



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Report of the
**2007 Performance Measures
for Medi-Cal Managed Care Members**

Submitted by
Delmarva Foundation
July 2008



Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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Medi-Cal Managed Care External Accountability Set (EAS) 2007

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 3.3 million beneficiaries. In 2006, three models of care in 21 managed care health plans served 22 counties in the provision of these services. The primary goals included providing qualified Medi-Cal children and adults with high quality health care that is accessible and 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 71 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 16 indicator rates. DHCS selected measures to reflect the care provided to the largest segments of the Medi-Cal population in CY 2006. 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:

- The Medi-Cal Managed Care weighted average for 12 of the 16 indicators are at or above the 2006 national Medicaid average.
- The Medi-Cal Managed Care weighted average for Childhood Immunizations-Combo 2 (77.9%) is 7.5 percentage points above the 2006 national Medicaid average (70.4%).
- The Medi-Cal Managed Care weighted average for Well-Child 15 months, 6 visits (57.7%) was above the 2006 national Medicaid average of 48.6% by 9.1 percentage points.
- The Medi-Cal Managed Care weighted average of 36.9% was 3.7 percentage points below the 2006 national Medicaid mean of 40.6% for Adolescent Well-Care visits, indicating an opportunity for improvement.
- The Comprehensive Diabetes Care-LDL-C Screening weighted average (75.9%) was below the national Medicaid average (80.5%). This was the only Comprehensive Diabetes Care indicator below the national Medicaid average and presents an opportunity for improvement.

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-three-year trend rates for the statewide simple averages are displayed in the table below.

Annual Trend Rates 2005 – 2007 Statewide Simple Averages*

HEDIS Measures	HEDIS 2005	HEDIS 2006	HEDIS 2007
Well-Child 15 Months-6 Visits or More (W15)	51.9%	52.7%	56.8%
Well-Child 3-6 (W34)	68.7%	69.7%	71.6%
CIS-Combo2 (CIS)	67.7%	76.7%	76.8%
Adolescent Well-Care (AWC)	35.1%	36.3%	37.0%
Appropriate Treatment for Children With Upper	–	85.4%	84.3%

HEDIS Measures	HEDIS 2005	HEDIS 2006	HEDIS 2007
Respiratory Infection (URI)			
Breast Cancer Screening (BCS)	56.2%	55.3%	50.7%
Cervical Cancer Screening (CCS**)	65.9%	67.2%	65.9%
Chlamydia Screening (CHL)	48.0%	51.8%	55.9%
Timeliness of Prenatal Care (PPC-Time)	79.6%	80.9%	79.6%
Postpartum Care (PPC-Post)	58.1%	57.5%	58.0%
CDC** Eye Exam	63.3%	54.1%	56.1%
CDC HbA1c Test	–	75.0%	80.6%
CDC LDL-C Screening	–	83.7%	75.7%
CDC Medical Attention for Nephropathy (CDC- Neph.)	–	58.1%	78.9%
Use of Appropriate Medications for People with Asthma (ASM)	62.1%	84.7%	87.0%
Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis (AAB)	–	63.3%	69.3%

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

** 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 Cervical Cancer Screening and CDC refers to Comprehensive Diabetes Care.

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

- Eleven of the 16 indicators had data for all three measurement years. Of these 11 indicators, six showed an upward trend from 2005 through 2007.
- Five of the 16 indicators had rates for 2006 and 2007 only. Of these five indicators, improvement was observed for two indicators.
- Inappropriate Treatment for Adults with Acute Bronchitis showed an increase of 6 percentage points in the unweighted Medi-Cal averages from 63.3% in 2006 to 69.3% in 2007. This measure is reported with an inverted rate and a lower rate is better.
- The unweighted Medi-Cal Managed Care averages for Prenatal Care and Cervical Cancer Screenings have remained stable over the past three years.
- From 2005 to 2007, the unweighted Medi-Cal Managed Care averages for Childhood Immunization-Combo 2 improved by 9.1 percentage points from 67.7% to 76.8%.
- The unweighted Medi-Cal averages for Chlamydia Screenings improved by 7.9 percentage points between 2005 and 2007 from 48.0% to 55.9%.

- Screening for Breast Cancer trended downward by 5.5 percentage points from 56.2% in 2005 to 50.7% in 2007 for the unweighted Medi-Cal averages.
- Medi-Cal Managed Care unweighted averages of indicator results for Comprehensive Diabetes Care were mixed for the trending periods:
 - Retinal Eye Exam declined from 63.3 % to 56.1% (2005 to 2007),
 - HbA1c Testing increased from 75.0% to 80.6% (2006 to 2007),
 - LDL-C Screening declined from 83.75 to 75.7% (2006 to 2007),
 - Monitoring for Diabetic Nephropathy increased by 20.8 percentage points from 58.1% to 78.9% (2006 to 2007).
- Use of Appropriate Medications for People with Asthma increased 24.9 percentage points from 62.1% to 87.0% between 2005 and 2007 for the unweighted Medi-Cal averages.

The identification of Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) are based upon the 25th and the 90th percentiles, respectively, of the 2006 national Medicaid averages. This additional comparison can assist DHCS in their program-wide assessment of quality and to identify opportunities for the targeted improvement needs of specific health plans. The HPL rates also help identify plans that exceed national benchmarks.

The requirement for MPLs and HPLs was not applied to the following measures due to substantial changes to the technical specifications for HEDIS 2007. The specific changes for each measure are identified in Section III of this report.

- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis (AAB)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screenings (CCS²)
- Comprehensive Diabetes Care - LDL -C Screening (CDC²-L)
- Comprehensive Diabetes Care - Medical Attention to Nephropathy (CDC-N).

Improvement Plans (IPs) are required of plans not meeting the minimum 25th percentile level of HEDIS 2006 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. For one HEDIS measure, Comprehensive Diabetes Care: Eye Exam (Retinal), all Medi-Cal managed care plans reported at or above the MPL and no IPs are required. 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:

² 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 the abbreviations CCS and CDC refer to the HEDIS measures under discussion.

- Adolescent Well-Care Visits (AWC) – MPL: 13 plans,
- Appropriate Treatment for Children with Upper Respiratory Infection (URI) – MPL: 7 plans,
- Appropriate Medications for Asthmatics (ASM) – MPL: 5 plans,
- Prenatal and Postpartum Care; Timeliness of Prenatal Care (PPC-Pre) – MPL: 5 plans; NR: 2 plans,
- Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) – MPL: 5 plans; NR: 1 plan,
- Chlamydia Screening in Women (CHL) – MPL: 2 plans,
- Childhood Immunization Status [Combination 2 (CIS-2)] – MPL: 2 plans; NR: 3 plans,
- Well-Child visits in the First 15 Months of Life (W15) – MPL: 2 plans; NR: 6 plans,
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) – MPL: 2 plans; NR: 2 plans,
- Comprehensive Diabetes Care: Hemoglobin A1c Testing (CDC-H) – MPL: 1 plan.

Defining the delivery of health care services to this vulnerable population requires regular measurement of “quality” as a mandatory tool in program management. The trending of HEDIS measures over time is an important and objective tool to evaluate both individual plan performance and the results for the Medi-Cal population.

Desired health care services and outcomes as related to quality can encompass several dimensions. These may include:

- Services delivered in an efficient and timely manner with reasonable access,
- Effective care adhering to evidence-based guidelines, including preventive care,
- Ensuring patient safety, and
- Care that is patient-centered and culturally competent.

Quality performance measurement, as reflected in HEDIS results, provides a description or observation of a level of activity at a point in time. The results do not describe the specific reasons that may account for differences in plan and comparative levels. Monitoring of trends and variances by DHCS is required to identify opportunities to improve 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. The review of previous interventions should be scrutinized for effectiveness of improvement efforts. Plans should consider alternative and innovative strategies for those measures that have not achieved benchmark results or improvement in performance results. Incorporating system-wide interventions into overall processes can produce the most sustainable results.

Results of the 2007 Performance Measures for the California 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), has contracted with Delmarva Foundation for Medical Care, 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 2006, California's Medi-Cal Managed Care Program funded healthcare services for approximately 3.3 million Medi-Cal beneficiaries in 22 counties across California. To effectively assess the quality of care provided by contracted health plans during 2006, the DHCS required each Medi-Cal managed care plan to report rates for a series of performance measures. These measures were selected from the Health Plan Employer Data and Information Set (HEDIS³), now known as the Healthcare Effectiveness Data and Information Set (HEDIS⁴) measures.

DHCS selected 12 HEDIS measures with 16 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.

³ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴ 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 proximal 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 3.3 million Medi-Cal beneficiaries in 22 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 2006, 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 is 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.

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

Table 2. Medi-Cal Managed Care Contracted Health Plans

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
Alameda Alliance for Health	AAH	LI	Alameda
Blue Cross of CA (now Anthem Blue Cross)	BC of CA	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	Sacramento**
		GMC	San Diego
Central Coast Alliance for Health	CAAH	COHS	Monterey/Santa Cruz
Community Health Group	CHG	GMC	San Diego
Contra Costa Health Plan	CCHP	LI	Contra Costa
Health Net	Health Net	CP	Fresno
			Kern
			Los Angeles

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

** Effective November 1, 2007, Care 1st is no longer a contracted health plan in Sacramento County.

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
			Stanislaus
			Tulare
		GMC	Sacramento
		GMC	San Diego
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 (N)	Kaiser (N)	GMC	Sacramento
Kaiser Permanente (S)	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
			San Diego
Partnership Health Plan of CA	PHP of CA	COHS	Solano, Yolo & Napa
San Francisco Health Plan	SFHP	LI	San Francisco
Santa Barbara Regional Health Authority (now CenCalHealth Plan)	SBRHA	COHS	Santa Barbara
Santa Clara Family Health Plan	SCFHP	LI	Santa Clara
Western Health Advantage	WHA	GMC	Sacramento

AHF Healthcare Centers and Kaiser Prepaid Health Plan were required to submit validated data for the first time in 2007. Their results can be found in Appendix 1.

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

Plan Name	Plan Abbreviation	Contract Type	County (ies) of Operation
AHF Healthcare Centers	AHC	Specialty Plan (SP)	Los Angeles
Kaiser Prepaid Health Plan	Kaiser PHP	Prepaid Health Plan (PHP)	Marin
			Sonoma

This report presents the results of the performance measures for services provided in calendar year 2006, and as reported in June 2007. For a brief description of the measures required by DHCS, refer to Appendix 3.

II. HEDIS Audit Process and DHCS

HEDIS audit activities for Medi-Cal managed care plans occur year-round. Initial steps performed by plans include project planning and preparing for the audit teams which occurs between October and December of the measurement year. In January through May of the reporting year, the audit teams review documentation submitted by plans and perform onsite visits to the plans. The audit teams go onsite to investigate any issues identified during the review of plan documentation and to observe the systems used by plans for HEDIS reporting. After the visit, the audit team may identify areas that call for corrective action on the part of the plans. The plans make any needed corrections and submit their final results to NCQA in June. The final audit reports from the audit teams are submitted in July. Aggregate data analysis and reporting at a state level occurs in August and September. Table 3 provides approximate time periods for various tasks.

Table 3. HEDIS Audit and Reporting Process

Task	Dates
Plan and Audit team preparations for data capture and audits	October - December
Plans gather data	January - May
Audits conducted (2 day on-site at plan)	
Corrective actions implemented	
Data collection ends and results finalized	June
Submit results to NCQA	July
Submit Final Audit Reports to plans	
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 set the Minimum Performance Levels (MPLs) and High Performance Levels (HPLs) equal to the 25th and the 90th percentiles, respectively, of the 2006 national Medicaid unweighted averages. This additional comparison can assist DHCS in its program-wide assessment of quality and to identify opportunities for targeted improvement needs of specific health plans. The HPL rates also help identify plans that exceed national benchmarks.

The requirement for MPLs and HPLs was not applied to the measures listed below due to the identified changes to the technical specifications for HEDIS 2007 or to the Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis (AAB) measure. AAB was a new NCQA measure in HEDIS reporting year (RY) 2006. Since the HEDIS RY 2006 national Medicaid 25th and 90th percentiles are used for the RY 2007 measures' MPLs and HPLs in this report, there are no corresponding levels for AAB.

- Breast Cancer Screening (BCS) – The screening age for BCS was lowered to 40.
- Cervical Cancer Screenings (CCS) – The lower age limit for CCS was increased from 18 to 20.
- Comprehensive Diabetes Care - LDL -C Screening (CDC-L) – The required testing for CDC-L must be in the measurement year.
- Comprehensive Diabetes Care - Medical Attention to Nephropathy (CDC-N) – The use of Angiotensin-Converting Enzyme (ACE)/Angiotensin II Receptor Blockers (ARBs) was added to the CDC-N indicator's numerator compliance requirements.

Improvement Plans (IPs) are required for those plans not meeting the minimum 25th percentile level of HEDIS 2006 national Medicaid rates and for those plans opting not to report (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. For one HEDIS measure, Comprehensive Diabetes Care: Eye Exam (Retinal), all Medi-Cal managed care plans reported at or above the MPL and no IPs are required. The following list includes the HEDIS measures and the number of plans scoring below the MPL or not reporting on the measure, either of which requires submission of an IP:

- Adolescent Well-Care Visits (AWC) – MPL: 13 plans,
- Appropriate Treatment for Children with Upper Respiratory Infection (URI) – MPL: 7 plans,
- Appropriate Medications for Asthmatics (ASM) – MPL: 5 plans,
- Prenatal and Postpartum Care; Timeliness of Prenatal Care (PPC-Pre) – MPL: 5 plans; NR: 2 plans,
- Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) – MPL: 5 plans; NR: 1 plan,
- Chlamydia Screening in Women (CHL) – MPL: 2 plans,
- Childhood Immunization Status: Combination 2 (CIS-2) – MPL: 2 plans; NR: 3 plans,
- Well-Child visits in the First 15 Months of Life (W15) – MPL: 2 plans; NR: 6 plans,
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) – MPL: 2 plans; NR: 2 plans,
- Comprehensive Diabetes Care: Hemoglobin A1c Testing (CDC-H) – MPL: 1 plan.

DHCS also uses HPLs to acknowledge plans that have shown dedication to quality by exceeding the HEDIS 2006 national Medicaid 90th Percentile. The following list includes the HEDIS measures and the number of plans scoring above the HPL:

- Adolescent Well-Care Visits (AWC) – 1 plan,
- Appropriate Treatment for Children with Upper Respiratory Infection (URI) – 5 plans,
- Appropriate Medications for Asthmatics (ASM) – 3 plans,
- Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) – 2 plans,
- Chlamydia Screening in Women (CHL) – 3 plans,
- Childhood Immunization Status: Combination 2 (CIS-2) – 7 plans,
- Well-Child visits in the First 15 Months of Life (W15) – 3 plans,
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) – 7 plans,
- Comprehensive Diabetes Care: Eye Exam (Retinal) Performed – 3 plans,
- Comprehensive Diabetes Care: Hemoglobin A1c Testing (CDC-H) – 2 plans.

Each year DHCS presents Quality Awards to plans at the annual Medi-Cal Managed Care Quality Conference. Included in these Quality Awards are 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 five HEDIS measures used for the first three years of the auto assignment incentive program were:

- Childhood immunizations (Combination 2)
- Well-child visits (3rd-6th years of life)
- Adolescent well-visits
- Timeliness of prenatal care
- Appropriate medications for people with asthma

IV. Report Organization

This report is organized into sections, reflecting overall 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 for each measure. Each MPL and HPL is based upon the 25th and 90th percentiles, respectively, of the 2006 national Medicaid averages⁵. Establishment of MPLs permits health plans and DHCS to detect opportunities for improvement, whereas 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 Audited Data Only

The data included in this report have been audited by NCQA-licensed audit organizations, MedStat 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 - Validating Performance Measures. Each audit was conducted as prescribed by NCQA's *HEDIS 2007, Volume 5: HEDIS Compliance Audit*^{TM6} Standards, Policies, and Procedures and is consistent with the validation methodology required by the EQRO's protocols.

Considerations in Interpreting Results

Although all 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 proximal gauge of the degree to which services are provided, this information alone is insufficient to qualify overall performance. When used with other methods of performance assessment, quality measures can help develop 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.

⁵ Source: 2006 Quality Compass published by the National Committee for Quality Assurance (NCQA).

⁶ The NCQA HEDIS Compliance AuditTM 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 searches 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 the plan more susceptible to the undercounting of positive numerator events.

Factor 2: Impact of Member Population Characteristics

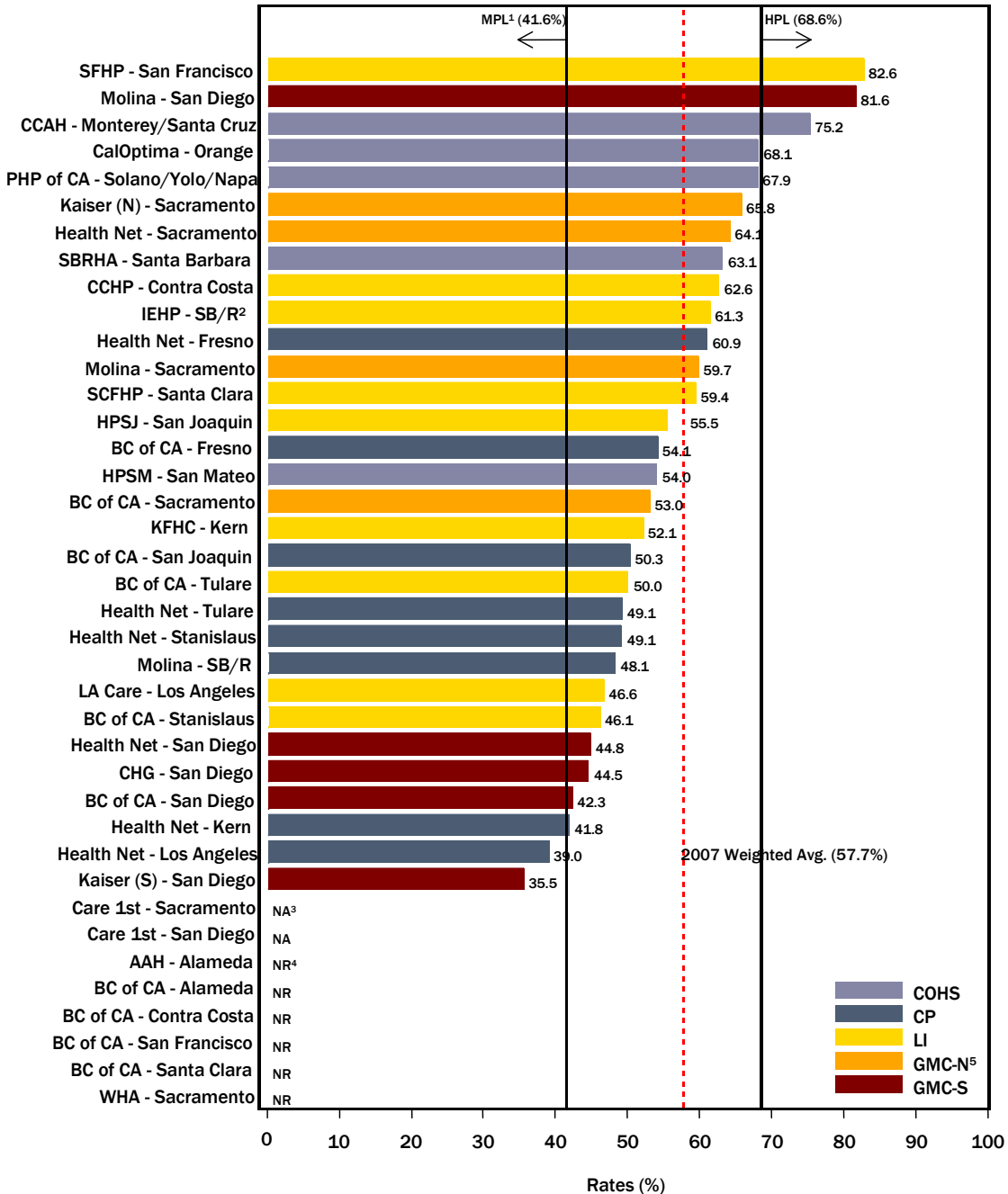
HEDIS measures provide a glimpse of what has happened with regard to care delivery at a Medi-Cal managed care plan, but they do not address why something did or did not occur. HEDIS does not provide or adjust for factors outside of the plan’s control that may influence the member seeking these services. For example, 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 they are not the only factors. Member population characteristics might also play a role in impacting the plan’s performance rates since member age, education level, health status at the time of enrollment, and geographic location (urban vs. rural), may influence whether a member even seeks care. HEDIS rates are not adjusted for severity of illness or the general health status of a Medi-Cal managed care plan’s population. Therefore, all such differences in member populations should be considered when comparing managed care plans to one another, to state or national averages, and/or against 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 2007 Health Plan Results

Figure 1. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits)



¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

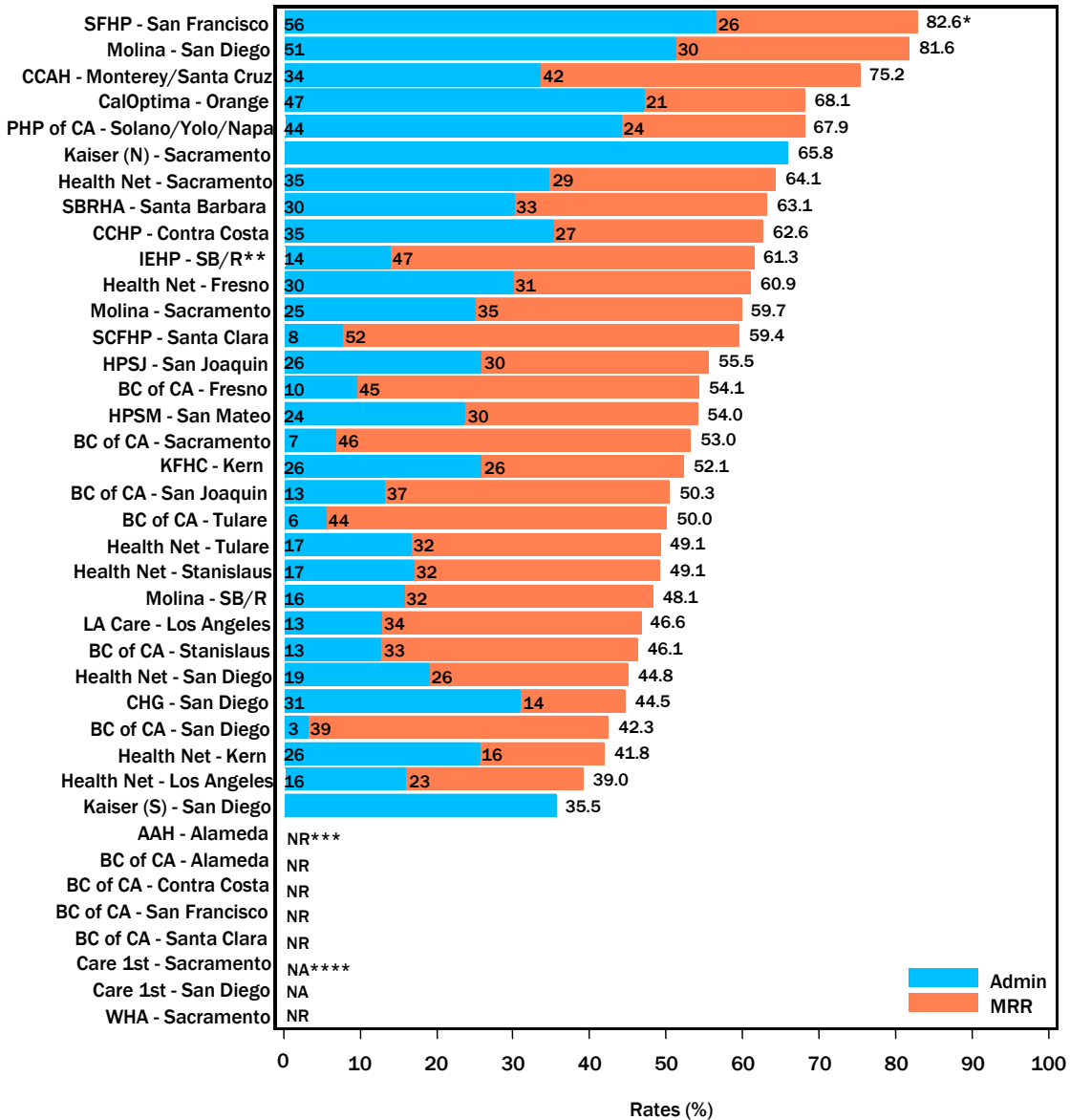
² SB/R is San Bernardino/Riverside.

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

⁴ NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.

⁵ GMC-N is Sacramento and GMC-S is San Diego.

Figure 2. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More 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.

** SB/R is San Bernardino/Riverside.

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

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

Well-Child Visits in the First 15 Months of Life (W15) measure is part of the Use of Service Domain. The 2007 Medi-Cal Managed Care weighted average for Well-Child Visits in the First 15 Months of Life, 6 or more visits is 57.7 percent. Three plans are above the HPL of 68.6 percent and two plans fell below the MPL of 41.6 percent. Due to an error in data collection by a medical record review vendor, six plans were unable to report a rate for this measure. 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 2006 national Medicaid average of 48.6 percent but below the HEDIS 2006 national Commercial average of 71.0 percent as shown in Table 3.

Table 3. Well-Child Visits in the First 15 Months of Life (6 or More Visits) Benchmarks

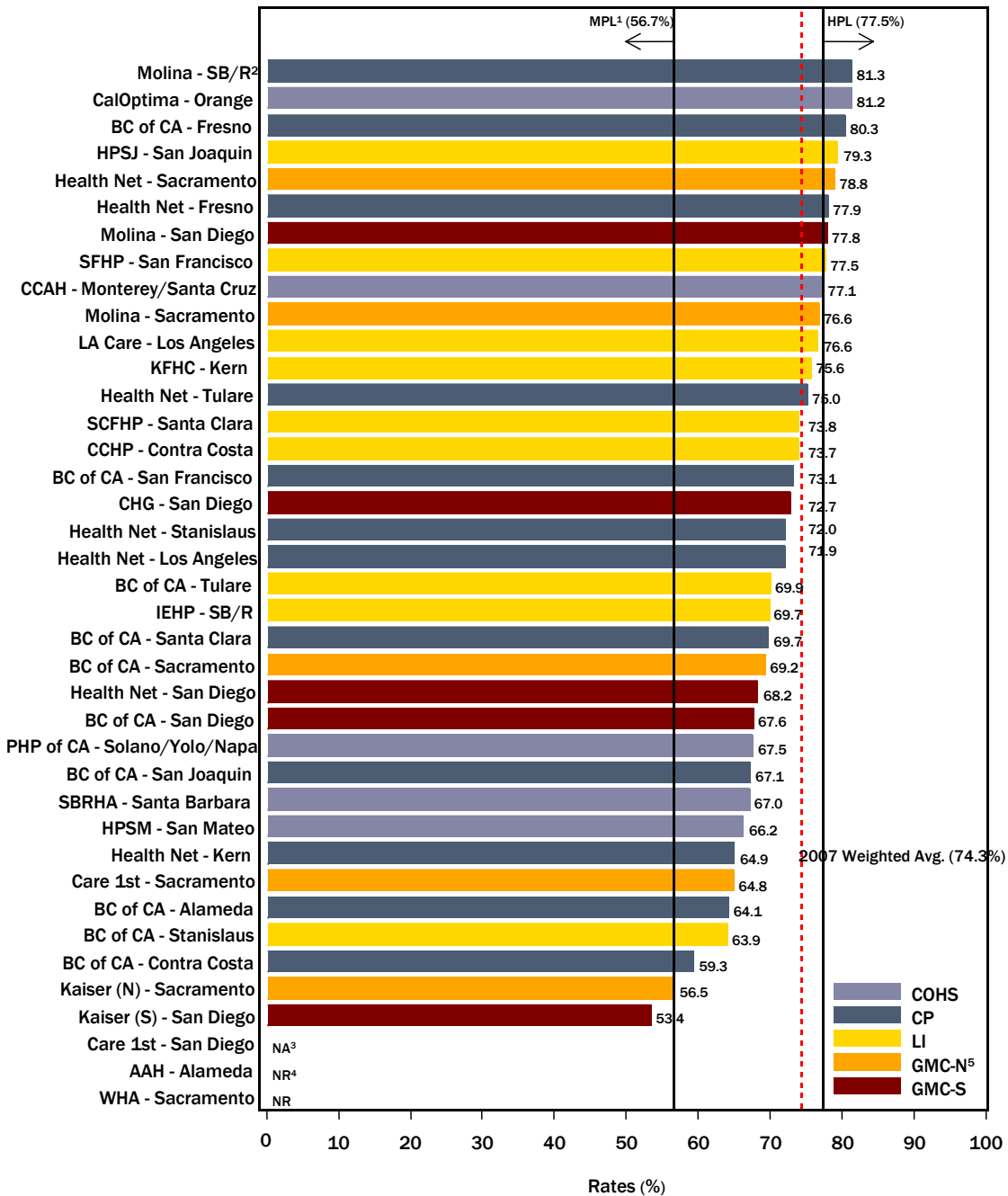
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	57.7%	48.6%	71.0%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf

Figure 3. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

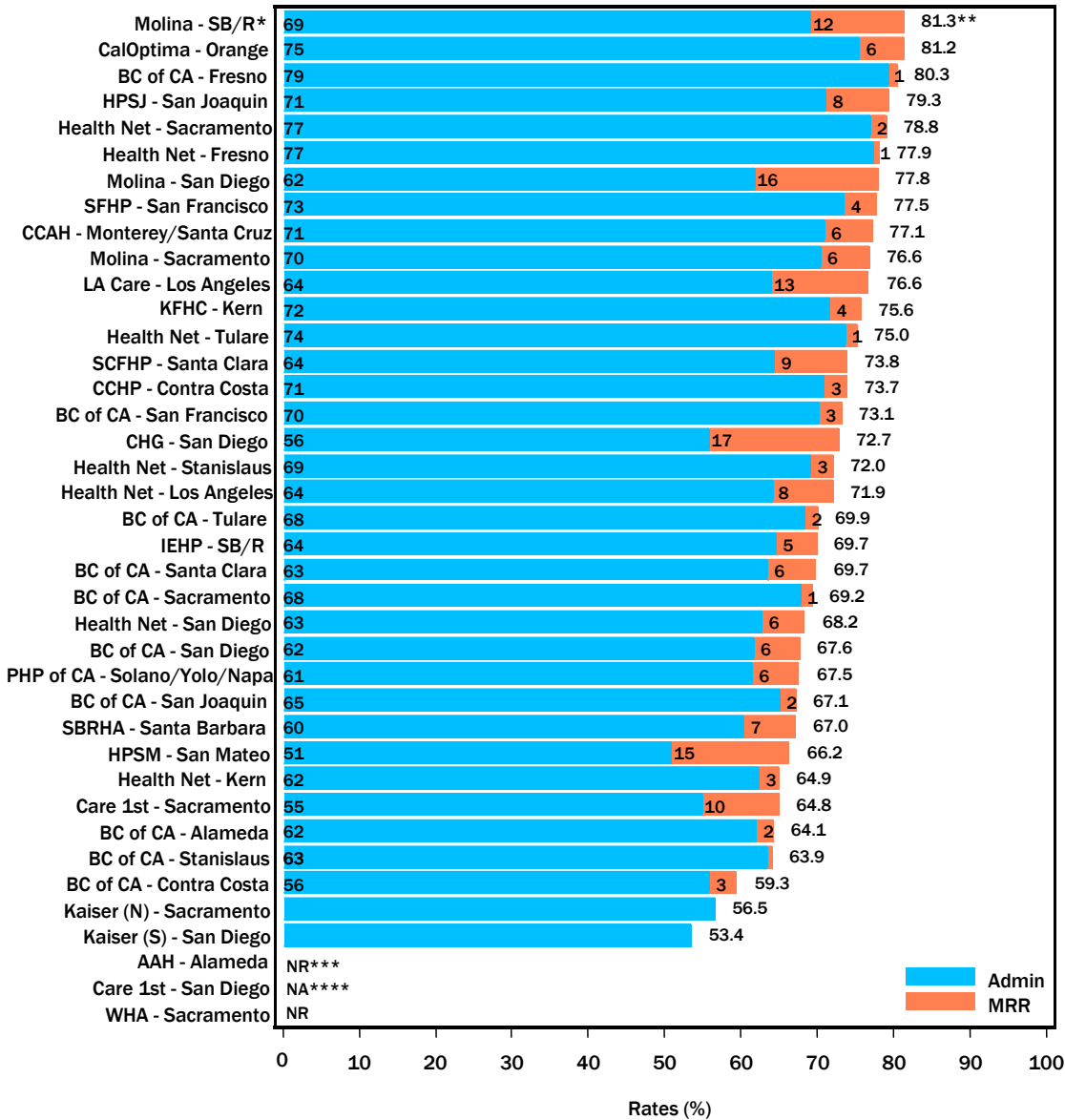
² SB/R is San Bernardino/Riverside.

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

⁴ NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.

⁵ GMC-N is Sacramento and GMC-S is San Diego.

Figure 4. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Rates from Administrative Data and Medical Record Review Data



* SB/R is San Bernardino/Riverside

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

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

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

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 74.3 percent is only 3.4 percentage points below the HPL of 77.5 percent. Seven health plan rates are above the HPL. Kaiser (S) San Diego's rate of 53.4 percent is below the MPL of 56.7 percent. Alameda Alliance for Health and Western Health Advantage did not report rates for this measure. The Medi-Cal Managed Care weighted average of 74.3 percent exceeds the HEDIS 2006 national Medicaid average (63.3 percent), the HEDIS national Commercial average (64.4 percent) and California Healthy Families 2004 average (65.5 percent) as indicated in Table 4.

Table 4. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡	CA Healthy Families Average 2004††
Rate	74.3%	63.3%	64.4%	65.5%

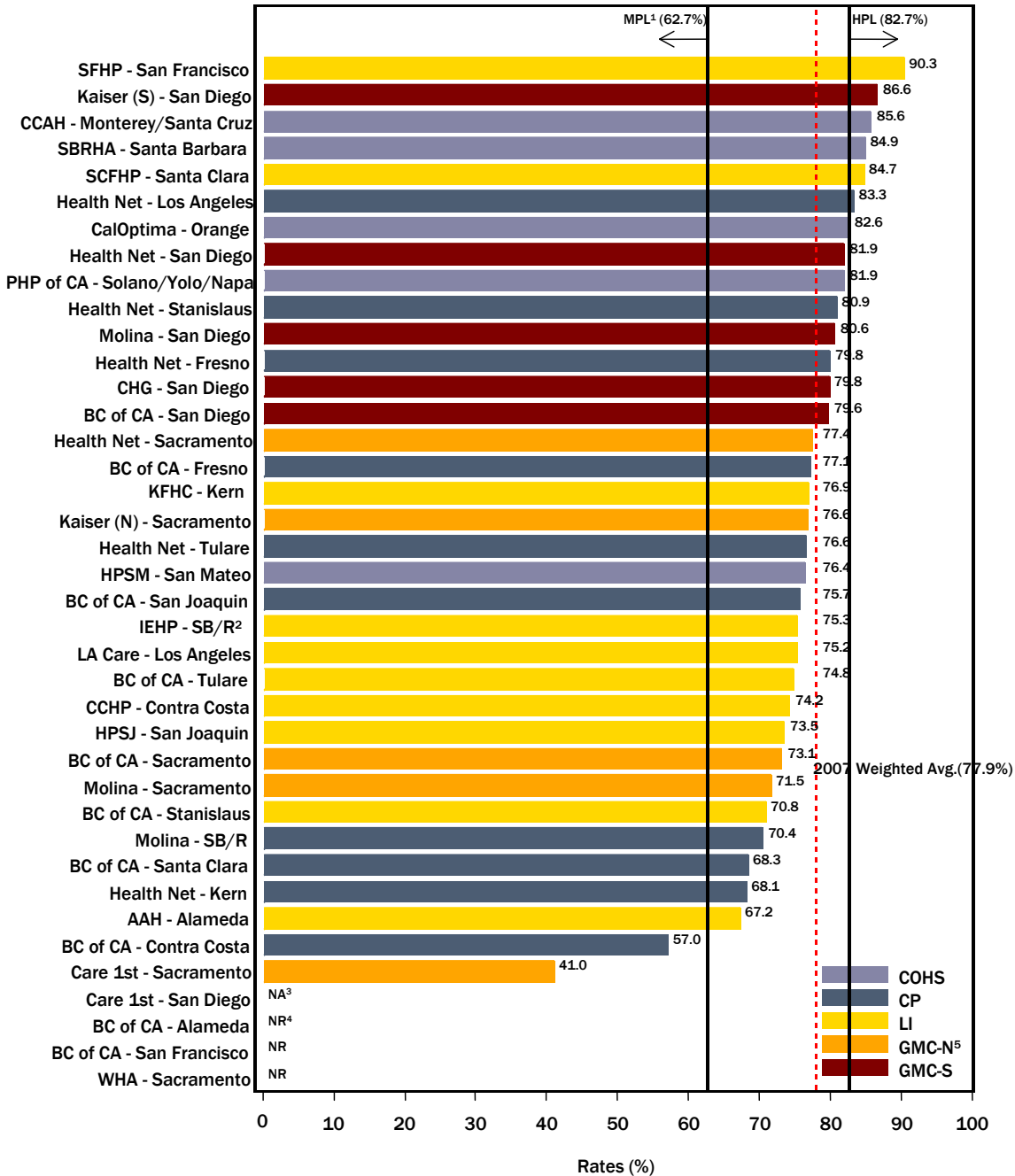
† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISOM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf

†† Rate obtained from Healthy Families Website: http://www.healthyfamilies.ca.gov/English/Quality/survey_quality.htm

Figure 5. HEDIS 2007 Childhood Immunization Status (Combination #2)



¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS national Medicaid 2006 90th Percentile.

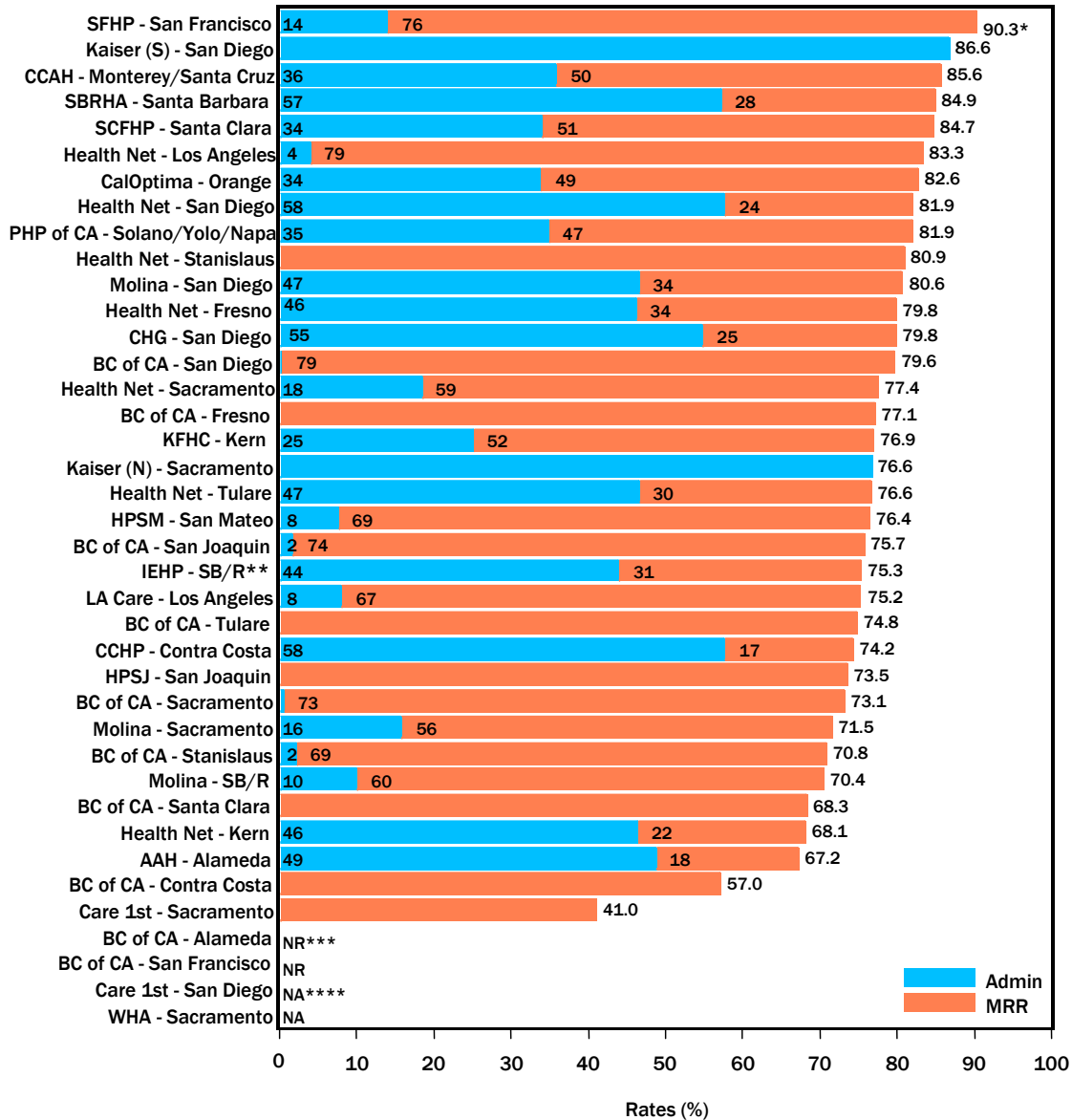
² SB/R is San Bernardino/Riverside.

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

⁴ NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.

⁵ GMC-N is Sacramento and GMC-S is San Diego.

Figure 6. HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

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

The Childhood Immunization Status (CIS) measure is part of the Effectiveness of Care domain. Six plans are above the HPL of 82.7 percent for CIS (Combination #2). Two health plans fall below the MPL of 62.7 percent. Due to an error in data collection by a medical record review vendor, six plans were unable to report a rate for this measure. The Medi-Cal Managed Care weighted average exceeds all three comparable benchmarks for this measure as indicated in Table 5.

Table 5. Childhood Immunization Status (Combination #2) Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡	CA Healthy Families Average 2004††
Rate	77.9%	70.4%	77.8%	75.0%

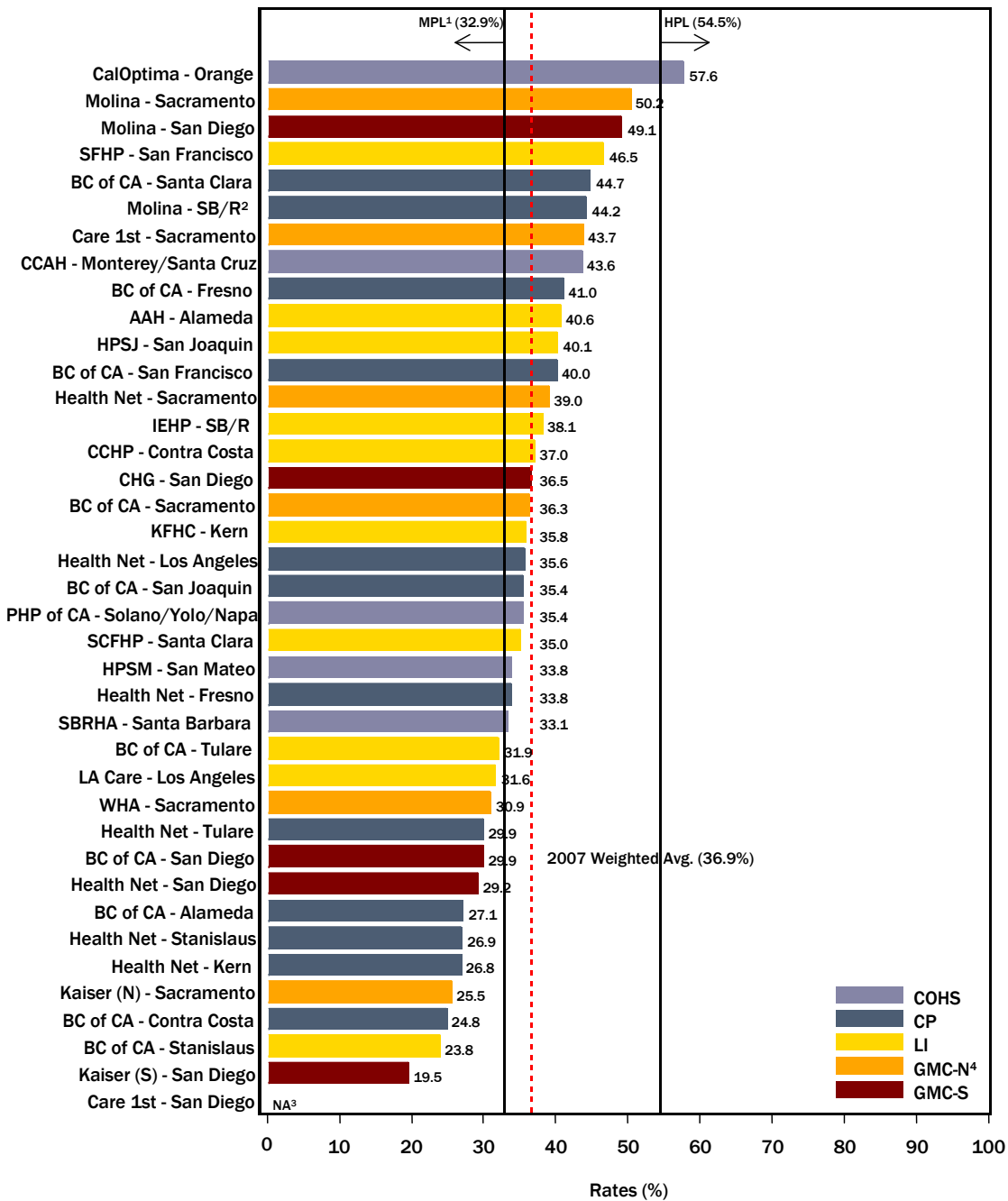
† Rate obtained from NCQA's *Quality Compass* (2006).

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISOM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

†† Rate obtained from Healthy Families Website: http://www.healthyfamilies.ca.gov/English/Quality/survey_quality.htm.

Figure 7. HEDIS 2007 Adolescent Well-Care Visits



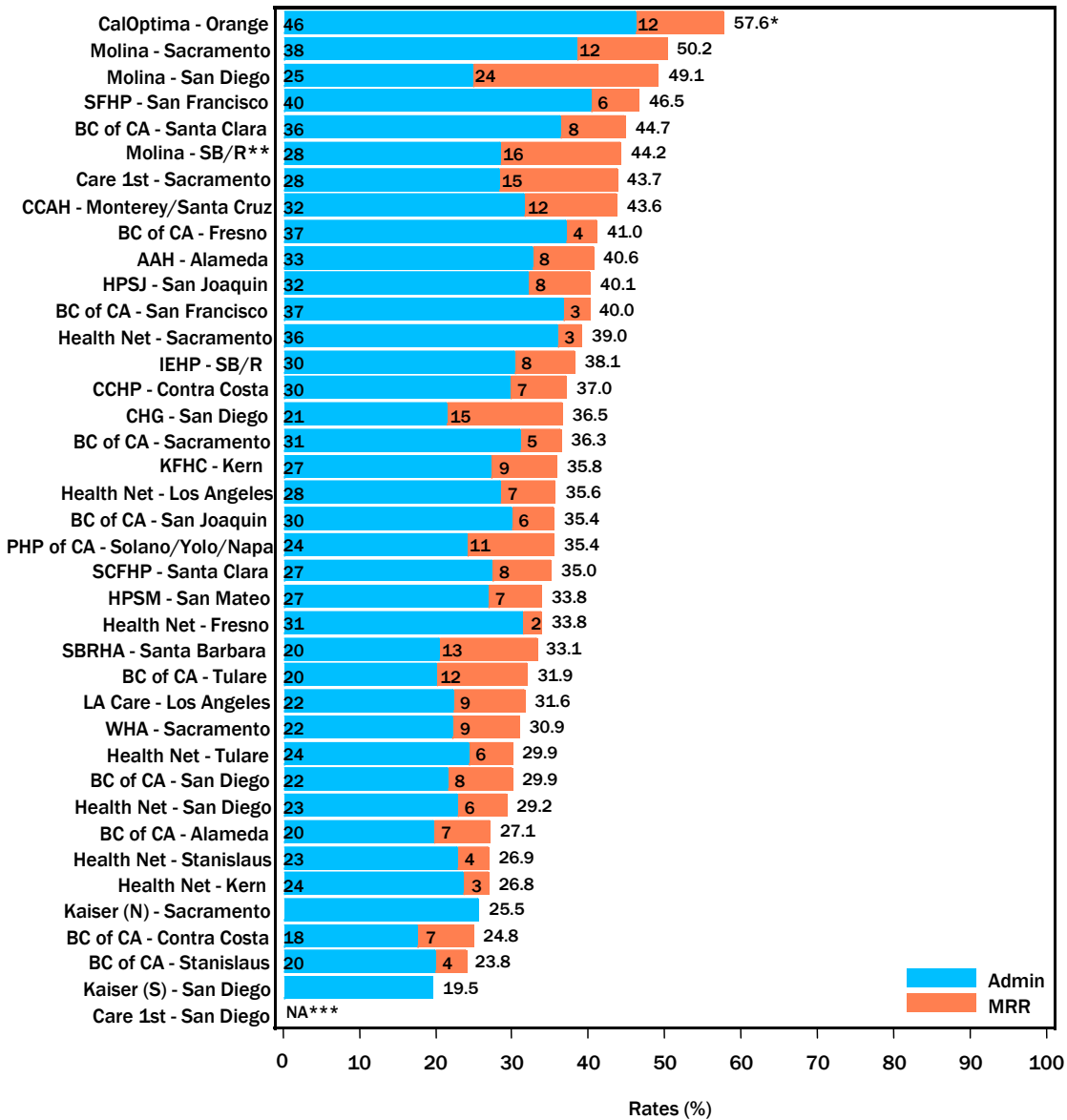
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 8. HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

Adolescent Well-Care visits (AWC) measure is part of the Use of Service domain. One plan, CalOptima (57.6 percent), exceeds the HPL of 54.5 percent. Thirteen plans fall below the MPL of 32.9 percent. The Medi-Cal Managed Care weighted average (36.9 percent) is below the HEDIS 2006 national Medicaid average (40.6 percent), the HEDIS 2006 national Commercial average (38.7 percent) and the California Healthy Families 2004 average (37.0 percent) as indicated in Table 6.

Table 6. Adolescent Well-Care Visits Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡	CA Healthy Families Average 2004††
Rate	36.9%	40.6%	38.7%	37.0%

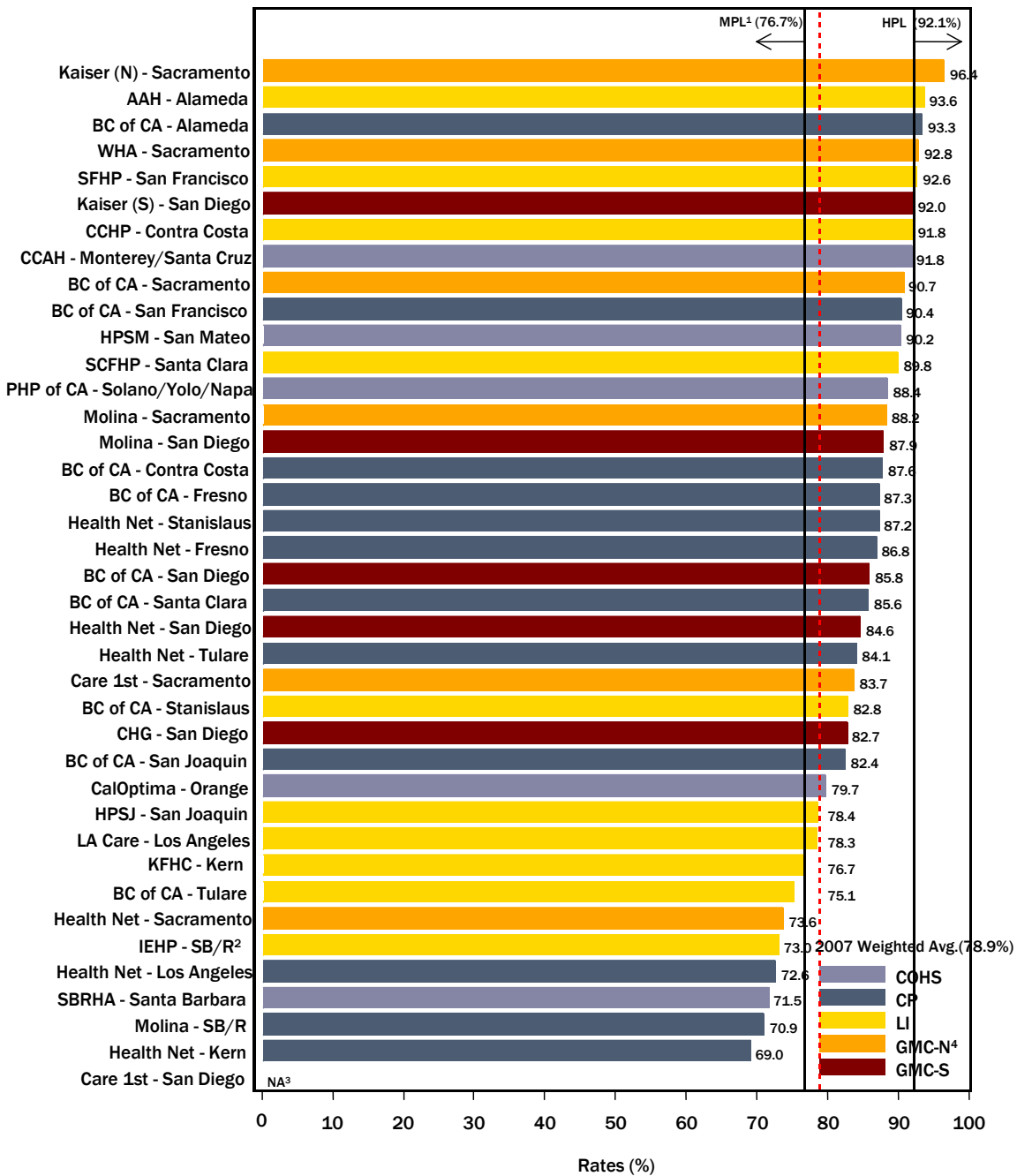
† Rate obtained from NCQA's *Quality Compass* (2006).

