality and provide the basis for strategic planning among the plans and DHCS.

Results

Use of Data Generated by Audited Processes Only

The systems and processes that generate the data included in this report have been audited by NCQA-licensed audit organizations, Thompson Reuters and MetaStar, through a subcontractor agreement with Delmarva. The Balanced Budget Act (BBA) requires that performance measures be validated in a manner consistent with the EQRO protocol for validating performance measures. Each audit was conducted as prescribed by NCQA's *HEDIS 2008, Volume 5: HEDIS Compliance Audit™ Standards, Policies, and Procedures* and is consistent with the validation methodology required by the EQRO's protocols.

Considerations in Interpreting Results

Although all the processes generating the data included in this report were audited, several factors may influence a plan's performance on HEDIS measures. It is important to remember that HEDIS rates reflect only select services for a portion of the Medi-Cal population. Although the rates provide a fairly accurate gauge of the degree to which services are provided, this information alone is insufficient to evaluate overall performance. When viewed in conjunction with other methods of performance assessment, quality measures can contribute to a composite of the quality of systems employed by Medi-Cal Managed Care plans and the quality of care and services provided to enrollees.

Readers should keep several points in mind when interpreting Medi-Cal Managed Care plan performance. Factors that influence measure results include the method used to capture data, the member population characteristics, and the Medi-Cal Managed Care plan characteristics.

³ Source: 2007 *Quality Compass* published by the National Committee for Quality Assurance (NCQA).

⁴ The NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Factor 1: Impact of Administrative vs. Hybrid Methodology

The HEDIS methodology offers two ways to calculate a performance rate: the administrative method and the hybrid method. For the administrative method, the plans identify the member population eligible for a measure and search their administrative databases (claims and encounters systems) for evidence of a service being rendered. For the hybrid methodology, plans supplement the administrative data analysis with data resulting from the manual process of medical record review. Regardless of the methodology used by the Medi-Cal Managed Care plans, audited measures should be accurate to within five percentage points of the “true” rate. For measures that allow the plans to report both the administrative and hybrid data, reporting administrative-only calculations could make a plan susceptible to undercounting positive numerator events.

Factor 2: Impact of Member Population Characteristics

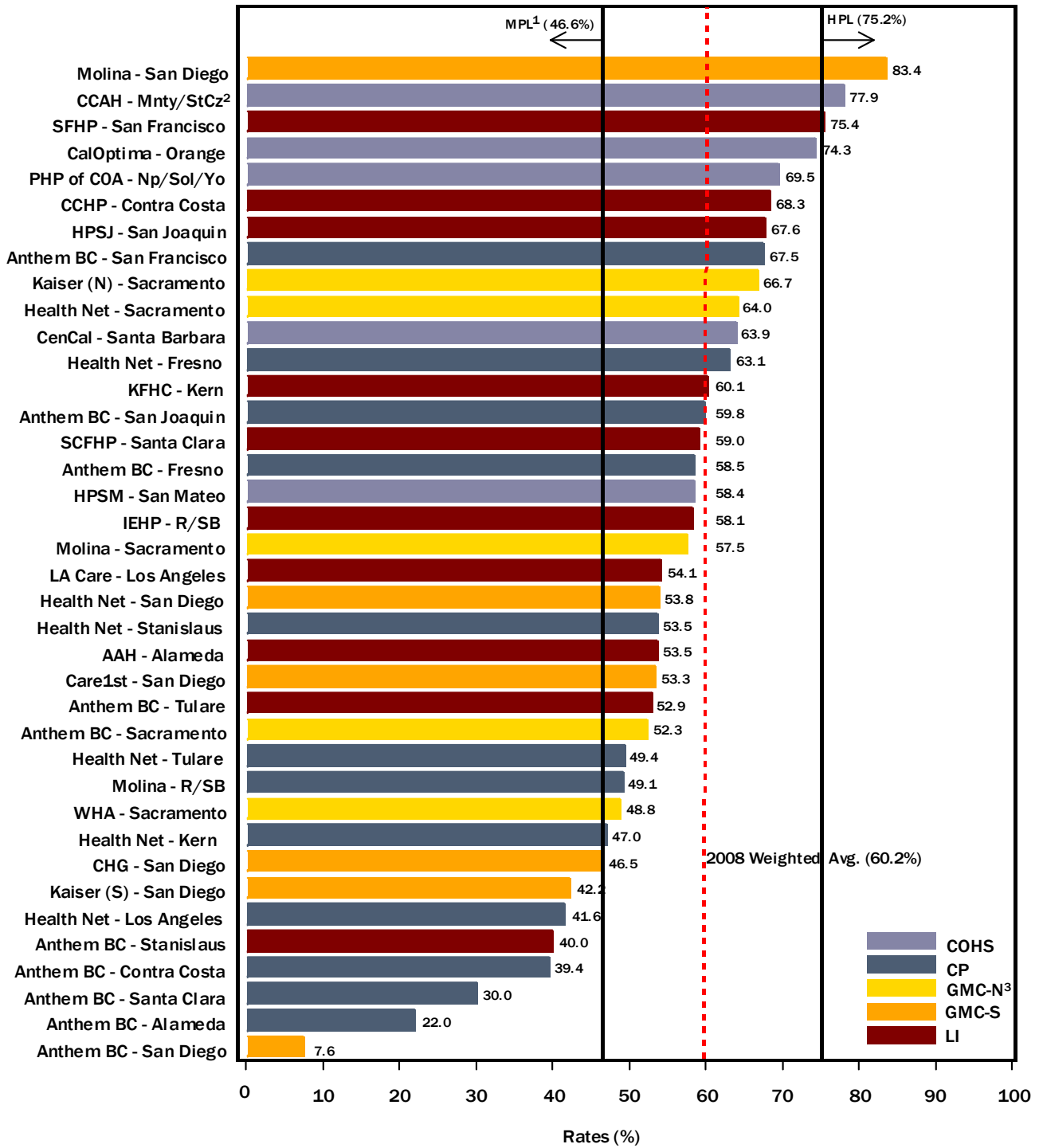
HEDIS measures provide a glimpse of care delivery at each Medi-Cal Managed Care plan, but they do not address why something did or did not occur. HEDIS does not provide or adjust for factors outside of the plan’s control that may influence members seeking services. The performance of the plan and its providers (i.e., educational programs, appointment availability, hours of operation, providers meeting with members) are factors that influence performance rates, but are not the only factors. Member population characteristics may influence a plan’s performance rates since member age, education level, health status at the time of enrollment, and geographic location (urban vs. rural) can all help or hinder a member in seeking care. HEDIS rates are not adjusted for the severity of illness or general health status of a Medi-Cal Managed Care plan’s population. All such differences in member populations should be considered when comparing managed care plan results to one another, to state or national averages, or to other benchmarks.

Factor 3: Impact of Medi-Cal Managed Care Plan Characteristics

Regardless of a managed care plan’s size, years in business, structure, or contract model, the plan is responsible for providing high-quality health care services to its members. Such plan characteristics may, however, influence the reporting of some HEDIS measures. As an example, smaller managed care plans may not have enough members to provide a sample size that would yield statistically valid results. Plans that have been in existence for only a short time may not have enough data to report on some measures requiring multiple years of data. Plans may also find it costly to produce measures using the hybrid methodology, even though use of the methodology generally results in higher performance rates.

V. HEDIS 2008 Health Plan Results

Figure 1. HEDIS 2008 Well-Child Visits in the First 15 Months of Life

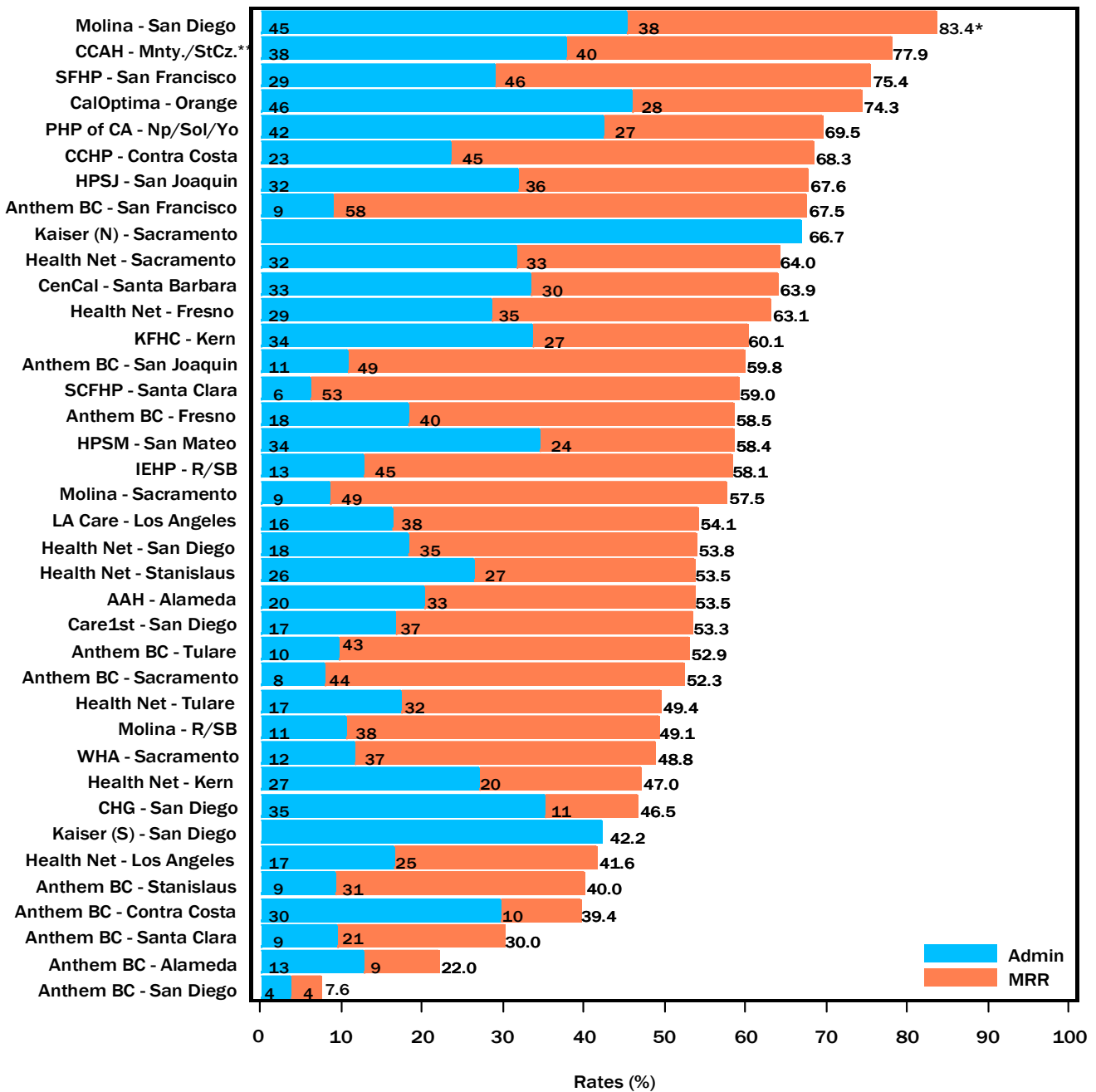


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 2. HEDIS 2008 Well-Child Visits in the First 15 Months of Life
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Well-Child Visits in the First 15 Months of Life (W15) measure is part of the Use of Service Domain. The 2008 Medi-Cal Managed Care weighted average for Well-Child Visits in the First 15 Months of Life, 6 or more visits, is 60.2 percent. Molina San Diego (83.4 percent), Central Coast Alliance (77.9 percent), and San Francisco Health Plan (75.4 percent) are above the HPL of 75.2 percent. Eight plans fell below the MPL of 46.6 percent with Anthem BC San Diego having the lowest score of 7.6 percent. While most plans use a hybrid method (a combination of administrative and medical records) to report this rate, Kaiser (N) Sacramento and Kaiser (S) San Diego use administrative data only. The Medi-Cal Managed Care weighted average is above the HEDIS 2007 national Medicaid average of 55.6 percent and 2007 California Healthy Families average of 56.6 percent but below the HEDIS 2007 national Commercial average of 72.9 percent as shown in Table 4.

Table 4. Well-Child Visits in the First 15 Months of Life (6 or More Visits) Benchmarks

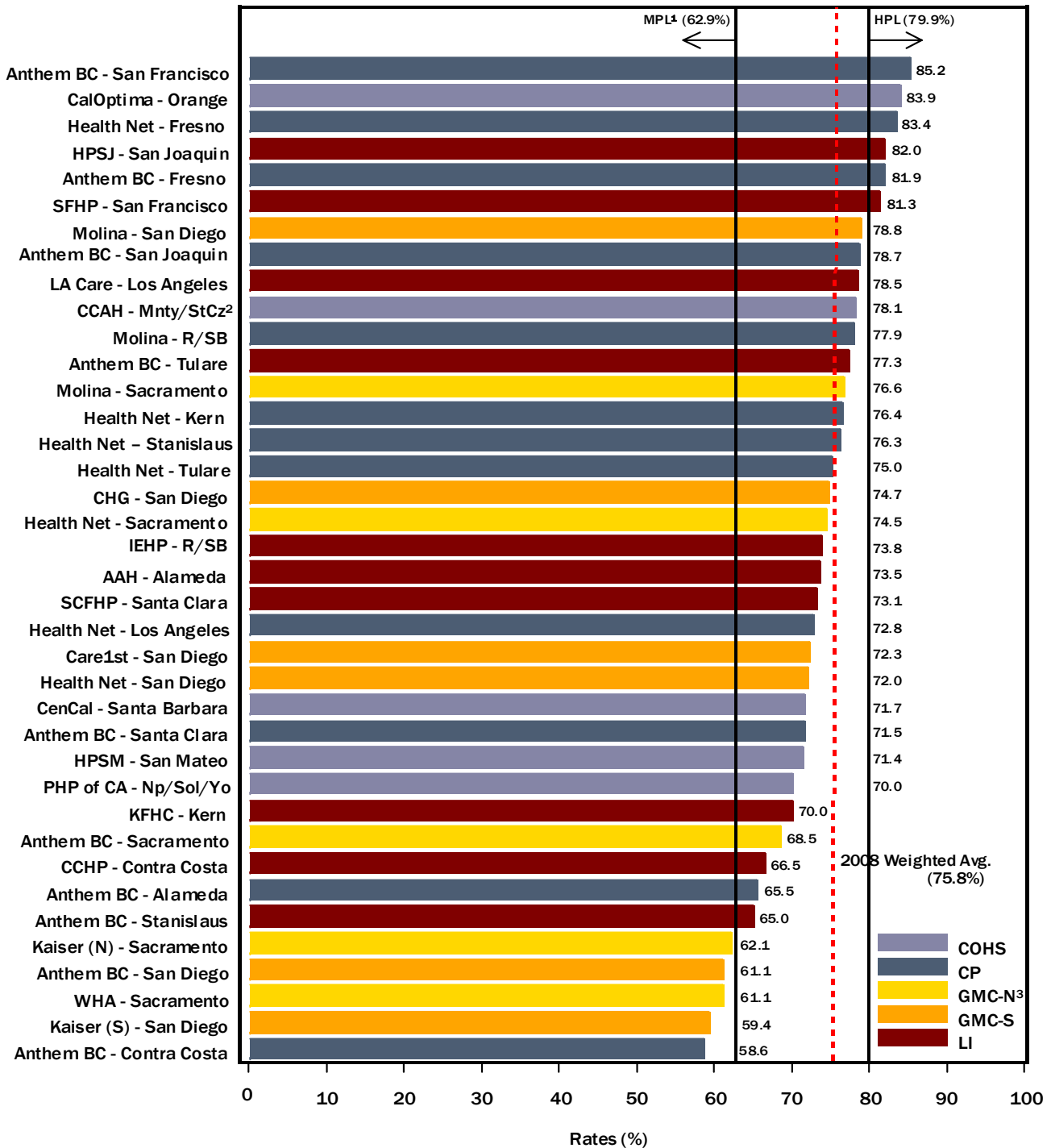
	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	CA Healthy Families Average 2007††
Rate	60.2%	55.6%	72.9%	56.6%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Figure 3. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

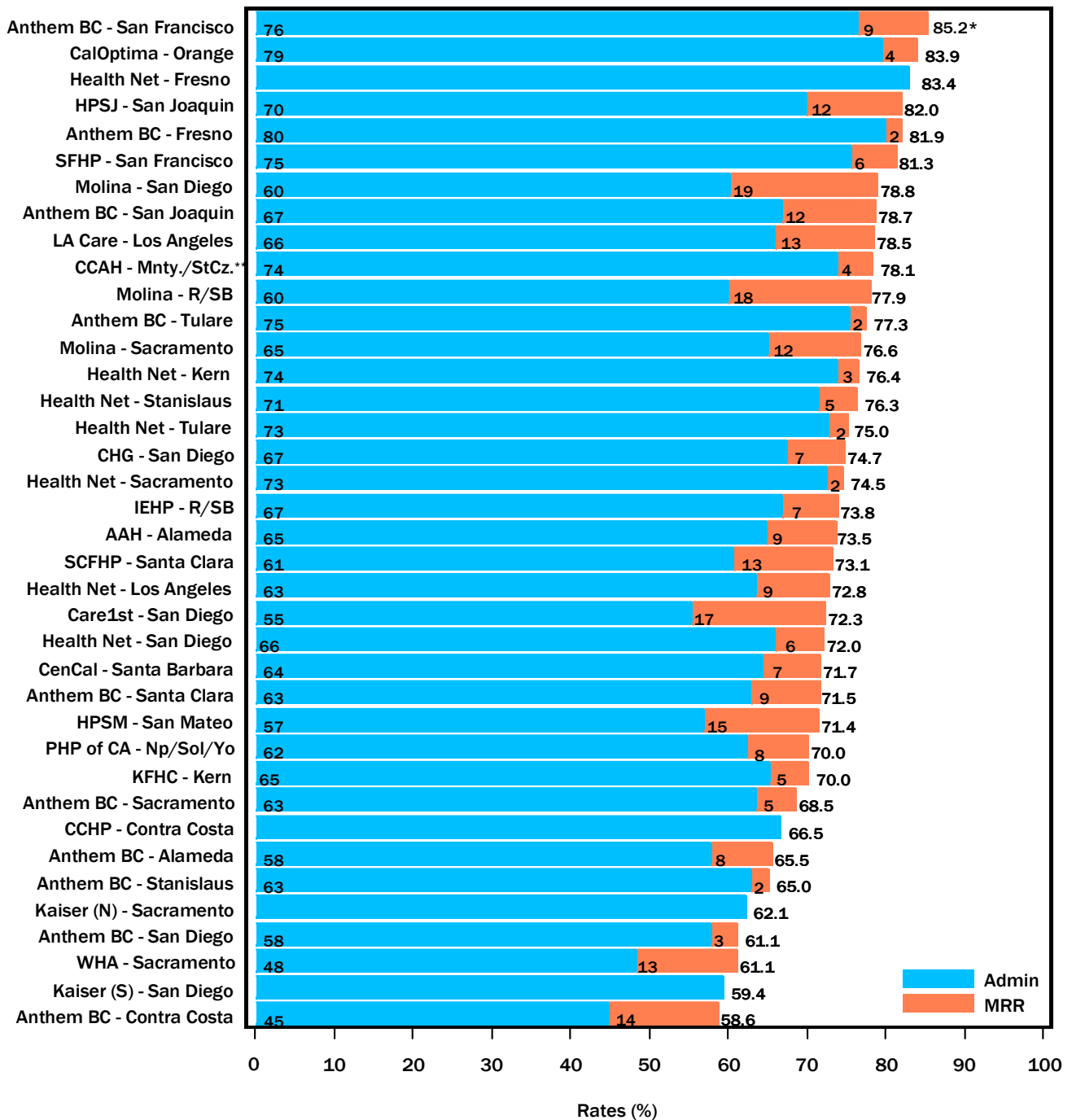


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 4. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

The Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure is part of the Use of Service domain. The Medi-Cal Managed Care weighted average of 75.8 percent is within 4.1 percentage points of the HPL. Six plans placed above the HPL of 79.9 percent and five plans were below the MPL of 62.9 percent. Four plans used administrative data only to calculate their rates. The Medi-Cal Managed Care weighted average of 75.8 percent exceeds the HEDIS 2007 national Medicaid average (66.8 percent), the HEDIS national Commercial average (66.7 percent) and 2007 California Healthy Families average (72.9 percent) as indicated in Table 5.

Table 5. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Benchmarks

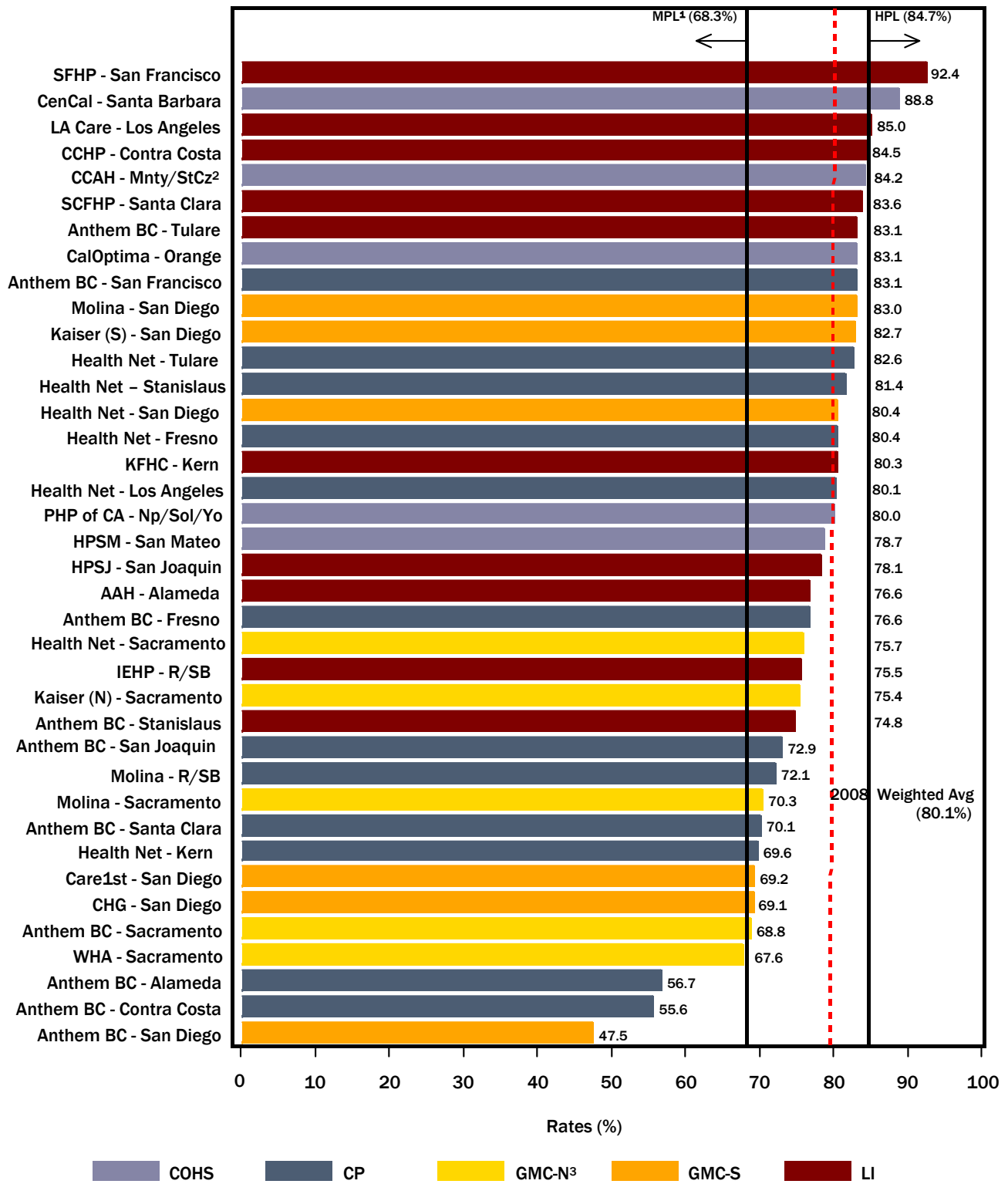
	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	75.8%	66.8%	66.7%	72.9%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

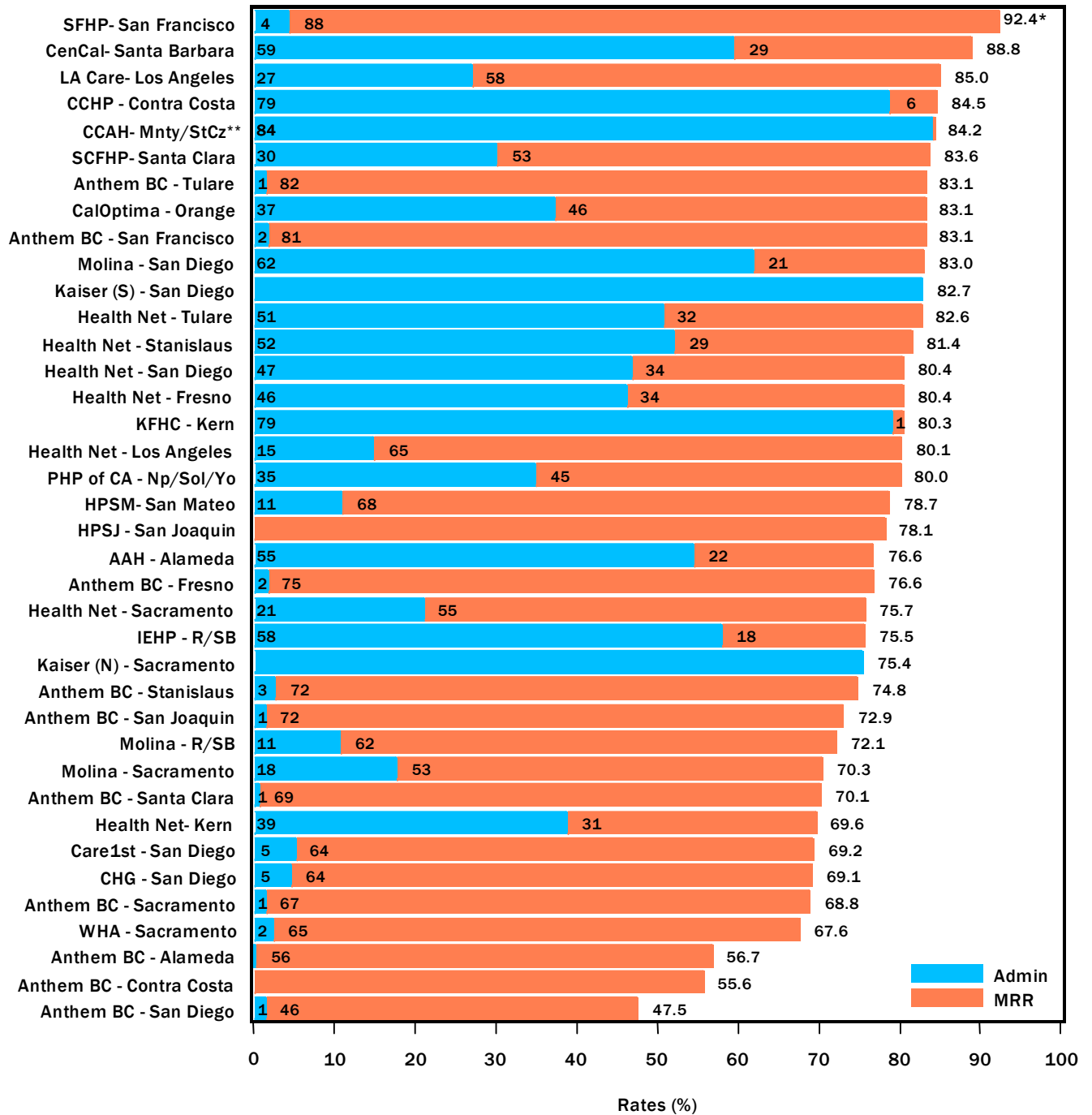
†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Figure 5. HEDIS 2008 Childhood Immunization Status (Combination 2)



¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.
² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 6. HEDIS 2008 Childhood Immunization Status (Combination 2)
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.

** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Solano/Yolo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

For Childhood Immunization Status (CIS) - Combination 2, three plans are above the HPL of 84.7 percent, and four health plans fall below the MPL of 68.3 percent. Kaiser Sacramento, Kaiser San Diego, and Central Coast Alliance for Health calculated this rate with administrative data only. Four other plans used only medical record data. The Medi-Cal Managed Care weighted average exceeds all three comparable benchmarks for this measure as indicated in Table 6.

Table 6. Childhood Immunization Status (Combination 2) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	80.1%	73.3%	79.8%	79.2%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

The Childhood Immunization Status (CIS) measure is part of the Effectiveness of Care domain. Since Childhood Immunization Status- Combination 3 is a new measure for the 2008 EAS, no individual plan rates are publicly reported and no MPL or HPL was applied. The Medi-Cal Managed Care weighted average is 72.0 percent. Individual plan rates ranged from 38 percent to 90.7 percent. Four plans calculated their rates using administrative data only, and 12 plans used medical record data only. The Medi-Cal Managed Care weighted average exceeds the 2007 national Medicaid average (60.6 percent) and the national Commercial average (65.8 percent) but is below the 2007 California Healthy Families average (75.4 percent) as indicated in Table 7.

Table 7. Childhood Immunization Status (Combination 3) Benchmarks

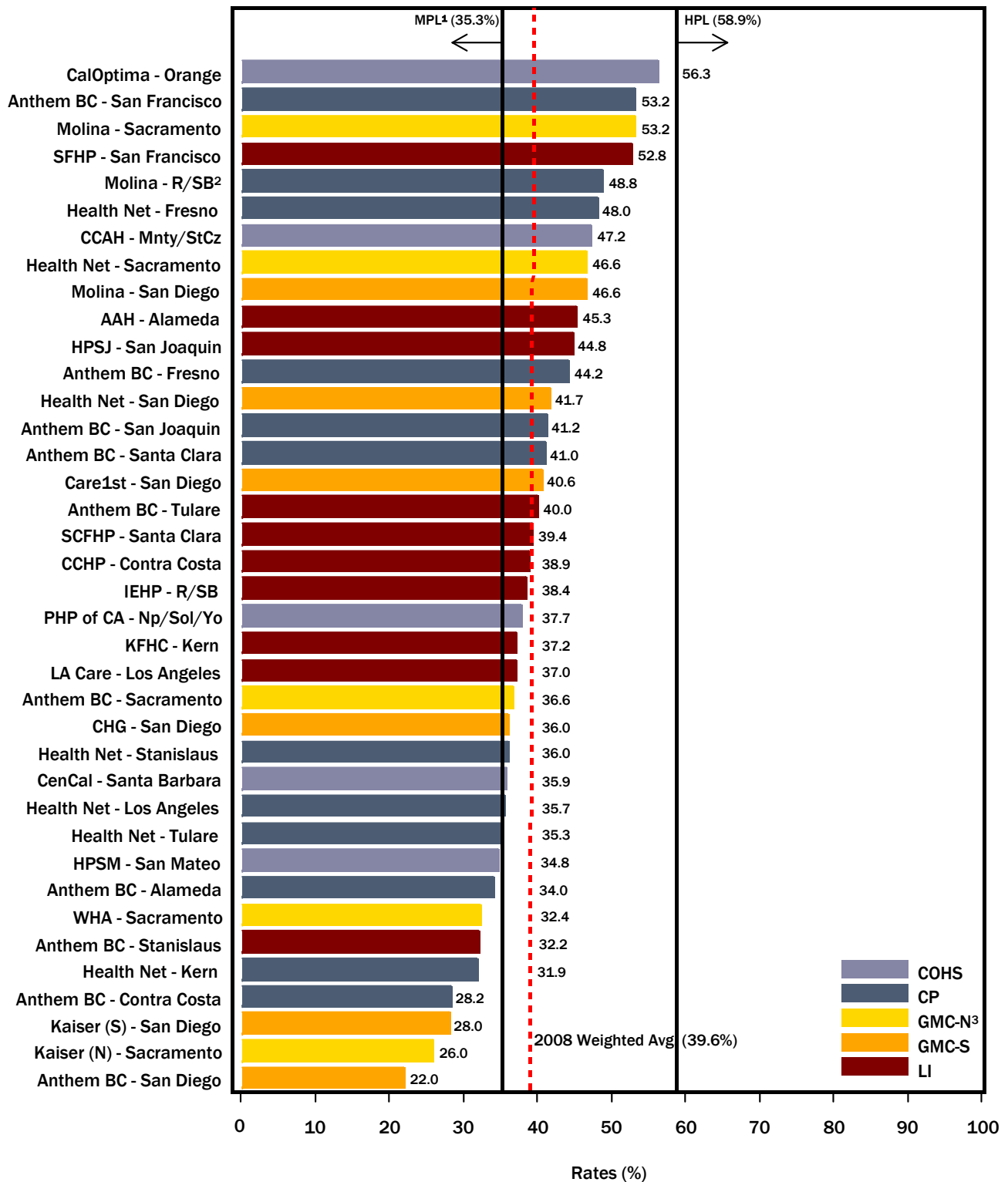
	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	72.0%	60.6%	65.8%	75.4%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

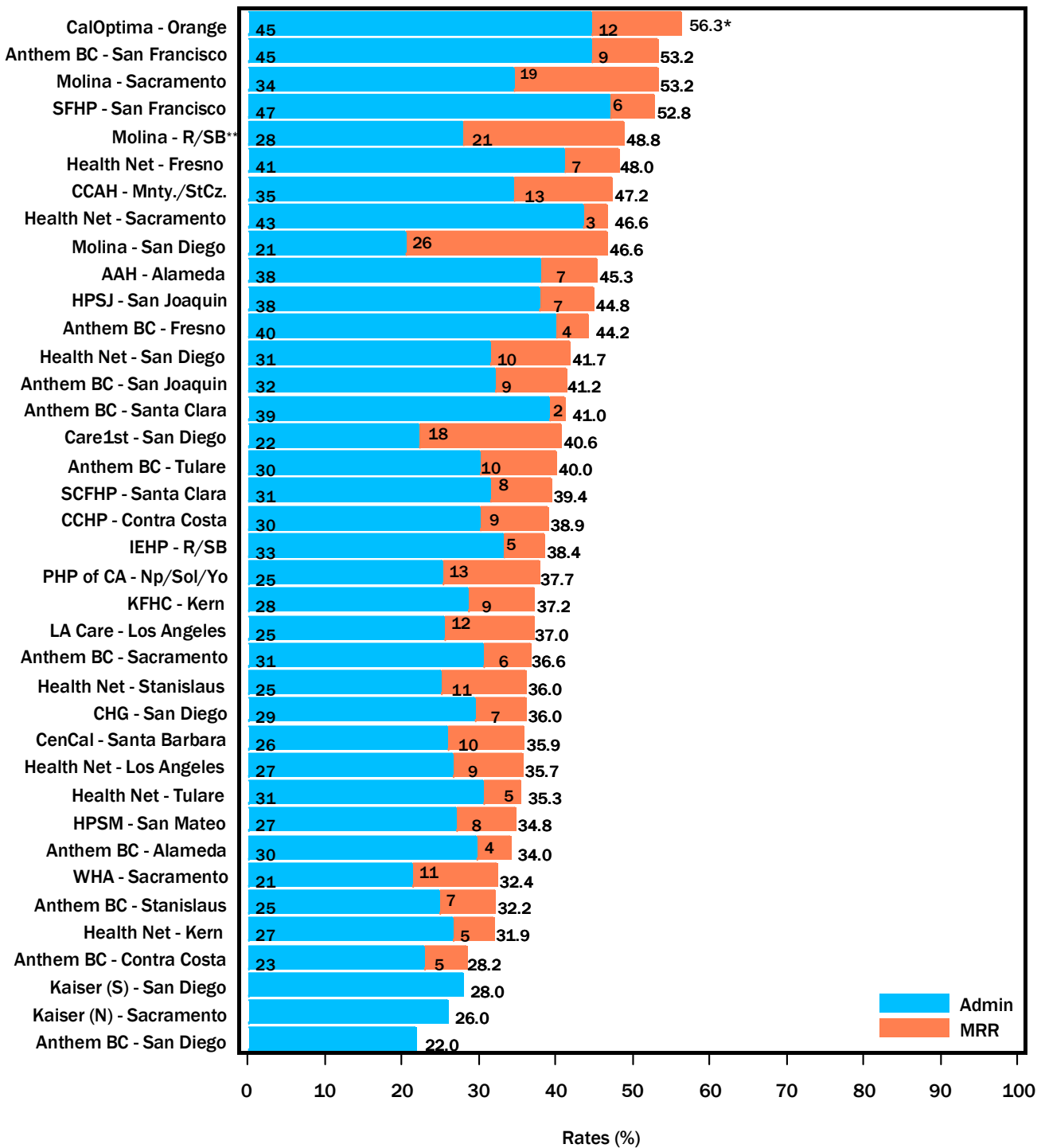
†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Figure 7. HEDIS 2008 Adolescent Well-Care Visits



¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.
² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 8. HEDIS 2008 Adolescent Well-Care Visits
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
 ** Multiple county abbreviations include: Mnty./StCz for Monterey/Santa Cruz, Np/Solano/Yolo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

The Medi-Cal weighted average for the Adolescent Well-Care Visit measure is 39.6 percent. Individual plan rates ranged from 22.0 percent to 56.3 percent. No plan exceeded the HPL of 58.9 percent, and nine plans were below the MPL of 35.3 percent. The Medi-Cal Managed Care weighted average (39.6 percent) is below all three benchmarks as indicated in Table 8.

Table 8. Adolescent Well-Care Visits Benchmarks

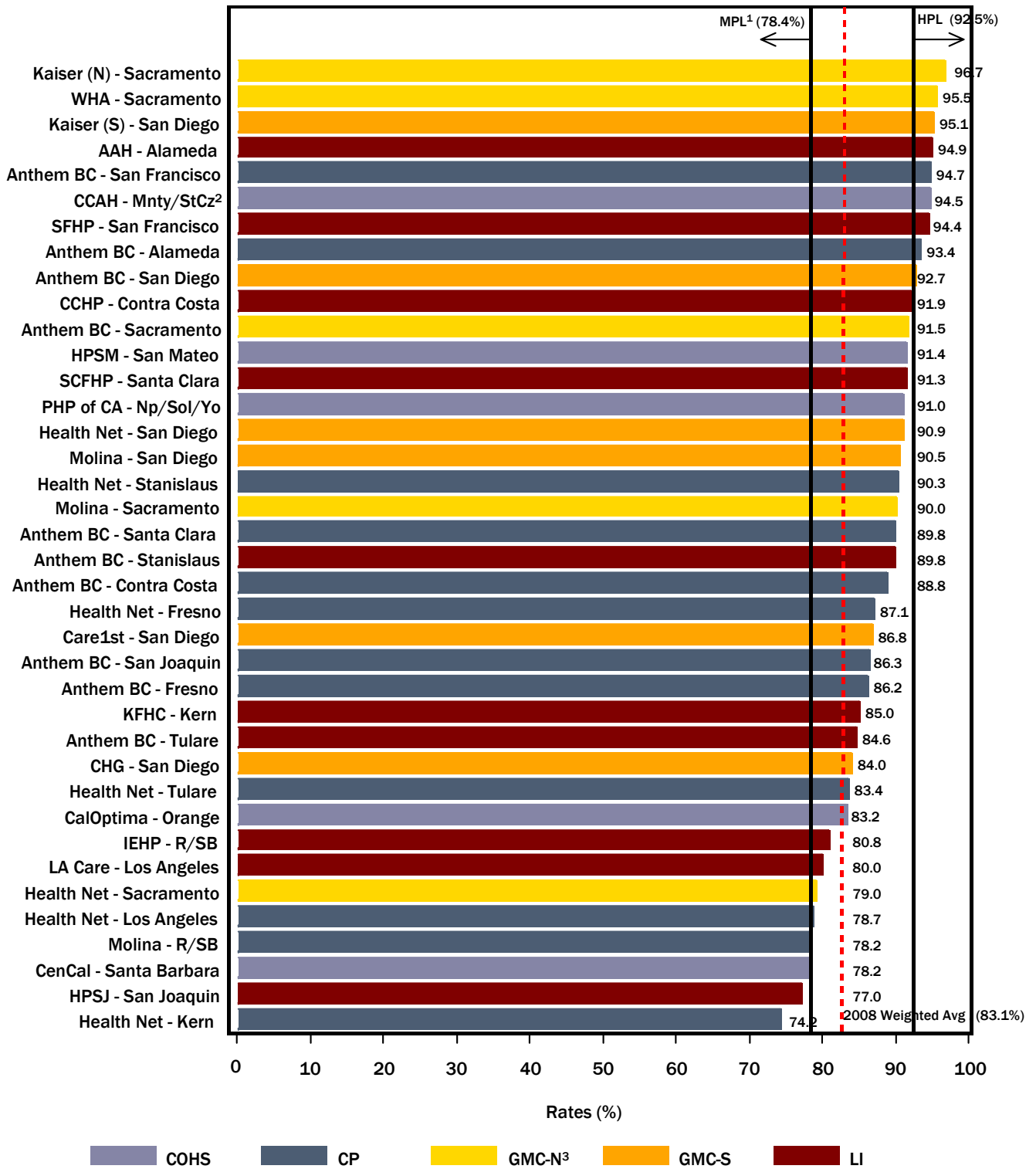
	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	39.6%	43.7%	40.3%	43.5%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Figure 9. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection

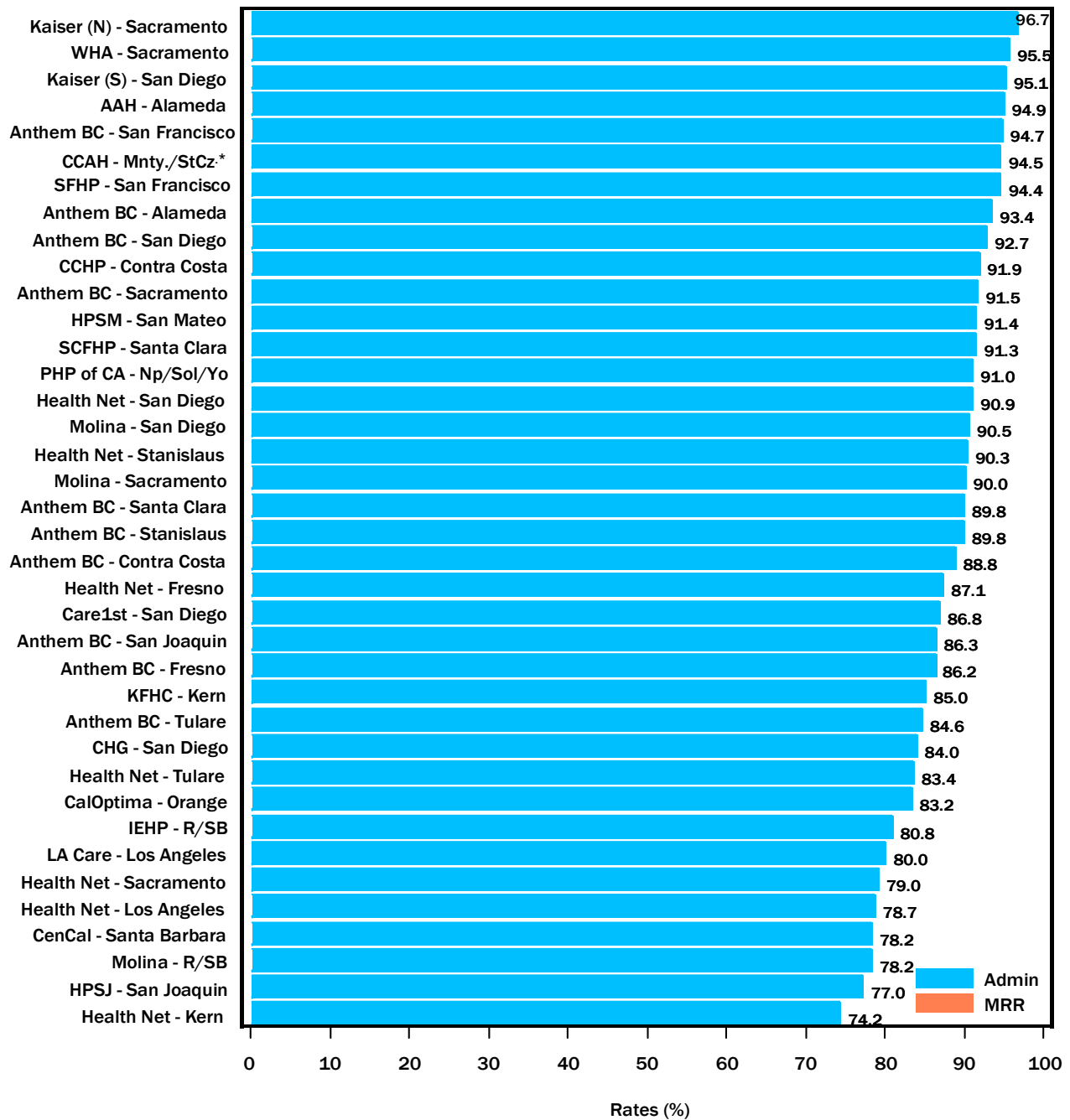


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 10. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection
Rates from Administrative Data



*Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

The Appropriate Treatment for Children With Upper Respiratory Infection measure is part of the Effectiveness of Care domain and is calculated using administrative data only. Nine health plans exceed the HPL of 92.5 percent, while four plans are below the MPL of 78.4 percent. Table 9 shows the Medi-Cal Managed Care weighted average equal to 2007 California Healthy Families average at 83.1 percent. The Medi-Cal average (83.1 percent) is almost equal to the HEDIS 2007 national Medicaid average (83.3 percent) and exceeds the HEDIS 2007 national Commercial average (82.8 percent).

Table 9. Appropriate Treatment for Children With Upper Respiratory Infection Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	83.1%	83.3%	82.8%	83.1%

† Rate obtained from NCQA's *Quality Compass* (2007).

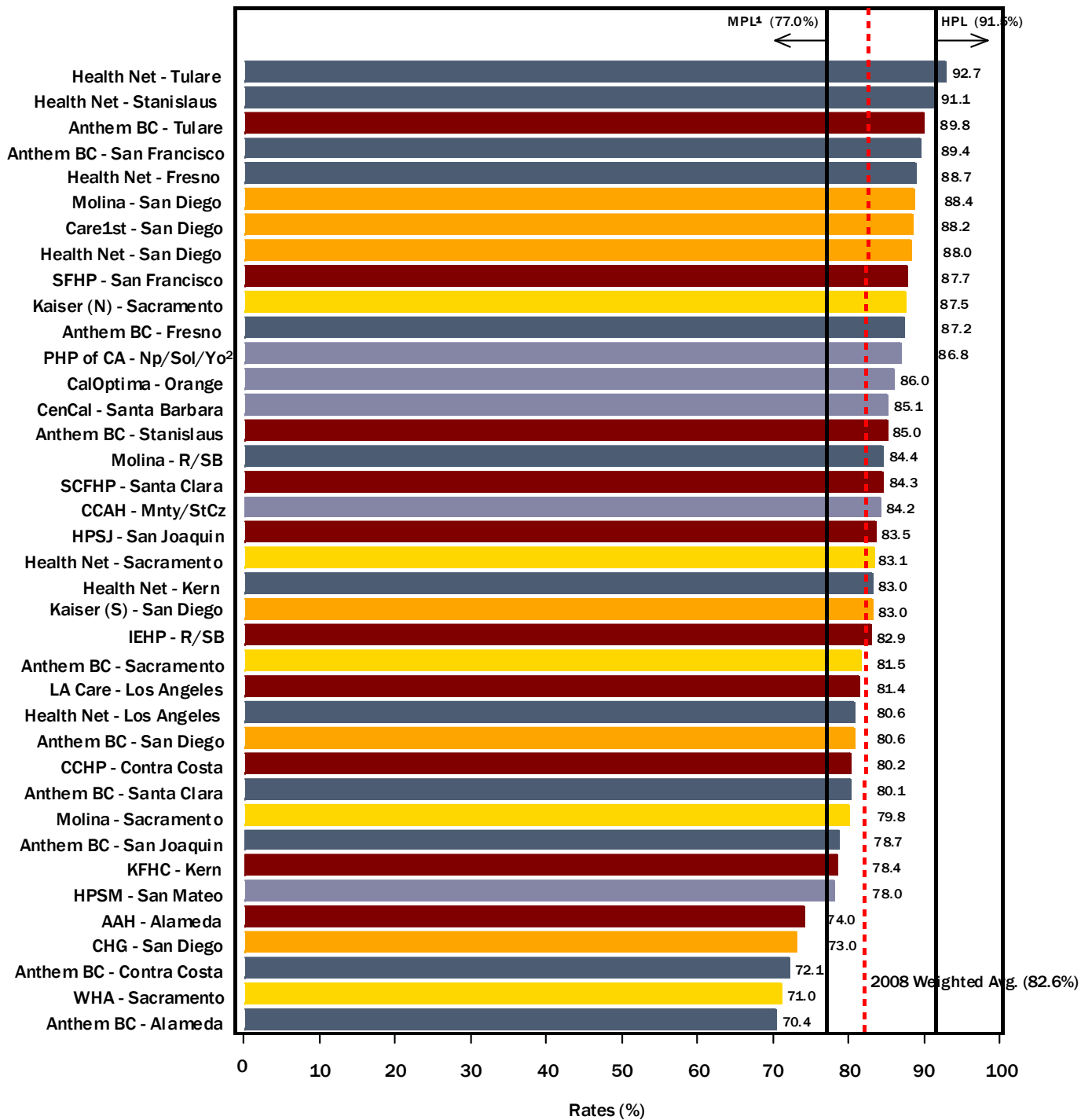
‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Women's Health

The Prenatal and Postpartum Care measure is part of the Access/Availability of Care domain and includes two indicators, Timeliness of Prenatal Care and Postpartum Care. The results of both indicators are presented separately below.

Figure 11. HEDIS 2008 Prenatal and Postpartum Care—Timeliness of Prenatal Care

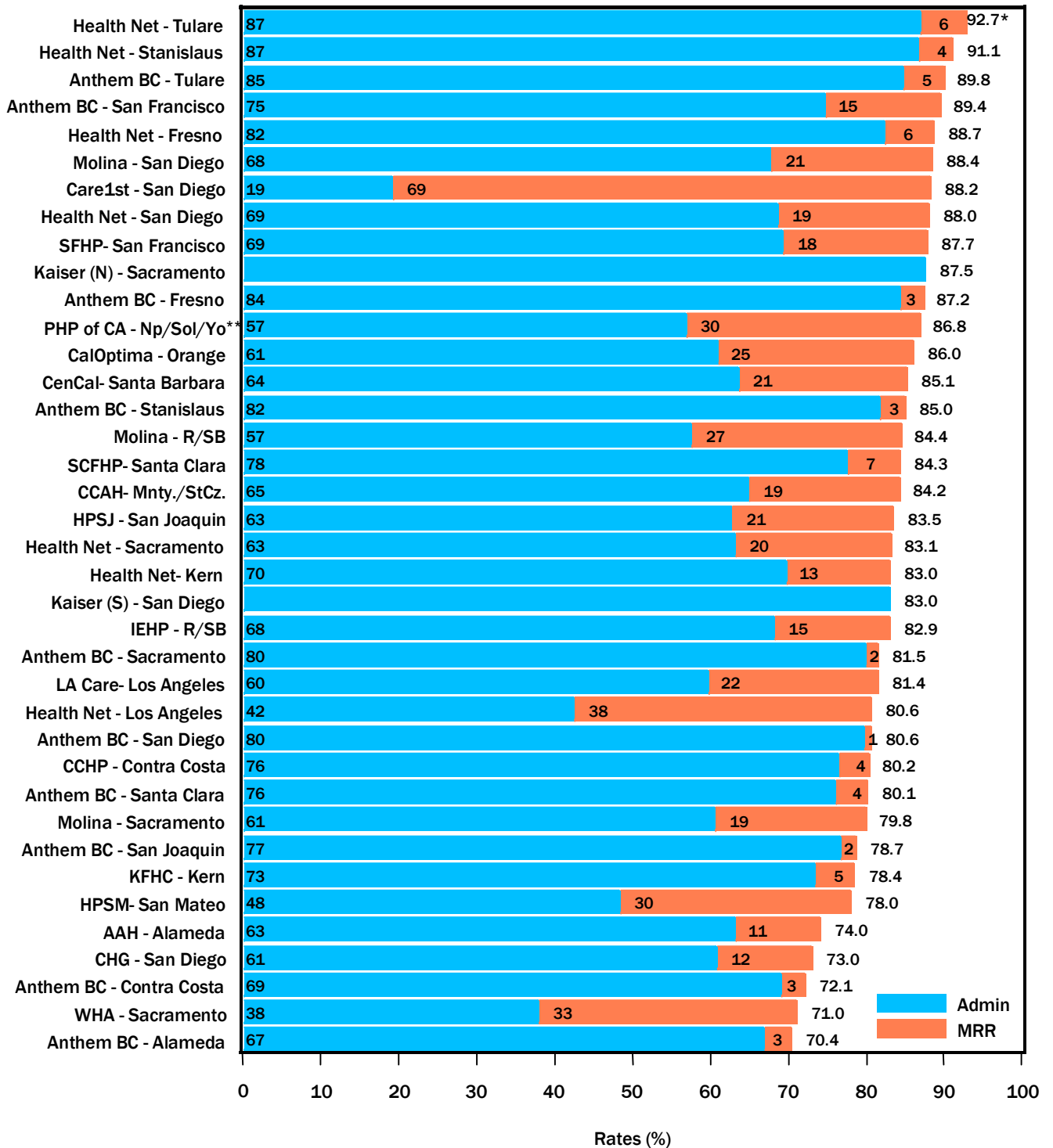


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 12. HEDIS 2008 Timeliness of Prenatal Care
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.

** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

For the Timeliness of Prenatal care indicator, two plans are close to the HPL of 91.5 percent. Health Net – Tulare (92.7 percent) exceeds the HPL, and Health Net – Stanislaus is very close at 91.1 percent. Five plans are below the MPL of 77.0 percent. The Medi-Cal Managed Care weighted average (82.6 percent) is above the HEDIS 2007 national Medicaid average of 81.2 percent but below the HEDIS 2007 national Commercial average of 90.6 percent as shown in Table 10.