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

†† Rate obtained from Healthy Families Website: http://www.healthyfamilies.ca.gov/English/Quality/survey_quality.htm

Figure 9. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection



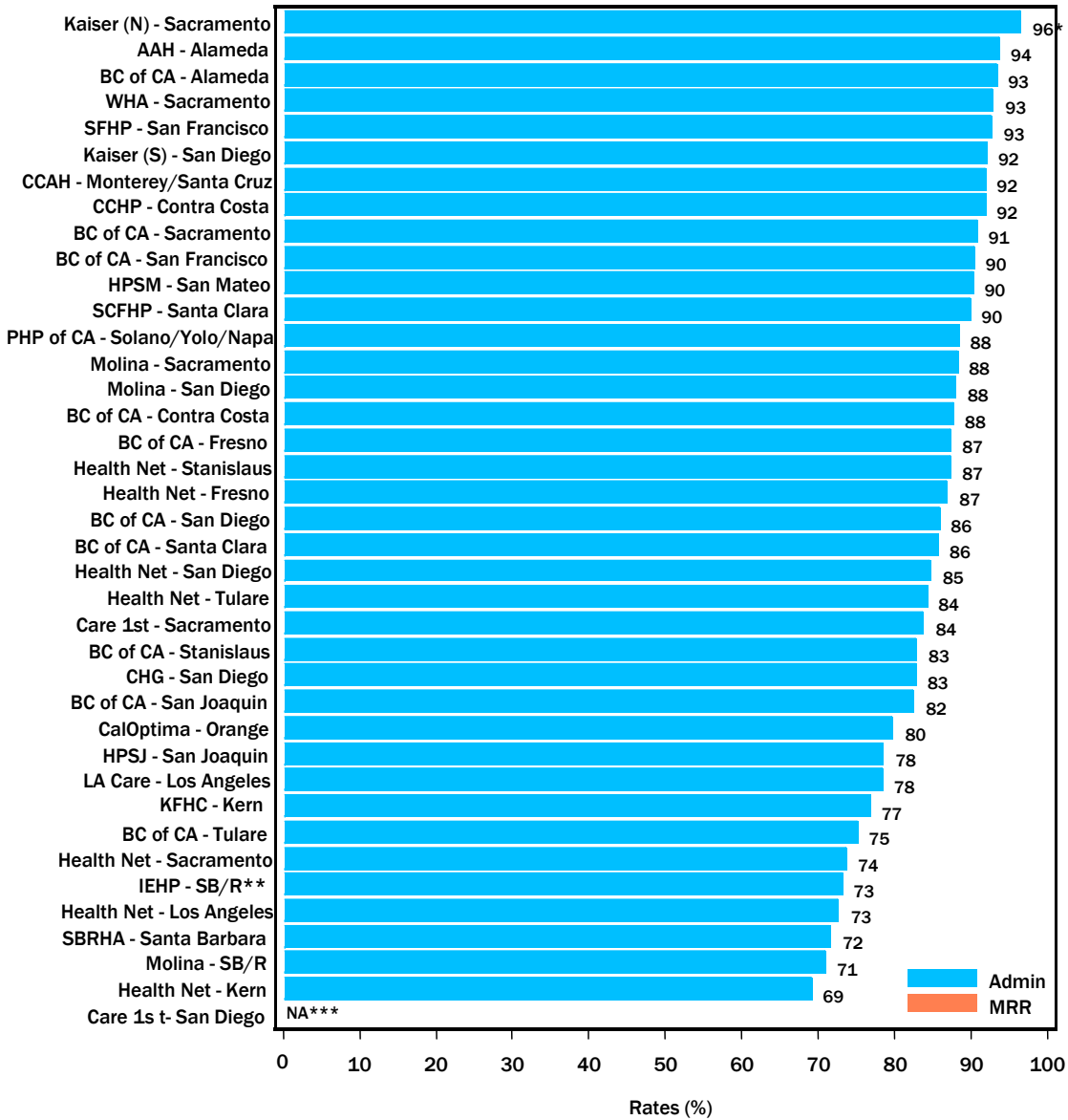
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 10. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection 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.

** SB/R is San Bernardino/Riverside.

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

The Appropriate Treatment for Children with Upper Respiratory Infection is part of the Effectiveness of Care domain. This measure is calculated using administrative data only. For HEDIS 2007, 5 health plans exceed the HPL of 92.1 percent for the Appropriate Treatment for Children with Upper Respiratory Infection measure. Seven plans are below the MPL of 76.7 percent. The Medi-Cal Managed Care weighted average of 78.9 percent is below the HEDIS 2006 national Medicaid average of 82.5 percent and the HEDIS 2006 national Commercial average of 82.9 percent as indicated in Table 7.

Table 7. Appropriate Treatment for Children with Upper Respiratory Infection Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	78.9%	82.5%	82.9%

† Rate obtained from NCQA's *Quality Compass* (2006).

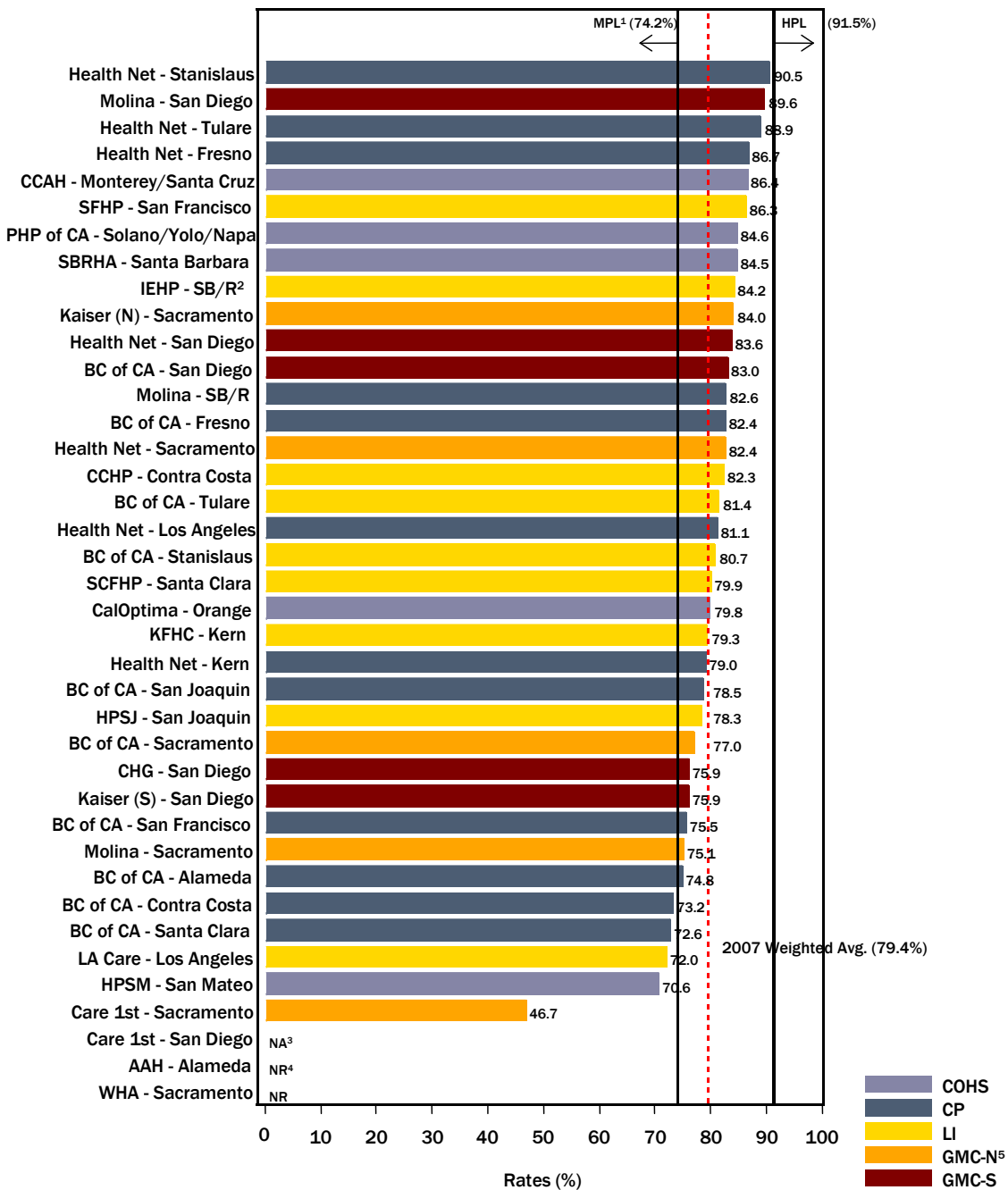
‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf

Women's Health

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

Figure 11. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care



¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

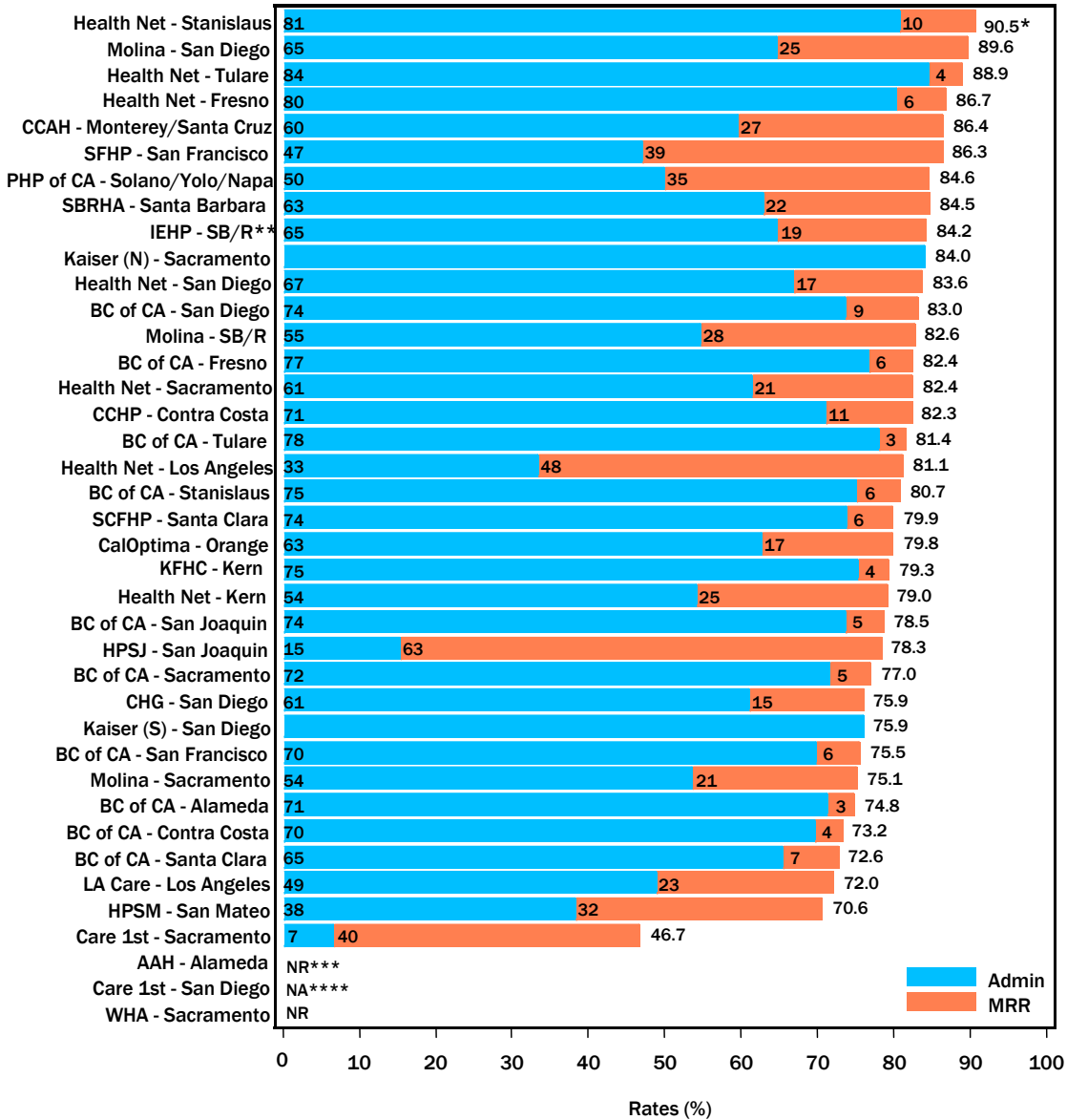
² SB/R is San Bernardino/Riverside.

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

⁴ NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.

⁵ GMC-N is Sacramento and GMC-S is San Diego.

Figure 12. HEDIS 2007 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.
 ** SB/R is San Bernardino/Riverside.
 *** NR indicates a rate was not reportable because the rate was materially biased or the plan chose not to report the rate.
 **** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

For the Timeliness of Prenatal care indicator, ten health plans are above the HEDIS 2006 national Medicaid average of 79.1 percent. Health Net – Stanislaus (90.5 percent) is within one percentage point of the HPL of 91.5 percent. Five plans are below the MPL of 74.2 percent. Alameda Alliance for Health and Western Health Advantage did not report a rate for this indicator. As shown in Table 8, the Medi-Cal managed care weighted average of 79.4 percent is in line with the HEDIS 2006 national Medicaid average.

Table 8. Timeliness of Prenatal Care Benchmarks

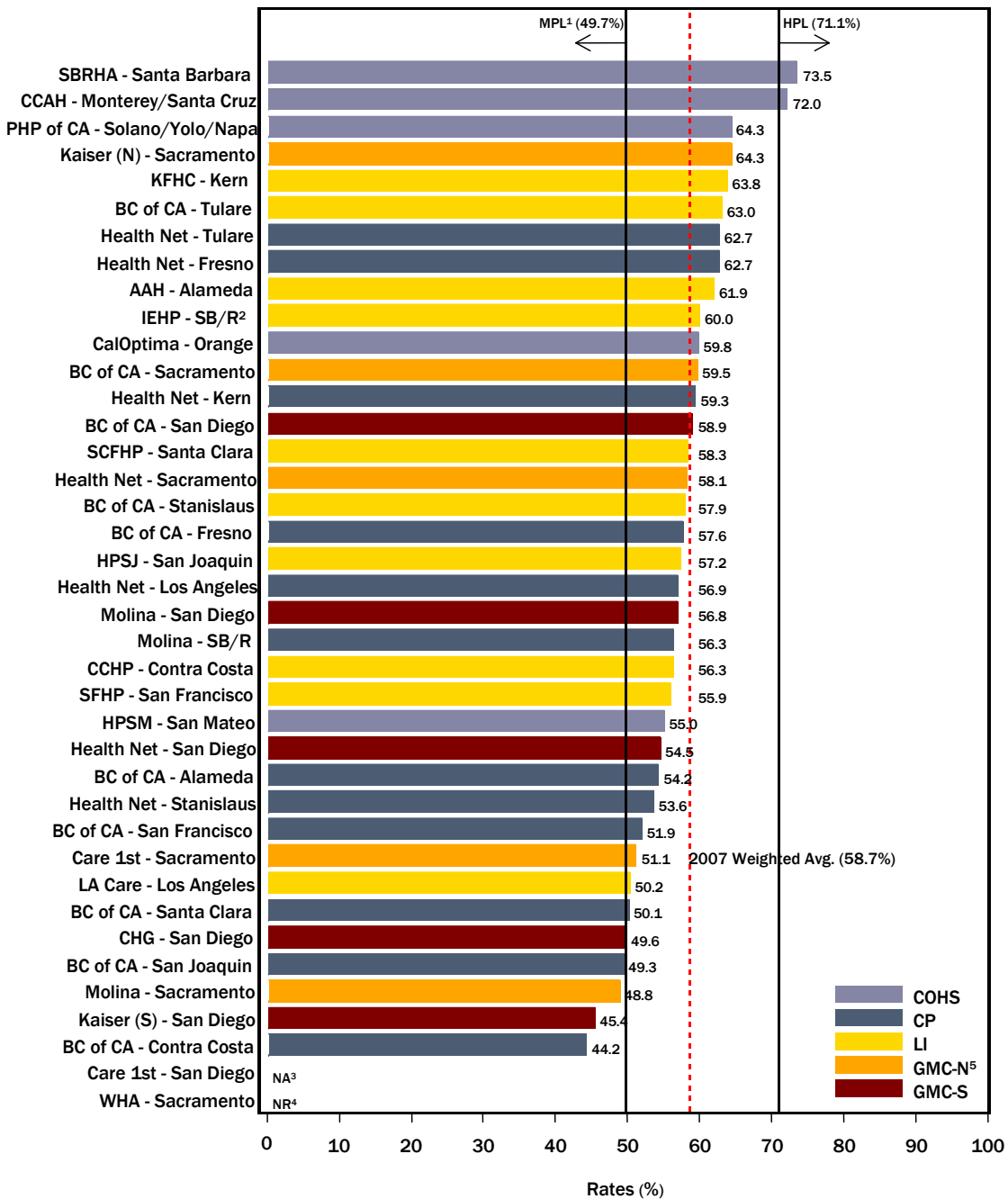
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	79.4%	79.1%	91.9%

† Rate obtained from NCQA's *Quality Compass* (2006).

‡ Rate obtained from NCQA's website:

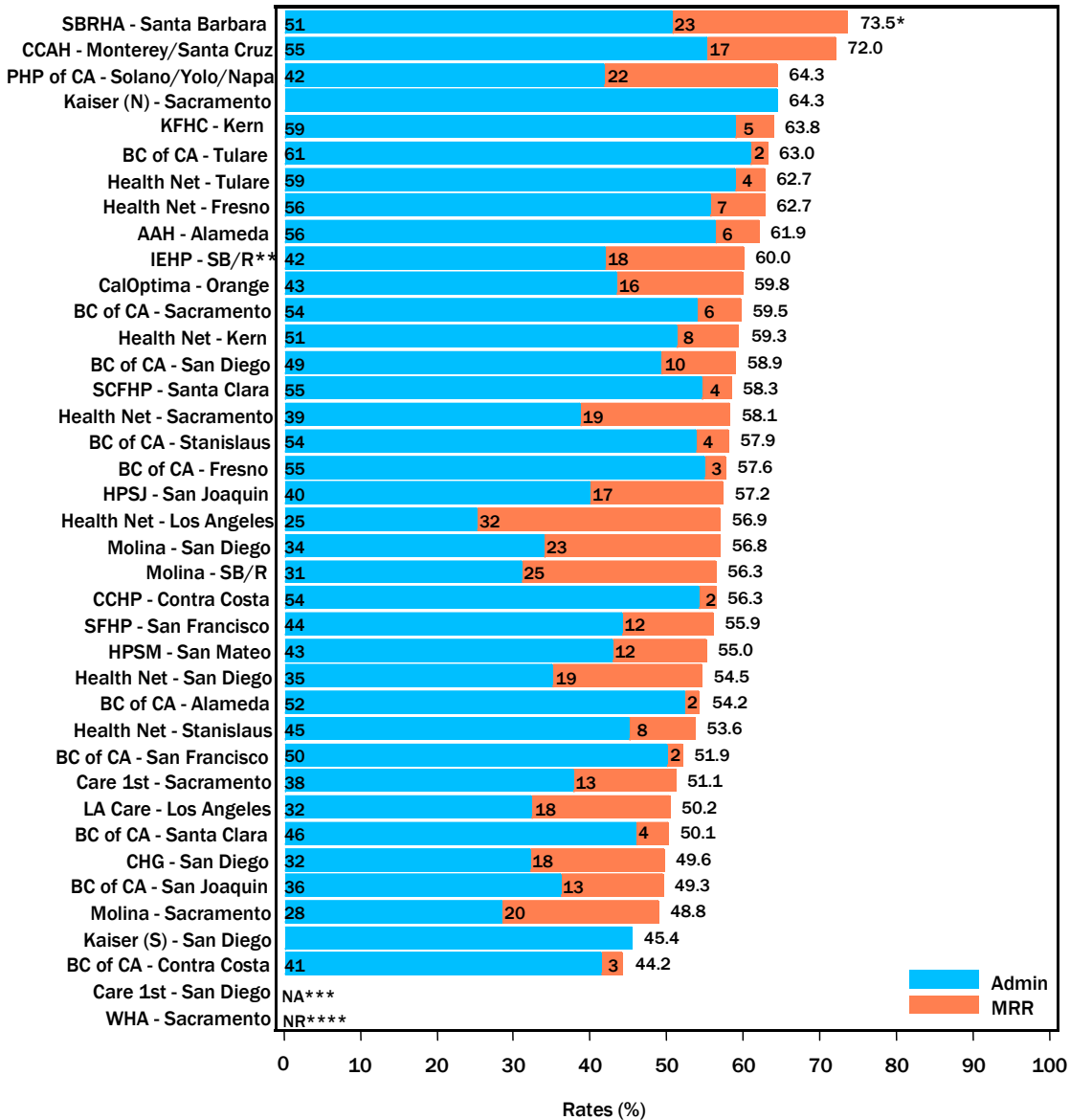
http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf

Figure 13. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care



¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 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.
⁴ NR is Not Reportable because the rate was materially biased or the plan chose not to report the rate.
⁵ GMC-N is Sacramento and GMC-S is San Diego.

Figure 14. HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

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

Central Coast Alliance for Health (72.0 percent) and Santa Barbara Regional Health Alliance (73.5 percent) exceed the HPL 71.1 percent. Four plans are below the MPL of 49.7 percent. Western Health Advantage did not report this rate. The Medi-Cal managed care weighted average of 58.7 percent is above the HEDIS 2006 national Medicaid average of 57.0 percent as shown in Table 9.

Table 9. Postpartum Care Benchmarks

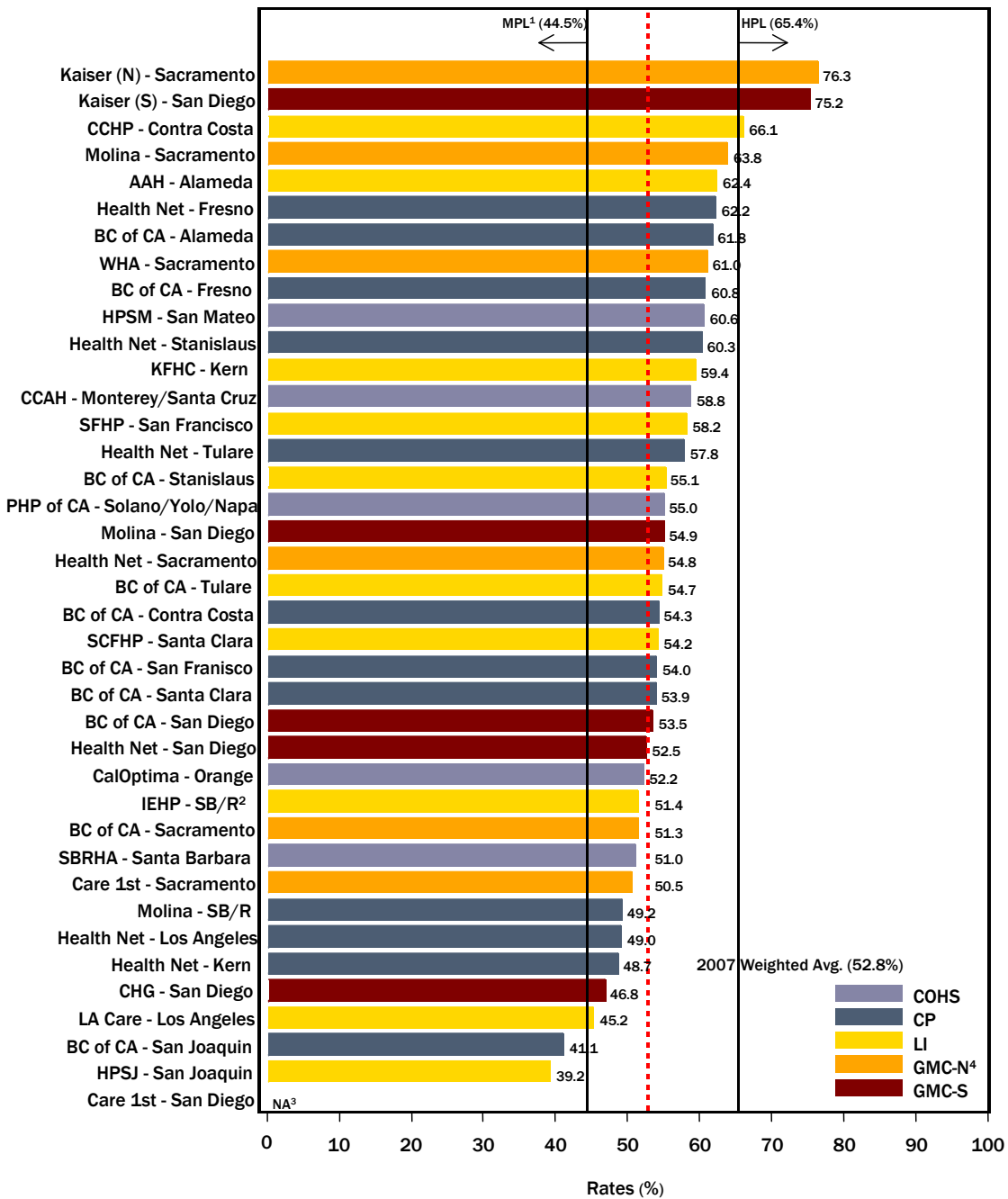
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	58.7%	57.0%	81.5%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 15. HEDIS 2007 Chlamydia Screening in Women



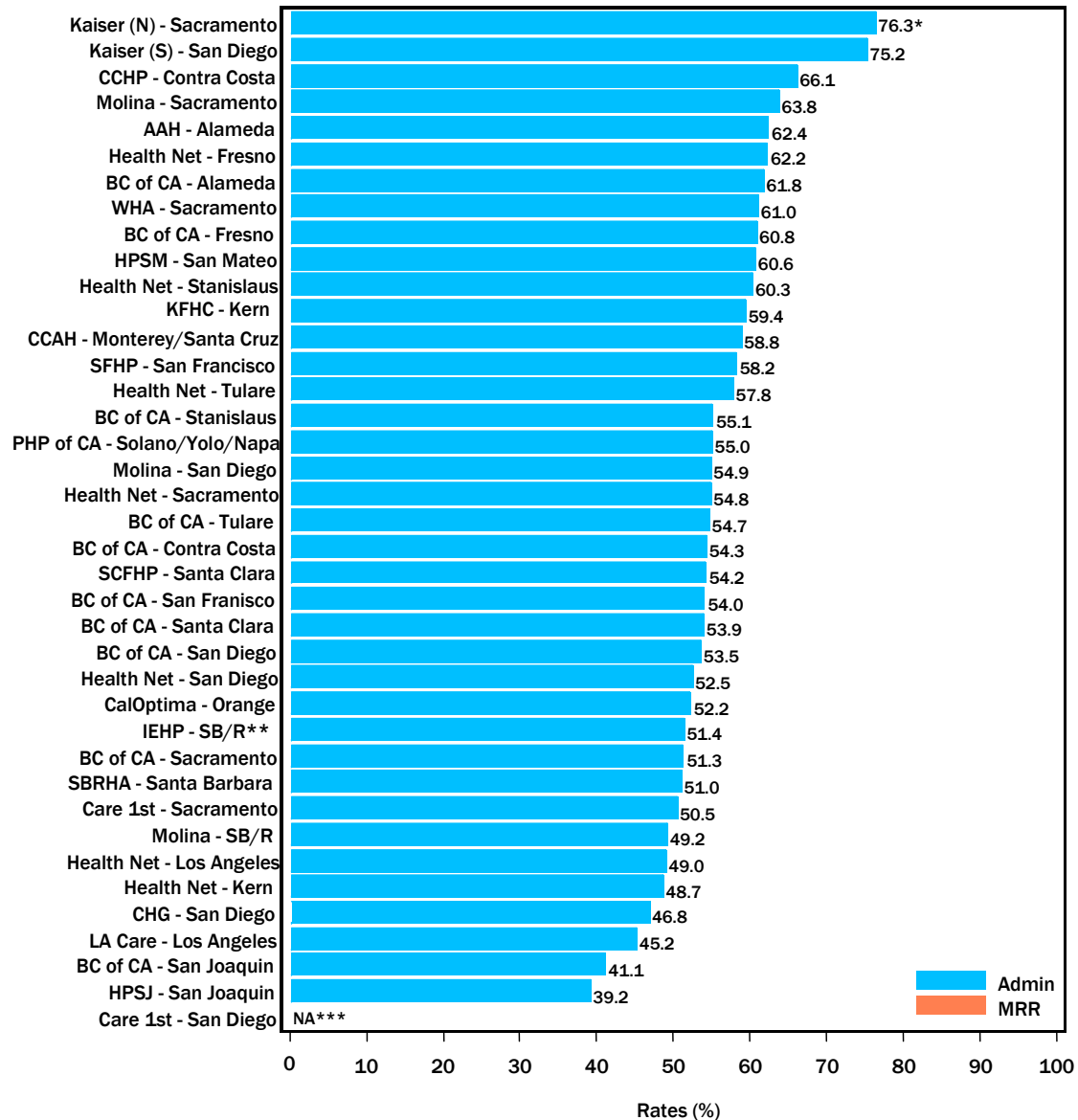
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 16 HEDIS 2007 Chlamydia Screening in Women
Rates from Administrative Data



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

** SB/R is San Bernardino/Riverside.

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

Chlamydia Screening in Women is part of Effectiveness of Care domain. Three plans have rates above the HPL of 65.4 percent, CCHP-Contra Costa, Kaiser (N) - Sacramento and Kaiser (S) - San Diego. Both Kaiser (N) and Kaiser (S) had rates greater than 75 percent for this indicator. BC of CA – San Joaquin and HPSJ – San Joaquin rates are below the MPL (44.5 percent). The Medi-Cal managed care weighted average for Chlamydia Screening in Women (CHL) is 52.8 percent and 2.2 percentage points above the HEDIS 2006 national Medicaid average of 50.6 percent as shown in Table 10.

Table 10. Chlamydia Screening in Women Benchmarks

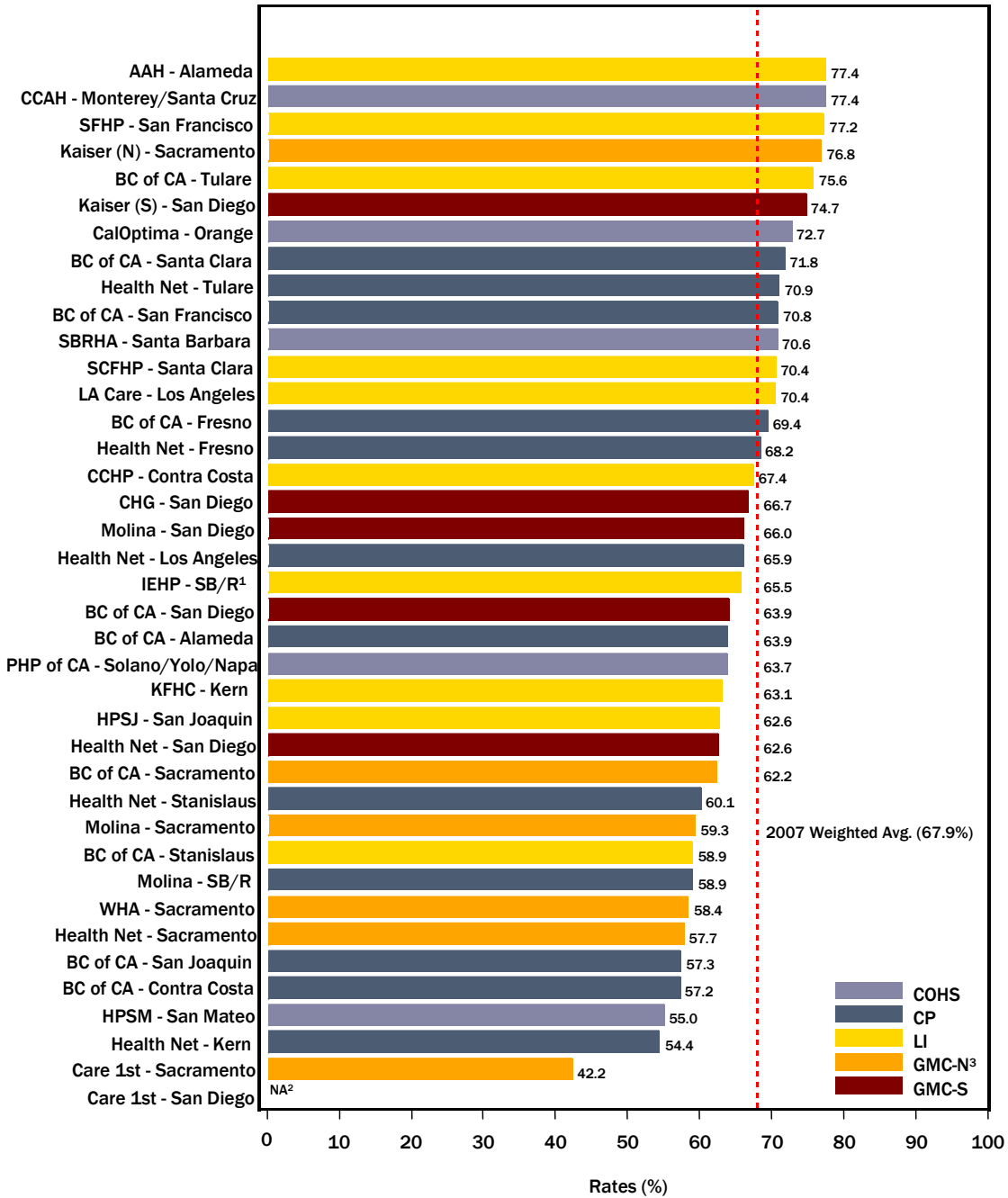
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	52.8%	50.6%	34.9%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 17. HEDIS 2007 Cervical Cancer Screening

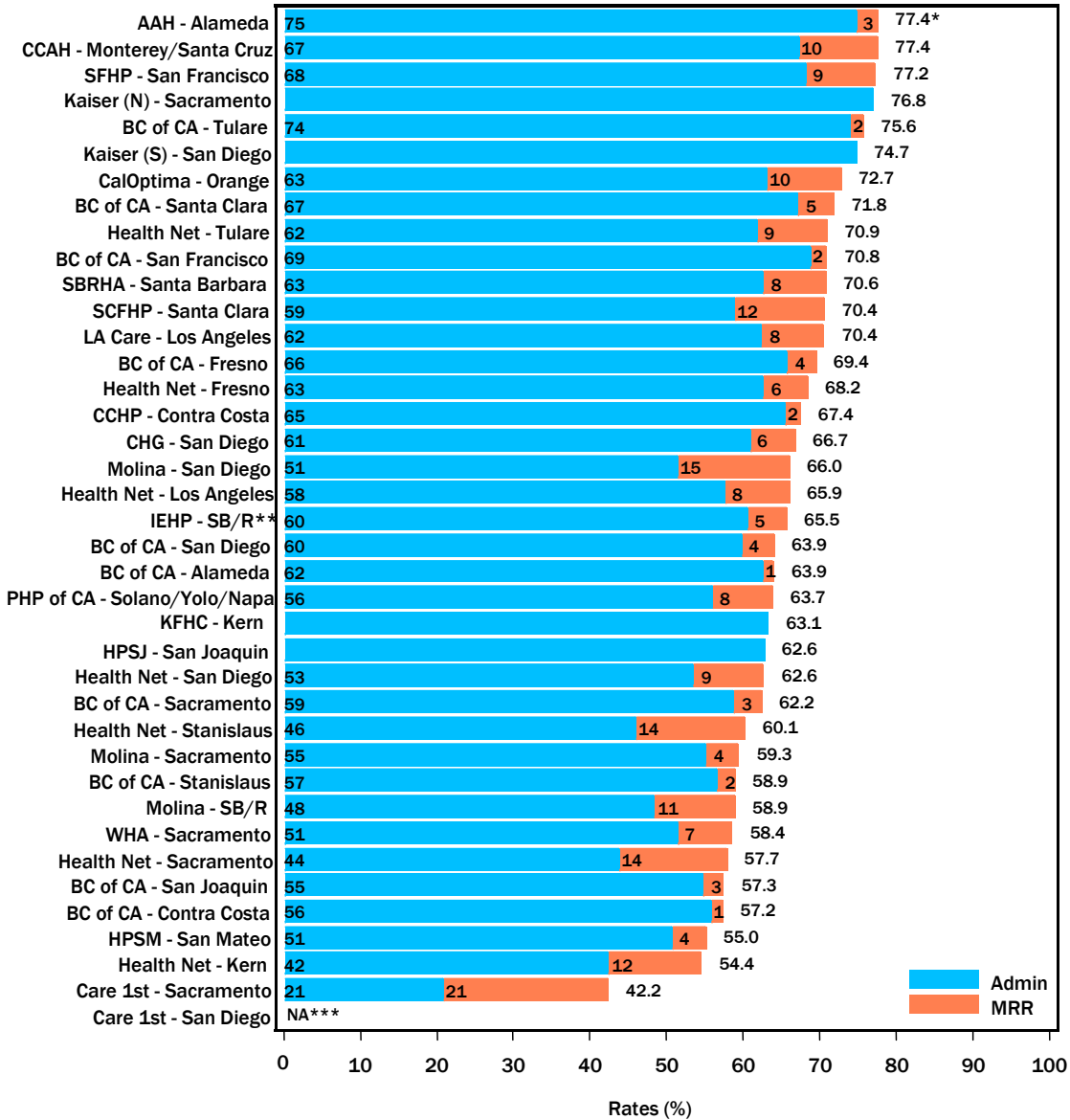


¹ SB/R is San Bernardino/Riverside.

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 18. HEDIS 2007 Cervical Cancer 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.

** SB/R is San Bernardino/Riverside.

*** NA indicates that a plan had fewer than 30 members eligible for the indicator. Rates are not reported for measures where less than 30 members are eligible.

Cervical Cancer Screening is a measure in the Effectiveness of Care domain and is one of four HEDIS 2007 measures with revisions to the technical specifications significant enough to affect the performance of all plans. For this reason, DHCS did not apply MPL and HPL benchmarks to this measure. The change to Cervical Cancer Screening specifications is an increase in the lower age limit from 18 to 21 years. The Medi-Cal managed care weighted average of 67.9 percent is above the HEDIS 2006 national Medicaid average of (65.0 percent) but below the HEDIS 2006 national Commercial average (81.8 percent) as indicated in Table 11.

Table 11. Cervical Cancer Screening Benchmarks

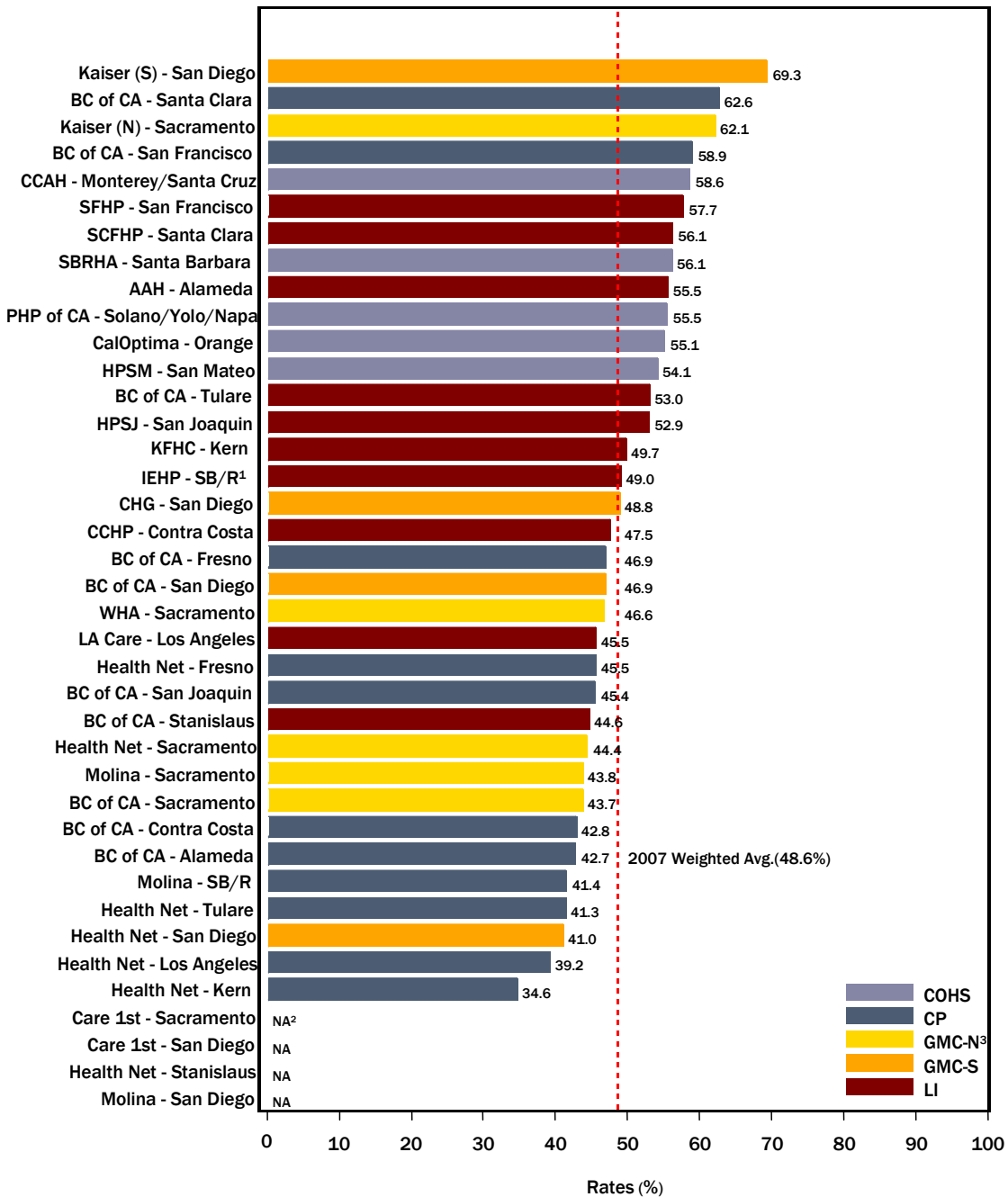
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	67.9%	65.0%	81.8%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 19. HEDIS 2007 Breast Cancer Screening

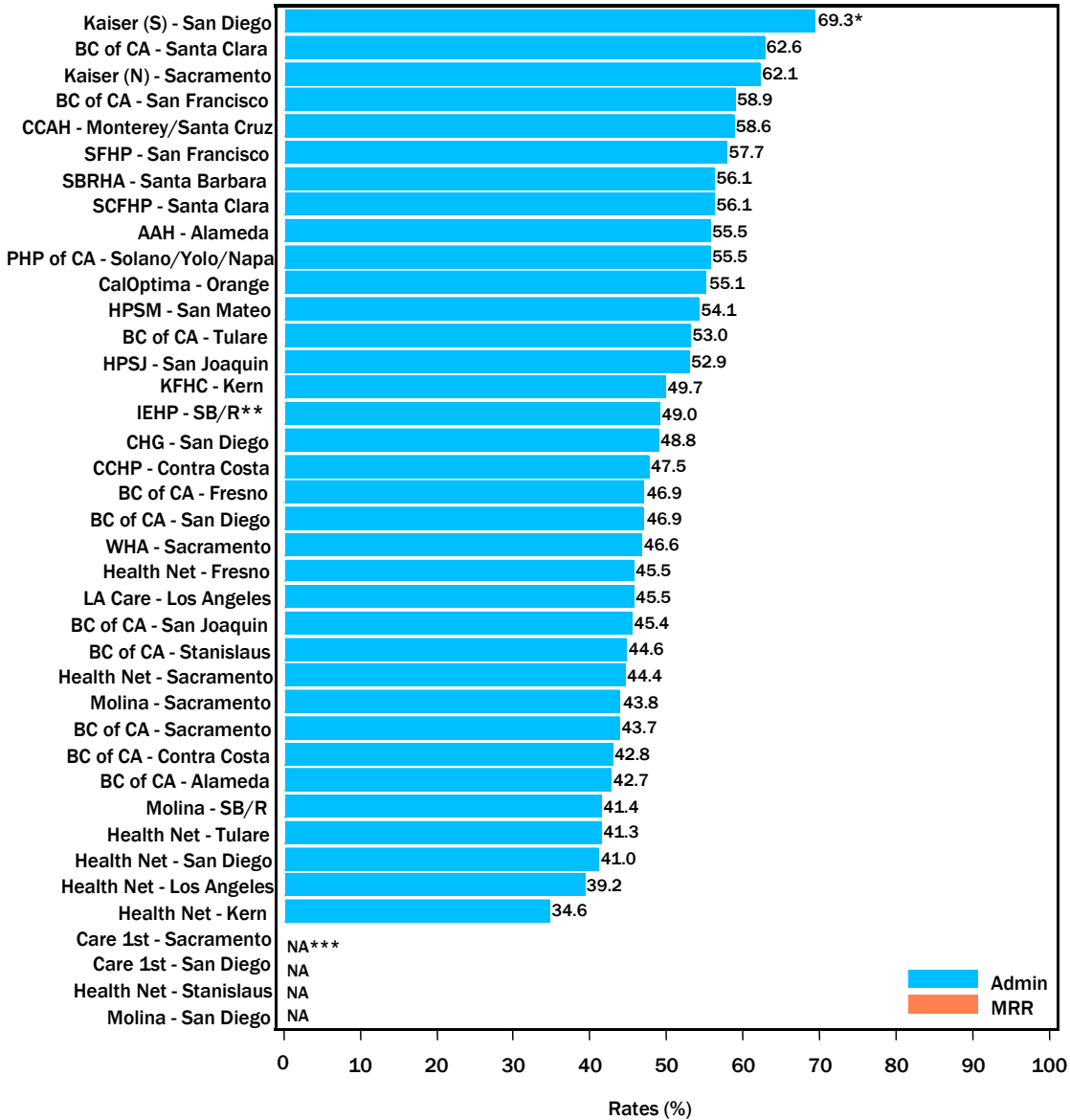


¹ SB/R is San Bernardino/Riverside.

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 20. HEDIS 2007 Breast Cancer Screening
Rates from Administrative Data



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

** SB/R is San Bernardino/Riverside

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

The Breast Cancer Screening measure is in the Effectiveness of Care domain and was significantly revised for HEDIS 2007; therefore, the HPL and MPL are not applied. The age for screenings was lowered from 42 to 40 years. As shown in Table 12, the Medi-Cal managed care weighted average is 48.6 percent which is 5.3 percentage points below the national Medicaid Average.

Table 12. Breast Cancer Screening Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	48.6%	53.9%	72.0%

† Rate obtained from NCQA's *Quality Compass* (2006).

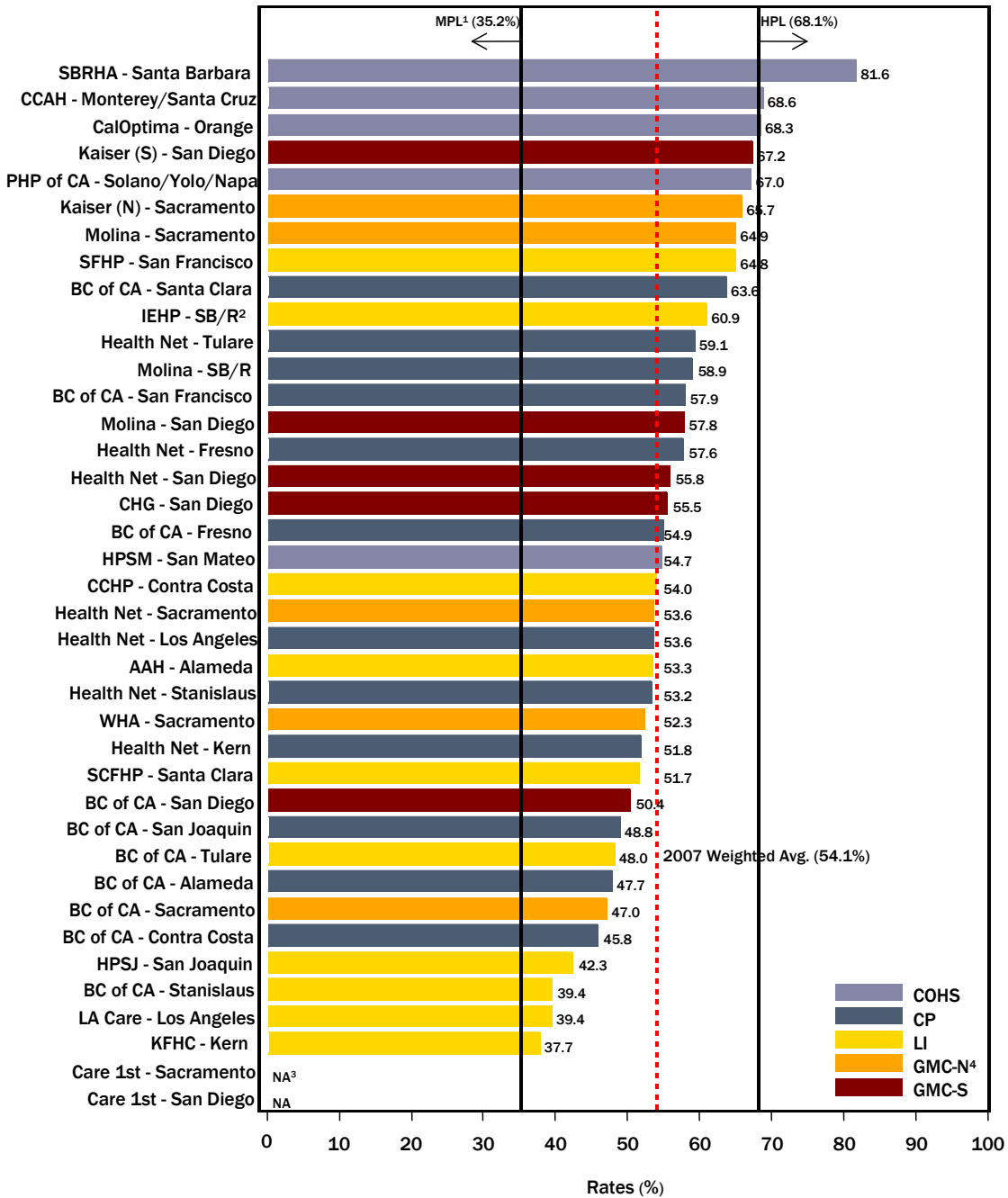
‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Living with Illness

The Comprehensive Diabetes Care measure is comprised of nine indicators in the Effectiveness of Care domain. Health plans were required to report on four of the nine indicators including Eye Exam (Retinal) Performed, Hemoglobin A1c (HbA1c) Testing, Low-Density Lipoprotein (LDL) Screening Performed, and Medical Attention for Nephropathy. The results of each indicator follow.

Figure 21. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed



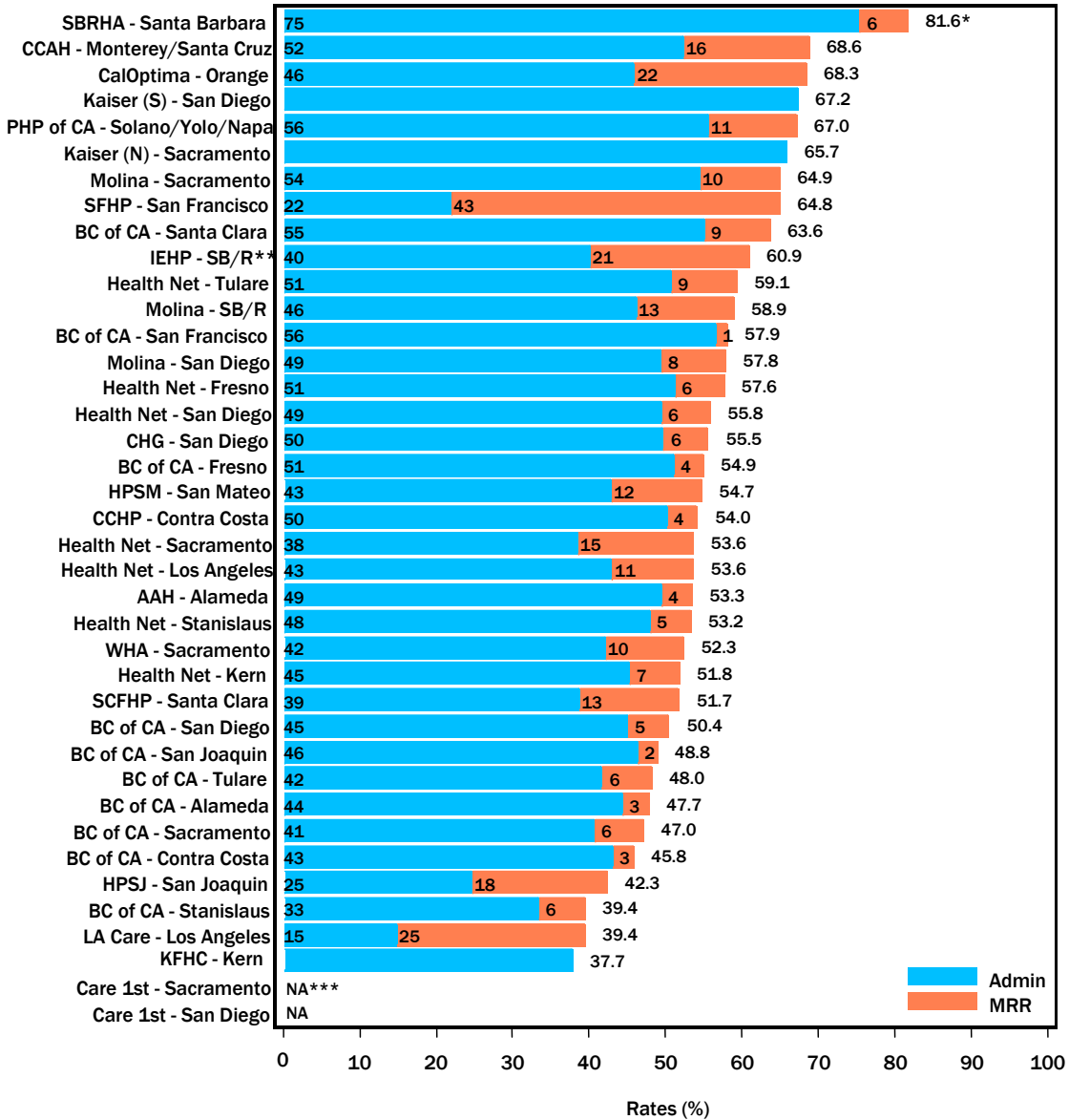
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 22. HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

For the Comprehensive Diabetes Care- Eye Exam (Retinal) Performed, SBRHA – Santa Barbara and CCAH- Monterey and Santa Cruz rates are above the HPL (68.1 percent). SBRHA – Santa Barbara’s rate of 81.6 percent is 13.5 percentage points above the HPL. All plan rates are above the MPL of 35.2 percent. As shown in Table 13, the Medi-Cal managed care weighted average (54.1 percent) exceeded the national Medicaid average of 48.6 percent and was within one percentage point of the HEDIS 2006 national Commercial average of 54.8 percent.

Table 13. Comprehensive Diabetes Care—Eye Exam (Retinal) Performed Benchmarks

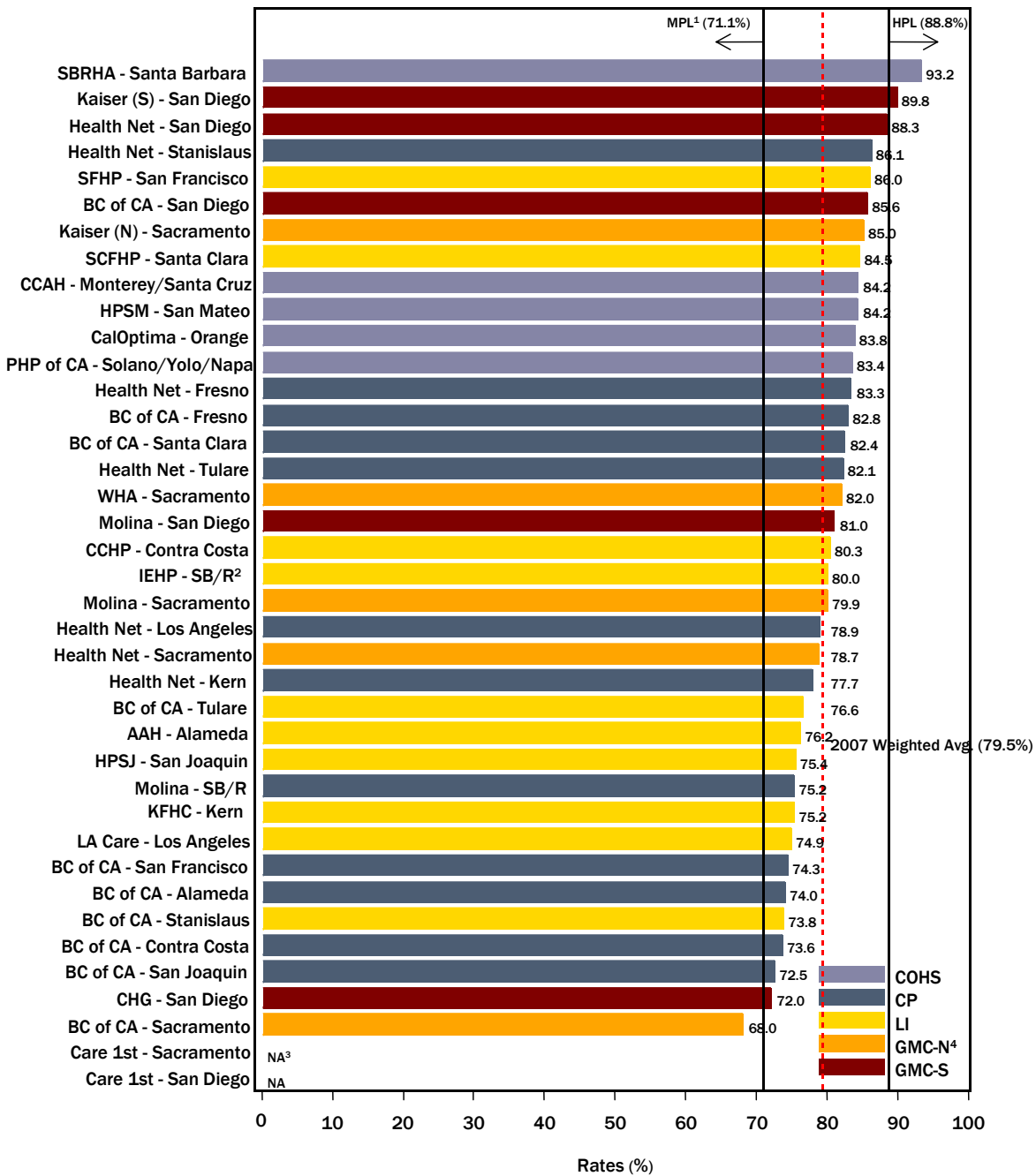
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average[†]	HEDIS 2006 National Commercial Average[‡]
Rate	54.1%	48.6%	54.8%

[†] Rate obtained from NCQA’s *Quality Compass* (2006).

[‡] Rate obtained from NCQA’s website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 23. HEDIS 2007 Comprehensive Diabetes Care – HbA1c Testing



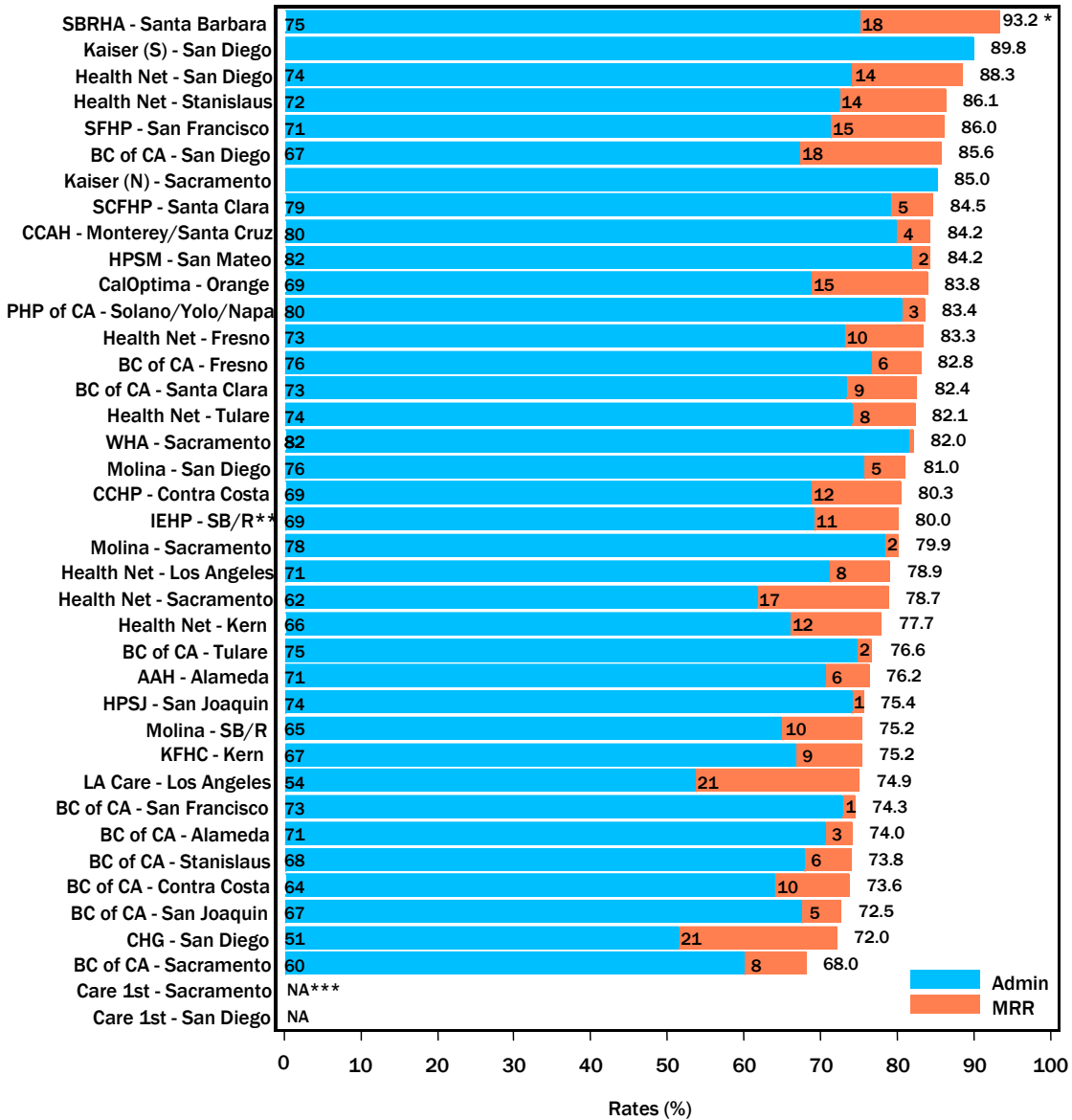
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 24 HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

Rates for two plans exceed the HPL (88.8 percent) for Comprehensive Diabetes Care— HbA1c Testing indicator. SBRHA- Santa Barbara is the highest rate with 93.2 percent. BC of CA – Sacramento is the only plan below the MPL of 71.1 percent. The Medi-Cal managed care weighted average of 79.5 percent is 3.3 percentage points above the HEDIS 2006 national Medicaid average (76.2 percent) as shown in Table 14.

Table 14. Comprehensive Diabetes Care—HbA1c Testing Benchmarks

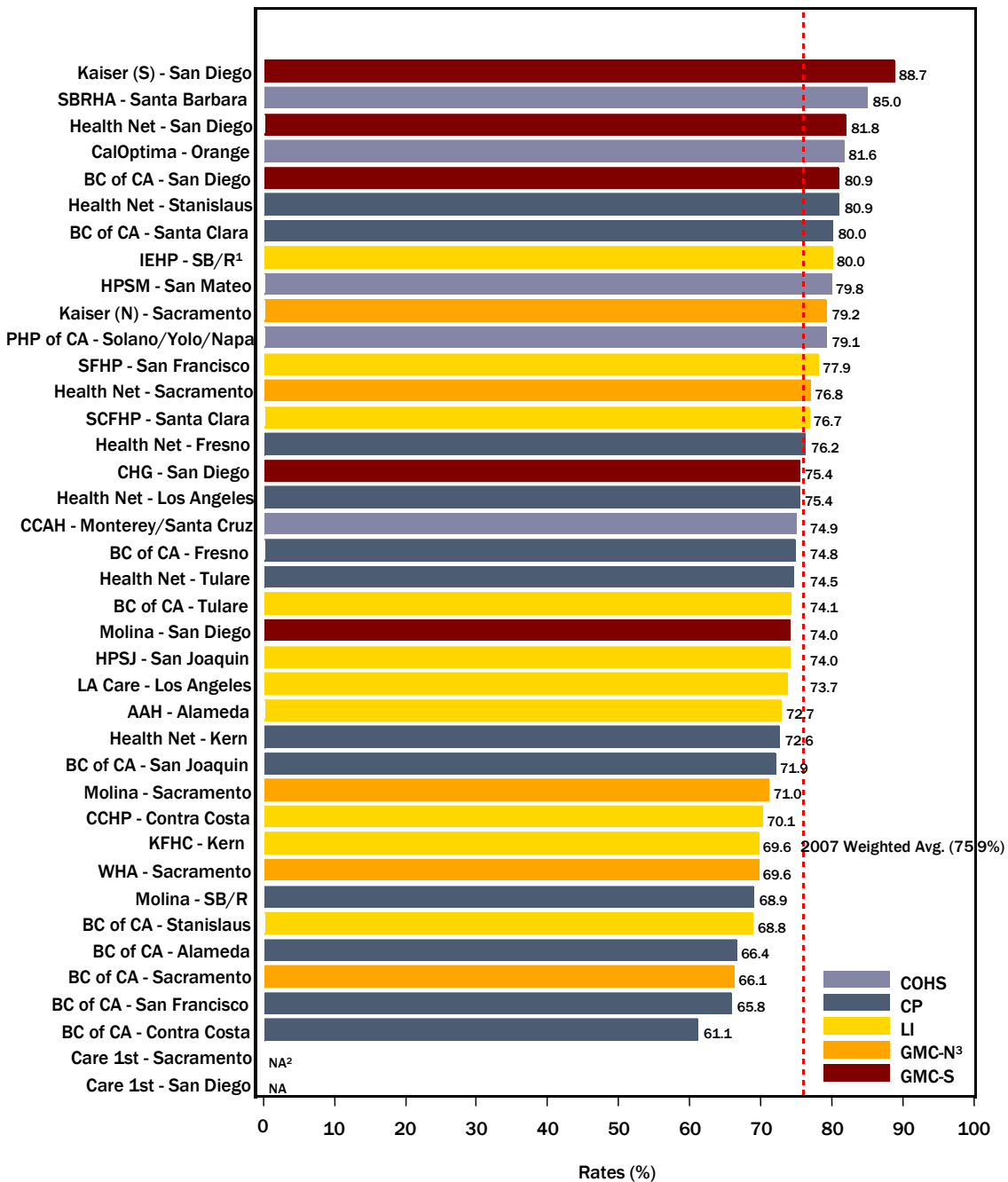
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	79.5%	76.2%	87.6%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 25. HEDIS 2007 Comprehensive Diabetes Care— LDL-C Screening

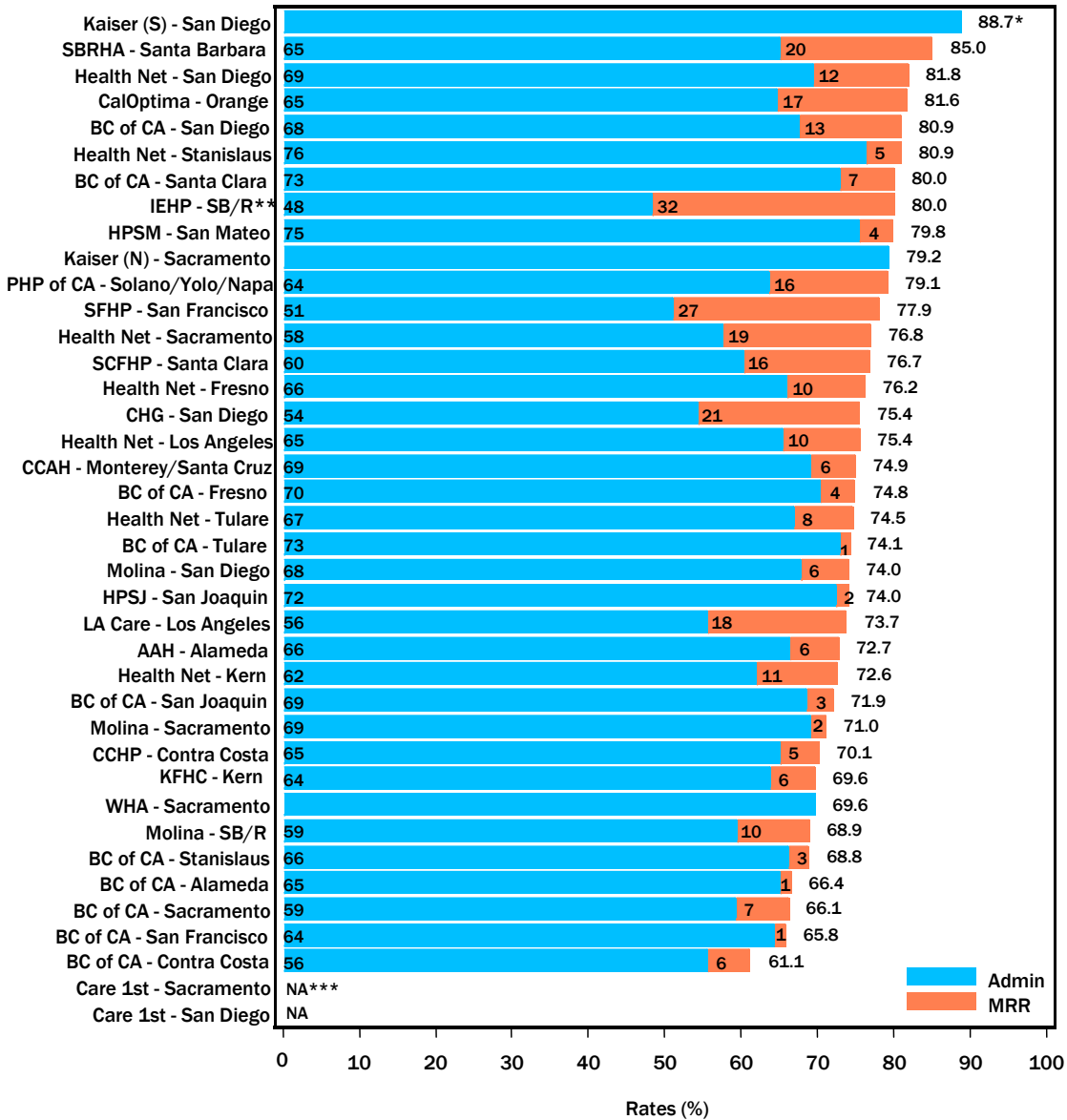


¹ SB/R is San Bernardino/Riverside.

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 26. HEDIS 2007 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.

** SB/R is San Bernardino/Riverside.

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

The HEDIS 2007 specifications were changed for CDC- LDL-C Screening indicator, and therefore the HPL and MPL are not applied. The LDL-C screening and control criteria were restricted to require testing in the measurement year. As shown in Table 15, the Medi-Cal managed care weighted average is 75.9 percent, which is below the HEDIS 2006 national Medicaid average and the HEDIS 2006 national Commercial average.

Table 15. Comprehensive Diabetes Care—LDL-C Screening Benchmarks

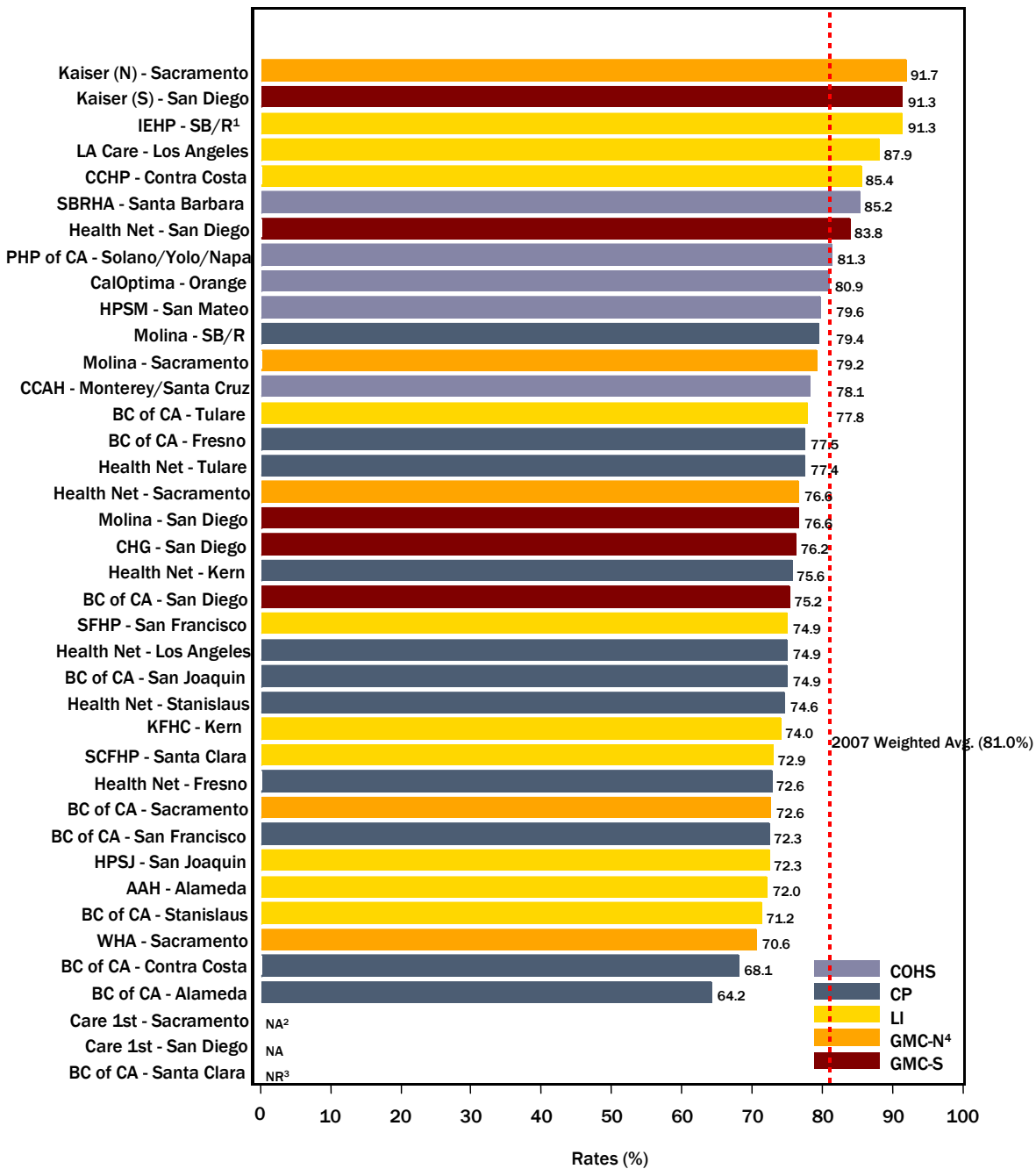
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	75.9%	80.5%	92.3%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 27. HEDIS 2007 Comprehensive Diabetes Care – Monitoring for Diabetic Nephropathy



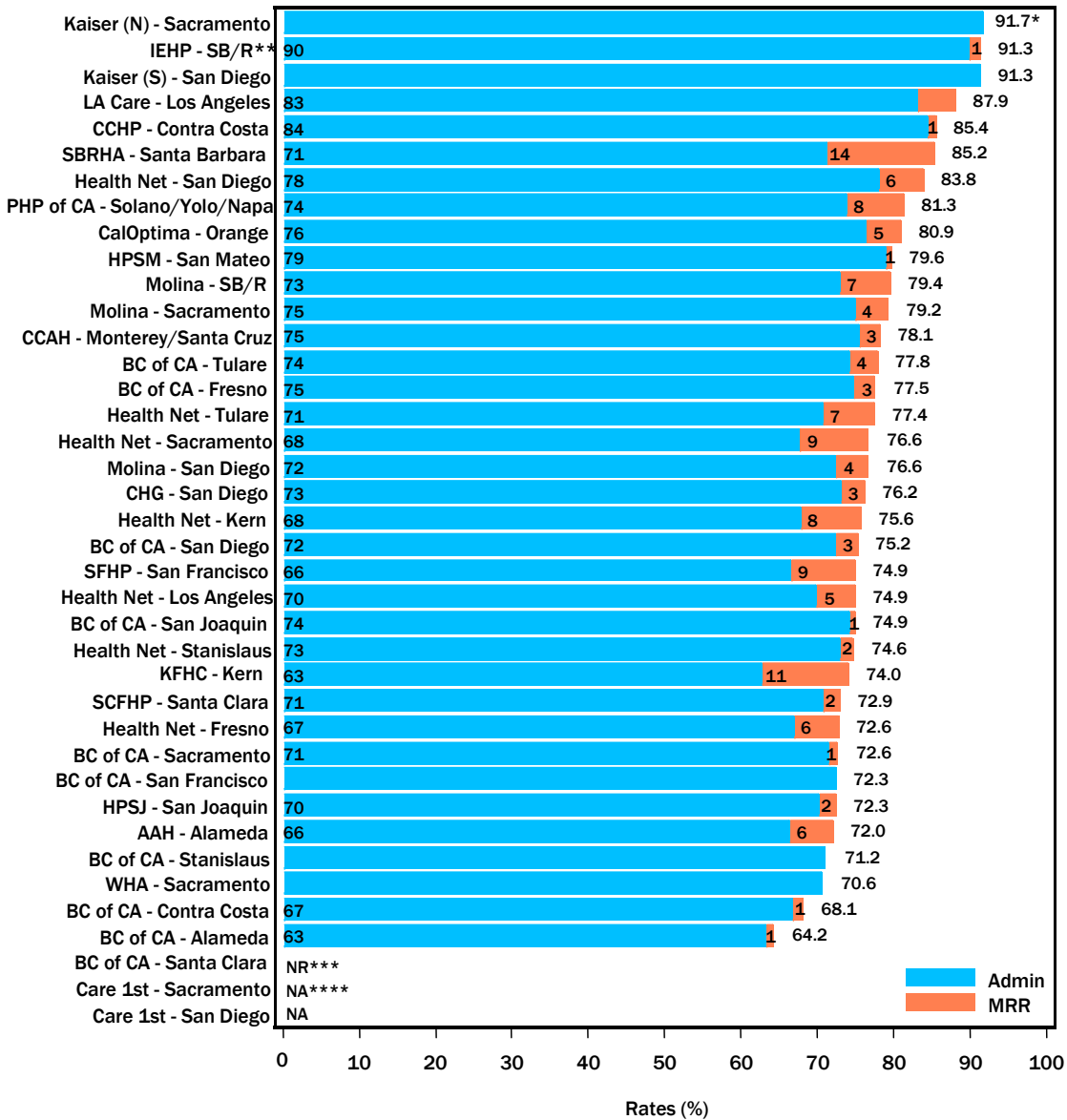
¹ SB/R is San Bernardino/Riverside.

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

³ 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 28. HEDIS 2007 Comprehensive Diabetes Care— Monitoring for Diabetic 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.
 ** SB/R is San Bernardino/Riverside.
 *** NR indicates a rate was not reportable because the rate was materially biased or the plan chose not to report the rate.
 **** NA indicates the denominator for the rate was too small (<30) to calculate a reliable rate.

The HEDIS specifications for CDC- Medical Attention for Nephropathy were revised significantly so MPL and HPL levels were not applied for this indicator. Evidence of the use of ACE/ARBs for numerator compliance was added to the specifications. As shown in Table 16, the Medi-Cal managed care weighted average is 81.0 percent which is significantly above the HEDIS 2006 national Medicaid average (48.8 percent) and the HEDIS 2006 national Commercial average. In comparing the rates in the table, one must consider that the HEDIS 2006 rates are rates derived using the prior year’s specifications.

Table 16. Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy Benchmarks

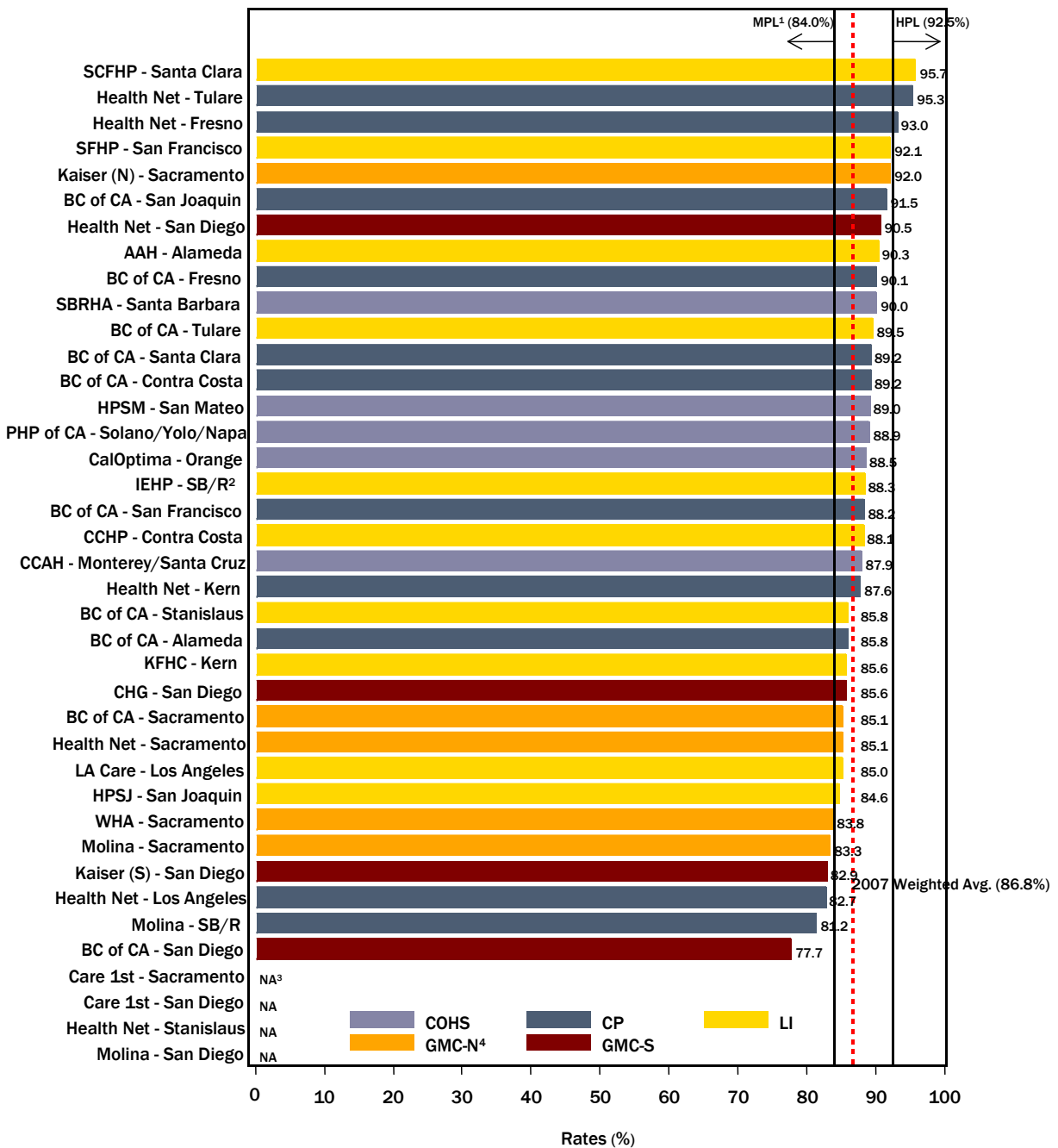
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	81.0%	48.8%	55.1%

† Rate obtained from NCQA’s *Quality Compass* (2006).

‡ Rate obtained from NCQA’s website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 29. HEDIS 2007 Use of Appropriate Medications for People with Asthma



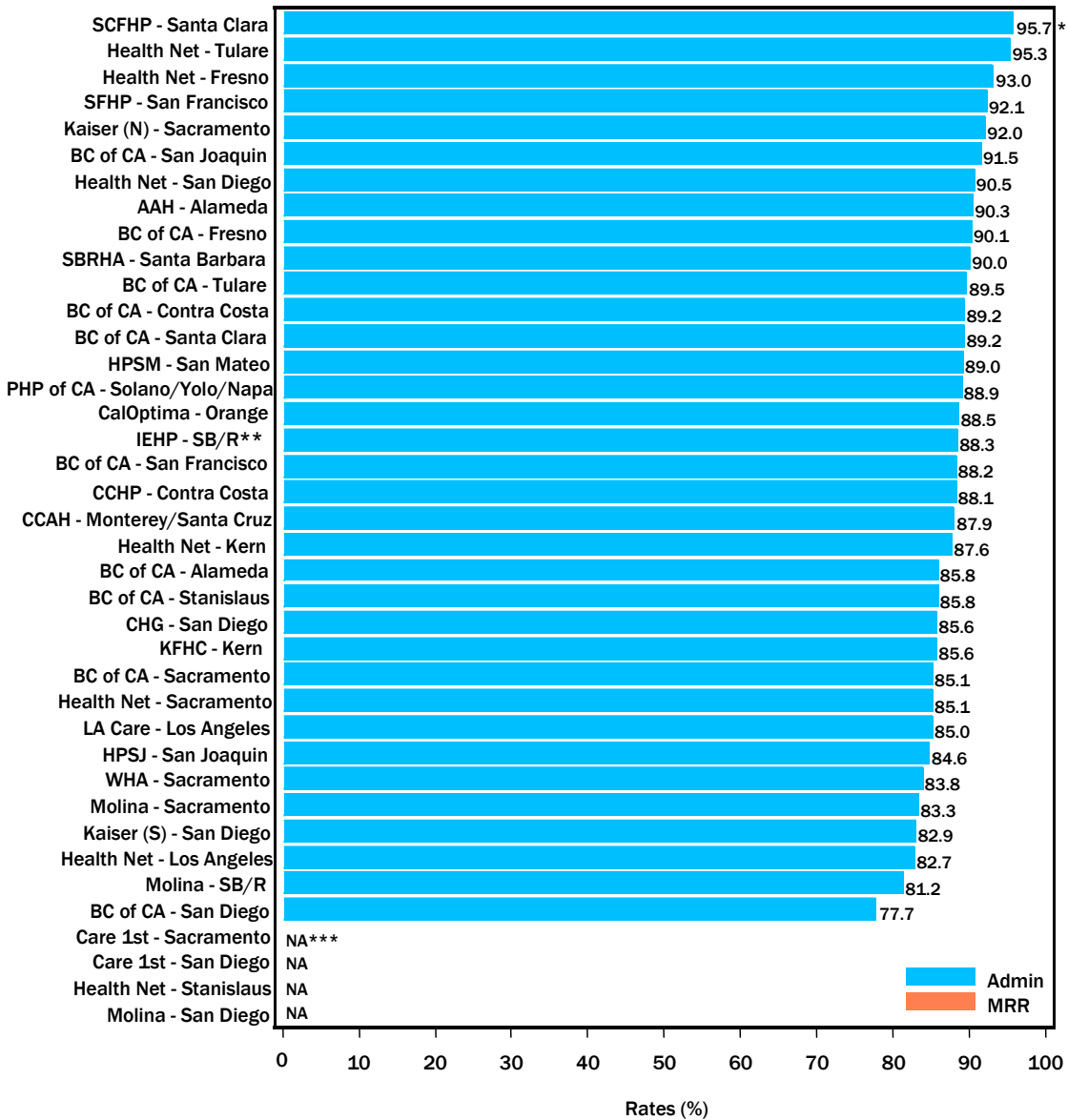
¹ MPL is HEDIS 2006 national Medicaid 25th Percentile and HPL is HEDIS 2006 national Medicaid 90th Percentile.

² SB/R is San Bernardino/Riverside.

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

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

Figure 30. HEDIS 2007 Use of Appropriate Medications for People with Asthma
Rates from Administrative Data



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

** SB/R is San Bernardino/Riverside.

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

Use of Appropriate Medications for People with Asthma (ASM) is part of the Effectiveness of Care Domain. Three health plans exceed the HPL (92.5 percent) for ASM. Five plans are below the MPL of 84.0 percent. The Medi-Cal managed care weighted average of 86.8 percent is 1.1 percentage points above the HEDIS 2006 national Medicaid average of 85.7 percent as shown in Table 17.

Table 17. Use of Appropriate Medications for People with Asthma Benchmarks

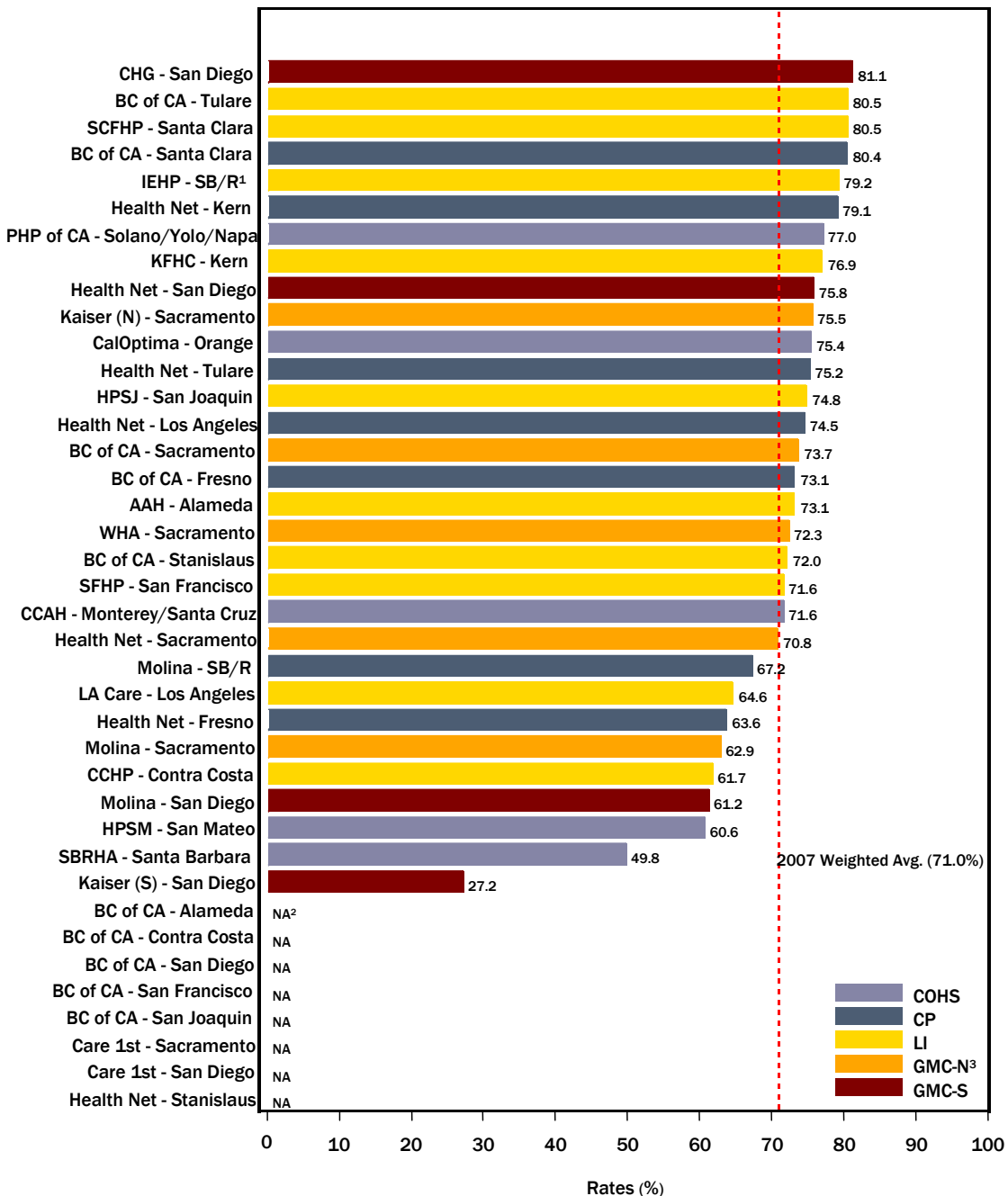
	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average†	HEDIS 2006 National Commercial Average‡
Rate	86.8%	85.7%	89.9%

† Rate obtained from NCQA's *Quality Compass (2006)*.

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf.

Figure 31. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
(Lower rate indicates better performance)

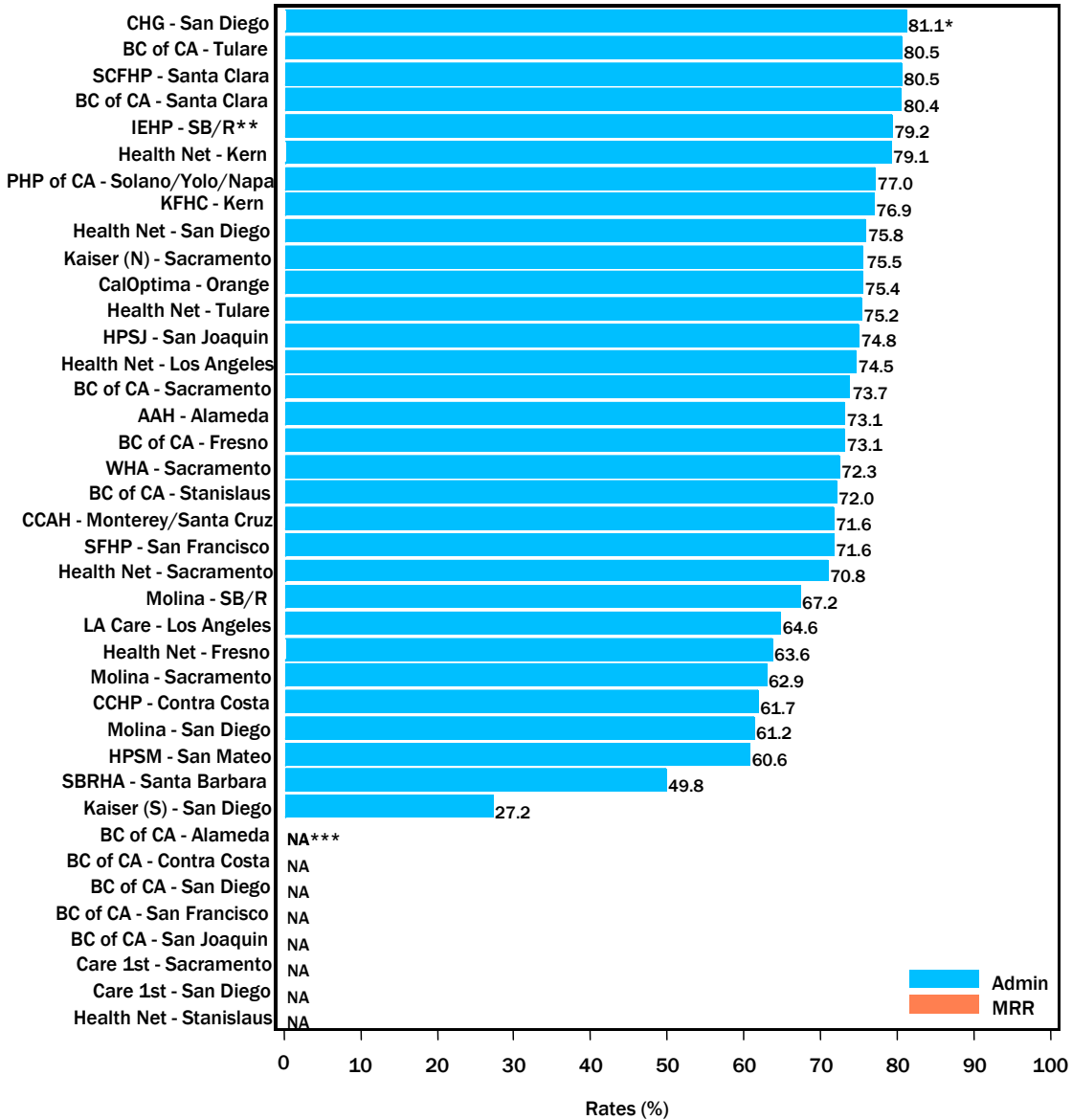


¹ SB/R is San Bernardino/Riverside.

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 32. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis Rates from Administrative Data



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

** SB/R is San Bernardino/Riverside.

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

The Effectiveness of Care domain includes the Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis (AAB) indicator. This measure is an administrative data only measure per the HEDIS specifications. No data was available at the initial set up of this report to establish an MPL and an HPL for the AAB measure. For this measure the lower the rate, the better the performance. Kaiser(S) – San Diego has the lowest rate with 27.7 percent. The Medi-Cal managed care weighted average is 71.0 percent as shown in Table 18. For HEDIS 2008, the AAB indicator will be inverted so that a higher rate is better.

Table 18. Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis Benchmarks

	HEDIS 2007 Medi-Cal Managed Care Weighted Average	HEDIS 2006 National Medicaid Average	HEDIS 2006 National Commercial Average[‡]
Rate	71.0%	69.4%	66.1%

† Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Medicaid.pdf

‡ Rate obtained from NCQA's website:

http://web.ncqa.org/Portals/0/HEDISQM/Programs/CompAud/MPR/HEDIS_2006_Means_Percentiles_Commercial.pdf

VI. HEDIS 2007 Health Plan Results by Model Type and Trend Tables

This section contains graphical analysis and trending tables of the HEDIS 2007 rates by the five model types. Each measure has five graphs, one for each model type (COHS, CP, GMC-N, GMC-S, LI). Each graph displays a model's plan rates (rounded to the nearest whole percent) in relation to that model's weighted average. A sixth graph shows the model type weighted averages in relation to the Medi-Cal managed care weighted average. These six graphs are followed by the trending tables of plan rates and the Medi-Cal managed care straight average. The tables also 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 34. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) - COHS

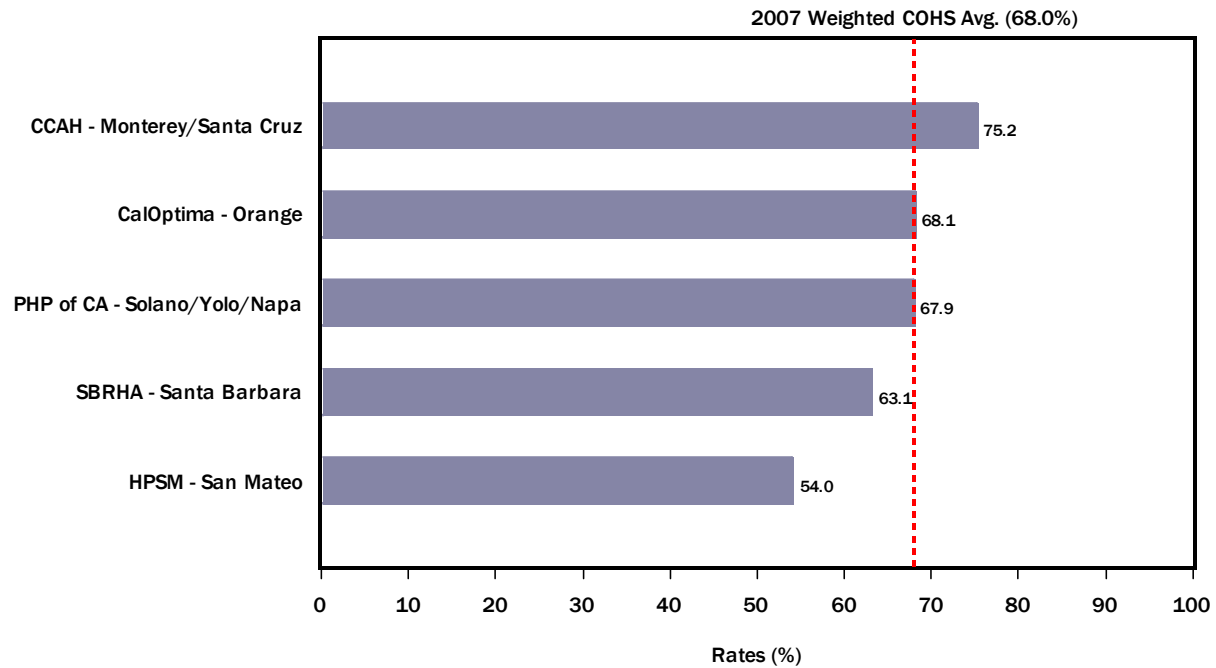
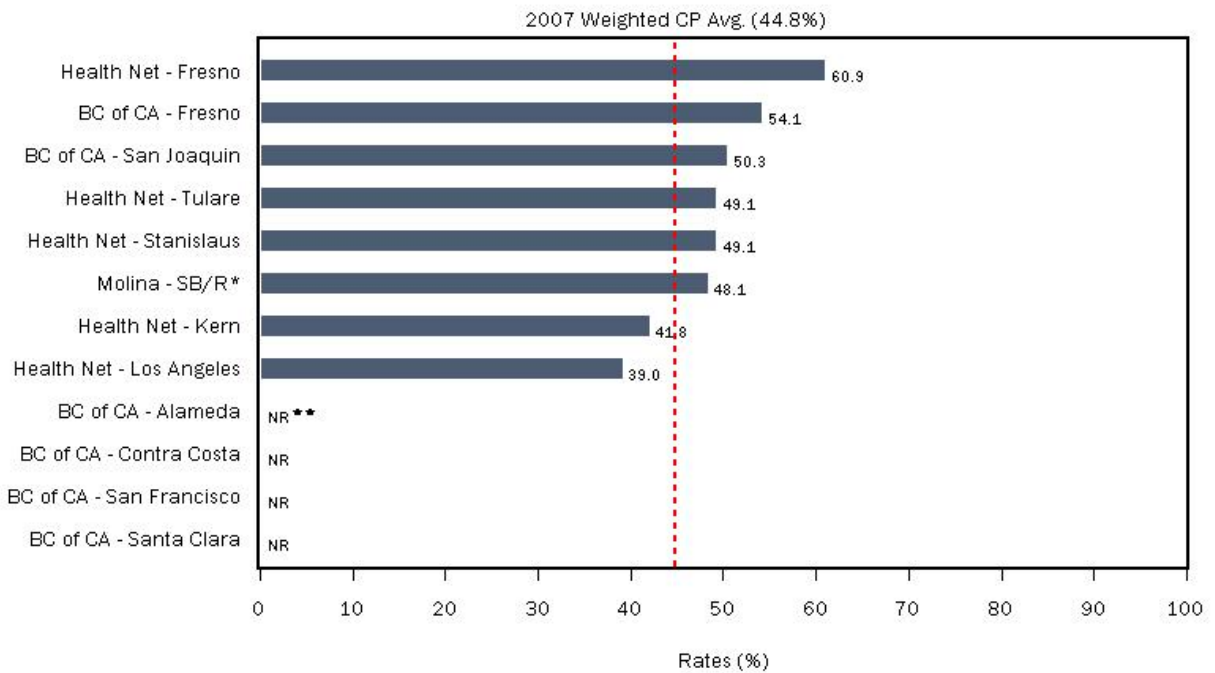


Figure 35. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) - CP



* SB/R is San Bernardino/Riverside.

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

Figure 36. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) – GMC – North (N)

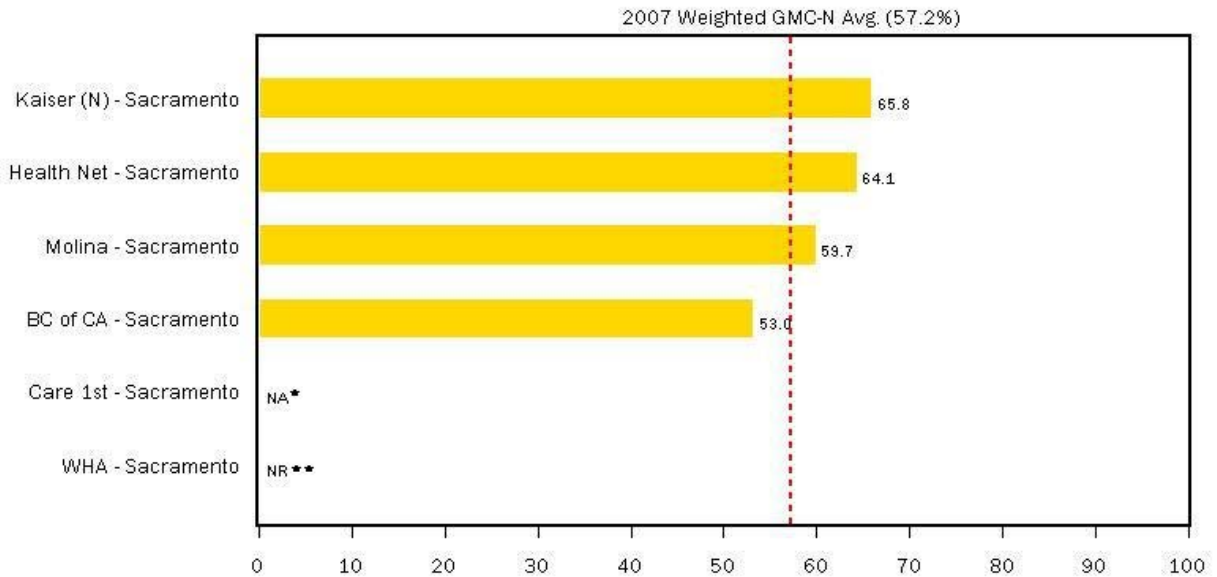
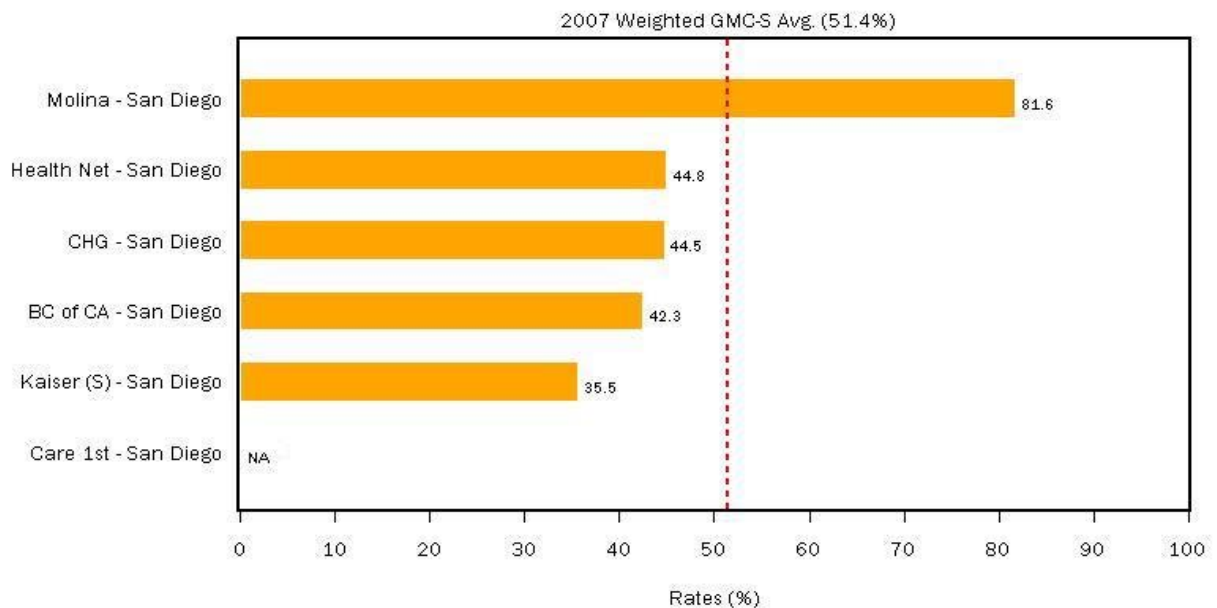


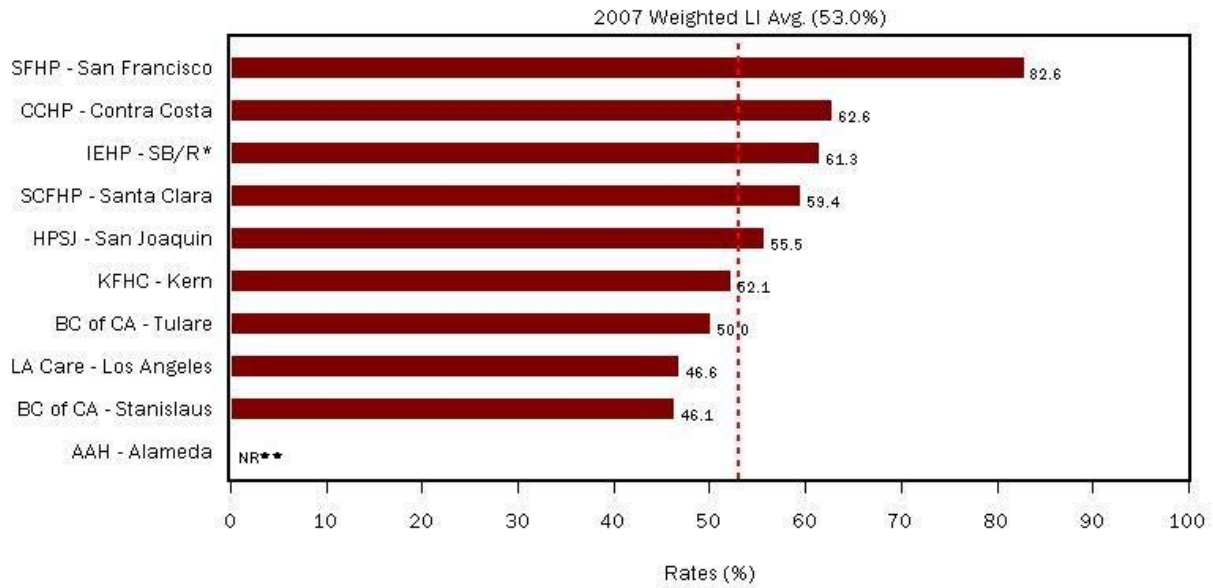
Figure 37. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) – GMC – South (S)



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

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

Figure 38. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) - LI



* SB/R is San Bernardino/Riverside.