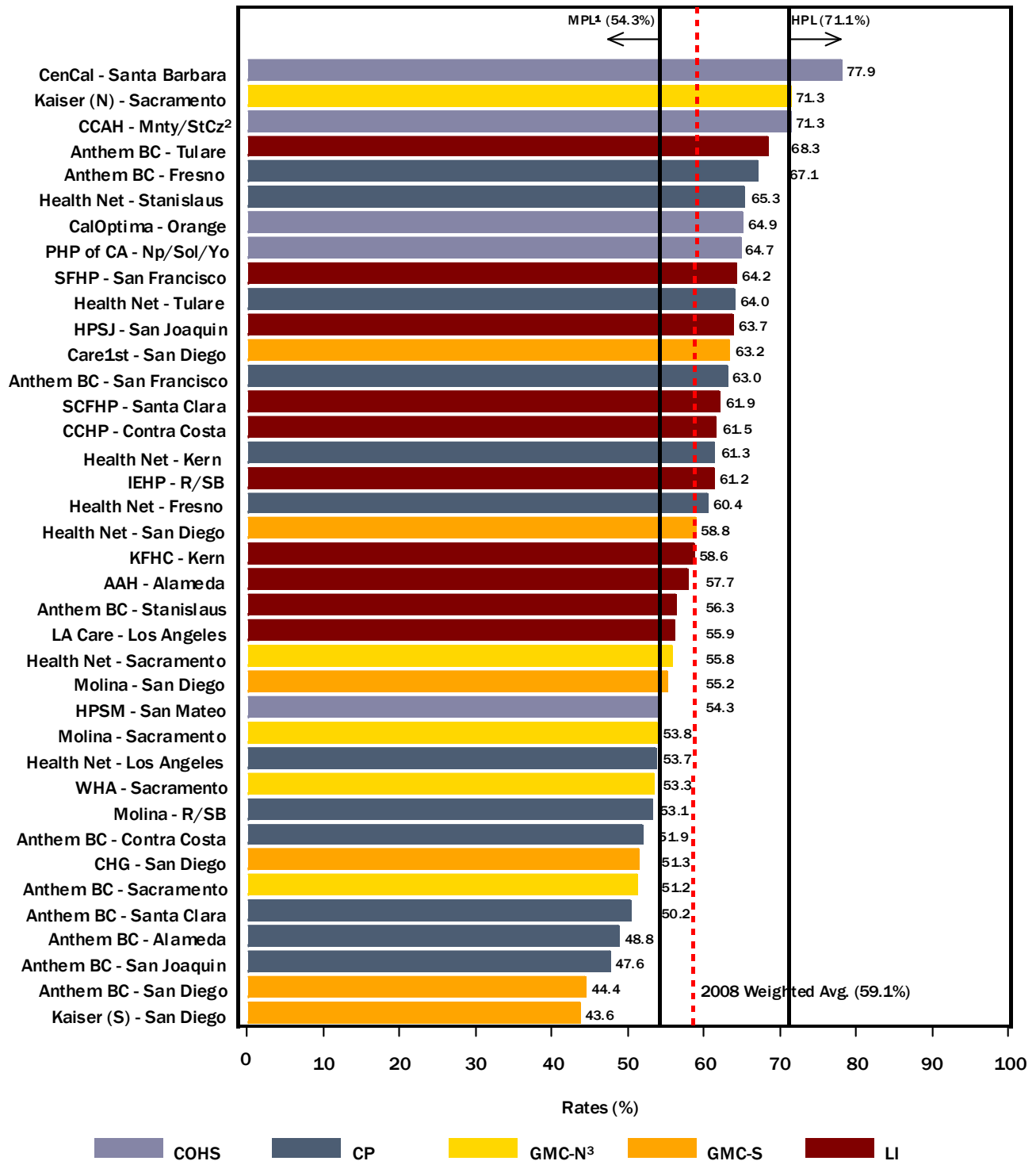
Table 10. Timeliness of Prenatal Care Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	82.6%	81.2%	90.6%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 13. HEDIS 2008 Prenatal and Postpartum Care—Postpartum Care

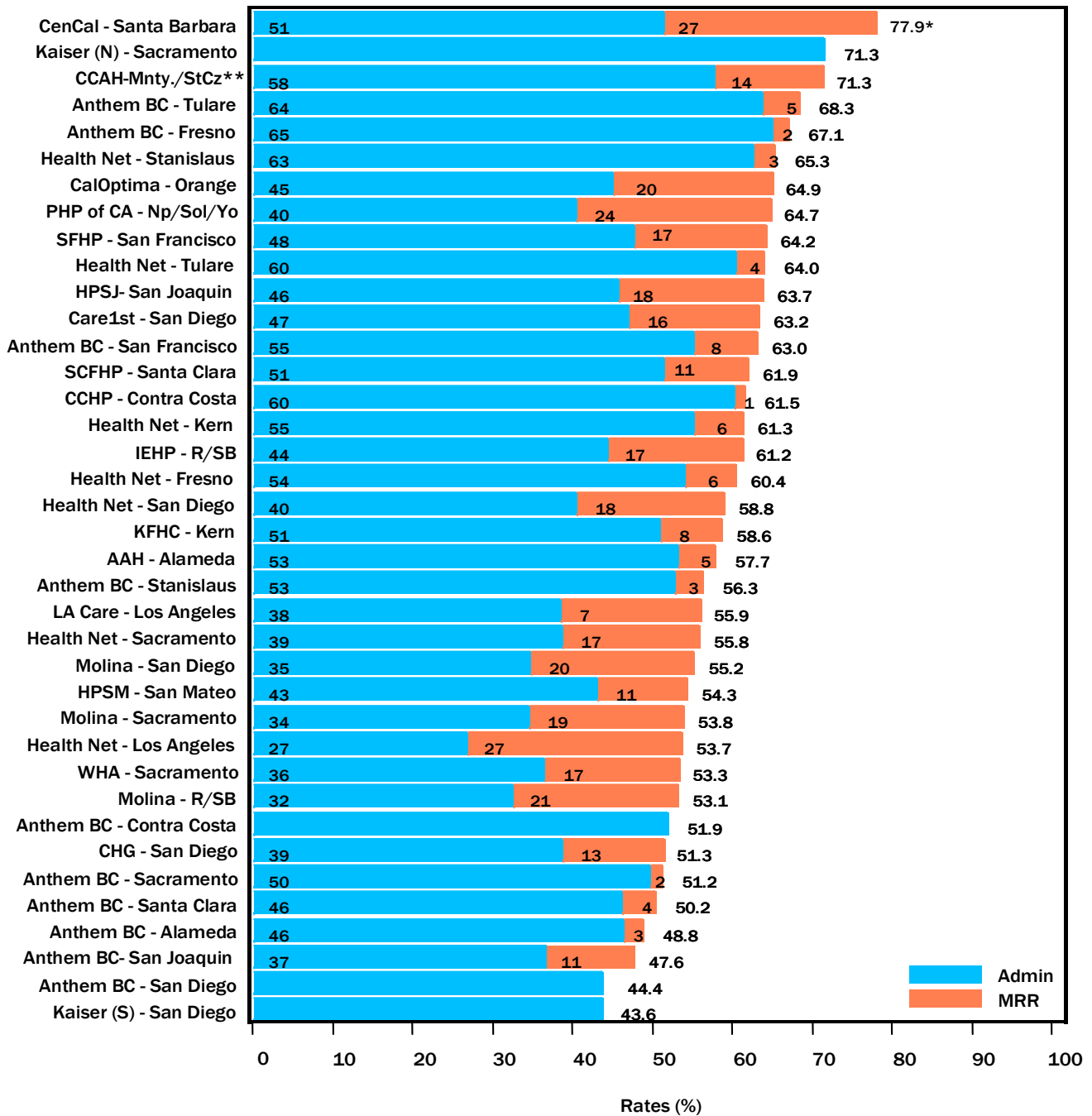


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 14. HEDIS 2008 Postpartum Care
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
** Multiple county abbreviations include: Mnty./StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

CenCal (77.9 percent), Kaiser – Sacramento (71.3 percent), and Central Coast Alliance (71.3 percent) exceed the Postpartum Care HPL of 71.1 percent. Twelve plans were below the MPL of 54.3 percent. Four plans reported their rates using administrative data only. The Medi-Cal Managed Care weighted average of 59.1 percent is equal to the HEDIS 2007 national Medicaid average of 59.1 percent but well below the HEDIS 2007 national Commercial average of 79.9 percent as shown in Table 11.

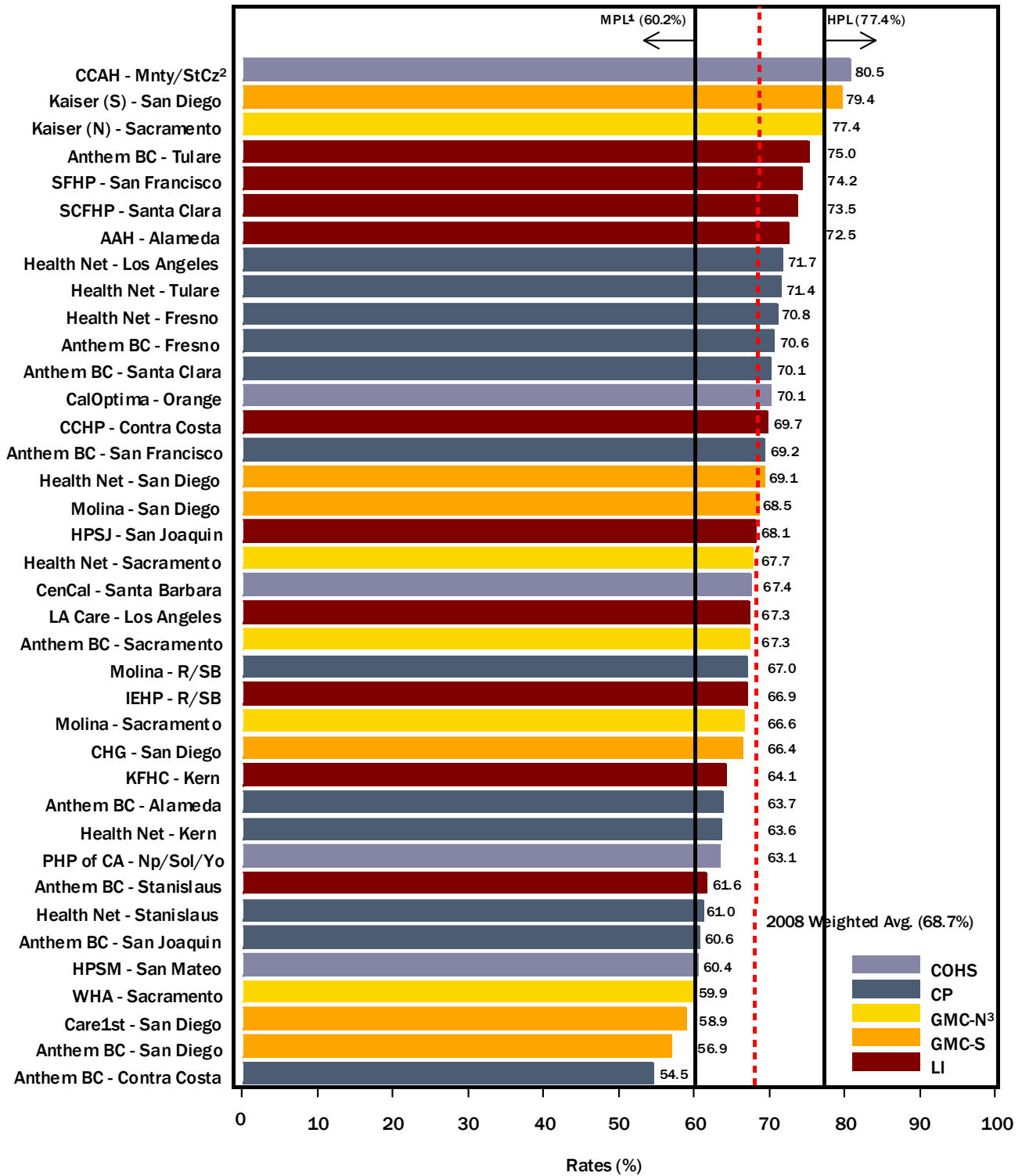
Table 11. Postpartum Care Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	59.1%	59.1%	79.9%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 15. HEDIS 2008 Cervical Cancer Screening

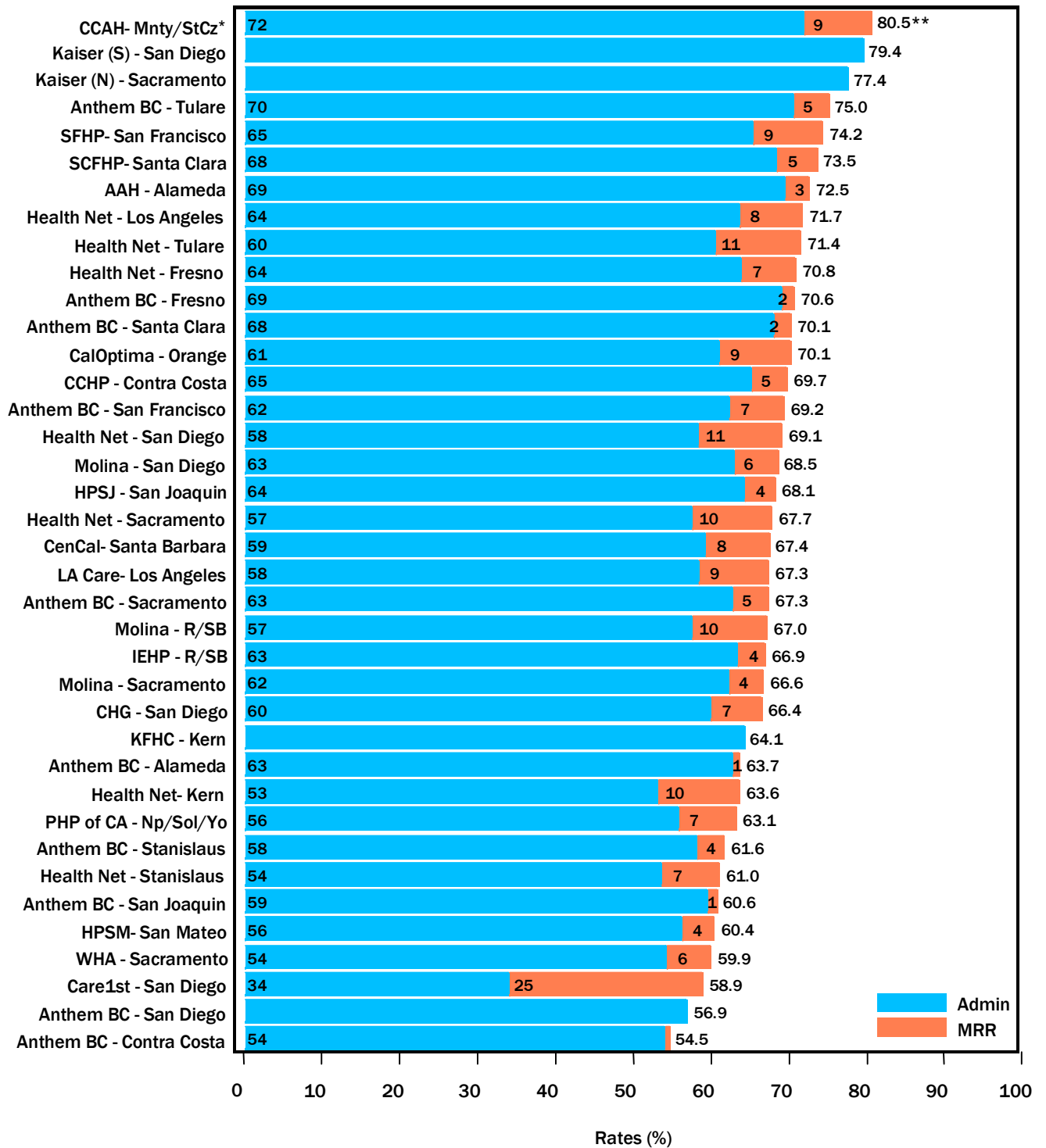


¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 16. HEDIS 2008 Cervical Cancer Screening
Rates from Administrative Data and Medical Record Review Data



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
** Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.

The Cervical Cancer Screening measure is in the Effectiveness of Care domain. Central Coast Alliance (80.5 percent), Kaiser Sacramento (77.4 percent) and Kaiser San Diego (79.4 percent) were at or above the HPL of 77.4 percent. Four plans were below the MPL of 60.2 percent. The Medi-Cal Managed Care weighted average of 68.7 percent is above the HEDIS 2007 national Medicaid average of (65.7 percent) but below the HEDIS 2007 national Commercial average (81.0 percent) as indicated in Table 12.

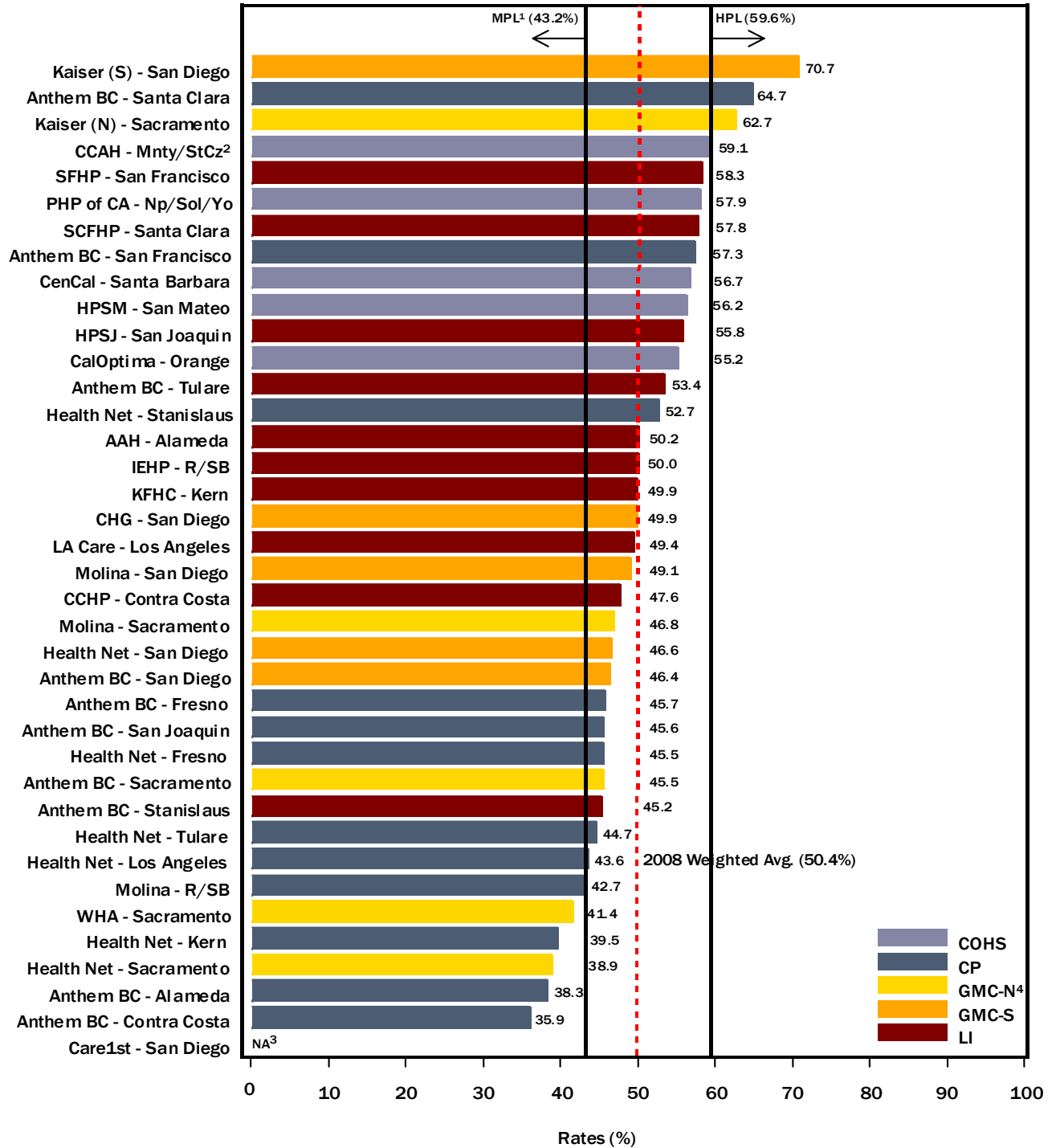
Table 12. Cervical Cancer Screening Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	68.7%	65.7%	81.0%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 17. HEDIS 2008 Breast Cancer Screening



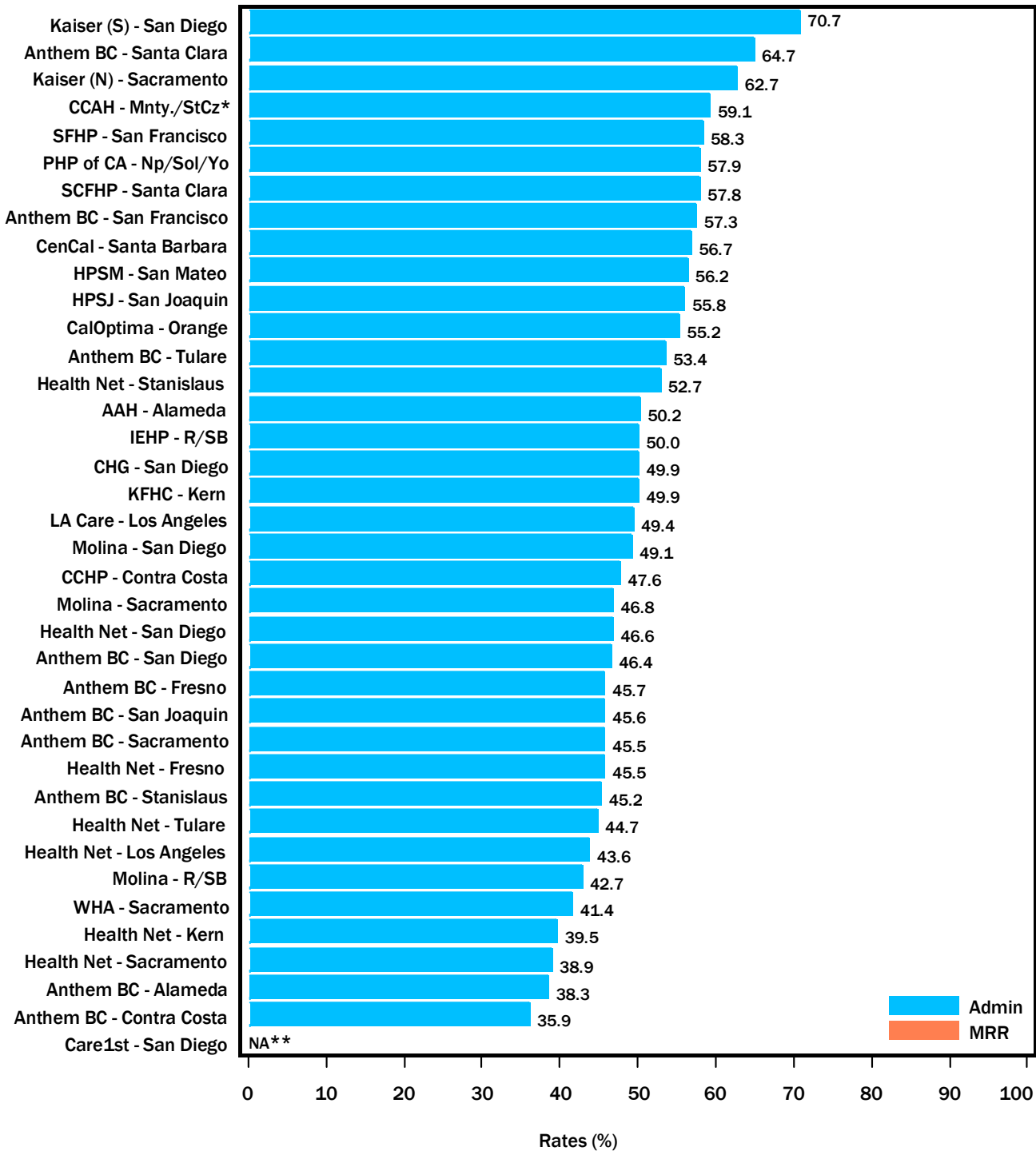
¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 18. HEDIS 2008 Breast Cancer Screening
Rates from Administrative Data



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

** NA indicates the denominator for the rate is too small (<30) to calculate a reliable rate.

The Breast Cancer Screening measure is in the Effectiveness of Care domain and is calculated with administrative data only. Kaiser San Diego (70.7 percent), Anthem BC Santa Clara (64.7 percent), and Kaiser Sacramento (62.7 percent) are above the HPL of 59.6 percent. Six plans were below the MPL of 43.2. Care 1st San Diego did not have a large enough population to calculate this measure. As shown in Table 13, the Medi-Cal Managed Care weighted average is 50.4 percent is above the HEDIS 2007 national Medicaid average (49.1 percent) but considerably lower than the HEDIS 2007 national Commercial average of 68.9 percent.

Table 13. Breast Cancer Screening Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average [†]	HEDIS 2007 National Commercial Average [‡]
Rate	50.4%	49.1%	68.9%

[†] Rate obtained from NCQA's *Quality Compass* (2007).

[‡] Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

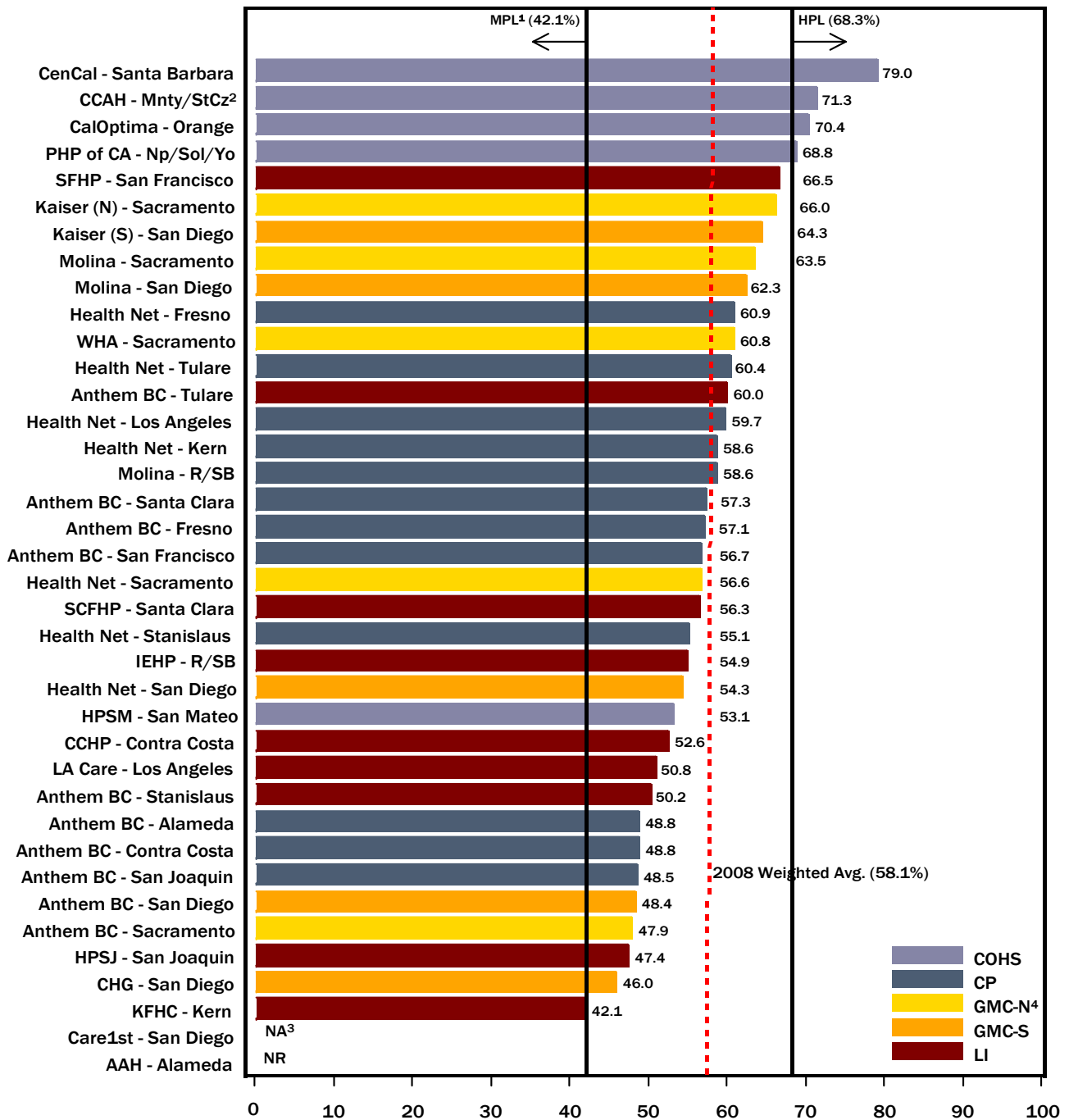
Living with Illness

The HEDIS 2008 Comprehensive Diabetes Care measure is comprised of nine indicators in the Effectiveness of Care domain. Health plans were required to collect data for seven of the nine indicators:

- Eye Exam (Retinal) Performed,
- Hemoglobin A1c (HbA1c) Testing,
- HbA1c Good Control (< 7%) *,
- HbA1c Poor Control (> 9.0%)*,
- Low-Density Lipoprotein (LDL) Screening,
- LDL-C Control (<100 mg/dL)*, and
- Medical Attention for Nephropathy.

* The three indicators marked with an asterisk above were first required by DHCS for RY2008, so are considered first-year indicators. As such, individual plan rates are not publicly reported. However, this report provides the HEDIS 2008 Medi-Cal Managed Care Weighted Average, the HEDIS 2007 National Medicaid Average, and the HEDIS 2007 National Commercial Average for each first-year indicator.

Figure 19. HEDIS 2008 Comprehensive Diabetes Care – Eye Exam (Retinal) Performed



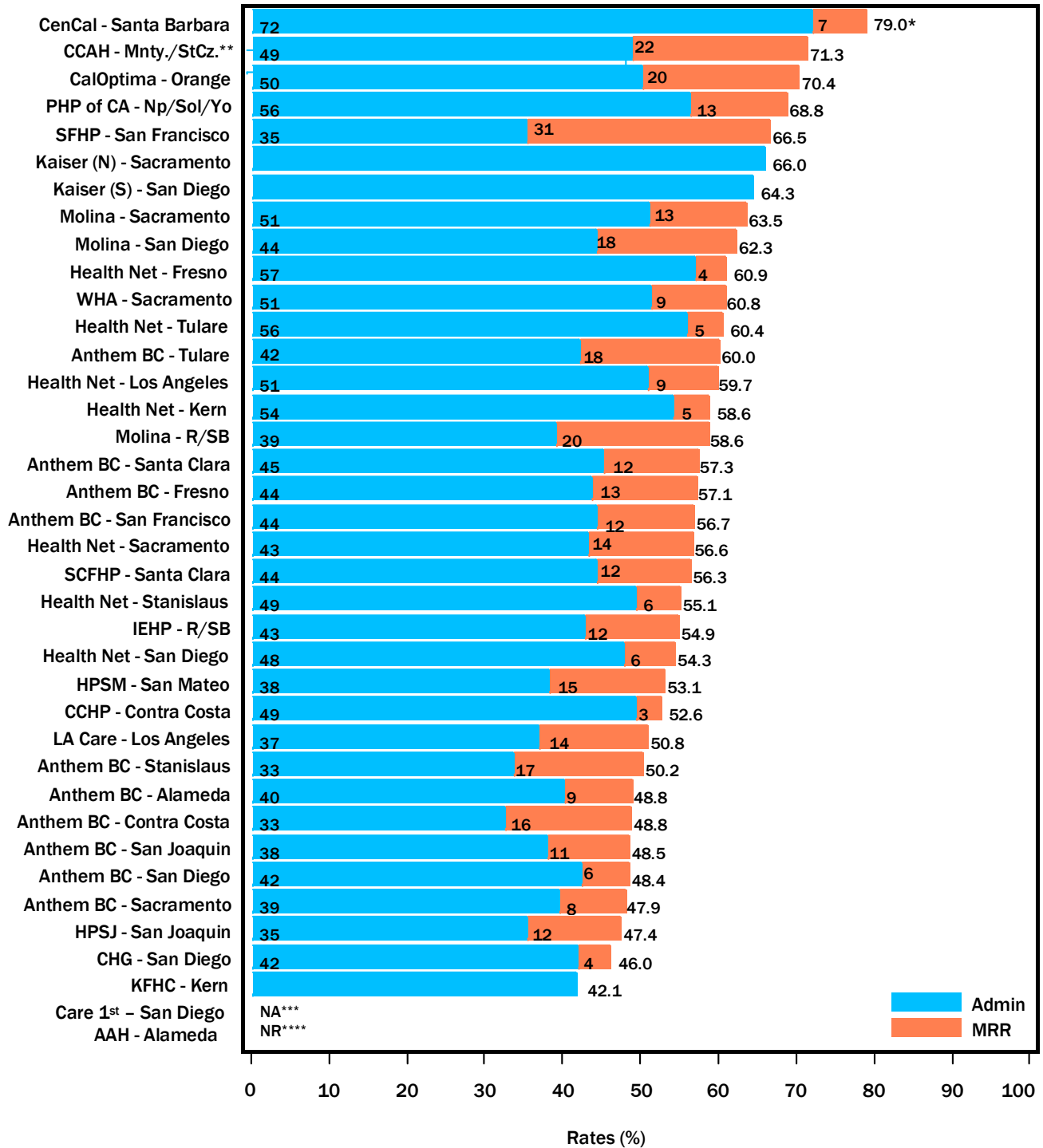
¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate. NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.

⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 20. HEDIS 2008 Comprehensive Diabetes Care – Eye Exam (Retinal) Performed*
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
 ** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
 *** NA indicates the denominator was too small (<30) to calculate a reliable rate.
 **** NR indicates the plan decided not to report the rate or the rate was materially biased.

Four plans exceeded the HPL (68.3 percent) for the Comprehensive Diabetes Care - Eye Exam (Retinal) Performed. All four are COHS model plans. All plans with reportable rates met or exceeded the MPL of 42.1 percent. Care 1st San Diego did not have a large enough denominator to report a reliable rate for this indicator. Alameda Alliance for Health did not report this rate because the rate calculation was materially biased. As shown in Table 14, the Medi-Cal Managed Care weighted average (58.1 percent) exceeded the national Medicaid average of 51.4 percent and the HEDIS 2007 national Commercial average of 54.7 percent.

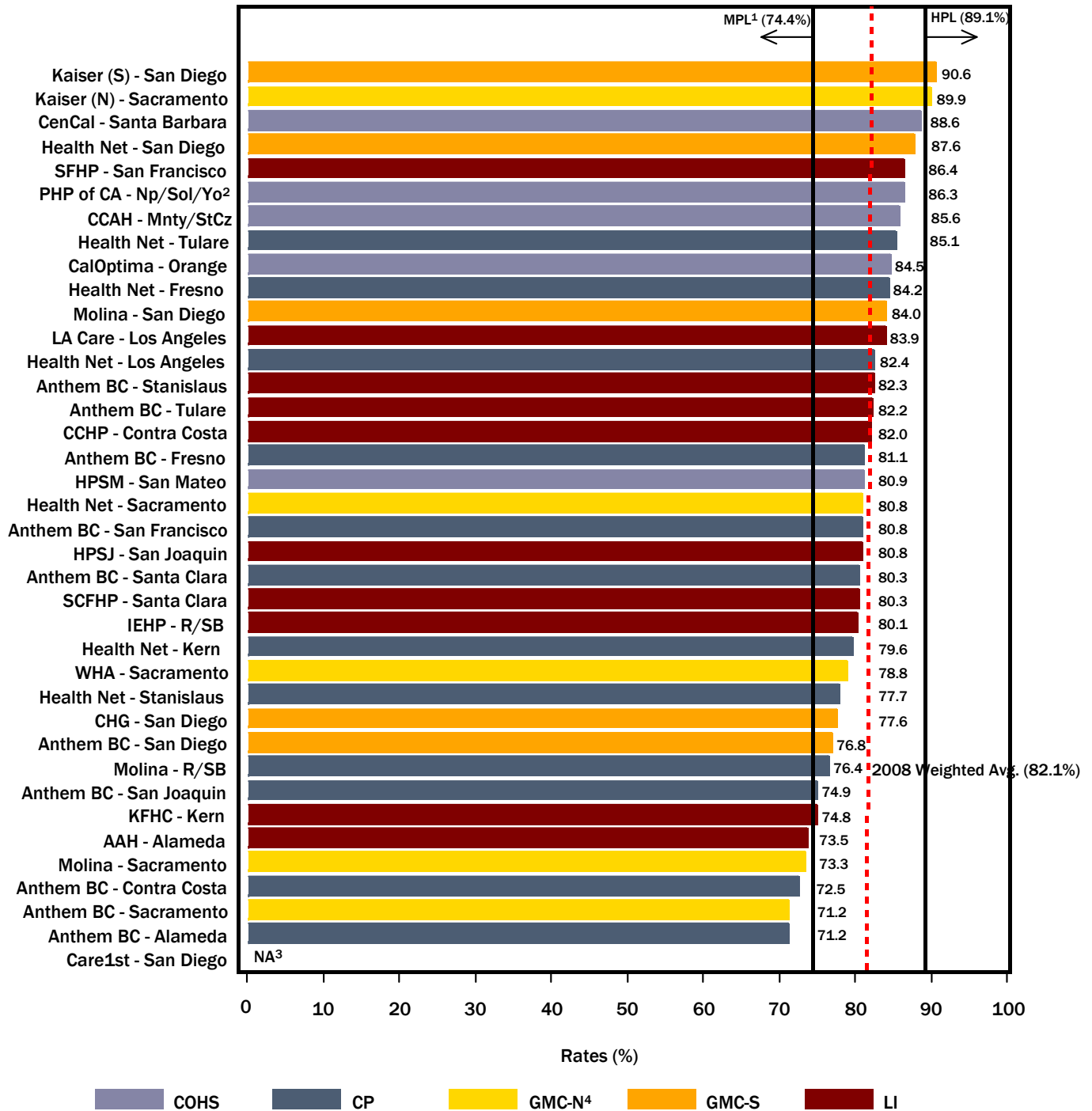
Table 14. Comprehensive Diabetes Care — Eye Exam (Retinal) Performed Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average [†]	HEDIS 2007 National Commercial Average [‡]
Rate	58.1%	51.4%	54.7%

[†] Rate obtained from NCQA's *Quality Compass* (2007).

[‡] Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 21. HEDIS 2008 Comprehensive Diabetes Care – HbA1c Testing



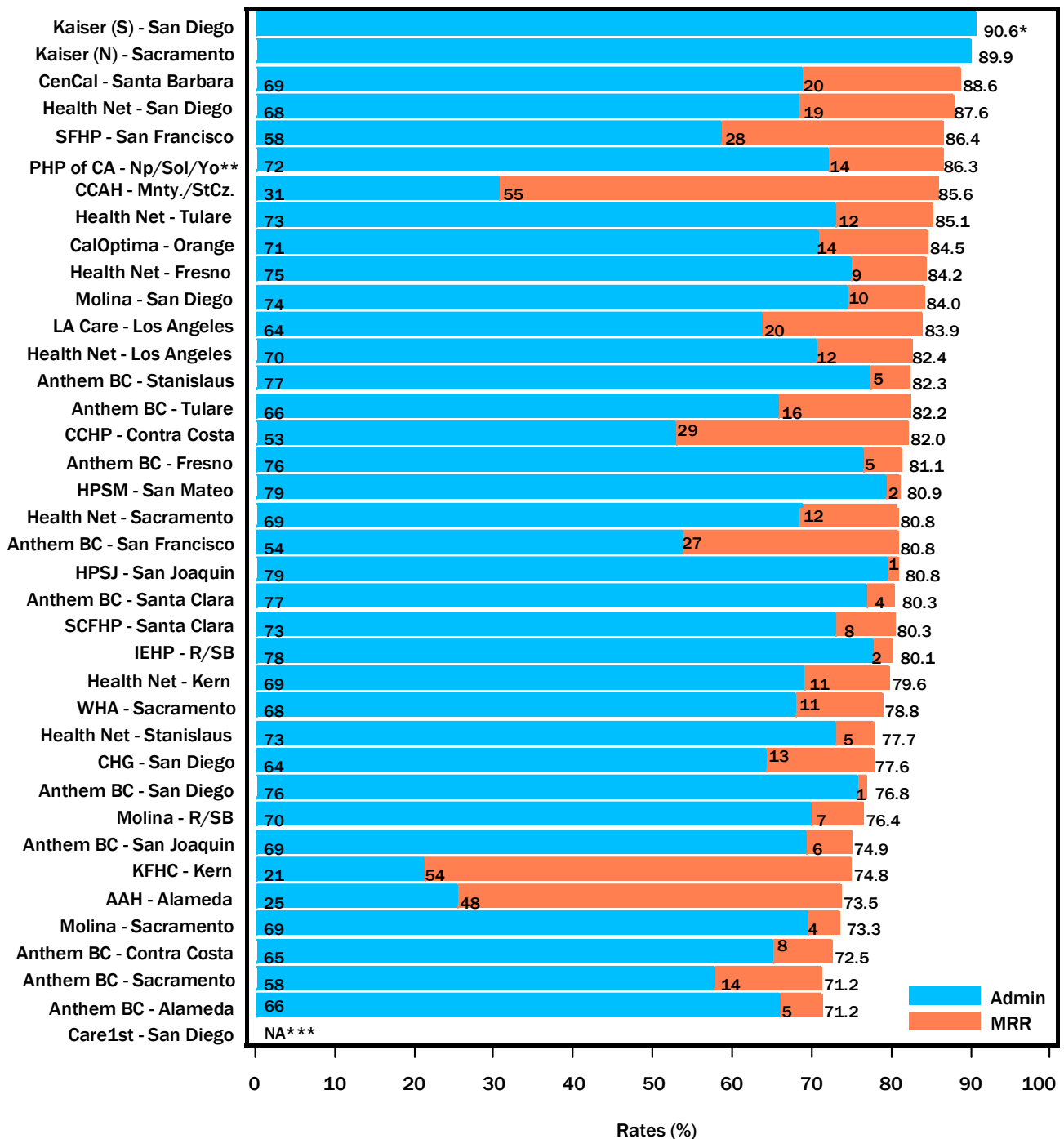
¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 22. HEDIS 2008 Comprehensive Diabetes Care – HbA1c Testing Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.

** Multiple county abbreviations include: Mnty./StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Kaiser South (90.6 percent) and Kaiser North (89.9 percent) exceeded the HPL (89.1 percent) for the CDC – HbA1c Testing indicator. Five plans were below the MPL of 74.4 percent. The Medi-Cal Managed Care weighted average of 82.1 percent is 4.1 percentage points above the HEDIS 2007 national Medicaid average (78.2 percent), but below the HEDIS 2007 national Commercial average (87.5 percent) as shown in Table 15.

Table 15. Comprehensive Diabetes Care — HbA1c Testing Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	82.1%	78.0%	87.5%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Comprehensive Diabetes Care — HbA1c Good Control (< 7%) is a first year indicator; therefore, individual plan rates are not reported. Table 16 shows the Medi-Cal Managed Care weighted average of 32.6 percent.

Table 16. Comprehensive Diabetes Care — HbA1c Good Control (< 7%) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	32.6%	NA	41.8%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Comprehensive Diabetes Care — HbA1c Poor Control (>9.0%) is a first year indicator; therefore, individual plan rates are not reported. For this indicator a lower score is better. The best rate was 23.5 percent and the poorest rate was 64.7 percent. The Medi-Cal Managed Care weighted average of 42.6 percent is better than the HEDIS 2007 national Medicaid average of 48.7 percent as shown in Table 17.

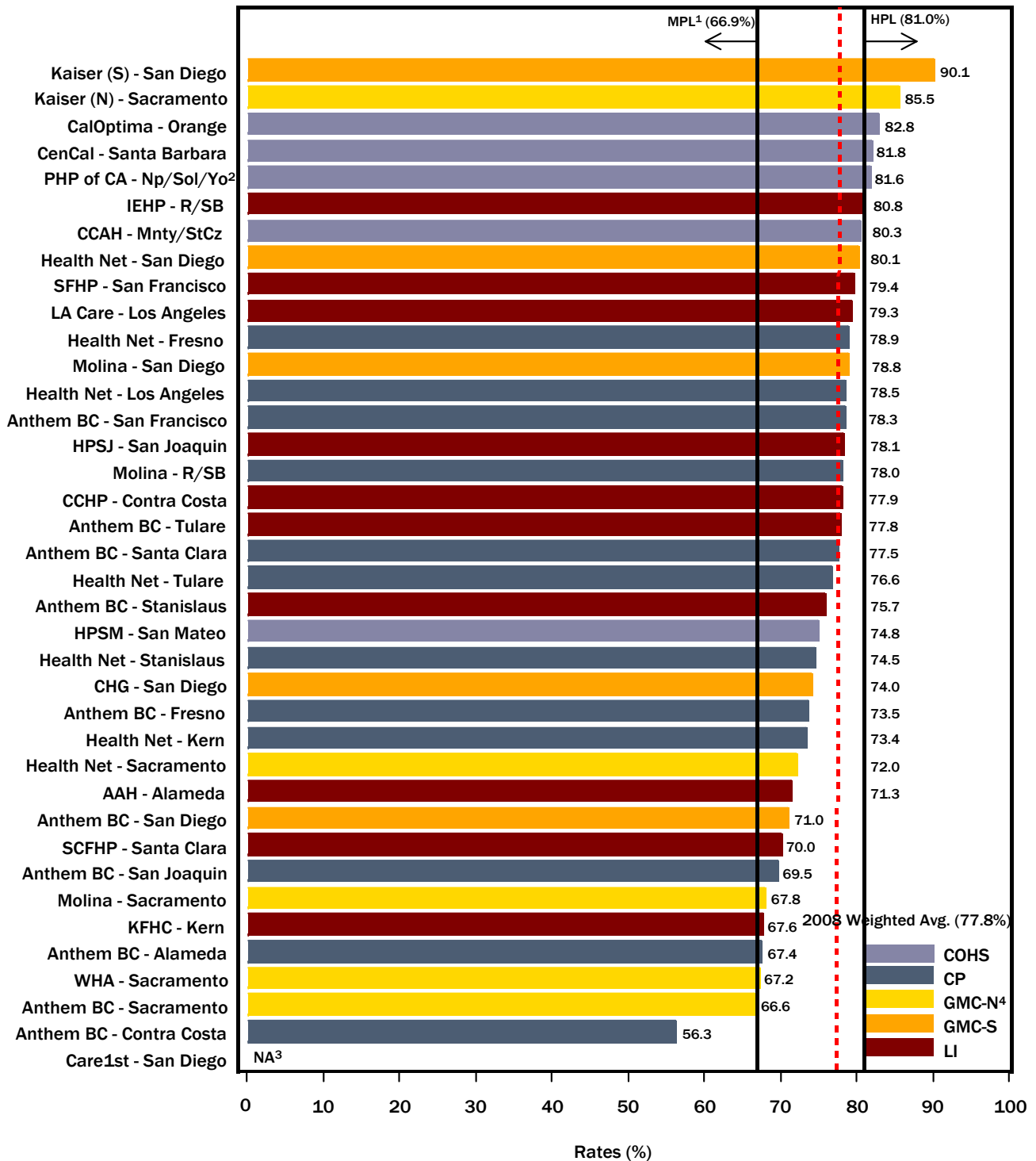
Table 17. HEDIS 2008 Comprehensive Diabetes Care— HbA1c Poor Control (> 9%)

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	42.6%	48.7%	29.6%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 23. HEDIS 2008 Comprehensive Diabetes Care – LDL-C Screening



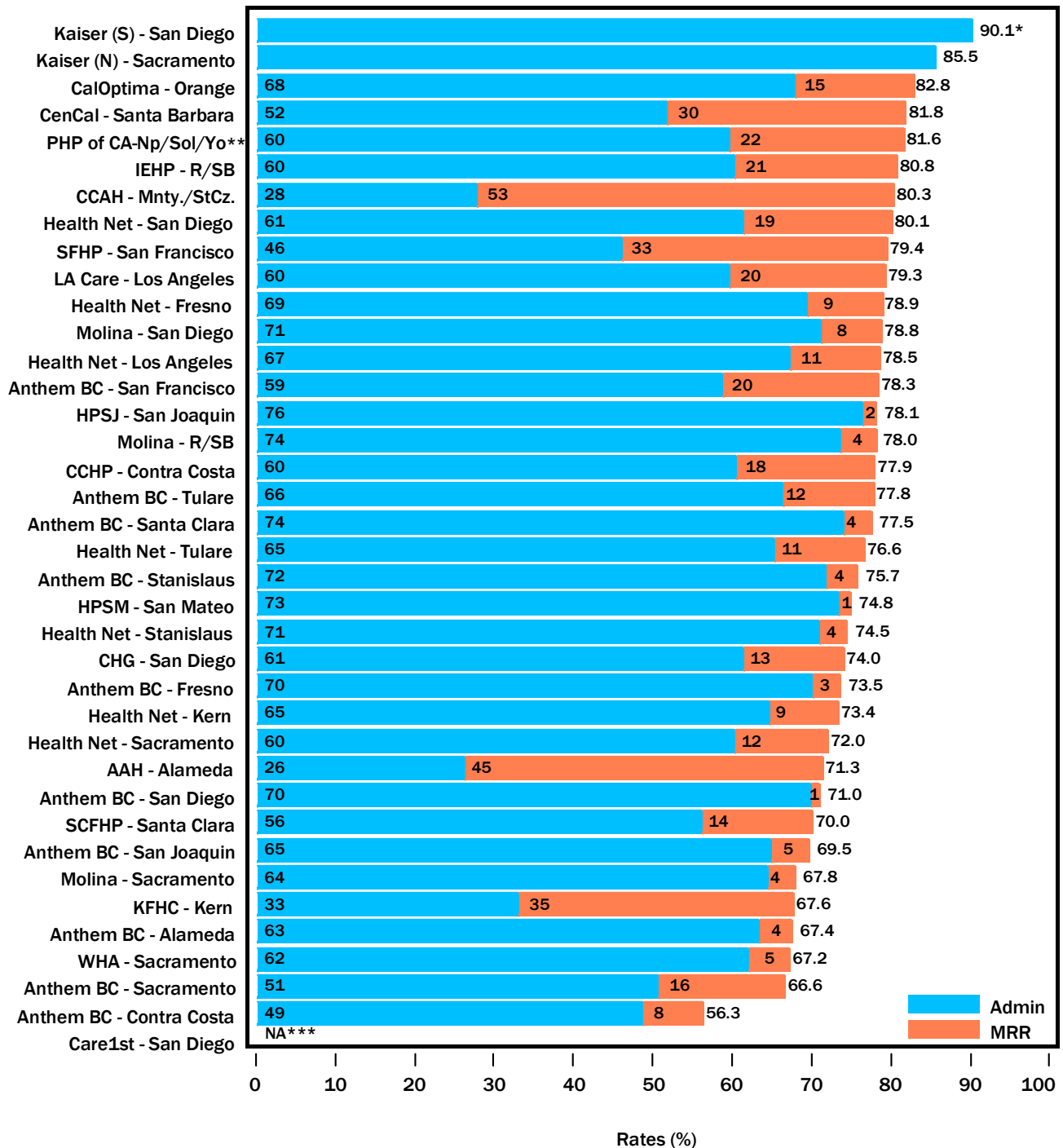
¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 24. HEDIS 2008 Comprehensive Diabetes Care – LDL-C Screening Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
 ** Multiple county abbreviations include: Mnty./StCz for Monterey/Santa Cruz, Np/Solano/Yolo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
 *** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Five plans were above the HPL (81.0 percent) for the CDC- LDL-C Screening indicator. Kaiser San Diego has the highest rate with 90.1 percent. Anthem BC Contra Costa (56.3 percent) and Anthem BC Sacramento (66.6 percent) were below the MPL of 66.9 percent. Care 1st San Diego did not have a large enough denominator to report a reliable rate for this indicator. As shown in Table 18, the Medi-Cal Managed Care weighted average is 77.8 percent, which is above the HEDIS 2007 national Medicaid average (71.1 percent), but below the HEDIS 2007 national Commercial average (83.4 percent).

Table 18. Comprehensive Diabetes Care — LDL-C Screening Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	77.8%	71.1%	83.4%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

The CDC- LDL-C Control (<100 mg/dL) indicator is a first year measure for HEDIS 2008; therefore, the individual plan rates are not reported. The highest rate was 68.9 percent, and the lowest was 17.2 percent. As shown in Table 19, the Medi-Cal Managed Care weighted average is 34.2 percent, which is above the HEDIS 2007 national Medicaid average (30.6 percent) but below the HEDIS 2007 national Commercial average (43.0 percent).

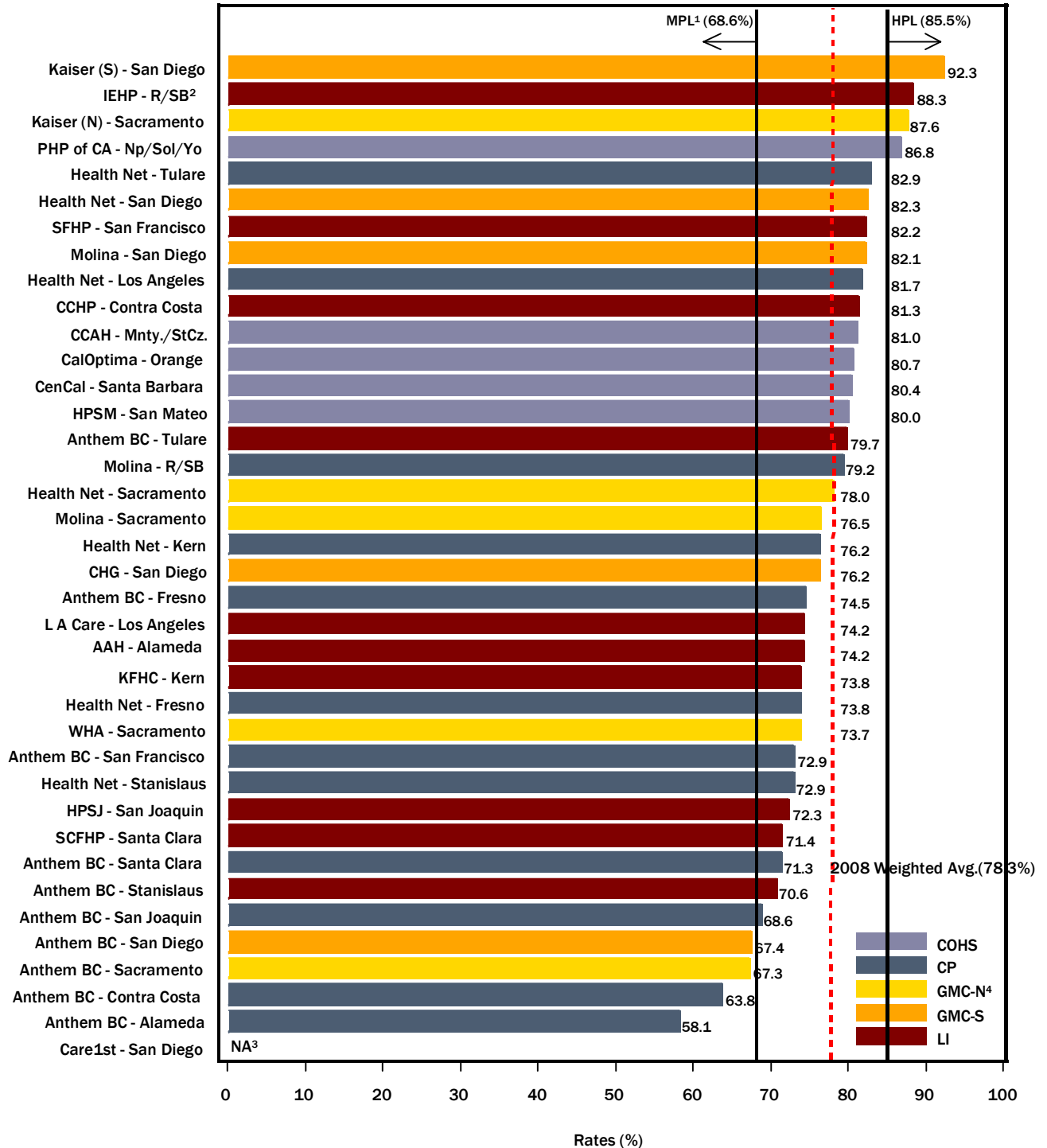
Table 19. Comprehensive Diabetes Care — LDL-C Control (<100 mg/dL) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	34.2%	30.6%	43.0%

† Rate obtained from NCQA's *Quality Compass* (2007).

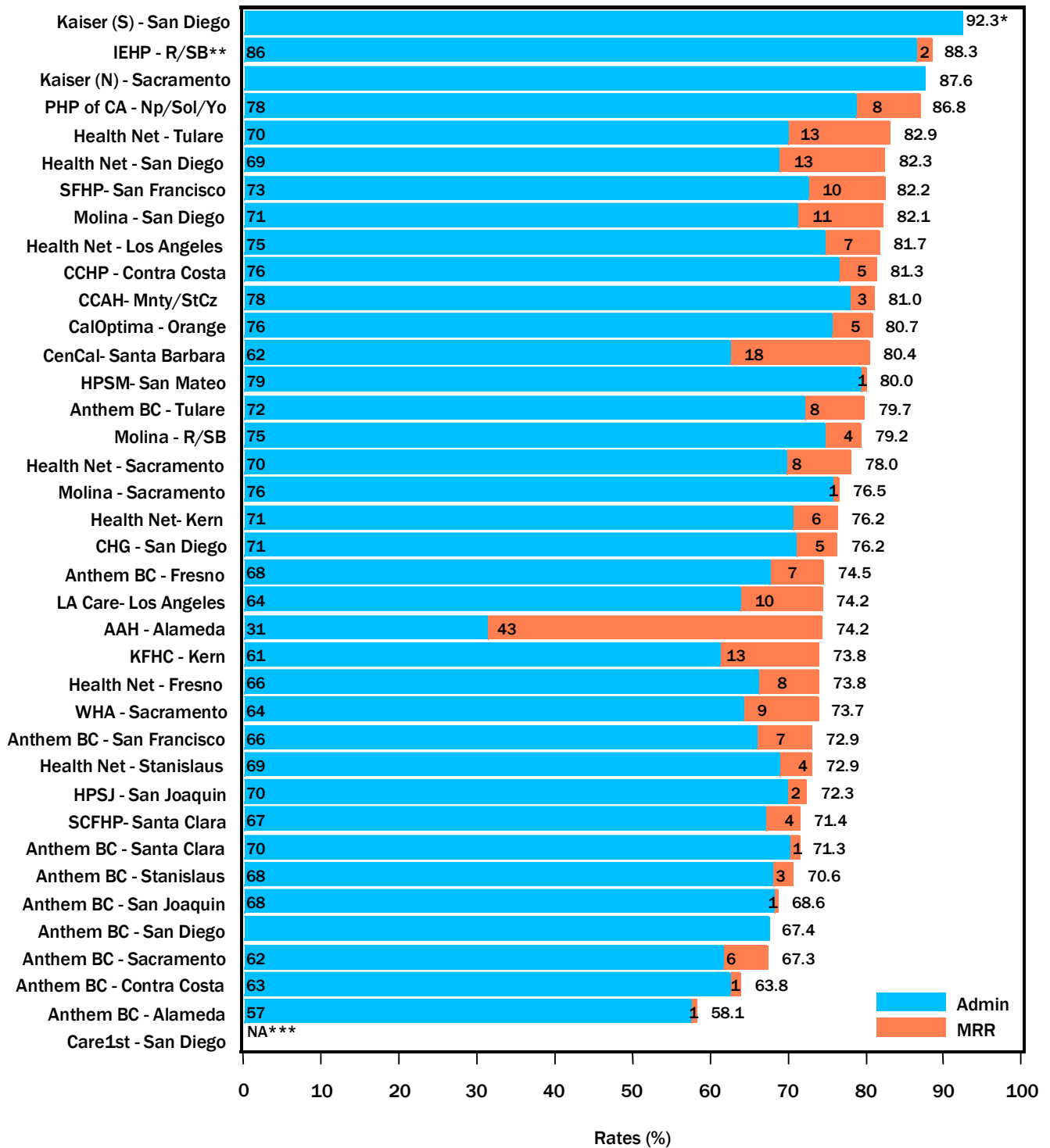
‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 25. HEDIS 2008 Comprehensive Diabetes Care – Medical Attention for Nephropathy



¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.
² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.
⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 26. HEDIS 2008 Comprehensive Diabetes Care – Medical Attention for Nephropathy
Rates from Administrative Data and Medical Record Review Data



* Final rates may not equal the sum of the Administrative Rate and the Medical Record Rate due to rounding.
 ** Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Solano/Yolo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.
 *** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

For CDC- Medical Attention for Nephropathy, four plans exceeded the HPL of 85.5 percent. Kaiser San Diego had the highest rate with 92.3 percent. Four plans are below the MPL of 68.6 percent. As shown in Table 20, the Medi-Cal Managed Care weighted average of 78.3 percent is above the HEDIS 2007 national Medicaid average (74.6 percent), but below the HEDIS 2007 national Commercial average (79.7 percent).

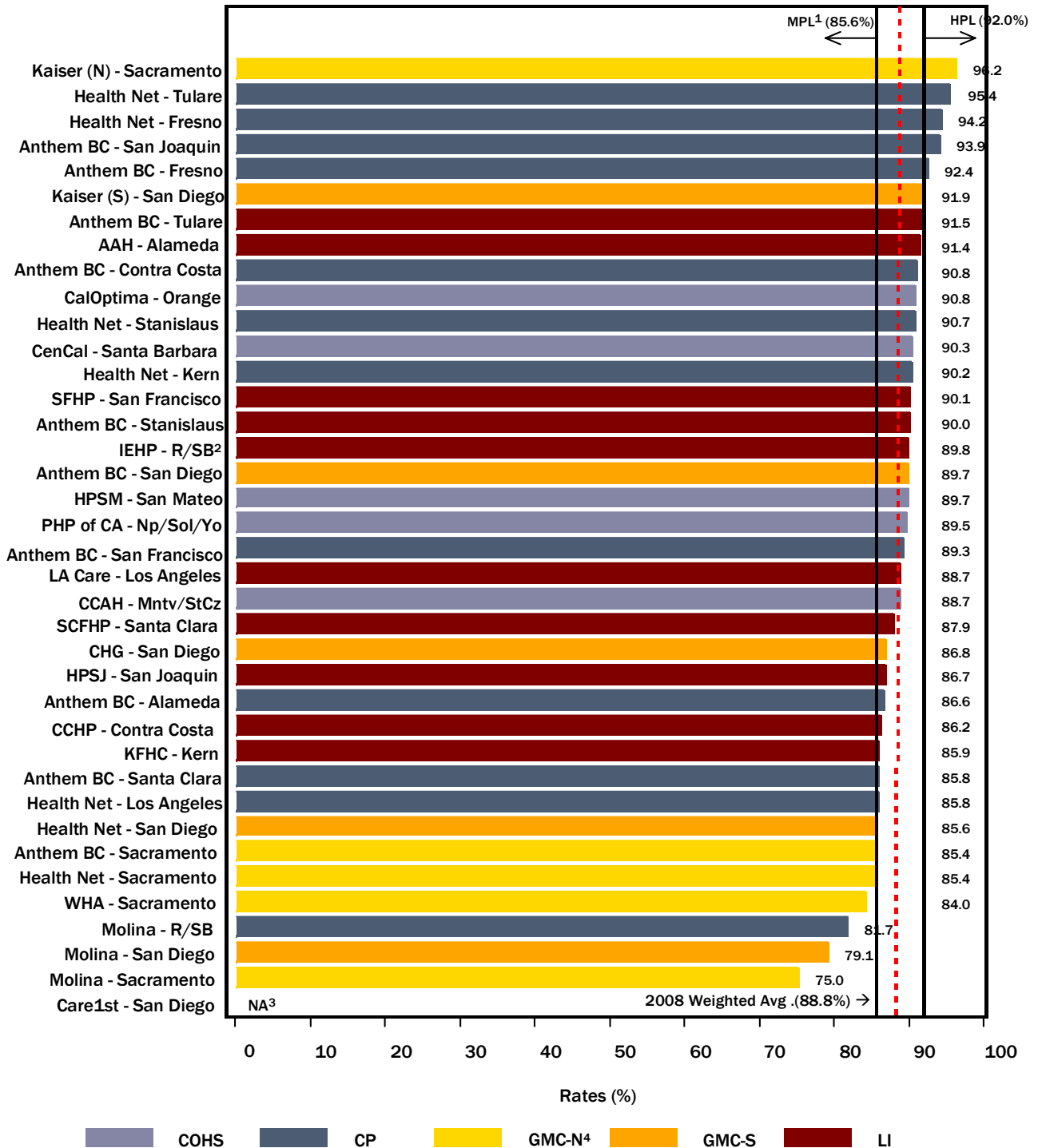
Table 20. Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	78.3%	74.6%	79.7%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Figure 27. HEDIS 2008 Use of Appropriate Medications for People With Asthma



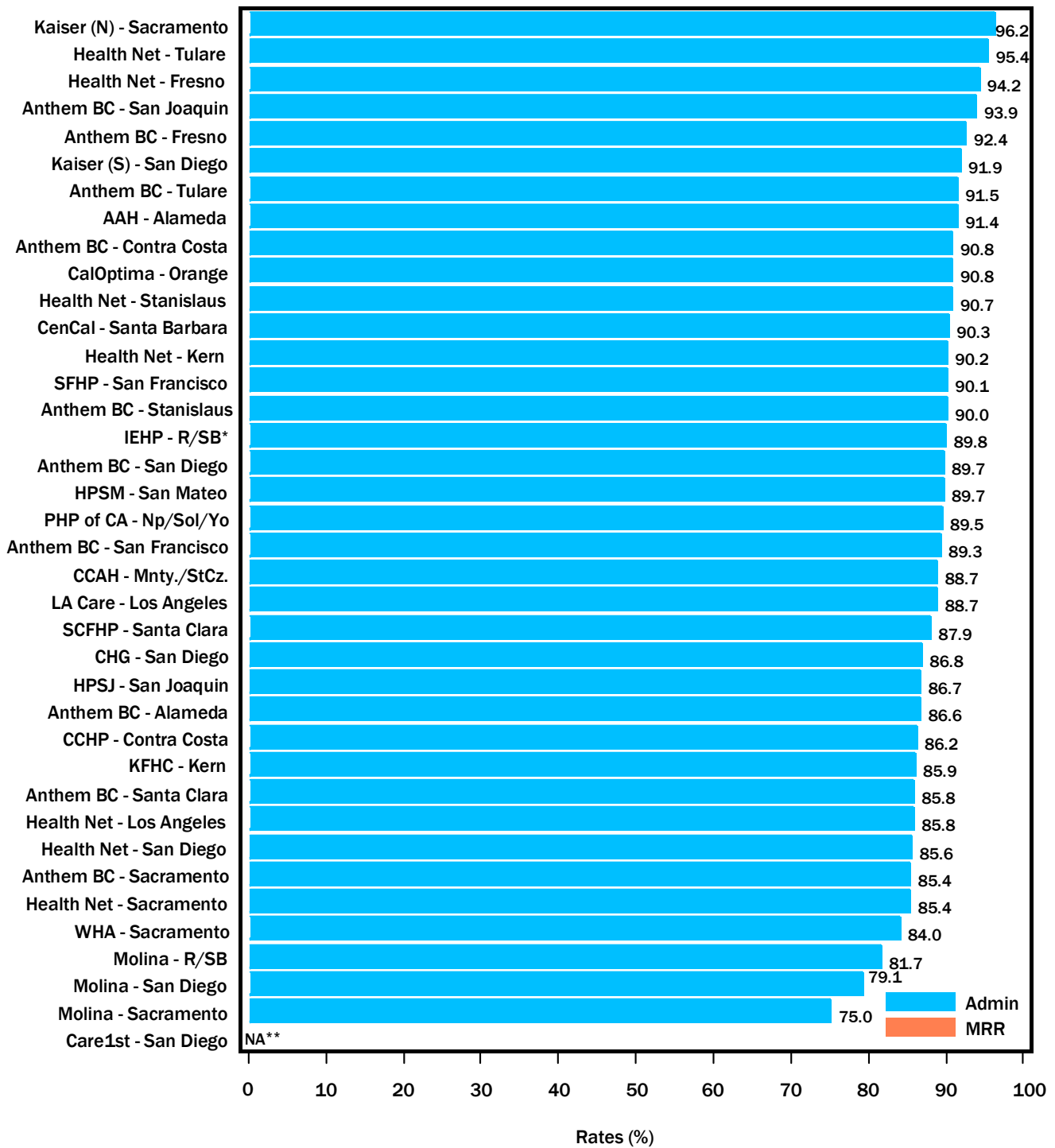
¹ MPL is HEDIS 2007 national Medicaid 25th Percentile and HPL is HEDIS 2007 national Medicaid 90th Percentile.

² Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

³ NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

⁴ GMC-N is Sacramento and GMC-S is San Diego.

Figure 28. HEDIS 2008 Use of Appropriate Medications for People With Asthma
Rates from Administrative Data



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

** NA indicates the denominator for the rate is too small (<30) to calculate a reliable rate.

The Use of Appropriate Medications for People With Asthma (ASM) measure is calculated with administrative data only. Five health plans exceeded the HPL of 92.0 percent, and six plans fell below the MPL of 85.6 percent. Kaiser Sacramento has the highest rate at 96.2 percent. Molina Sacramento was the lowest performer with 75.0 percent. The HEDIS 2008 Medi-Cal Managed Care weighted average (88.8 percent) is above the HEDIS 2007 national Medicaid average (87.1 percent), but below both the HEDIS 2007 national Commercial average (91.6 percent) and the 2007 California Healthy Families average (94.0 percent) as shown in Table 21.

Table 21. Use of Appropriate Medications for People With Asthma Benchmarks

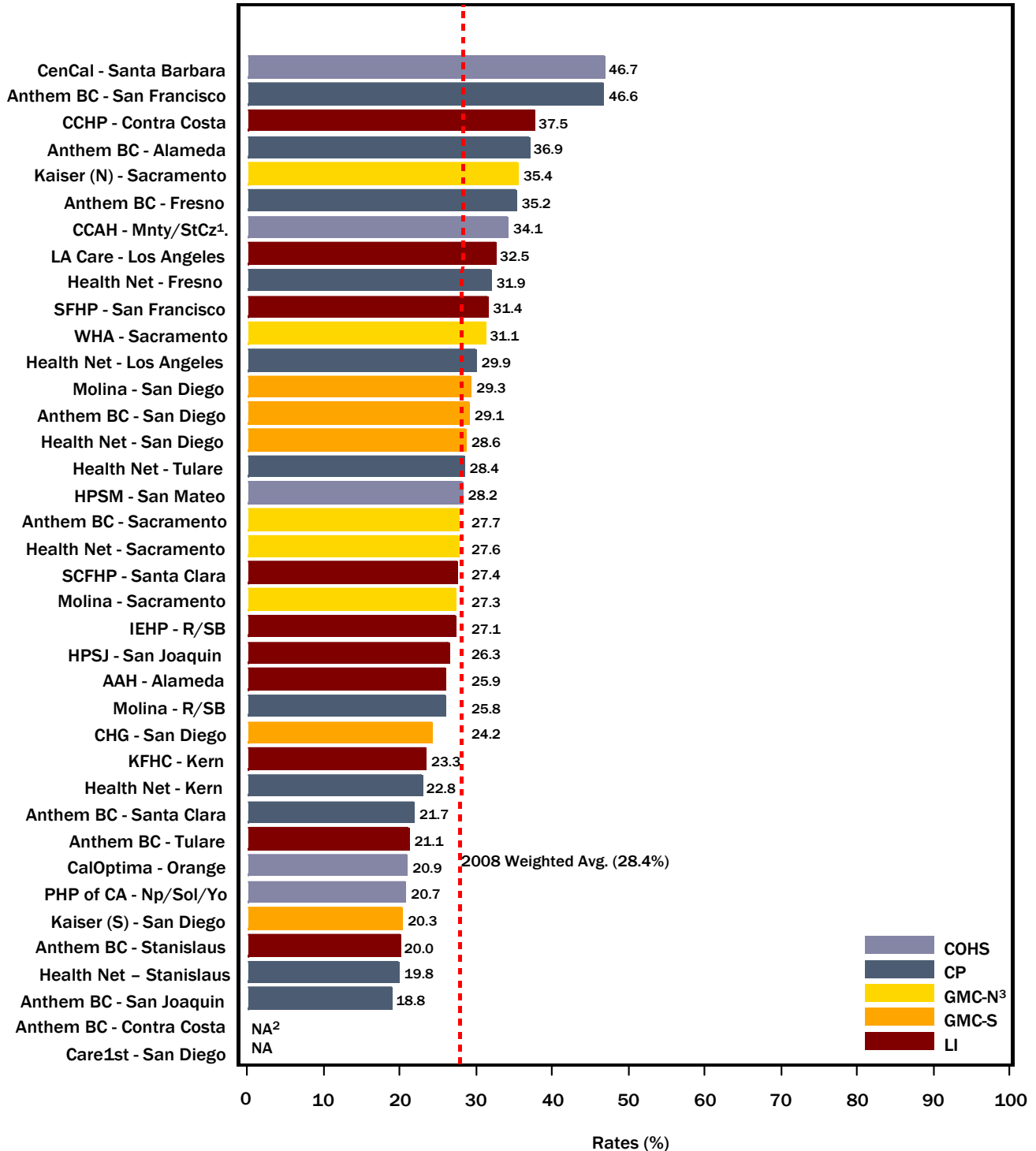
	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡	2007 CA Healthy Families Average††
Rate	88.8%	87.1%	91.6%	94.0%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

†† 2007 rates obtained from the Healthy Families Program at http://www.mrmib.ca.gov/MRMIB/quality_reports.html

Figure 29. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
(Higher rate indicates better performance)

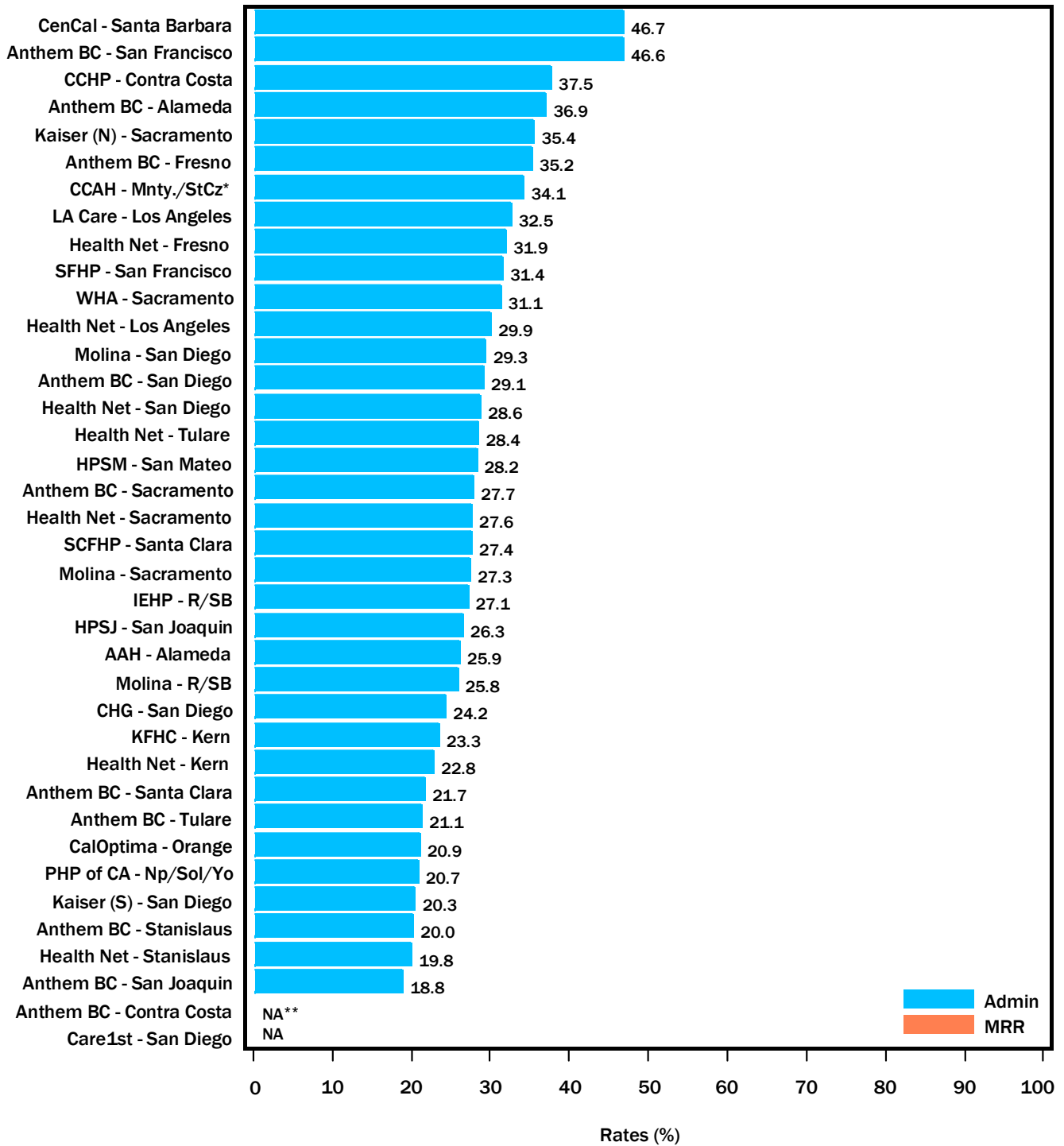


¹ Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

² NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

³ GMC-N is Sacramento and GMC-S is San Diego.

Figure 30. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
Rates from Administrative Data



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

** NA indicates the denominator for the rate is too small (<30) to calculate a reliable rate.

For HEDIS 2008, the former measure, Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis, was inverted, so that now a higher rate is better, and was renamed Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB). The measure is calculated using administrative data only. The revised measure is considered a new measure, and no data was available to establish an MPL or an HPL. CenCal has the highest rate with 46.7 percent, and Anthem BC San Joaquin has the lowest rate with 18.8 percent. Care 1st San Diego and Anthem BC Contra Costa did not have large enough denominators to report reliable rates for this indicator. The Medi-Cal Managed Care weighted average is 28.4 percent as shown in Table 22.

Table 22. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average*	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	28.4%	NA	NA

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

* AAB Note: This measure has undergone a change in reporting. In HEDIS 2008, the measure is inverted, so a higher rate indicates better performance. Invert older rates before comparing to the RY2008 rates.

Use of Ambulatory Services

RY2008 is the first year DHCS required the Ambulatory Care measure for the EAS; therefore, individual plan rates are not reported. Ambulatory Care is a Use of Service domain measure and consists of four indicators: Outpatient Visits, Emergency Department (ED) Visits, Ambulatory Surgery/Procedures, and Observation Room Stays. All four indicators are calculated with administrative data only, and their rates are reported in 1000 member months. These indicators are only a look at utilization, and caution should be used before inferring that either a higher or lower rate is better.

For ED Visits, the highest plan rate was 60.9 visits per 1000 member months, and the lowest was 23.0 visits per 1000 member months. The Medi-Cal managed care weighted average is 37.3 visits per 1000 member months. The national Medicaid average (57.0 visits per 1000 member months) and national Commercial average (16.7 visits per 1000 member months) are presented in Table 23 for informational purposes.

Table 23. Ambulatory Care ED Visits (per 1000 Member Months) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	37.3	57.0	16.7

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Outpatient visits include most face-to-face encounters between practitioners and patients in a variety of settings. Mental health and chemical dependency services are excluded. The rate of 140 visits per 1000 member months was the lowest rate while 490 visits per 1000 member months was the highest. The Medi-Cal Managed Care weighted average is 271.6 as indicated in Table 24.

Table 24. Ambulatory Care Outpatient Visits (per 1000 Member Months) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	271.6	318.0	296.7

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

Observation room stays occur when a patient's assessment leads to a discharge instead of an inpatient admission. The most observation room stays per 1000 member months was 14.9 stays. Several plans had rates of 0.0 stays per 1000 member months. The Medi-Cal Managed Care weighted average is 0.8 stays per 1000 member months as indicated in Table 25.

Table 25. Ambulatory Care Observation Room Stays (per 1000 Member Months) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	0.8	1.8	0.8

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

The Ambulatory Surgery/Procedures indicator is a count of surgical procedures performed on an outpatient basis, but excludes procedures performed in a physician's office. The highest rate was 8.1 procedures per 1000 member months, and the lowest rate was 1.1 procedures per 1000 member months. The Medi-Cal Managed Care weighted average is 2.6 procedures per 1000 member months as shown in Table 26.

Table 26. Ambulatory Care Surgery/Procedures (per 1000 Member Months) Benchmarks

	HEDIS 2008 Medi-Cal Managed Care Weighted Average	HEDIS 2007 National Medicaid Average†	HEDIS 2007 National Commercial Average‡
Rate	2.6	5.3	10.5

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website: <http://www.ncqa.org/tabid/494/Default.aspx>

VI. HEDIS 2008 Health Plan Results by Model Type and Trend Tables

This section contains graphical analysis and trending tables of the HEDIS 2008 rates by model type. Each measure has five graphs, one for each model type (COHS, CP, GMC-N, GMC-S, and LI). Each graph displays a model's plan rates (rounded to the nearest tenth of a percent) and that model type's weighted average, which takes enrollment variations among plans into consideration. A sixth graph exhibits the model type weighted averages in relation to the Medi-Cal Managed Care weighted average. These six graphs are followed by a trending table of plan rates and the Medi-Cal Managed Care straight average. In 2005, DHCS and the EQRO agreed that trending table data should be presented using straight averages as the method provided the best opportunity for comparison to data from prior years and was the best method for the standard deviation measurement used in the tables.

Each trend table lists individual plans by model and county, except the Anthem Blue Cross commercial plan rates have been combined into a single rate, as have the Health Net commercial plan rates. The Anthem Blue Cross and Health Net commercial plans serve several counties with varying enrollment, and a single weighted rate was deemed more representative for trending purposes than the individual commercial plan rates would have been. The weighted averages for Anthem Blue Cross commercial plans and Health Net commercial plans are used in calculating the Medi-Cal Managed Care straight average at the bottom of each table.

The trending tables show shaded cells when a plan rate is two standard deviations from the Medi-Cal Managed Care straight average. Standard deviation is a statistical measure of the distance of a rate from an average. For data sets like these with an approximately normal distribution (i. e. bell-shaped), about 68 percent of the rates are expected to fall within one standard deviation of the average. When a rate is two standard deviations or more away from the Medi-Cal Managed Care straight average, it can be considered out of the normal range.

Figure 31. HEDIS 2008 Well-Child Visits in the First 15 Months of Life - COHS

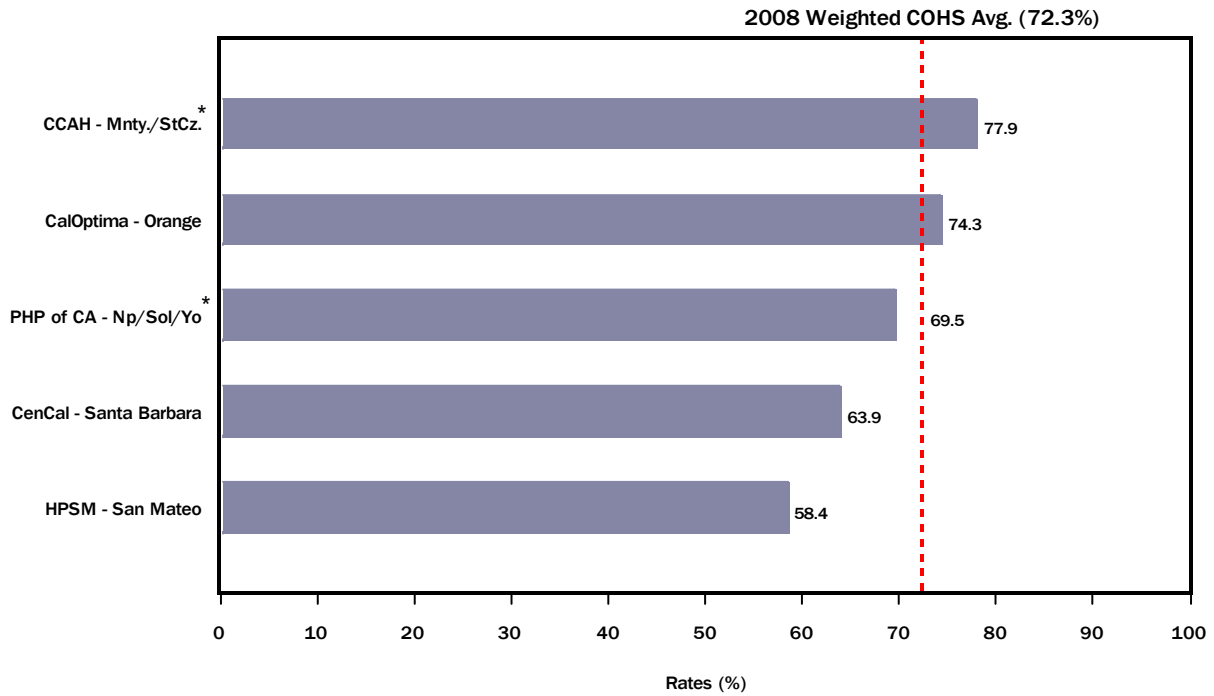
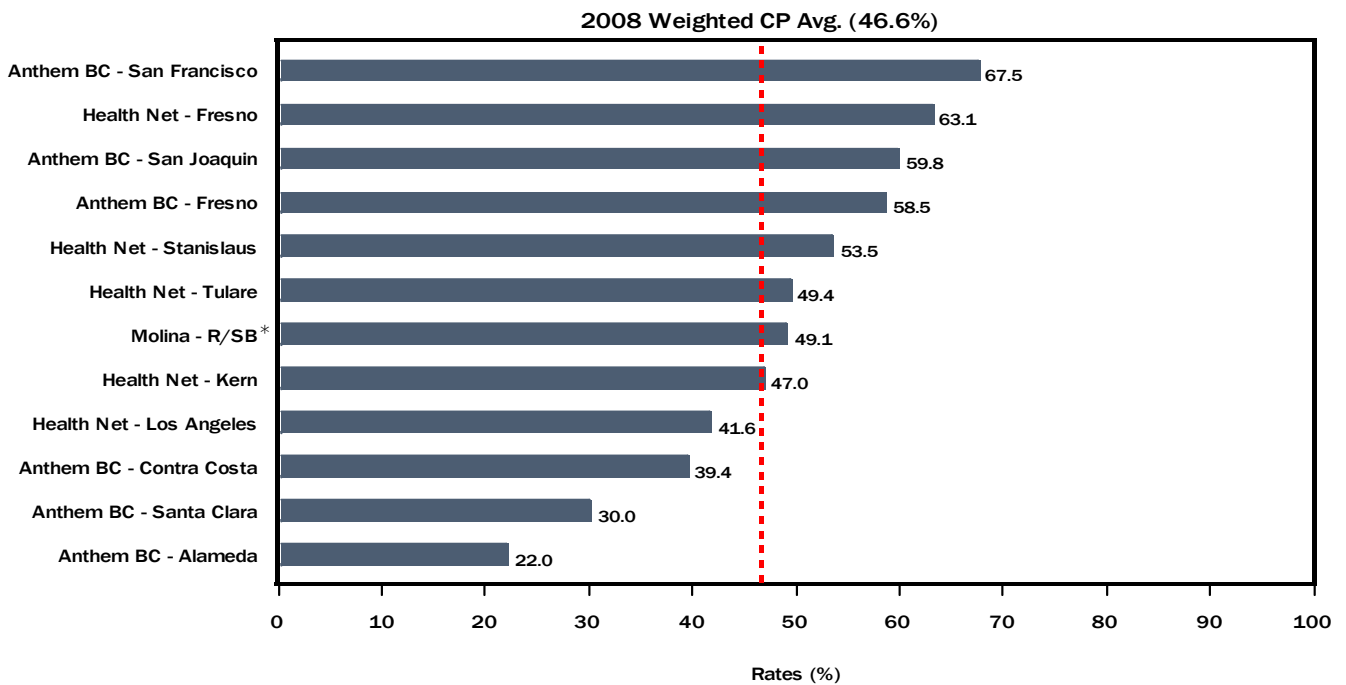


Figure 32. HEDIS 2008 Well-Child Visits in the First 15 Months of Life - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 33. HEDIS 2008 Well-Child Visits in the First 15 Months of Life - GMC - North (N)

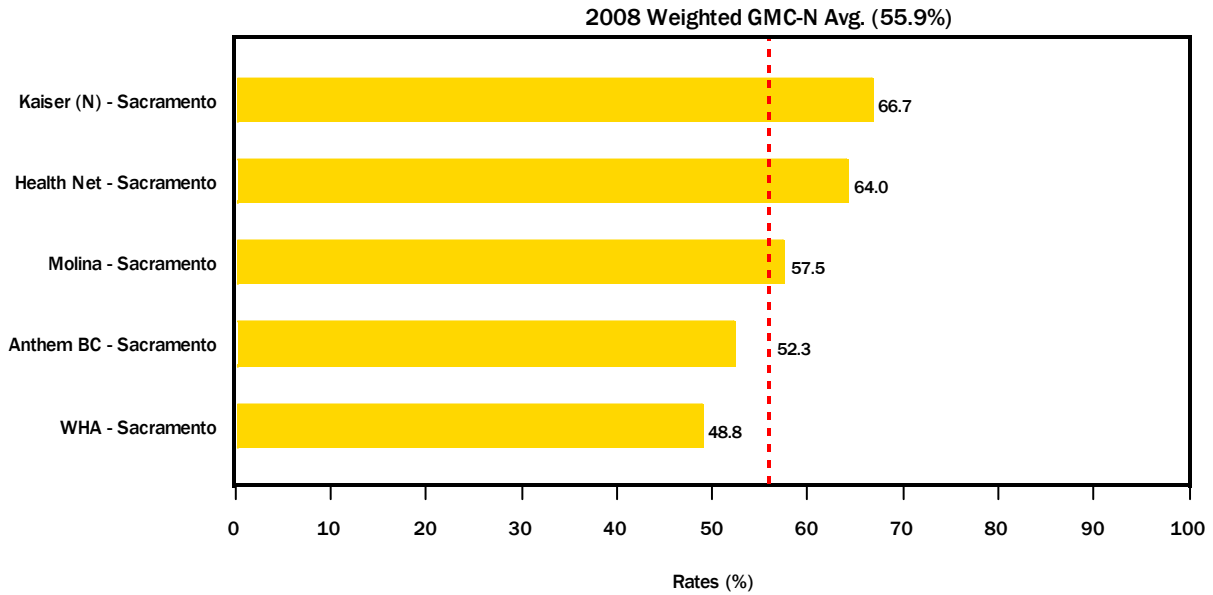


Figure 34. HEDIS 2008 Well-Child Visits in the First 15 Months of Life - GMC - South (S)

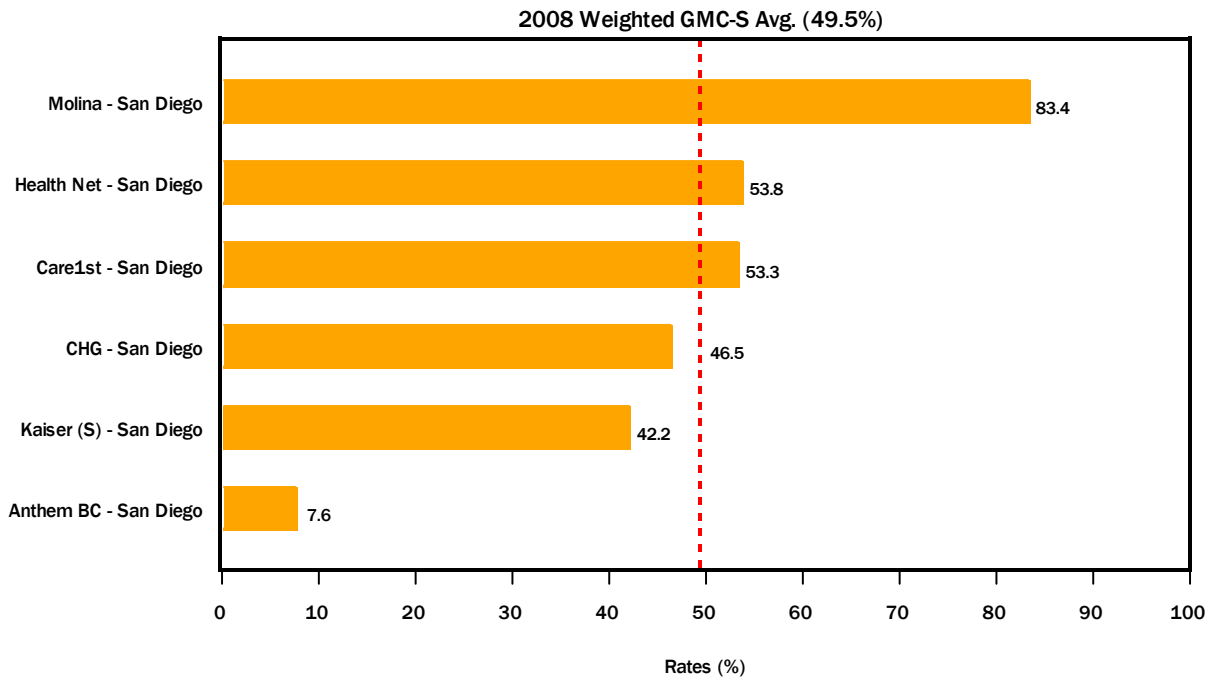
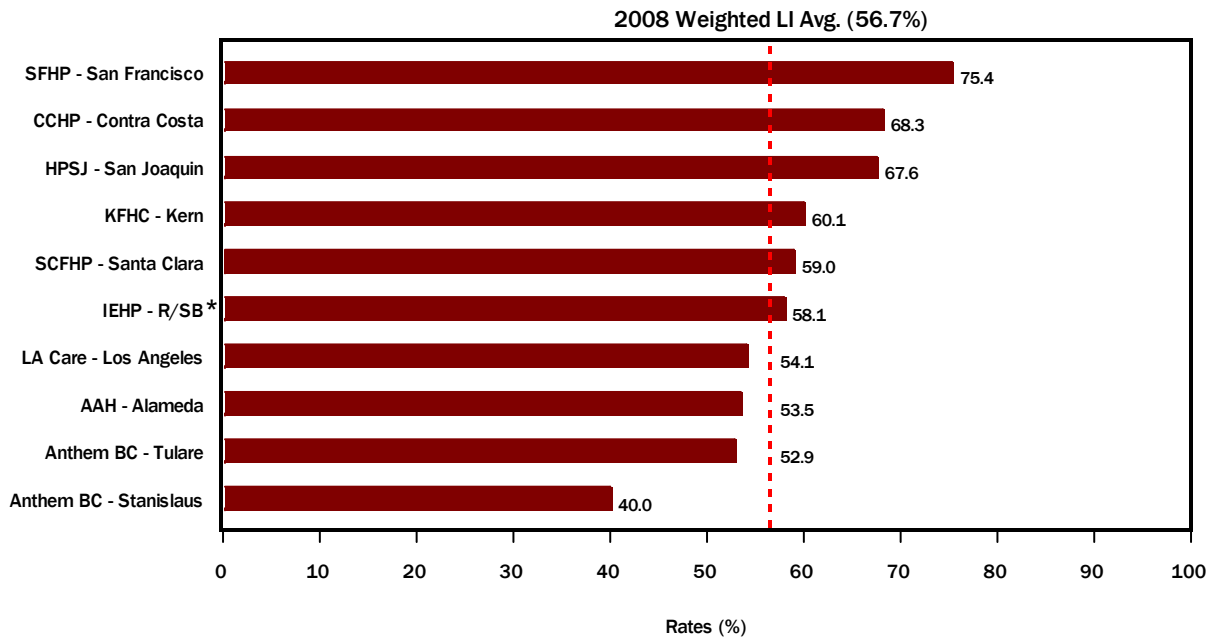
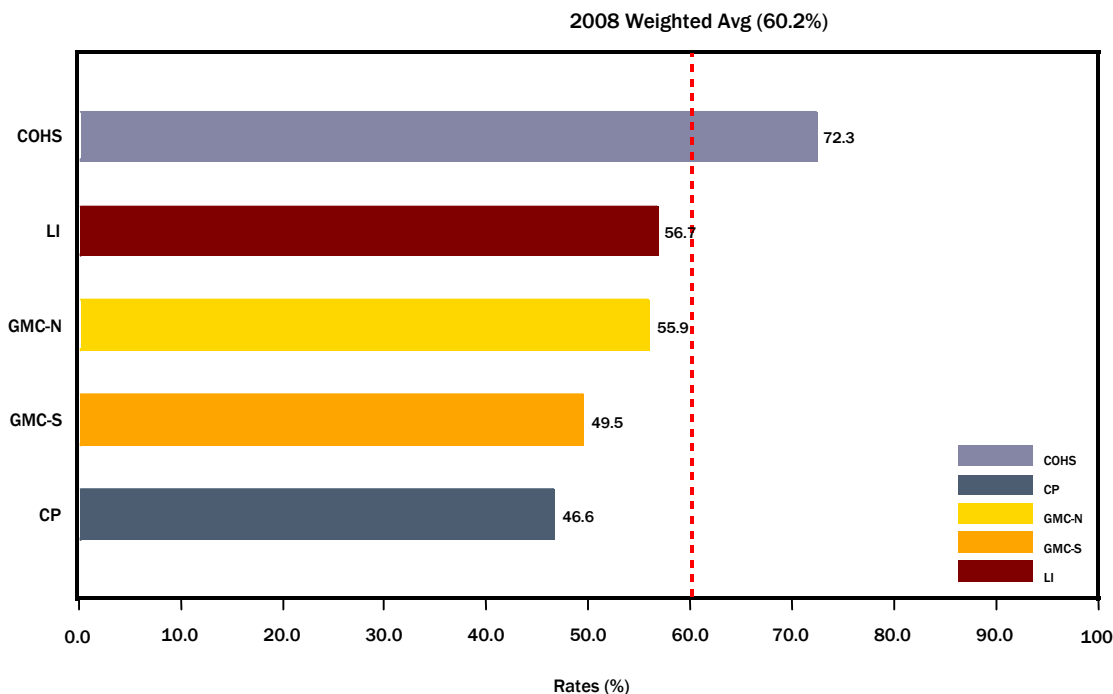


Figure 35. HEDIS 2008 Well-Child Visits in the First 15 Months of Life - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 36. HEDIS 2008 Well-Child Visits in the First 15 Months of Life (6 or More Visits) – Model Type Comparison of Weighted Averages



The weighted averages by model type ranged from 46.6 percent for the CP model type to 72.3 percent for the COHS model. The Medi-Cal Managed Care straight average increased steadily from 2004 through 2008 from 48.2 percent to 57.0 percent. Seventeen plans show an upward trend from 2007 to 2008 and 7 plans trend downward over the same period. The Anthem Blue Cross GMC- South rate of 7.6 percent is lowest and two standard deviations below the Medi-Cal Managed Care straight average. The Health Plan of San Joaquin rate increased 12 percentage points between 2007 (55.5 percent) and 2008 (67.6 percent).

Table 27 presents the trends for the Well-Child Visits in the First 15 Months of Life - Six or More Visits. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
 → 2 or more SDs below the average

Table 27. Trends for Well-Child Visits in the First 15 Months of Life

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	43.8	49.8	44.7	60.4	68.1	74.3
	CCAH	42.1	53.8	65.7	68.4	75.2	77.9
	CenCal	62.7	64.0	53.9	60.8	63.1	63.9
	HPSM	56.3	54.9	56.3	59.2	54.0	58.4
	PHP of CA	33.2	35.7	55.5	75.1	67.9	69.5
CP	Anthem BC*	49.2	54.7	55.6	56.7	53.5	52.5
	Health Net*	26.0	29.8	37.2	36.6	40.4	43.1
	Molina	46.9	59.2	55.6	46.1	48.1	49.1
GMCN	Anthem BC	61.5	59.6	53.4	57.6	53.0	52.3
	Care1st	—	—	—	—	—	—
	Health Net	48.5	55.1	46.7	54.2	64.1	64.0
	Kaiser (N)	72.2	52.9	67.4	65.6	65.8	66.7
	Molina	27.8	52.4	48.1	44.2	59.7	57.5
	WHA	21.9	35.6	51.2	49.2	—	48.8
GMCS	Anthem BC	37.5	44.4	44.4	47.5	42.3	7.6
	Care1st	—	—	—	—	—	53.3
	CHG	44.5	44.5	36.5	31.9	44.5	46.5
	Health Net	23.9	23.9	34.2	41.9	44.8	53.8
	Kaiser (S)	26.8	40.5	—	12.5	35.5	42.2
	Molina (S)	—	—	—	—	81.6	83.4
	Sharp	41.1	58.5	—	—	—	—
	UCSD	27.2	—	—	—	—	—
LI	AAH	32.6	61.1	60.7	56.2	—	53.5
	Anthem BC (Stanislaus)	—	46.7	45.7	33.9	46.1	40.0
	Anthem BC (Tulare)	45.3	52.7	47.7	53.9	50.0	52.9
	CCHP	23.8	38.4	51.1	54.0	62.6	68.3
	HPSJ	24.9	38.9	60.6	53.8	55.5	67.6
	IEHP	35.2	63.2	74.3	81.8	61.3	58.1
	KFHC	41.5	36.5	46.7	51.1	52.1	60.1
	L.A. Care	20.0	40.1	44.0	44.2	46.6	54.1
	SFHP	45.3	61.3	56.3	73.9	82.6	75.4
	SCFHP	47.6	47.8	56.5	52.8	59.4	59.0
Medi-Cal Managed Care Straight Average**		38.6	48.2	51.9	52.7	56.8	57.0

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS rates presented in the table for each year evaluated.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 37. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – COHS

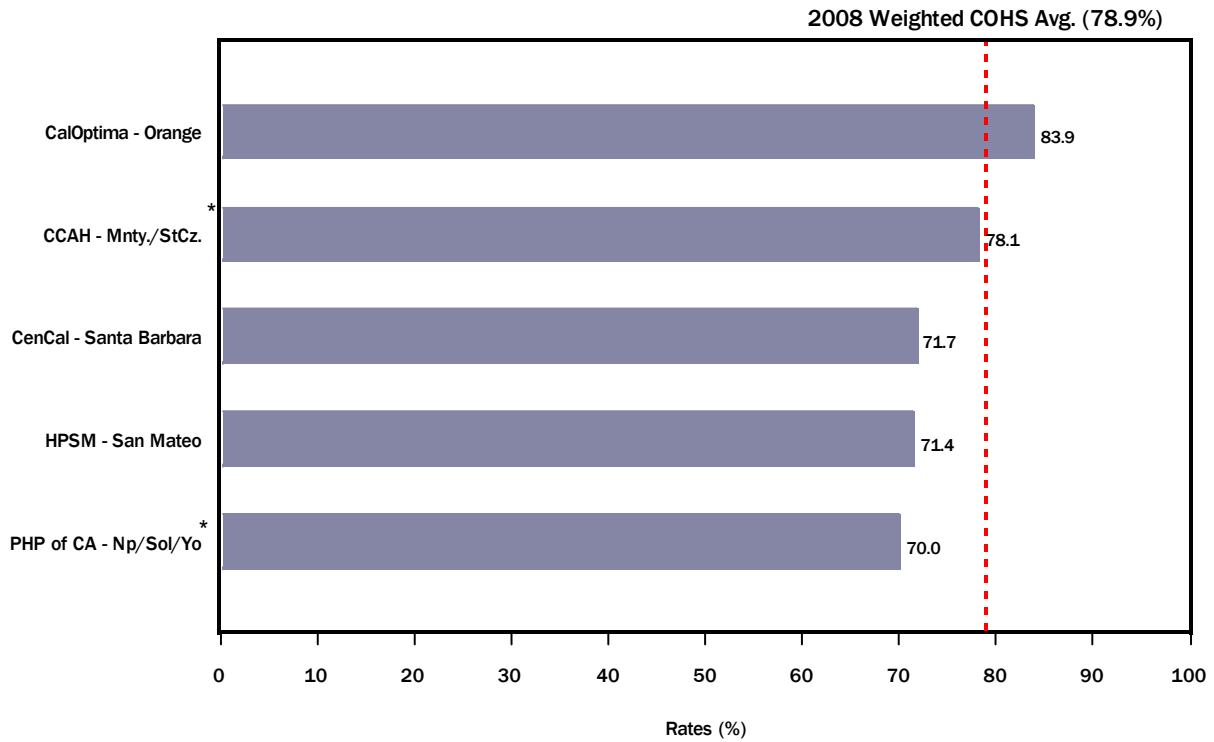
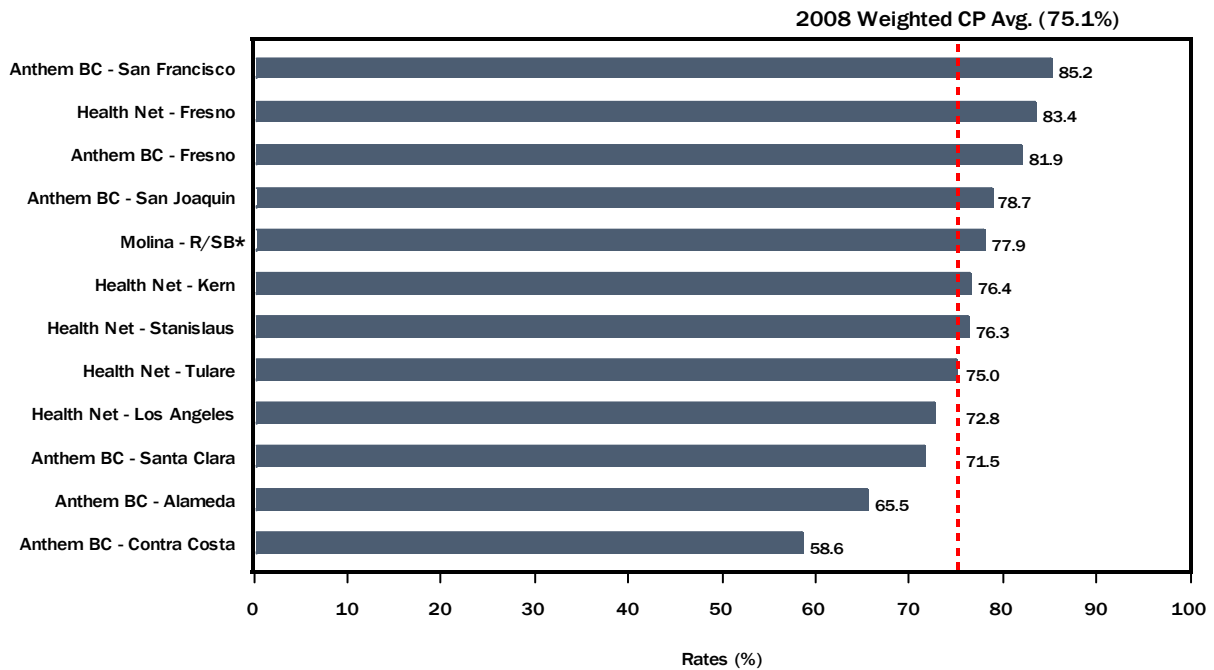


Figure 38. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – CP



* Multiple county abbreviations include: Mnty/StCz for Monterey /Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 39. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – GMC - N

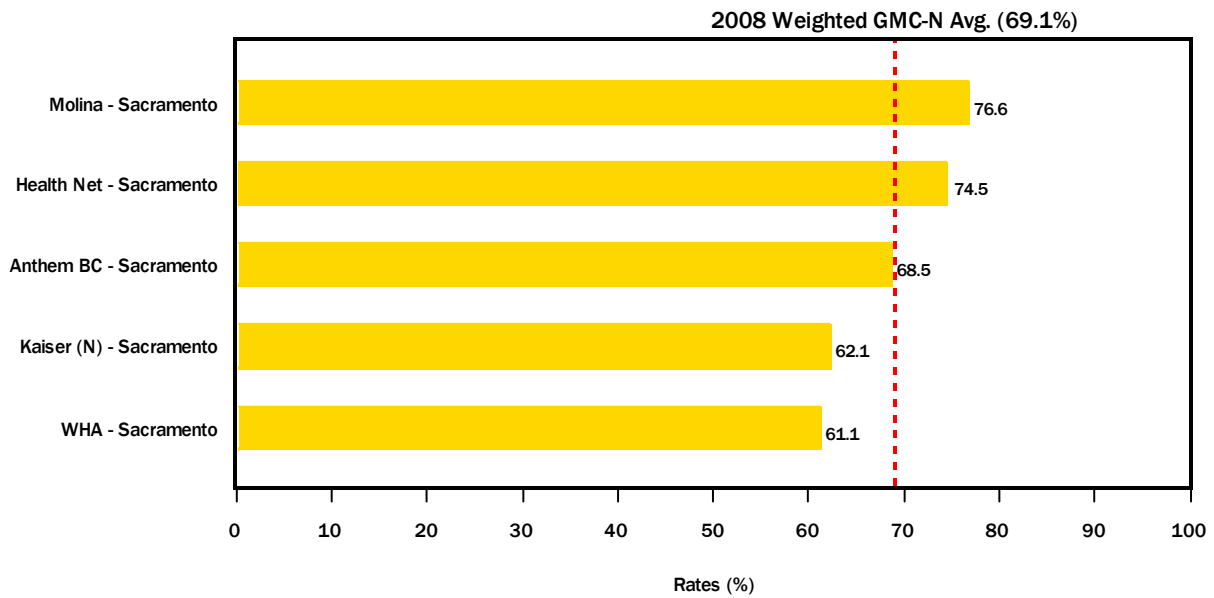


Figure 40. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – GMC - S

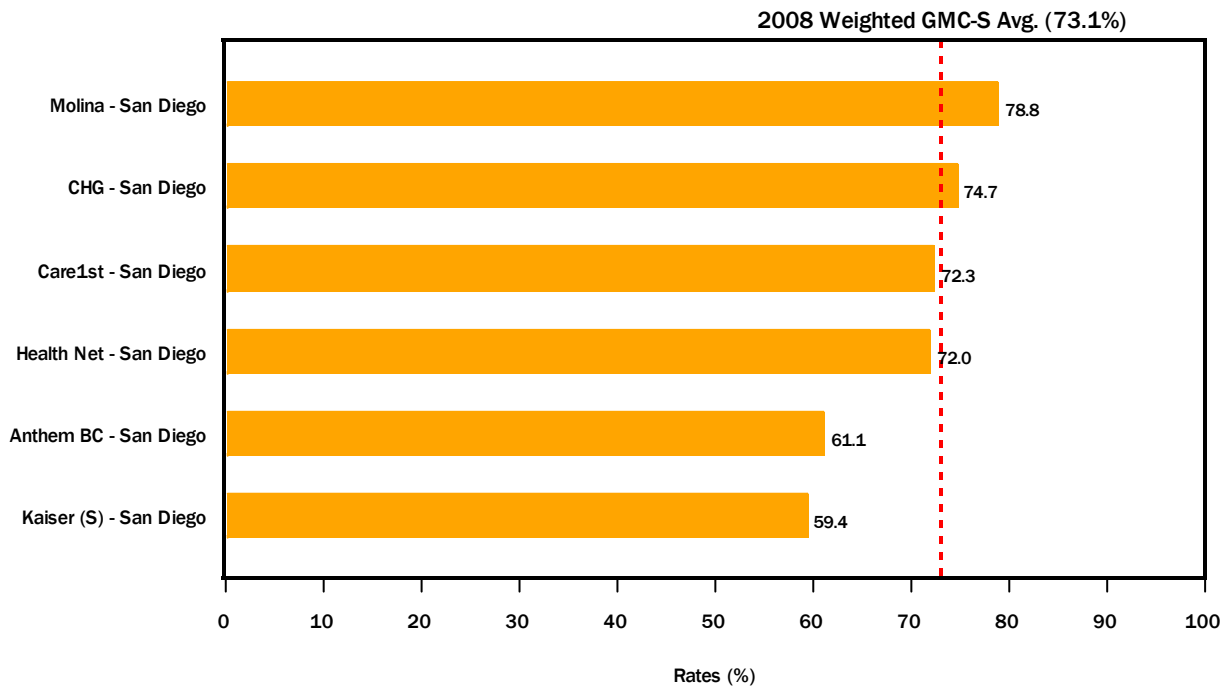
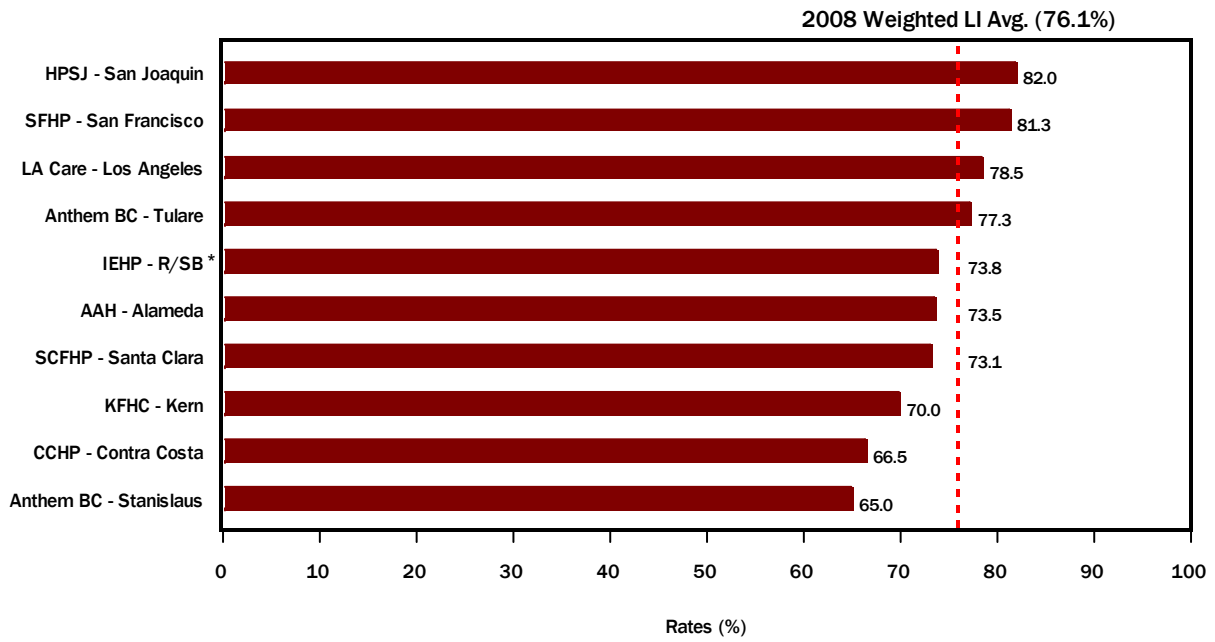
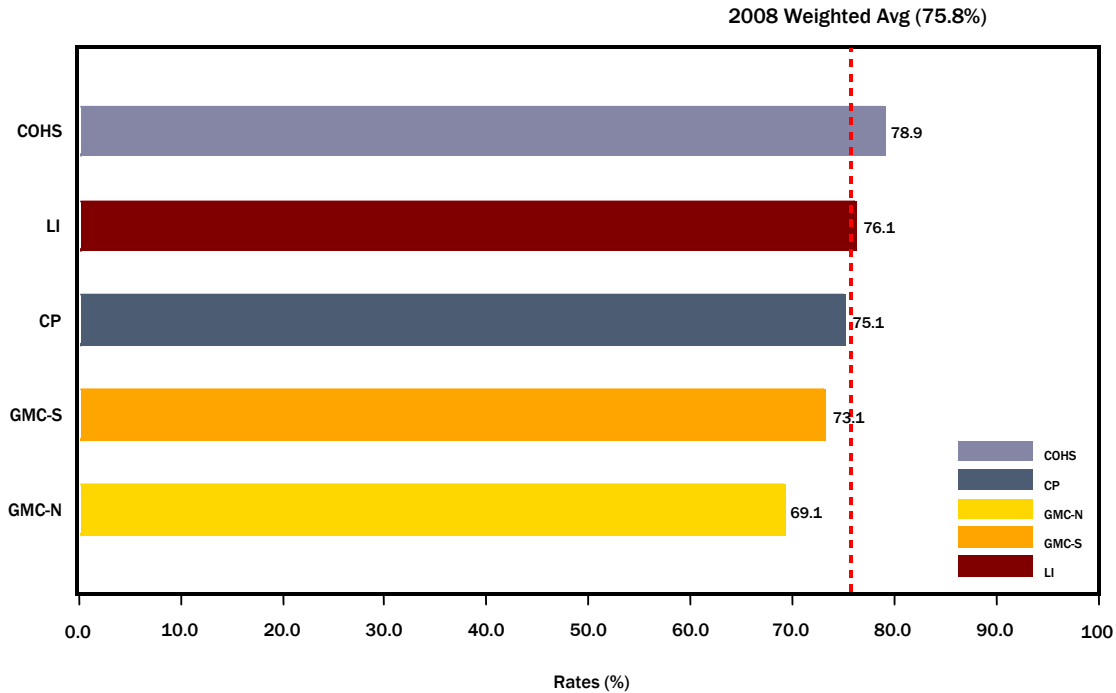


Figure 41. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - LI



*Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 42. HEDIS 2008 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – Model Type Comparison of Weighted Averages



The weighted averages for the model types range from 69.1 percent for GMC-N to 78.9 percent for COHS. The Medi-Cal Managed Care straight average has increased each year since 2004 from 65.7 percent to 72.6 percent in 2008. From 2007 to 2008, 18 plan rates increased, one plan rate remained the same, and seven plan rates trended lower. The rate for Kaiser GMC-South (59.4 percent) is two standard deviations below the Medi-Cal Managed Care straight average for 2008.