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

Figure 39. HEDIS 2007 Well-Child Visits in the First 15 Months of Life (6 or More Visits) – Model Type Comparison of Weighted Averages

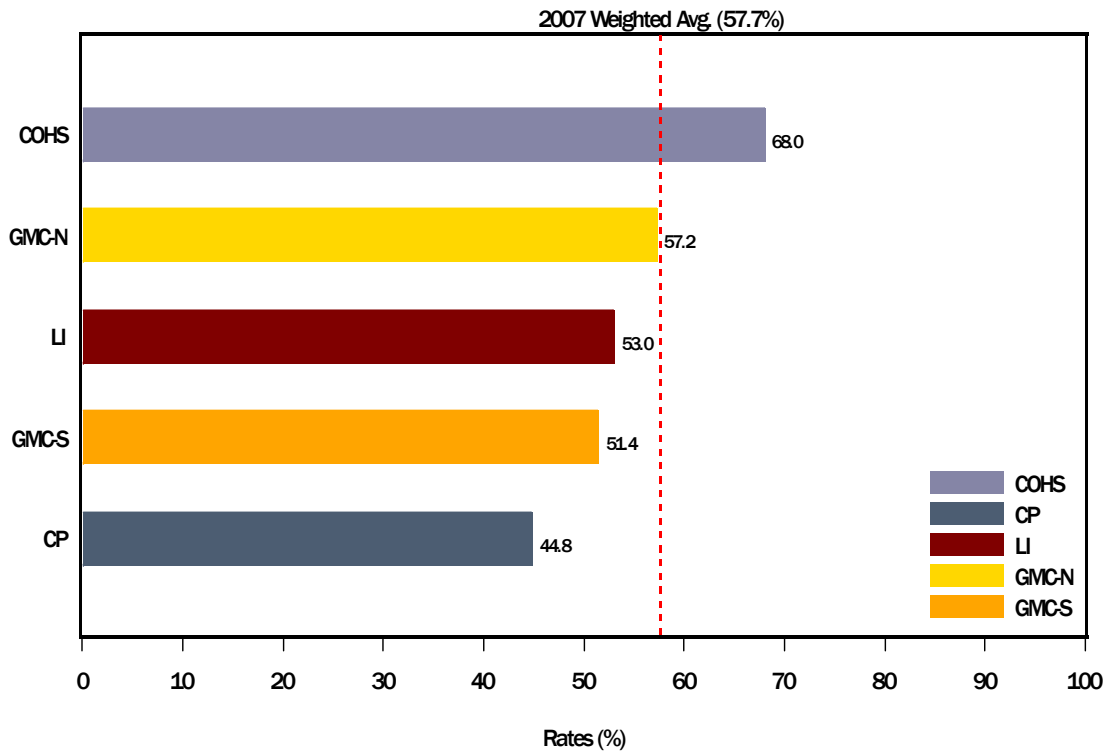


Table 19 presents the trends for the Well-Child Visits in the First 15 Months of Life for 6 or More Visits. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 19. Trends for the Well-Child Visits in the First 15 Months of Life for 6 or More Visits

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	—	43.8	49.8	44.7	60.4	68.1
	CCAH	56.7	42.1	53.8	65.7	68.4	75.2
	HPSM	47.7	56.3	54.9	56.3	59.2	54.0
	PHP of CA	32.6	33.2	35.7	55.5	75.1	67.9
	SBRHA	62.3	62.7	64.0	53.9	60.8	63.1
CP	BC of CA (CP)*	45.8	49.2	54.7	55.6	56.7	53.5
	Health Net (CP)*	25.7	26.0	29.8	37.2	36.6	40.4
	Molina Healthcare (CP)	9.3	46.9	59.2	55.6	46.1	48.1
GMCN	BC of CA (GMC-N)	52.4	61.5	59.6	53.4	57.6	53.0
	Care1st (GMC-N)**	—	—	—	—	—	—
	Health Net (GMC-N)	41.4	48.5	55.1	46.7	54.2	64.1
	Kaiser (GMC-N)	66.7	72.2	52.9	67.4	65.6	65.8
	Molina Healthcare (GMC-N)	—	27.8	52.4	48.1	44.2	59.7
	WHA	36.5	21.9	35.6	51.2	49.2	—
GMCS	BC of CA (GMC-S)	—	37.5	44.4	44.4	47.5	42.3
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	25.2	44.5	44.5	36.5	31.9	44.5
	Health Net (GMC-S)	—	23.9	23.9	34.2	41.9	44.8
	Kaiser (GMC-S)	—	26.8	40.5	—	12.5	35.5
	Molina Healthcare (GMC-S)**	—	—	—	—	—	81.6
	Sharp	—	41.1	58.5	—	—	—
	UCSD	—	27.2	—	—	—	—
LI	Universal	—	11.4	41.3	—	—	—
	AAH	33.0	32.6	61.1	60.7	56.2	—
	BC of CA (Stanislaus)	45.2	—	46.7	45.7	33.9	46.1
	BC of CA (Tulare)	10.4	45.3	52.7	47.7	53.9	50.0
	CCHP	34.8	23.8	38.4	51.1	54.0	62.6
	HPSJ	35.2	24.9	38.9	60.6	53.8	55.5
	IEHP	24.1	35.2	63.2	74.3	81.8	61.3
	KFHC	38.0	41.5	36.5	46.7	51.1	52.1
	L.A. Care	13.7	20.0	40.1	44.0	44.2	46.6
	SFHP	64.2	45.3	61.3	56.3	73.9	82.6
SCFHP	27.0	47.6	47.8	56.5	52.8	59.4	
Medi-Cal Managed Care Straight Average***		37.6	38.6	48.2	51.9	52.7	56.8

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Well-Visits in the First 15 Months of Life (6 or More Visits)

The weighted averages by model type ranged from 44.8 percent to 68.0 percent. The COHS model type has the highest weighted average at 68 percent. The Medi-Cal managed care straight average increased steadily since 2004 to 2007 from 48.2 percent to 56.8 percent. San Francisco Health Plan (82.6 percent) and Molina GMC-South (81.6 percent) are two standard deviations above the Medi-Cal managed care straight average. Kaiser GMC-South increased by 23 percentage points from 12.5 percent in 2006 to 35.5 percent in 2007. Inland Empire's rate fell by 20.5 percentage points from 81.8 percent in 2006 to 61.3 percent in 2007.

Figure 40. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – COHS

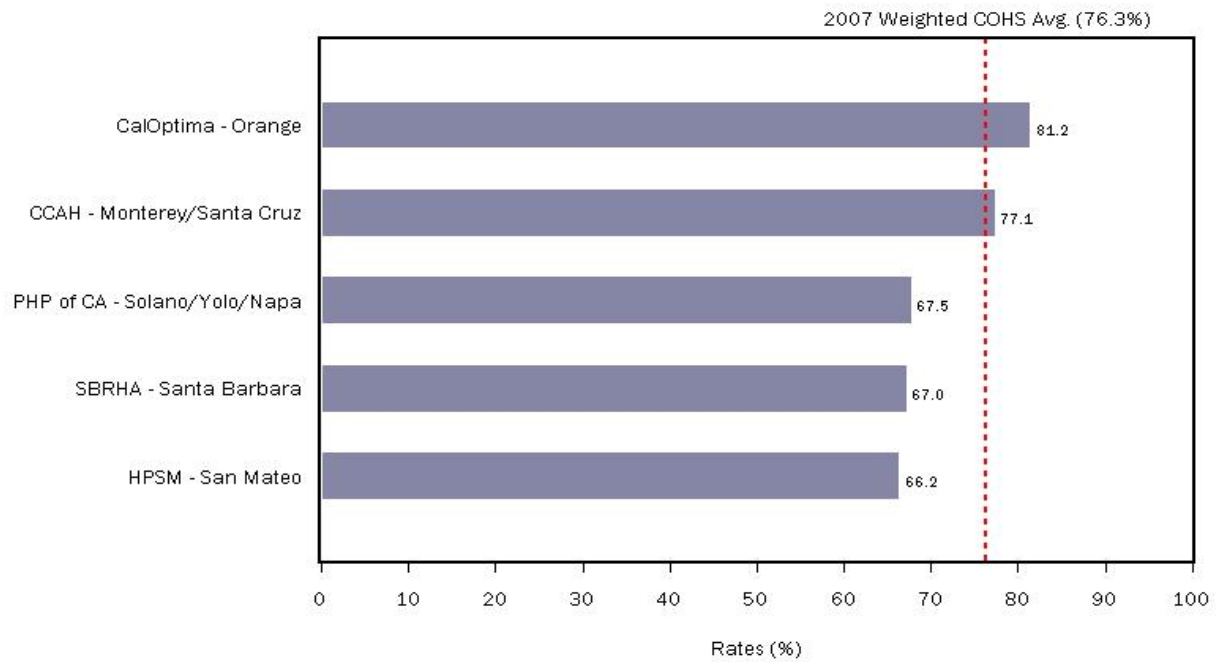
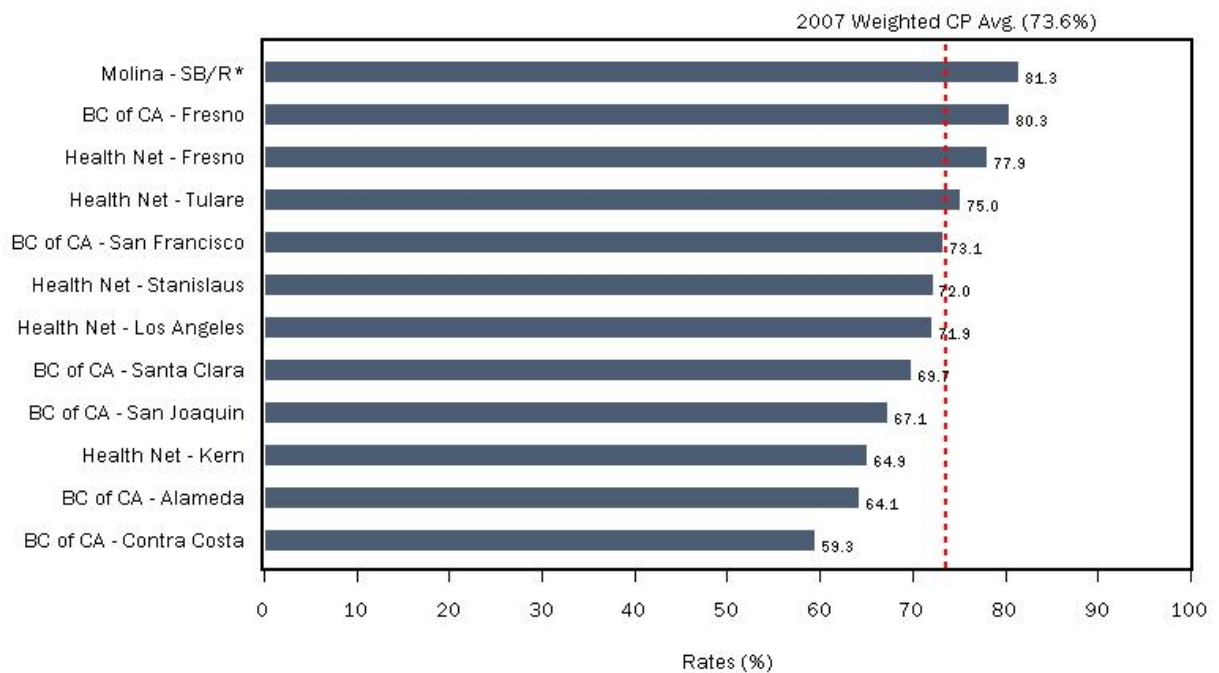


Figure 41. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – CP



* SB/R is San Bernardino/Riverside.

Figure 42. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – GMC - N

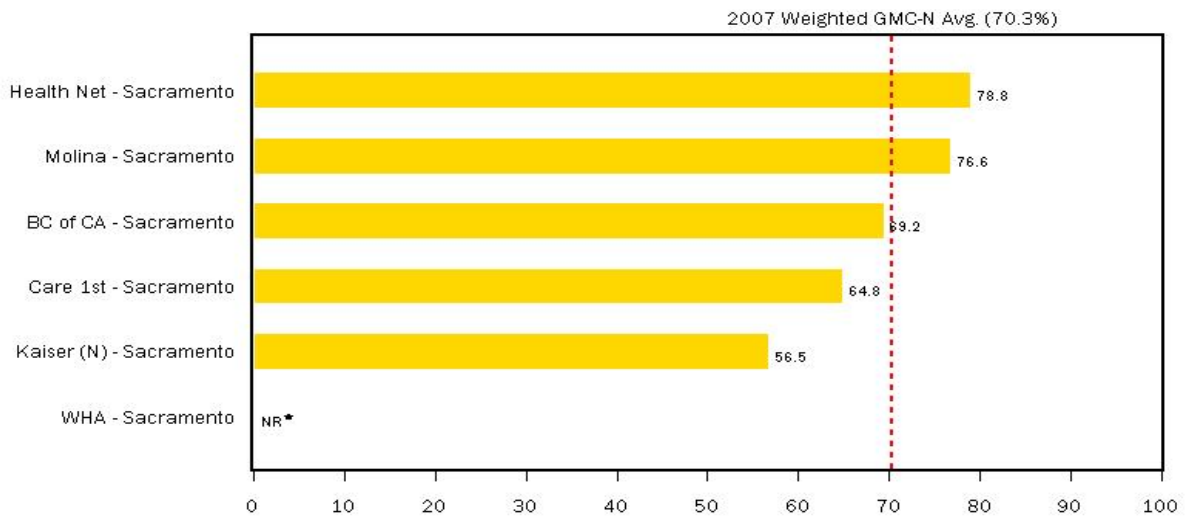
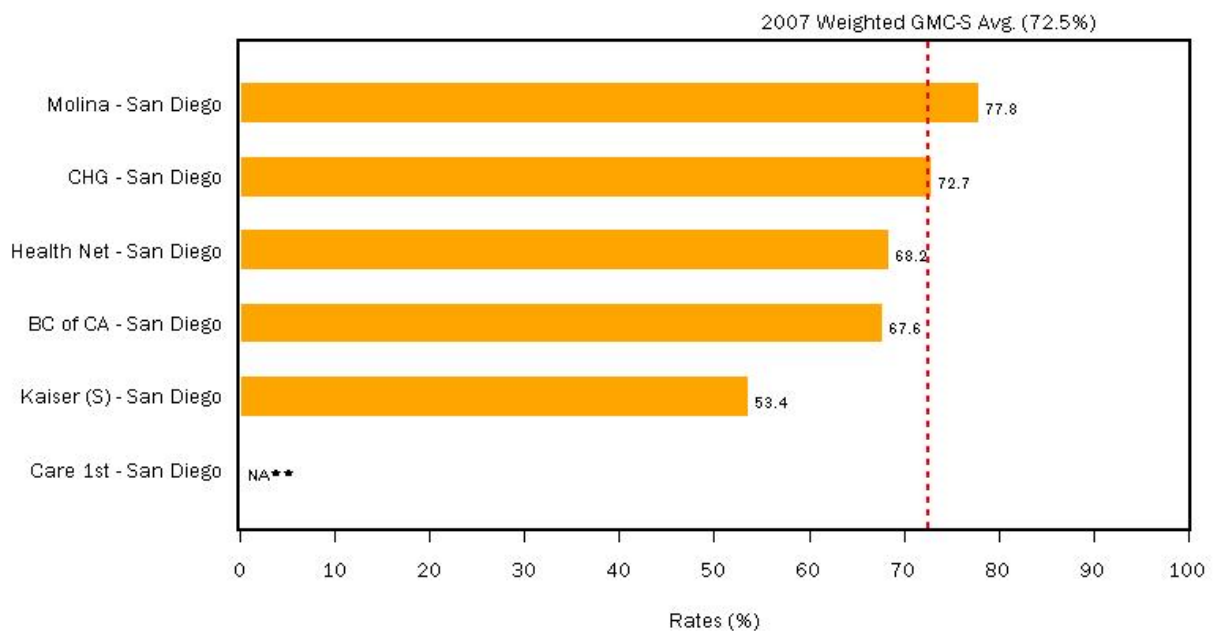
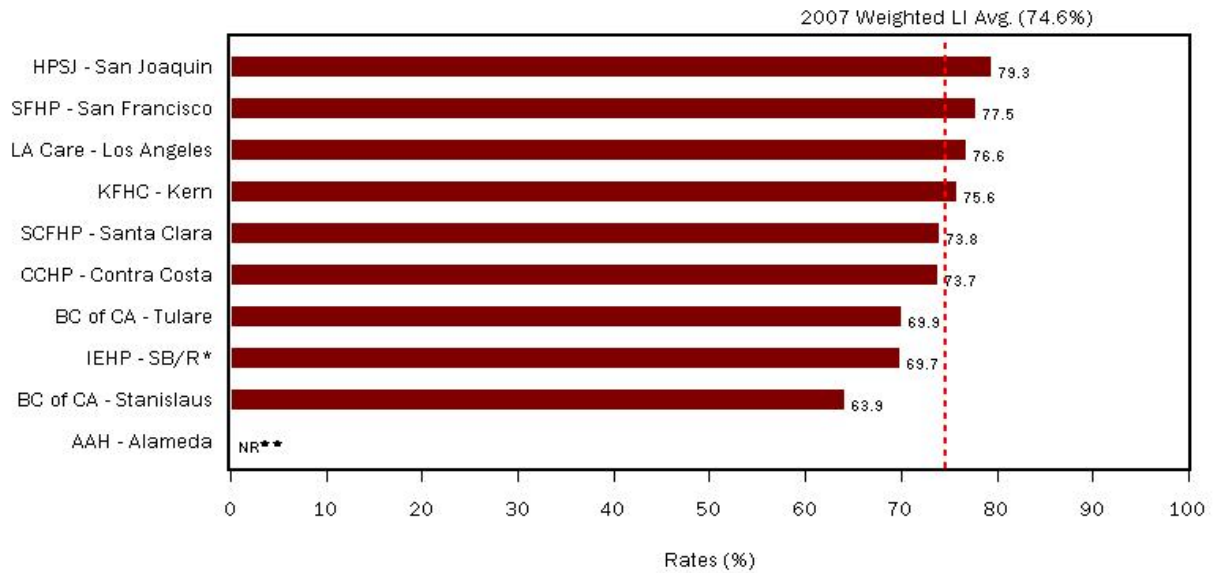


Figure 43. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – GMC - S



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

Figure 44. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life - LI



* SB/R is San Bernardino/Riverside.

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

Figure 45. HEDIS 2007 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – Model Type Comparison of Weighted Averages

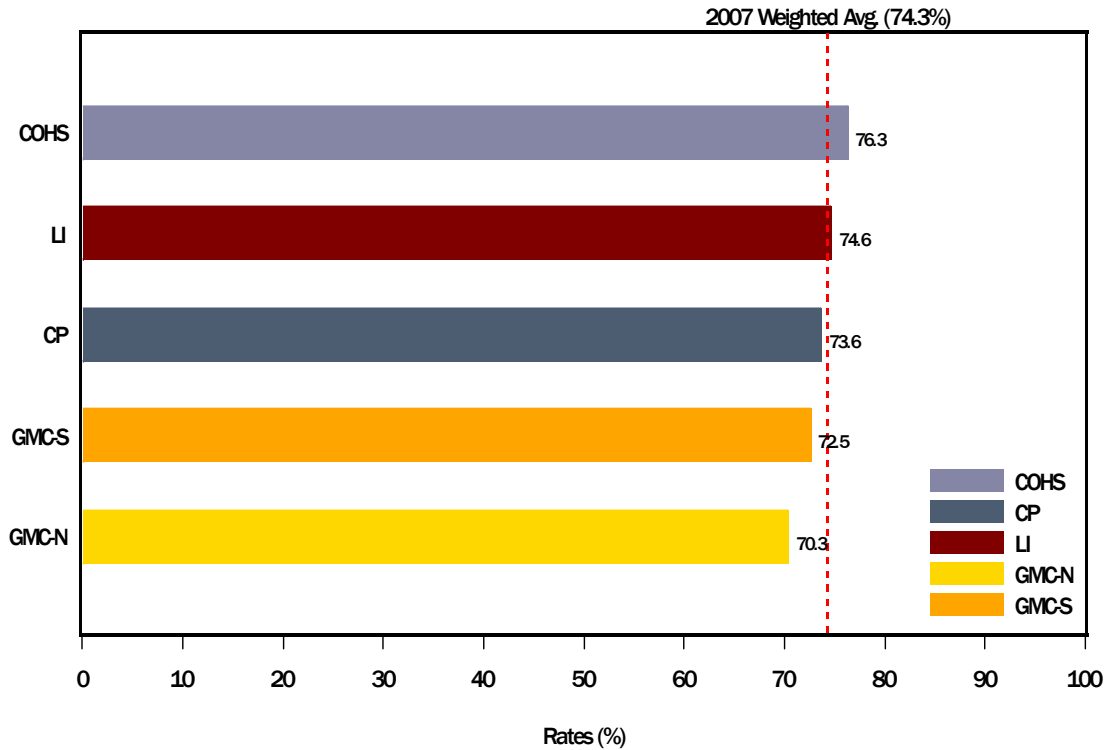


Table 20 presents the trends for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 20. Trends for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	—	—	—	—	78.9	81.2
	CCAH	—	—	—	—	74.9	77.1
	HPSM	—	—	—	—	66.7	66.2
	PHP of CA	—	—	—	—	70.8	67.5
	SBRHA	—	—	—	—	67.1	67.0
CP	BC of CA (CP)*	62.5	75.0	70.8	73.8	73.7	75.0
	Health Net (CP)*	50.2	55.5	61.7	67.7	69.4	72.0
	Molina Healthcare (CP)	60.5	67.5	74.8	77.6	71.8	81.3
GMCN	BC of CA (GMC-N)	56.3	63.0	65.5	71.3	67.4	69.2
	Care1st (GMC-N)**	—	—	—	—	—	64.8
	Health Net (GMC-N)	59.5	67.4	73.6	73.2	76.5	78.8
	Kaiser (GMC-N)	47.1	46.6	54.3	54.0	59.4	56.5
	Molina Healthcare (GMC-N)	—	56.7	63.1	71.8	73.1	76.6
	WHA	52.5	53.0	60.8	62.3	67.9	—
GMCS	BC of CA (GMC-S)	49.9	59.0	67.1	65.2	60.2	67.6
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	66.9	67.6	64.7	67.9	65.5	72.7
	Health Net (GMC-S)	43.5	54.5	59.1	68.0	64.4	68.2
	Kaiser (GMC-S)	48.6	54.9	53.7	54.8	47.4	53.4
	Molina Healthcare (GMC-S)**	—	—	—	—	—	77.8
	Sharp	79.0	58.5	64.7	—	—	—
	UCSD	45.9	46.6	—	—	—	—
LI	AAH	57.6	58.6	69.3	70.8	76.6	—
	BC of CA (Stanislaus)	54.1	54.9	61.6	62.5	65.1	63.9
	BC of CA (Tulare)	57.4	65.3	65.0	69.9	75.9	69.9
	CCHP	54.5	57.0	63.5	68.0	68.3	73.7
	HPSJ	57.4	65.0	67.3	70.8	73.2	79.3
	IEHP	61.1	62.0	70.6	77.8	81.8	69.7
	KFHC	60.0	66.4	62.3	70.6	70.4	75.6
	L.A. Care	47.5	46.6	65.0	67.9	73.0	76.6
	SFHP	68.6	63.7	77.0	79.7	74.1	77.5
	SCFHP	64.1	67.6	71.8	65.5	69.4	73.8
Medi-Cal Managed Care Straight Average***		56.5	59.6	65.7	68.7	69.7	71.6

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

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

The weighted averages for the model types range from 70.3 percent to 76.3 percent with COHS having the highest rate. The Medi-Cal managed care straight average has increased each year since 2004 from 65.7 percent to 71.6 percent. CalOptima (81.2 percent) and Molina Healthcare CP (81.3 percent) have the highest rates. Kaiser GMC-South (53.4 percent) and Kaiser GMC-North (56.5 percent) had rates that were two standard deviations below the Medi-Cal managed care straight average for 2007.

Figure 46. HEDIS 2007 Childhood Immunization Status (Combination #2) – COHS

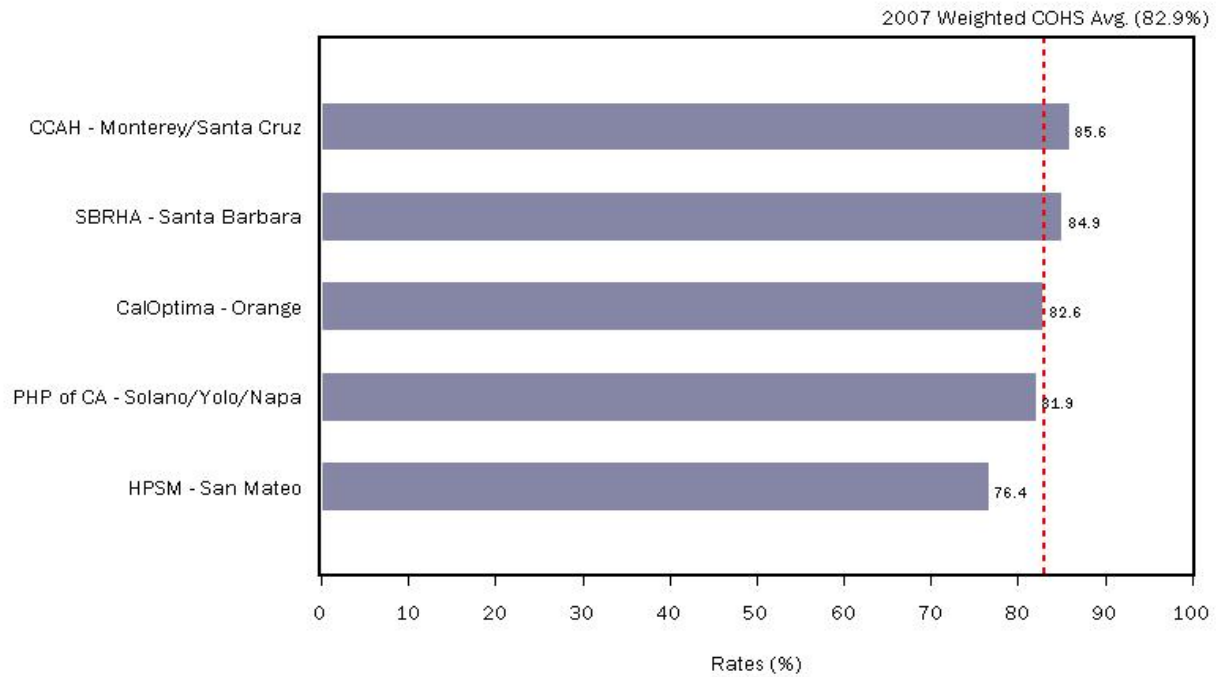
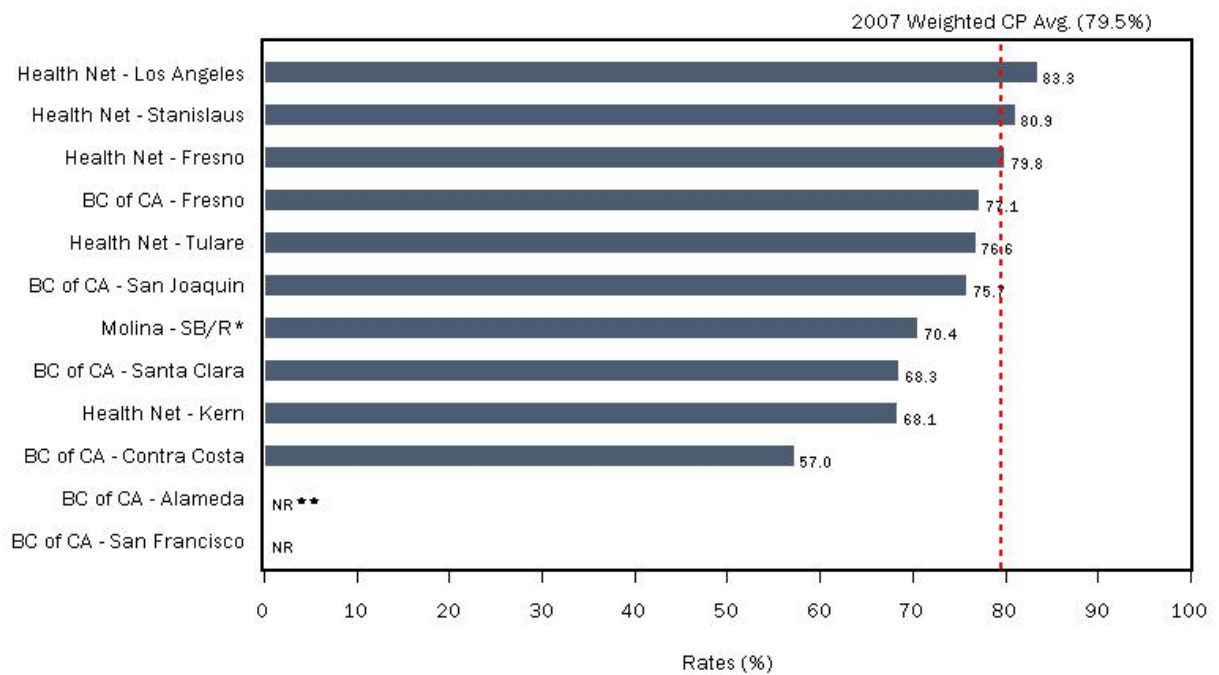


Figure 47. HEDIS 2007 Childhood Immunization Status (Combination #2) - CP



* SB/R is San Bernardino/Riverside.

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

Figure 48. HEDIS 2007 Childhood Immunization Status (Combination #2) – GMC - N

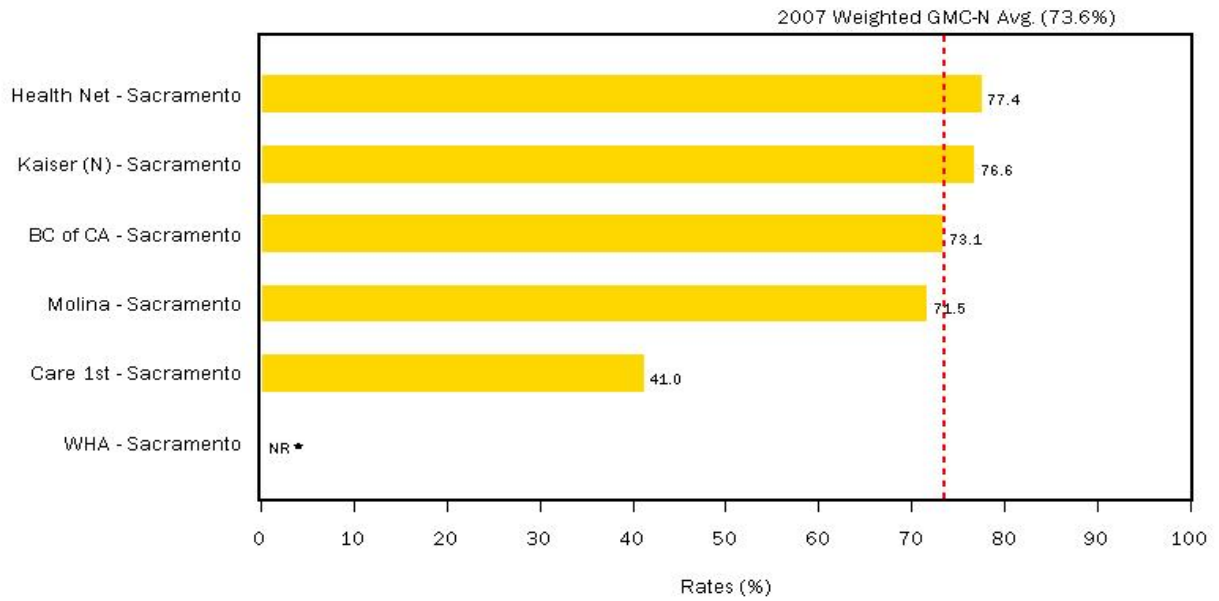
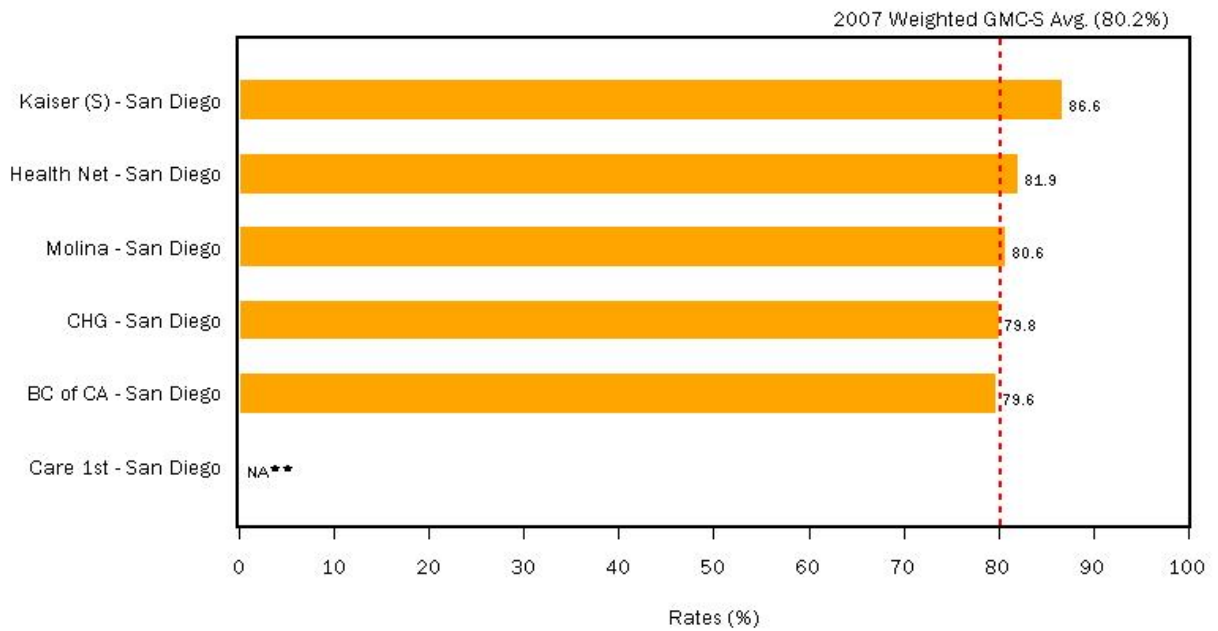


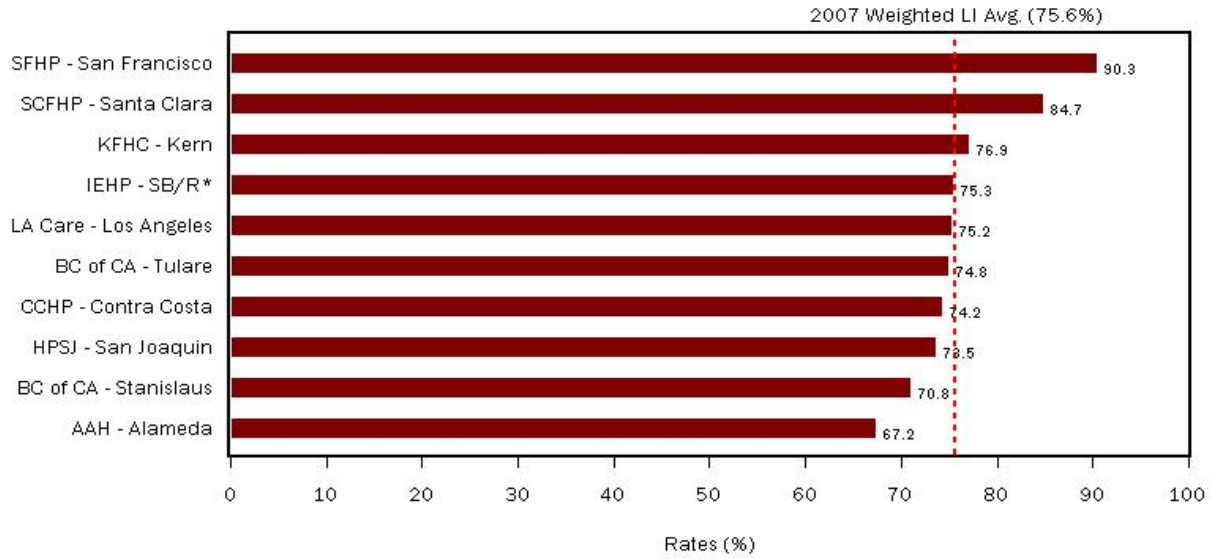
Figure 49. HEDIS 2007 Childhood Immunization Status (Combination #2) – GMC - S



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

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

Figure 50. HEDIS 2007 Childhood Immunization Status (Combination #2) - LI



* SB/R is San Bernardino/Riverside.

Figure 51. HEDIS 2007 Childhood Immunization Status (Combination #2) - Model Type Comparison of Weighted Averages

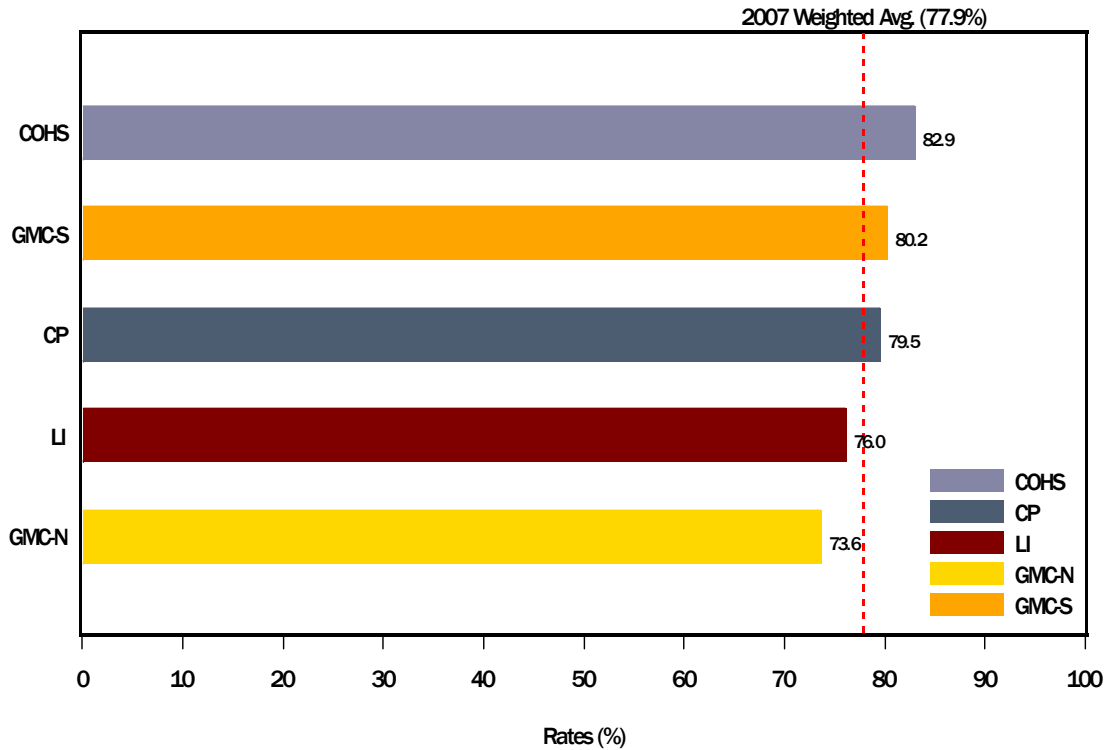


Table 21 presents the trends for Childhood Immunization Status - Combination #2. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 21. Trends for Childhood Immunization Status - Combination #2

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	60.4	72.2	72.5	74.3	85.9	82.6
	CCAH	58.6	57.7	73.5	75.7	86.6	85.6
	HPSM	55.7	56.9	61.8	61.7	78.7	76.4
	PHP of CA	54.9	56.2	67.6	70.7	78.5	81.9
	SBRHA	65.4	69.2	76.4	79.4	85.0	84.9
CP	BC of CA (CP)*	57.2	62.7	64.5	66.4	76.0	74.5
	Health Net (CP)*	43.9	50.7	60.9	60.7	69.7	82.5
	Molina Healthcare (CP)	45.7	48.6	60.0	68.5	70.6	70.4
GMCN	BC of CA (GMC-N)	55.8	56.0	62.5	66.0	71.5	73.1
	Care1st (GMC-N)**	—	—	—	—	—	41.0
	Health Net (GMC-N)	51.9	49.9	63.5	60.3	71.3	77.4
	Kaiser (GMC-N)	66.8	67.0	70.1	70.6	77.5	76.6
	Molina Healthcare (GMC-N)	—	36.3	54.5	58.8	69.6	71.5
	WHA	40.0	43.6	42.4	47.8	64.2	—
GMCS	BC of CA (GMC-S)	41.7	62.7	74.3	73.4	77.1	79.6
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	57.2	79.3	77.4	70.3	78.8	79.8
	Health Net (GMC-S)	46.6	68.2	74.5	73.5	80.9	81.9
	Kaiser (GMC-S)	59.8	64.5	71.7	75.7	77.7	86.6
	Molina Healthcare (GMC-S)**	—	—	—	—	—	80.6
	Sharp	40.7	59.6	69.8	—	—	—
	UCSD	32.0	60.1	—	—	—	—
Universal	48.5	55.2	72.7	—	—	—	
LI	AAH	48.6	53.8	56.9	67.1	75.7	67.2
	BC of CA (Stanislaus)	44.9	53.9	60.9	63.9	80.3	70.8
	BC of CA (Tulare)	49.1	67.1	70.4	71.1	77.6	74.8
	CCHP	65.5	69.2	61.3	60.2	79.0	74.2
	HPSJ	43.0	43.6	53.9	67.6	71.8	73.5
	IEHP	47.9	63.0	68.1	74.9	77.4	75.3
	KFHC	57.2	61.8	55.6	65.1	69.8	76.9
	L.A. Care	49.0	51.7	59.5	56.3	77.2	75.2
	SFHP	51.4	62.9	74.3	73.4	76.9	90.3
	SCFHP	53.6	60.4	65.7	73.2	86.8	84.7
Medi-Cal Managed Care Straight Average***		51.5	58.8	65.4	67.7	76.7	76.8

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Childhood Immunization Status - Combination #2

The weighted averages for the model types range from 73.6 percent to 82.9 percent. The Medi-Cal managed care straight average increased every year from 51.5 percent in 2001 to 76.8 percent in 2007. San Francisco Health Plan has the highest rate of 90.3. Kaiser GMC-South has the second highest rate with 86.6 percent. The 2007 rates for 12 plans are higher than the 2006 rates.

Figure 52. HEDIS 2007 Adolescent Well-Care Visits – COHS

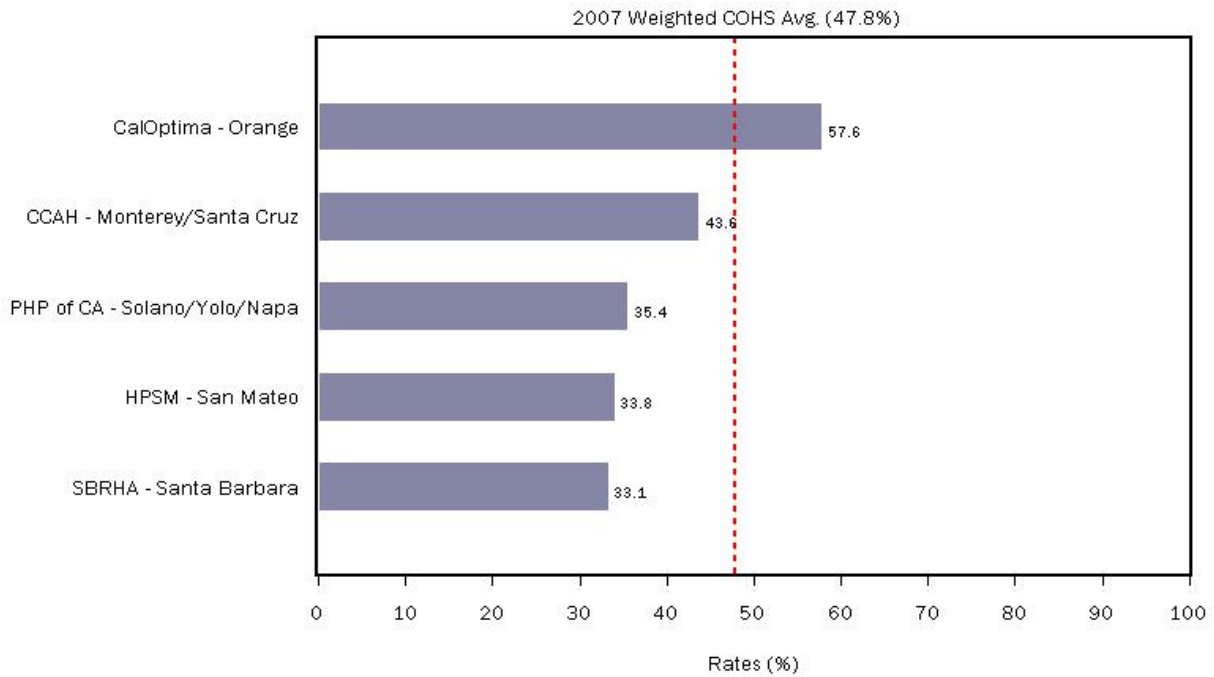
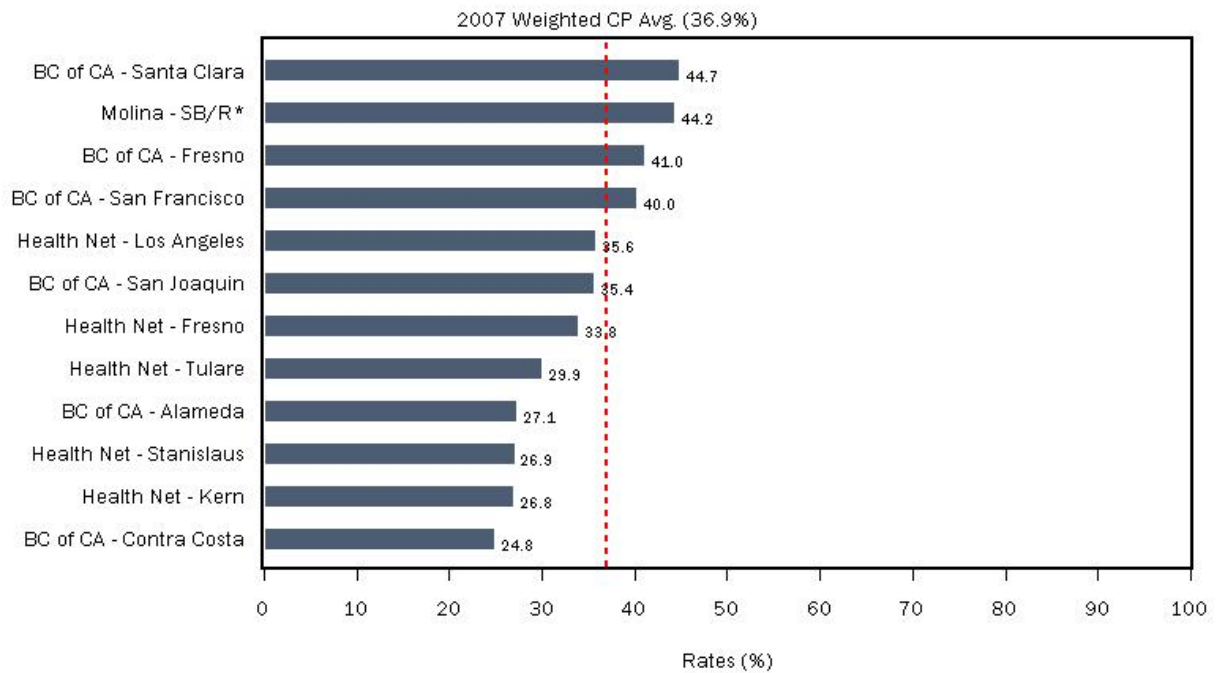


Figure 53. HEDIS 2007 Adolescent Well-Care Visits - CP



* SB/R is San Bernardino/Riverside.