Table 28 presents the trends for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):


 → 2 or more SDs above the average
 → 2 or more SDs below the average

Table 28. Trends for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	—	—	—	78.9	81.2	83.9
	CCAH	—	—	—	74.9	77.1	78.1
	CenCal	—	—	—	67.1	67.0	71.7
	HPSM	—	—	—	66.7	66.2	71.4
	PHP of CA	—	—	—	70.8	67.5	70.0
CP	Anthem BC*	75.0	70.8	73.8	73.7	75.0	78.0
	Health Net*	55.5	61.7	67.7	69.4	72.0	73.6
	Molina	67.5	74.8	77.6	71.8	81.3	77.9
GMCN	Anthem BC	63.0	65.5	71.3	67.4	69.2	68.5
	Care1st	—	—	—	—	64.8	—
	Health Net	67.4	73.6	73.2	76.5	78.8	74.5
	Kaiser (N)	46.6	54.3	54.0	59.4	56.5	62.1
	Molina	56.7	63.1	71.8	73.1	76.6	76.6
	WHA	53.0	60.8	62.3	67.9	—	61.1
GMCS	Anthem BC	59.0	67.1	65.2	60.2	67.6	61.1
	Care1st	—	—	—	—	—	72.3
	CHG	67.6	64.7	67.9	65.5	72.7	74.7
	Health Net	54.5	59.1	68.0	64.4	68.2	72.0
	Kaiser (S)	54.9	53.7	54.8	47.4	53.4	59.4
	Molina (S)	—	—	—	—	77.8	78.8
	Sharp	58.5	64.7	—	—	—	—
	UCSD	46.6	—	—	—	—	—
	Universal	57.7	70.2	—	—	—	—
LI	AAH	58.6	69.3	70.8	76.6	—	73.5
	Anthem BC (Stanislaus)	54.9	61.6	62.5	65.1	63.9	65.0
	Anthem BC (Tulare)	65.3	65.0	69.9	75.9	69.9	77.3
	CCHP	57.0	63.5	68.0	68.3	73.7	66.5
	HPSJ	65.0	67.3	70.8	73.2	79.3	82.0
	IEHP	62.0	70.6	77.8	81.8	69.7	73.8
	KFHC	66.4	62.3	70.6	70.4	75.6	70.0
	L.A. Care	46.6	65.0	67.9	73.0	76.6	78.5
	SFHP	63.7	77.0	79.7	74.1	77.5	81.3
	SCFHP	67.6	71.8	65.5	69.4	73.8	73.1
Medi-Cal Managed Care Straight Average**		59.6	65.7	68.7	69.7	71.6	72.6

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 43. HEDIS 2008 Childhood Immunization Status (Combination 2) – COHS

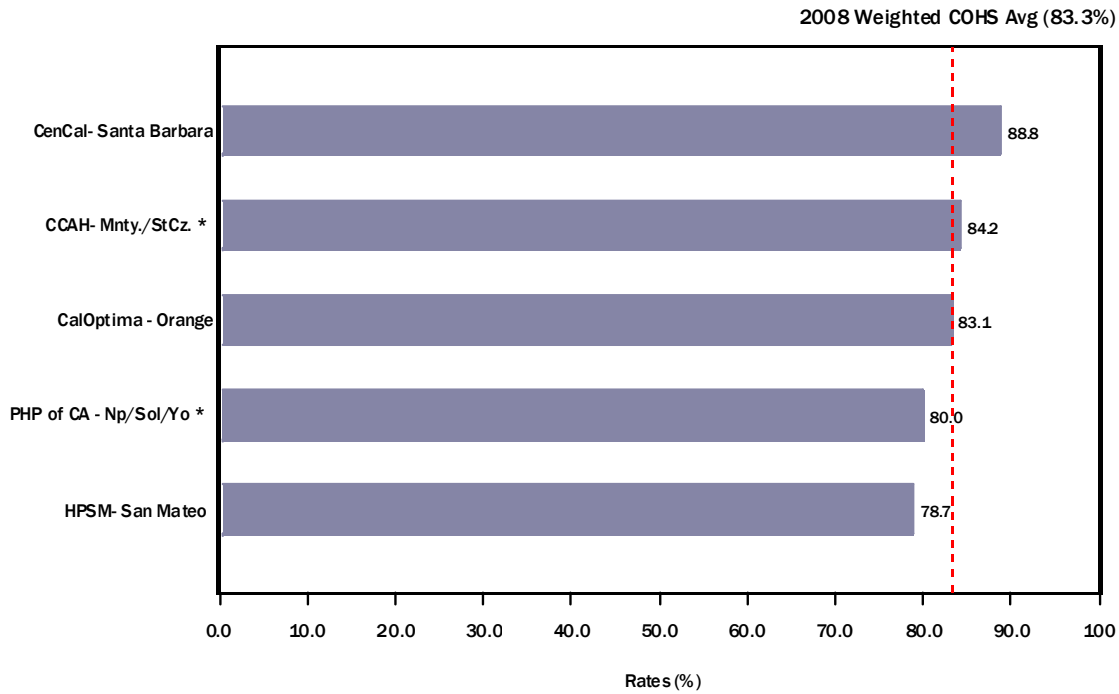
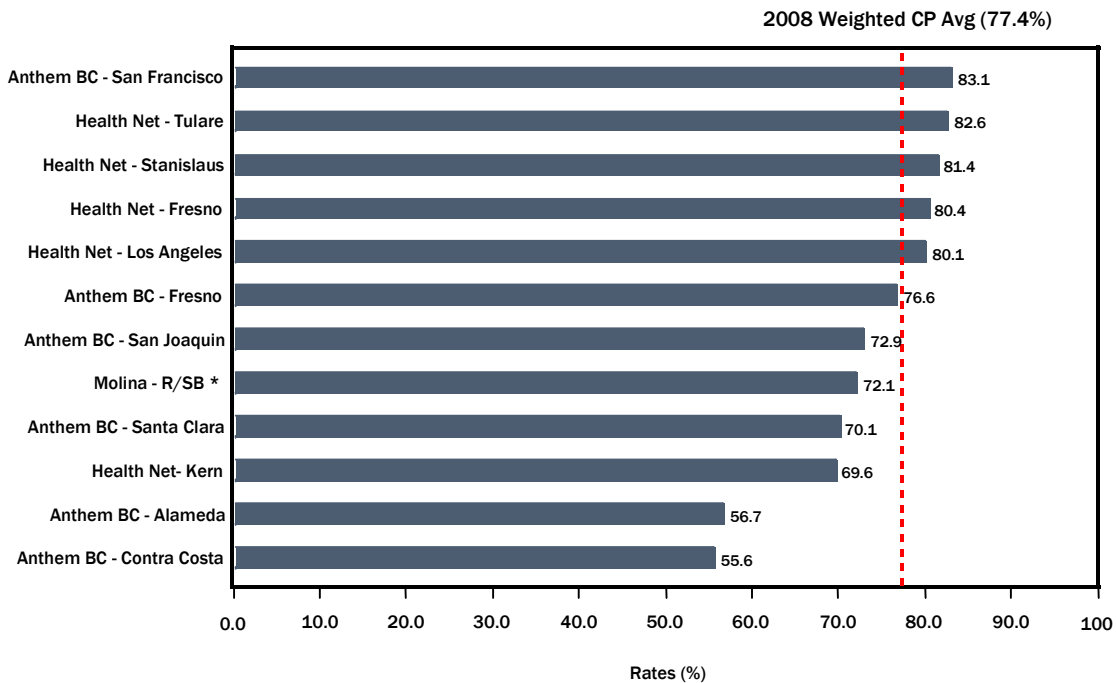


Figure 44. HEDIS 2008 Childhood Immunization Status (Combination 2) - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 45. HEDIS 2008 Childhood Immunization Status (Combination 2) – GMC - N

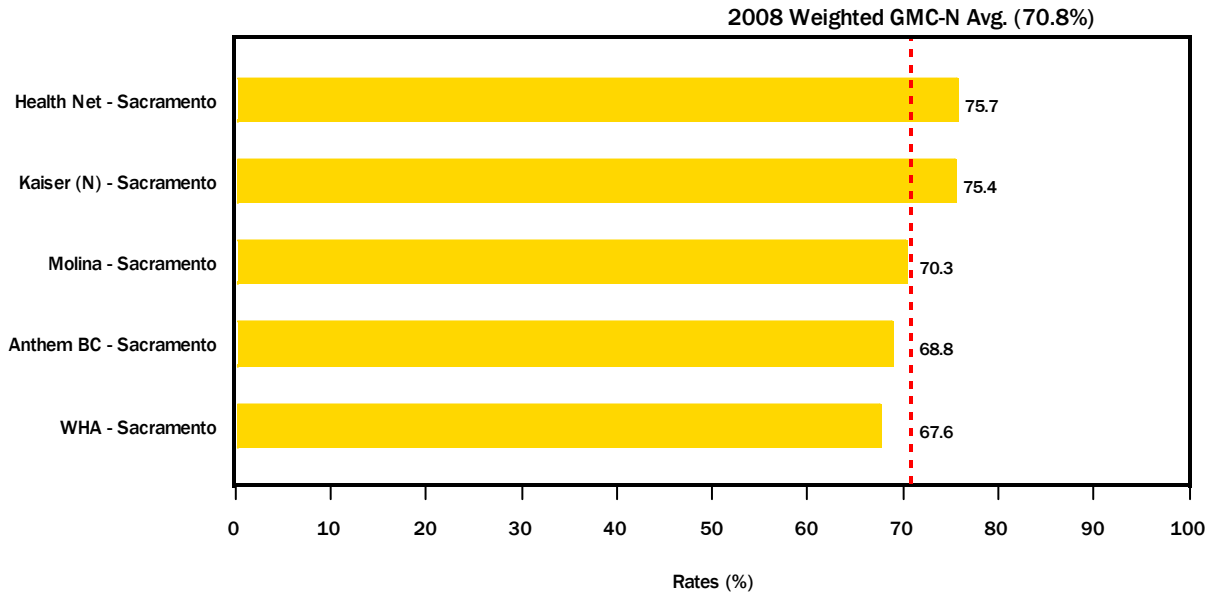


Figure 46. HEDIS 2008 Childhood Immunization Status (Combination 2) – GMC - S

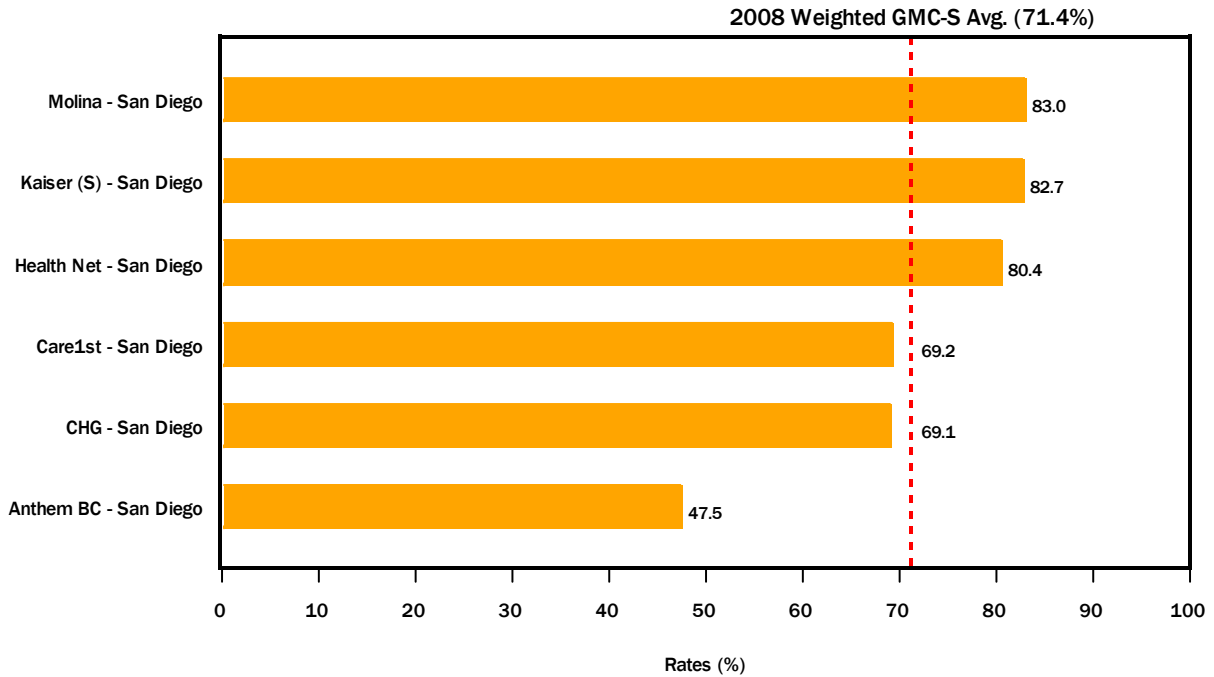
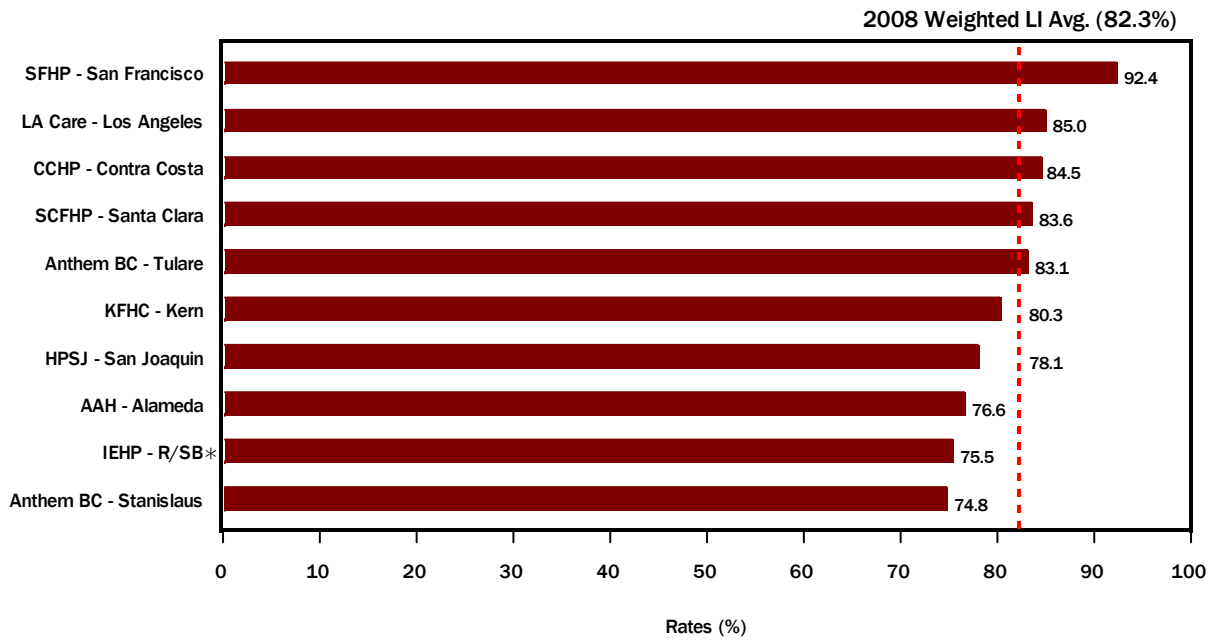
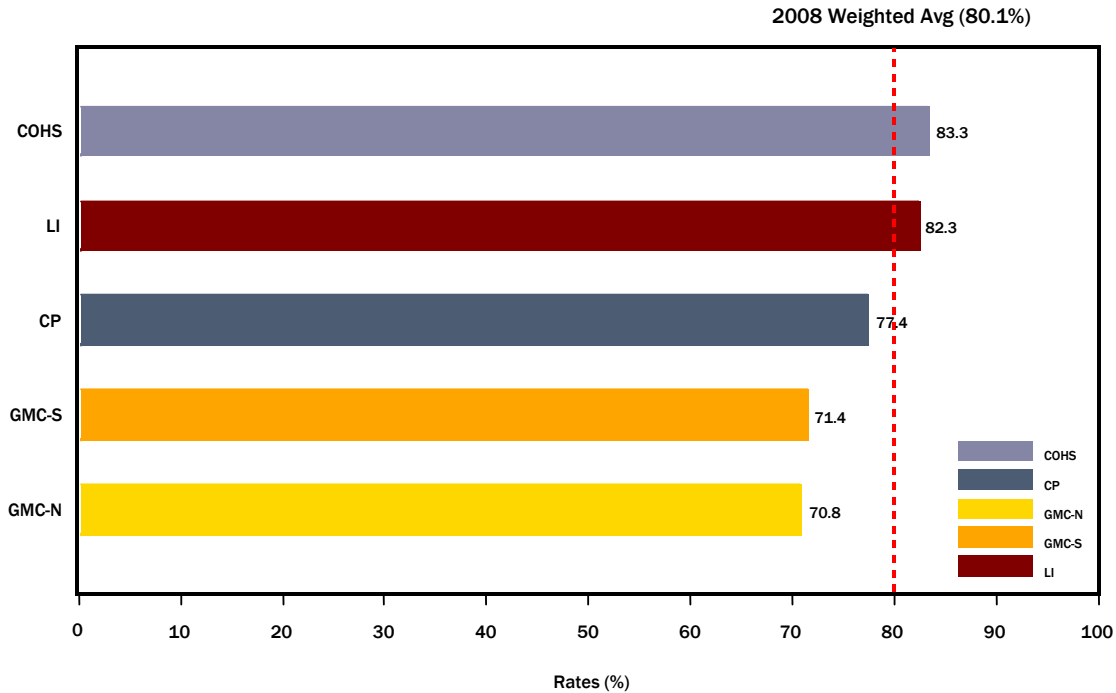


Figure 47. HEDIS 2008 Childhood Immunization Status (Combination 2) - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 48. HEDIS 2008 Childhood Immunization Status (Combination 2) - Model Type Comparison of Weighted Averages



The weighted averages for the model types range from 70.8 percent to 83.3 percent. The Medi-Cal Managed Care straight average increased every year from 58.8 percent in 2002 to 77.4 percent in 2008. San Francisco Health Plan has the highest rate of 92.4. All but one of the LI model type plans' rates trended up between 2007 and 2008. In total 14 plans trended upward between 2007 and 2008, and 13 trended downward.

Table 29 presents the trends for Childhood Immunization Status - Combination 2. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):



Table 29. Trends for Childhood Immunization Status - Combination 2

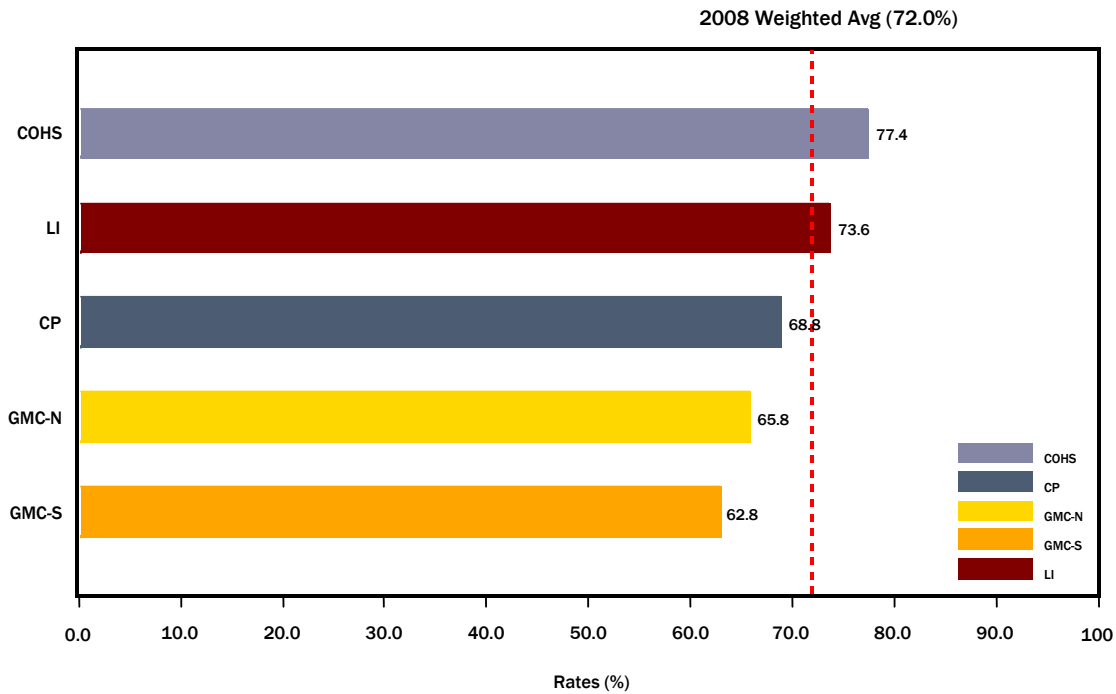
Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	72.2	72.5	74.3	85.9	82.6	83.1
	CCAH	57.7	73.5	75.7	86.6	85.6	84.2
	CenCal	69.2	76.4	79.4	85.0	84.9	88.8
	HPSM	56.9	61.8	61.7	78.7	76.4	78.7
	PHP of CA	56.2	67.6	70.7	78.5	81.9	80.0
CP	Anthem BC*	62.7	64.5	66.4	76.0	74.5	72.9
	Health Net*	50.7	60.9	60.7	69.7	82.5	79.9
	Molina	48.6	60.0	68.5	70.6	70.4	72.1
GMCN	Anthem BC	56.0	62.5	66.0	71.5	73.1	68.8
	Care1st	—	—	—	—	41.0	—
	Health Net	49.9	63.5	60.3	71.3	77.4	75.7
	Kaiser (N)	67.0	70.1	70.6	77.5	76.6	75.4
	Molina	36.3	54.5	58.8	69.6	71.5	70.3
	WHA	43.6	42.4	47.8	64.2	—	67.6
GMCS	Anthem BC	62.7	74.3	73.4	77.1	79.6	47.5
	Care1st	—	—	—	—	—	69.2
	CHG	79.3	77.4	70.3	78.8	79.8	69.1
	Health Net	68.2	74.5	73.5	80.9	81.9	80.4
	Kaiser (S)	64.5	71.7	75.7	77.7	86.6	82.7
	Molina (S)	—	—	—	—	80.6	83.0
	Sharp	59.6	69.8	—	—	—	—
	UCSD	60.1	—	—	—	—	—
LI	AAH	53.8	56.9	67.1	75.7	67.2	76.6
	Anthem BC (Stanislaus)	53.9	60.9	63.9	80.3	70.8	74.8
	Anthem BC (Tulare)	67.1	70.4	71.1	77.6	74.8	83.1
	CCHP	69.2	61.3	60.2	79.0	74.2	84.5
	HPSJ	43.6	53.9	67.6	71.8	73.5	78.1
	IEHP	63.0	68.1	74.9	77.4	75.3	75.5
	KFHC	61.8	55.6	65.1	69.8	76.9	80.3
	L.A. Care	51.7	59.5	56.3	77.2	75.2	85.0
	SFHP	62.9	74.3	73.4	76.9	90.3	92.4
	SCFHP	60.4	65.7	73.2	86.8	84.7	83.6
Medi-Cal Managed Care Straight Average**		58.8	65.4	67.7	76.7	76.8	77.4

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 49. HEDIS 2008 Childhood Immunization Status (Combination 3) - Model Type Comparison of Weighted Averages



The weighted averages for the model types range from 62.8 percent to 77.4 percent. The highest plan rate was 90.7 and is two standard deviations above the Medi-Cal Managed Care straight average of 70.6 percent. The lowest plan rate was 38 percent which is two standard deviations below the Medi-Cal Managed Care straight average.

Figure 50. HEDIS 2008 Adolescent Well-Care Visits – COHS

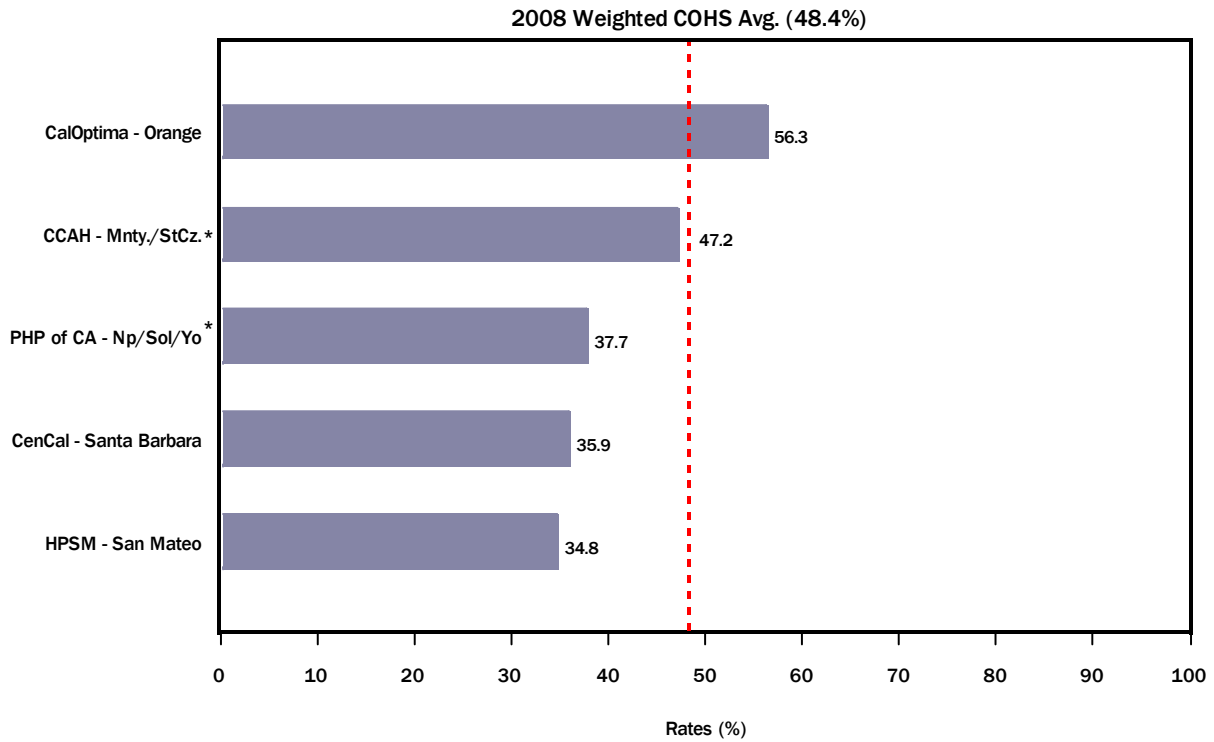
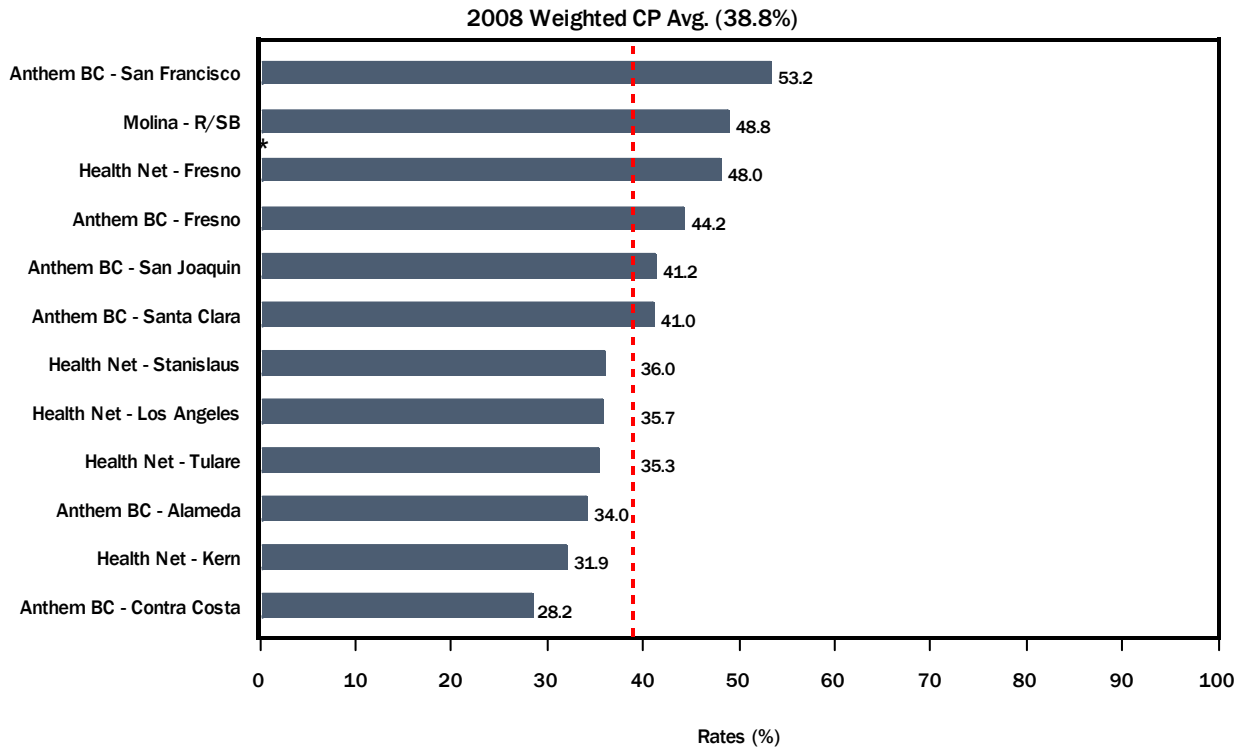


Figure 51. HEDIS 2008 Adolescent Well-Care Visits - CP



* Multiple county abbreviations include: Mnty./StCz for Monterey Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 52. HEDIS 2008 Adolescent Well-Care Visits – GMC - N

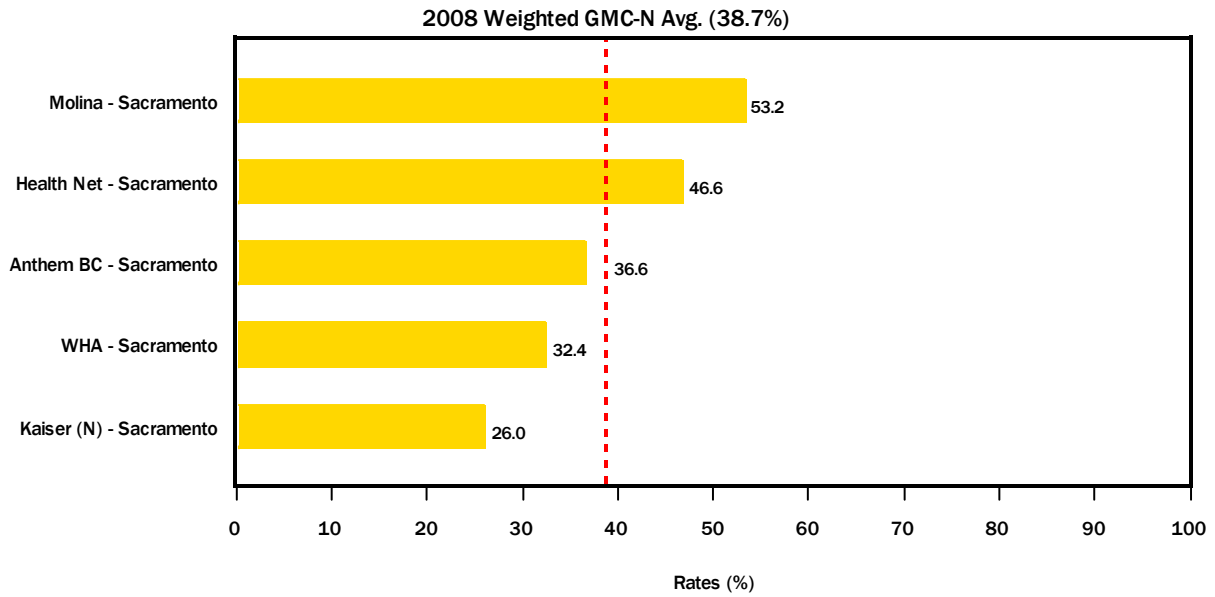


Figure 53. HEDIS 2008 Adolescent Well-Care Visits – GMC - S

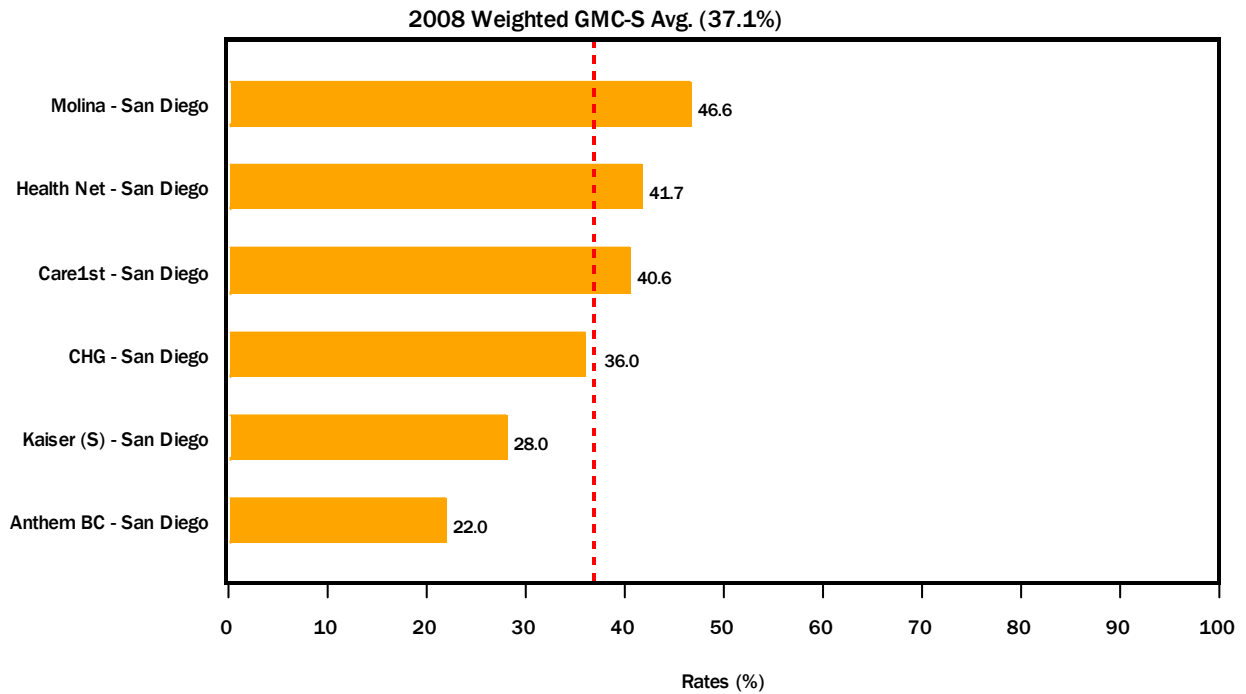
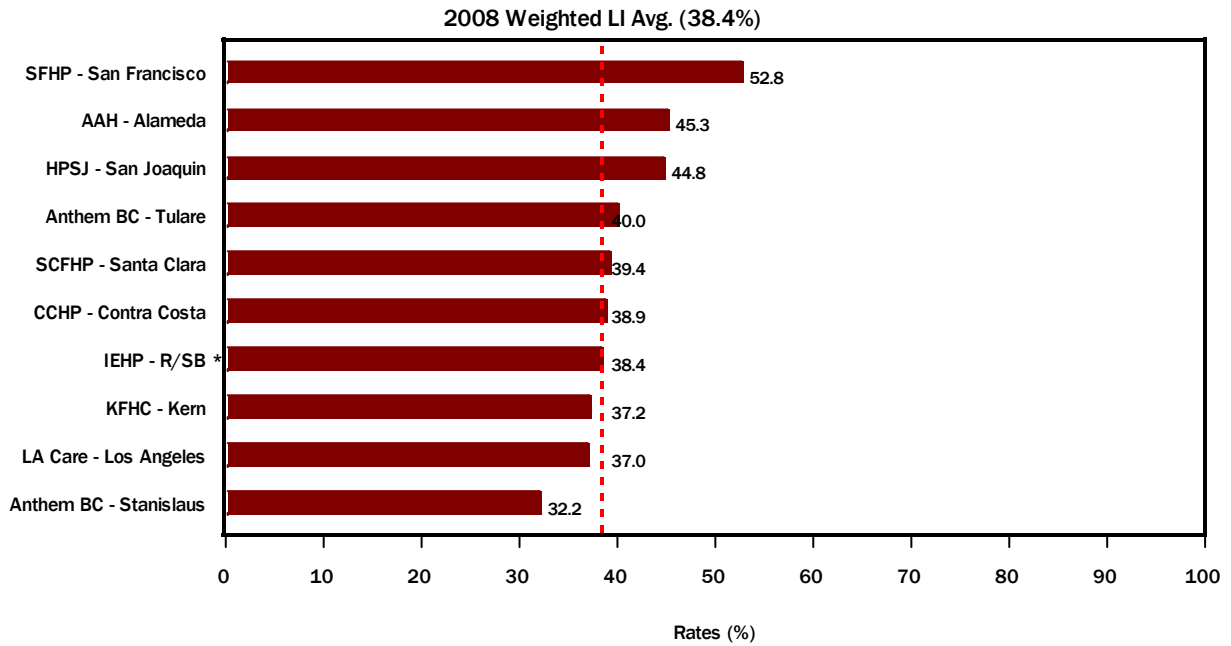
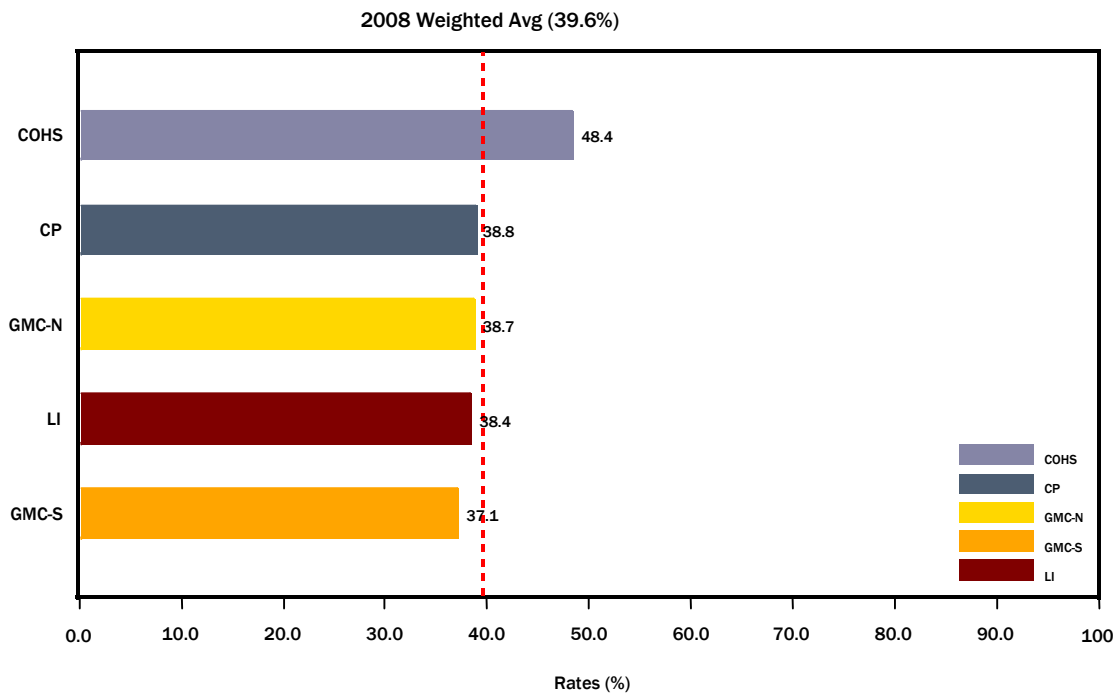


Figure 54. HEDIS 2008 Adolescent Well-Care Visits - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 55. HEDIS 2008 Adolescent Well-Care Visits - Model Type Comparison of Weighted Averages



Model type weighted averages range from 37.1 to 48.4 percent. The Medi-Cal Managed Care straight average increased from 28.1 percent in 2002 to 39.8 percent in 2008. CalOptima’s rate of 56.3 percent is the highest for 2008 and is two standard deviations above the Medi-Cal Managed Care straight average. Anthem Blue Cross GMC-South has the lowest rate of 22.0 percent which is two standard deviations below the Medi-Cal Managed Care straight average. Health Net GMC-South rate jumped 12.5 percentage points from 29.2 percent in 2007 to 41.7 percent in 2008.

Table 30 presents the trends for Adolescent Well-Care Visits. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
→ 2 or more SDs below the average

Table 30. Trends for Adolescent Well-Care Visits

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	43.3	43.1	40.1	55.1	57.6	56.3
	CCAH	26.3	30.2	40.4	41.6	43.6	47.2
	CenCal	30.8	26.2	32.4	31.7	33.1	35.9
	HPSM	27.8	30.1	32.2	32.2	33.8	34.8
	PHP of CA	30.3	23.8	32.5	43.5	35.4	37.7
CP	Anthem BC*	36.6	37.2	38.3	39.0	39.1	42.5
	Health Net*	25.1	24.7	31.1	29.1	34.9	36.1
	Molina	39.1	45.3	43.1	40.7	44.2	48.8
GMCN	Anthem BC	27.1	29.6	38.2	30.1	36.3	36.6
	Care1st	—	—	—	—	43.7	—
	Health Net	29.3	31.8	32.1	30.7	39.0	46.6
	Kaiser (N)	23.6	24.4	24.7	24.5	25.5	26.0
	Molina	34.4	39.5	45.6	46.3	50.2	53.2
	WHA	21.4	37.2	31.1	38.2	30.9	32.4
GMCS	Anthem BC	25.5	29.2	26.9	27.1	29.9	22.0
	Care1st	—	—	—	—	—	40.6
	CHG	32.6	31.9	29.7	24.6	36.5	36.0
	Health Net	24.9	24.1	23.8	27.5	29.2	41.7
	Kaiser (S)	25.0	23.6	24.4	24.4	19.5	28.0
	Molina (S)	—	—	—	—	49.1	46.6
	Sharp	21.2	30.7	—	—	—	—
	UCSD	19.2	—	—	—	—	—
LI	AAH	40.0	37.5	45.5	44.8	40.6	45.3
	Anthem BC (Stanislaus)	21.1	18.1	29.4	29.6	23.8	32.2
	Anthem BC (Tulare)	25.7	27.8	29.6	34.5	31.9	40.0
	CCHP	22.5	31.1	33.8	34.3	37.0	38.9
	HPSJ	31.1	38.0	38.4	34.8	40.1	44.8
	IEHP	36.3	44.0	52.2	59.3	38.1	38.4
	KFHC	26.3	25.5	37.2	35.5	35.8	37.2
	L.A. Care	16.1	37.8	36.7	37.0	31.6	37.0
	SFHP	29.4	38.4	45.1	49.1	46.5	52.8
SCFHP	33.8	33.6	33.1	35.0	35.0	39.4	
Medi-Cal Managed Care Straight Average**		28.1	31.9	35.1	36.3	37.0	39.8

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 56. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection – COHS

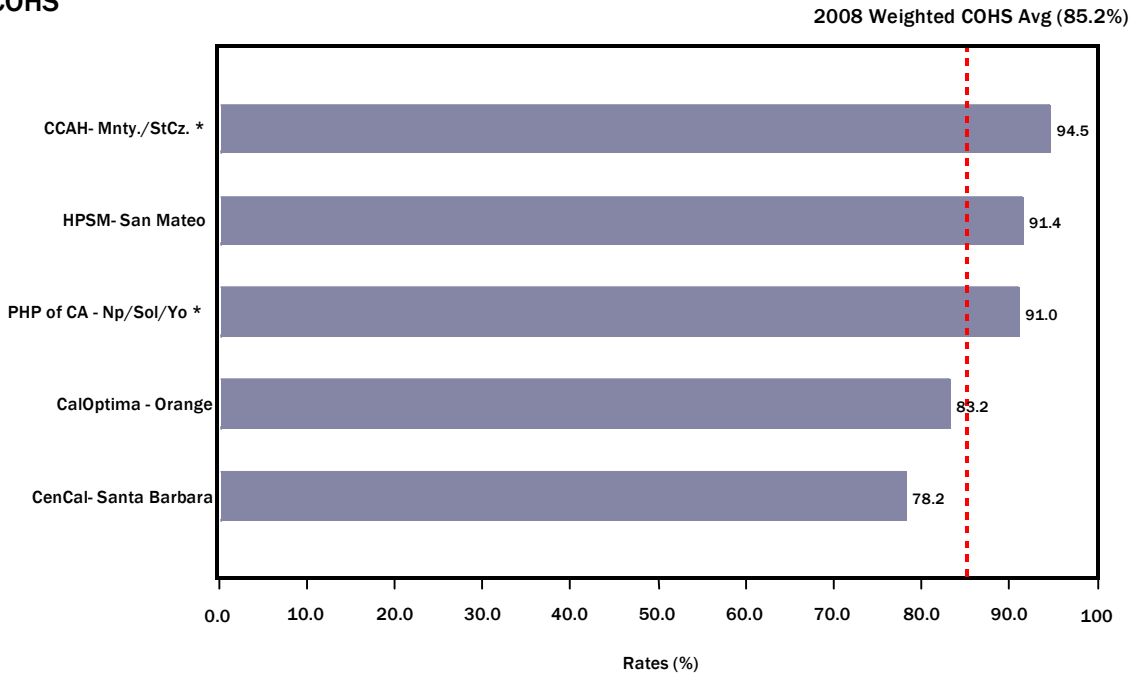
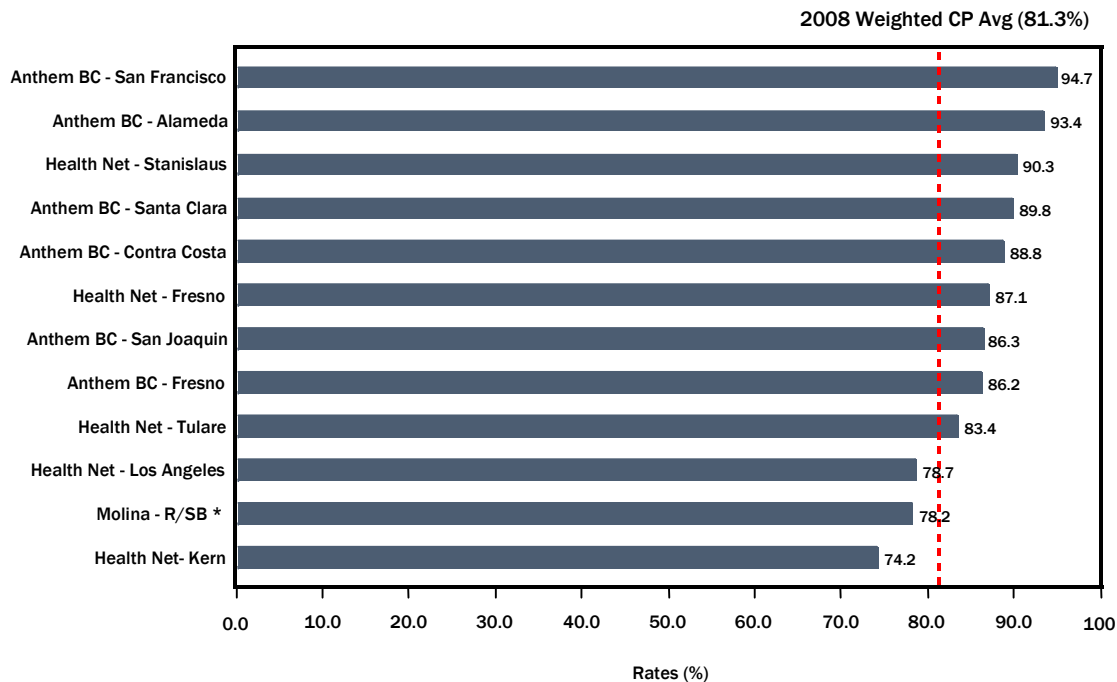


Figure 57. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 58. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection – GMC - N

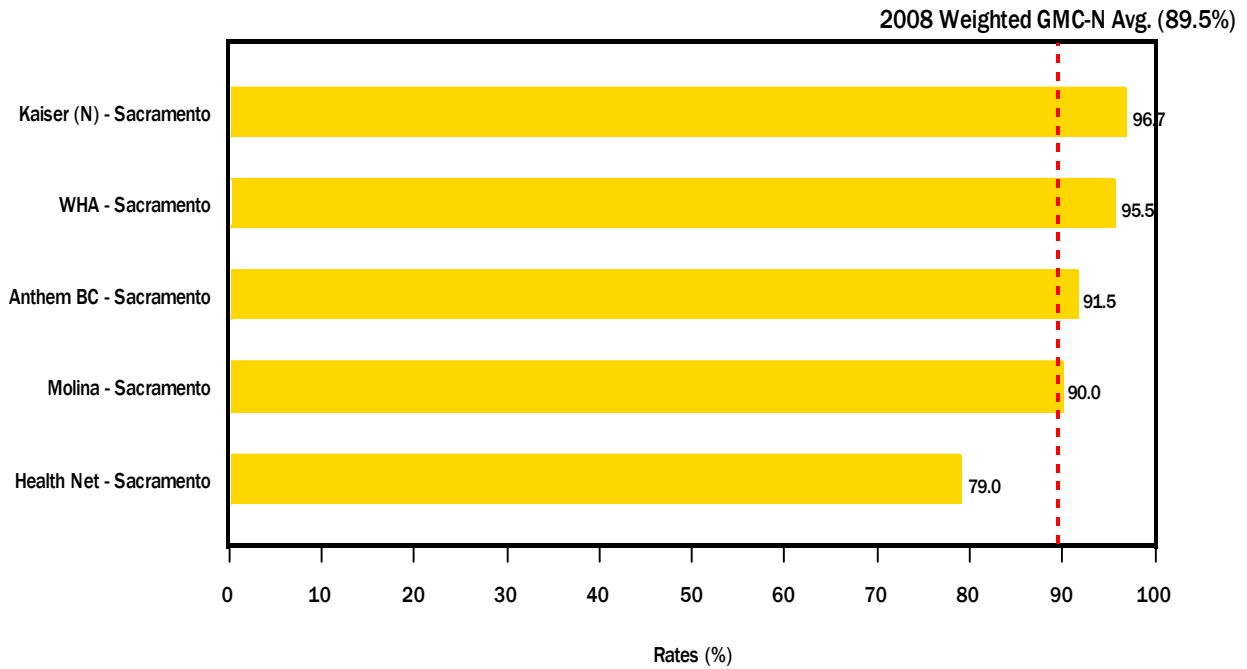


Figure 59. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection – GMC - S

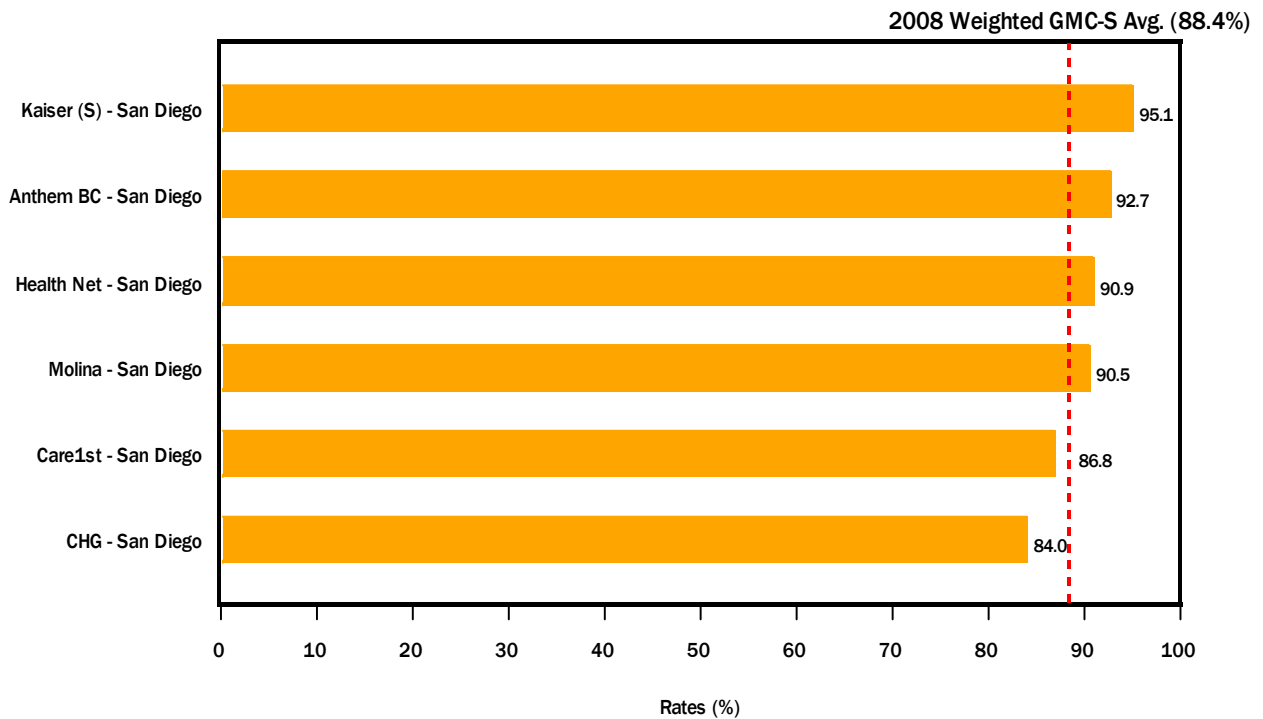
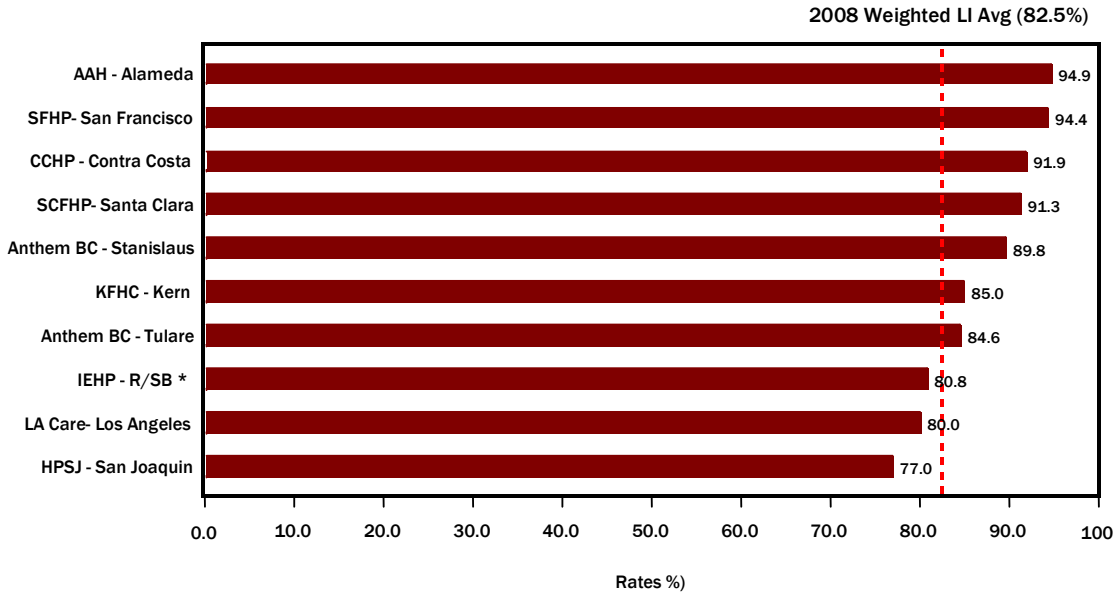
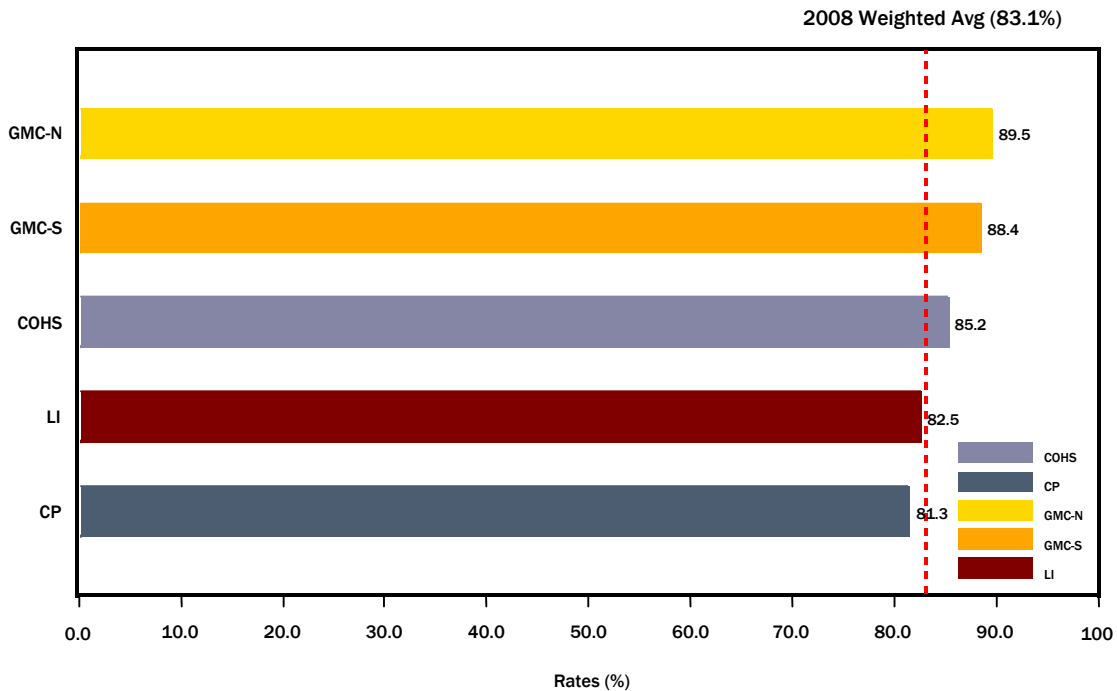


Figure 60. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 61. HEDIS 2008 Appropriate Treatment for Children With Upper Respiratory Infection - Model Type Comparison of Weighted Averages



The model type weighted averages ranged from 81.3 percent to 89.5 percent. The Medi-Cal Managed Care straight average for 2008 is 87.8 percent. Three plans have rates exceeding 95 percent.

Table 31 presents the trends for Appropriate Treatment for Children With Upper Respiratory Infection. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):



Table 31. Trends for Appropriate Treatment for Children With Upper Respiratory Infection

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	79.4	79.7	83.2
	CCAH	91.1	91.8	94.5
	CenCal	75.0	71.5	78.2
	HPSM	91.3	90.2	91.4
	PHP of CA	89.1	88.4	91.0
CP	Anthem BC*	87.6	88.1	88.0
	Health Net*	81.5	73.7	79.3
	Molina	74.1	70.9	78.2
GMCN	Anthem BC	90.9	90.7	91.5
	Care1st	—	83.7	—
	Health Net	86.0	73.6	79.0
	Kaiser (N)	96.8	96.4	96.7
	Molina	86.4	88.2	90.0
	WHA	92.6	92.8	95.5
GMCS	Anthem BC	90.8	85.8	92.7
	Care1st	—	—	86.8
	CHG	84.4	82.7	84.0
	Health Net	90.7	84.6	90.9
	Kaiser (S)	90.4	92.0	95.1
	Molina (S)	—	87.9	90.5
LI	AAH	93.8	93.6	94.9
	Anthem BC (Stanislaus)	85.5	82.8	89.8
	Anthem BC (Tulare)	80.2	75.1	84.6
	CCHP	92.2	91.8	91.9
	HPSJ	75.8	78.4	77.0
	IEHP	58.7	73.0	80.8
	KFHC	79.8	76.7	85.0
	L.A. Care	76.3	78.3	80.0
	SFHP	95.5	92.6	94.4
	SCFHP	89.7	89.8	91.3
Medi-Cal Managed Care Straight Average**		85.4	84.3	87.8

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 62. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care – COHS

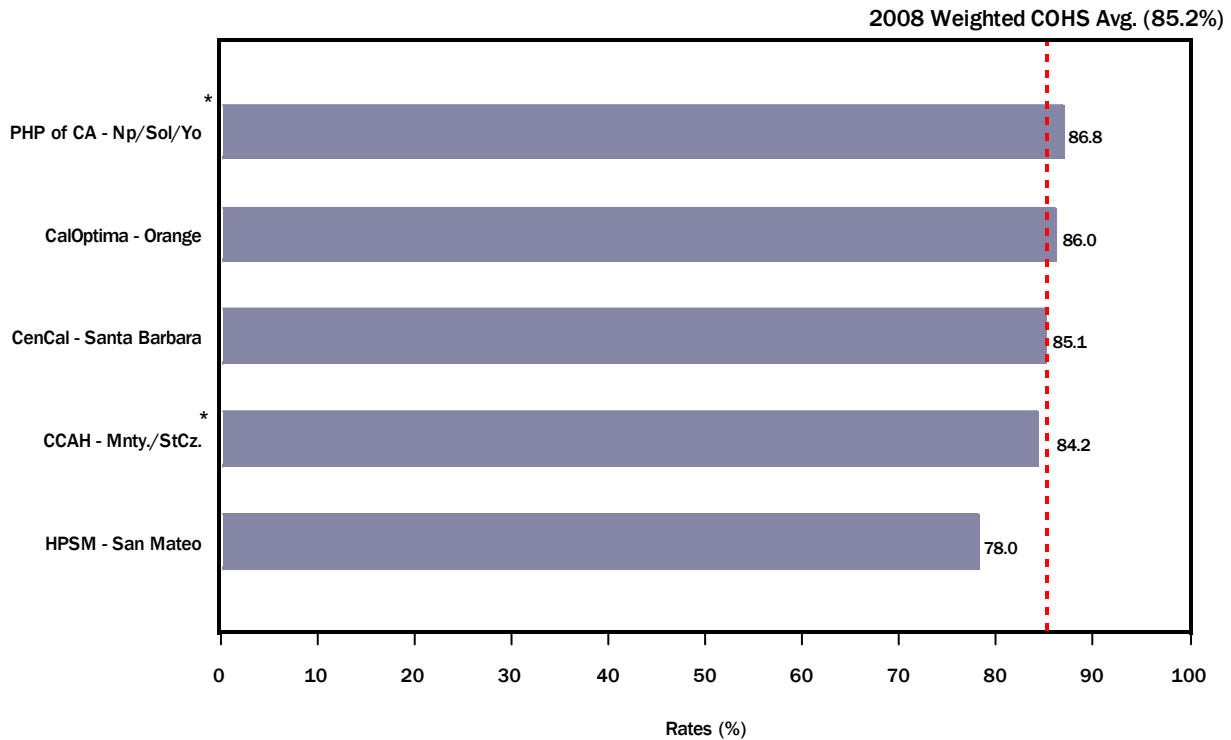
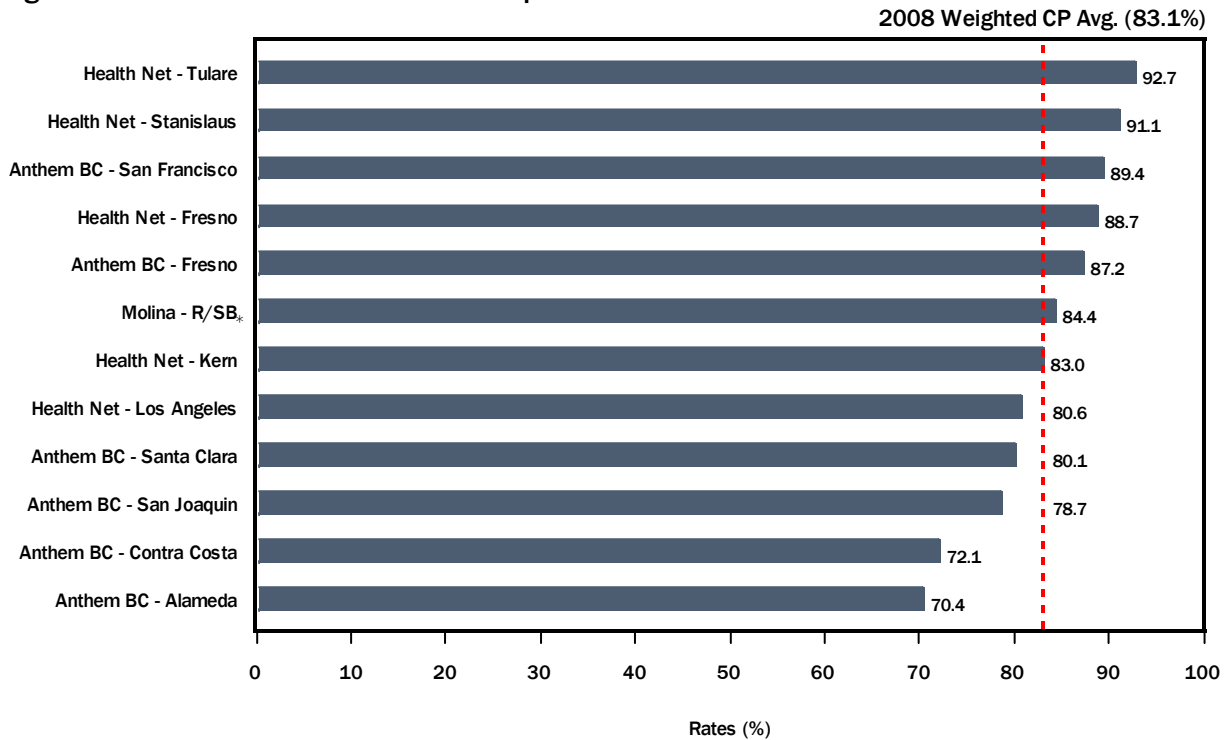


Figure 63. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 64. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care – GMC - N

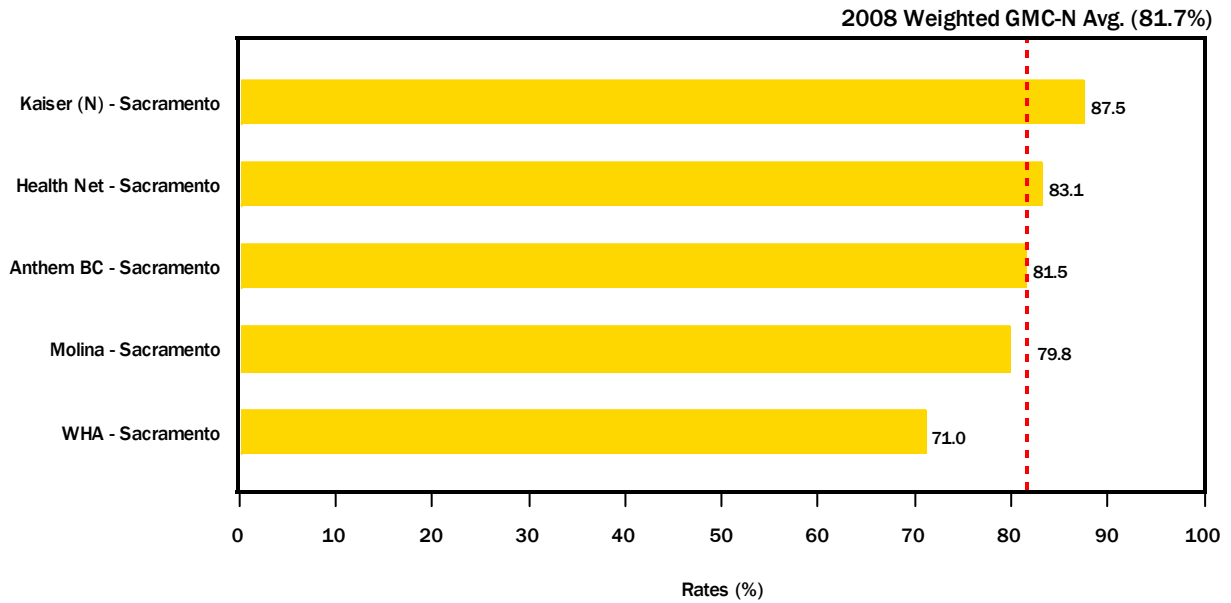


Figure 65. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care - GMC - S

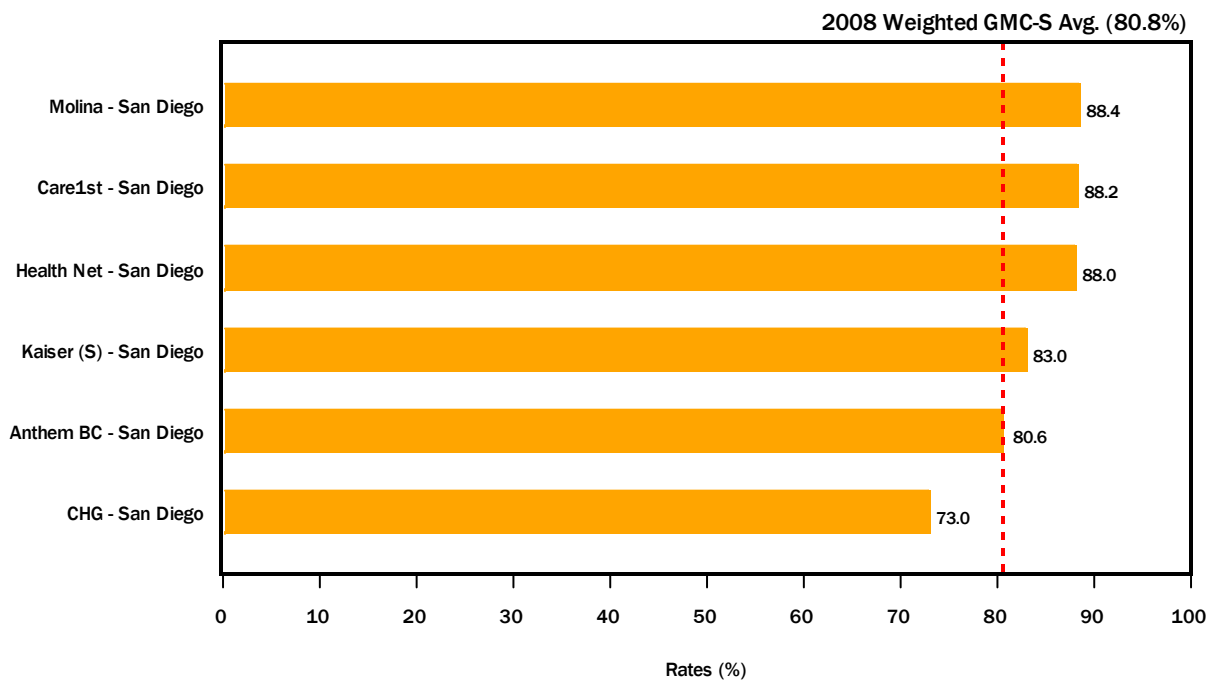
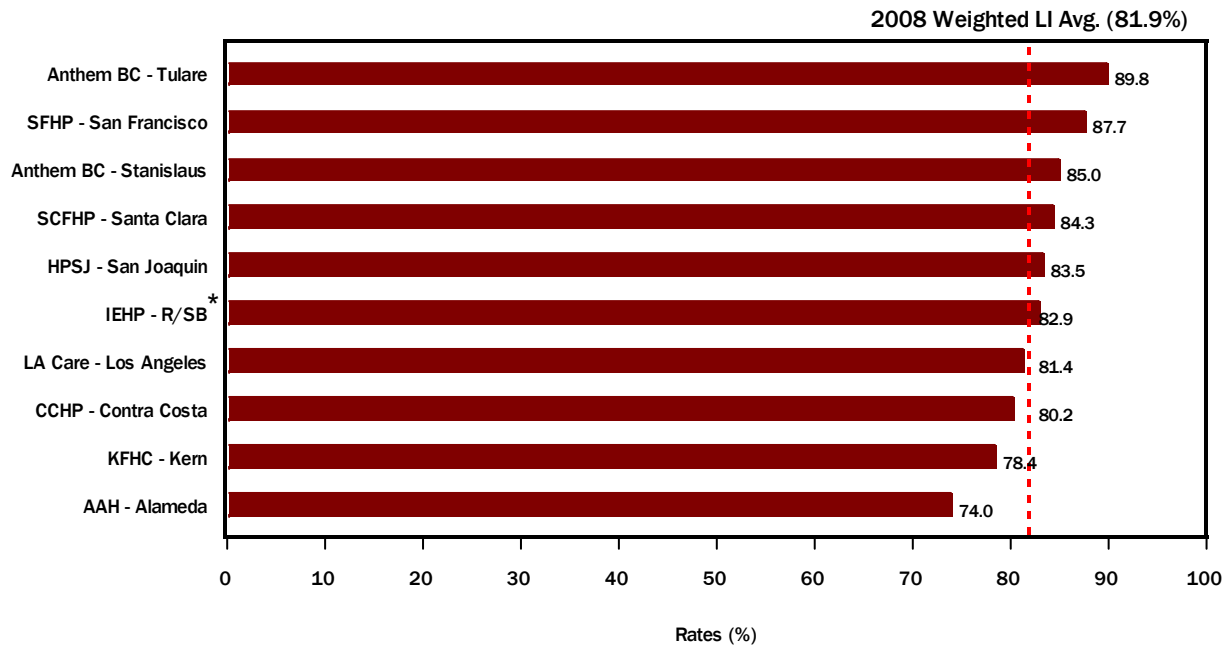
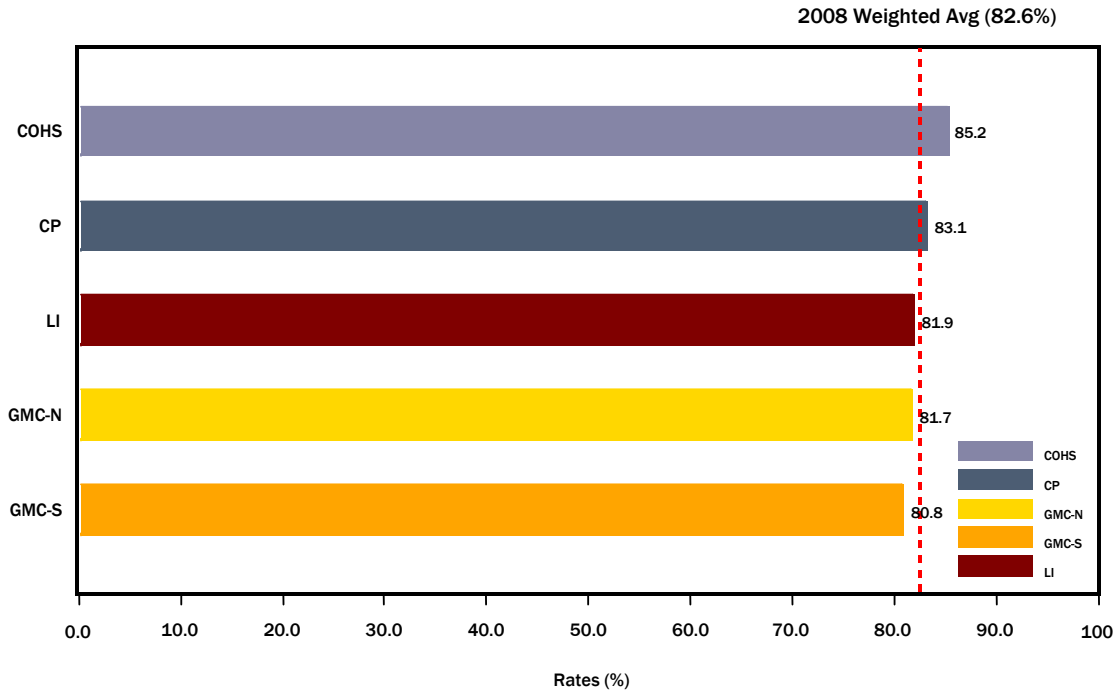


Figure 66. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 67. HEDIS 2008 Prenatal and Postpartum Care — Timeliness of Prenatal Care - Model Type Comparison of Weighted Averages



Model type weighted averages ranged from 80.8 percent to 85.2 percent. The 2008 Medi-Cal Managed Care straight average (82.8 percent) is 3.2 percentage points higher than 2007. Nineteen plans have higher rates for 2008 than 2007. LA Care rate between 2007 and 2008 improved 9.4 percentage points from 72.0 percent to 81.4 percent. Anthem Blue Cross Tulare is the highest with 89.8 percent. Three plans in GMC-South have rates at 88.0 percent or higher.

Table 32 presents the trends for Prenatal and Postpartum Care - Timeliness of Prenatal Care. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

 → 2 or more SDs above the average
 → 2 or more SDs below the average

Table 32. Trends for Prenatal and Postpartum Care - Timeliness of Prenatal Care

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	81.4	73.1	83.3	85.2	79.8	86.0
	CCAH	78.8	88.1	88.1	88.8	86.4	84.2
	CenCal	88.2	89.8	83.5	83.4	84.5	85.1
	HPSM	72.4	70.7	71.1	74.7	70.6	78.0
	PHP of CA	74.8	81.0	88.7	88.1	84.6	86.8
CP	Anthem BC*	80.8	83.2	82.6	84.0	79.9	83.9
	Health Net*	55.3	66.5	75.7	78.3	82.1	82.3
	Molina	67.5	72.0	75.5	77.4	82.6	84.4
GMCN	Anthem BC	81.3	76.6	80.9	81.9	77.0	81.5
	Care1st	—	—	—	—	46.7	—
	Health Net	63.9	77.1	77.3	78.5	82.4	83.1
	Kaiser (N)	73.0	76.8	76.7	78.3	84.0	87.5
	Molina	64.5	71.8	71.5	70.2	75.1	79.8
	WHA	57.4	61.0	67.7	66.7	—	71.0
GMCS	Anthem BC	84.3	81.6	82.1	84.1	83.0	80.6
	Care1st	—	—	—	—	—	88.2
	CHG	67.6	77.6	72.0	77.4	75.9	73.0
	Health Net	47.2	77.0	83.6	85.0	83.6	88.0
	Kaiser (S)	84.3	80.0	85.2	80.7	75.9	83.0
	Molina (S)	—	—	—	—	89.6	88.4
	Sharp	61.6	78.2	—	—	—	—
	UCSD	74.2	—	—	—	—	—
LI	AAH	72.0	72.0	80.9	82.8	—	74.0
	Anthem BC (Stanislaus)	81.7	80.5	82.3	87.0	80.7	85.0
	Anthem BC (Tulare)	85.2	83.8	79.9	86.3	81.4	89.8
	CCHP	83.7	80.3	79.6	78.1	82.3	80.2
	HPSJ	75.9	69.0	79.3	79.8	78.3	83.5
	IEHP	71.1	81.0	85.9	87.3	84.2	82.9
	KFHC	71.5	80.5	77.0	77.4	79.3	78.4
	L.A. Care	69.9	73.5	73.9	70.7	72.0	81.4
	SFHP	73.0	76.9	84.2	88.6	86.3	87.7
	SCFHP	80.8	81.6	80.0	82.4	79.9	84.3
Medi-Cal Managed Care Straight Average**		73.0	77.3	79.6	80.9	79.6	82.8

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 68. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - COHS

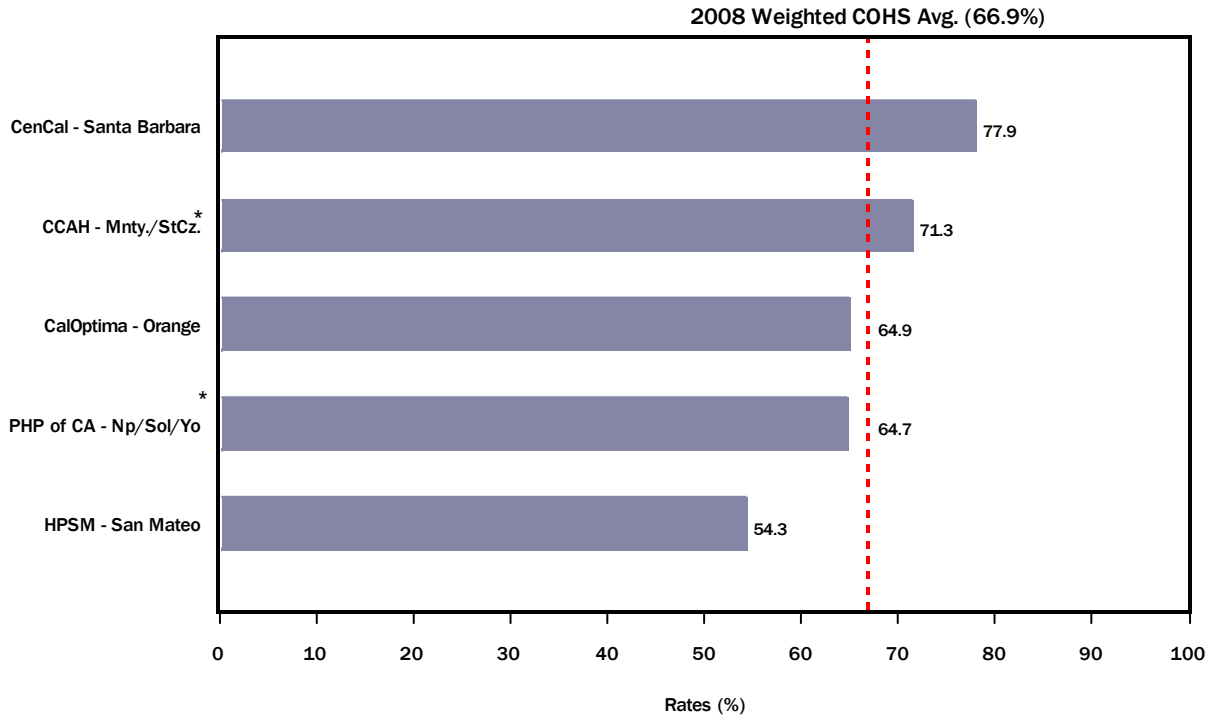
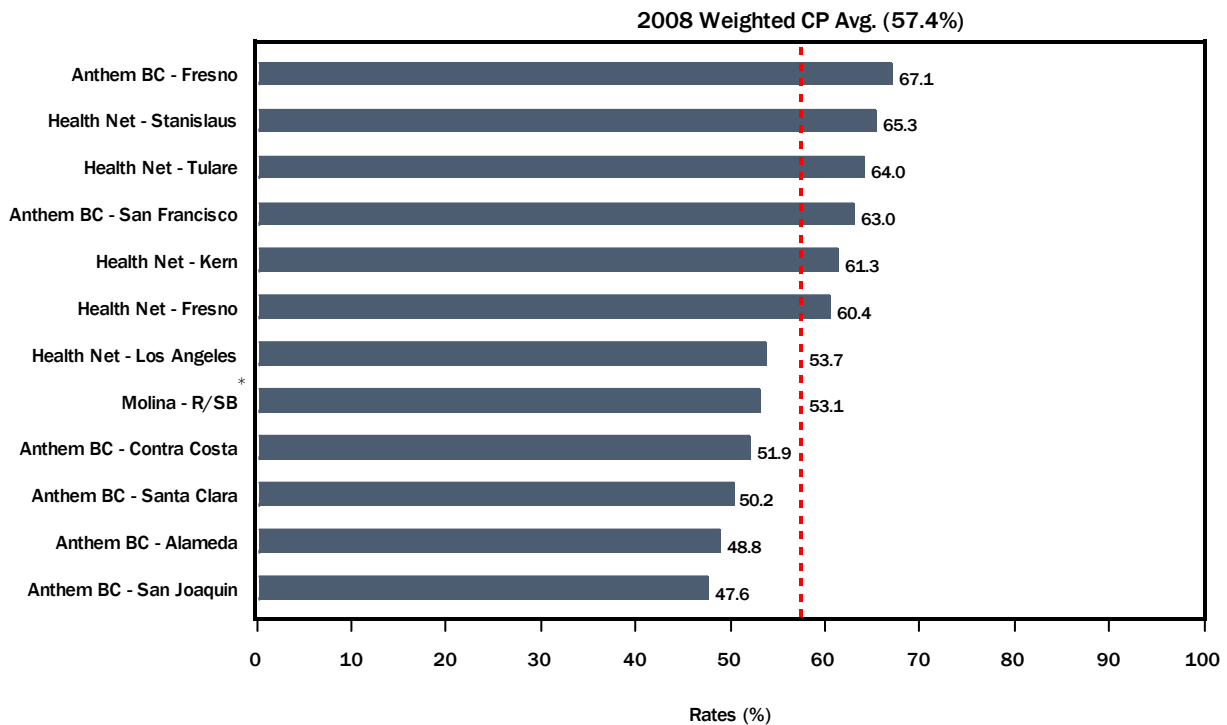


Figure 69. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 70. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - GMC - N

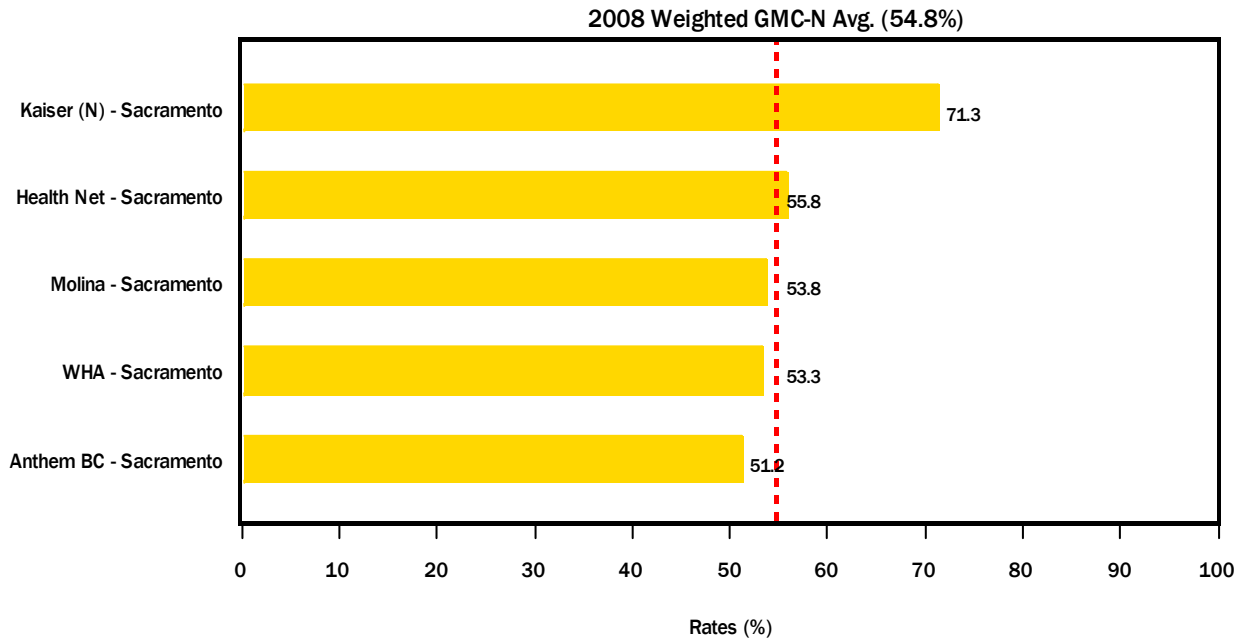


Figure 71. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - GMC - S

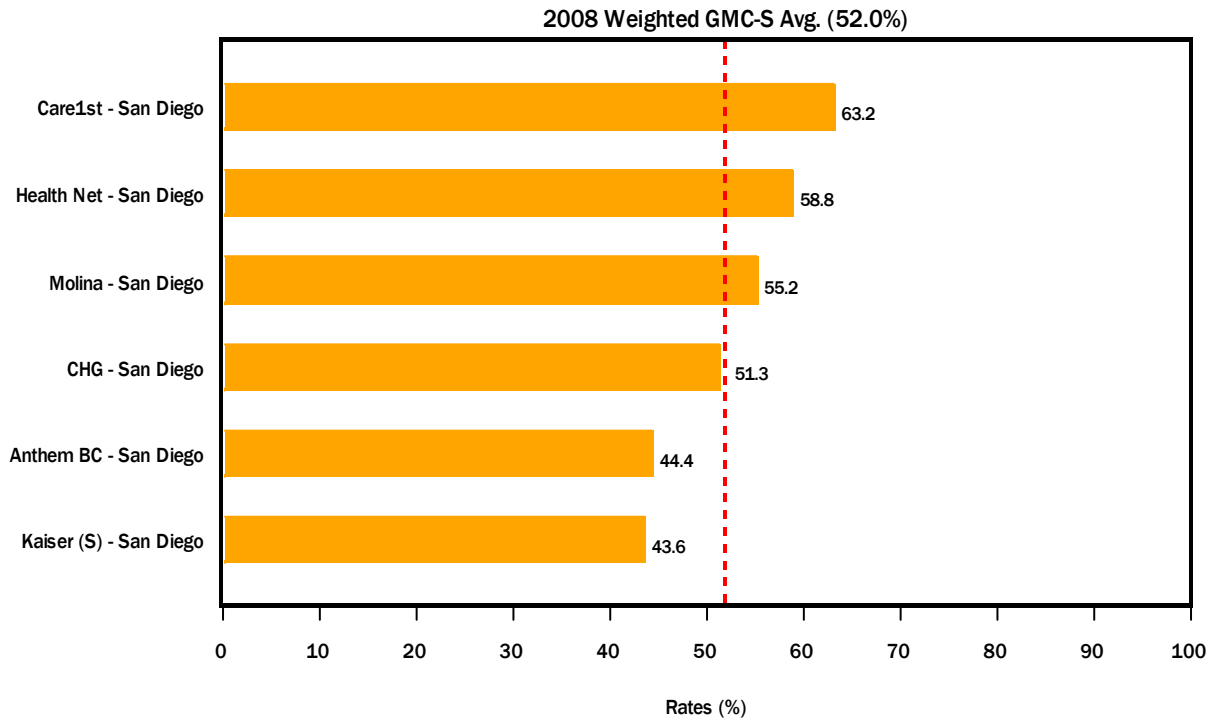
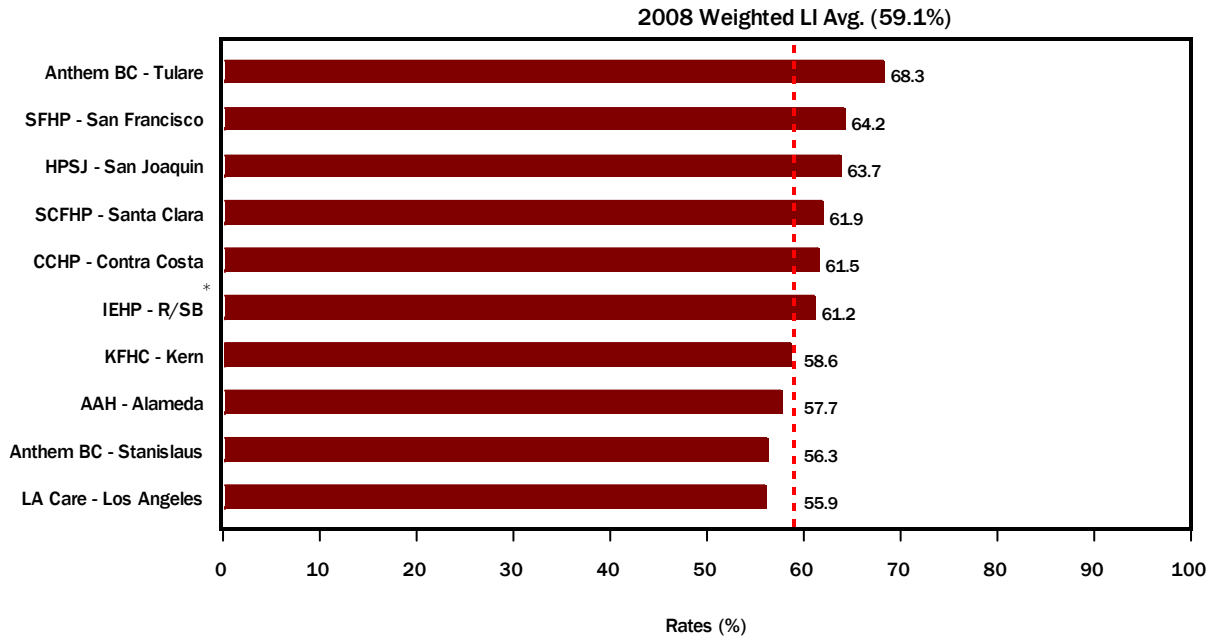
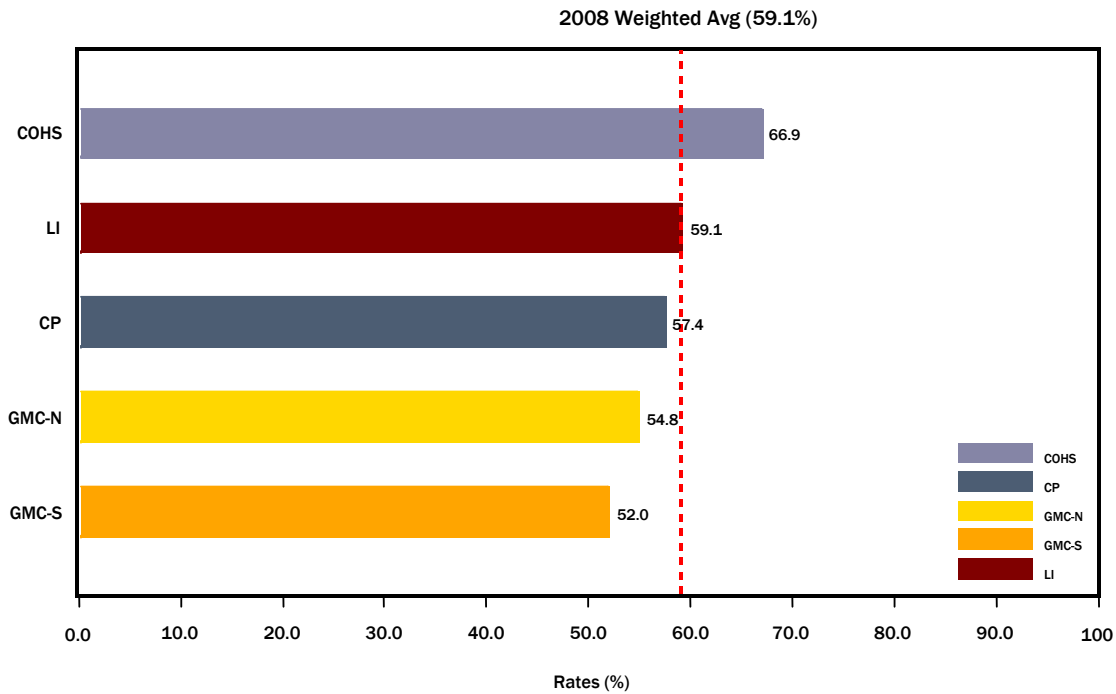


Figure 72. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 73. HEDIS 2008 Prenatal and Postpartum Care — Postpartum Care - Model Type Comparison of Weighted Averages



The range of model type weighted averages range from 52.0 percent to 66.9 percent. With the exception of a decrease in 2006, the Medi-Cal Managed Care straight average has steadily increased from 52.9 percent in 2002 to 59.1 percent in 2008. Three plans exceed 70 percent including CenCal whose rate of 77.9 percent is 2 standard deviations above the Medi-Cal Managed Care straight average. The Kaiser GMC-South rate of 43.6 percent is lowest at two standard deviations below the Medi-Cal Managed Care straight average.

Table 33 presents the trends for Prenatal and Postpartum Care - Postpartum Care. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

 → 2 or more SDs above the average
 → 2 or more SDs below the average

Table 33. Trends for Prenatal and Postpartum Care - Postpartum Care

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	63.3	63.8	62.3	65.6	59.8	64.9
	CCAH	58.4	66.7	69.8	73.2	72.0	71.3
	CenCal	76.7	78.4	73.9	74.9	73.5	77.9
	HPSM	64.9	55.7	55.4	54.3	55.0	54.3
	PHP of CA	62.2	64.3	69.5	63.5	64.3	64.7
CP	Anthem BC*	60.0	58.3	59.1	57.2	55.2	61.4
	Health Net*	36.4	50.4	51.0	57.6	57.6	55.6
	Molina	34.4	51.9	50.8	48.4	56.3	53.1
GMCN	Anthem BC	57.9	55.3	56.7	51.6	59.5	51.2
	Care1st	—	—	—	—	51.1	—
	Health Net	47.8	53.8	53.9	51.3	58.1	55.8
	Kaiser (N)	59.3	59.1	55.4	60.6	64.3	71.3
	Molina	39.2	43.8	47.6	47.9	48.8	53.8
	WHA	43.4	39.5	44.1	50.0	—	53.3
GMCS	Anthem BC	53.3	53.2	53.5	50.2	58.9	44.4
	Care1st	—	—	—	—	—	63.2
	CHG	46.0	50.6	44.3	44.8	49.6	51.3
	Health Net	28.3	52.1	63.8	58.2	54.5	58.8
	Kaiser (S)	57.4	53.9	60.6	52.6	45.4	43.6
	Molina (S)	—	—	—	—	56.8	55.2
	Sharp	56.1	58.2	—	—	—	—
	UCSD	53.0	—	—	—	—	—
	Universal	41.5	45.4	—	—	—	—
LI	AAH	59.3	55.7	61.3	61.9	61.9	57.7
	Anthem BC (Stanislaus)	50.9	54.1	57.6	51.6	57.9	56.3
	Anthem BC (Tulare)	63.2	63.7	62.7	64.6	63.0	68.3
	CCHP	48.0	50.9	53.0	55.1	56.3	61.5
	HPSJ	52.5	60.2	57.2	56.9	57.2	63.7
	IEHP	57.8	58.4	65.7	66.0	60.0	61.2
	KFHC	56.0	56.8	64.6	61.6	63.8	58.6
	L.A. Care	45.8	49.6	52.8	48.7	50.2	55.9
	SFHP	56.1	49.9	58.5	64.3	55.9	64.2
	SCFHP	56.6	58.4	62.4	59.9	58.3	61.9
Medi-Cal Managed Care Straight Average**		52.9	55.6	58.1	57.5	58.0	59.1

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 74. HEDIS 2008 Cervical Cancer Screening – COHS

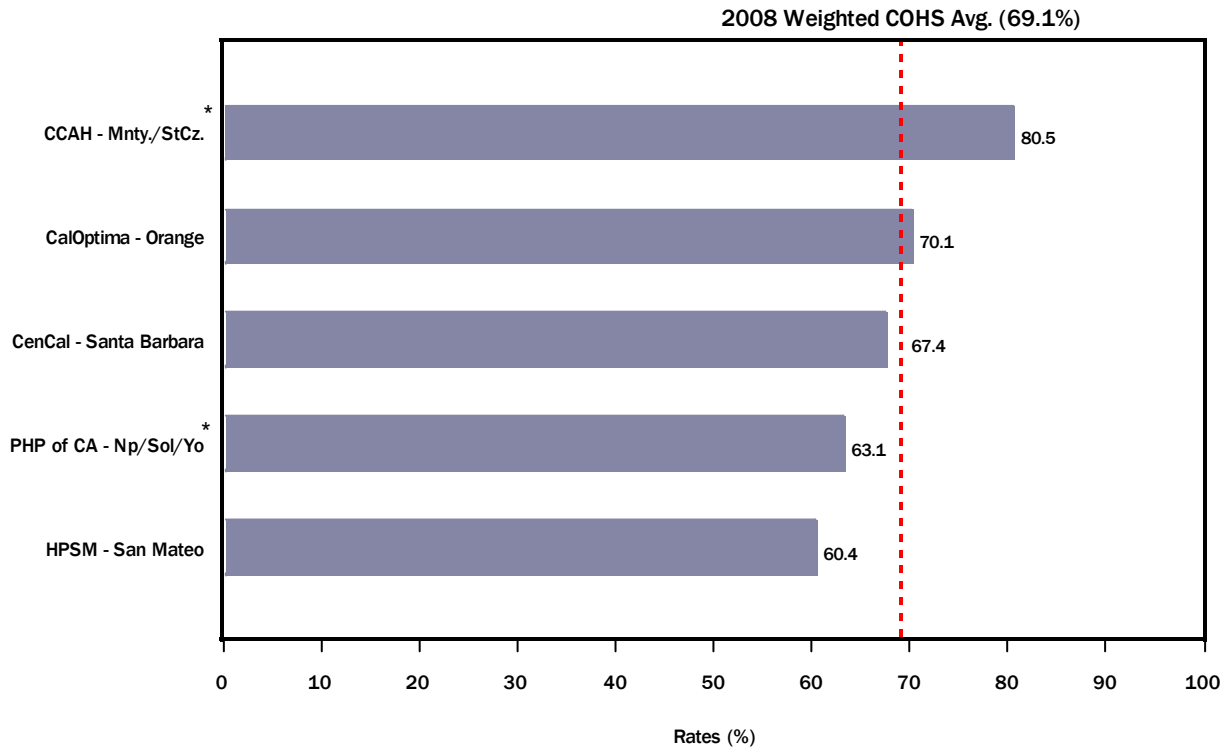
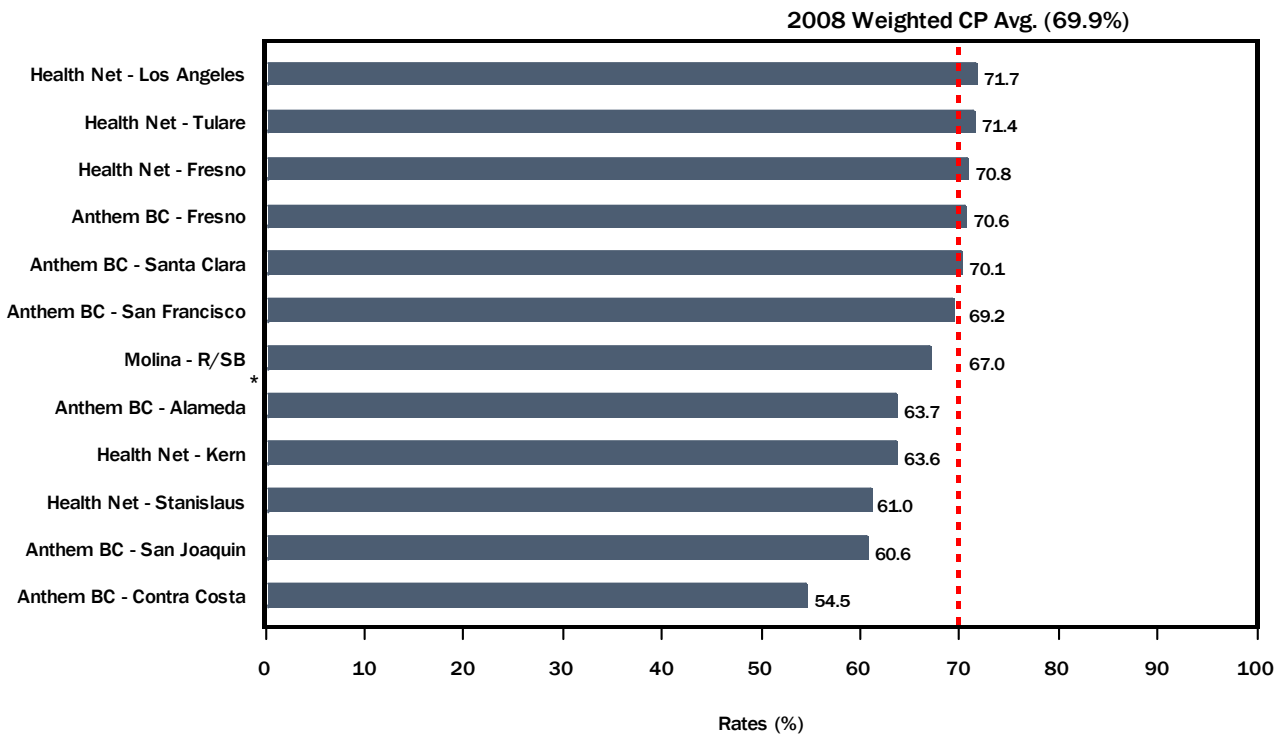


Figure 75. HEDIS 2008 Cervical Cancer Screening - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 76. HEDIS 2008 Cervical Cancer Screening – GMC - N

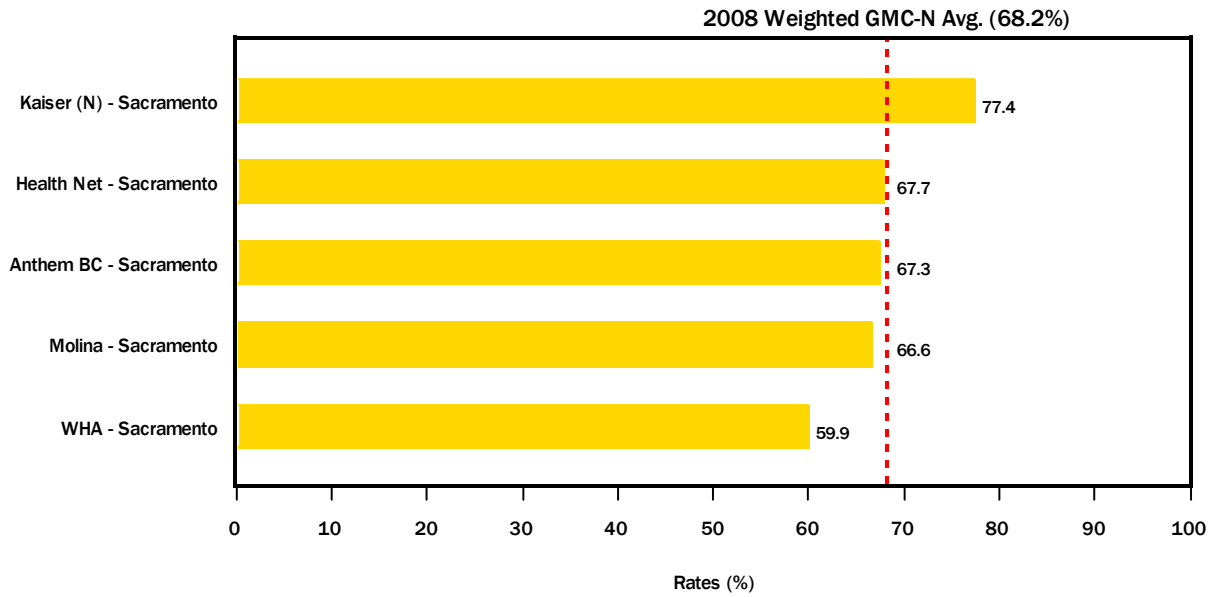


Figure 77. HEDIS 2008 Cervical Cancer Screening – GMC - S

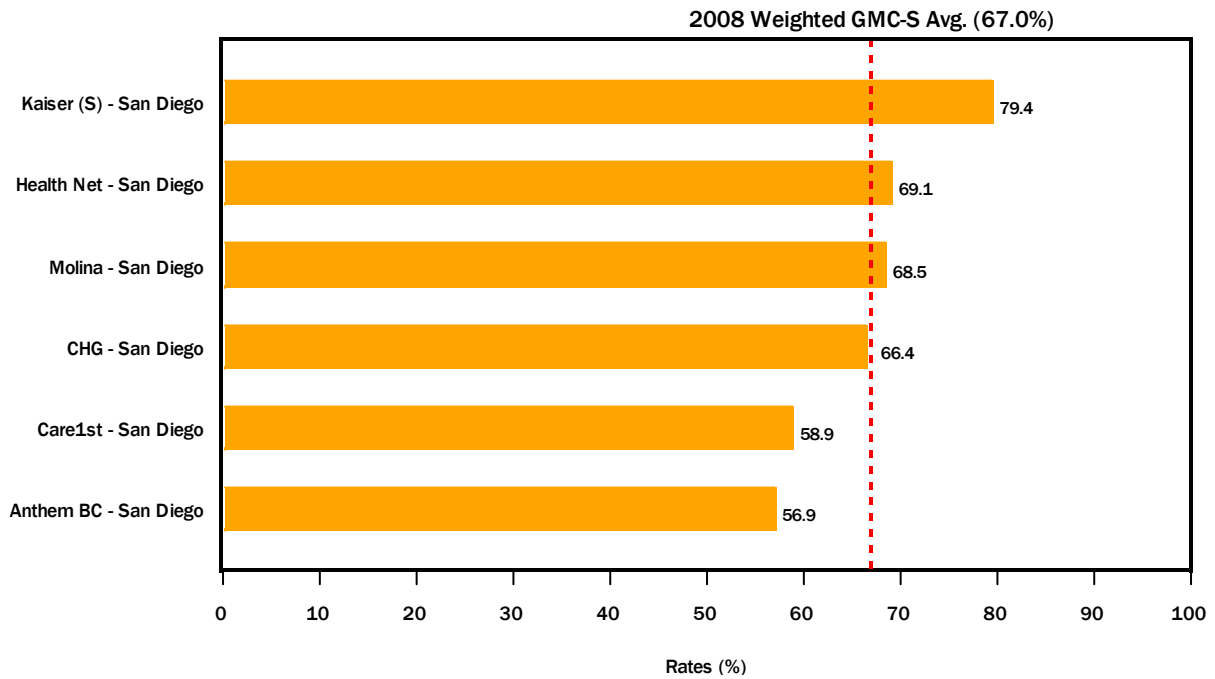
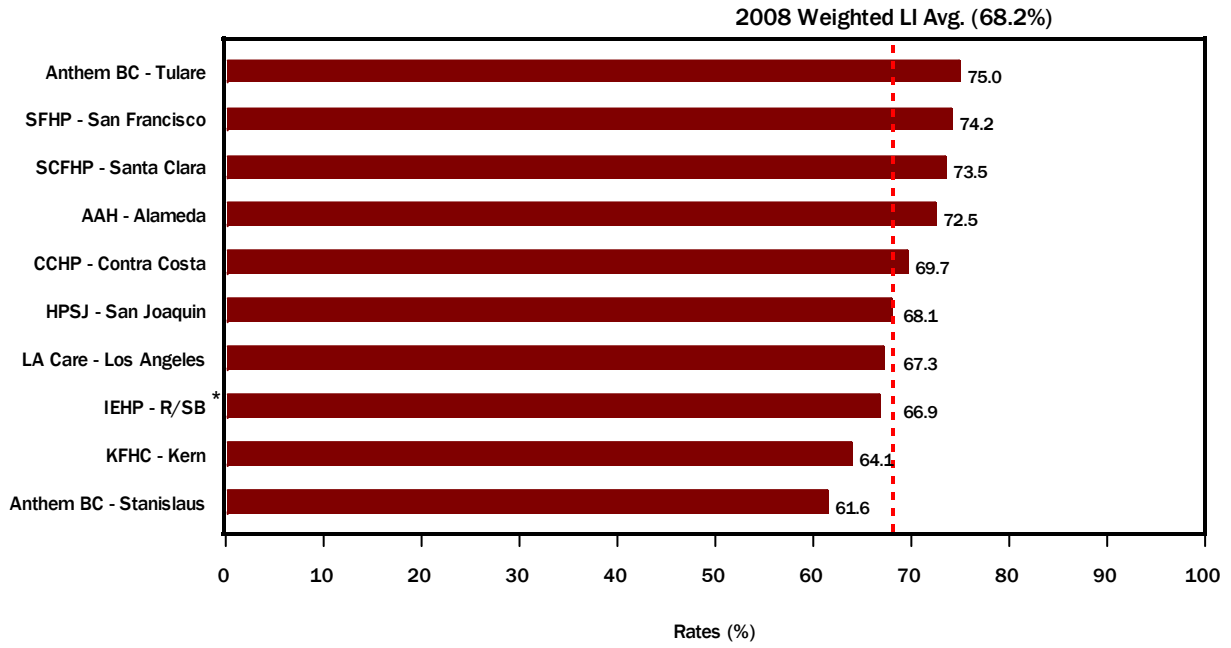
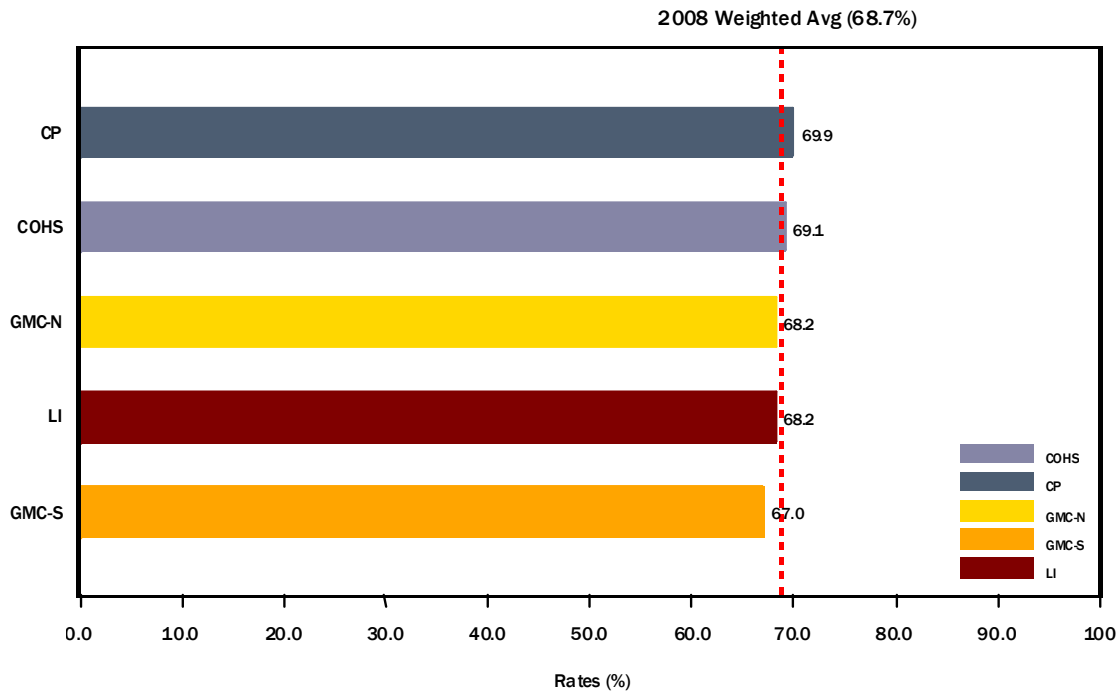


Figure 78. HEDIS 2008 Cervical Cancer Screening - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 79. HEDIS 2008 Cervical Cancer Screening - Model Type Comparison of Weighted Averages



The model type weighted averages range from 67.0 percent to 69.9 percent. The Medi-Cal Managed Care straight average is 68.2 percent. Central Coast Alliance for Health has the highest rate with 80.5 percent. This rate is two standard deviations above the Medi-Cal Managed Care straight average.