Figure 54. HEDIS 2007 Adolescent Well-Care Visits – GMC - N

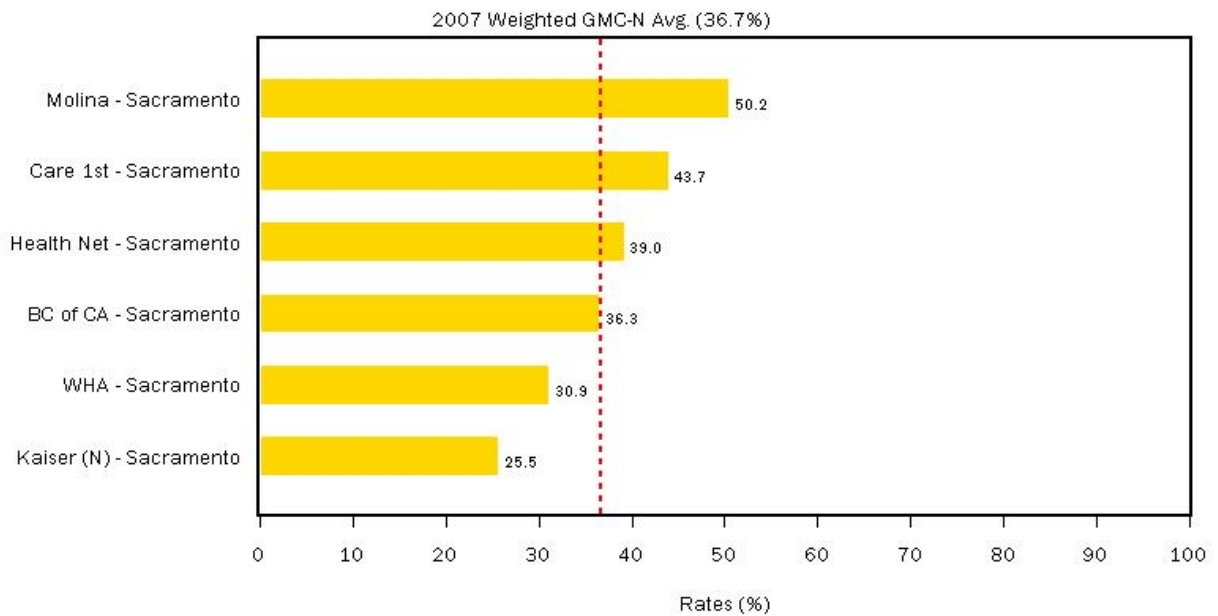
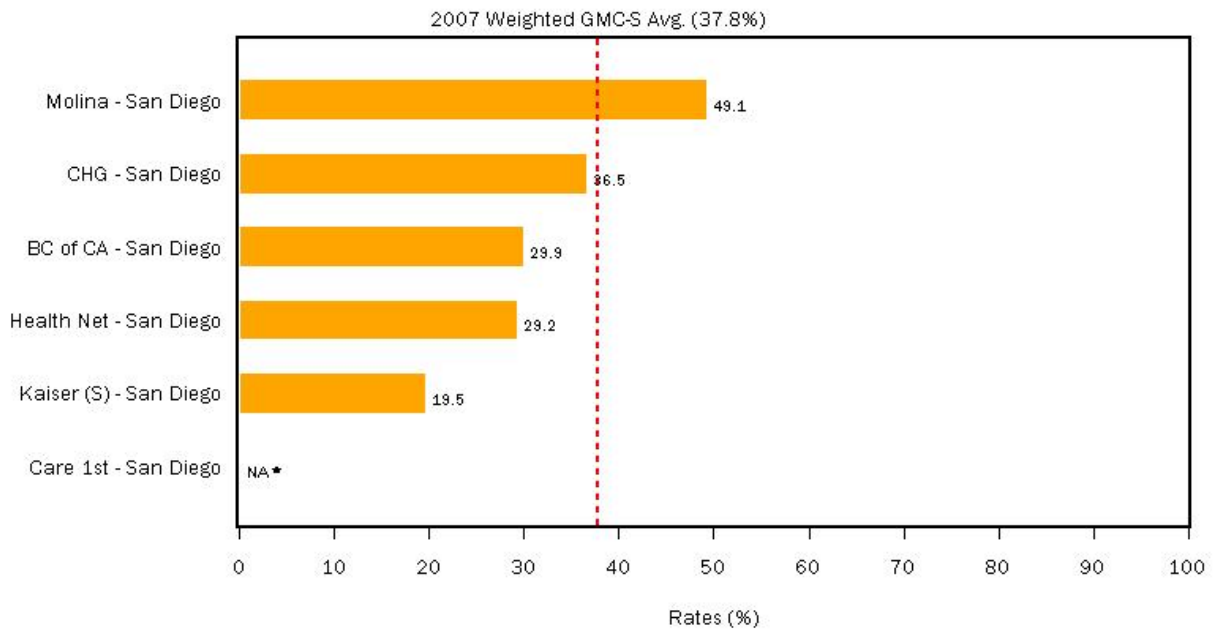
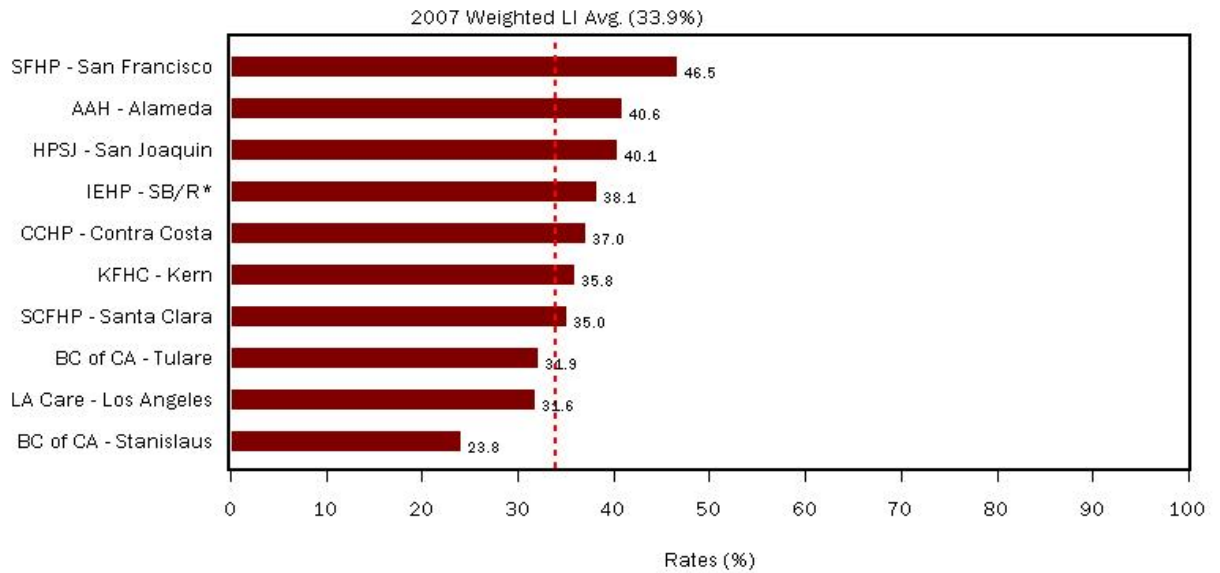


Figure 55. HEDIS 2007 Adolescent Well-Care Visits – GMC - S



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

Figure 56. HEDIS 2007 Adolescent Well-Care Visits - LI



* SB/R is San Bernardino/Riverside.

Figure 57. HEDIS 2007 Adolescent Well-Care Visits - Model Type Comparison of Weighted Averages

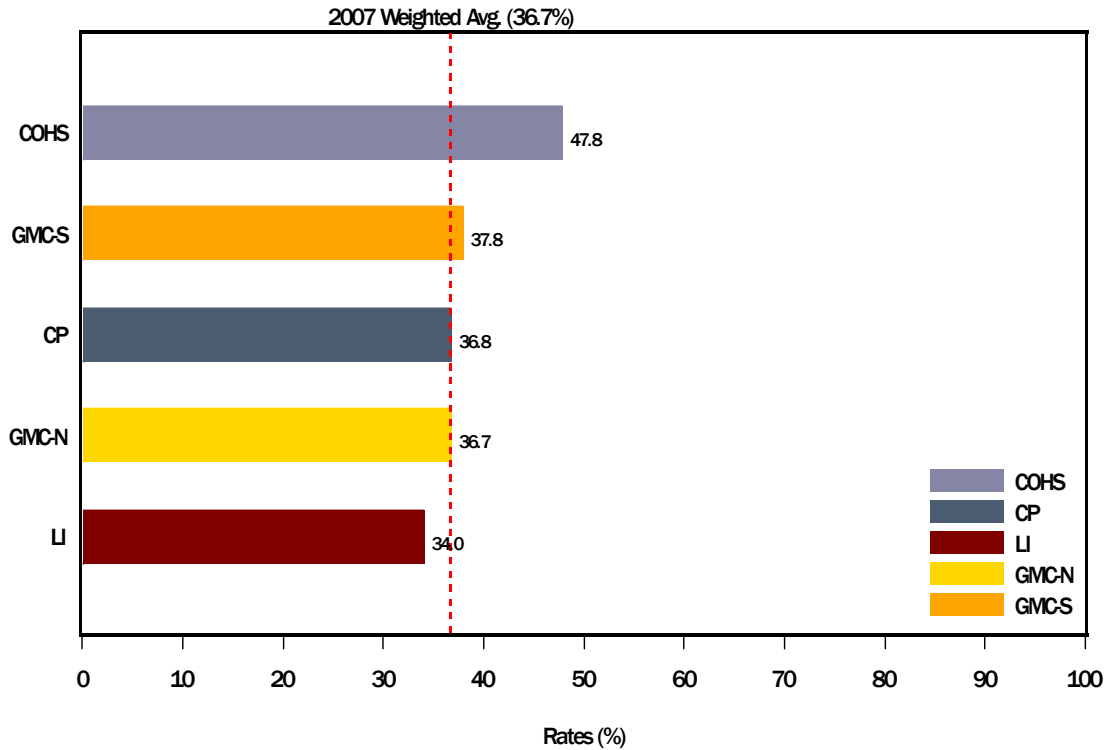


Table 22 presents the trends for Adolescent Well-Care Visits. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 22. Trends for Adolescent Well-Care Visits

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	40.3	43.3	43.1	40.1	55.1	57.6
	CCAH	23.6	26.3	30.2	40.4	41.6	43.6
	HPSM	24.5	27.8	30.1	32.2	32.2	33.8
	PHP of CA	35.6	30.3	23.8	32.5	43.5	35.4
	SBRHA	22.7	30.8	26.2	32.4	31.7	33.1
CP	BC of CA (CP)*	30.1	36.6	37.2	38.3	39.0	39.1
	Health Net (CP)*	25.3	25.1	24.7	31.1	29.1	34.9
	Molina Healthcare (CP)	29.4	39.1	45.3	43.1	40.7	44.2
GMCN	BC of CA (GMC-N)	26.3	27.1	29.6	38.2	30.1	36.3
	Care1st (GMC-N)**	—	—	—	—	—	43.7
	Health Net (GMC-N)	35.9	29.3	31.8	32.1	30.7	39.0
	Kaiser (GMC-N)	23.5	23.6	24.4	24.7	24.5	25.5
	Molina Healthcare (GMC-N)	—	34.4	39.5	45.6	46.3	50.2
	WHA	25.8	21.4	37.2	31.1	38.2	30.9
GMCS	BC of CA (GMC-S)	18.3	25.5	29.2	26.9	27.1	29.9
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	29.4	32.6	31.9	29.7	24.6	36.5
	Health Net (GMC-S)	24.5	24.9	24.1	23.8	27.5	29.2
	Kaiser (GMC-S)	17.9	25.0	23.6	24.4	24.4	19.5
	Molina Healthcare (GMC-S)**	—	—	—	—	—	49.1
	Sharp	28.0	21.2	30.7	—	—	—
	UCSD	21.9	19.2	—	—	—	—
LI	Universal	18.5	17.5	30.8	—	—	—
	AAH	32.9	40.0	37.5	45.5	44.8	40.6
	BC of CA (Stanislaus)	20.2	21.1	18.1	29.4	29.6	23.8
	BC of CA (Tulare)	21.1	25.7	27.8	29.6	34.5	31.9
	CCHP	22.6	22.5	31.1	33.8	34.3	37.0
	HPSJ	37.3	31.1	38.0	38.4	34.8	40.1
	IEHP	31.5	36.3	44.0	52.2	59.3	38.1
	KFHC	27.1	26.3	25.5	37.2	35.5	35.8
	L.A. Care	16.6	16.1	37.8	36.7	37.0	31.6
	SFHP	35.6	29.4	38.4	45.1	49.1	46.5
SCFHP	32.6	33.8	33.6	33.1	35.0	35.0	
Medi-Cal Managed Care Straight Average***		26.9	28.1	31.9	35.1	36.3	37.0

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Adolescent Well-Care Visits

COHS Model type weighted average of 47.8 percent is 11.1 percentage points higher than the Medi-Cal managed care weighted average (36.7 percent). LI model type has the lowest weighted average with a rate of 33.9 percent. The Medi-Cal managed care straight average increased from 26.9 percent in 2001 to 37.0 percent in 2007. The rate has been relatively stable since 2005. CalOptima's rate of 57.6 percent is the highest for 2007 and is two standard deviations above the Medi-Cal managed care straight average of 37 percent. Kaiser GMC-South has the lowest rate of 19.5 percent which is two standard deviations below the Medi-Cal managed care straight average. Molina Healthcare GMC-North has a high rate of 50.2 percent.

Figure 58. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection – COHS

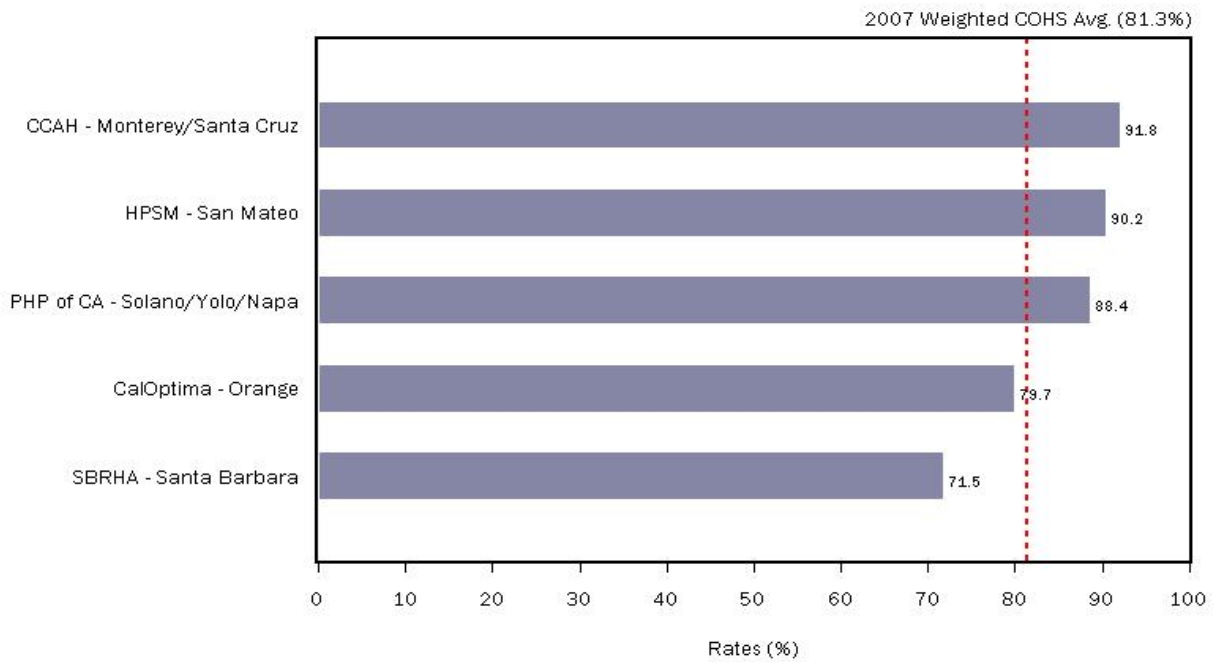
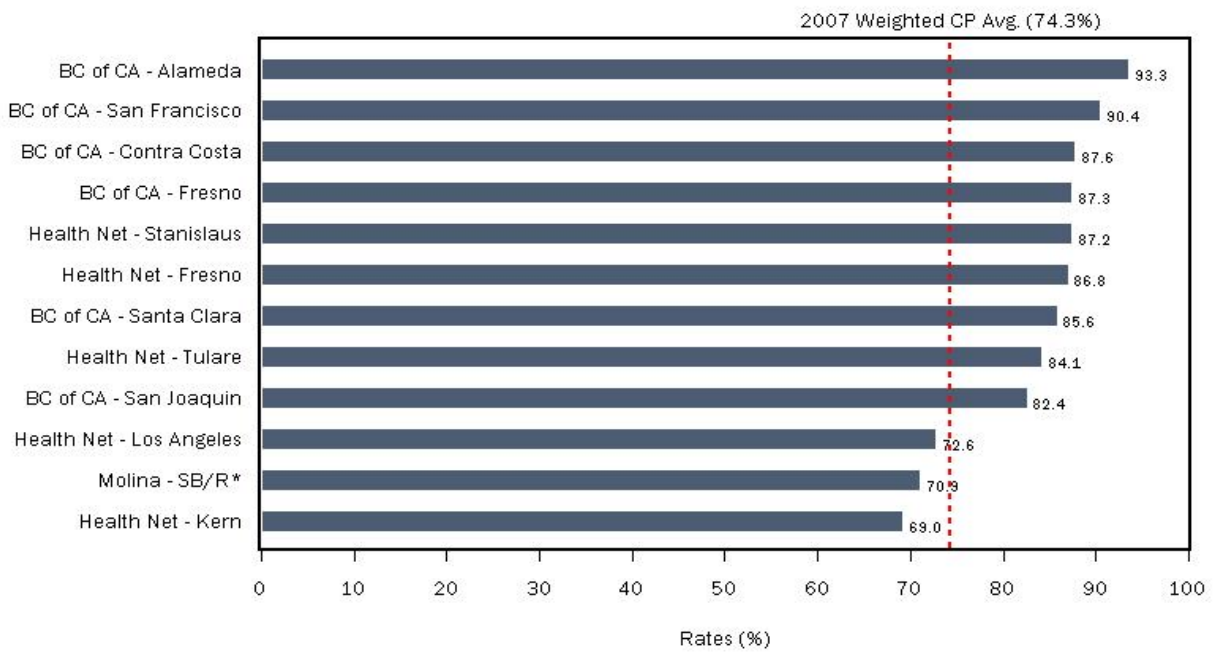


Figure 59. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection - CP



* SB/R is San Bernardino/Riverside.

Figure 60. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection – GMC - N

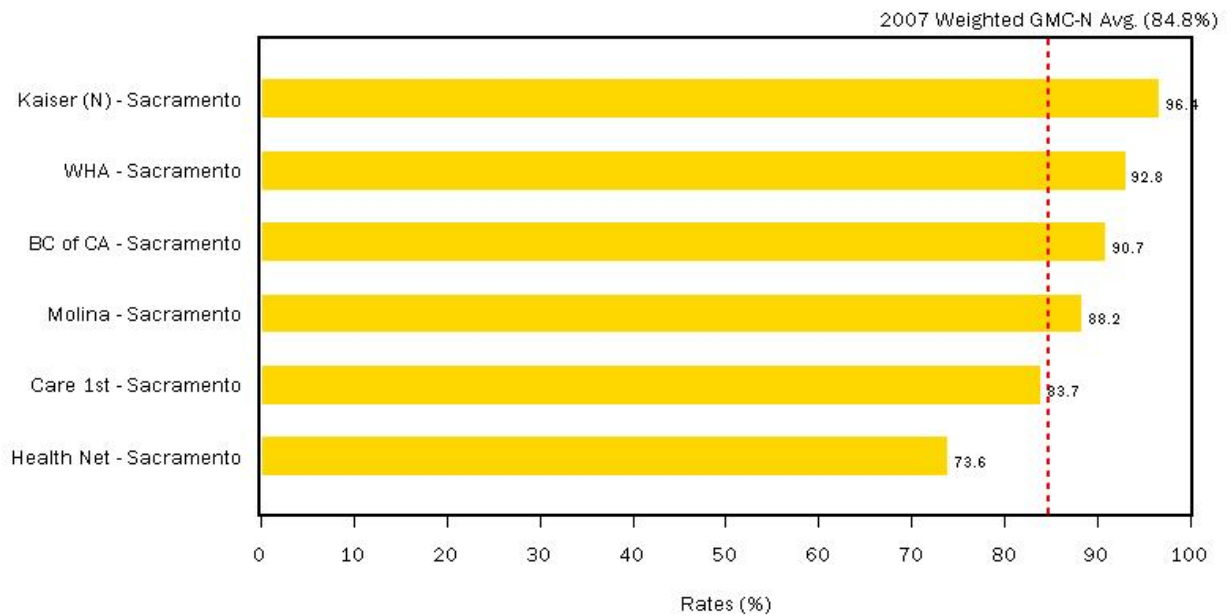
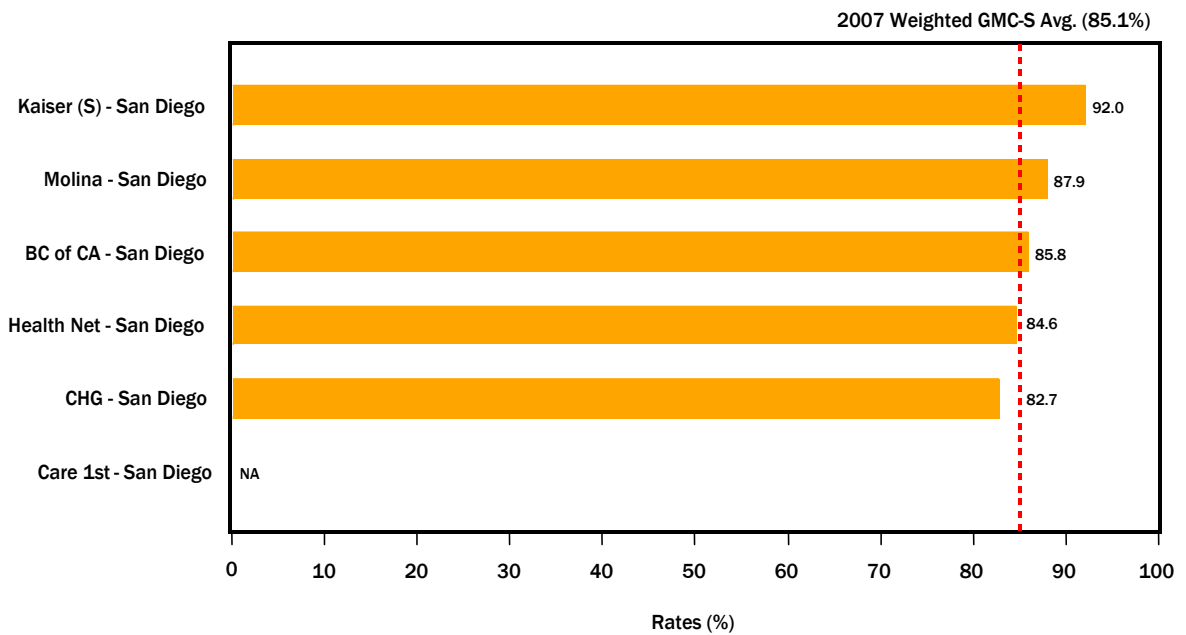
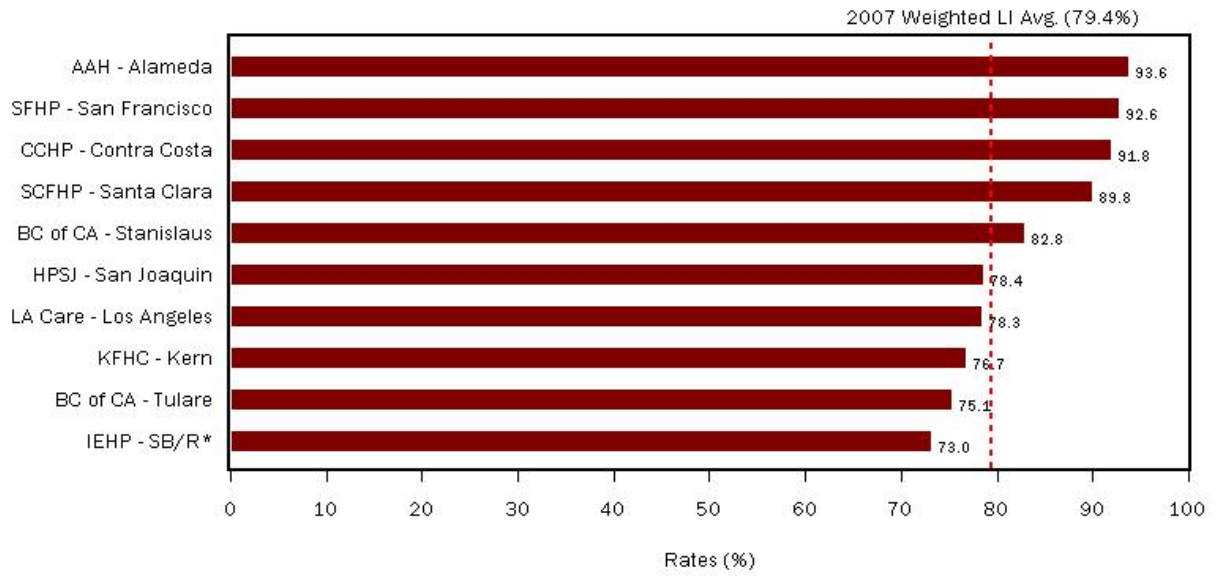


Figure 61. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection – GMC - S



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

Figure 62. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection - LI



* SB/R is San Bernardino/Riverside.

Figure 63. HEDIS 2007 Appropriate Treatment for Children with Upper Respiratory Infection - Model Type Comparison of Weighted Averages

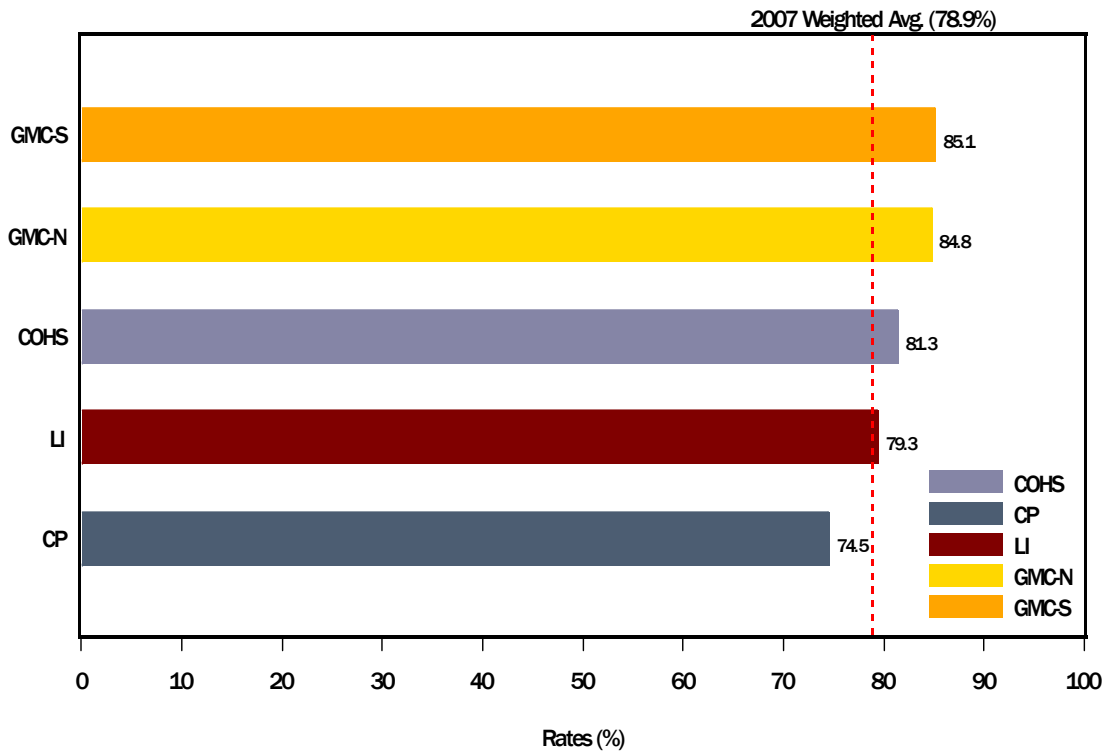


Table 23 presents the trends for Appropriate Treatment for Children with Upper Respiratory Infection. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 23. Trends for Appropriate Treatment for Children with Upper Respiratory Infection*

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	79.4	79.7
	CCAH	91.1	91.8
	HPSM	91.3	90.2
	PHP of CA	89.1	88.4
	SBRHA	75.0	71.5
CP	BC of CA (CP)**	87.6	88.1
	Health Net (CP)**	81.5	73.7
	Molina Healthcare (CP)	74.1	70.9
GMCN	BC of CA (GMC-N)	90.9	90.7
	Care1st (GMC-N)***	—	83.7
	Health Net (GMC-N)	86.0	73.6
	Kaiser (GMC-N)	96.8	96.4
	Molina Healthcare (GMC-N)	86.4	88.2
	WHA	92.6	92.8
GMCS	BC of CA (GMC-S)	90.8	85.8
	Care1st (GMC-S)***	—	—
	CHG	84.4	82.7
	Health Net (GMC-S)	90.7	84.6
	Kaiser (GMC-S)	90.4	92.0
	Molina Healthcare (GMC-S)***	—	87.9
	Sharp	—	—
	UCSD	—	—
LI	AAH	93.8	93.6
	BC of CA (Stanislaus)	85.5	82.8
	BC of CA (Tulare)	80.2	75.1
	CCHP	92.2	91.8
	HPSJ	75.8	78.4
	IEHP	58.7	73.0
	KFHC	79.8	76.7
	L.A. Care	76.3	78.3
	SFHP	95.5	92.6
	SCFHP	89.7	89.8
	Medi-Cal Managed Care Straight Average****		85.4

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

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

*** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

**** 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.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

For the model type weighted averages, GMC-South has the highest rate (85.1 percent) while GMC-North is second with a rate of 84.8 percent. URI rates have been consistent for approximately 53 percent of the plans between 2006 and 2007. The Medi-Cal managed care straight average for 2007 is 84.3 percent.

Figure 64. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care – COHS

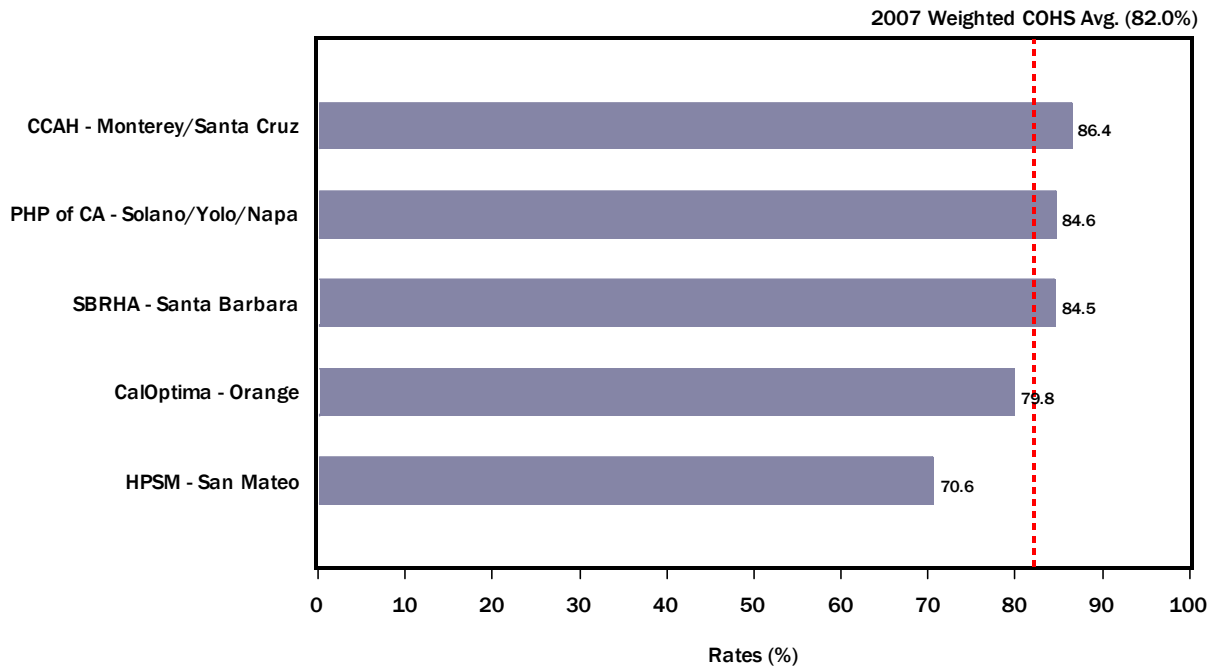
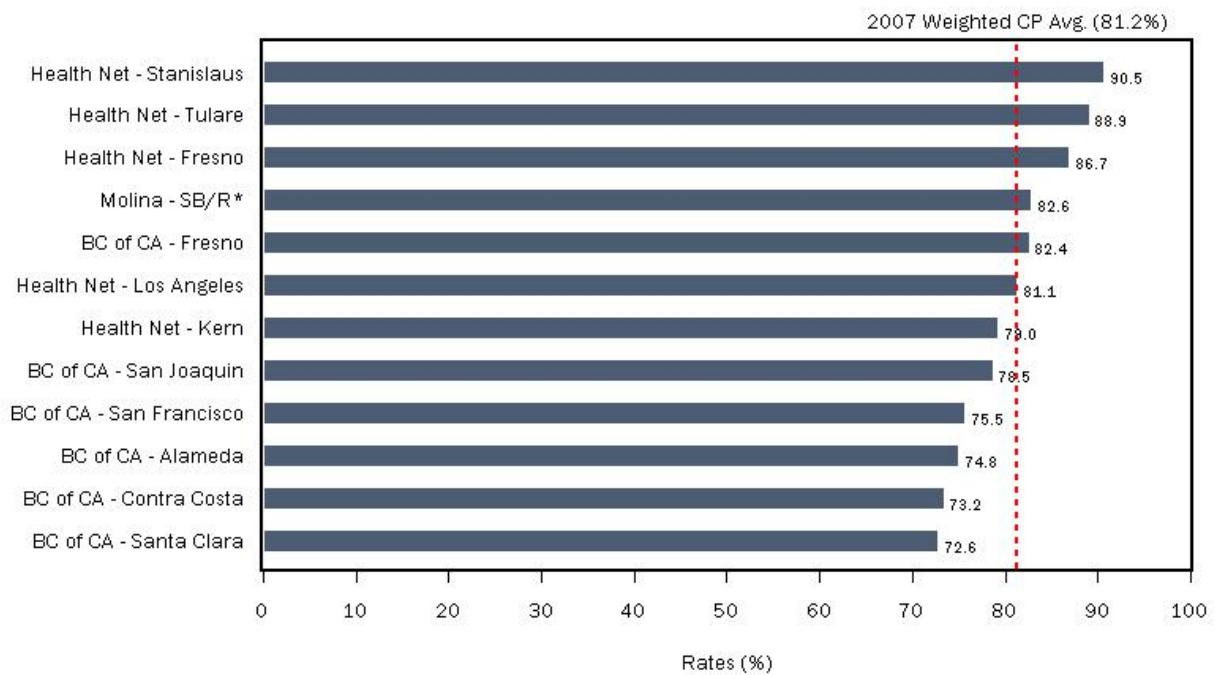


Figure 65. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care - CP



* SB/R is San Bernardino/Riverside.

Figure 66. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care – GMC - N

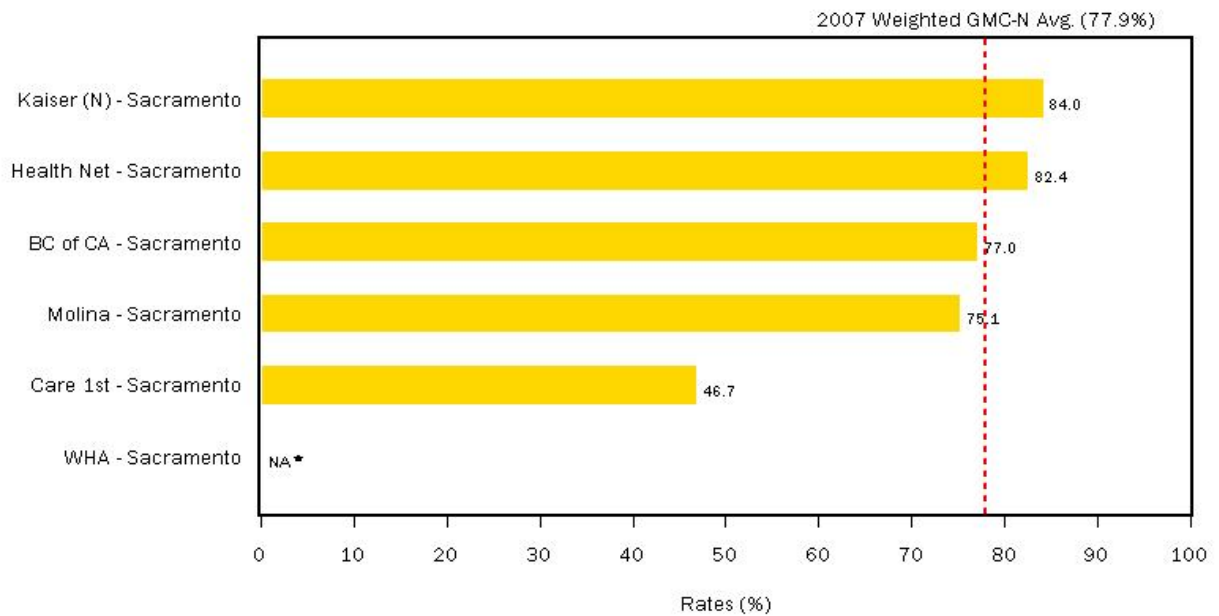
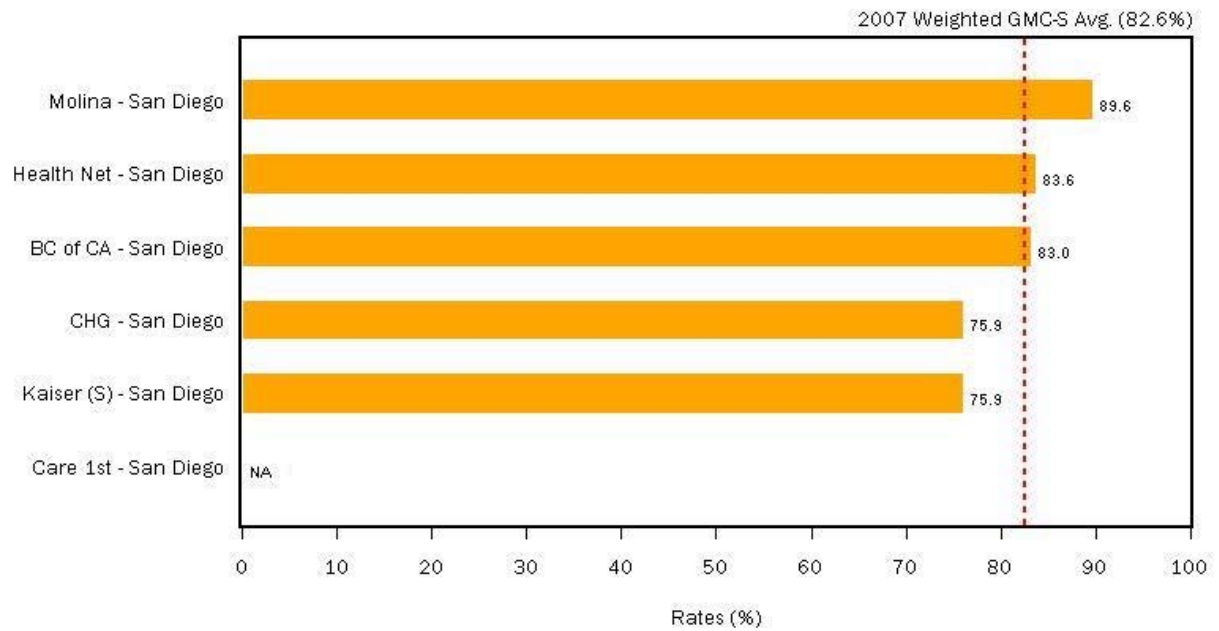
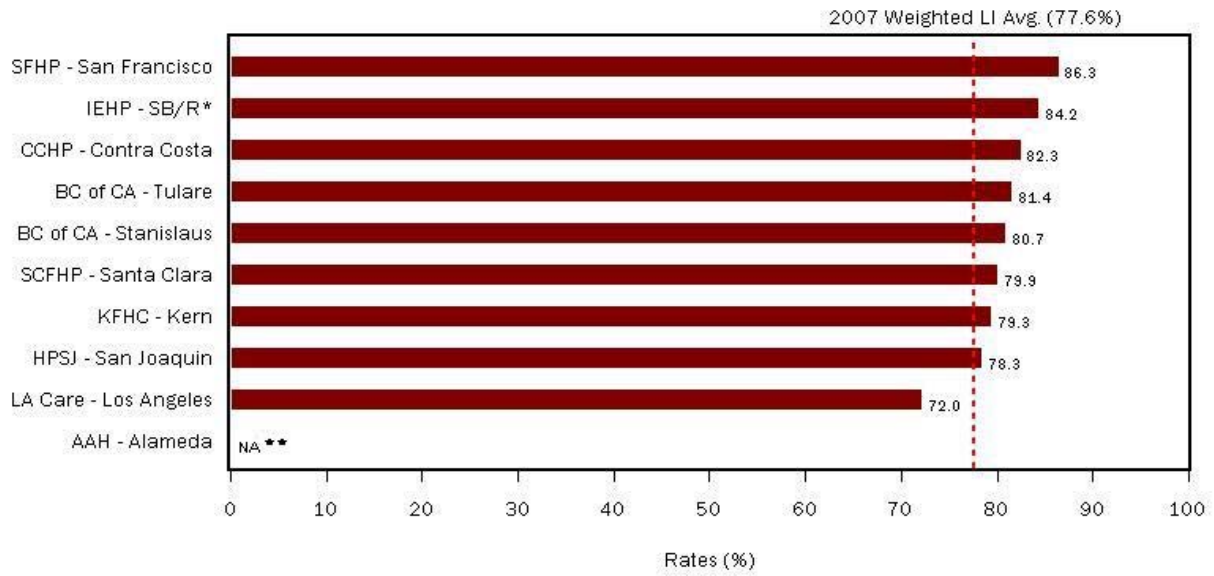


Figure 67. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care - GMC - S



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

Figure 68. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care - LI



* SB/R is San Bernardino/Riverside.

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

Figure 69. HEDIS 2007 Prenatal and Postpartum Care—Timeliness of Prenatal Care - Model Type Comparison of Weighted Averages

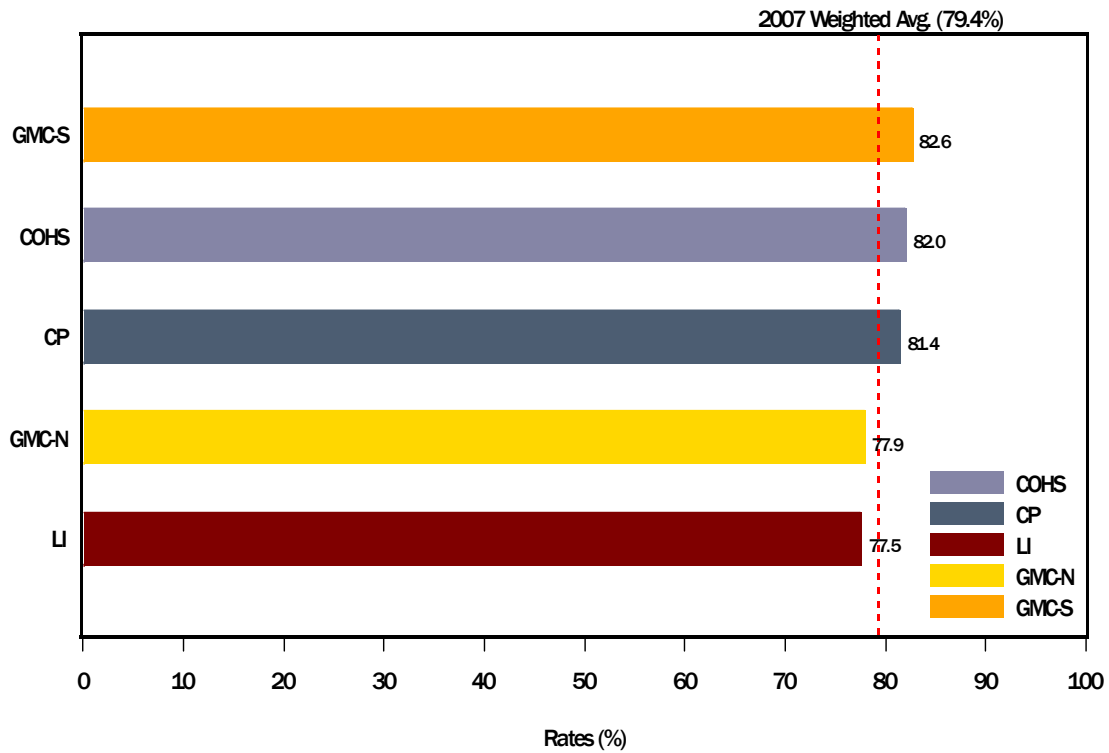


Table 24 presents the trends for Prenatal and Postpartum Care - Timeliness of Prenatal Care. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 24. Trends for Prenatal and Postpartum Care - Timeliness of Prenatal Care

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	69.8	81.4	73.1	83.3	85.2	79.8
	CCAH	76.4	78.8	88.1	88.1	88.8	86.4
	HPSM	78.7	72.4	70.7	71.1	74.7	70.6
	PHP of CA	76.6	74.8	81.0	88.7	88.1	84.6
	SBRHA	88.3	88.2	89.8	83.5	83.4	84.5
CP	BC of CA (CP)*	76.8	80.8	83.2	82.6	84.0	79.9
	Health Net (CP)*	37.4	55.3	66.5	75.7	78.3	82.1
	Molina Healthcare (CP)	65.3	67.5	72.0	75.5	77.4	82.6
GMCN	BC of CA (GMC-N)	76.3	81.3	76.6	80.9	81.9	77.0
	Care1st (GMC-N)**	—	—	—	—	—	46.7
	Health Net (GMC-N)	34.9	63.9	77.1	77.3	78.5	82.4
	Kaiser (GMC-N)	70.8	73.0	76.8	76.7	78.3	84.0
	Molina Healthcare (GMC-N)	—	64.5	71.8	71.5	70.2	75.1
	WHA	57.9	57.4	61.0	67.7	66.7	—
GMCS	BC of CA (GMC-S)	79.8	84.3	81.6	82.1	84.1	83.0
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	69.6	67.6	77.6	72.0	77.4	75.9
	Health Net (GMC-S)	29.5	47.2	77.0	83.6	85.0	83.6
	Kaiser (GMC-S)	80.5	84.3	80.0	85.2	80.7	75.9
	Molina Healthcare (GMC-S)**	—	—	—	—	—	89.6
	Sharp	—	61.6	78.2	—	—	—
UCSD	81.3	74.2	—	—	—	—	
LI	AAH	68.7	72.0	72.0	80.9	82.8	—
	BC of CA (Stanislaus)	78.7	81.7	80.5	82.3	87.0	80.7
	BC of CA (Tulare)	65.7	85.2	83.8	79.9	86.3	81.4
	CCHP	82.0	83.7	80.3	79.6	78.1	82.3
	HPSJ	65.0	75.9	69.0	79.3	79.8	78.3
	IEHP	72.7	71.1	81.0	85.9	87.3	84.2
	KFHC	75.9	71.5	80.5	77.0	77.4	79.3
	L.A. Care	58.7	69.9	73.5	73.9	70.7	72.0
	SFHP	74.2	73.0	76.9	84.2	88.6	86.3
	SCFHP	81.7	80.8	81.6	80.0	82.4	79.9
Medi-Cal Managed Care Straight Average***		69.4	73.0	77.3	79.6	80.9	79.6

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Prenatal and Postpartum Care—Timeliness of Prenatal Care

In comparing model type weighted averages, GMC-South has the highest rate at 82.6 percent. COHS has the next highest rate at 82.0 percent. The Medi-Cal managed care straight average has been steady for the past three years. While nine plans have higher rates in 2007, 16 plans have lower rates. Molina GMC-South has the highest rate at 89.6 percent.

Figure 70. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - COHS

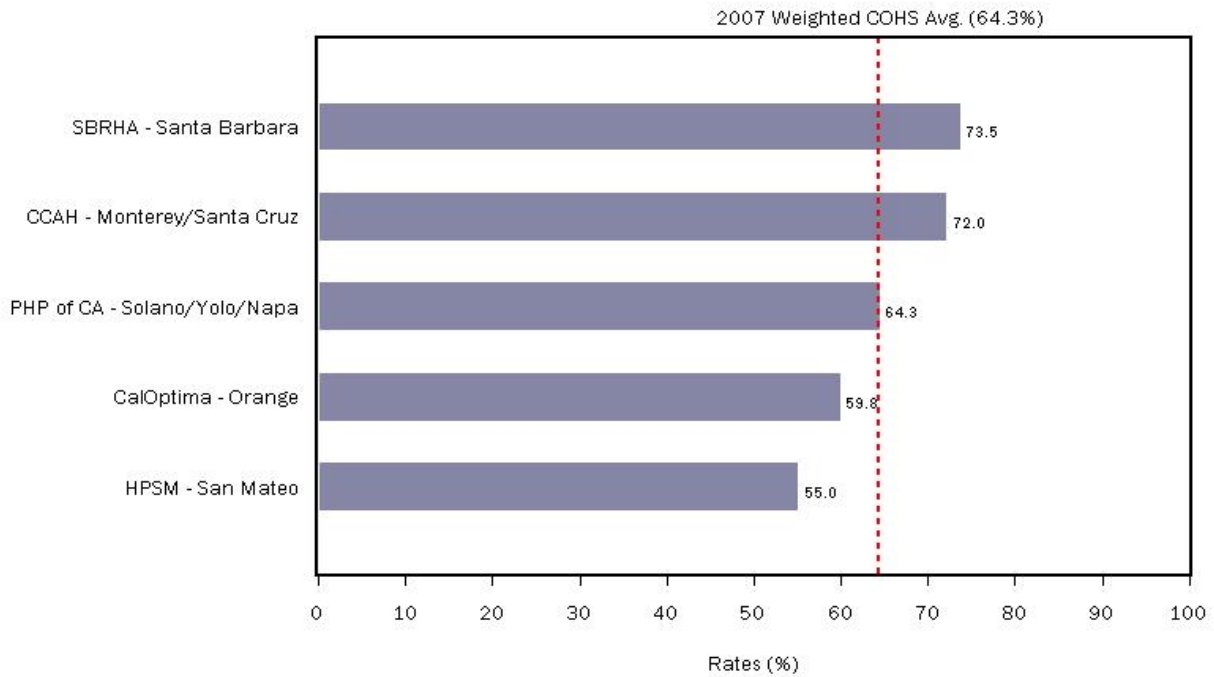
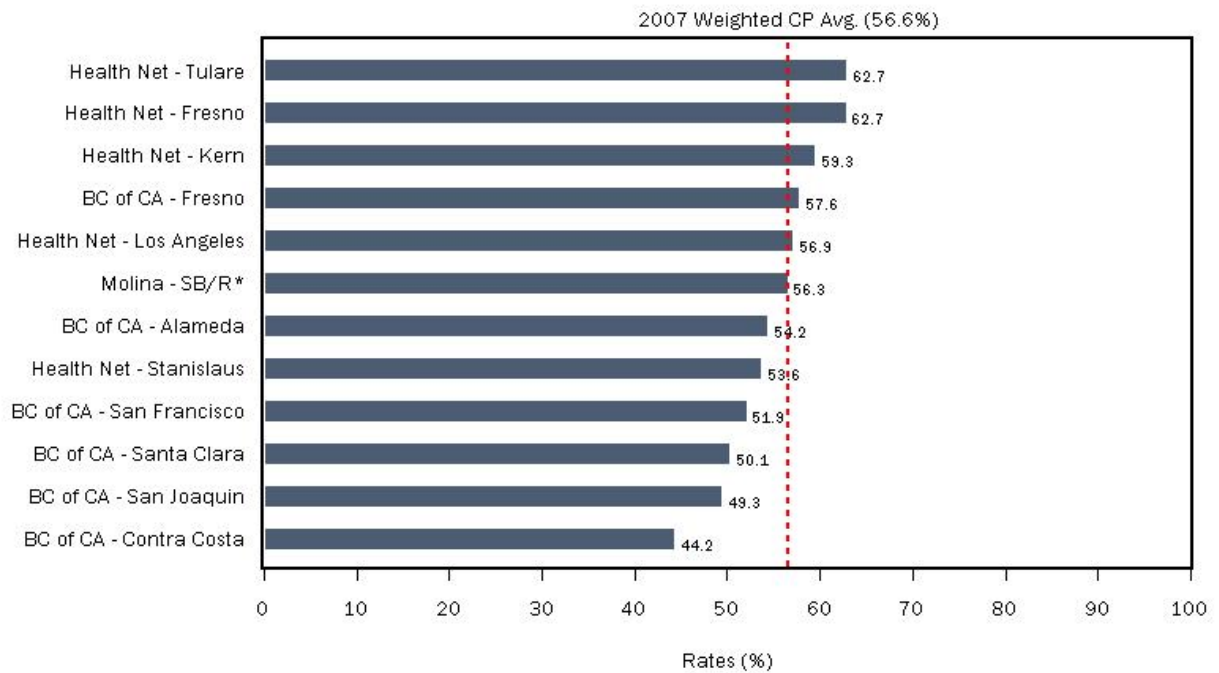


Figure 71. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - CP



* SB/R is San Bernardino/Riverside.

Figure 72. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - GMC - N

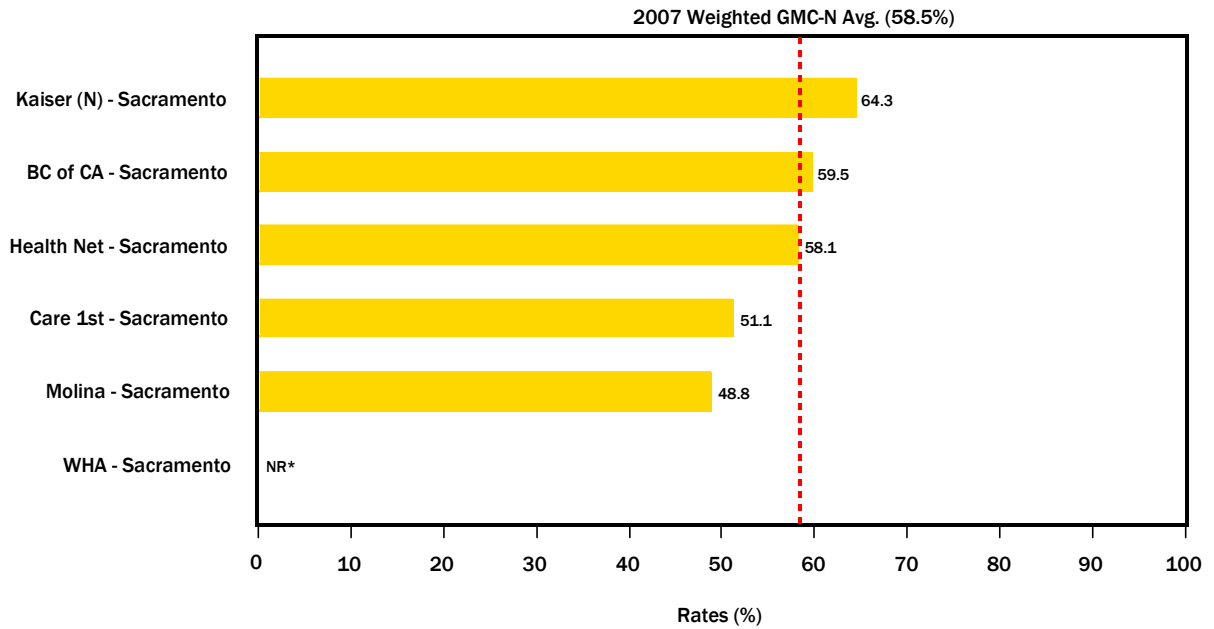
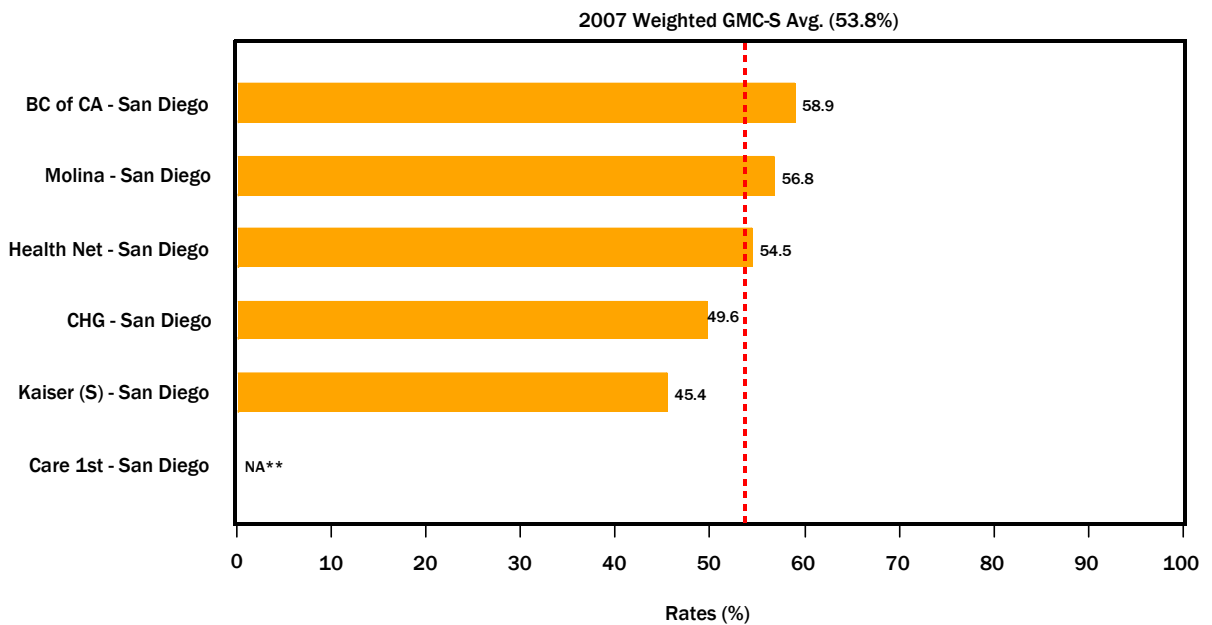


Figure 73. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - GMC - S



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

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

Figure 74. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - LI



* SB/R is San Bernardino/Riverside.