Table 34 presents the trends for Appropriate Treatment for Cervical Cancer Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
 → 2 or more SDs below the average

Table 34. Trends for Cervical Cancer Screening

Model Type	Medi-Cal Managed Care Plans	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate†	HEDIS 2008 Rate
COHS	CalOptima	59.3	64.1	69.1	72.7	70.1
	CCAH	65.2	70.6	72.5	77.4	80.5
	CenCal	64.6	74.5	74.3	70.6	67.4
	HPSM	45.0	50.4	49.6	55.0	60.4
	PHP of CA	53.6	68.2	67.8	63.7	63.1
CP	Anthem BC*	69.5	72.2	69.4	67.6	68.3
	Health Net*	51.9	62.7	65.3	65.6	71.0
	Molina	60.9	62.9	60.1	58.9	67.0
GMCN	Anthem BC	69.0	68.7	69.4	62.2	67.3
	Care1st	—	—	—	42.2	—
	Health Net	36.1	49.2	51.8	57.7	67.7
	Kaiser (N)	74.2	75.8	74.8	76.8	77.4
	Molina	61.3	66.5	64.7	59.3	66.6
	WHA	58.2	68.1	63.0	58.4	59.9
GMCS	Anthem BC	66.1	66.7	66.1	63.9	56.9
	Care1st	—	—	—	—	58.9
	CHG	66.4	64.0	63.3	66.7	66.4
	Health Net	53.1	60.5	64.7	62.6	69.1
	Kaiser (S)	75.5	75.7	74.1	74.7	79.4
	Molina (S)	—	—	—	66.0	68.5
	Sharp	61.6	—	—	—	—
	UCSD	—	—	—	—	—
	Universal	56.1	—	—	—	—
LI	AAH	65.0	69.0	73.7	77.4	72.5
	Anthem BC (Stanislaus)	64.4	60.5	66.9	58.9	61.6
	Anthem BC (Tulare)	76.8	76.6	78.4	75.6	75.0
	CCHP	68.6	63.9	63.8	67.4	69.7
	HPSJ	44.9	61.9	62.6	62.6	68.1
	IEHP	71.1	69.7	74.5	65.5	66.9
	KFHC	57.3	57.7	60.2	63.1	64.1
	L.A. Care	60.2	65.6	68.5	70.4	67.3
	SFHP	61.0	60.3	74.5	77.2	74.2
	SCFHP	68.4	72.3	69.9	70.4	73.5
Medi-Cal Managed Care Straight Average**		61.6	65.9	67.2	65.9	68.2

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† Rates cannot be compared to benchmarks or results from previous years as the measure's technical specifications changed in the specified year.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 80. HEDIS 2008 Breast Cancer Screening – COHS

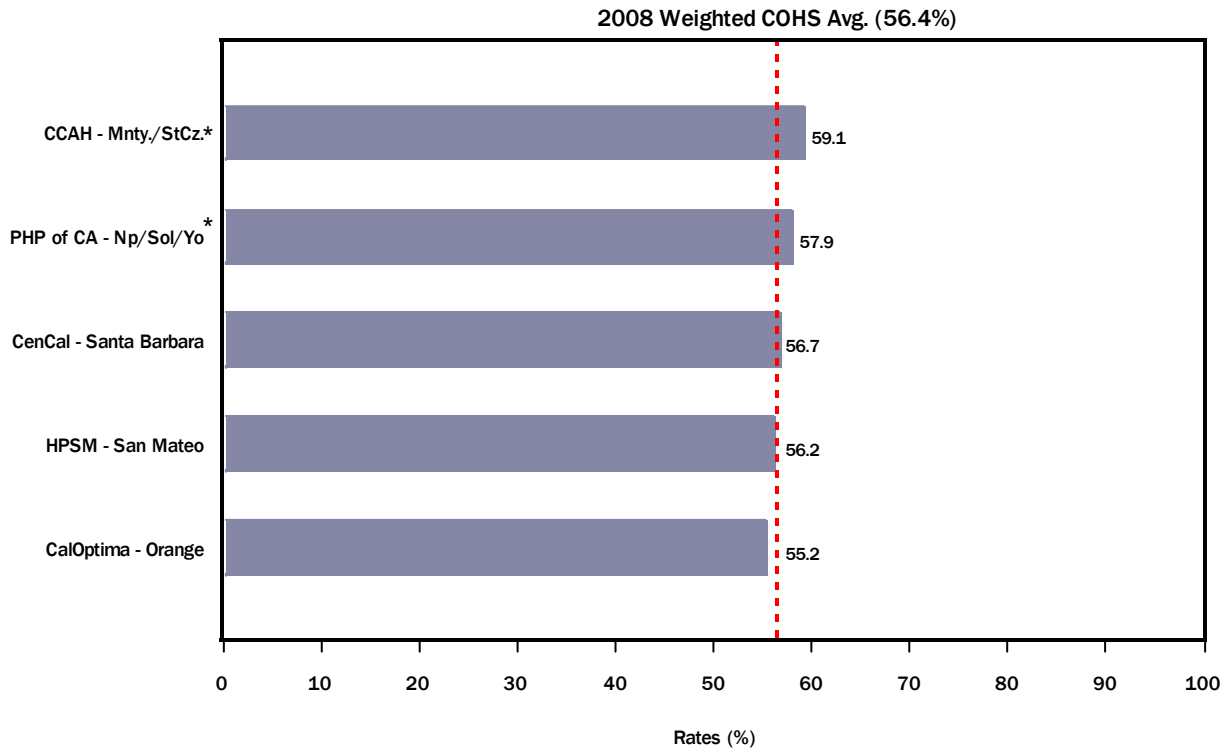
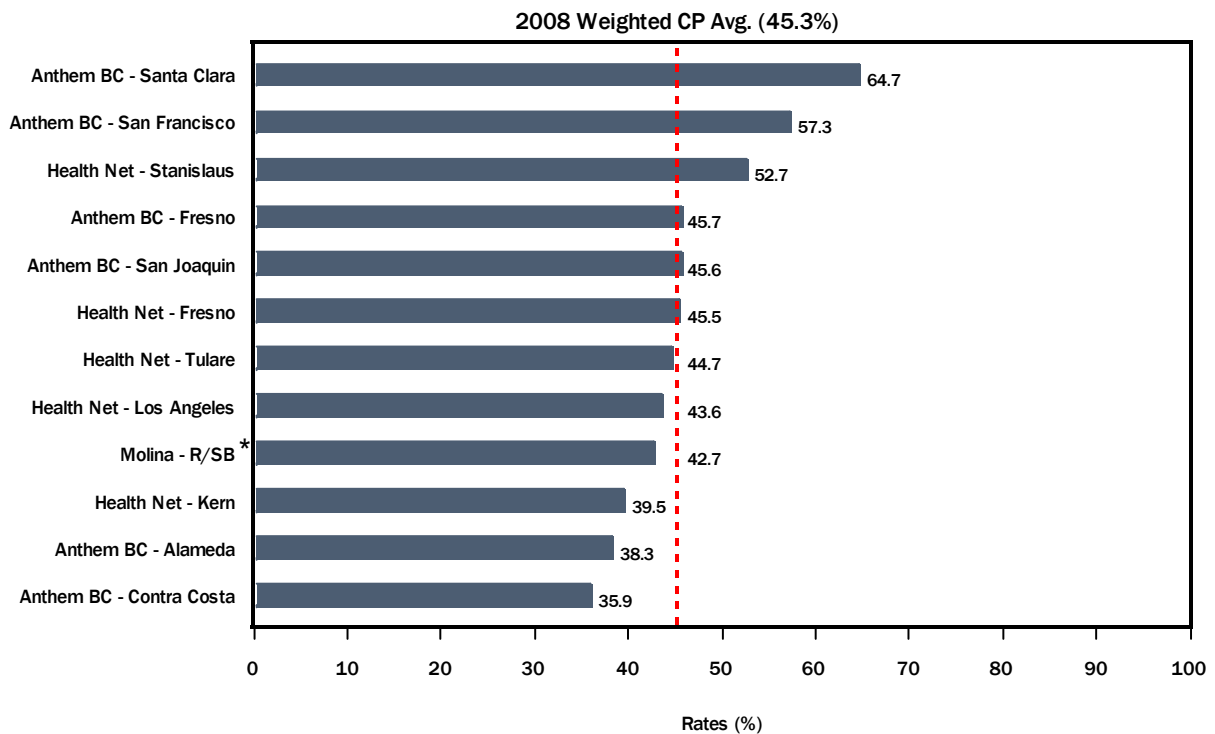


Figure 81. HEDIS 2008 Breast Cancer Screening - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 82. HEDIS 2008 Breast Cancer Screening – GMC - N

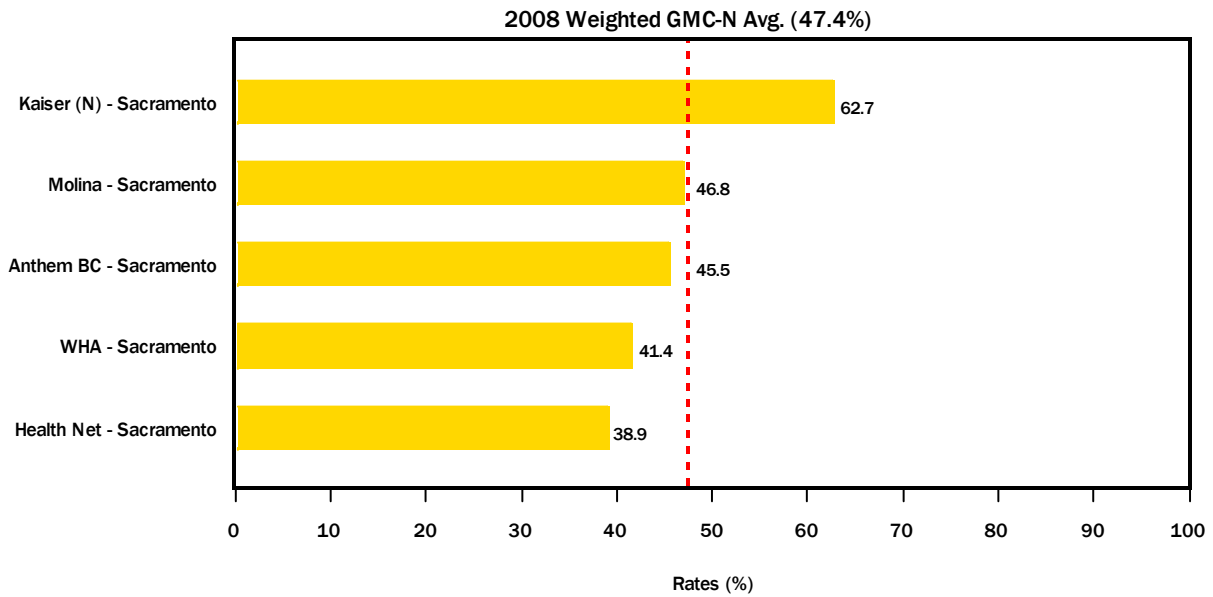
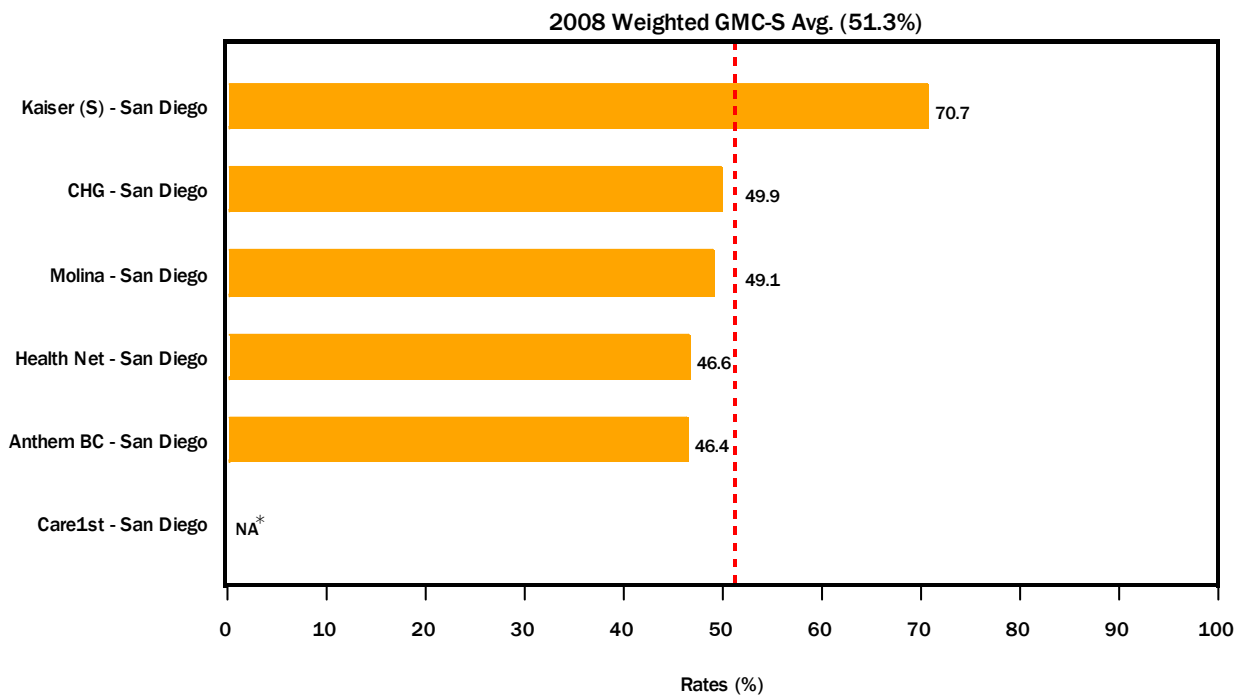
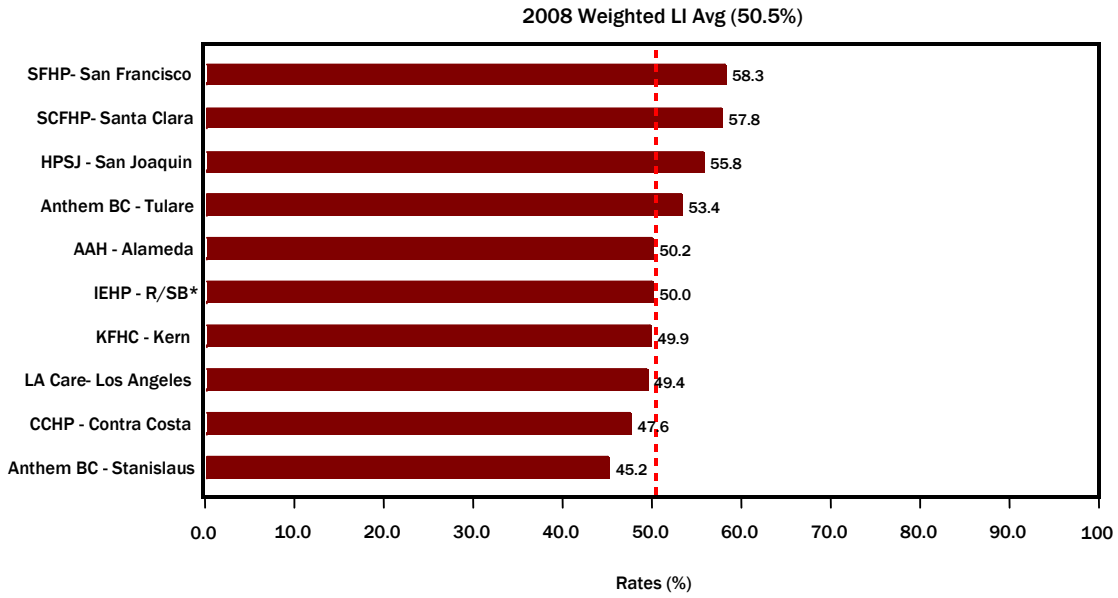


Figure 83. HEDIS 2008 Breast Cancer Screening – GMC - S



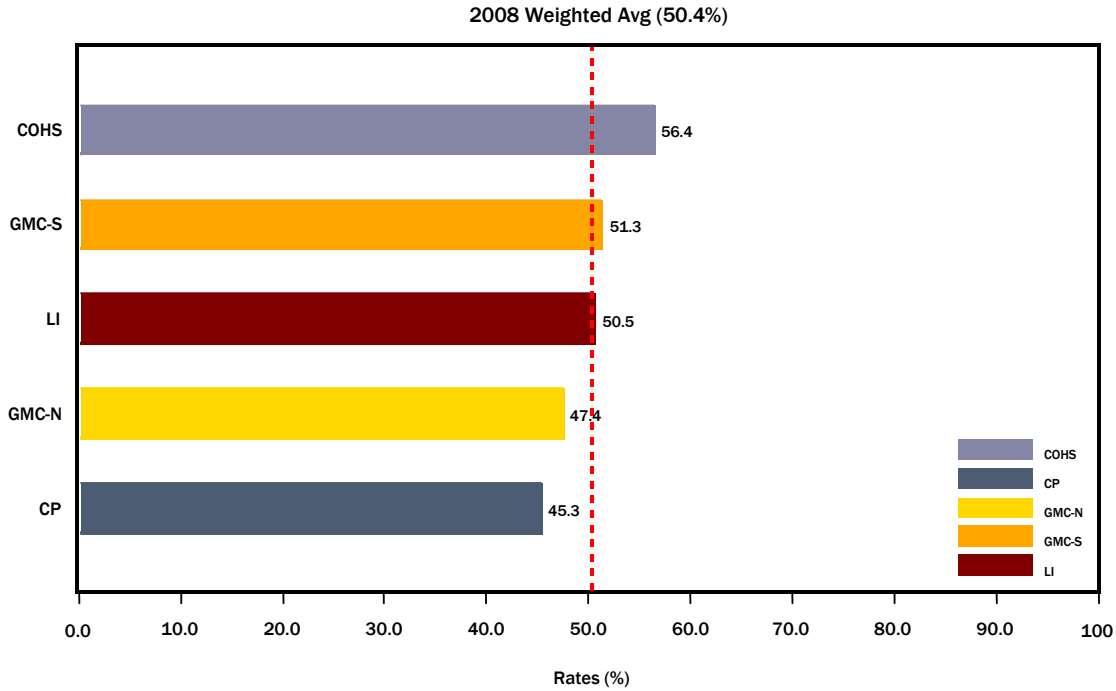
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 84. HEDIS 2008 Breast Cancer Screening - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 85. HEDIS 2008 Breast Cancer Screening - Model Type Comparison of Weighted Averages



The model type weighted averages range from 45.3 percent to 56.4 percent. The Medi-Cal Managed Care straight average is 51.3 percent. Kaiser GMC-South has the highest rate with 70.7 percent which is two standard deviations above the Medi-Cal Managed Care straight average. Twenty-two plans show an upward trend between 2007 and 2008.

Table 35 presents the trends for Breast Cancer Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
 → 2 or more SDs below the average

Table 35. Trends for Breast Cancer Screening

Model Type	Medi-Cal Managed Care Plans	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate†	HEDIS 2008 Rate
COHS	CalOptima	49.5	52.2	61.4	55.1	55.2
	CCAH	56.2	56.5	61.9	58.6	59.1
	CenCal	60.2	59.9	57.8	56.1	56.7
	HPSM	55.1	56.1	56.0	54.1	56.2
	PHP of CA	52.4	57.1	58.7	55.5	57.9
CP	Anthem BC*	57.8	54.9	54.7	50.2	49.2
	Health Net*	46.9	53.0	46.5	39.2	43.6
	Molina	58.5	58.8	46.3	41.4	42.7
GMCN	Anthem BC	51.7	49.3	46.3	43.7	45.5
	Health Net	52.0	58.9	53.8	44.4	38.9
	Kaiser (N)	63.9	59.1	66.6	62.1	62.7
	Molina	52.5	45.5	44.8	43.8	46.8
	WHA	56.0	61.3	59.2	46.6	41.4
GMCS	Anthem BC	52.6	56.6	53.7	46.9	46.4
	Care1st	—	—	—	—	NA***
	CHG	57.4	57.9	56.3	48.8	49.9
	Health Net	42.6	50.8	42.2	41.0	46.6
	Kaiser (S)	66.7	69.7	82.9	69.3	70.7
	Molina (S)	—	—	—	—	49.1
	Sharp	54.8	—	—	—	—
	Universal	43.4	—	—	—	—
LI	AAH	57.6	59.8	62.3	55.5	50.2
	Anthem BC (Stanislaus)	48.4	49.7	53.2	44.6	45.2
	Anthem BC (Tulare)	55.0	57.4	47.7	53.0	53.4
	CCHP	62.7	56.7	55.9	47.5	47.6
	HPSJ	43.2	43.3	44.9	52.9	55.8
	IEHP	52.0	51.4	52.1	49.0	50.0
	KFHC	47.4	47.4	49.7	49.7	49.9
	L.A. Care	54.1	56.3	51.9	45.5	49.4
	SFHP	68.8	68.3	68.1	57.7	58.3
	SCFHP	69.6	68.5	59.0	56.1	57.8
Medi-Cal Managed Care Straight Average**		54.8	56.2	55.3	50.7	51.3

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† Rates cannot be compared to benchmarks or results from previous years as the measure's technical specifications changed in the specified year.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 86. HEDIS 2008 Comprehensive Diabetes Care – Eye Exam (Retinal) Performed – COHS

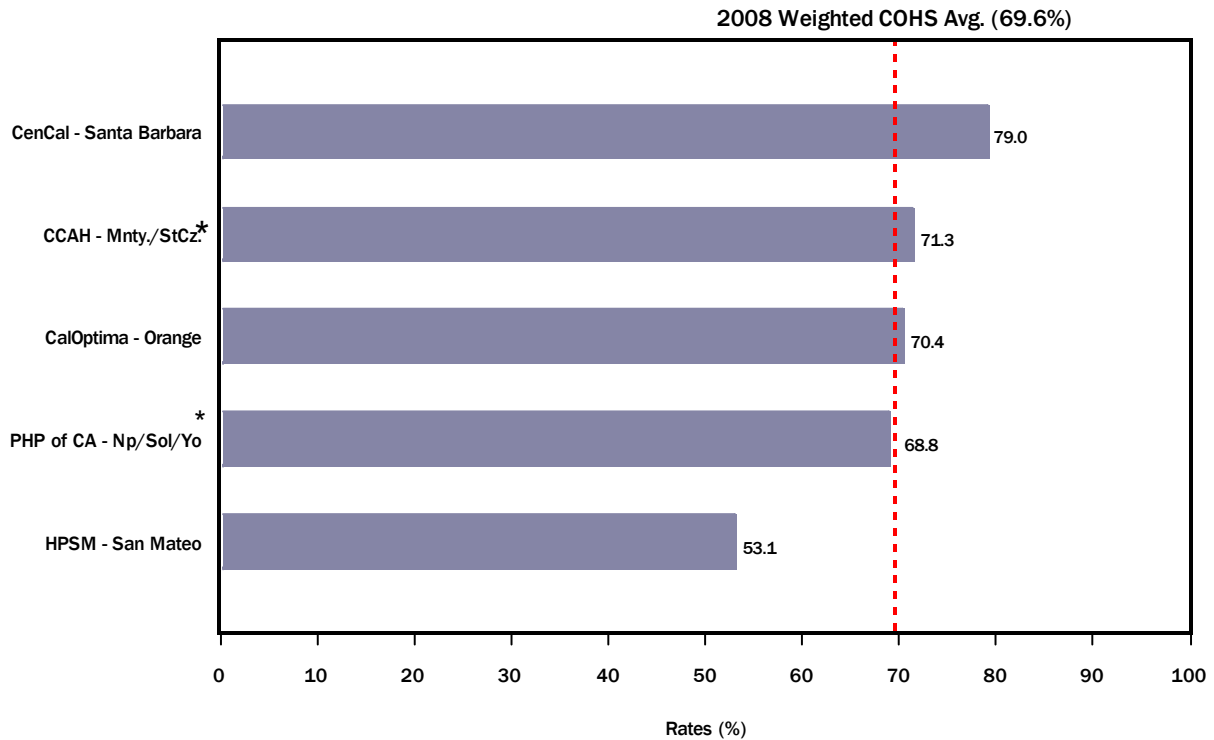
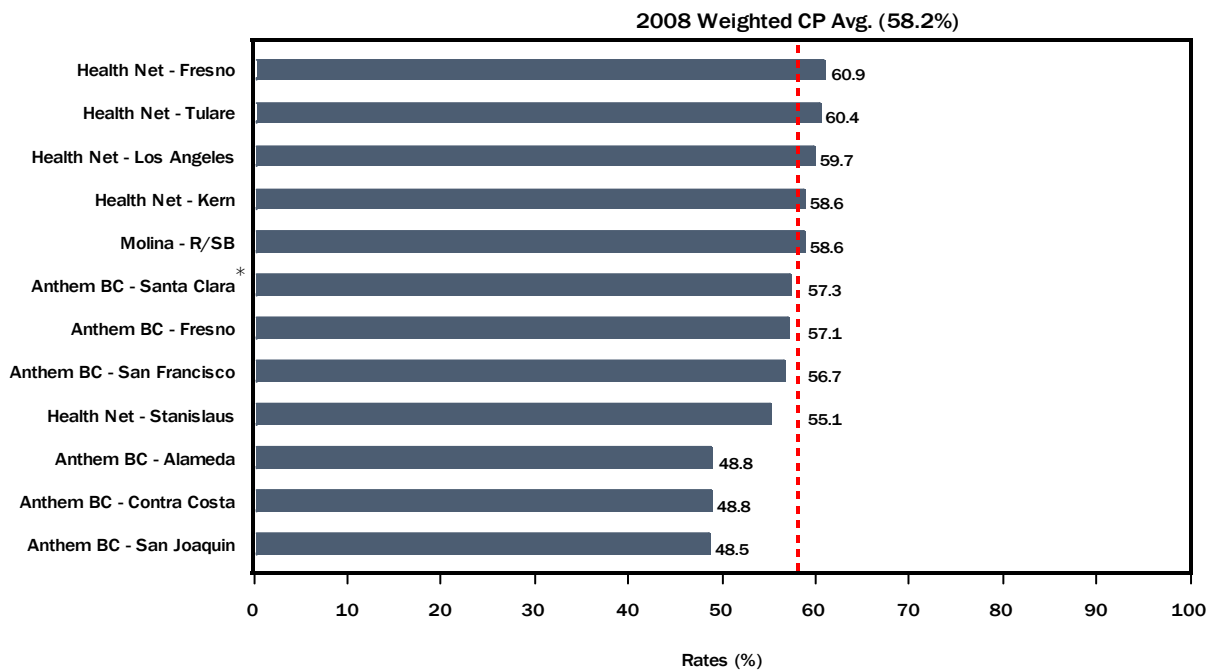


Figure 87. HEDIS 2008 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 88. HEDIS 2008 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed – GMC - N

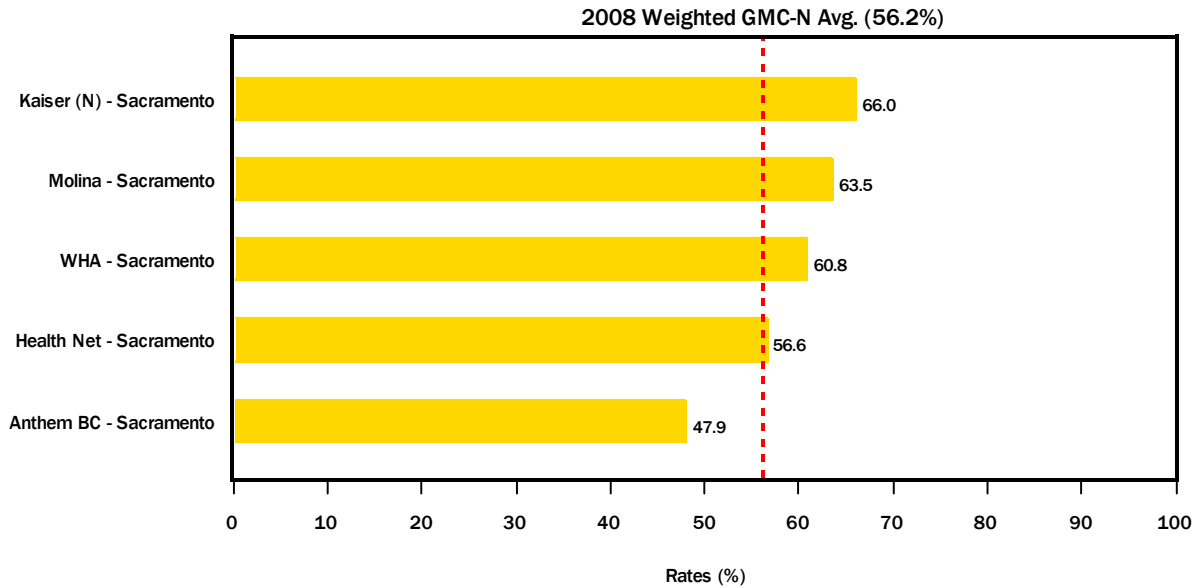
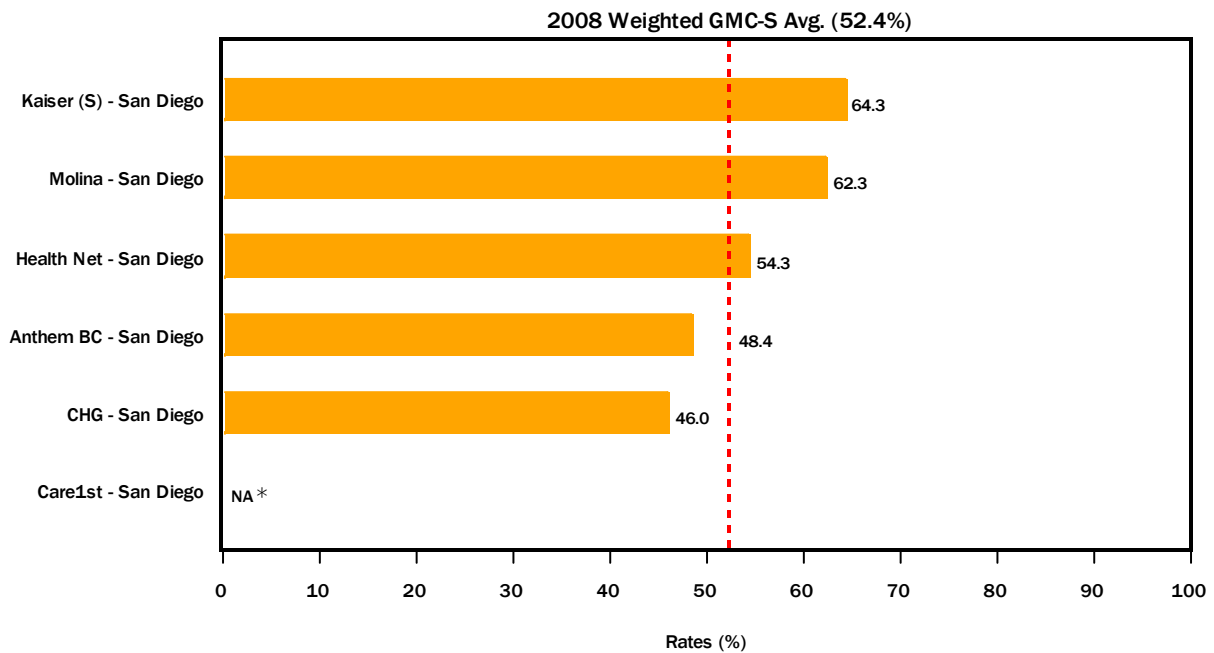
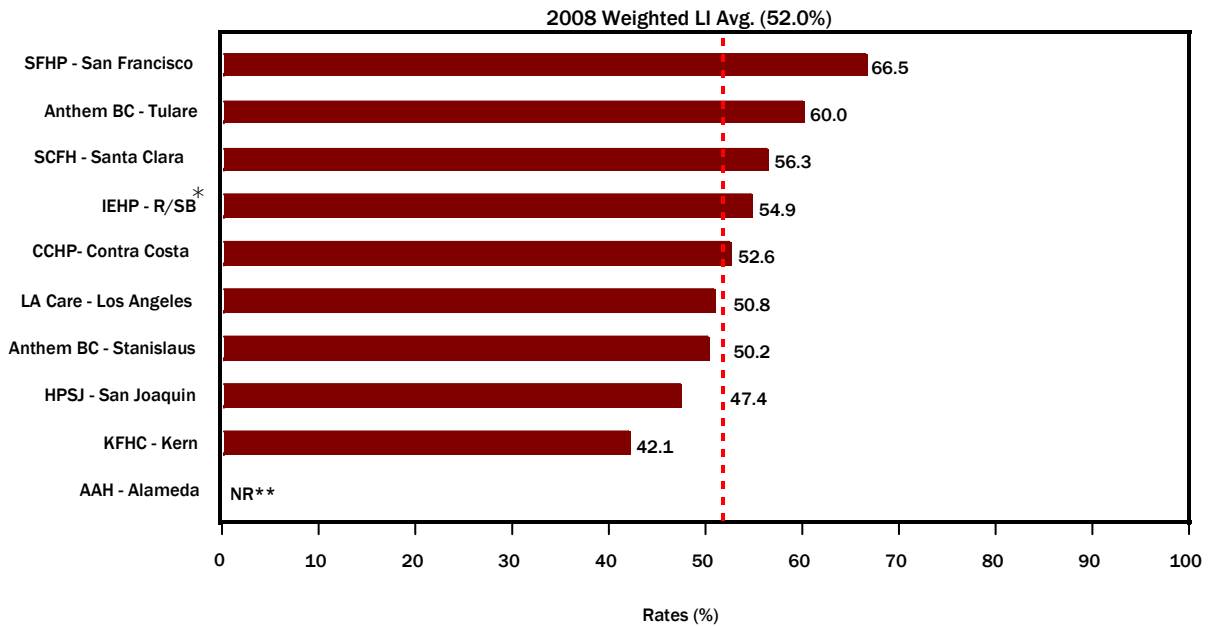


Figure 89. HEDIS 2008 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed – GMC - S



* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

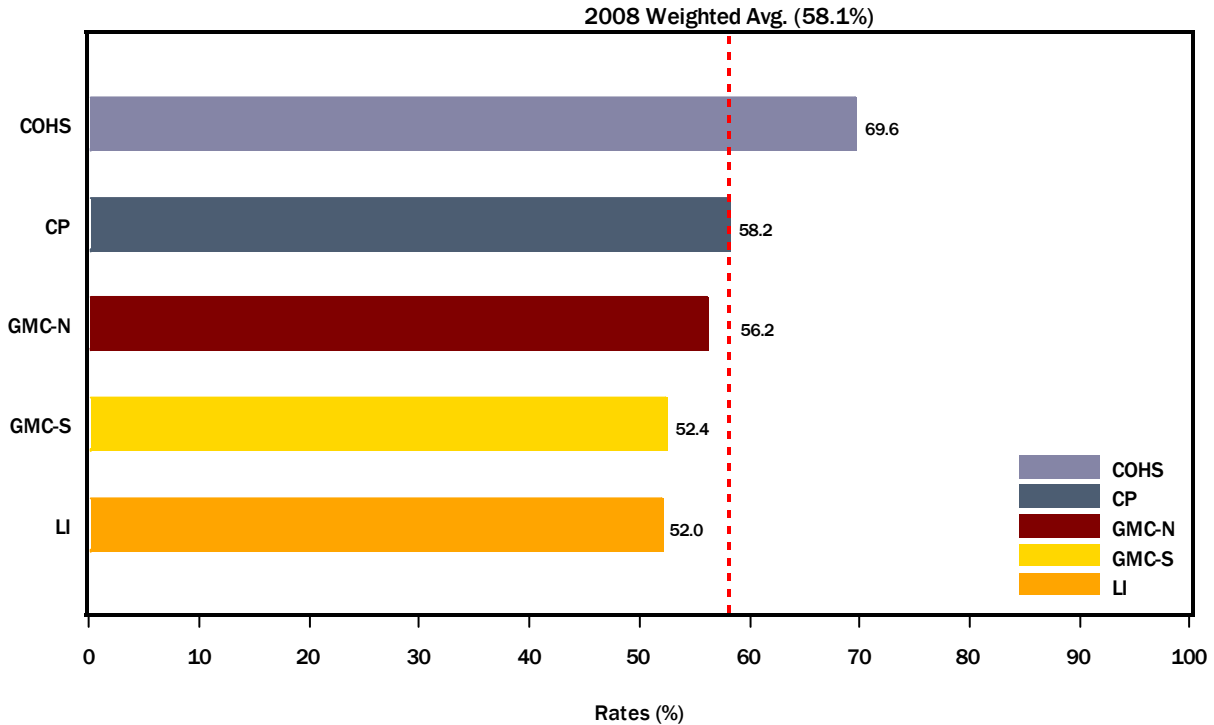
Figure 90. HEDIS 2008 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

** NR indicates a rate was not reportable because the rate was materially biased or the plan chose not to report the rate.

Figure 91. HEDIS 2008 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - Model Type Comparison of Weighted Averages



The model type weighted averages were from 52.0 percent to 69.6 percent. As shown in Table 36, the Medi-Cal Managed Care straight average increased from 54.1 percent in 2006 to 58.0 percent 2008. CenCal has the highest rate with 79.0 percent, which is two standard deviations higher than the Medi-Cal Managed Care straight average. Alameda Alliance for Health did not report a rate for this measure.

Table 36 presents the trends for Comprehensive Diabetes Care – Eye Exam (Retinal) Performed. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

 → 2 or more SDs above the average
 → 2 or more SDs below the average

Table 36. Trends for Comprehensive Diabetes Care – Eye Exam (Retinal) Performed

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	59.8	53.3	57.0	71.6	68.3	70.4
	CCAH	61.1	64.0	66.2	67.2	68.6	71.3
	CenCal	83.1	75.9	77.6	83.3	81.6	79.0
	HPSM	52.9	56.0	54.9	66.3	54.7	53.1
	PHP of CA	55.0	54.8	60.9	65.8	67.0	68.8
CP	Anthem BC*	—	—	—	48.4	54.9	55.6
	Health Net*	—	—	—	47.2	53.9	59.6
	Molina	—	—	—	61.7	58.9	58.6
GMCN	Anthem BC	—	—	—	49.4	47.0	47.9
	Health Net	—	—	—	46.5	53.6	56.6
	Kaiser (N)	—	—	—	70.5	65.7	66.0
	Molina	—	—	—	61.3	64.9	63.5
	WHA	—	—	—	48.2	52.3	60.8
GMCS	Anthem BC	—	—	—	51.7	50.4	48.4
	Care1st	—	—	—	—	—	NA***
	CHG	—	—	—	49.9	55.5	46.0
	Health Net	—	—	—	44.7	55.8	54.3
	Kaiser (S)	—	—	—	71.9	67.2	64.3
	Molina (S)	—	—	—	—	57.8	62.3
LI	AAH	—	—	—	22.2	53.3	NR [†]
	Anthem BC (Stanislaus)	—	—	—	43.7	39.4	50.2
	Anthem BC (Tulare)	—	—	—	48.7	48.0	60.0
	CCHP	—	—	—	52.6	54.0	52.6
	HPSJ	—	—	—	42.3	42.3	47.4
	IEHP	—	—	—	64.7	60.9	54.9
	KFHC	—	—	—	41.4	37.7	42.1
	L.A. Care	—	—	—	32.9	39.4	50.8
	SFHP	—	—	—	58.9	64.8	66.5
SCFHP	—	—	—	49.1	51.7	56.3	
Medi-Cal Managed Care Straight Average**		62.4	60.8	63.3	54.1	56.1	58.0

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† NR indicates Not Reportable because the rate was materially biased or the plan chose not to report the rate

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 92. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing – COHS

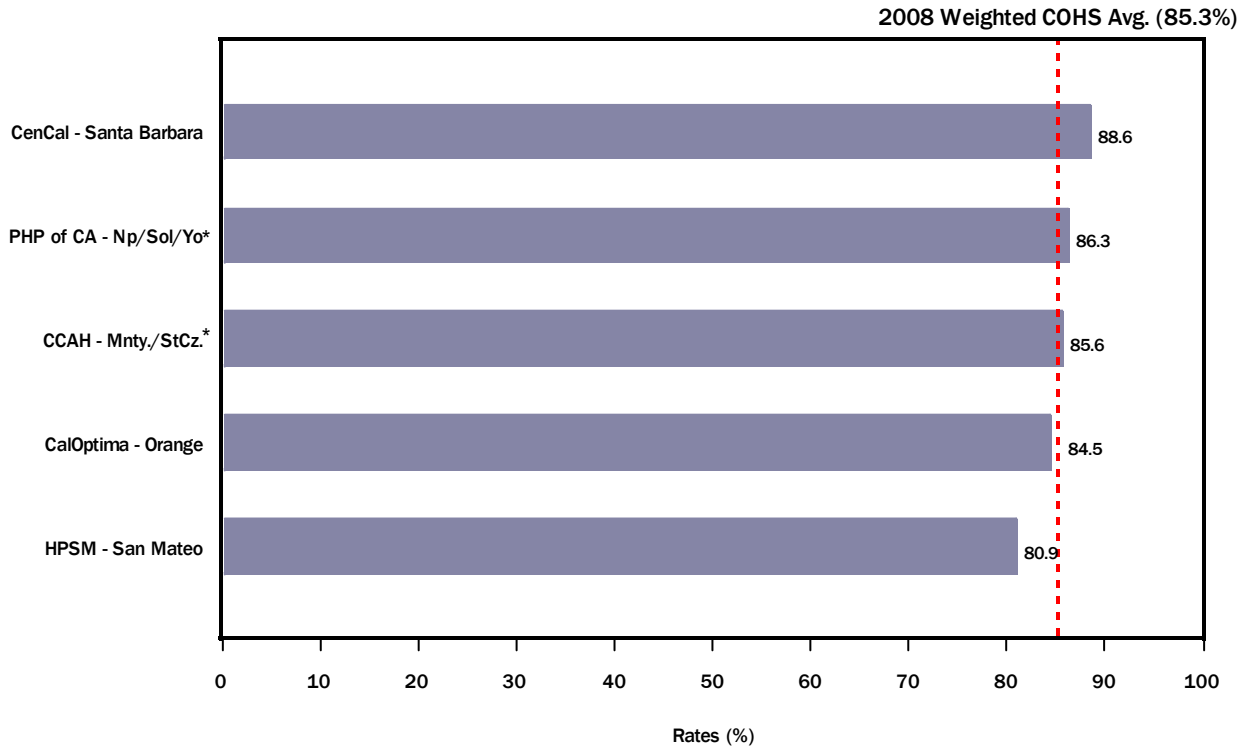
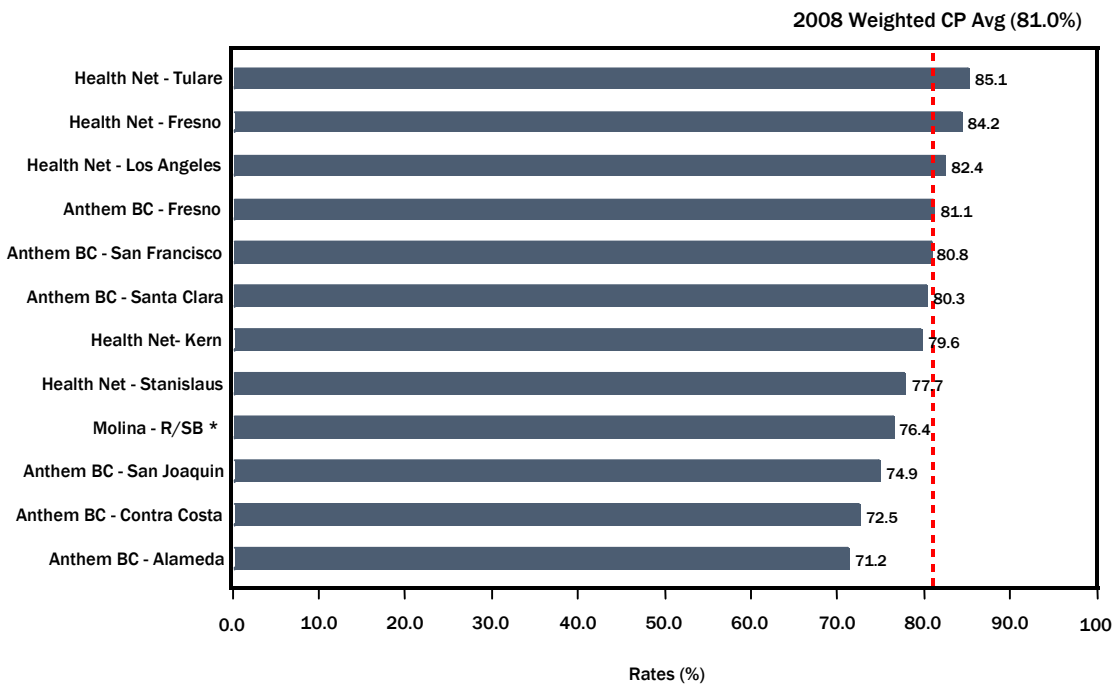


Figure 93. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 94. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing – GMC - N

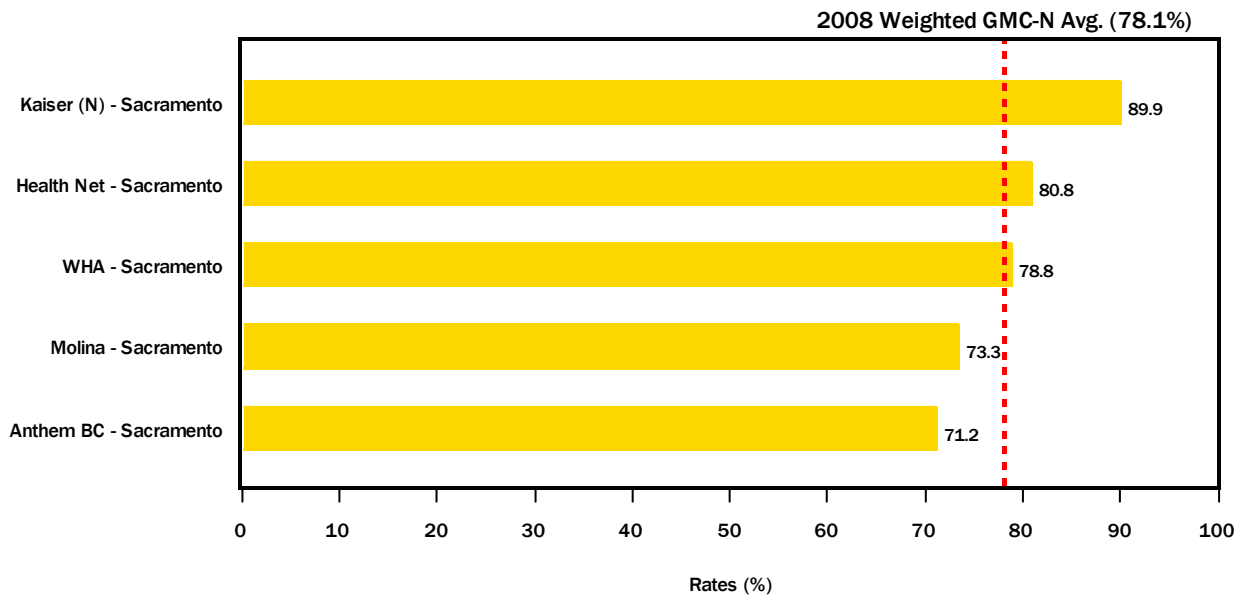
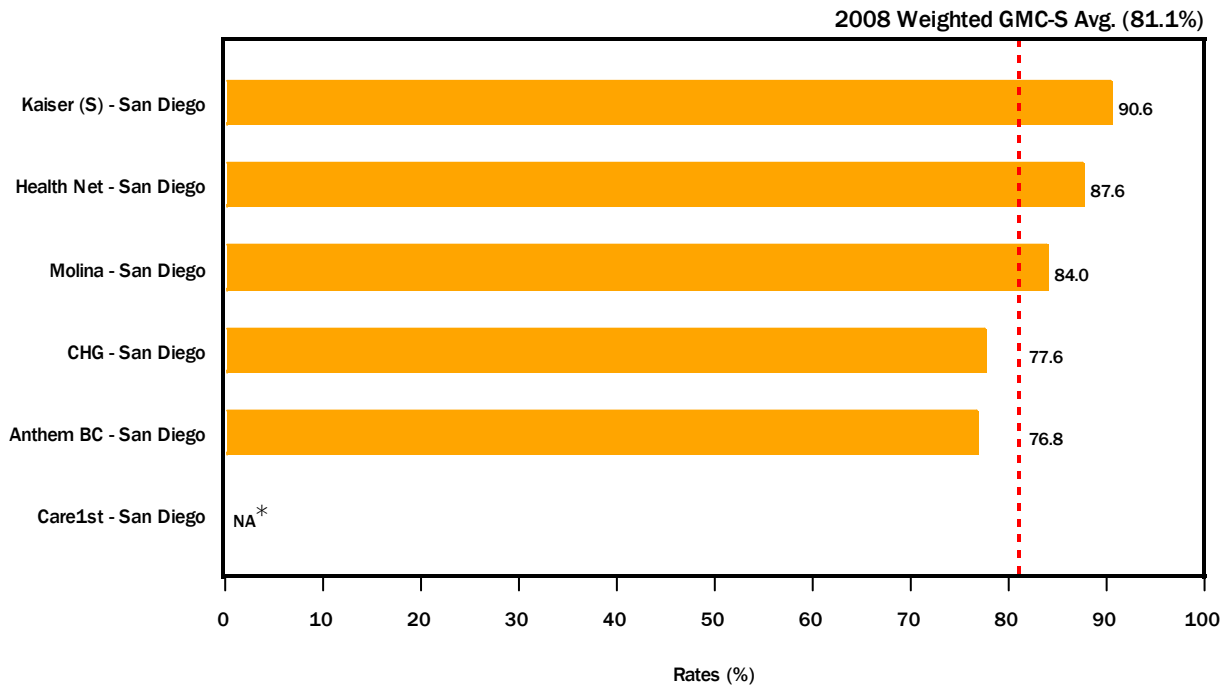
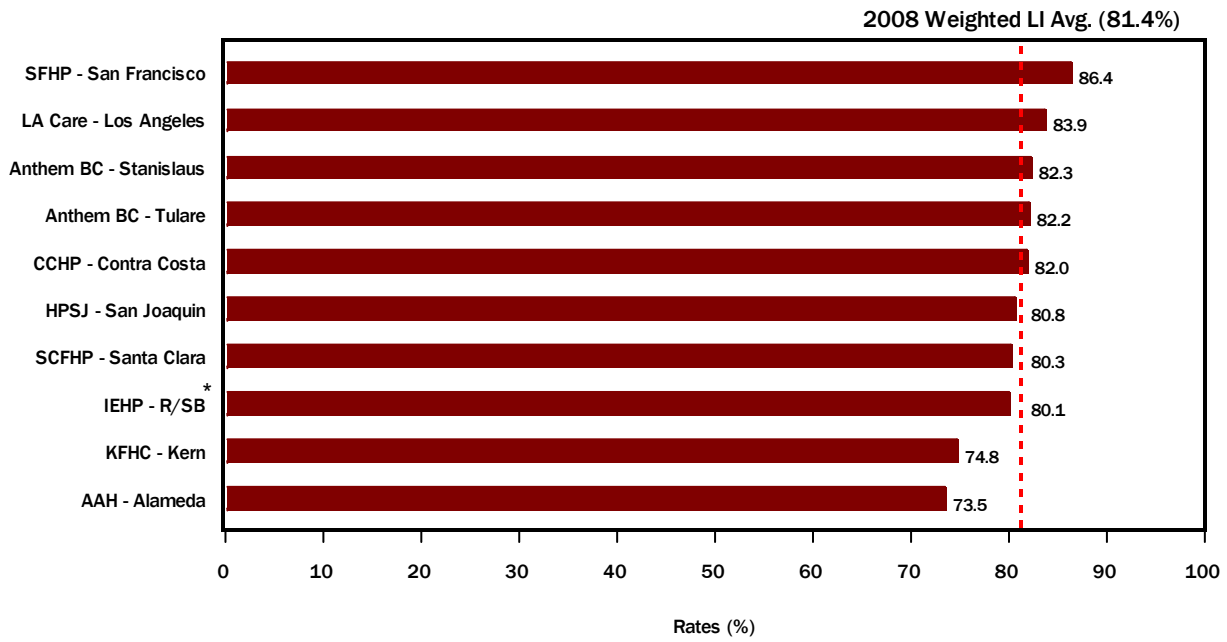


Figure 95. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing – GMC - S



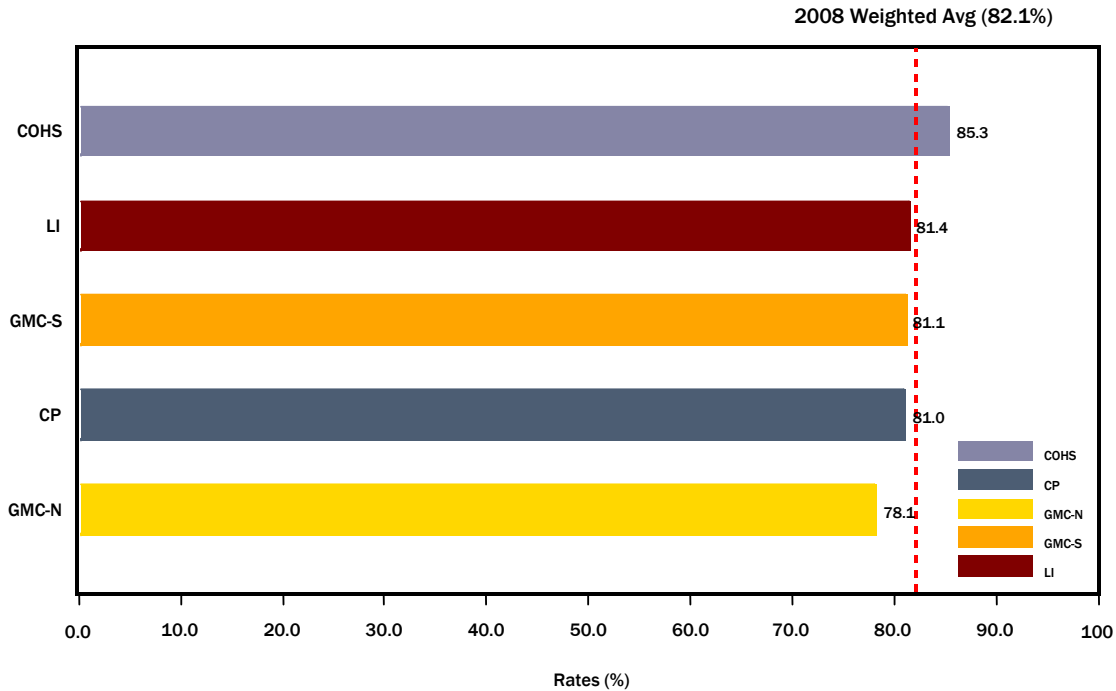
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 96. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 97. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Testing - Model Type Comparison of Weighted Averages



The Medi-Cal Managed Care straight average was 81.5 percent. The model type weighted averages range from 78.1 percent to 85.3 percent. Anthem Blue Cross GMC - North has the lowest rate with 71.2 percent, two standard deviations below the Medi-Cal Managed Care straight average. Kaiser GMC - South had the highest rate with 90.6 percent.

Table 37 presents the trends for Comprehensive Diabetes Care—HbA1c Testing. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
 → 2 or more SDs below the average

Table 37. Trends for Comprehensive Diabetes Care—HbA1c Testing

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	80.0	83.8	84.5
	CCAH	81.5	84.2	85.6
	CenCal	90.6	93.2	88.6
	HPSM	68.9	84.2	80.9
	PHP of CA	83.2	83.4	86.3
CP	Anthem BC*	68.6	80.7	79.5
	Health Net*	75.1	79.3	82.3
	Molina	75.4	75.2	76.4
GMCN	Anthem BC	66.8	68.0	71.2
	Health Net	70.3	78.7	80.8
	Kaiser (N)	81.3	85.0	89.9
	Molina	77.9	79.9	73.3
	WHA	82.5	82.0	78.8
GMCS	Anthem BC	63.9	85.6	76.8
	Care1st	—	—	NA***
	CHG	66.9	72.0	77.6
	Health Net	77.7	88.3	87.6
	Kaiser (S)	87.7	89.8	90.6
	Molina (S)	—	81.0	84.0
LI	AAH	75.9	76.2	73.5
	Anthem BC (Stanislaus)	67.3	73.8	82.3
	Anthem BC (Tulare)	70.8	76.6	82.2
	CCHP	77.5	80.3	82.0
	HPSJ	70.6	75.4	80.8
	IEHP	79.1	80.0	80.1
	KFHC	73.7	75.2	74.8
	L.A. Care	69.0	74.9	83.9
	SFHP	71.3	86.0	86.4
	SCFHP	72.3	84.5	80.3
Medi-Cal Managed Care Straight Average**		75.0	80.6	81.5

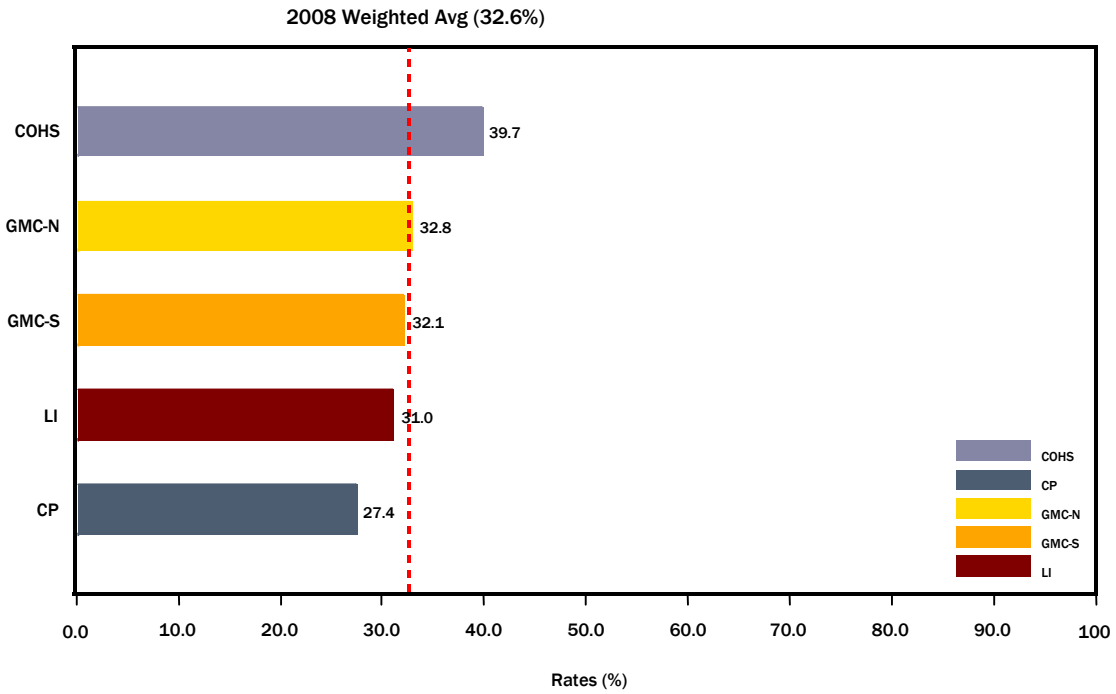
* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

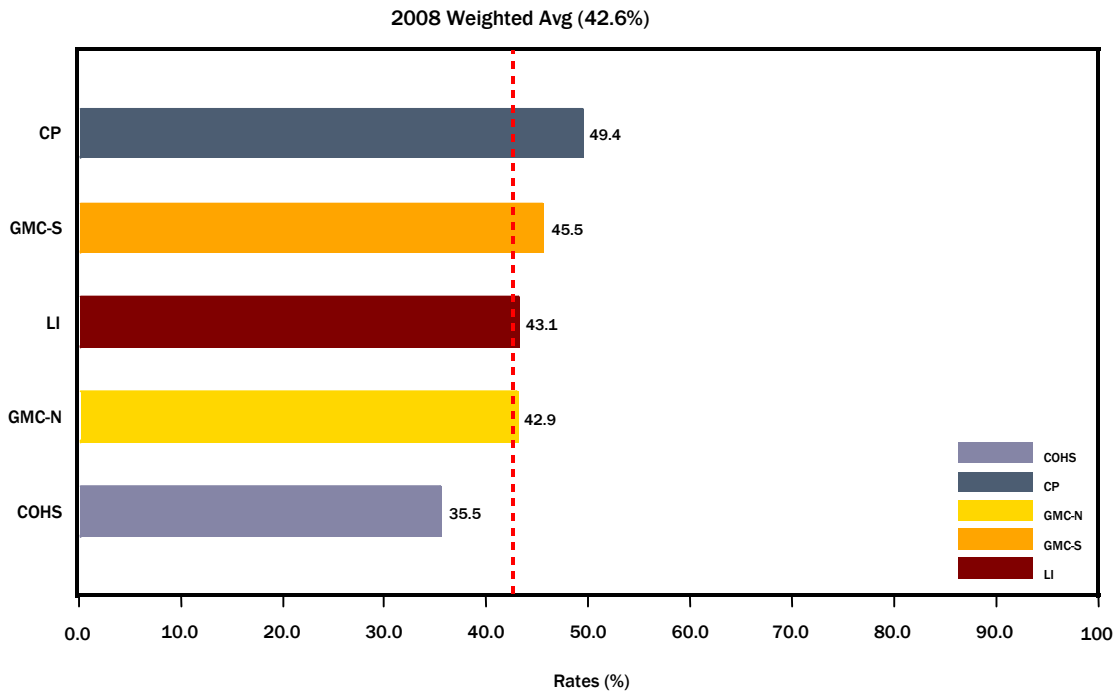
Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 98. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Good Control (<7.0%) - Model Type Comparison of Weighted Averages



Model type weighted averages range from 27.4 percent to 39.7 percent. For this measure, a higher score is better. The Medi-Cal Managed Care weighted average is 32.6 percent.

Figure 99. HEDIS 2008 Comprehensive Diabetes Care—HbA1c Poor Control (> 9.0%) - Model Type Comparison of Weighted Averages



HEDIS 2008 Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

Model type weighted averages range from 35.5 percent to 49.4 percent. For this measure, a lower score is better. The best plan rate was 23.5 percent. The Medi-Cal Managed Care weighted average is 42.6 percent.

Figure 100. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening – COHS

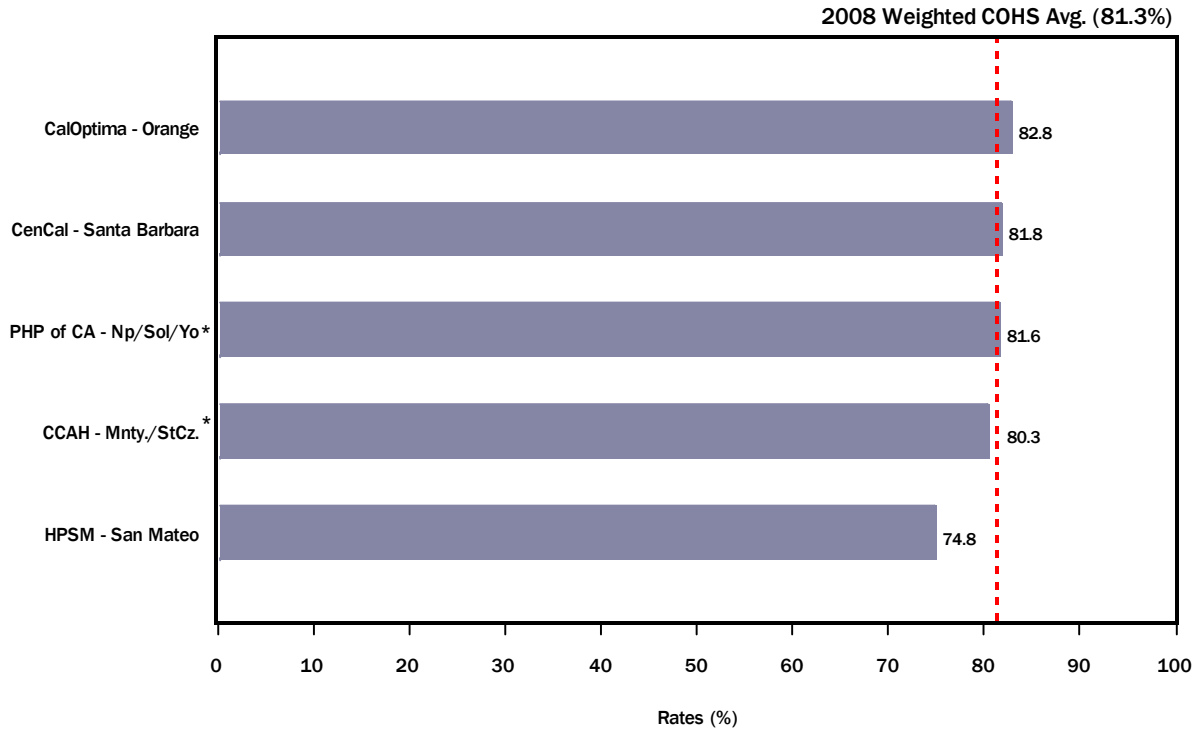
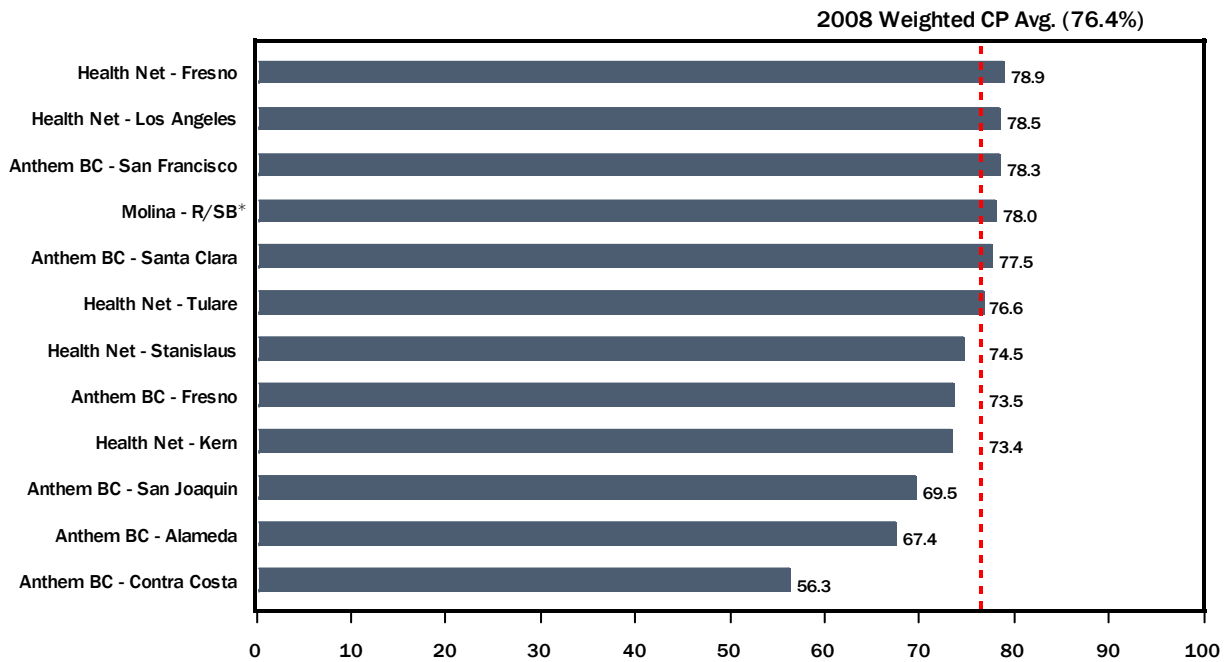


Figure 101. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 102. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening – GMC - N

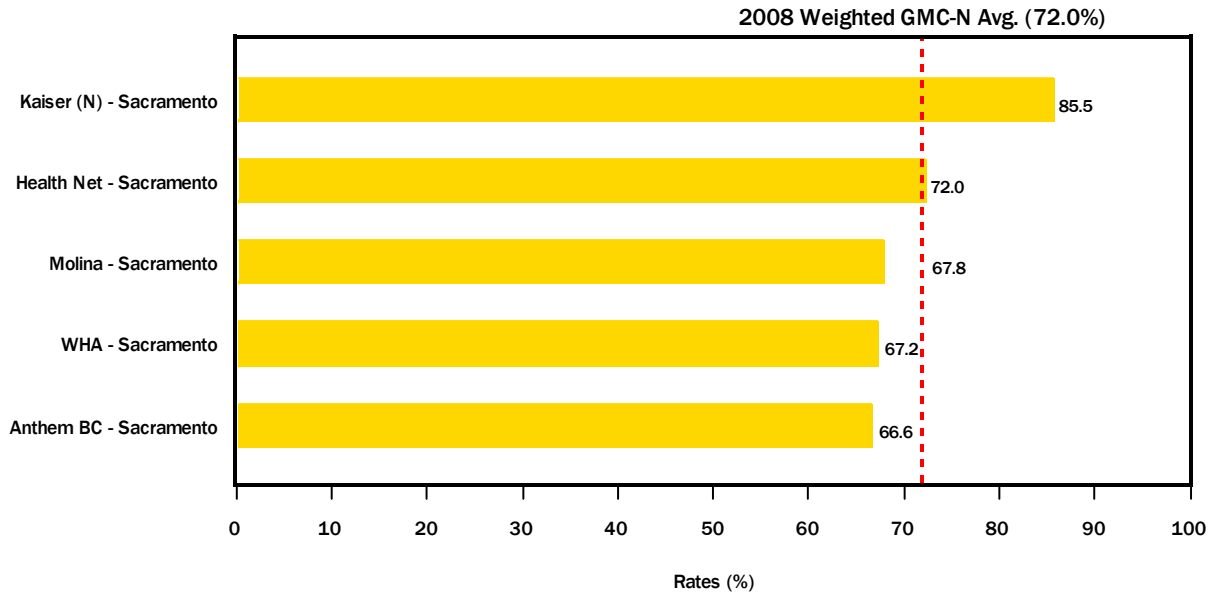
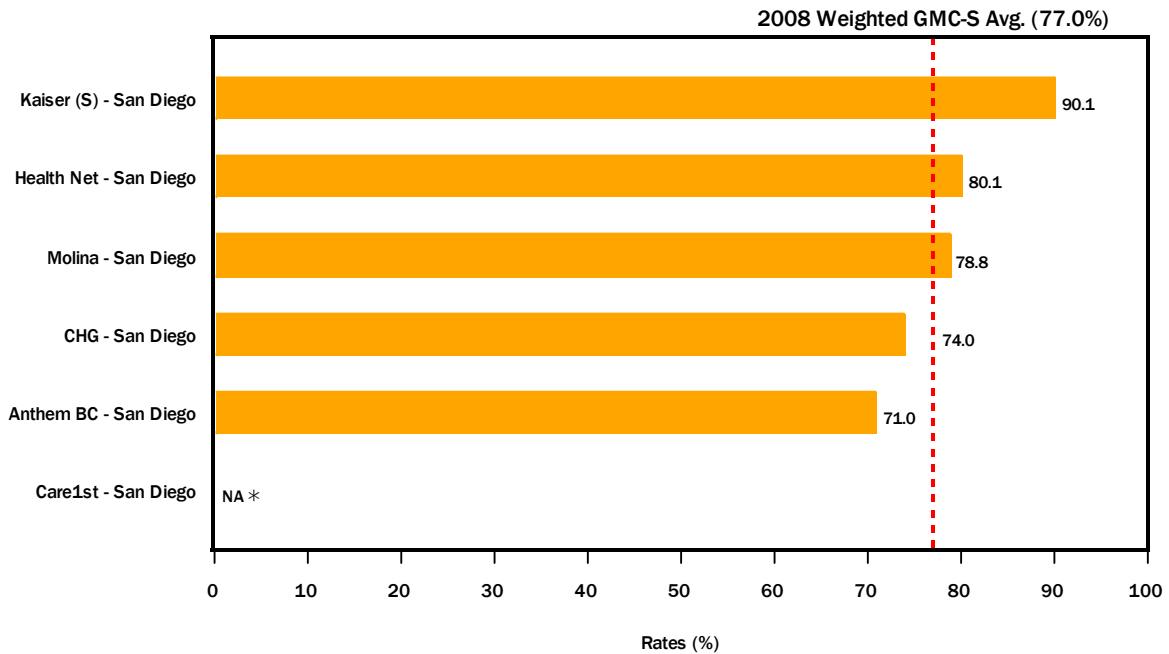
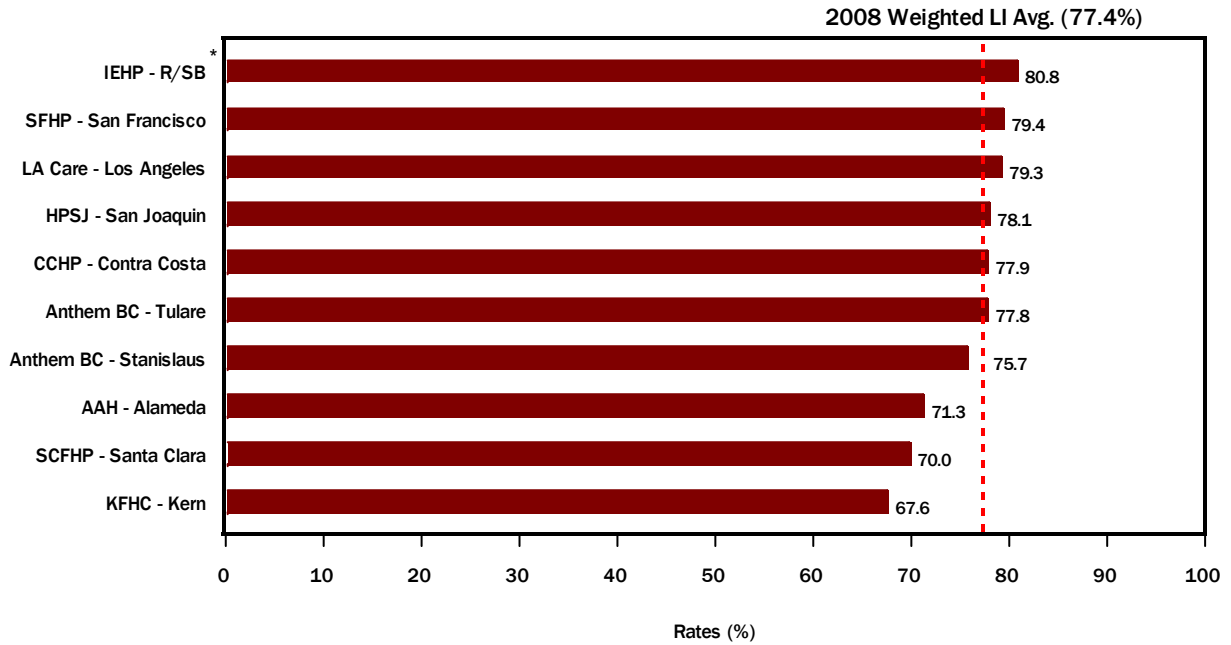


Figure 103. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening – GMC - S



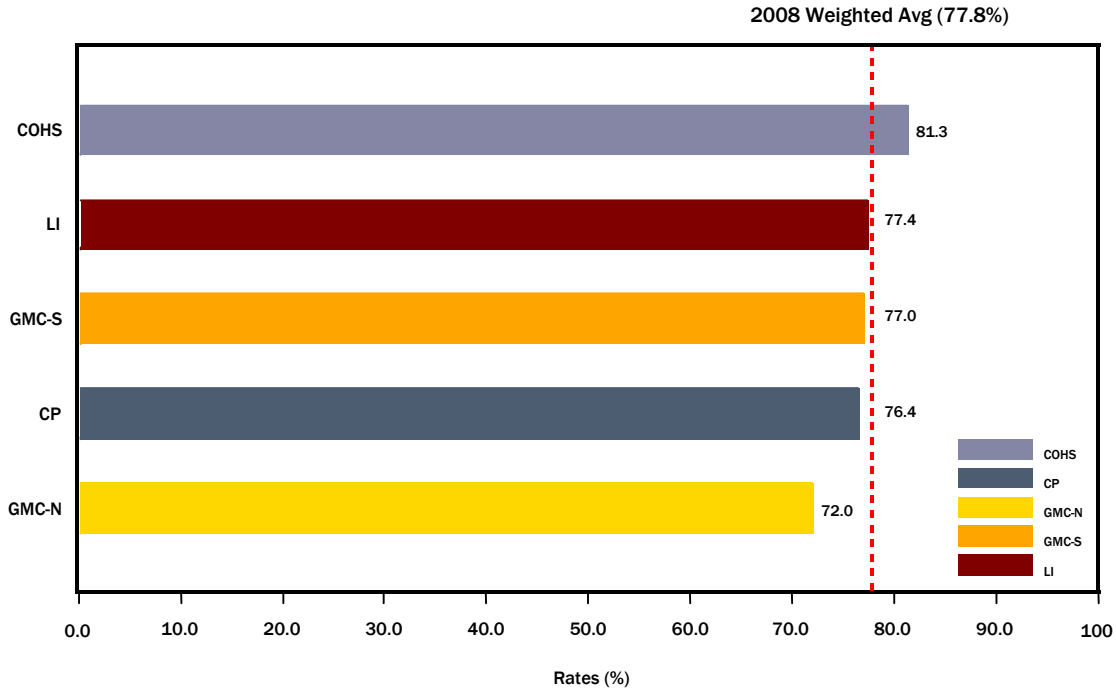
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 104. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening – LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 105. HEDIS 2008 Comprehensive Diabetes Care—LDL-C Screening - Model Type Comparison of Weighted Averages



The model type weighted averages ranged between 72.0 percent and 81.3 percent for the CDC- LDL-C Screening indicator. As shown in Table 38, the Medi-Cal Managed Care straight average increased from 75.7 to 76.5 percent in 2008. Kaiser GMC - South has the highest rate with 90.1 percent, two standard deviations above the Medi-Cal Managed Care straight average of 76.5 percent.

Table 38 presents the trends for Comprehensive Diabetes Care – LDL-C Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):



Table 38. Trends for Comprehensive Diabetes Care – LDL-C Screening

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate†	HEDIS 2008 Rate
COHS	CalOptima	89.4	81.6	82.8
	CCAH	83.5	74.9	80.3
	CenCal	97.3	85.0	81.8
	HPSM	72.6	79.8	74.8
	PHP of CA	85.2	79.1	81.6
CP	Anthem BC*	80.6	73.9	73.1
	Health Net*	82.4	75.4	78.1
	Molina	87.1	68.9	78.0
GMCN	Anthem BC	78.4	66.1	66.6
	Health Net	80.3	76.8	72.0
	Kaiser (N)	91.9	79.2	85.5
	Molina	83.8	71.0	67.8
	WHA	89.3	69.6	67.2
GMCS	Anthem BC	85.9	80.9	71.0
	Care1st	—	—	NA***
	CHG	82.0	75.4	74.0
	Health Net	81.9	81.8	80.1
	Kaiser (S)	89.7	88.7	90.1
	Molina (S)	—	74.0	78.8
LI	AAH	85.4	72.7	71.3
	Anthem BC (Stanislaus)	81.9	68.8	75.7
	Anthem BC (Tulare)	85.6	74.1	77.8
	CCHP	82.9	70.1	77.9
	HPSJ	81.3	74.0	78.1
	IEHP	88.8	80.0	80.8
	KFHC	89.5	69.6	67.6
	L.A. Care	84.0	73.7	79.3
	SFHP	65.2	77.9	79.4
	SCFHP	74.7	76.7	70.0
Medi-Cal Managed Care Straight Average**		83.7	75.7	76.5

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

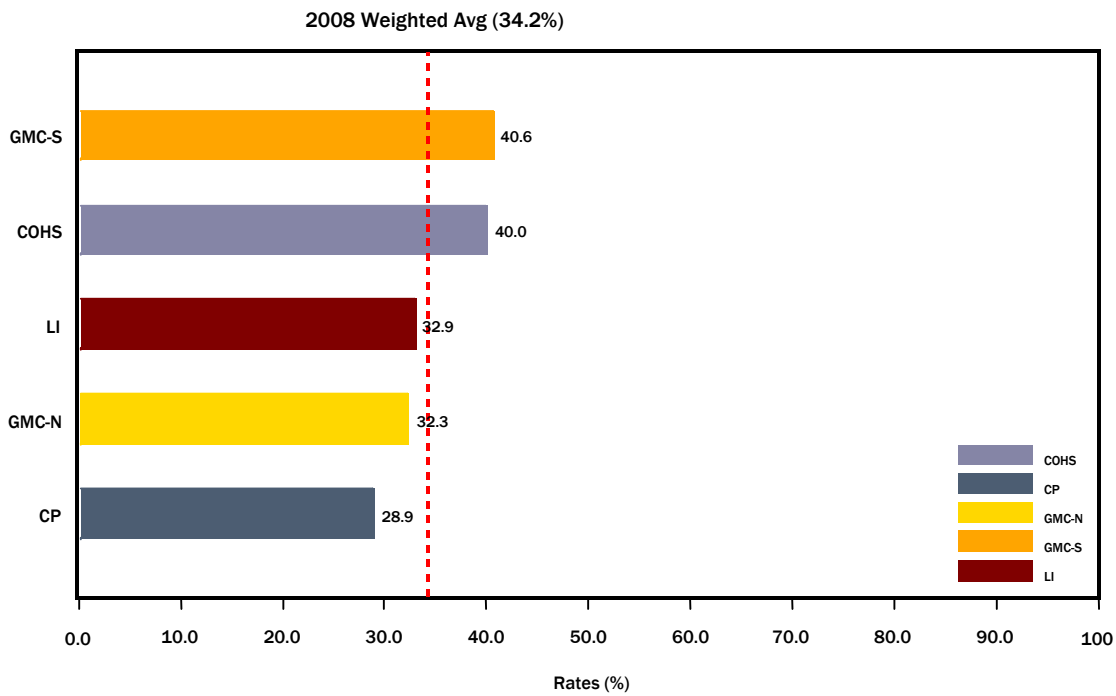
** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† Rates cannot be compared to benchmarks or results from previous years as the measures technical specifications changed in the specified year.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 106. HEDIS 2008 Comprehensive Diabetes Care—LDL- C Control (<100mg/dl) - Model Type Comparison of Weighted Averages



The model type weighted averages ranged between 28.9 percent and 40.6 percent for the CDC- LDL Control (<100 mg/dl). The Medi-Cal Managed Care straight average is 36.9 percent. The highest plan rate was 68.9 percent which is two standard deviations above the Medi-Cal Managed Care straight average.

Figure 107. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy – COHS

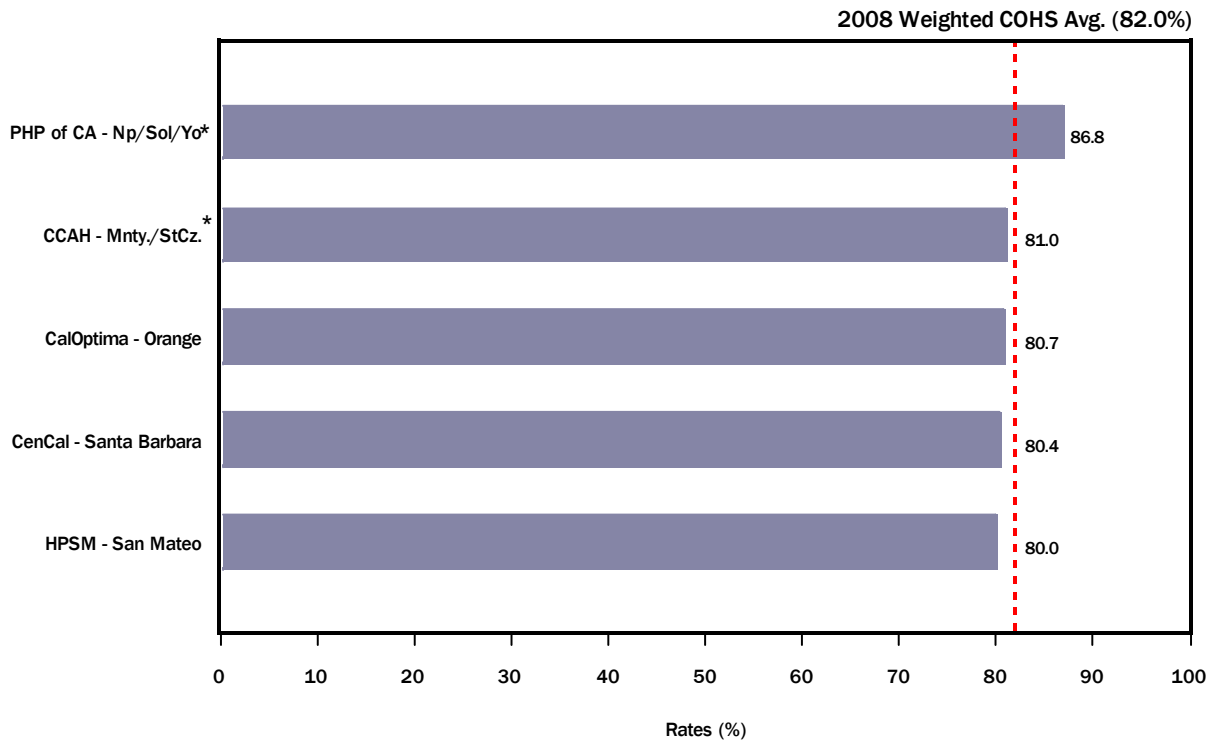
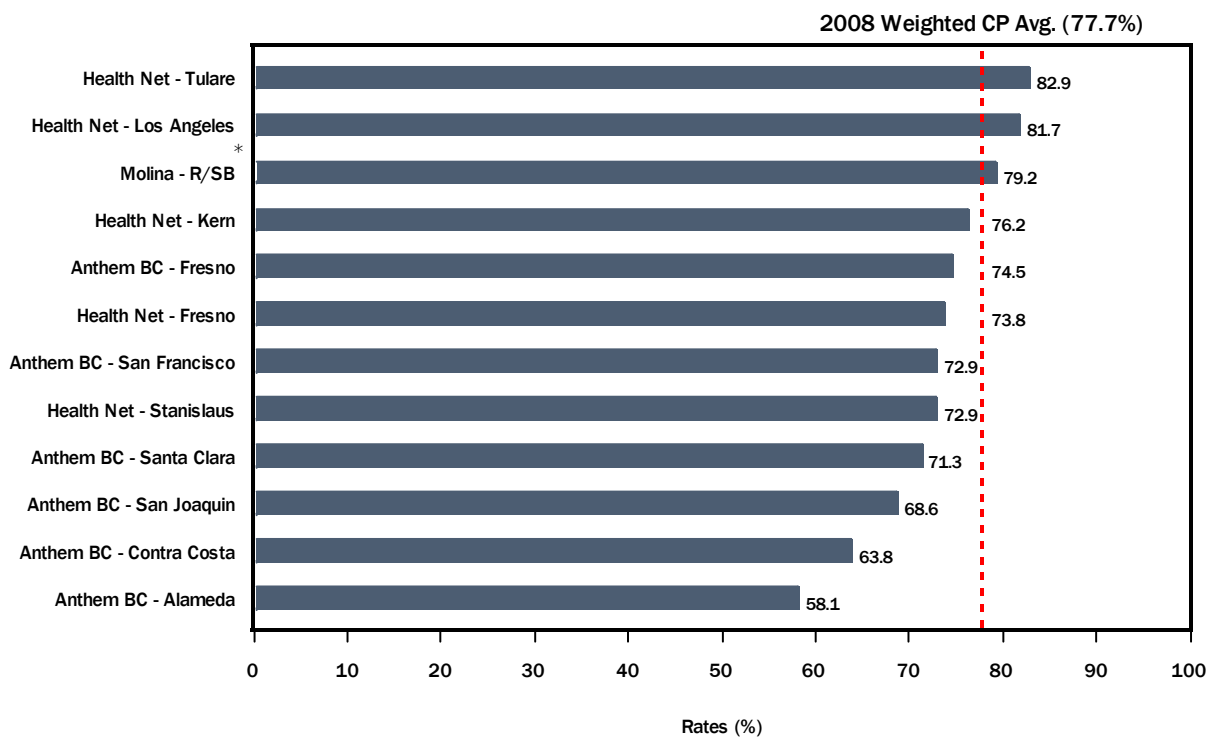


Figure 108. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy – CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 109. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy – GMC - N

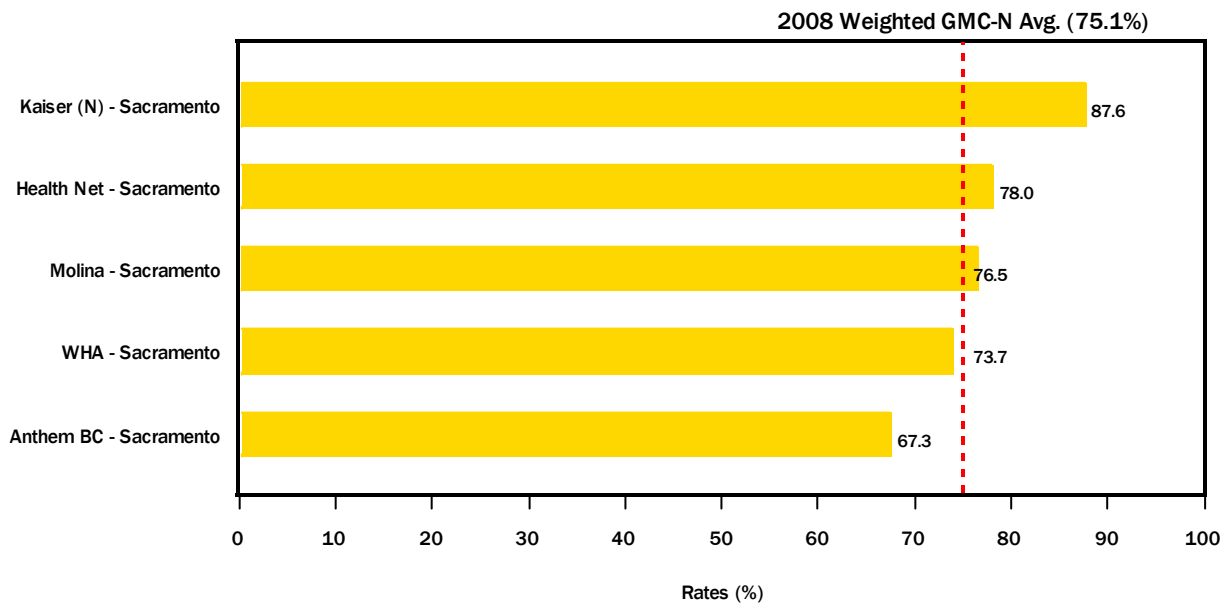
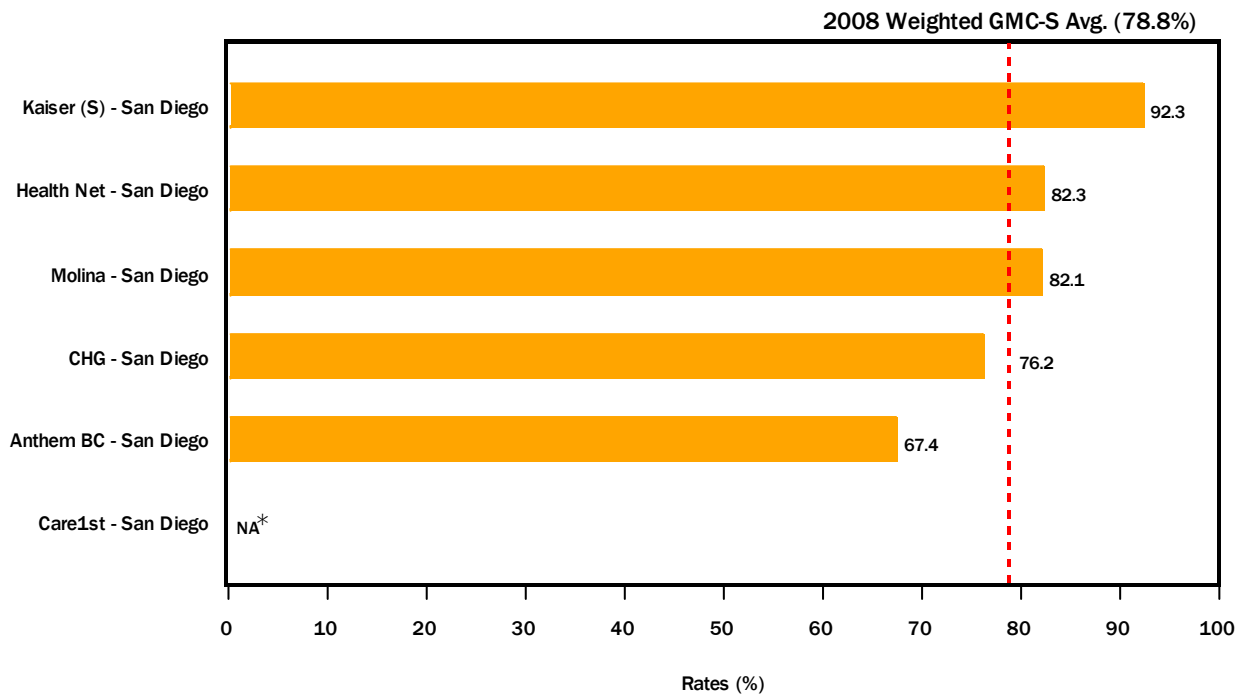
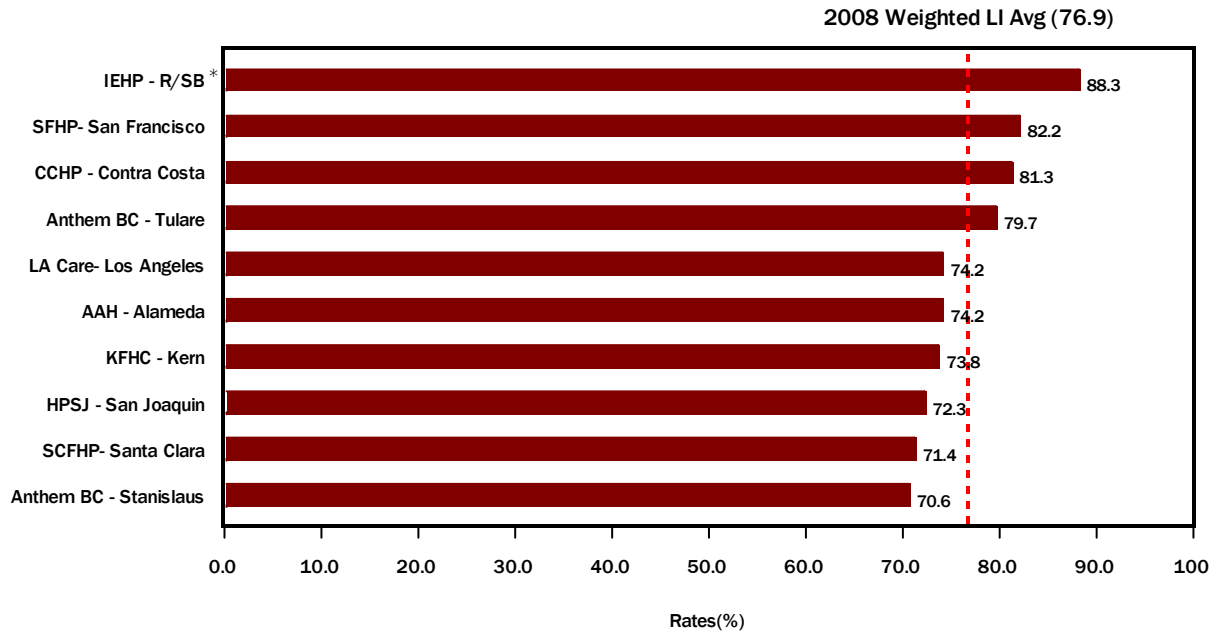


Figure 110. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy – GMC - S



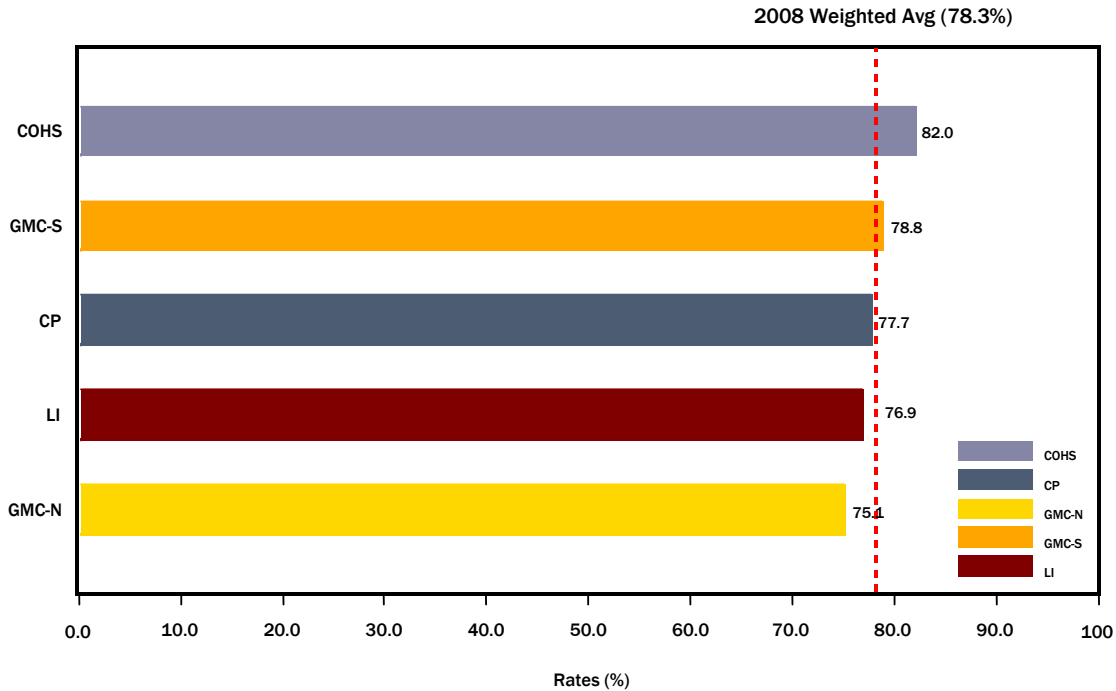
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 111. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy – LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 112. HEDIS 2008 Comprehensive Diabetes Care—Medical Attention for Nephropathy - Model Type Comparison of Weighted Averages



The model type weighted averages vary from 75.1 to 82.0 percent. The Medi-Cal Managed Care straight average is 78.3 percent for 2008, slightly lower than the 2007 straight average. Kaiser GMC - South had the highest rate of 92.3 percent, two standard deviations above the Medi-Cal Managed Care straight average.

Table 39 presents the trends for Comprehensive Diabetes Care—Medical Attention for Nephropathy. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

 → 2 or more SDs above the average
 → 2 or more SDs below the average

Table 39. Trends for Comprehensive Diabetes Care—Medical Attention for Nephropathy

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate†	HEDIS 2008 Rate
COHS	CalOptima	50.8	80.9	80.7
	CCAH	55.2	78.1	81.0
	CenCal	82.5	85.2	80.4
	HPSM	47.3	79.6	80.0
	PHP of CA	65.6	81.3	86.8
CP	Anthem BC*	79.7	75.5	71.9
	Health Net*	43.5	74.9	80.7
	Molina	52.5	79.4	79.2
GMCN	Anthem BC	79.2	72.6	67.3
	Health Net	35.0	76.6	78.0
	Kaiser (N)	69.0	91.7	87.6
	Molina	49.4	79.2	76.5
	WHA	56.0	70.6	73.7
GMCS	Anthem BC	76.1	75.2	67.4
	Care1st	—	—	NA***
	CHG	42.8	76.2	76.2
	Health Net	42.6	83.8	82.3
	Kaiser (S)	83.2	91.3	92.3
	Molina (S)	—	76.6	82.1
LI	AAH	44.9	72.0	74.2
	Anthem BC (Stanislaus)	81.4	71.2	70.6
	Anthem BC (Tulare)	83.7	77.8	79.7
	CCHP	39.9	85.4	81.3
	HPSJ	42.1	72.3	72.3
	IEHP	63.5	91.3	88.3
	KFHC	54.3	74.0	73.8
	L.A. Care	43.8	87.9	74.2
	SFHP	52.6	74.9	82.2
	SCFHP	51.2	72.9	71.4
Medi-Cal Managed Care Straight Average**		58.1	78.9	78.3

* Rates for Anthem Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† Rates cannot be compared to benchmarks or results from previous years as the measures technical specifications changed in the specified year.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California, and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 113. HEDIS 2008 Use of Appropriate Medications for People With Asthma – COHS

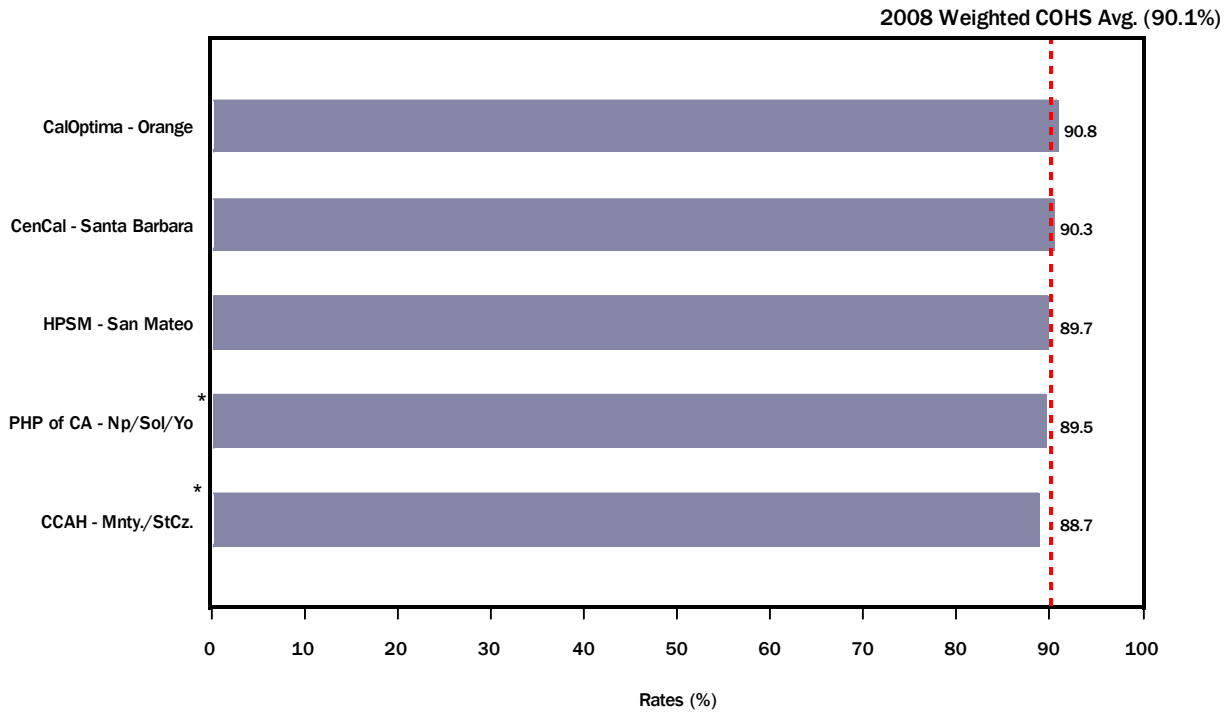
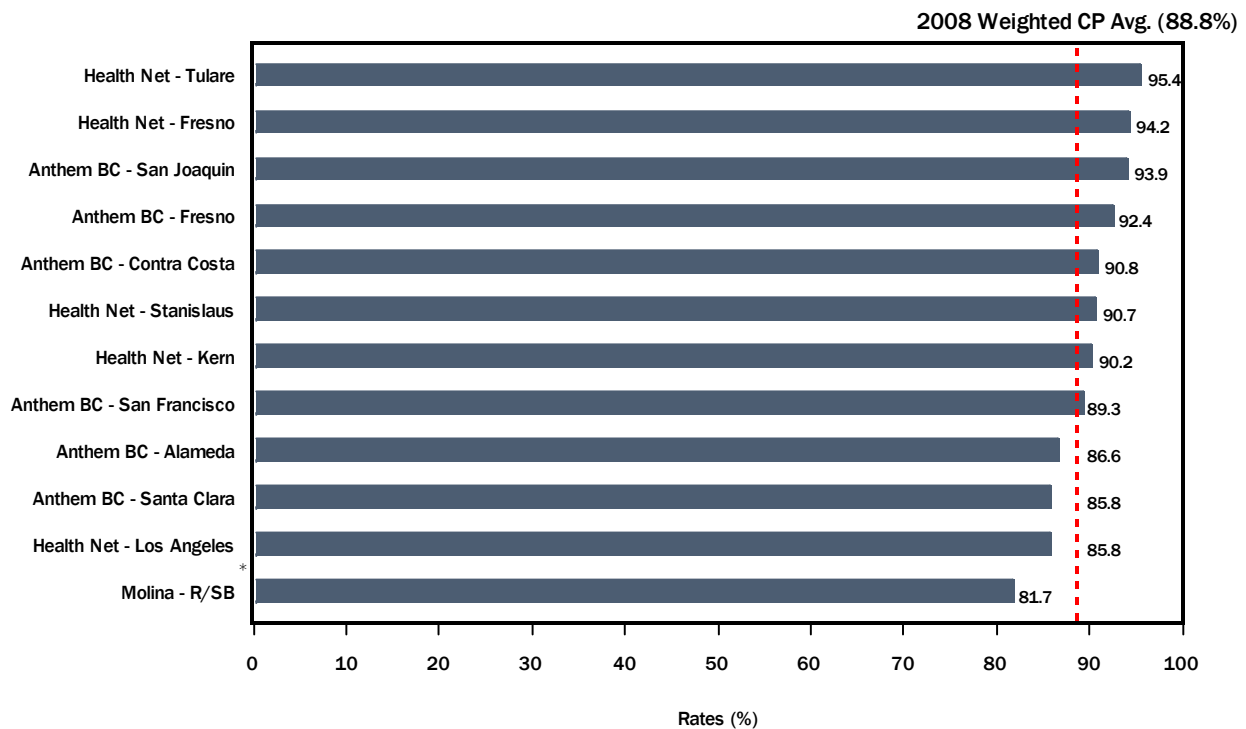


Figure 114. HEDIS 2008 Use of Appropriate Medications for People With Asthma - CP



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 115. HEDIS 2008 Use of Appropriate Medications for People With Asthma – GMC - N

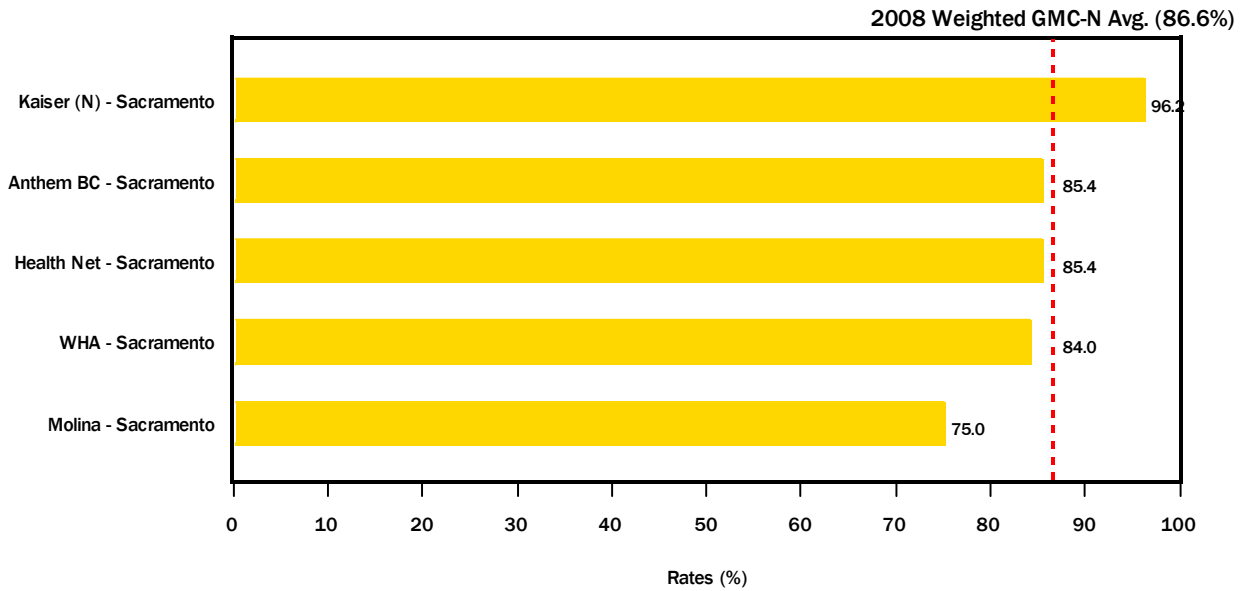
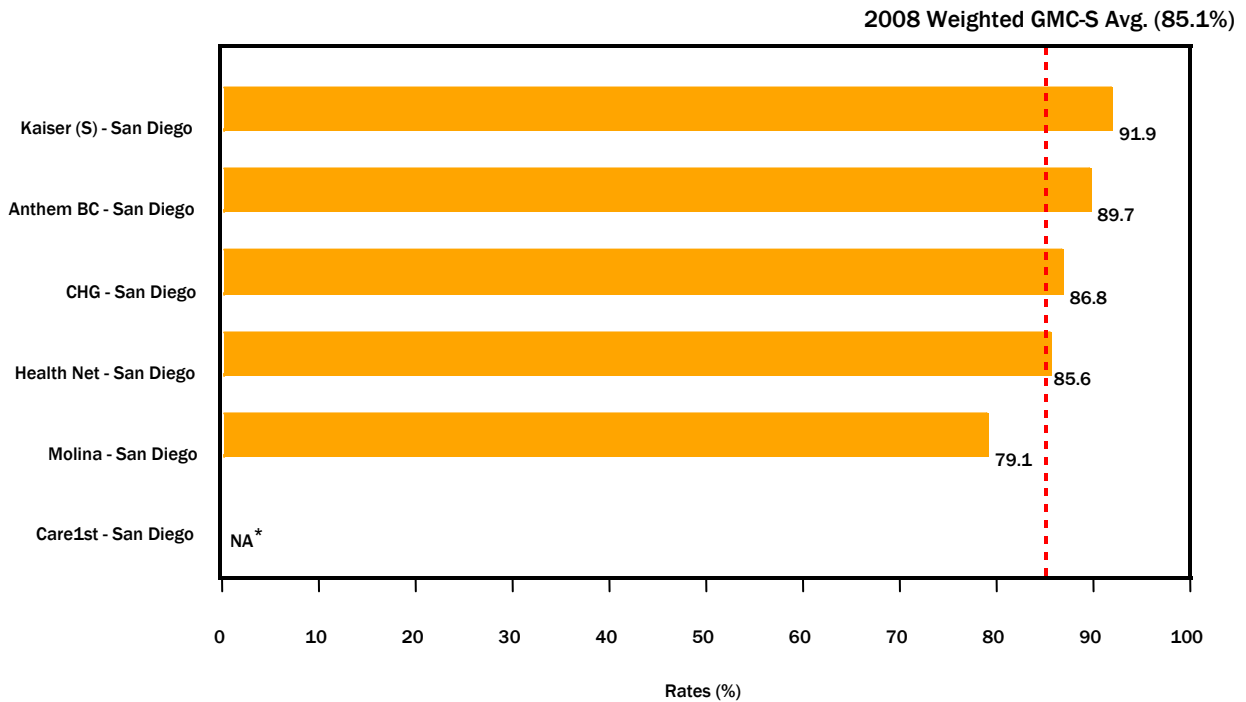
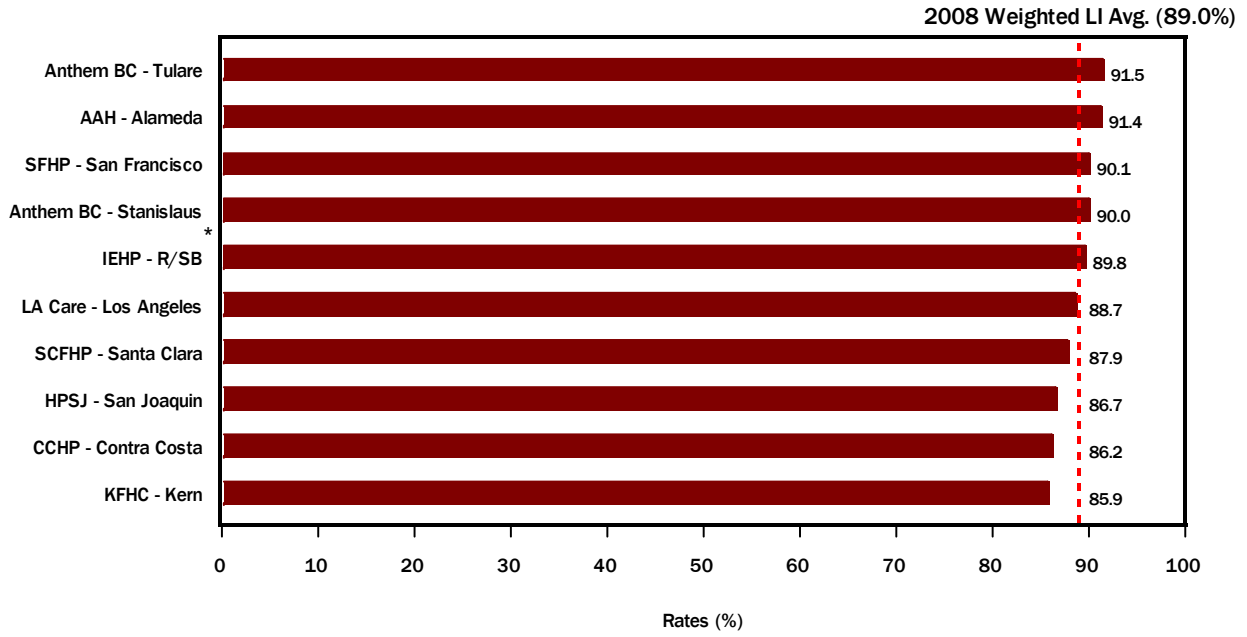


Figure 116. HEDIS 2008 Use of Appropriate Medications for People with Asthma – GMC - S



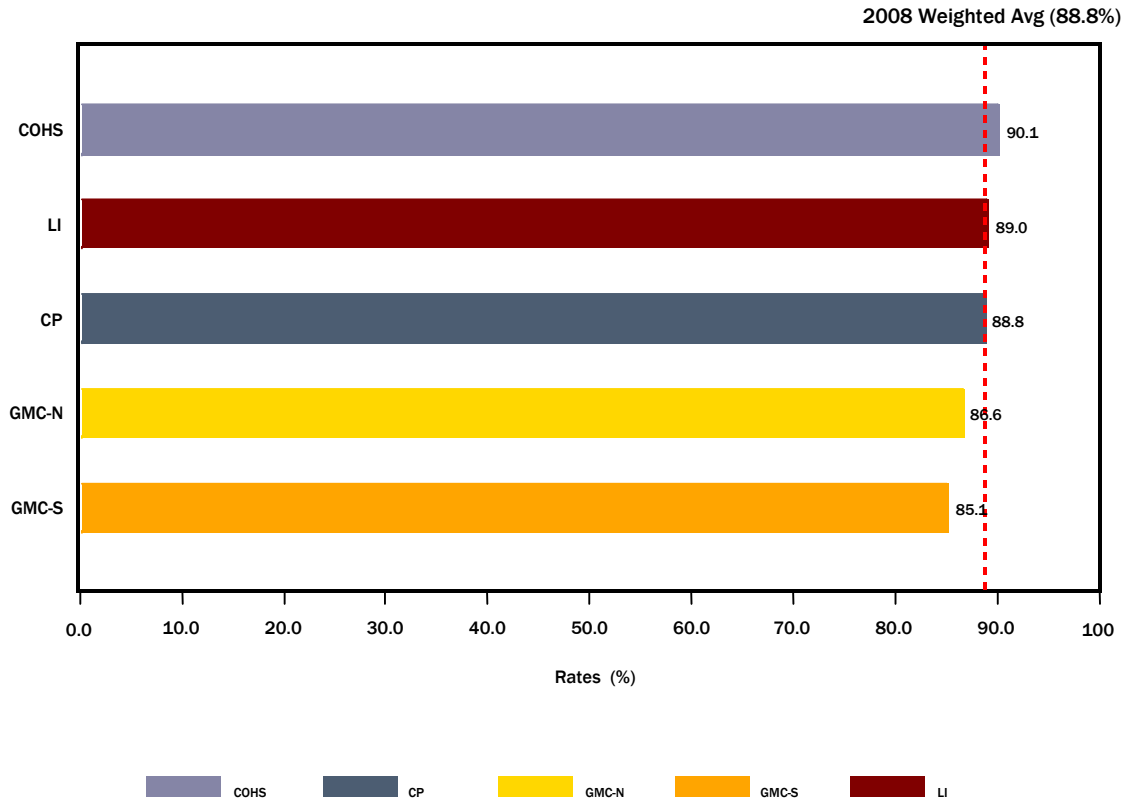
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 117. HEDIS 2008 Use of Appropriate Medications for People With Asthma - LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 118. HEDIS 2008 Use of Appropriate Medications for People With Asthma - Model Type Comparison of Weighted Averages



The model type weighted averages range from 85.1 to 90.1 percent for the Use of Appropriate Medications for People With Asthma. The Medi-Cal Managed Care straight average increased from 84.7 to 87.7 percent between 2006 and 2008. Kaiser GMC - North has the highest rate with 96.2 percent, two standard deviations above the Medi-Cal Managed Care straight average. Molina GMC - North had the lowest rate with 75.0 percent, two standard deviations below the Medi-Cal Managed Care straight average.