Figure 75. HEDIS 2007 Prenatal and Postpartum Care—Postpartum Care - Model Type Comparison of Weighted Averages

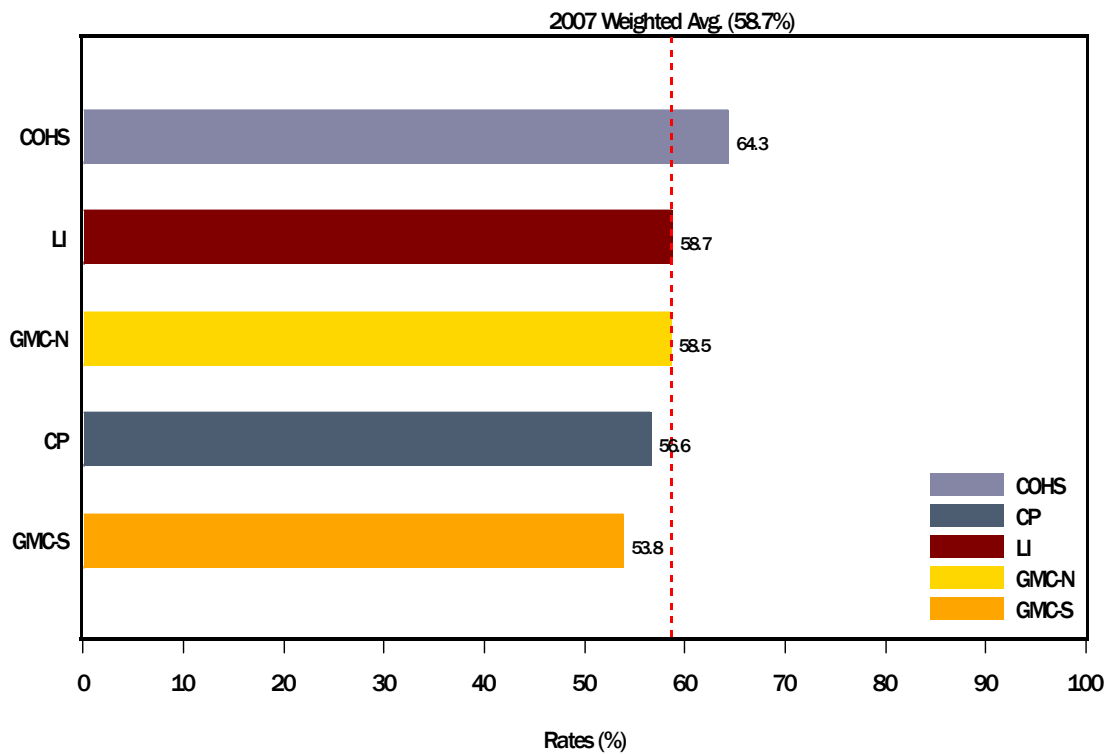


Table 25 presents the trends for Prenatal and Postpartum Care - Postpartum Care. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 25. Trends for Prenatal and Postpartum Care - Postpartum Care

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	52.7	63.3	63.8	62.3	65.6	59.8
	CCAH	55.2	58.4	66.7	69.8	73.2	72.0
	HPSM	65.7	64.9	55.7	55.4	54.3	55.0
	PHP of CA	56.8	62.2	64.3	69.5	63.5	64.3
	SBRHA	74.9	76.7	78.4	73.9	74.9	73.5
CP	BC of CA (CP)*	53.4	60.0	58.3	59.1	57.2	55.2
	Health Net (CP)*	28.2	36.4	50.4	51.0	57.6	57.6
	Molina Healthcare (CP)	26.2	34.4	51.9	50.8	48.4	56.3
GMCN	BC of CA (GMC-N)	55.5	57.9	55.3	56.7	51.6	59.5
	Care1st (GMC-N)**	—	—	—	—	—	51.1
	Health Net (GMC-N)	22.1	47.8	53.8	53.9	51.3	58.1
	Kaiser (GMC-N)	56.0	59.3	59.1	55.4	60.6	64.3
	Molina Healthcare (GMC-N)	—	39.2	43.8	47.6	47.9	48.8
	WHA	42.9	43.4	39.5	44.1	50.0	—
GMCS	BC of CA (GMC-S)	48.9	53.3	53.2	53.5	50.2	58.9
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	46.7	46.0	50.6	44.3	44.8	49.6
	Health Net (GMC-S)	15.2	28.3	52.1	63.8	58.2	54.5
	Kaiser (GMC-S)	57.6	57.4	53.9	60.6	52.6	45.4
	Molina Healthcare (GMC-S)**	—	—	—	—	—	56.8
	Sharp	34.2	56.1	58.2	—	—	—
	UCSD	66.4	53.0	—	—	—	—
LI	AAH	40.9	59.3	55.7	61.3	61.9	61.9
	BC of CA (Stanislaus)	50.9	50.9	54.1	57.6	51.6	57.9
	BC of CA (Tulare)	47.5	63.2	63.7	62.7	64.6	63.0
	CCHP	45.7	48.0	50.9	53.0	55.1	56.3
	HPSJ	38.3	52.5	60.2	57.2	56.9	57.2
	IEHP	50.0	57.8	58.4	65.7	66.0	60.0
	KFHC	55.1	56.0	56.8	64.6	61.6	63.8
	L.A. Care	45.2	45.8	49.6	52.8	48.7	50.2
	SFHP	48.3	56.1	49.9	58.5	64.3	55.9
	SCFHP	53.1	56.6	58.4	62.4	59.9	58.3
Medi-Cal Managed Care Straight Average***		47.0	52.9	55.6	58.1	57.5	58.0

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Prenatal and Postpartum Care - Postpartum Care

The range of model type weighted averages range from 53.8 percent to 64.3 percent. The Medi-Cal managed care straight average has been steady for the past three years. Santa Barbara RHA (73.5 percent) and Central Coast Alliance (72.0 percent) are two standard deviations above the Medi-Cal managed care straight average. Kaiser GMC-South (45.4 percent) is two standard deviations below the Medi-Cal managed care straight average.

Figure 76. HEDIS 2007 Chlamydia Screening in Women – COHS

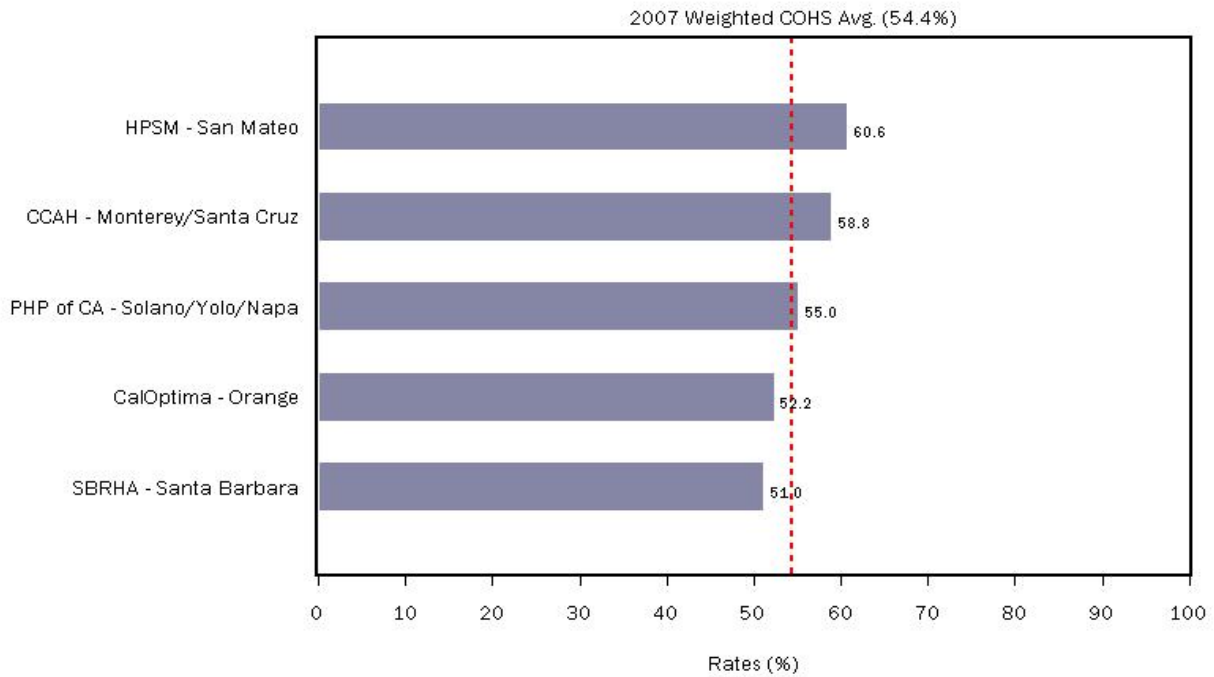
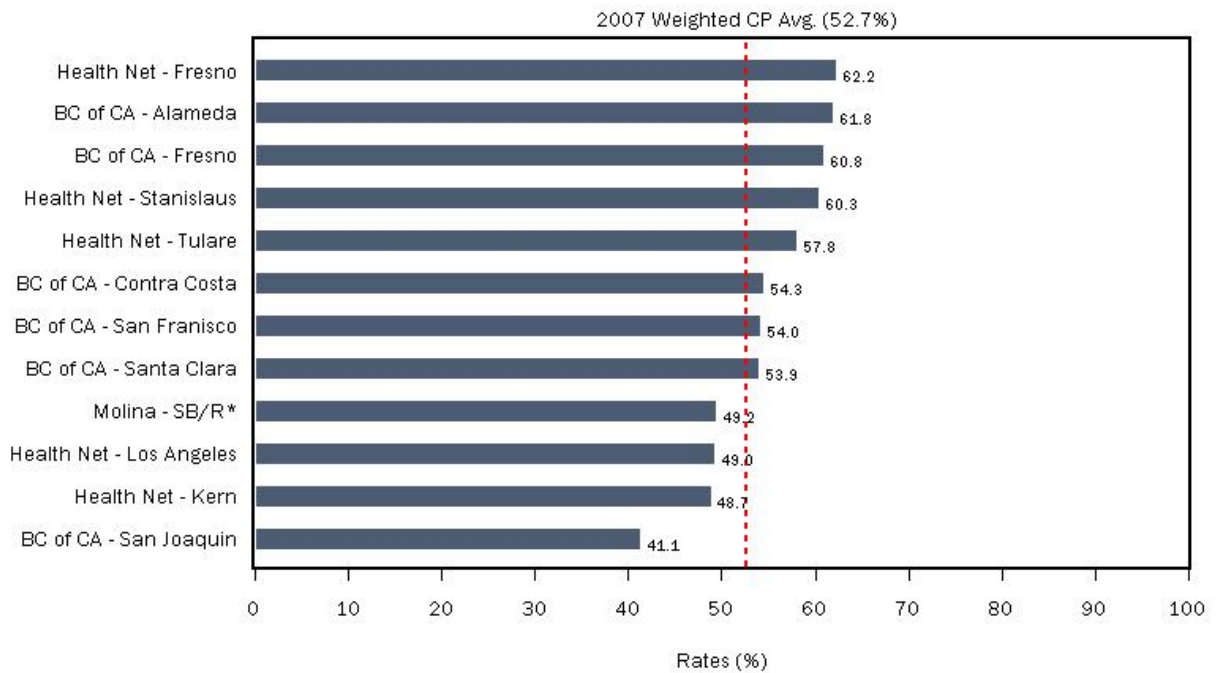


Figure 77. HEDIS 2007 Chlamydia Screening in Women - CP

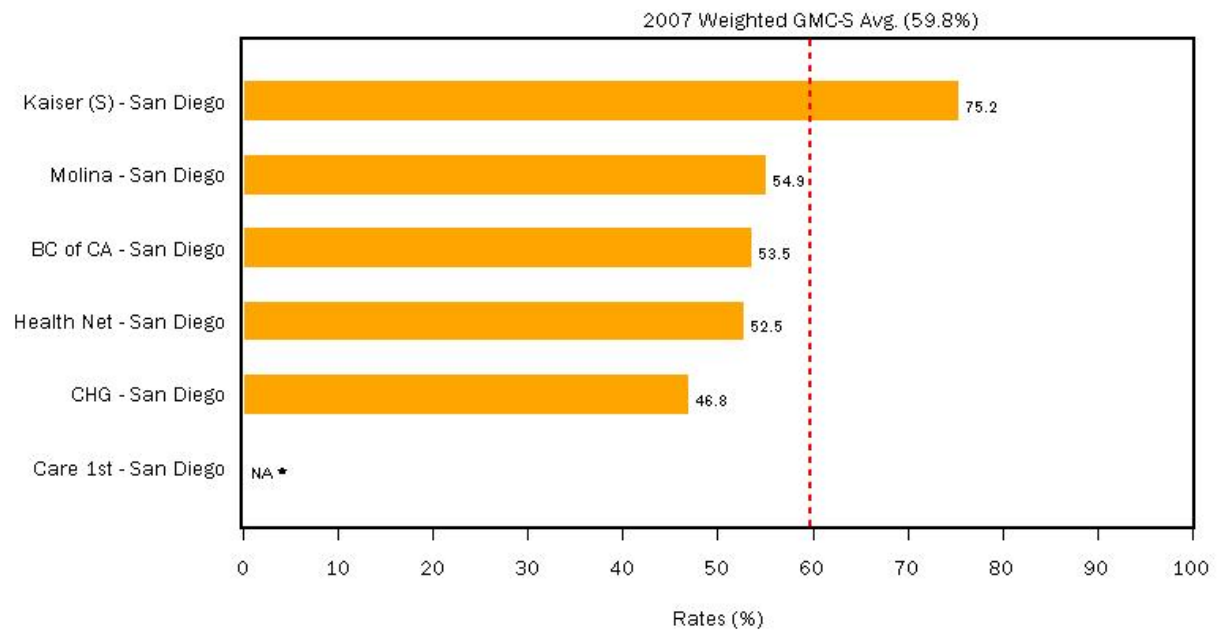


* SB/R is San Bernardino/Riverside.

Figure 78. HEDIS 2007 Chlamydia Screening in Women – GMC - N

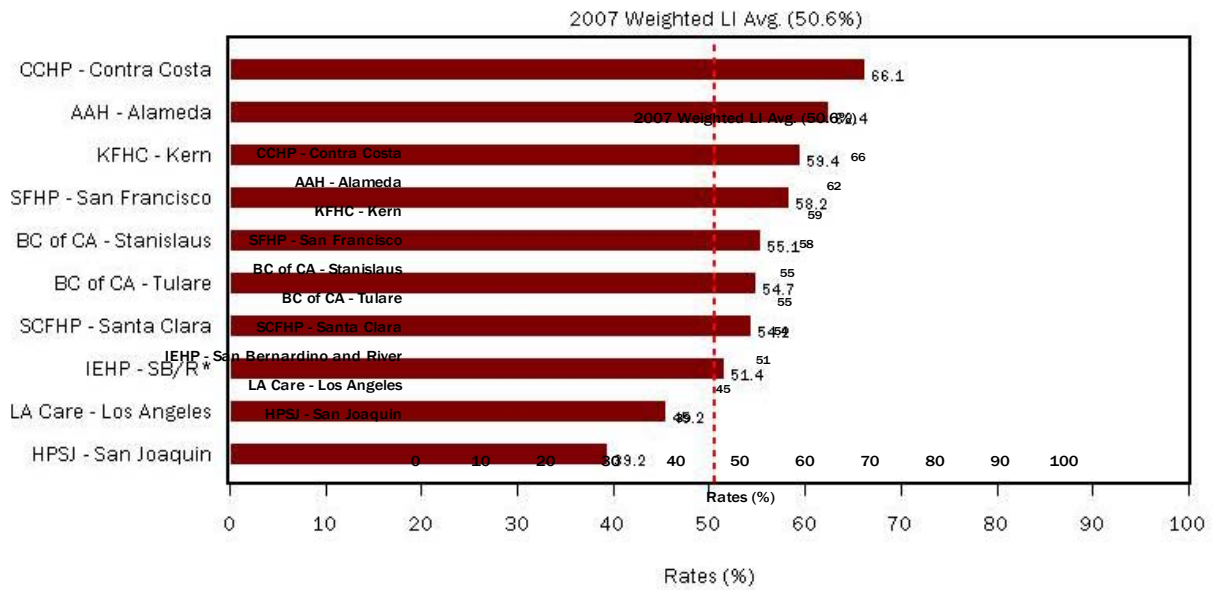


Figure 79. HEDIS 2007 Chlamydia Screening in Women – GMC - S



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

Figure 80. HEDIS 2007 Chlamydia Screening in Women - LI



* SB/R is San Bernardino/Riverside.

Figure 81. HEDIS 2007 Chlamydia Screening in Women - Model Type Comparison of Weighted Averages

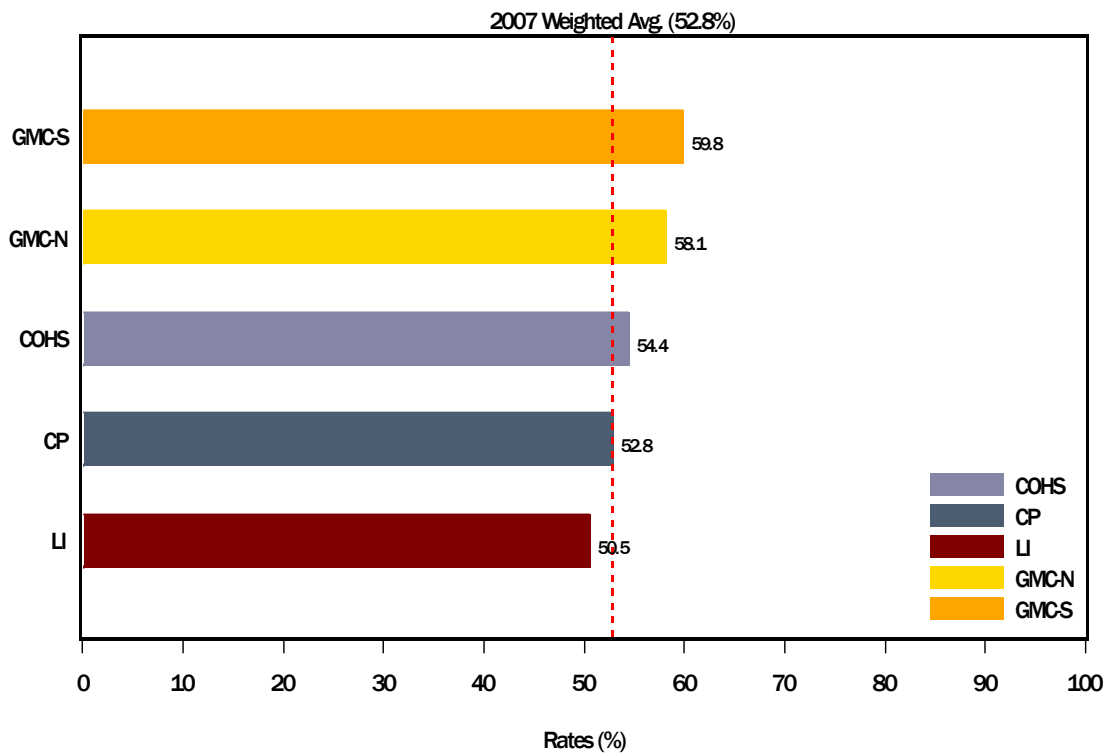


Table 26 presents the trends for Chlamydia Screening in Women. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 26. Trends for Chlamydia Screening in Women

Model Type	Medi-Cal Managed Care Plans	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	28.9	32.5	37.4	52.2
	CCAH	48.1	49.4	51.5	58.8
	HPSM	49.6	55.2	54.5	60.6
	PHP of CA	27.3	38.4	50.4	55.0
	SBRHA	53.1	48.1	57.9	51.0
CP	BC of CA (CP)*	49.1	56.5	56.0	57.7
	Health Net (CP)*	38.2	44.9	41.6	50.3
	Molina Healthcare (CP)	30.0	31.0	40.3	49.2
GMCN	BC of CA (GMC-N)	31.7	38.6	47.7	51.3
	Care1st (GMC-N)**	—	—	—	50.5
	Health Net (GMC-N)	26.4	30.3	33.6	54.8
	Kaiser (GMC-N)	68.9	73.6	75.6	76.3
	Molina Healthcare (GMC-N)	53.0	53.3	62.5	63.8
	WHA	58.7	58.5	59.4	61.0
GMCS	BC of CA (GMC-S)	46.4	48.0	43.9	53.5
	Care1st (GMC-S)**	—	—	—	—
	CHG	39.0	36.2	25.6	46.8
	Health Net (GMC-S)	38.3	45.0	51.0	52.5
	Kaiser (GMC-S)	67.2	73.6	74.5	75.2
	Molina Healthcare (GMC-S)**	—	—	—	54.9
	Sharp	45.0	—	—	—
	UCSD	—	—	—	—
LI	AAH	48.6	55.0	47.6	62.4
	BC of CA (Stanislaus)	40.3	53.3	52.2	55.1
	BC of CA (Tulare)	53.9	60.7	54.8	54.7
	CCHP	37.5	48.8	66.8	66.1
	HPSJ	44.9	42.3	48.3	39.2
	IEHP	30.2	42.6	53.1	51.4
	KFHC	38.9	49.8	56.9	59.4
	L.A. Care	32.6	33.4	44.1	45.2
	SFHP	45.9	53.5	62.5	58.2
	SCFHP	34.9	42.8	50.0	54.2
Medi-Cal Managed Care Straight Average***		43.1	48.0	51.8	55.9

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Chlamydia Screening in Women - CP

Model type weighted averages range from 50.5 percent to 59.8 percent. GMC-South and GMC-North have the highest and second highest rates. The Medi-Cal managed care straight average increased 4.1 percentage points from 51.8 percent to 55.9 percent for the 2006 to 2007 measurement years. Kaiser GMC-North (76.3 percent) and Kaiser GMC- South (75.2 percent) rates are two standard deviations above the Medi-Cal managed care straight average. Health Plan San Joaquin (39.3 percent) is two standard deviations below the Medi-Cal managed care straight average.

Figure 82. HEDIS 2007 Cervical Cancer Screening – COHS

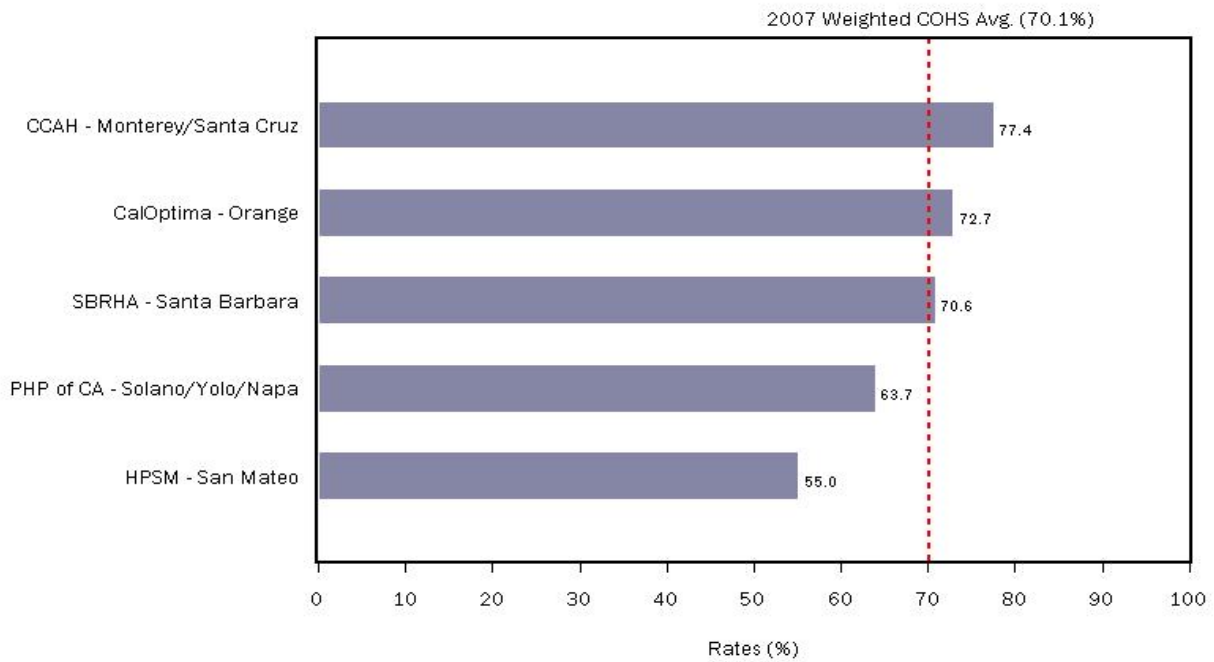
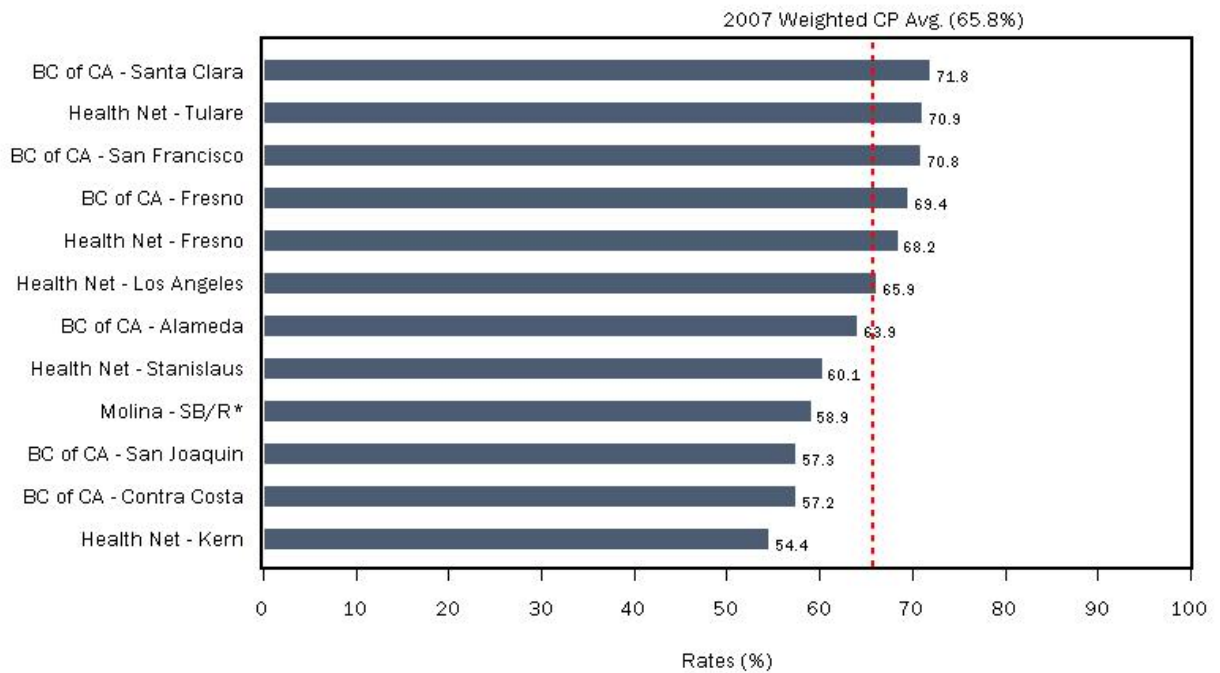


Figure 83. HEDIS 2007 Cervical Cancer Screening - CP



* SB/R is San Bernardino/Riverside.

Figure 84. HEDIS 2007 Cervical Cancer Screening – GMC - N

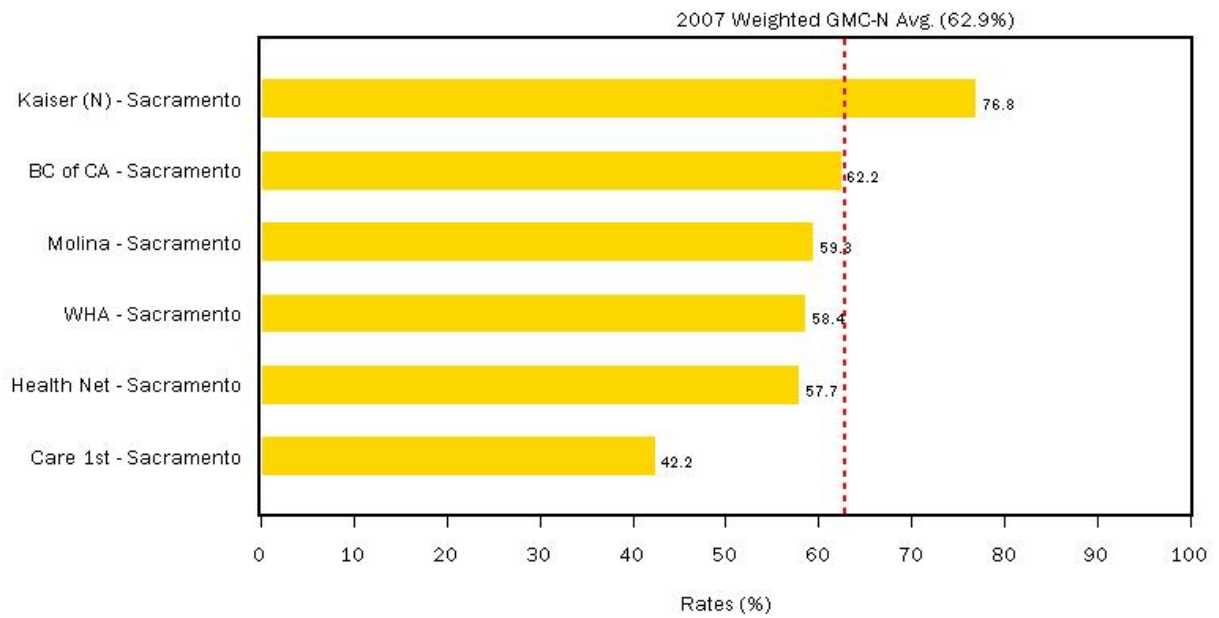
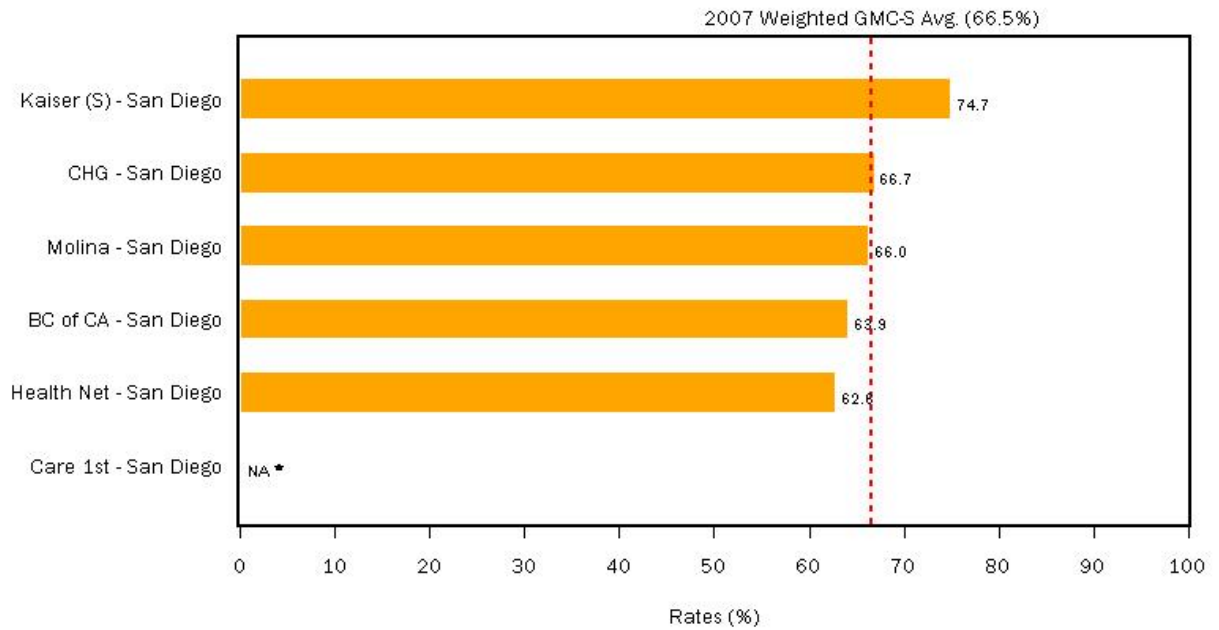
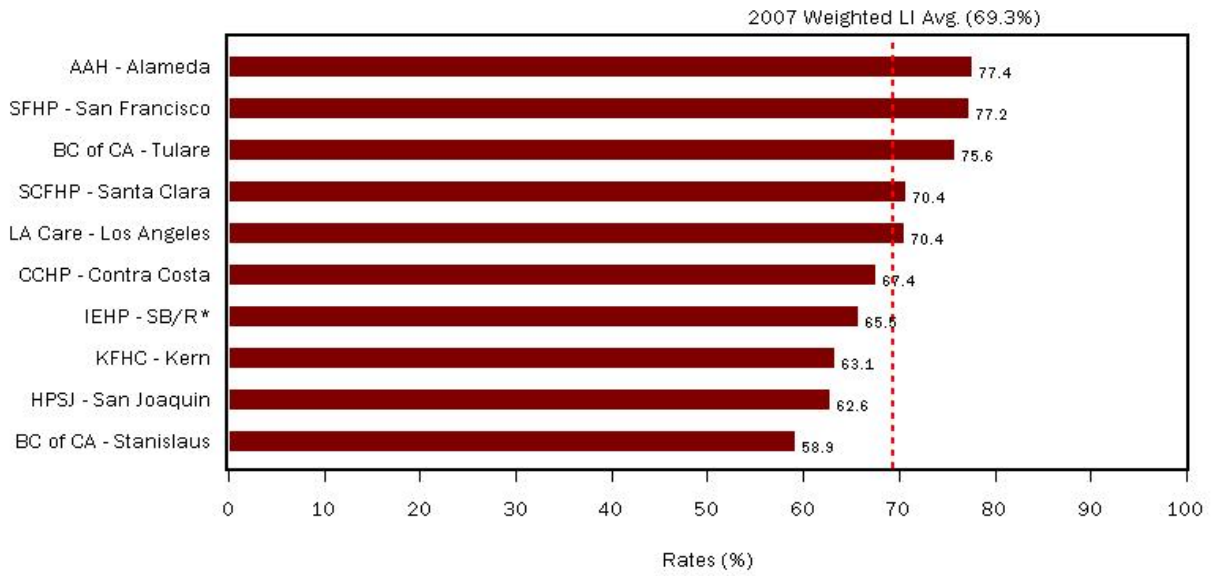


Figure 85. HEDIS 2007 Cervical Cancer Screening – GMC - S



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

Figure 86. HEDIS 2007 Cervical Cancer Screening - LI



* SB/R is San Bernardino/Riverside.

Figure 87. HEDIS 2007 Cervical Cancer Screening - Model Type Comparison of Weighted Averages

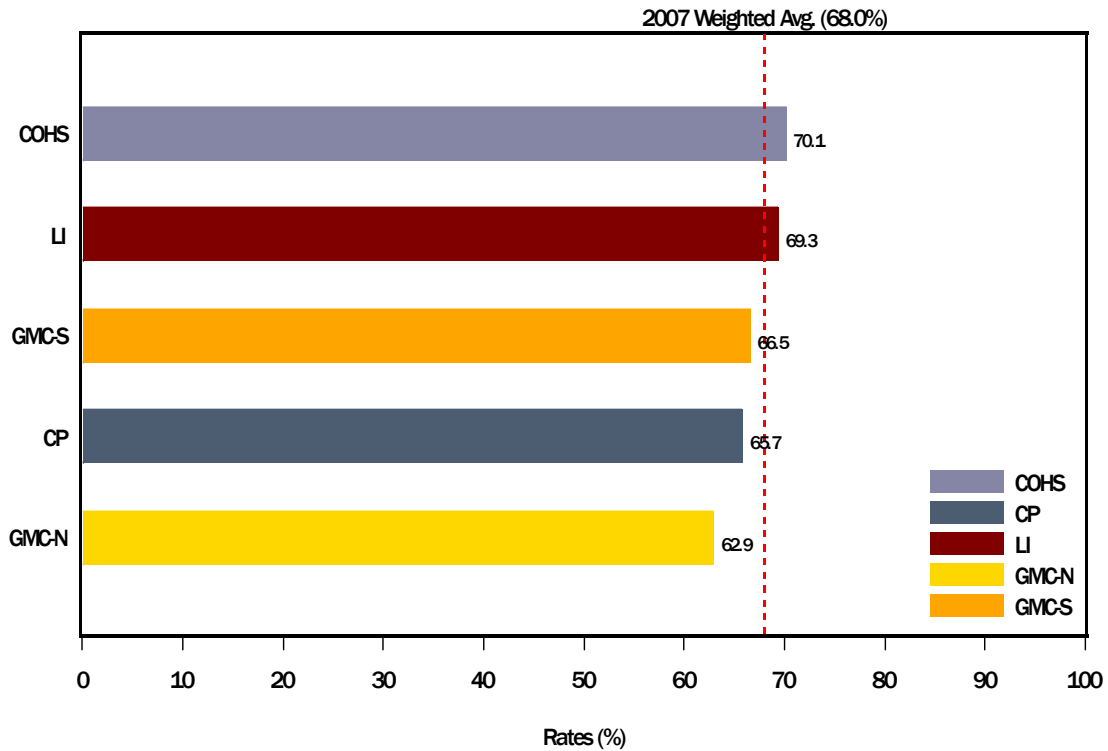


Table 27 presents the trends for Appropriate Treatment for Cervical Cancer Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 27. Trends for Appropriate Treatment for Cervical Cancer Screening

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

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Cervical Cancer Screening

The model type weighted average (70.1 percent) for COHS is the highest for Cervical Cancer Screening. GMC-North has the lowest model type weighted average at 62.9 percent. Fourteen plans increased rates from 2006 to 2007. The Medi-Cal managed care straight average has been consistent for the past three years.

Figure 88. HEDIS 2007 Breast Cancer Screening – COHS

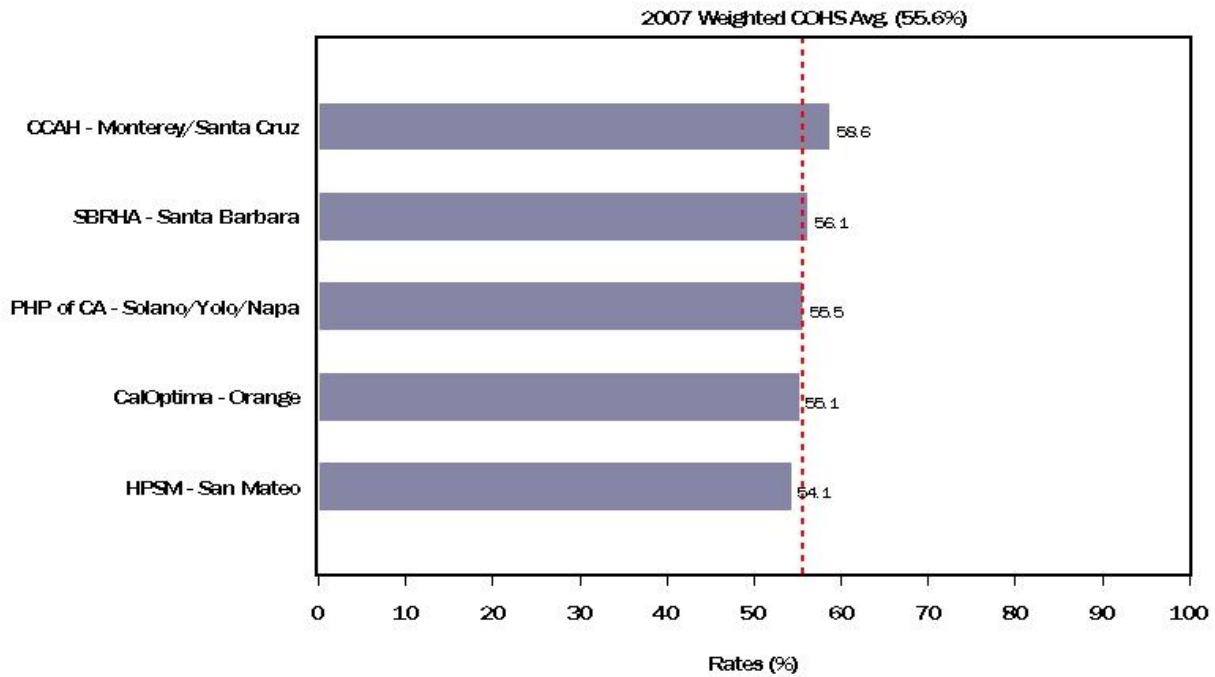
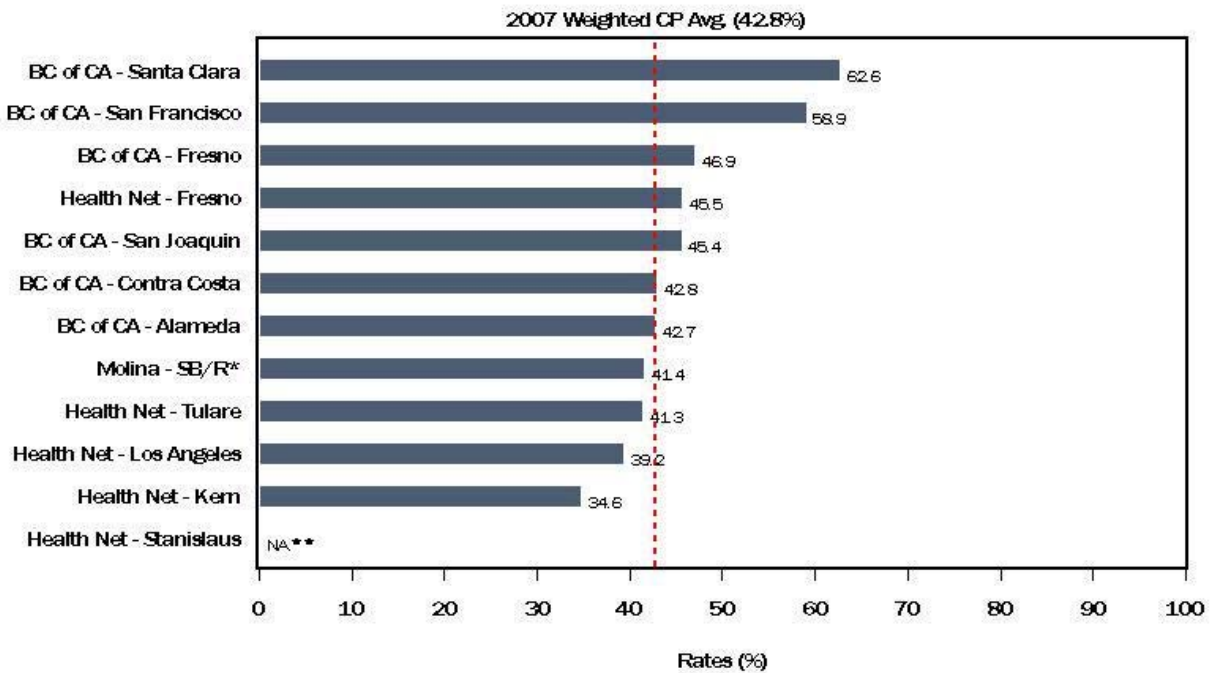


Figure 89. HEDIS 2007 Breast Cancer Screening - CP



* SB/R is San Bernardino/Riverside.

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

Figure 90. HEDIS 2007 Breast Cancer Screening – GMC - N

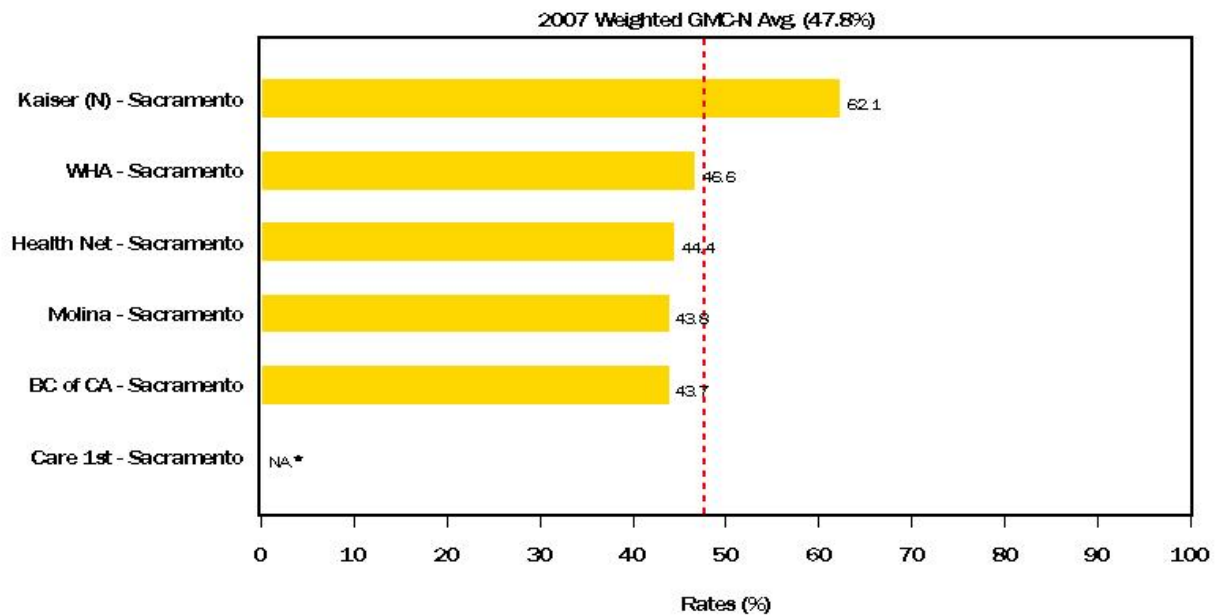
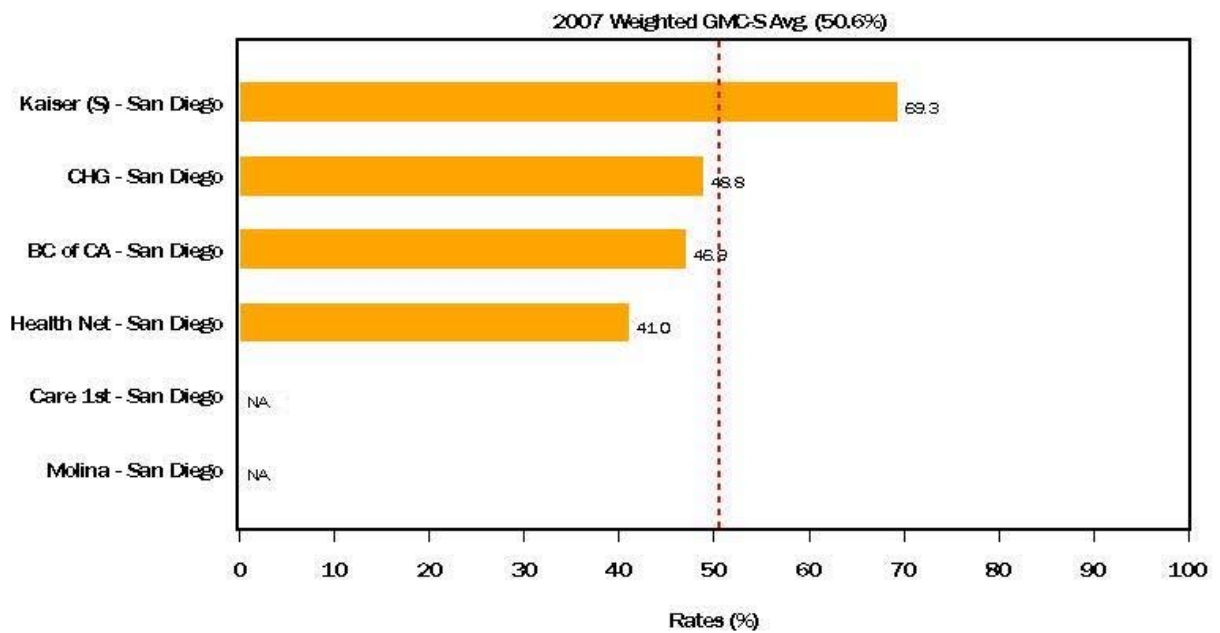
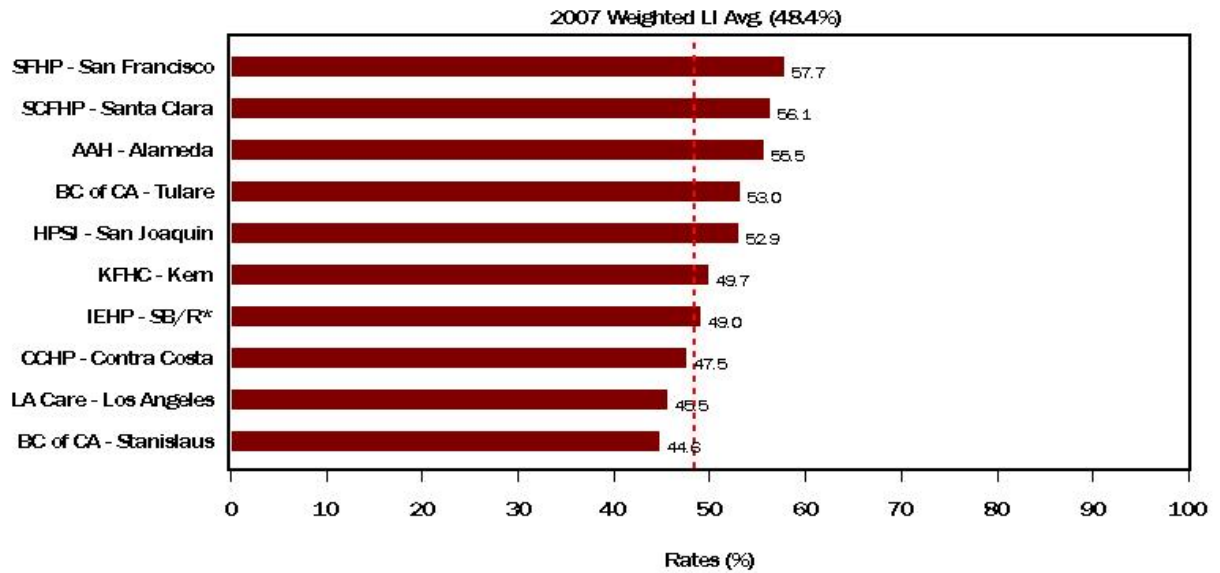


Figure 91. HEDIS 2007 Breast Cancer Screening – GMC - S



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

Figure 92. HEDIS 2007 Breast Cancer Screening - LI



* SB/R is San Bernardino/Riverside.

Figure 93. HEDIS 2007 Breast Cancer Screening - Model Type Comparison of Weighted Averages

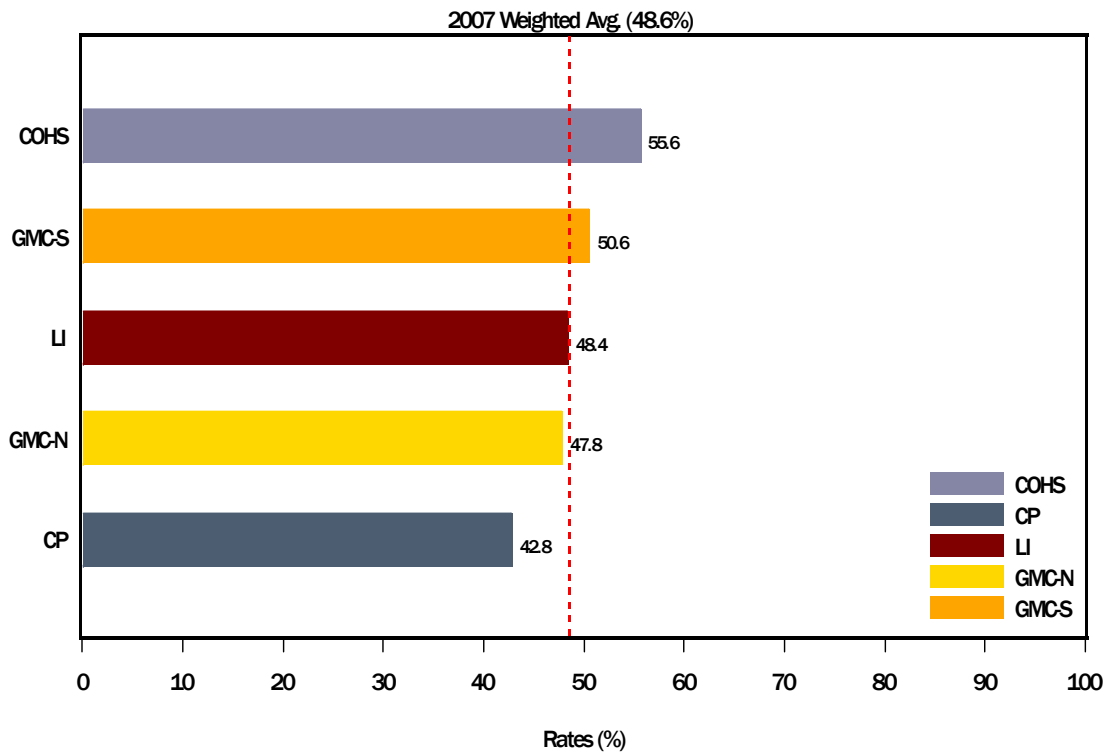


Table 28 presents the trends for Breast Cancer Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 28. Trends for Breast Cancer Screening

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

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Breast Cancer Screening

The model type, COHS, has the highest weighted average for Breast Cancer Screenings at 55.6 percent. Kaiser GMC-South has the highest rate (69.3 percent) which is also two standard deviations above the Medi-Cal managed care straight average of 50.7 percent. The rates for 24 plans went down, two plans had increases in rates, and one plan's rate (KFHC) remained constant at 49.7 percent. BC of CA Tulare rate went up from 47.7 percent to 53.0 percent. Health Plan San Joaquin's rate increased from 44.9 percent to 52.9 percent.