Table 40 presents the trends for Use of Appropriate Medications for People With Asthma. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):



Table 40. Trends for Use of Appropriate Medications for People With Asthma

Model Type	Medi-Cal Managed Care Plans	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate
COHS	CalOptima	62.2	63.2	61.8	88.0	88.5	90.8
	CCAH	54.5	62.6	68.4	87.9	87.9	88.7
	CenCal	64.3	68.7	71.5	87.5	90.0	90.3
	HPSM	68.9	55.4	55.5	78.4	89.0	89.7
	PHP of CA	66.9	68.8	67.9	86.7	88.9	89.5
CP	Anthem BC*	66.5	72.0	69.0	89.3	89.6	91.4
	Health Net*	43.2	48.4	56.5	76.0	83.8	86.9
	Molina	52.9	59.8	56.4	80.0	81.2	81.7
GMCN	Anthem BC	57.8	60.1	59.0	83.0	85.1	85.4
	Health Net	55.4	47.2	62.5	75.9	85.1	85.4
	Kaiser (N)	58.7	68.8	65.6	89.8	92.0	96.2
	Molina	—	49.4	51.0	82.8	83.3	75.0
	WHA	54.5	61.4	64.2	85.0	83.8	84.0
GMCS	Anthem BC	56.4	64.1	55.7	82.5	77.7	89.7
	Care1st	—	—	—	—	—	NA***
	CHG	58.4	55.7	60.0	81.1	85.6	86.8
	Health Net	50.6	47.9	62.7	75.5	90.5	85.6
	Kaiser (S)	44.2	59.9	61.9	90.2	82.9	91.9
	Molina (S)	—	—	—	—	—	79.1
LI	AAH	60.7	65.3	67.4	90.4	90.3	91.4
	Anthem BC (Stanislaus)	61.6	64.9	63.3	85.4	85.8	90.0
	Anthem BC (Tulare)	62.9	68.1	66.6	92.0	89.5	91.5
	CCHP	85.3	60.9	60.5	82.4	88.1	86.2
	HPSJ	53.8	59.2	54.8	84.5	84.6	86.7
	IEHP	59.4	63.7	64.0	87.0	88.3	89.8
	KFHC	48.9	63.1	64.9	84.1	85.6	85.9
	L.A. Care	41.8	61.1	58.9	82.4	85.0	88.7
	SFHP	57.8	68.4	68.5	93.8	92.1	90.1
SCFHP	64.0	61.6	58.5	84.9	95.7	87.9	
Medi-Cal Managed Care Straight Average**		58.6	61.3	62.1	84.7	87.0	87.7

* Rates for Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California, and CenCal was formerly Santa Barbara Regional Health Authority.

Figure 119. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - COHS
2008 Weighted COHS Avg. (26.1%)

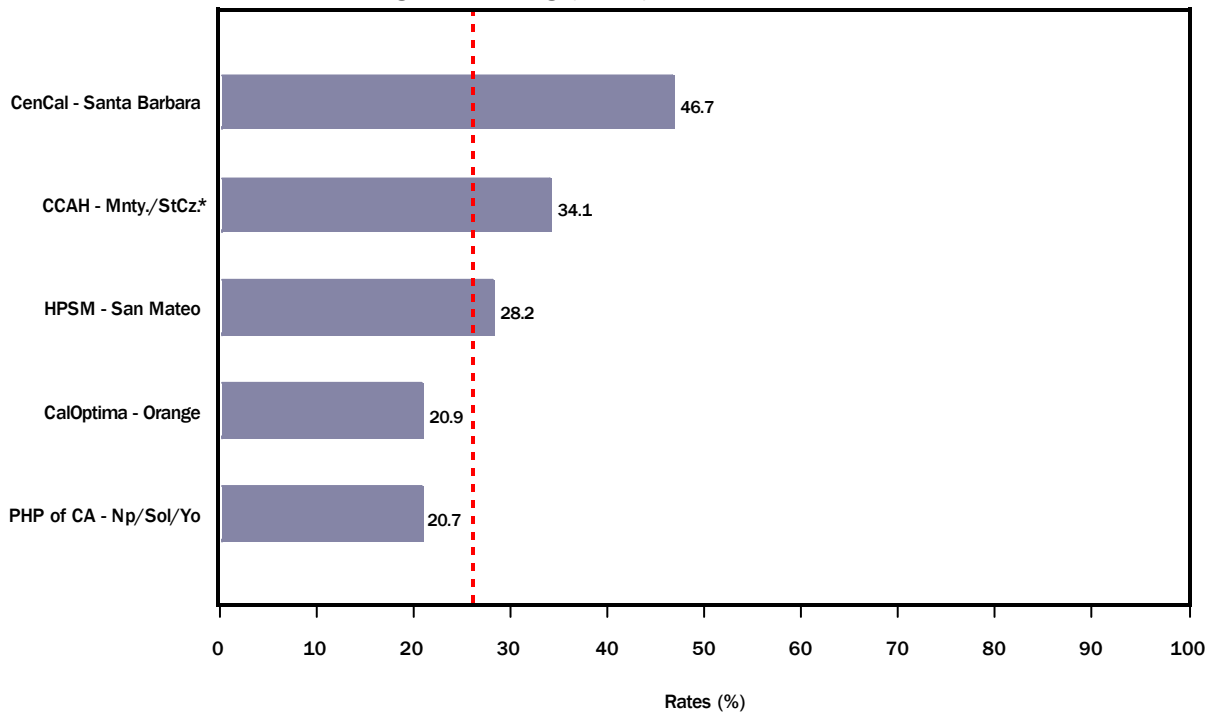
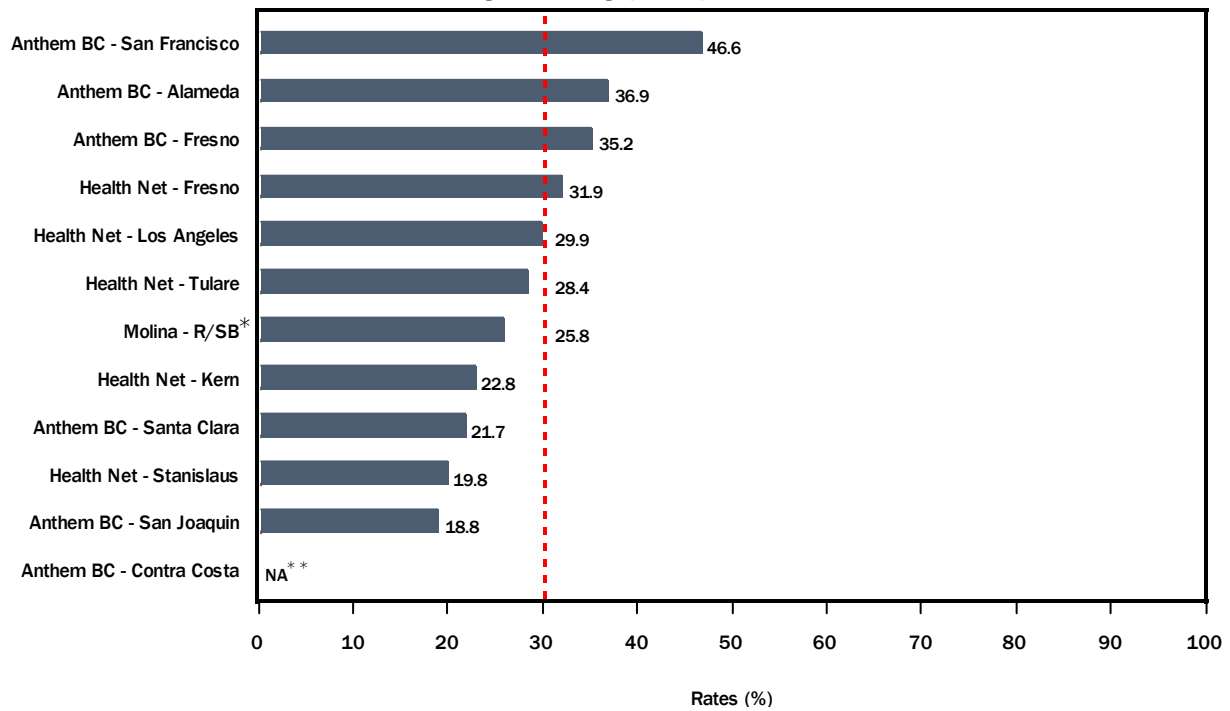


Figure 120. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - CP
2008 Weighted CP Avg. (30.3%)



* Multiple county abbreviations include: Mnty./StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 121. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – GMC - N

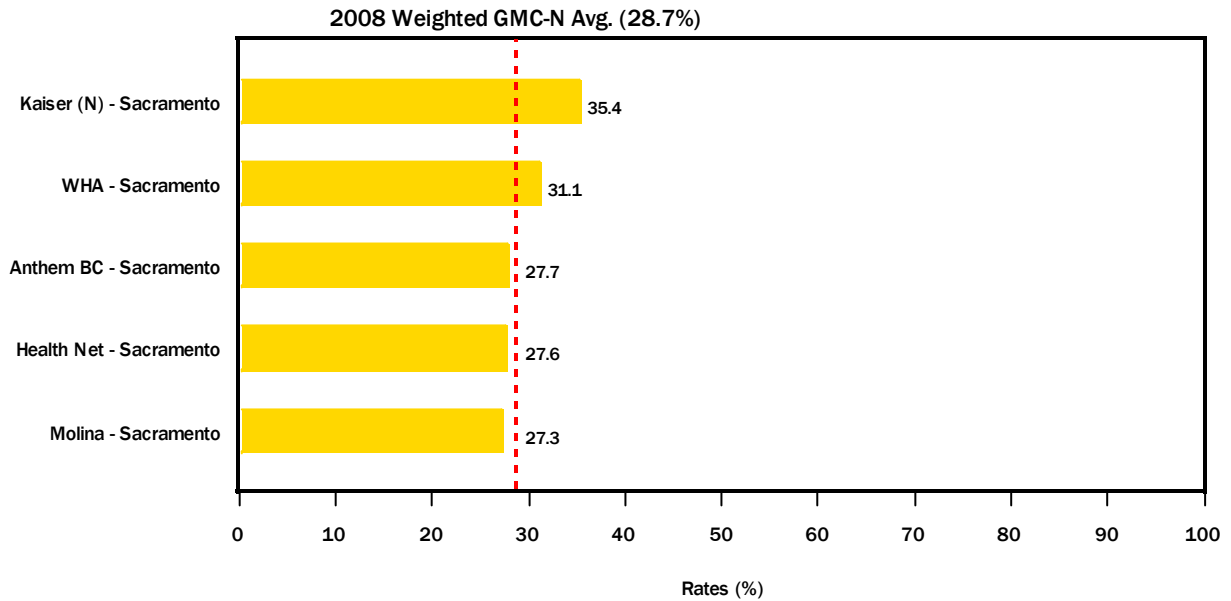
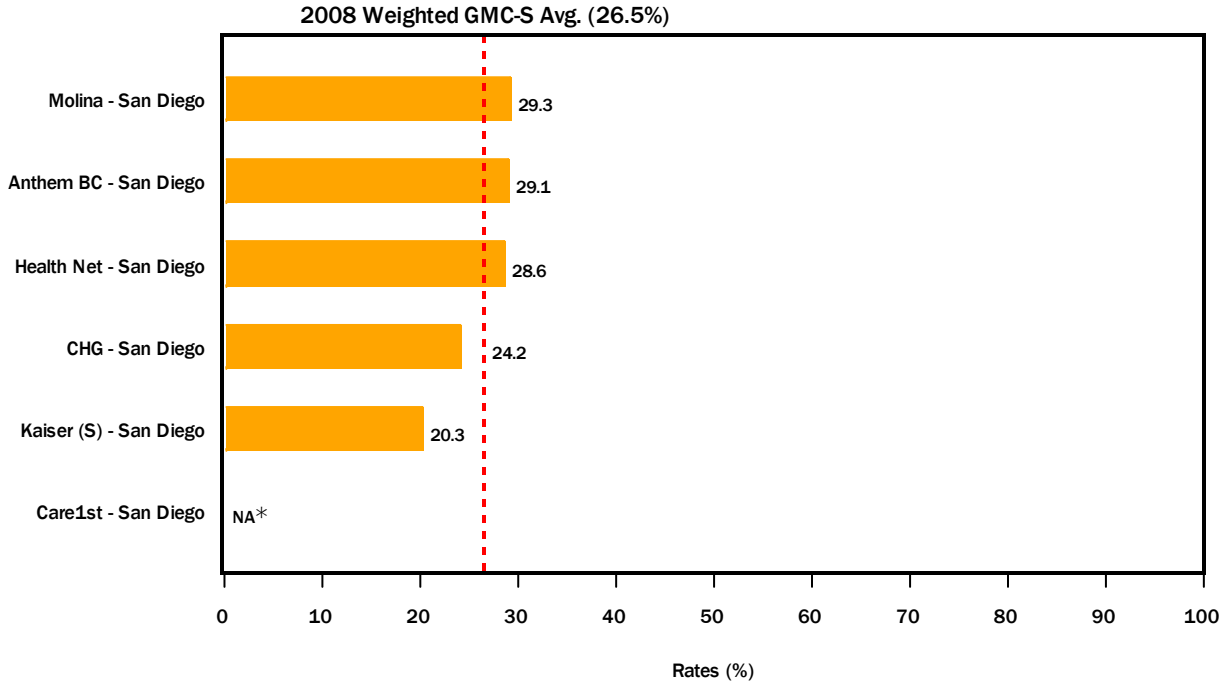
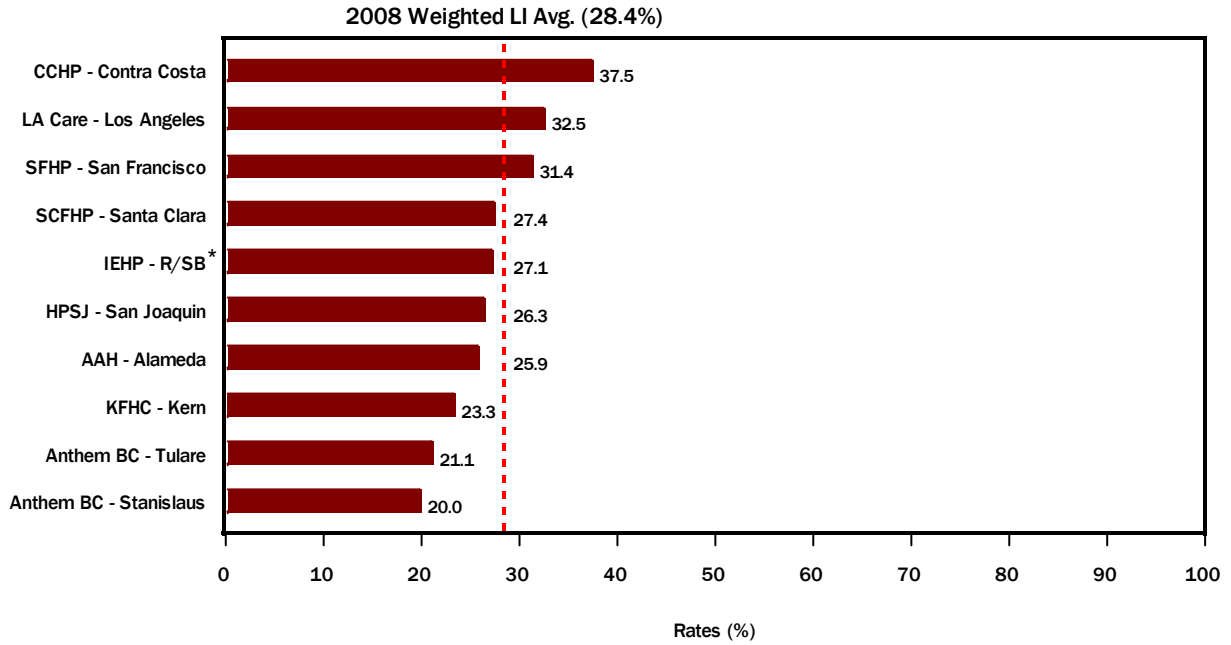


Figure 122. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – GMC - S



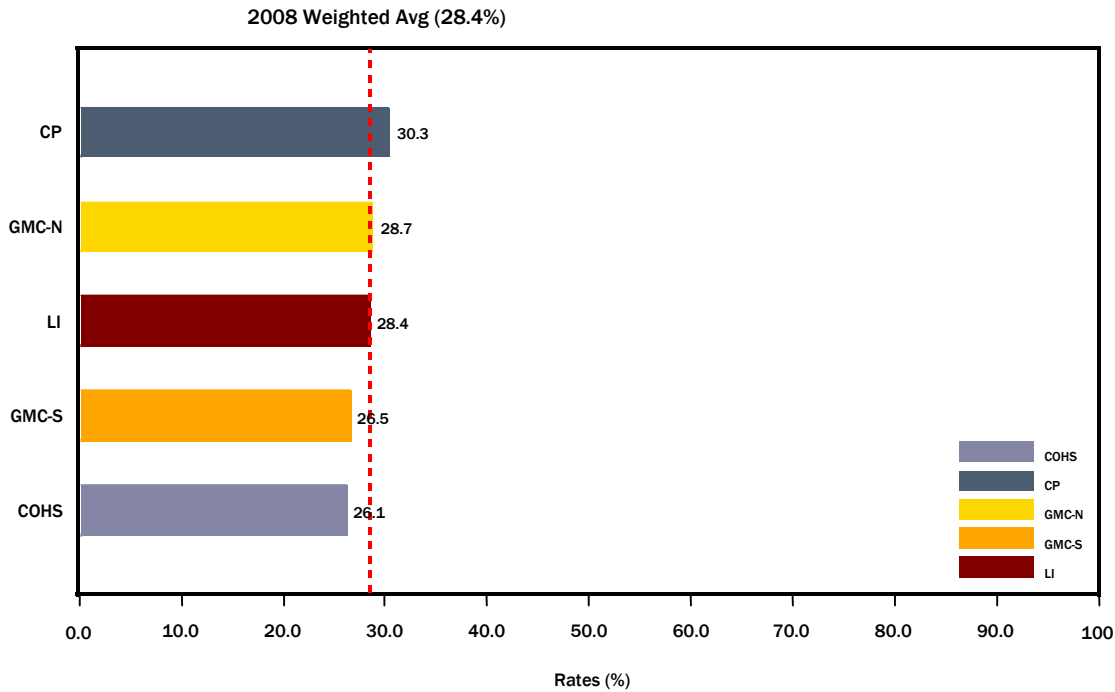
* NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

Figure 123. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – LI



* Multiple county abbreviations include: Mnty/StCz for Monterey/Santa Cruz, Np/Sol/Yo for Napa/Solano/Yolo, and R/SB for Riverside/San Bernardino.

Figure 124. HEDIS 2008 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - Model Type Comparison of Weighted Averages



For HEDIS 2008, the Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis measure was renamed Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis and inverted, so a higher rate is now better. Anthem Blue Cross Stanislaus has the worst rate with 20.0 percent. CenCal has the best rate with 46.7 percent, two standard deviations above the Medi-Cal Managed Care straight average of 28.2 percent.

Table 41 presents the trends for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = standard deviation):

→ 2 or more SDs above the average
 → 2 or more SDs below the average

Table 41. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate†	HEDIS 2007 Rate†	HEDIS 2008 Rate†
COHS	CalOptima	26.6	24.6	20.9
	CCAH	35.2	28.4	34.1
	CenCal	29.8	50.2	46.7
	HPSM	73.1	39.4	28.2
	PHP of CA	27.1	23.0	20.7
CP	Anthem BC*	35.9	38.9	32.2
	Health Net*	56.4	26.6	29.1
	Molina	27.2	32.8	25.8
GMCN	Anthem BC	27.8	26.3	27.7
	Health Net	61.5	29.2	27.6
	Kaiser (N)	21.2	24.5	35.4
	Molina	28.4	37.1	27.3
	WHA	32.7	27.7	31.1
GMCS	Anthem BC	—	—	29.1
	Care1st	—	—	NA***
	CHG	—	18.9	24.2
	Health Net	58.0	24.2	28.6
	Kaiser (S)	47.9	72.8	20.3
	Molina (S)	—	38.8	29.3
LI	AAH	23.7	26.9	25.9
	Anthem BC (Stanislaus)	23.7	28.0	20.0
	Anthem BC (Tulare)	27.2	19.5	21.1
	CCHP	31.2	38.3	37.5
	HPSJ	27.4	25.2	26.3
	IEHP	64.4	20.8	27.1
	KFHC	26.4	23.1	23.3
	L.A. Care	43.3	35.4	32.5
	SFHP	37.6	28.4	31.4
	SCFHP	22.5	19.5	27.4
Medi-Cal Managed Care Straight Average**		36.7	30.7	28.2

* Rates for Blue Cross CP and Health Net CP are weighted averages incorporating all the counties served by this plan-model combination.

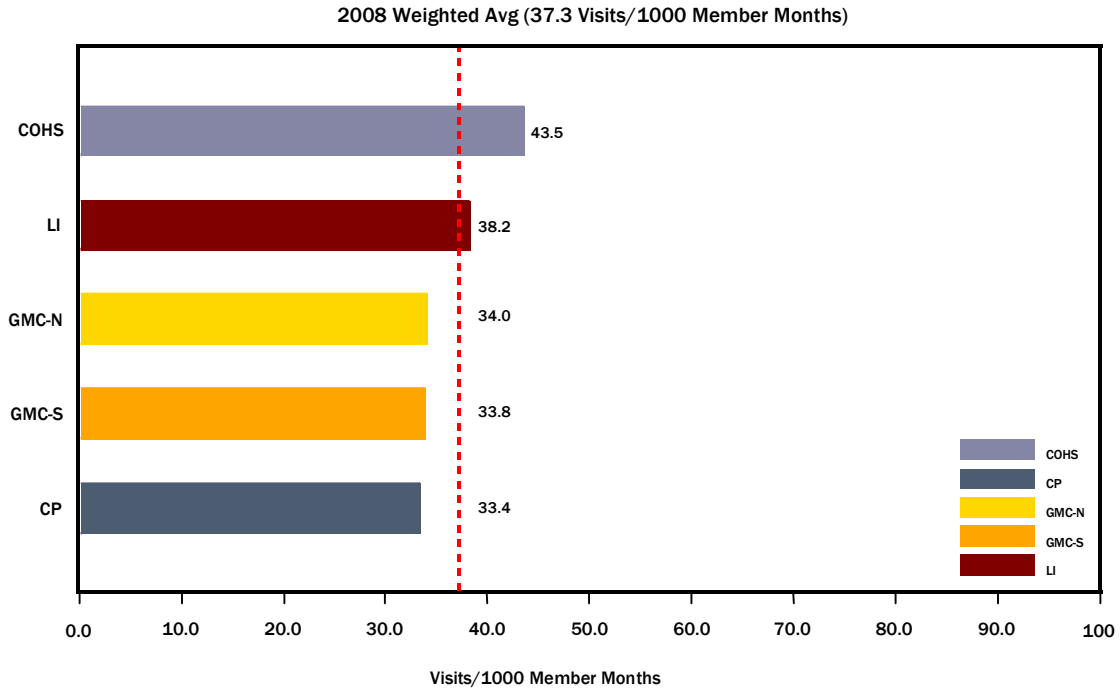
** The Medi-Cal Managed Care Average presented in this table is the unweighted average of the HEDIS Rates presented in the table for each year evaluated.

*** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

† AAB Note: The HEDIS 2008 specifications inverted this measure, so a higher rate would indicate better performance. The RY2006 and RY2007 rates shown here have been manually inverted (subtracted from 1) for ease of comparison with the RY2008 rates.

Plan Name Changes: Anthem Blue Cross was formerly Blue Cross of California and CenCal was formerly Santa Barbara Regional Health Authority.

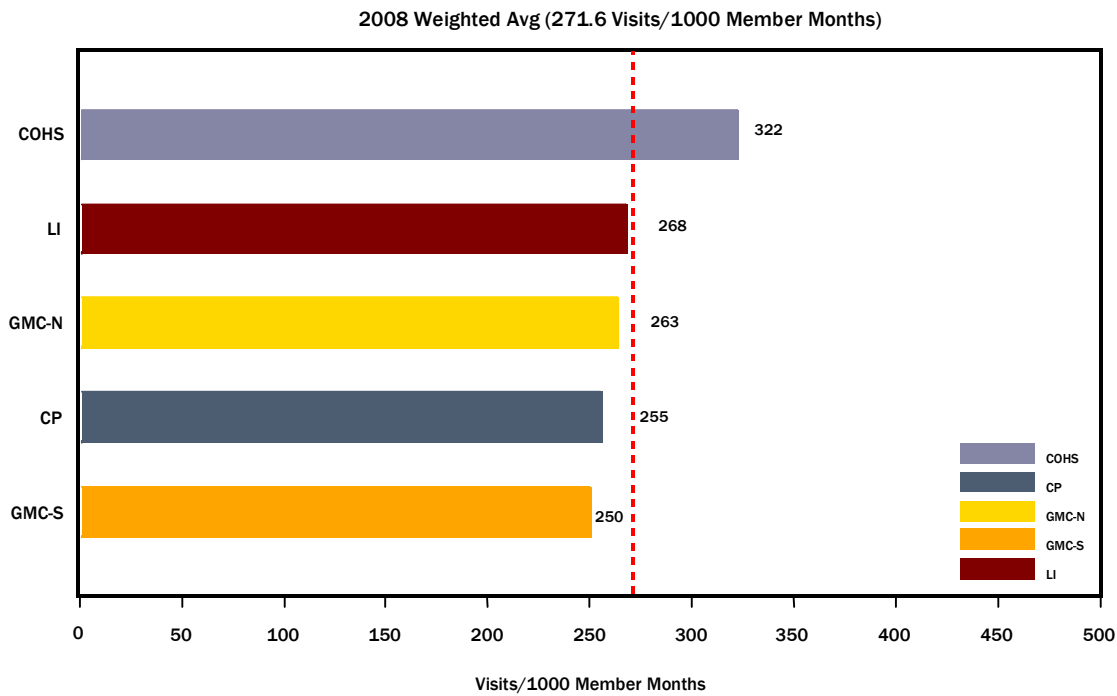
Figure 125. HEDIS 2008 Ambulatory Care – Emergency Department Visits - Model Type
Comparison of Weighted Averages



The Ambulatory Care measure and its four service categories (Emergency Department Visits, Outpatient Visits, Observation Room Stays, and Ambulatory Surgery/Procedures) are new to the EAS for 2008 and are therefore treated as first-year measures in that individual plan rates are not included in this report.

Emergency Department visits are visits that do not result in an inpatient stay. Visits are counted one per day. The model type weighted averages vary from 33.4 to 43.5 visits per one thousand member months. The Medi-Cal Managed Care straight average is 40.2 visits per one thousand member months.

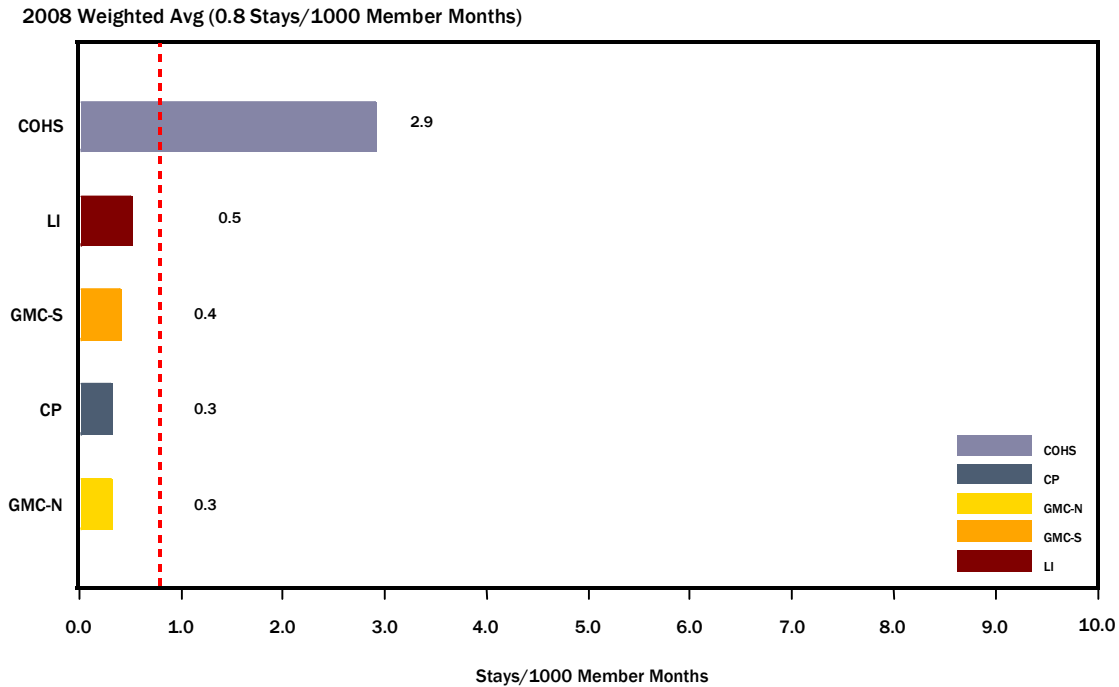
Figure 126. HEDIS 2008 Ambulatory Care – Outpatient Visits - Model Type Comparison of Weighted Averages



The Ambulatory Care measure and its four service categories (Emergency Department Visits, Outpatient Visits, Observation Room Stays, and Ambulatory Surgery/Procedures) are new to the EAS for 2008 and are therefore treated as first-year measures in that individual plan rates are not included in this report.

Outpatient visits include any face-to-face encounters between a provider and patient and include all types of settings such as urgent care centers and nursing homes. Mental health and chemical dependency visits are excluded. The model type weighted averages vary from 250 to 322 visits per one thousand member months. The Medi-Cal Managed Care straight average is 279.1 visits per one thousand member months.

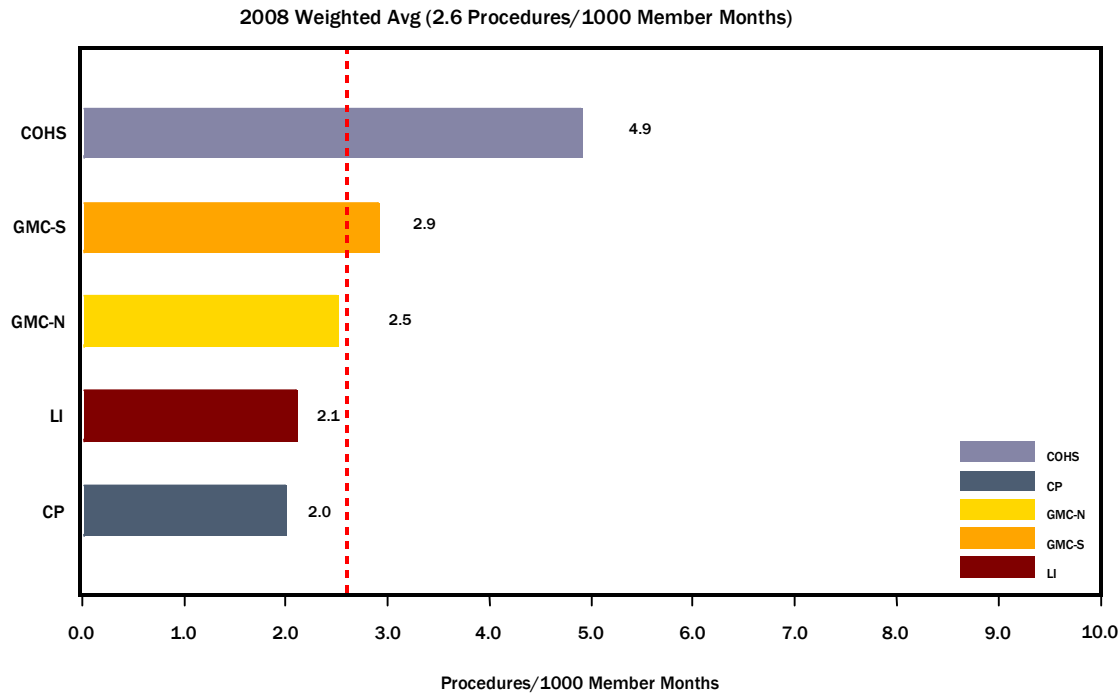
Figure 127. HEDIS 2008 Ambulatory Care Observation Room Stays - Model Type Comparison of Weighted Averages



The Ambulatory Care measure and its four service categories (Emergency Department Visits, Outpatient Visits, Observation Room Stays, and Ambulatory Surgery/Procedures) are new to the EAS for 2008 and are therefore treated as first-year measures in that individual plan rates are not included in this report.

Observation room stays are used to determine if a patient’s condition warrants inpatient admission. The stays that lead to a discharge are counted in this measure. The model type weighted averages vary from 0.3 to 2.9 stays per one thousand member months. The Medi-Cal Managed Care straight average is 1.0 stays per one thousand member months.

Figure 128. HEDIS 2008 Ambulatory Care – Ambulatory Surgery/Procedures - Model Type Comparison of Weighted Averages



The Ambulatory Care measure and its four service categories (Emergency Department Visits, Outpatient Visits, Observation Room Stays, and Ambulatory Surgery/Procedures) are new to the EAS for 2008 and are therefore treated as first-year measures in that individual plan rates are not included in this report.

The Ambulatory Surgery/Procedures indicator counts the number of surgeries performed at freestanding surgery centers or outpatient facilities. The model type weighted averages vary from 2.0 to 4.9 procedures per one thousand member months. The Medi-Cal Managed Care straight average is 3.2 procedures per one thousand member months.

VII. Conclusions and Recommendations

This report provides Medi-Cal Managed Care plans the information they need to determine the extent to which they have met the DHCS quality and performance measurement requirements. The data and analysis can also assist DHCS plan for and achieve its Medi-Cal program's quality assurance goals.

This section outlines plan performance strengths and challenges observed across all plans in the program. Areas DHCS may like to focus future quality improvement efforts on are also identified.

A. Information System Capabilities

Audit teams noted plan strengths and challenges that were observed during the onsite portion of the audits. Across the program, validation activity findings for DHCS managed care plans indicate that information systems issues had little, if any, impact on measure reporting.

Strengths

Strengths were related to the following categories:

- Data capture,
- General information systems,
- Use of registries,
- Well-managed, ongoing monitoring and quality checks of systems,
- Centralized processing of data, and
- Integration of data from member, provider, and claims sources.

Challenges

Plans did experience some challenges with information systems. Auditors identified plan issues primarily in the following areas:

- Vendor system problems and actions taken to compensate,
- Data completeness or submission,
- Retention of knowledgeable staff, and
- Managing increased enrollment.

Recommendations

DHCS managed care plans should be encouraged to continue efforts to increase data completeness with continued integration of data sources for administrative data. When administrative data systems (claims, encounter, electronic registry, disease management, etc.) are more complete, the need for medical record review will decrease. Some plans such as Kaiser GMC North and Kaiser GMC South are perfecting this

practice. The potential exists for NCQA to rely more and more on administrative data with the intent of automating the HEDIS reporting process.

Plans are encouraged to assess their information systems vendors and contract with them as early as possible. Plans should work with vendors to keep communication open and establish viable contingency plans to ensure measure reporting deadlines are met, even in the event of vendor systems failures.

B. Reporting Methods

Strengths

All DHCS plans contract with NCQA-certified HEDIS software vendors to manage and maintain source codes for the measures. All plans have continued to progress and improve their reporting capabilities through involvement in the validation process. Notable plan strengths include:

- Dedicated and experienced staff,
- Good communication throughout the organization regarding HEDIS measures,
- Commitment to quality improvement,
- Timelines and work plans,
- Documentation, and
- A team approach.

Challenges

DHCS Medi-Cal managed care plans are familiar with the methodology and data collection activities required for accurately reporting performance measure data. Some challenges seem to be universal across all plans:

- Retaining trained and experienced staff,
- Monitoring and coordinating vendors,
- Ensuring data completeness, and
- Combining information from electronic records and paper charts.

Recommendations

Plans should develop strategies for retaining personnel who are key to the HEDIS process. Cross-training staff in the various HEDIS functions will help organizations retain their knowledge base. The DHCS managed care plans are encouraged to continue improving their processes for reviewing data and ensuring its completeness. As NCQA transitions to administrative-data-only measures, the accuracy and completeness of plans' administrative data will be more crucial. As plans see their membership and product base expand, they should review their vendors' abilities to keep pace with expansion. Plans should thoroughly evaluate each vendor's capabilities before contracting and monitor the vendor's performance closely once in contract.

C. Medical Record Abstraction Tools and Processes

Strengths

DHCS managed care plans have well-defined processes for tool development, data entry, edit checks (built into electronic data capture systems), and for ensuring inter-rater reliability, all of which were identified as strengths.

Challenges

Plans have an opportunity for improvement in identifying providers that may have medical records of interest. This challenge is common in medical record review processes.

Recommendations

The same factors that lead to successful reporting are those that contribute to successful medical record abstraction processes and tools. Developing and encouraging expertise, communication, and teamwork may reduce many of the challenges DHCS managed care plans experience in this area. Developing the means to link members, providers, and locations of medical records would greatly improve the effectiveness of medical record review activities.

VIII. Final Thoughts

The reporting methodologies and systems in place at Medi-Cal Managed Care plans appear to be sufficient to accurately and reliably report performance measure data. DHCS and the plans are in a position to maintain the reporting system while improving the delivery and outcomes of care. DHCS managed care plans have developed information systems, reporting methodologies, medical record review processes, and measure calculation strategies for HEDIS that have stabilized over the years. But improving care is much more difficult than developing the methodologies for improving data capture.

The performance measurement results in this report provide quantified data that describe some aspects of the health care that was delivered to Medi-Cal Managed Care beneficiaries over the course of a measurement year; however, these results do not describe all aspects of care delivery. The purpose of the measures is to provide a tool for quantifiably assessing managed care plans' care delivery performance. Plans should review and interpret the results of their performance measurement reports and compare their results to those of other benchmarks. Plans should focus improvement efforts on areas that will yield the greatest care benefit for the members they serve. Interventions that address issues at the systems level are most likely to yield sustainable improvements.

Culture plays an important role in the success of quality improvement programs. If a regulatory culture exists, plans may inadvertently determine a level of performance that is acceptable for regulatory purposes and perform to that level rather than striving to achieve the best care possible. Consequently, it is important for plans to develop quality improvement systems in addition to the performance measurement systems currently in place. Approaching improvement opportunities through direct coordination with providers can yield longer lasting results than can be achieved by focusing exclusively on improving measures of DHCS managed care plan system performance. Plans are encouraged to work with the provider community and to focus efforts on bringing about positive change in the culture and operation of provider offices.

In summary, the reporting methodologies and systems in place at DHCS managed care plans appear to be sufficient to accurately and reliably report performance measure data. DHCS and the plans are in a position to maintain the reporting system while improving the delivery and outcomes of care to their members. By focusing on culture, leadership, and a unified approach, the partnership between DHCS, DHCS managed care plans, and providers can produce sustainable system-wide improvements and better outcomes for Medi-Cal members.

Appendix 1

Specialty Plan and Prepaid Health Plan (PHP) Results for HEDIS 2008

In 2008, three specialty plans, AHF Healthcare Centers, Family Mosaic, and SCAN Health Plan, and one prepaid health plan, Kaiser PHP Marin/Sonoma, were part of the Medi-Cal Managed Care program. DHCS requires these four plans to report on two HEDIS or other performance measures appropriate to each plan's specific population. However, due to pending contract changes for SCAN and Kaiser PHP Marin/Sonoma and ongoing performance measurement development work with SCAN, only AHF Healthcare Centers was audited and reported Medicaid performance measures in RY 2008.

AHF Healthcare Centers reported on Colorectal Cancer Screening (COL) in the Effectiveness of Care domain and Adults' Access to Preventive/Ambulatory Health Services (AAP) in the Access/Availability of Care domain. No MPL or HPL was available for COL comparison. The plan exceeded the HPL for all three age groups on the AAP measure. The performance rates are listed in Table A-1a.

Table A-1a HEDIS 2008 Rates for AHF Healthcare Centers

AHF Healthcare Centers	COL	AAP (20-44)	AAP (45-64)	AAP (65+)
HEDIS 2008 Rate	47.7%	97.3%	97.8%	95.5%
HPL ¹	NA	88.0%	89.8%	93.5%
MPL ²	NA	74.4%	80.4%	71.1%

¹HPL is HEDIS 2008 national Medicaid 90th Percentile

²MPL is HEDIS 2008 national Medicaid 25th Percentile

While SCAN Health Plan did not report Medicaid measures, they provided the results from their audited performance measures for Medicare for informational purposes only, shown in Table A-1b below. The two measures they reported on were Glaucoma Screening in Older Adults (GSO) and Persistence of Beta-Blocker Treatment after a Heart Attack (PBH), both from the Effectiveness of Care domain. In 2009, SCAN will be audited and report these two measures for their Medicaid population. It should be noted that all their Medicaid members are dual eligible and so are also covered by Medicare.

Table A-1b HEDIS 2008 Rates for SCAN Health Plan

SCAN Health Plan	GSO	PBH
HEDIS 2007 Rate	71.8%	77.1%

In RY 2009, Kaiser PHP Marin/Sonoma will be audited and will report on two Medicaid measures. DHCS is currently working with Family Mosaic to develop plan-appropriate performance measures and hopes to report baseline results for Family Mosaic in 2009.

Appendix 2

HEDIS OVERVIEW⁵

HEDIS is the most widely used set of health care performance measures in the United States. It is developed and maintained by the NCQA, a not-for-profit organization committed to assessing, reporting on and improving the quality of health care. The Health Plan Employer Data and Information Set and the term “HEDIS” originated in the late 1980s as the product of a group of forward-thinking employers and quality experts and was entrusted to NCQA in the early 1990’s. More recently, NCQA expanded the size and scope of HEDIS to include measures for physicians, Preferred Provider Organizations (PPOs) and other organizations, and changed the name to *Healthcare Effectiveness Data and Information Set*.

NCQA’s Committee on Performance Measurement (CPM) oversees the evolution of the measurement set. The CPM includes representation from purchasers, consumers, health plans, health care providers, and policy makers. Measurement Advisory Panels provide the clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Advisory Group provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

HEDIS includes 70 measures across 8 domains of care.

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care
- Use of Services
- Cost of Care
- Health Plan Descriptive Information
- Health Plan Stability
- Informed Health Care Choices

HEDIS COMPLIANCE AUDITS

The HEDIS Compliance Audit allows comparability across health plans and ensures validity and integrity of HEDIS data. The audit is required by many states and employer groups and includes standards for assessing health plan information system characteristics and capabilities and specification compliance for each HEDIS measure.

⁵ National Committee for Quality Assurance (2007). HEDIS 2008 Volume 2 Technical Specifications. Washington DC

HEDIS Audit principles

- The HEDIS Audit verifies that the health plan's HEDIS production processes conform to the technical specifications.
- The HEDIS Audit measures the health plan's information system capabilities and evaluates the plan's ability to process medical, member, and practitioner information so it can accurately report HEDIS data.
- The results of a detailed source code review of a carefully selected and expandable subset of measures (the core set) can be extrapolated to all HEDIS measures.
- The goal of the audit is accurate, reliable, and publicly reportable data that can be used by purchasers and consumers to compare health plans.
- The HEDIS Audit must be conducted by an NCQA Licensed Organization and a Certified HEDIS Compliance Auditor using NCQA's standard audit methodology, ensuring consistency across audits.

The HEDIS Audit has been in operation since 1997 and has evolved from its initial concept to become an important strategic component of HEDIS. Since 2000, NCQA has used only audited HEDIS data for its information products, including *Quality Compass* and the *State of Health Care Quality Report*. NCQA encourages health plans to collect data simultaneously with their audits. A concurrent audit lets the auditor detect errors in a health plan's data collection process while there is time for the health plan to correct its methods and minimize the possibility that rates may not be reported.

NCQA has a licensing program for organizations interested in conducting HEDIS Audits and a certification program for individual auditors. An organization that wants to become licensed to conduct HEDIS audits must have applicable auditing experience and a working knowledge of the managed care industry and HEDIS.

Licensed Organizations are held to strict standards of conduct and accountability; violations of the code of conduct can result in revocation of licensure. Organizations must also comply with the Health Insurance Portability and Accountability Act (HIPAA) and must contract with or employ at least two Certified HEDIS Auditors to maintain their licensure. Licensure is effective for one year and is renewed after review of the Licensed Organization's previous year's auditing work and payment of a licensure fee.

Individuals applying to be Certified HEDIS auditors should have auditing experience and HEDIS knowledge and must submit at least two references that demonstrate exemplary professional skills and ethics. Applicants must pass both an application review and an auditor certification exam as well as enter into a certification agreement with NCQA. The certification is valid for two years if the Certified Auditor meets the following criteria.

- Participates in at least two HEDIS Audits per year under the supervision of a Licensed Organization
- Attends the Auditors' Update Conference annually

- Obtains 12 hours of pre-approved continuing education credits during the 2-year certification period
- Adheres to the Code of Professional Conduct in *Appendix 1: Code of Professional Conduct for Certified HEDIS Compliance Auditors*

NCQA posts lists of Licensed Organizations and Certified Auditors on its Web site and administers a monitoring program that gives constructive feedback to Licensed Organizations and Certified Auditors. This program helps improve and evolve the practices of Certified Auditors and Licensed Organizations.

Appendix 3

HEDIS 2008 Measure Descriptions⁶

Well-Child Visits in the First 15 Months of Life (6 or more visits)

The percentage of enrolled members who turned 15 months old during the measurement year and who had 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

Note: This measure has the same structure as measures in the Effectiveness of Care domain. The MCO should follow NCQA's *Specific Guidelines for Effectiveness of Care Measures* when calculating this measure.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

The percentage of members who were three, four, five, or six years of age and who received one or more well-child visits with a primary care practitioner during the measurement year.

Note: This measure has the same structure as measures in the Effectiveness of Care domain. The MCO should follow NCQA's *Specific Guidelines for Effectiveness of Care Measures* when calculating this measure.

Childhood Immunization Status (Combination 2)

The percentage of enrolled children who received four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, and one chicken pox vaccine (VZV) on or before the child's second birthday.

Childhood Immunization Status (Combination 3)

The percentage of enrolled children who received four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV), and four pneumococcal conjugate vaccinations on or before the child's second birthday.

Adolescent Well-Care Visits

The percentage of enrolled members who were 12 to 21 years of age and who had at least one comprehensive well-care visit with a primary care practitioner or an Obstetrics & Gynecology practitioner during the measurement year.

⁶ National Committee for Quality Assurance (2007). HEDIS 2008 Volume 2 Technical Specifications. Washington DC

Appropriate Treatment for Children With Upper Respiratory Infection

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode date. This measure is reported as an inverted rate and a higher rate indicates appropriate treatment.

Prenatal and Postpartum Care

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the managed care organization (MCO) in the first trimester *or* within 42 days of enrollment in the MCO.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Cervical Cancer Screening

The percentage of women 21 to 64 years of age who received one or more Pap tests to screen for cervical cancer.

Breast Cancer Screening

The percentage of women 40 to 69 years of age who had a mammogram to screen for breast cancer.

Comprehensive Diabetes Care

The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Eye Exam (Retinal) Performed
- Hemoglobin A1c (HbA1c) Testing
- HbA1c Poor Control (>9.0%)
- HbA1c Good Control (<7.0%)
- LDL-C Screening Performed
- LDL-C Control (<100 mg/dL)
- Medical Attention for Nephropathy

Use of Appropriate Medications for People With Asthma

The percentage of members 5 to 56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

The percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of adults with acute bronchitis.

Ambulatory Care

This measure counts utilization of ambulatory care (per 1,000 member months) in the following service categories:

- Outpatient Visits
- ED Visits
- Ambulatory Surgery/Procedures
- Observation Room Stays

Appendix 4

EAS Measure Changes for HEDIS 2009

Table A-4 Measure Changes for HEDIS 2009

HEDIS Measures	Add	Eliminate	Retain
Adolescent Well-Care Visits			✓
Ambulatory Care: Ambulatory Surgery/Procedures (per 1000)			✓
Ambulatory Care: Emergency Department Visits (per 1000)			✓
Ambulatory Care: Observation Room Stays (per 1000)			✓
Ambulatory Care: Outpatient Visits (per 1000)			✓
Appropriate Treatment for Children With Upper Respiratory Infection			✓
Avoidance of Inappropriate Antibiotic Treatment in Adults With Acute Bronchitis			✓
Breast Cancer Screening			✓
Cervical Cancer Screening			✓
Childhood Immunization Status (Combination 2)		✓	
Childhood Immunization Status (Combination 3)			✓
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed			✓
Comprehensive Diabetes Care: HbA1c Control (< 7.0%)			✓
Comprehensive Diabetes Care: HbA1c Poor Control (> 9.0%)			✓
Comprehensive Diabetes Care: HbA1c Testing			✓
Comprehensive Diabetes Care: LDL-C Control (< 100mg/dL)			✓
Comprehensive Diabetes Care: LDL-C Screening			✓
Comprehensive Diabetes Care: Medical Attention for Nephropathy			✓
Prenatal and Postpartum Care: Postpartum Care			✓
Prenatal and Postpartum Care: Timeliness of Prenatal Care			✓
Use of Appropriate Medications for People With Asthma			✓
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life			✓
Well-Child Visits in the First 15 Months of Life (6 or More Visits)			✓

Appendix 5

2008 EAS Report Medi-Cal and National Benchmarks Table

Table A-5 Medi-Cal and National Benchmarks for 2008 EAS Report

2008 Performance Measure	2008 Medi-Cal Managed Care Weighted Average	2007 HEDIS National Medicaid Average†	2007 HEDIS National Commercial Average‡	2007 CA Healthy Families Average††
Adolescent Well-Care Visits	39.6%	43.7%	40.3%	43.5%
Ambulatory Care— Ambulatory Surgery/Procedures (per 1,000 Member Months)	2.6	5.3	10.6	NA
Ambulatory Care— Emergency Department Visits (per 1,000 Member Months)	37.3	57.0	16.7	NA
Ambulatory Care—Observation Room Stays (per 1,000 Member Months)	0.8	1.8	0.8	NA
Ambulatory Care—Outpatient Visits (per 1,000 Member Months)	271.6	318.0	296.7	NA
Appropriate Treatment for Children With Upper Respiratory Infection	83.1%	83.3%	82.8%	83.1%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	28.4%	NA	NA	NA
Breast Cancer Screening	50.4%	49.1%	68.9%	NA
Cervical Cancer Screening	68.7%	65.7%	81.0%	NA
Childhood Immunization Status— Combination 2	80.1%	73.3%	79.8%	79.2%
Childhood Immunization Status— Combination 3	72.0%	60.6%	65.8%	73.4%
Comprehensive Diabetes Care— Eye Exam (Retinal) Performed	58.1%	51.4%	54.7%	NA
Comprehensive Diabetes Care—HbA1c Good Control (< 7.0%)	32.6%	NA	41.8%	NA
Comprehensive Diabetes Care— HbA1c Poor Control (> 9.0%)	42.6%	48.7%	29.6%	NA
Comprehensive Diabetes Care— HbA1c Testing	82.1%	78.0%	87.5%	NA
Comprehensive Diabetes Care— LDL-C Control(< 100mg/dL)	34.2%	30.6%	43.0%	NA
Comprehensive Diabetes Care— LDL-C Screening Performed	77.8%	71.1%	83.4%	NA
Comprehensive Diabetes Care— Medical Attention for Nephropathy	78.3%	74.6%	79.7%	NA
Prenatal and Postpartum Care— Postpartum Care	59.1%	59.1%	79.9%	NA

2008 Performance Measure	2008 Medi-Cal Managed Care Weighted Average	2007 HEDIS National Medicaid Average†	2007 HEDIS National Commercial Average‡	2007 CA Healthy Families Average††
Prenatal and Postpartum Care— Timeliness of Prenatal Care	82.6%	81.2%	90.6%	NA*
Use of Appropriate Medications for People With Asthma	88.8%	87.1%	91.6%	94.0%
Well-Child Visits in the First 15 Months of Life	60.2%	55.6%	72.9%	56.6%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.8%	66.8%	66.7%	72.9%

† Rate obtained from NCQA's *Quality Compass* (2007).

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2007_Means_Percentiles_Commercial.pdf.

††: 2007 rates obtained from the Healthy Families Program at

http://www.mrmib.ca.gov/MRMIB/quality_reports.html

* NA- No relative benchmark available for this indicator.

The addition of four Ambulatory Care measure indicators and three Comprehensive Diabetes Care measure indicators in HEDIS 2008 reflects DHCS's Medi-Cal Managed Care Program's increased focus on promoting better care for seniors and persons with disabilities and improving health outcomes for members with chronic conditions. No measures were retired from or introduced to the DHCS-required set of HEDIS measures for HEDIS 2009. The DHCS also wants to expand data collection for performance measures related to chronic diseases, such as diabetes, and to focus more on outcome measures than on process measures.

Of the measures required for Reporting Year 2008, six were used by DHCS for the auto assignment default algorithm:

- Adolescent Well-Care Visits,
- Cervical Cancer Screening
- Childhood Immunization Status – Combination 2,
- Prenatal and Postpartum Care – Timeliness of Prenatal Care,
- Use of Appropriate Medications for People With Asthma, and
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life.

The results for these measures are used to determine which DHCS-contracted managed care health plans will receive more default-assigned enrollees each year. The DHCS Auto Assignment Advisory Group recommended the six default measures remain in place for another year.