Figure 94. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed – COHS

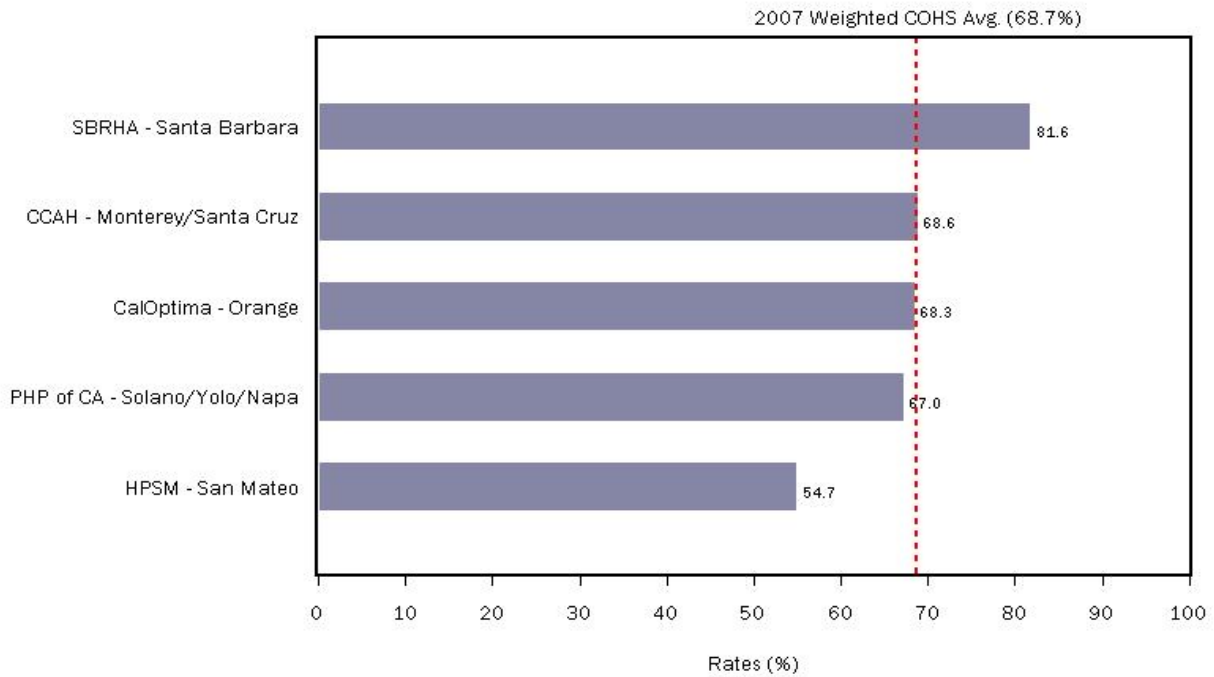
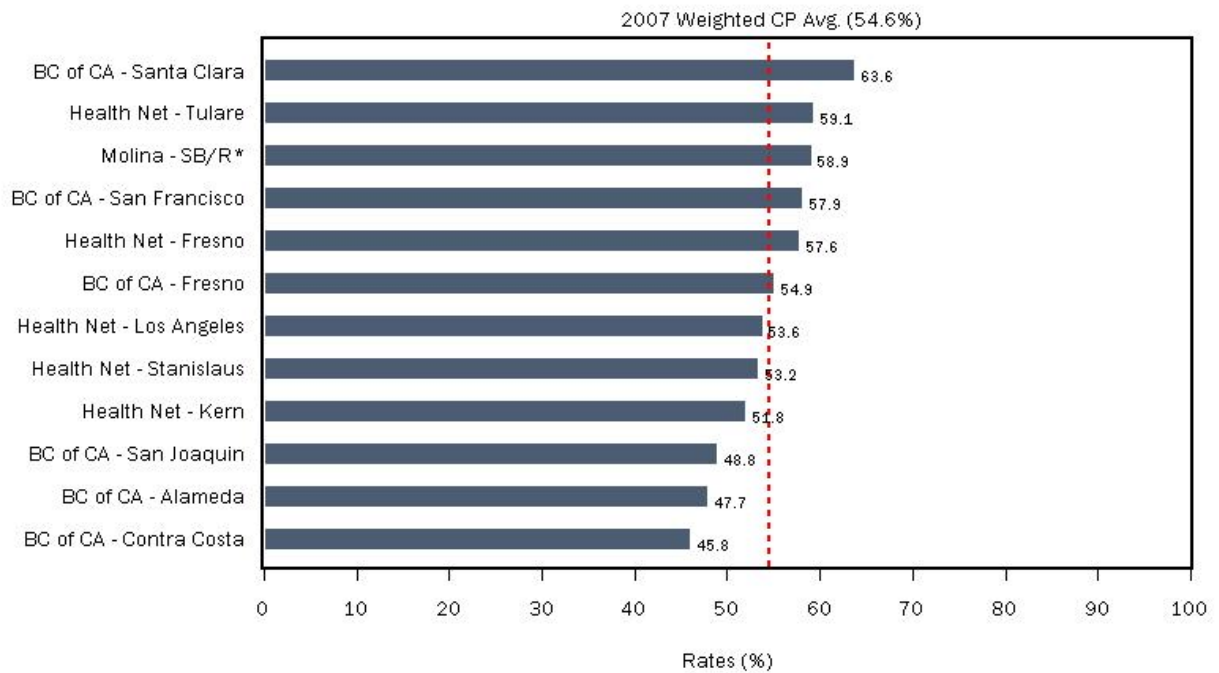


Figure 95. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - CP



* SB/R is San Bernardino/Riverside.

Figure 96. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed – GMC - N

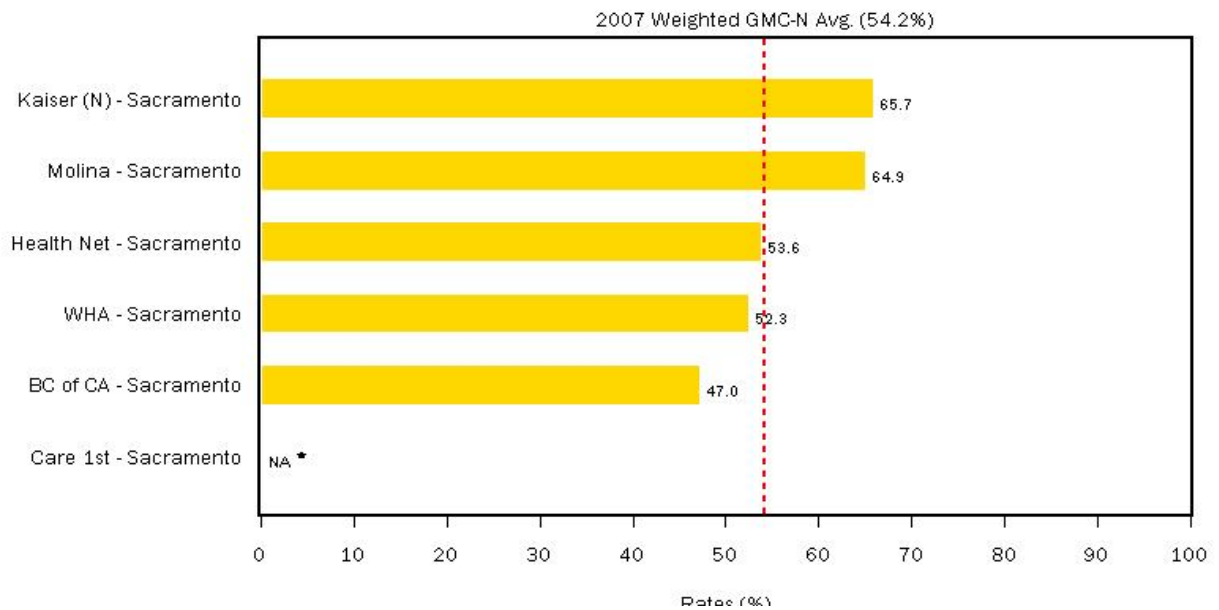
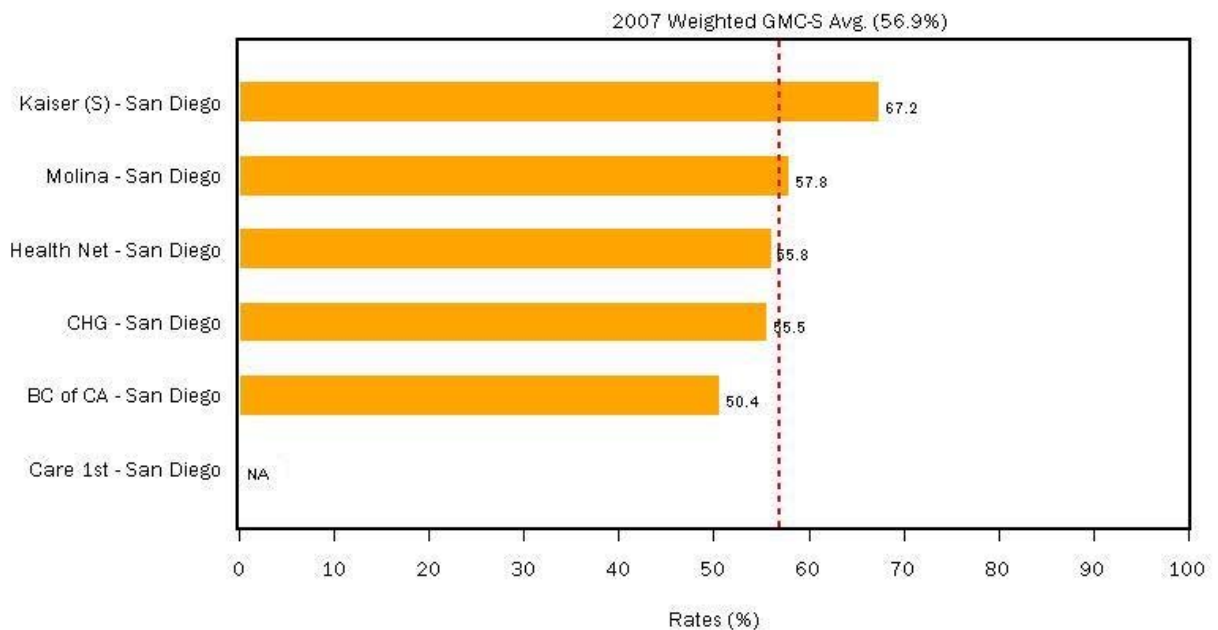


Figure 97. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed – GMC - S



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

Figure 98. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - LI



* SB/R is San Bernardino/Riverside.

Figure 99. HEDIS 2007 Comprehensive Diabetes Care—Eye Exam (Retinal) Performed - Model Type Comparison of Weighted Averages

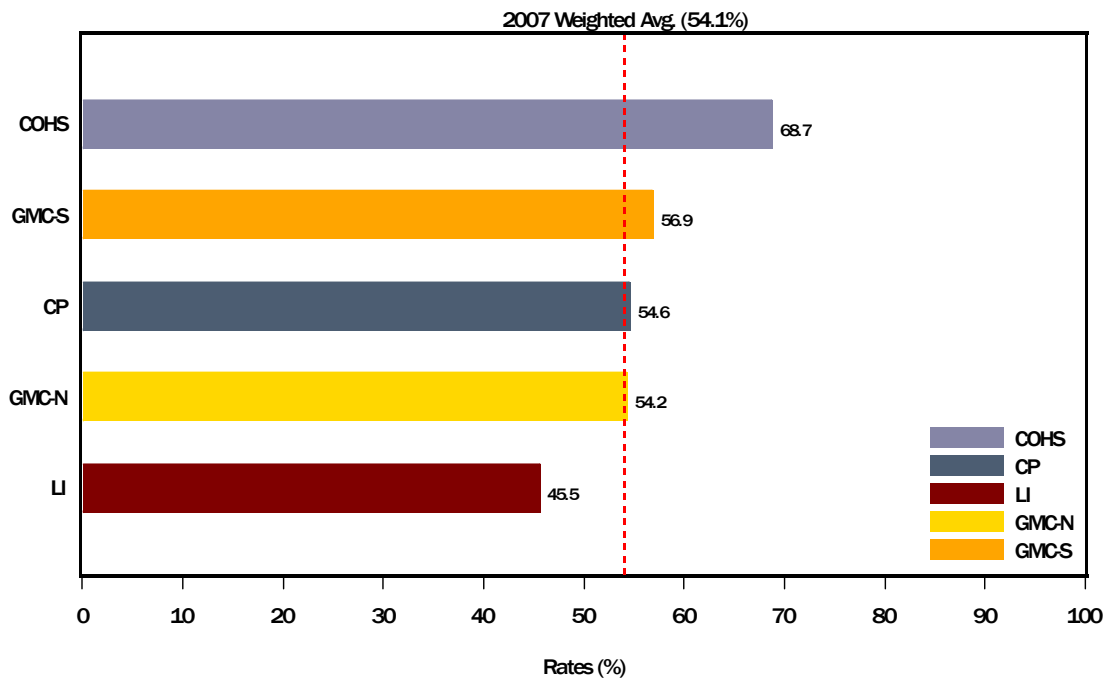


Table 29 presents the trends for Comprehensive Diabetes Care – Eye Exam (Retinal) Performed. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 29. Trends for Comprehensive Diabetes Care – Eye Exam (Retinal) Performed

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	45.7	59.8	53.3	57.0	71.6	68.3
	CCAH	54.5	61.1	64.0	66.2	67.2	68.6
	HPSM	57.4	52.9	56.0	54.9	66.3	54.7
	PHP of CA	58.2	55.0	54.8	60.9	65.8	67.0
	SBRHA	75.4	83.1	75.9	77.6	83.3	81.6
CP	BC of CA (CP)*	—	—	—	—	48.4	54.9
	Health Net (CP)*	—	—	—	—	47.2	53.9
	Molina Healthcare (CP)	—	—	—	—	61.7	58.9
GMCN	BC of CA (GMC-N)	—	—	—	—	49.4	47.0
	Care1st (GMC-N)**	—	—	—	—	—	—
	Health Net (GMC-N)	—	—	—	—	46.5	53.6
	Kaiser (GMC-N)	—	—	—	—	70.5	65.7
	Molina Healthcare (GMC-N)	—	—	—	—	61.3	64.9
	WHA	—	—	—	—	48.2	52.3
GMCS	BC of CA (GMC-S)	—	—	—	—	51.7	50.4
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	—	—	—	—	49.9	55.5
	Health Net (GMC-S)	—	—	—	—	44.7	55.8
	Kaiser (GMC-S)	—	—	—	—	71.9	67.2
	Molina Healthcare (GMC-S)**	—	—	—	—	—	57.8
	Sharp	—	—	—	—	—	—
	UCSD	—	—	—	—	—	—
LI	AAH	—	—	—	—	22.2	53.3
	BC of CA (Stanislaus)	—	—	—	—	43.7	39.4
	BC of CA (Tulare)	—	—	—	—	48.7	48.0
	CCHP	—	—	—	—	52.6	54.0
	HPSJ	—	—	—	—	42.3	42.3
	IEHP	—	—	—	—	64.7	60.9
	KFHC	—	—	—	—	41.4	37.7
	L.A. Care	—	—	—	—	32.9	39.4
	SFHP	—	—	—	—	58.9	64.8
	SCFHP	—	—	—	—	49.1	51.7
Medi-Cal Managed Care Straight Average***		58.2	62.4	60.8	63.3	54.1	56.1

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Comprehensive Diabetes Care – Eye Exam (Retinal) Performed

The COHS model type weighted average (68.7 percent) is 14.6 percentage points higher than the Medi-Cal managed care weighted average (54.1 percent). As shown in Table 29, the Medi-Cal managed care straight average increased from 54.1 percent in 2006 to 56.1 percent 2007. Fourteen plans increased their rates between 2006 and 2007. The rate of 81.6 percent for Santa Barbara RHA is the highest for 2007 and is also two standard deviations above the Medi-Cal managed care straight average. Alameda Alliance for Health increased their rate by 31.1 percentage points from 22.2 percent in 2006 to 53.3 percent in 2007.

Figure 100. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing – COHS

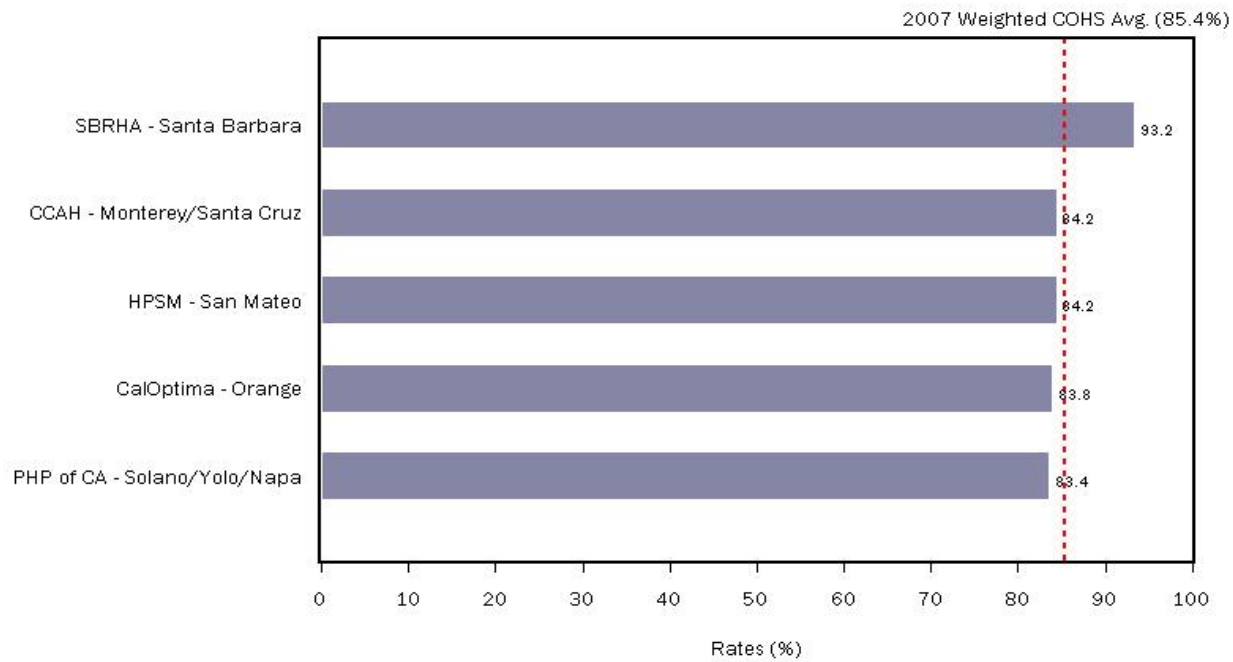
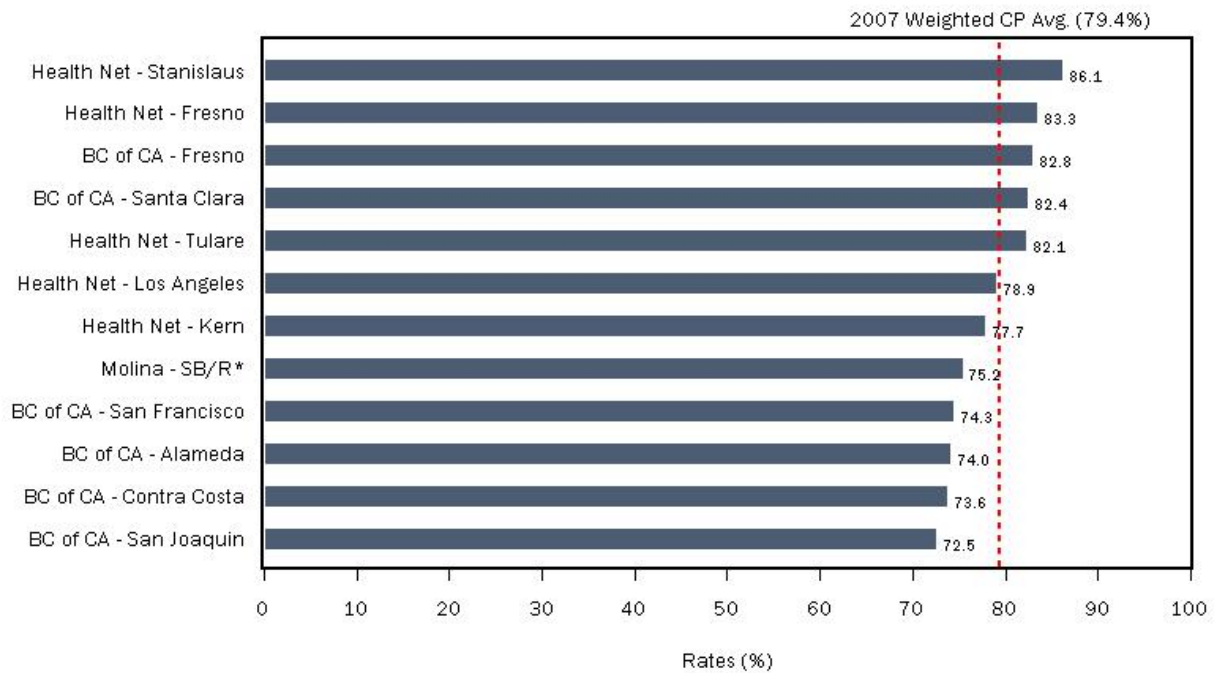


Figure 101. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing - CP



* SB/R is San Bernardino/Riverside.

Figure 102. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing – GMC - S

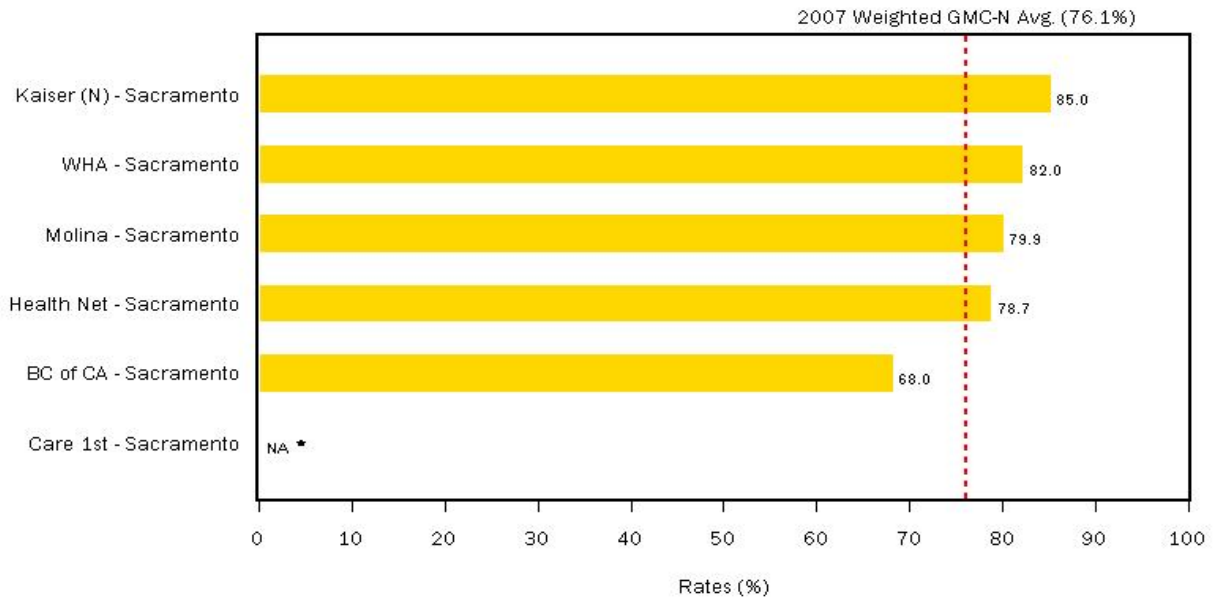
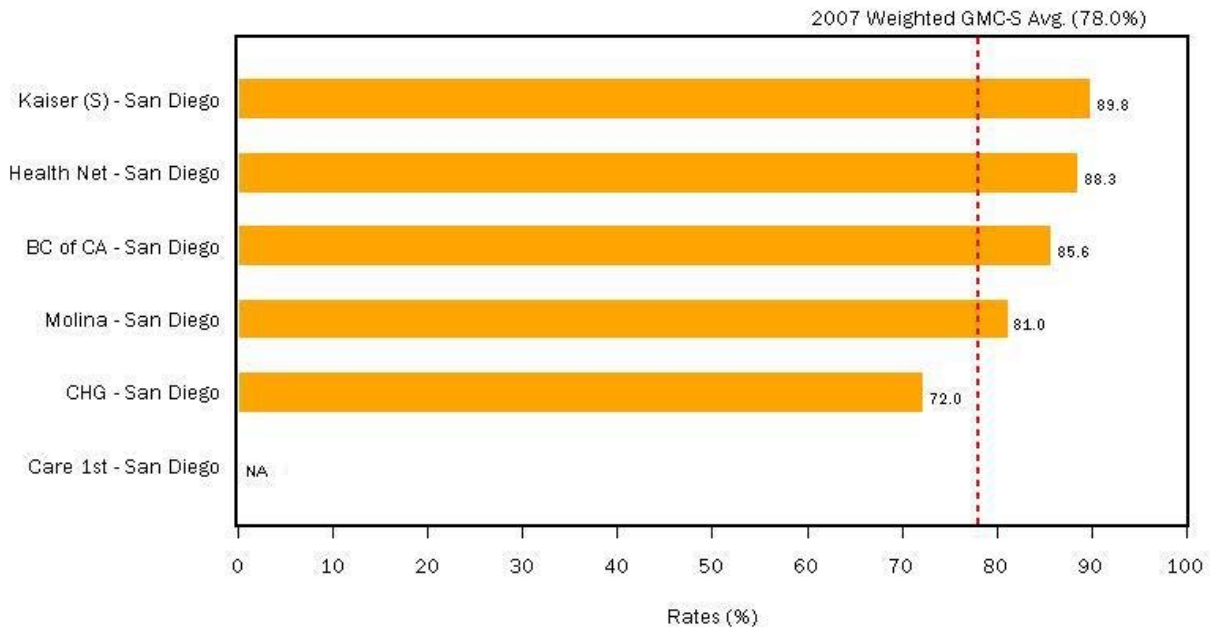
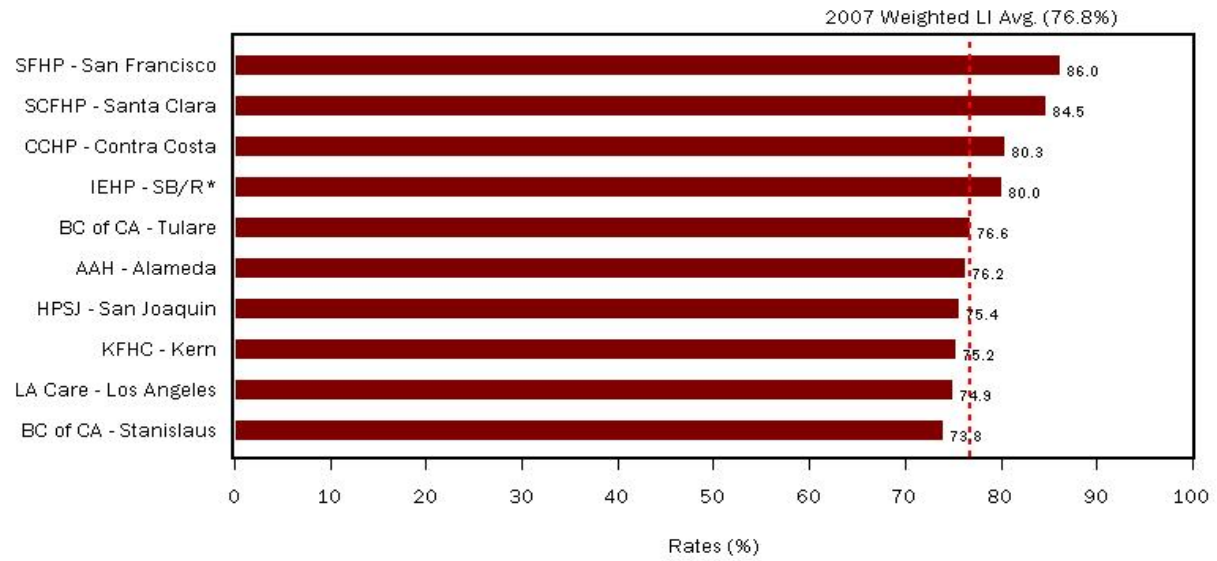


Figure 103. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing – GMC - S



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

Figure 104. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing - LI



* SB/R is San Bernardino/Riverside.

Figure 105. HEDIS 2007 Comprehensive Diabetes Care—HbA1c Testing - Model Type Comparison of Weighted Averages

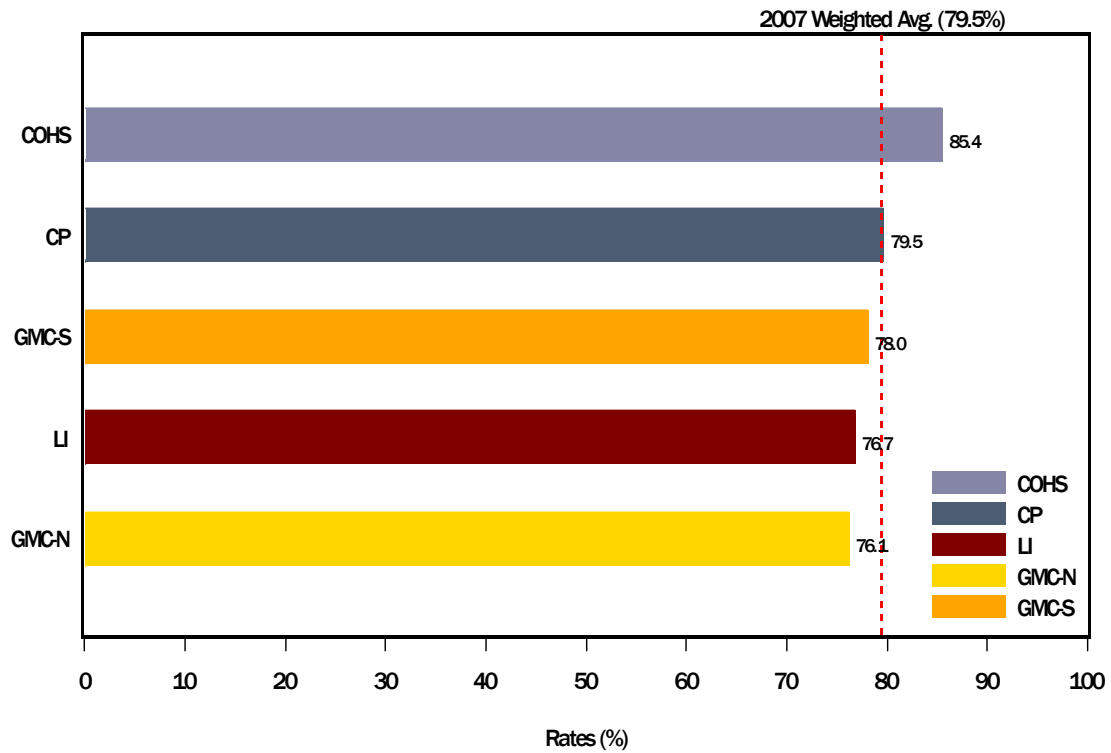


Table 30 presents the trends for Comprehensive Diabetes Care—HbA1c Testing. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 30. Trends for Comprehensive Diabetes Care—HbA1c Testing*

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	80.0	83.8
	CCAH	81.5	84.2
	HPSM	68.9	84.2
	PHP of CA	83.2	83.4
	SBRHA	90.6	93.2
CP	BC of CA (CP)**	68.6	80.7
	Health Net (CP)**	75.1	79.3
	Molina Healthcare (CP)	75.4	75.2
GMCN	BC of CA (GMC-N)	66.8	68.0
	Care1st (GMC-N)***	—	—
	Health Net (GMC-N)	70.3	78.7
	Kaiser (GMC-N)	81.3	85.0
	Molina Healthcare (GMC-N)	77.9	79.9
	WHA	82.5	82.0
GMCS	BC of CA (GMC-S)	63.9	85.6
	Care1st (GMC-S)***	—	—
	CHG	66.9	72.0
	Health Net (GMC-S)	77.7	88.3
	Kaiser (GMC-S)	87.7	89.8
	Molina Healthcare (GMC-S)****	—	81.0
	Sharp	—	—
	UCSD	—	—
LI	AAH	75.9	76.2
	BC of CA (Stanislaus)	67.3	73.8
	BC of CA (Tulare)	70.8	76.6
	CCHP	77.5	80.3
	HPSJ	70.6	75.4
	IEHP	79.1	80.0
	KFHC	73.7	75.2
	L.A. Care	69.0	74.9
	SFHP	71.3	86.0
	SCFHP	72.3	84.5
Medi-Cal Managed Care Straight Average****		75.0	80.6

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

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

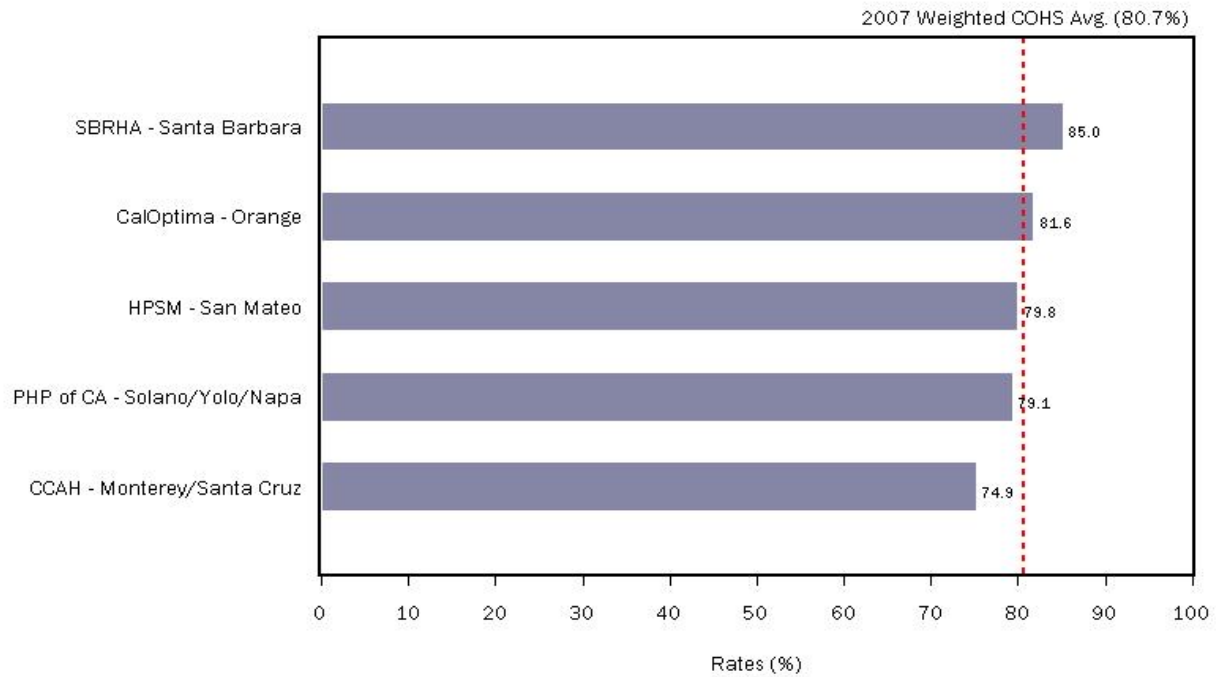
*** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

**** 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.

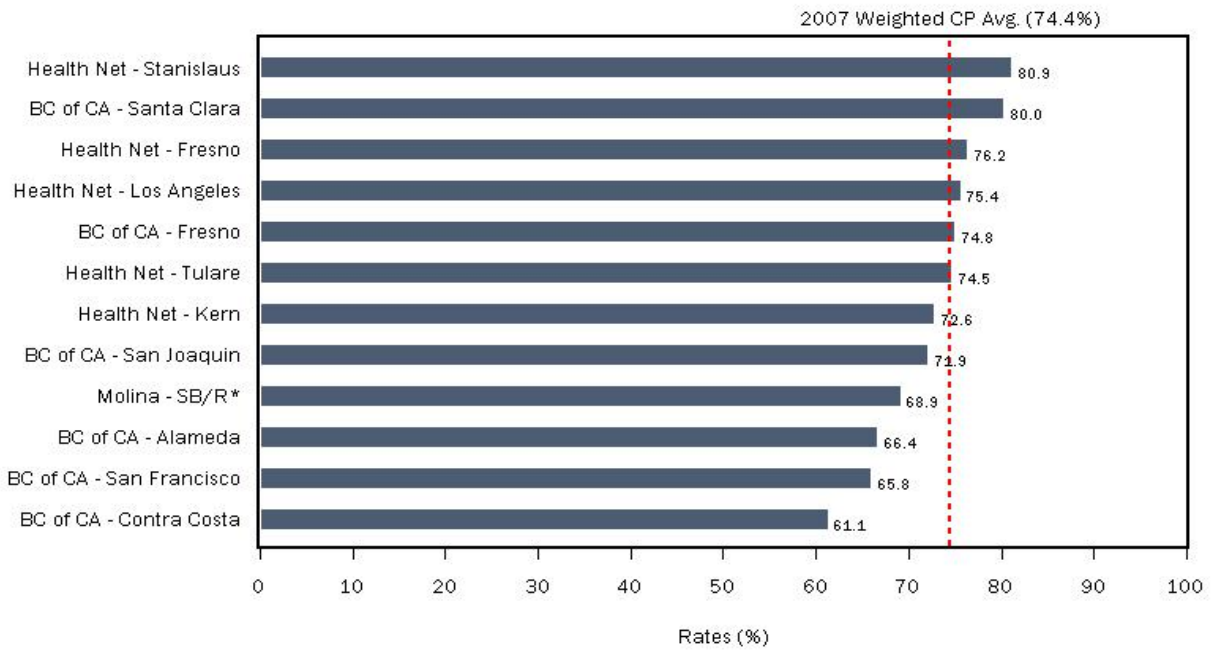
Comprehensive Diabetes Care—HbA1c Testing

The COHS model type weighted average (85.4 percent) is 5.9 percentage points higher than the Medi-Cal managed care weighted average (79.5 percent). As shown in Table 30, the Medi-Cal managed care straight average increased by 5.6 percentage points from 75.0 percent in 2006 to 80.6 percent in 2007. Santa Barbara RHA has the highest rate in 2007 with 93.2 percent. Santa Barbara RHA can be considered a high performer since their rate (93.2 percent) is two standard deviations above the Medi-Cal managed care straight average of 80.6 percent. In contrast, BC of CA (GMC-North) was a very low performer as their rate (68.0 percent) is two standard deviations below the Medi-Cal managed care straight average (80.6 percent). Of the plans with data for both years, all but two increased their rates between 2006 and 2007.

Figure 106. HEDIS 2007 Comprehensive Diabetes Care—LDL-C Screening – COHS



Figt



* SB/R is San Bernardino/Riverside.

Figure 108. HEDIS 2007 Comprehensive Diabetes Care—LDL-C Screening – GMC - N

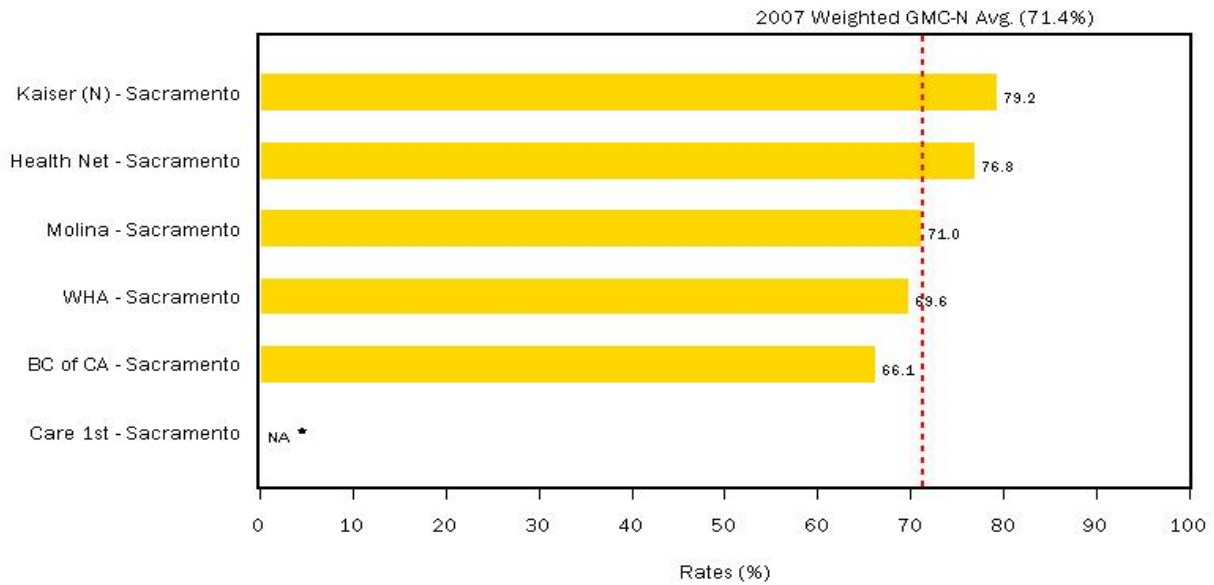
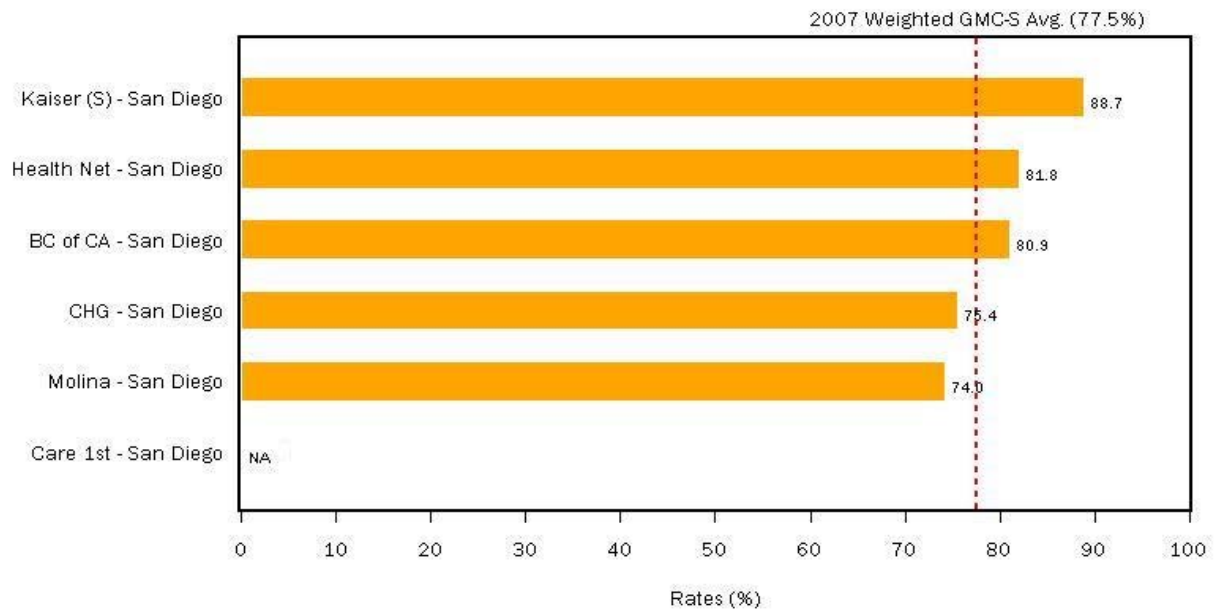
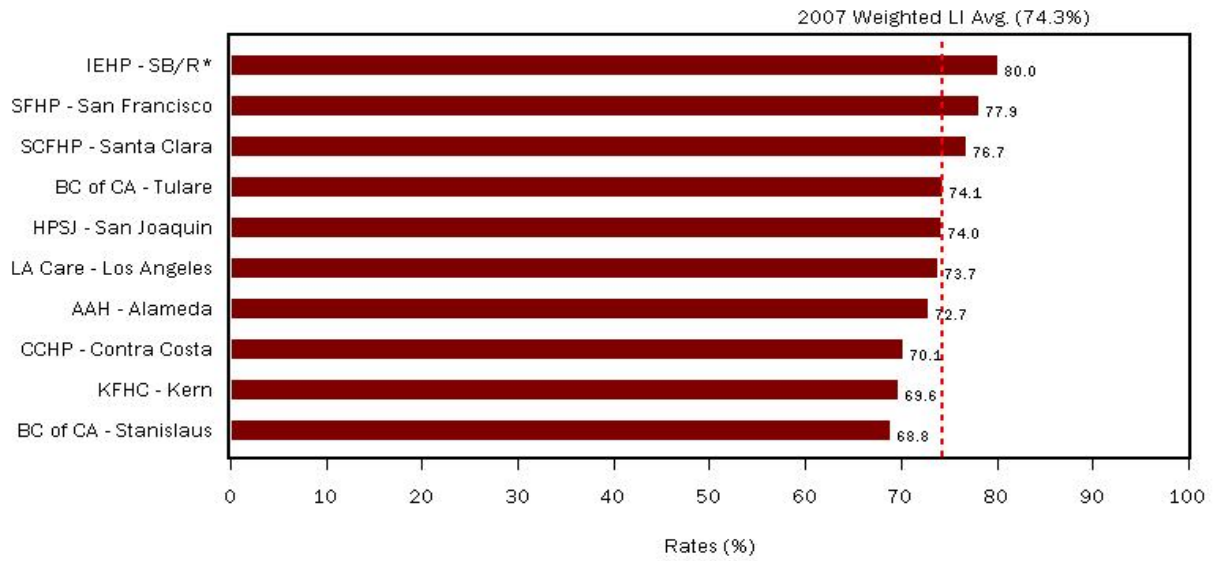


Figure 109. HEDIS 2007 Comprehensive Diabetes Care—LDL-C Screening – GMC - S



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

Figure 110. HEDIS 2007 Comprehensive Diabetes Care—LDL-C Screening – LI



* SB/R is San Bernardino/Riverside.

Figure 111. HEDIS 2007 Comprehensive Diabetes Care—LDL-C Screening - Model Type Comparison of Weighted Averages

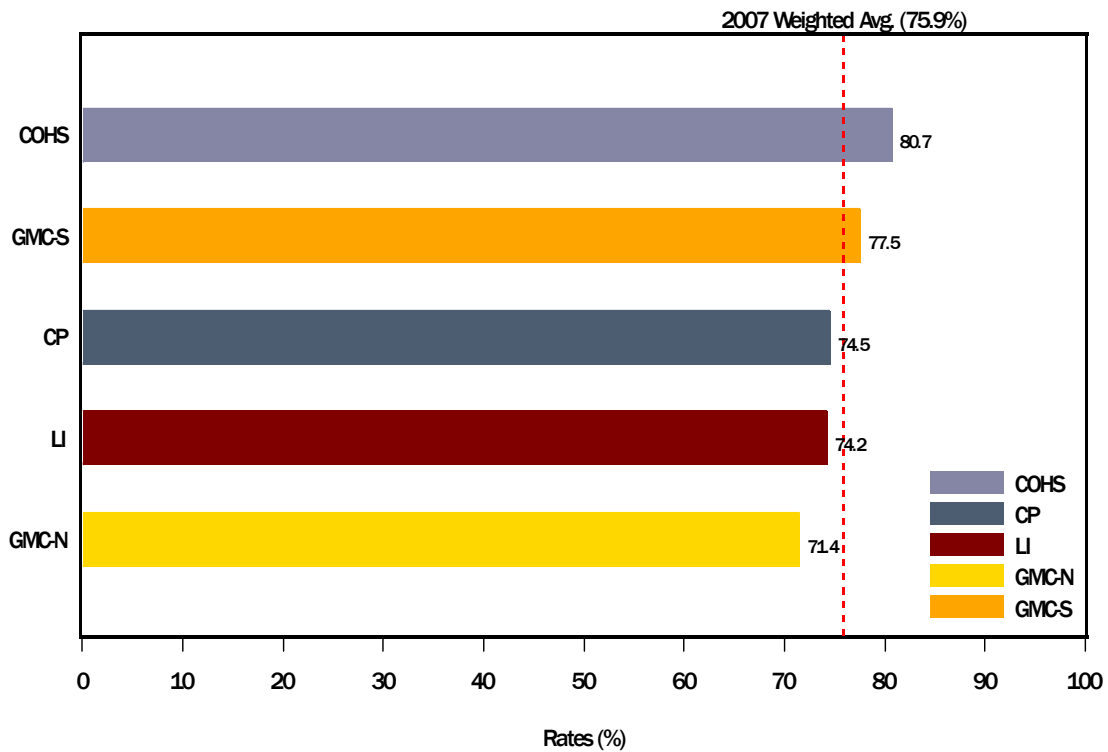


Table 31 presents the trends for Comprehensive Diabetes Care – LDL-C Screening. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 31. Trends for Comprehensive Diabetes Care – LDL-C Screening*

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	89.4	81.6
	CAAH	83.5	74.9
	HPSM	72.6	79.8
	PHP of CA	85.2	79.1
	SBRHA	97.3	85.0
CP	BC of CA (CP)**	80.6	73.9
	Health Net (CP)**	82.4	75.4
	Molina Healthcare (CP)	87.1	68.9
GMCN	BC of CA (GMC-N)	78.4	66.1
	Care1st (GMC-N)***	—	—
	Health Net (GMC-N)	80.3	76.8
	Kaiser (GMC-N)	91.9	79.2
	Molina Healthcare (GMC-N)	83.8	71.0
	WHA	89.3	69.6
GMCS	BC of CA (GMC-S)	85.9	80.9
	Care1st (GMC-S)***	—	—
	CHG	82.0	75.4
	Health Net (GMC-S)	81.9	81.8
	Kaiser (GMC-S)	89.7	88.7
	Molina Healthcare (GMC-S)***	—	74.0
	Sharp	—	—
	UCSD	—	—
	Universal	—	—
LI	AAH	85.4	72.7
	BC of CA (Stanislaus)	81.9	68.8
	BC of CA (Tulare)	85.6	74.1
	CCHP	82.9	70.1
	HPSJ	81.3	74.0
	IEHP	88.8	80.0
	KFHC	89.5	69.6
	L.A. Care	84.0	73.7
	SFHP	65.2	77.9
	SCFHP	74.7	76.7
Medi-Cal Managed Care Straight Average****		83.7	75.7

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

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

*** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

**** 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.

Comprehensive Diabetes Care— LDL-C Screening

The model type weighted averages ranged between 71.4 percent and 80.7 percent for the CDC- LDL-C Screening indicator. As shown in Table 31, the Medi-Cal managed care straight average decreased from 83.7 percent to 75.7 percent between 2006 and 2007. The drop in performance can be attributed to the change in HEDIS technical specifications for this indicator between 2006 and 2007. While most of the rates declined between 2006 and 2007, the rate for San Francisco Health Plan increased from 65.2 percent to 77.9 percent. The 2007 Kaiser GMC-South rate of 88.7 percent is two standard deviations above the Medi-Cal managed care straight average.

Figure 112. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy – COHS

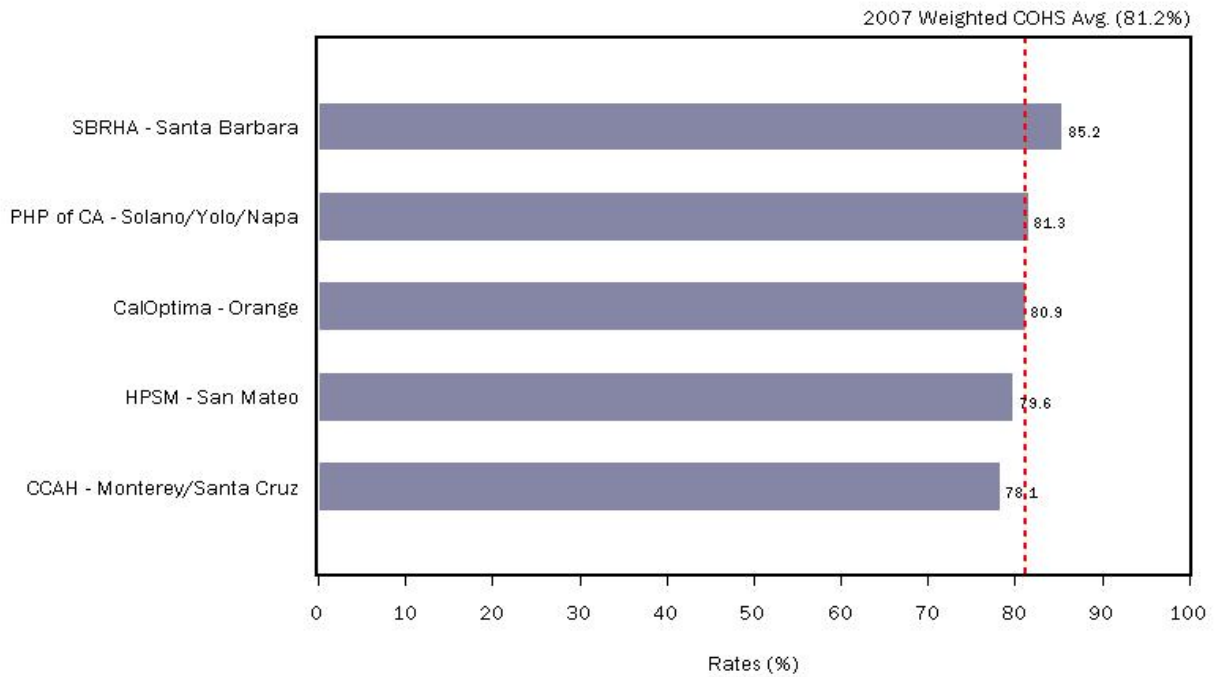
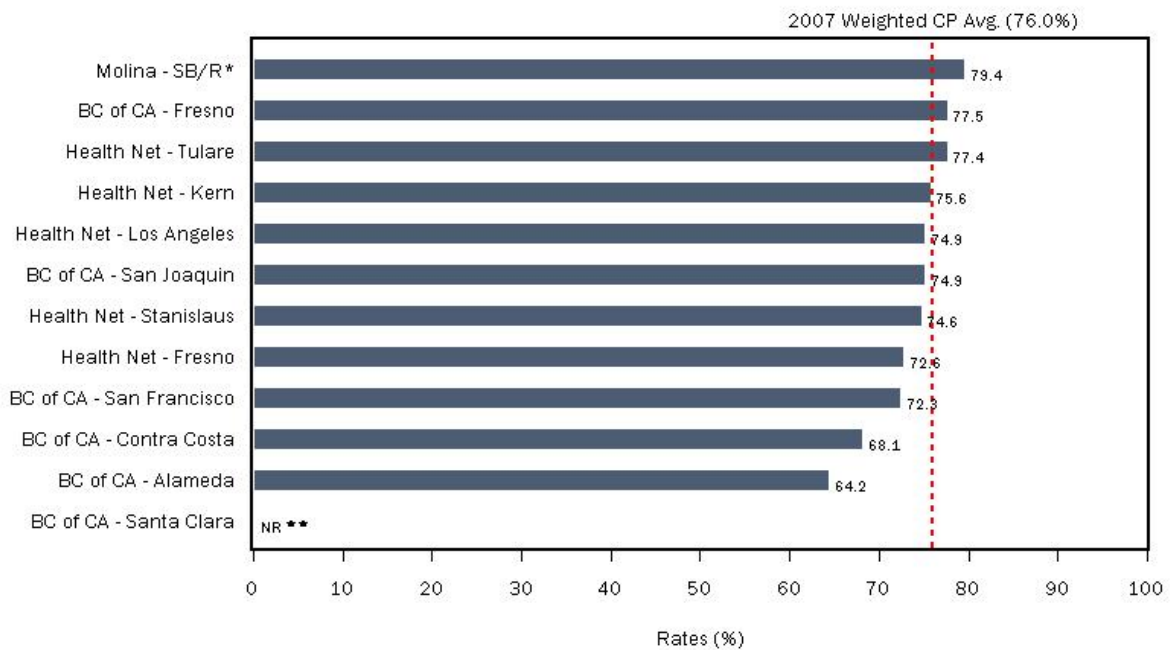


Figure 113. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy - CP



* SB/R is San Bernardino/Riverside.

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

Figure 114. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy – GMC - N

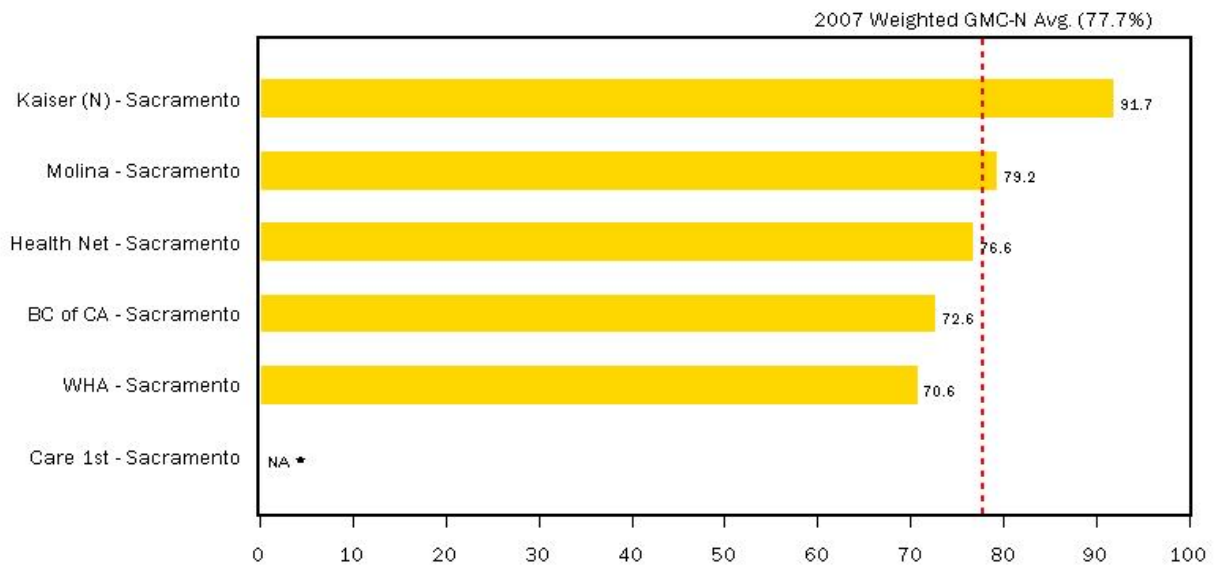
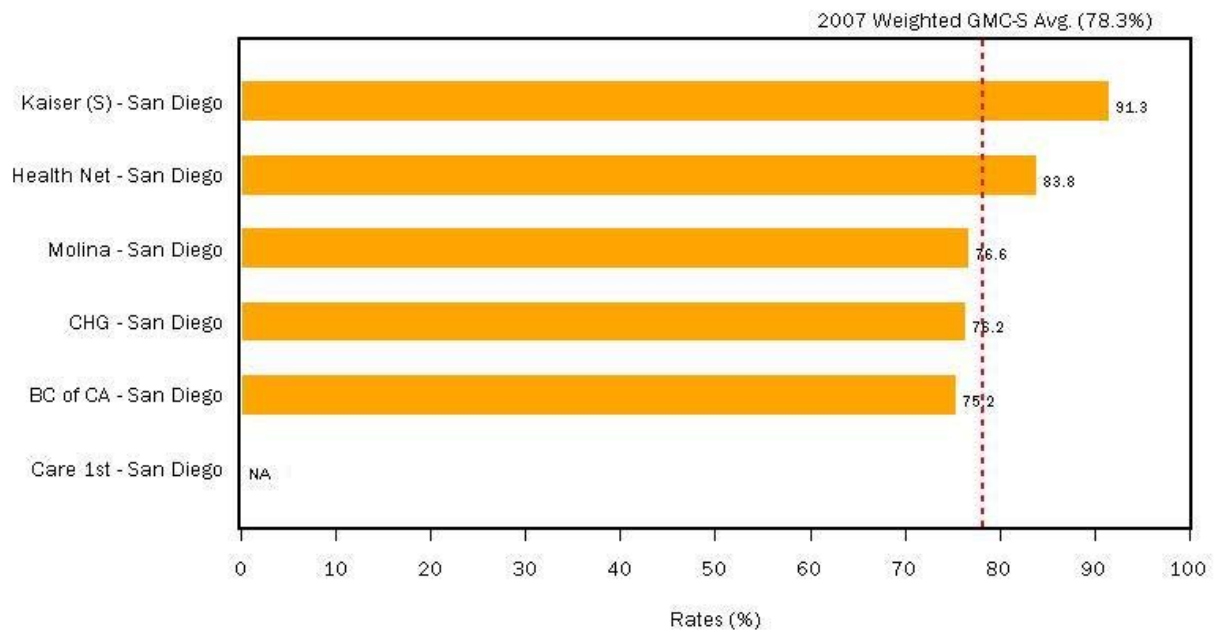
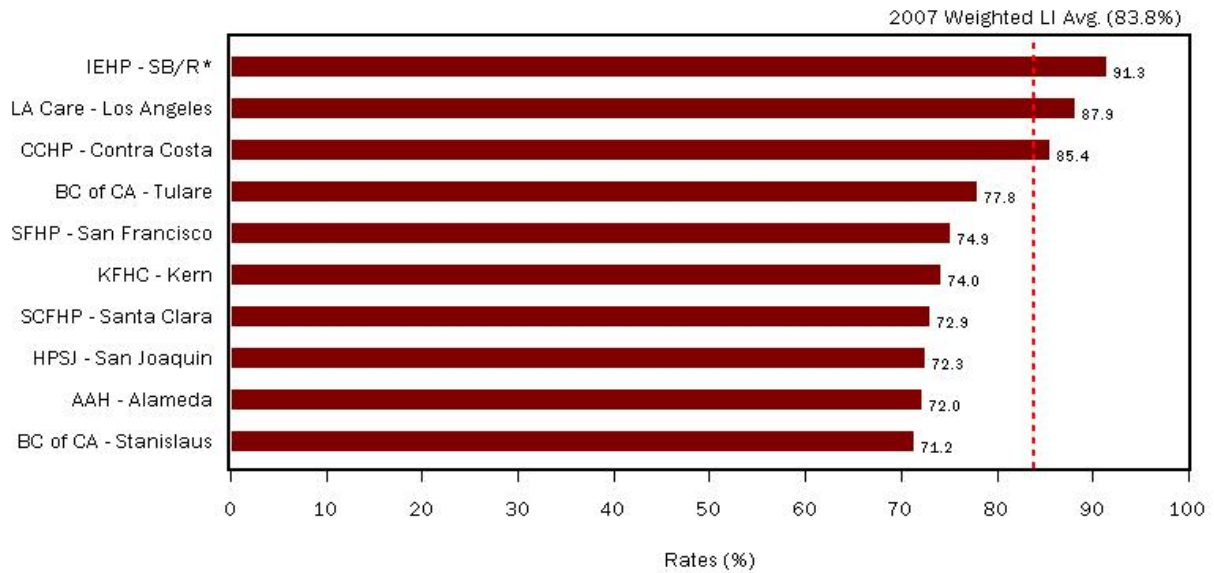


Figure 115. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy – GMC - S



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

Figure 116. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy – LI



* SB/R is San Bernardino/Riverside.

Figure 117. HEDIS 2007 Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy - Model Type Comparison of Weighted Averages

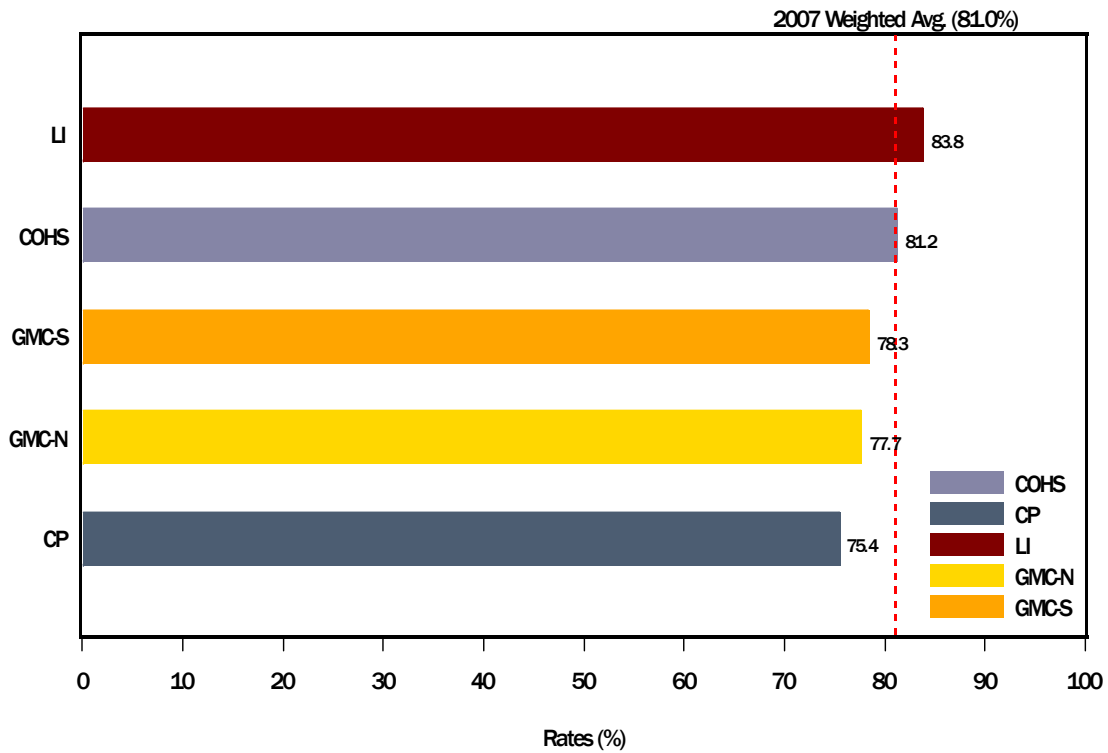


Table 32 presents the trends for Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 32. Trends for Comprehensive Diabetes Care—Monitoring for Diabetic Nephropathy*

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	50.8	80.9
	CCAH	55.2	78.1
	HPSM	47.3	79.6
	PHP of CA	65.6	81.3
	SBRHA	82.5	85.2
CP	BC of CA (CP)**	79.7	75.5
	Health Net (CP)**	43.5	74.9
	Molina Healthcare (CP)	52.5	79.4
GMCN	BC of CA (GMC-N)	79.2	72.6
	Care1st (GMC-N)***	—	—
	Health Net (GMC-N)	35.0	76.6
	Kaiser (GMC-N)	69.0	91.7
	Molina Healthcare (GMC-N)	49.4	79.2
	WHA	56.0	70.6
GMCS	BC of CA (GMC-S)	76.1	75.2
	Care1st (GMC-S)***	—	—
	CHG	42.8	76.2
	Health Net (GMC-S)	42.6	83.8
	Kaiser (GMC-S)	83.2	91.3
	Molina Healthcare (GMC-S)***	—	76.6
	Sharp	—	—
	UCSD	—	—
	Universal	—	—
LI	AAH	44.9	72.0
	BC of CA (Stanislaus)	81.4	71.2
	BC of CA (Tulare)	83.7	77.8
	CCHP	39.9	85.4
	HPSJ	42.1	72.3
	IEHP	63.5	91.3
	KFHC	54.3	74.0
	L.A. Care	43.8	87.9
	SFHP	52.6	74.9
	SCFHP	51.2	72.9
Medi-Cal Managed Care Straight Average****		58.1	78.9

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

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

*** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

**** 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.

Comprehensive Diabetes Care— Monitoring for Diabetic Nephropathy

The model type weighted averages range from 75.4 percent to 83.8 percent for the CDC-Monitoring for Diabetic Nephropathy indicator. As shown in Table 32, the Medi-Cal managed care straight average increased from 58.1 percent to 78.9 percent between 2006 and 2007. The increase in performance can be attributed to the change in HEDIS technical specifications for this indicator between 2006 and 2007. Kaiser GMC-North (91.7 percent), Kaiser GMC-South (91.3 percent), and Inland Empire Health Plan (91.3 percent) all exceeded the Medi-Cal managed care straight average by two standard deviations.

Figure 118. HEDIS 2007 Use of Appropriate Medications for People with Asthma – COHS

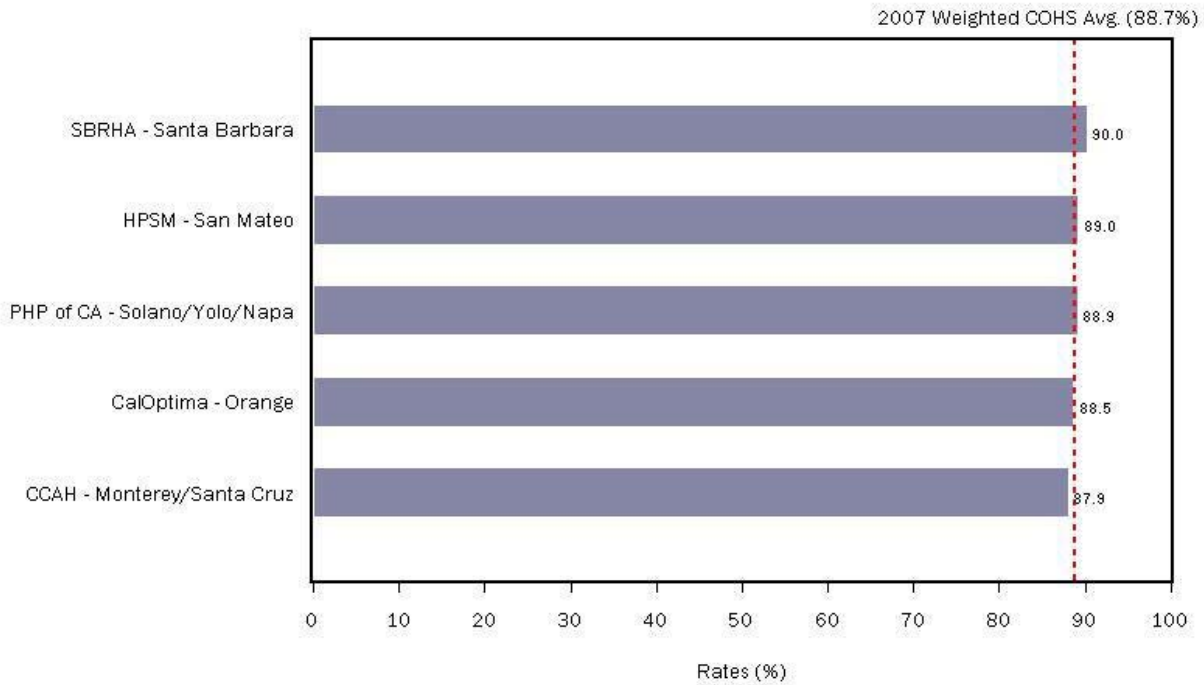
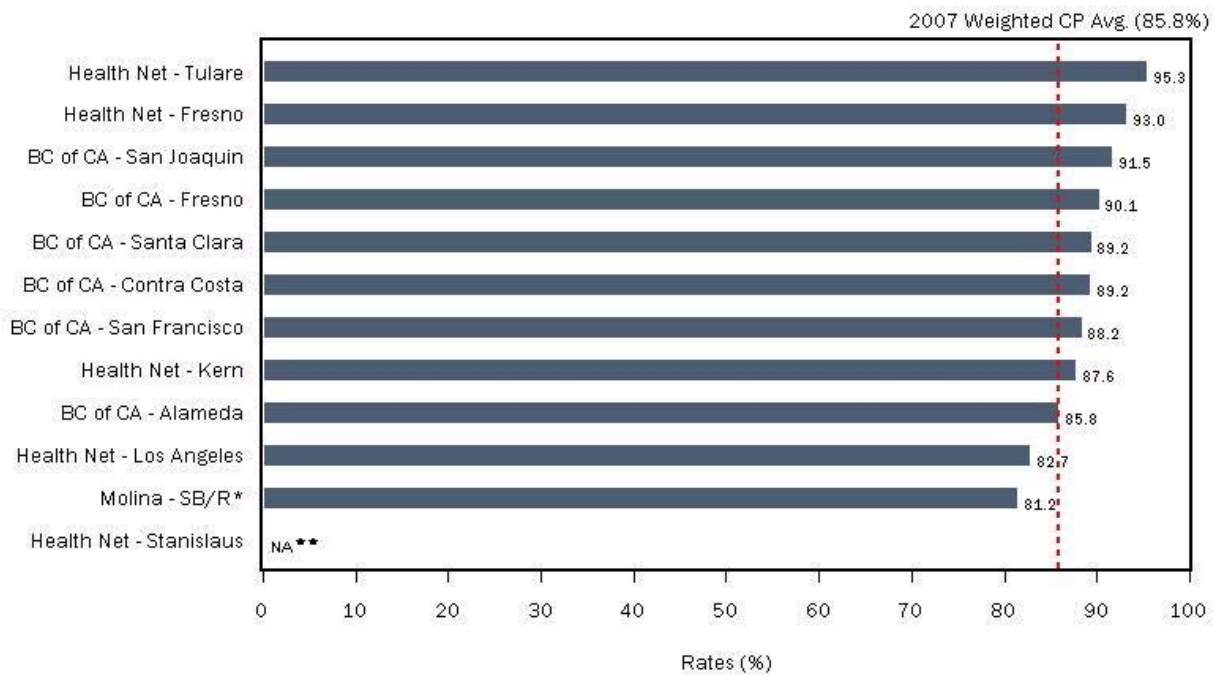


Figure 119. HEDIS 2007 Use of Appropriate Medications for People with Asthma - CP



* SB/R is San Bernardino/Riverside.

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

Figure 120. HEDIS 2007 Use of Appropriate Medications for People with Asthma – GMC - N

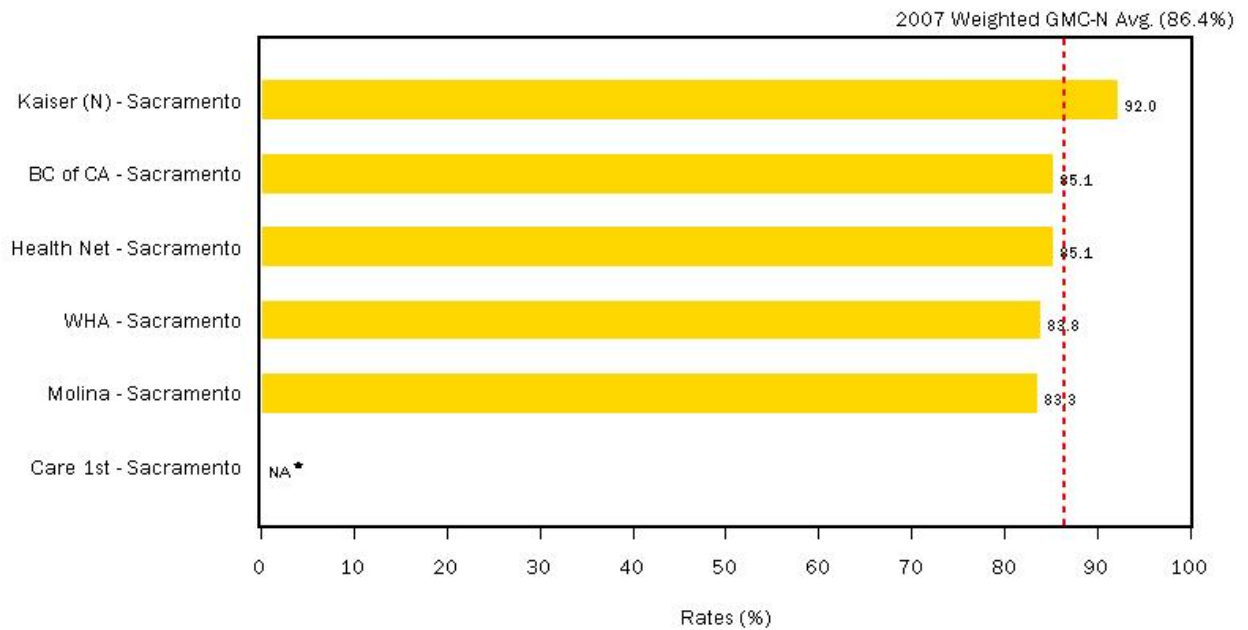
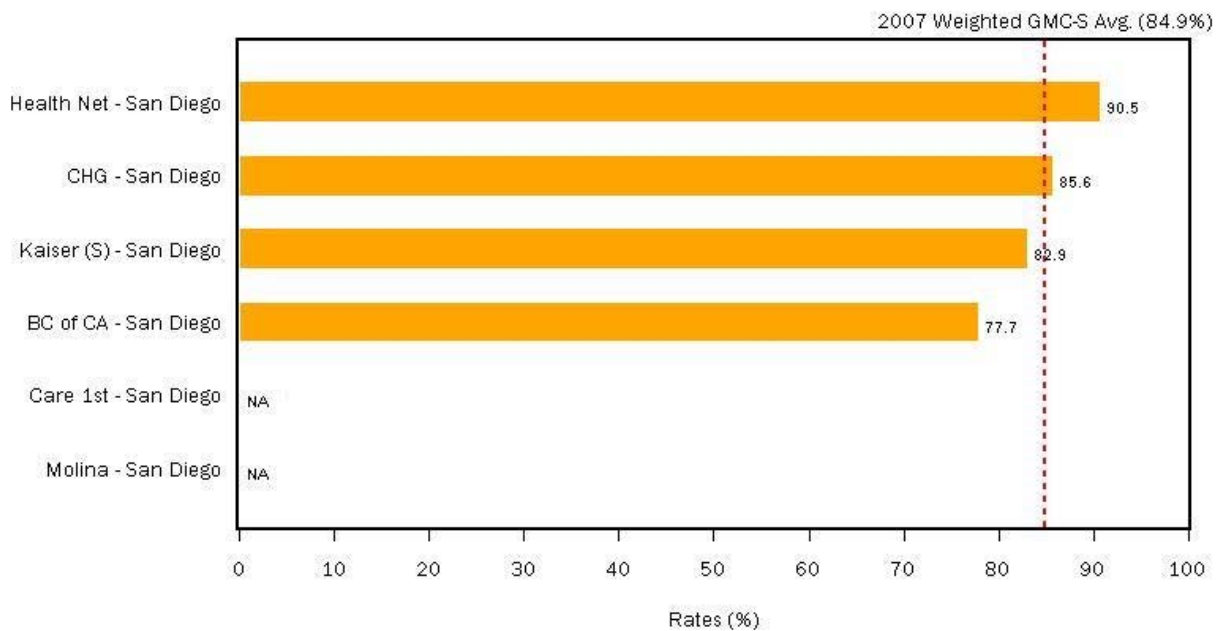
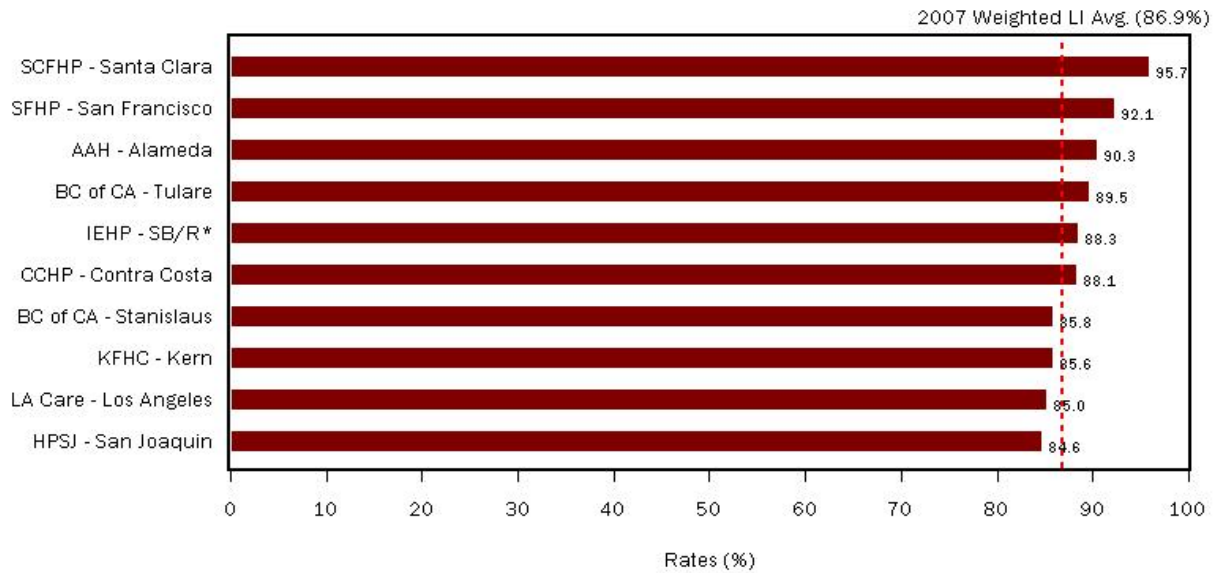


Figure 121. HEDIS 2007 Use of Appropriate Medications for People with Asthma – GMC - S



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

Figure 122. HEDIS 2007 Use of Appropriate Medications for People with Asthma - LI



* SB/R is San Bernardino/Riverside.

Figure 123. HEDIS 2007 Use of Appropriate Medications for People with Asthma - Model Type Comparison of Weighted Averages

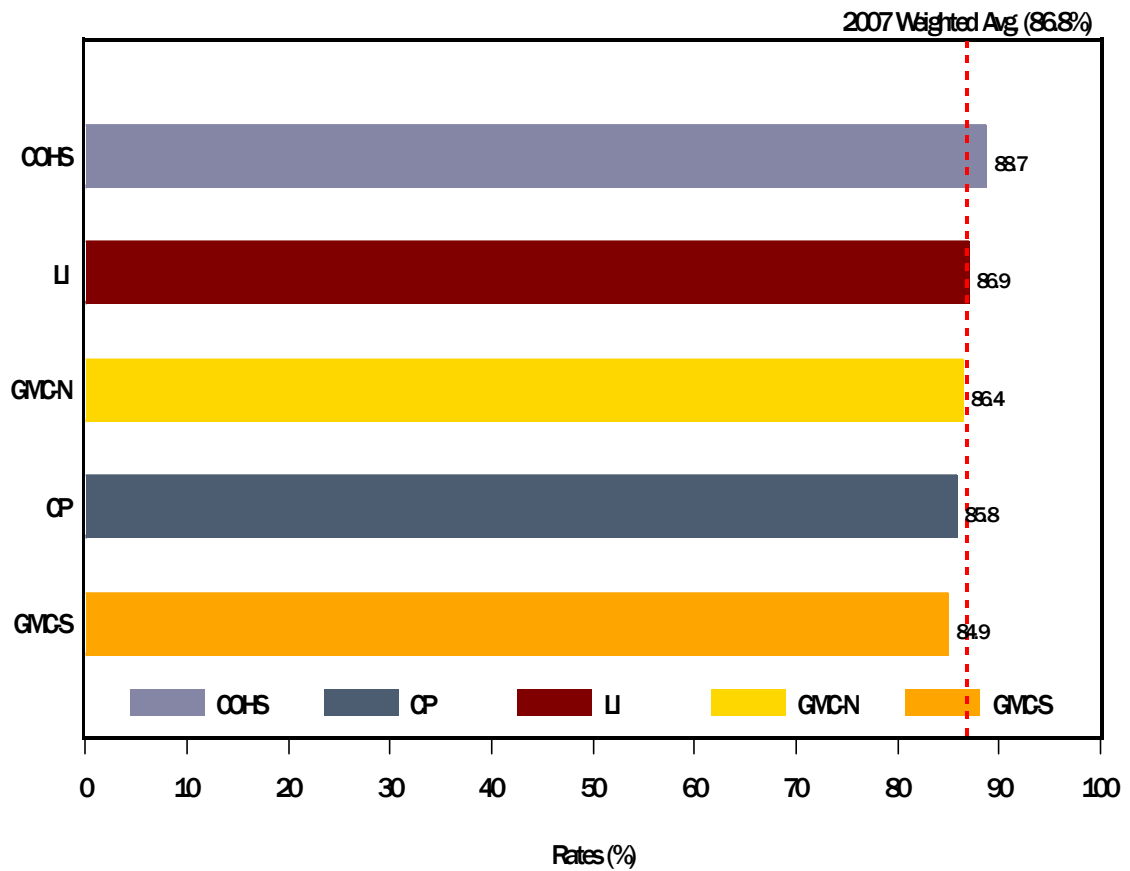


Table 33 presents the trends for Use of Appropriate Medications for People with Asthma. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

Table 33. Trends for Use of Appropriate Medications for People with Asthma

Model Type	Medi-Cal Managed Care Plans	HEDIS 2001 Rate	HEDIS 2002 Rate	HEDIS 2004 Rate	HEDIS 2005 Rate	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	67.2	62.2	63.2	61.8	88.0	88.5
	CCAH	55.2	54.5	62.6	68.4	87.9	87.9
	HPSM	57.5	68.9	55.4	55.5	78.4	89.0
	PHP of CA	64.6	66.9	68.8	67.9	86.7	88.9
	SBRHA	58.0	64.3	68.7	71.5	87.5	90.0
CP	BC of CA (CP)*	56.0	66.5	72.0	69.0	89.3	89.6
	Health Net (CP)*	45.0	43.2	48.4	56.5	76.0	83.8
	Molina Healthcare (CP)	51.9	52.9	59.8	56.4	80.0	81.2
GMCN	BC of CA (GMC-N)	49.2	57.8	60.1	59.0	83.0	85.1
	Care1st (GMC-N)**	—	—	—	—	—	—
	Health Net (GMC-N)	48.9	55.4	47.2	62.5	75.9	85.1
	Kaiser (GMC-N)	54.1	58.7	68.8	65.6	89.8	92.0
	Molina Healthcare (GMC-N)	—	—	49.4	51.0	82.8	83.3
	WHA	52.0	54.5	61.4	64.2	85.0	93.8
GMCS	BC of CA (GMC-S)	50.7	56.4	64.1	55.7	82.5	77.7
	Care1st (GMC-S)**	—	—	—	—	—	—
	CHG	56.5	58.4	55.7	60.0	81.1	85.6
	Health Net (GMC-S)	47.5	50.6	47.9	62.7	75.5	90.5
	Kaiser (GMC-S)	—	44.2	59.9	61.9	90.2	82.9
	Molina Healthcare (GMC-S)**	—	—	—	—	—	—
	Sharp	50.0	56.8	64.6	—	—	—
	UCSD	66.1	66.9	—	—	—	—
LI	Universal	55.9	62.7	64.2	—	—	—
	AAH	36.1	60.7	65.3	67.4	90.4	90.3
	BC of CA (Stanislaus)	54.9	61.6	64.9	63.3	85.4	85.8
	BC of CA (Tulare)	—	62.9	68.1	66.6	92.0	89.5
	CCHP	49.6	85.3	60.9	60.5	82.4	88.1
	HPSJ	83.5	53.8	59.2	54.8	84.5	84.6
	IEHP	55.7	59.4	63.7	64.0	87.0	88.3
	KFHC	85.3	48.9	63.1	64.9	84.1	85.6
	L.A. Care	49.3	41.8	61.1	58.9	82.4	85.0
	SFHP	59.0	57.8	68.4	68.5	93.8	92.1
SCFHP	51.6	64.0	61.6	58.5	84.9	95.7	
Medi-Cal Managed Care Straight Average***		56.0	58.6	61.3	62.1	84.7	87.0

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

** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

*** 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.

Use of Appropriate Medications for People with Asthma

The model type weighted averages range from 84.9 percent to 84.9 percent for the Use of Appropriate Medications for People with Asthma. The Medi-Cal managed care straight average increased from 84.7 percent to 87.0 percent between 2006 and 2007. Blue Cross of CA (GMC-South) has the lowest rate for 2007 (77.7 percent) at two standard deviations below the Medi-Cal managed care straight average of 87.0 percent. Santa Clara Family Health Plan has the highest rate for 2007 with 95.7 percent which is two standard deviations above the Medi-Cal managed care straight average of 87.0 percent.

Figure 124. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis – COHS

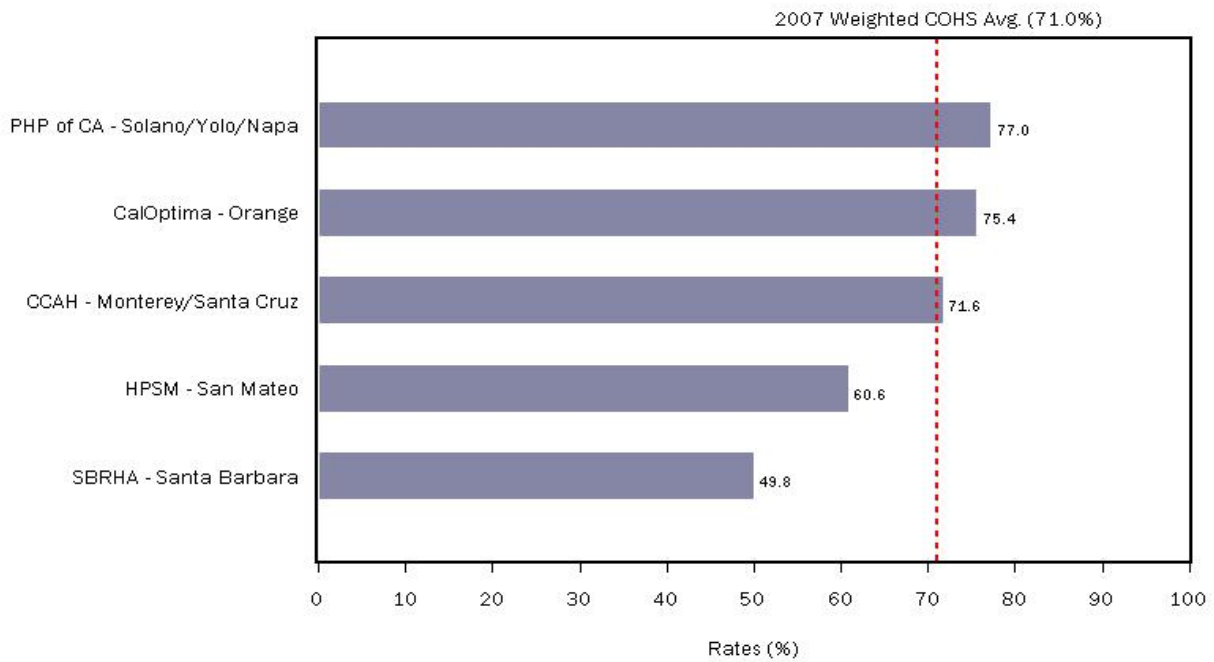
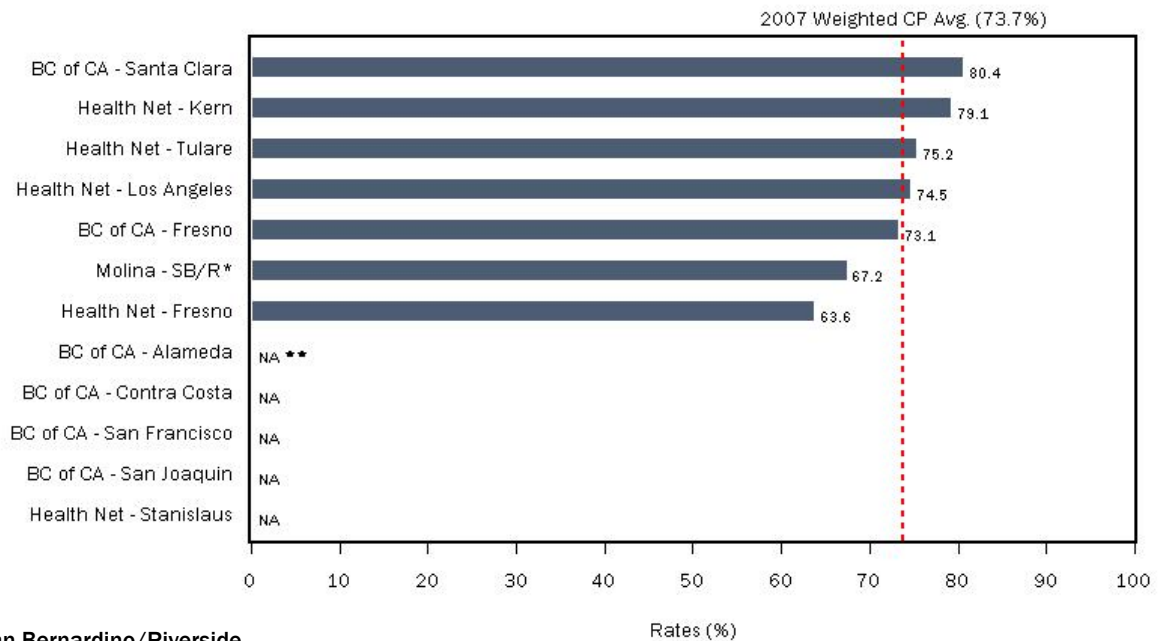


Figure 125. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis - CP



* SB/R is San Bernardino/Riverside.

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

Figure 126. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis – GMC - N

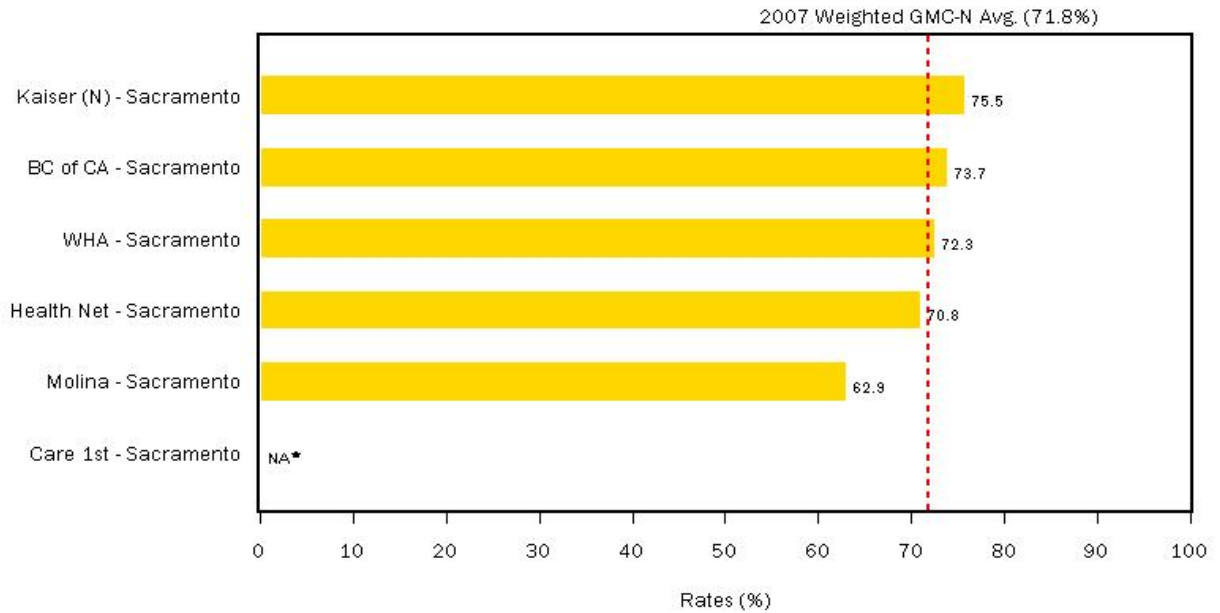
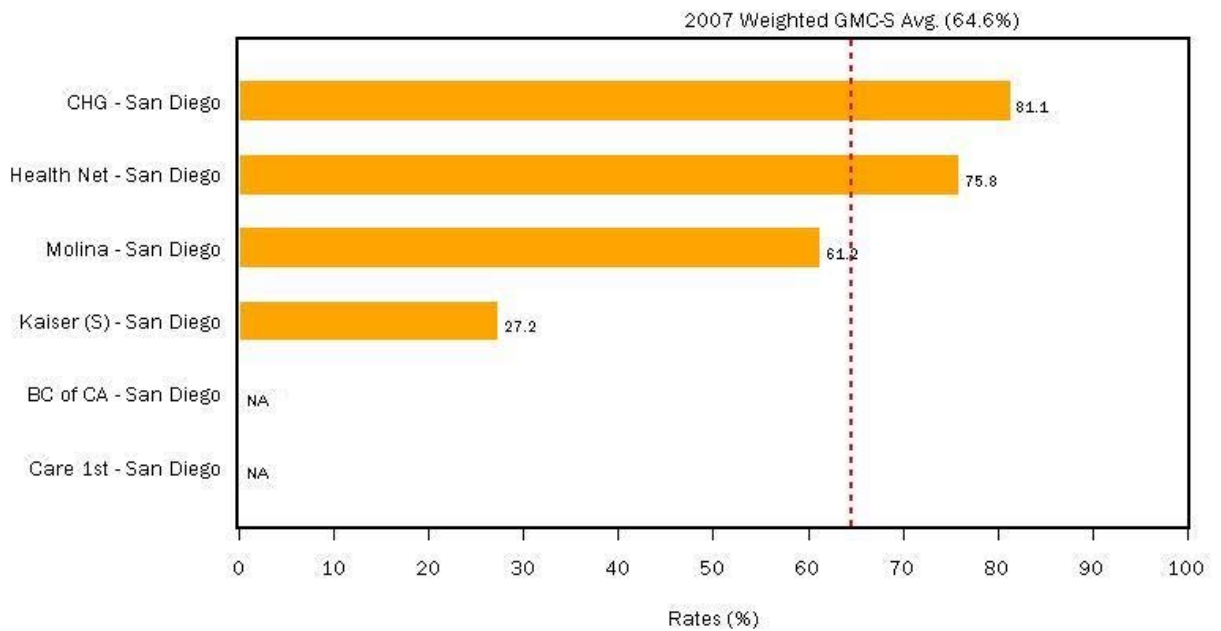
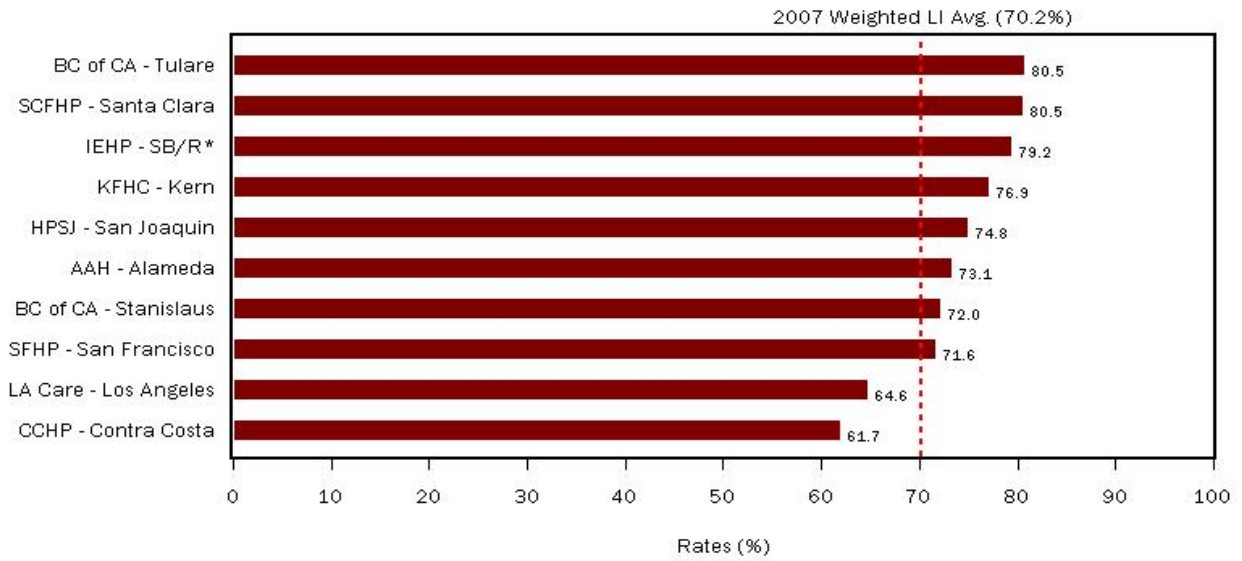


Figure 127. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis – GMC - S



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

Figure 128. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis – LI



* SB/R is San Bernardino/Riverside.

Figure 129. HEDIS 2007 Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis - Model Type Comparison of Weighted Averages*

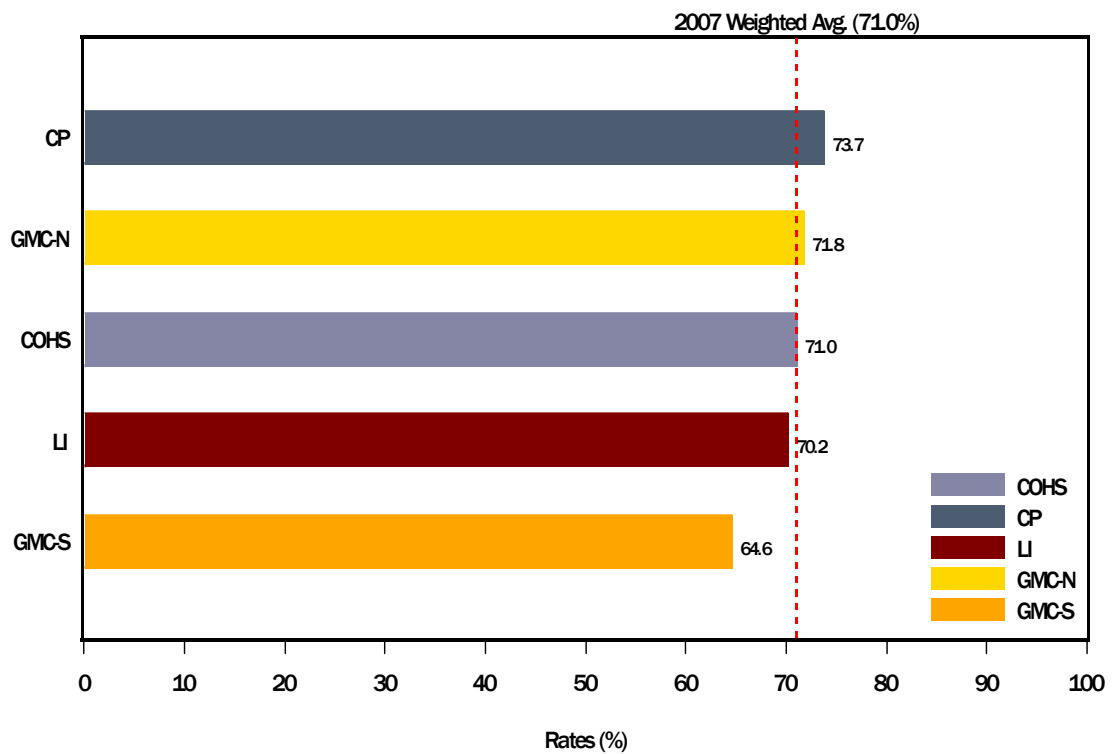


Table 34 presents the trends for Inappropriate Treatment for Adults with Acute Bronchitis. The cell shading represents the rate in relation to the Medi-Cal Managed Care average for that year. The colors are defined as follows (SD = Standard Deviation):

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

* For this measure, a lower rate indicates better performance.

Table 34. Trends for Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis (lower score is better)*

Model Type	Medi-Cal Managed Care Plans	HEDIS 2006 Rate	HEDIS 2007 Rate
COHS	CalOptima	73.4	75.4
	CCAH	64.8	71.6
	HPSM	26.9	60.6
	PHP of CA	72.9	77.0
	SBRHA	70.2	49.8
CP	BC of CA (CP)**	64.1	61.1
	Health Net (CP)**	43.6	73.4
	Molina Healthcare (CP)	72.8	67.2
GMCN	BC of CA (GMC-N)	72.2	73.7
	Care1st (GMC-N)***	—	—
	Health Net (GMC-N)	38.5	70.8
	Kaiser (GMC-N)	78.8	75.5
	Molina Healthcare (GMC-N)	71.6	62.9
	WHA	67.3	72.3
GMCS	BC of CA (GMC-S)	—	—
	Care1st (GMC-S)***	—	—
	CHG	—	81.1
	Health Net (GMC-S)	42.0	75.8
	Kaiser (GMC-S)	52.1	27.2
	Molina Healthcare (GMC-S)***	—	61.2
	Sharp	—	—
	UCSD	—	—
	Universal	—	—
LI	AAH	76.3	73.1
	BC of CA (Stanislaus)	76.3	72.0
	BC of CA (Tulare)	72.8	80.5
	CCHP	68.8	61.7
	HPSJ	72.6	74.8
	IEHP	35.6	79.2
	KFHC	73.6	76.9
	L.A. Care	56.7	64.6
	SFHP	62.4	71.6
	SCFHP	77.5	80.5
Medi-Cal Managed Care Straight Average****		63.3	69.3

*If data for a measure was available it is presented in the trending tables. Measures with 2 years worth of data may not indicate a trend, but they do provide a comparison between the current year and the previous.

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

*** The following events preclude reporting a rate: a plan's first year in a county, the first year DHCS requires a HEDIS measure, and the first year of significant changes in a measure's specifications.

**** 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.

Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

The model type weighted averages range from 73.7 percent to 64.6 percent. For this measure, a lower rate indicates better performance. Nine plans improved their rates between 2006 and 2007. Kaiser GMC-South has the best rate with 27.2 percent for 2007 which is two standard deviations better than the Medi-Cal managed care straight average of 69.3 percent. For HEDIS 2008, this measure will be inverted so that a higher rate is better and it will be renamed Appropriate Treatment for Adults with Acute Bronchitis.

VII. Conclusions and Recommendations

The data and analysis presented in this report can assist DHCS-funded managed care plans comply with the Department's quality and performance measurement requirements and help DHCS plan further studies or interventions relative to quality of care. This section provides insight on the performance of the plans (highlighting successes), identifies opportunities for improvement, and offers suggestions on areas where DHCS may want to focus future quality improvement efforts.

A. Information System Capabilities

Strengths

Validation activity findings for the DHCS managed care plans indicate overall minimal impact on measure reporting due to information systems issues. Validation team members identified plan strengths or challenges observed during the on-site portion of the audits.

Strengths were related to the following categories:

- Data capture,
- General information systems,
- Use of registries,
- Centralized processing of data,
- Provider data,
- Data sharing, and
- Eligibility programming.

Challenges

Plans did experience some challenges related to information systems. Auditors identified plan issues primarily in two areas:

- Data completeness or submission, and
- The increase in use of the administrative methodology versus the hybrid methodology.

Four DHCS managed care plans experienced a major problem with their medical records vendor in 2007, which presented a significant challenge in data reporting for those plans. The medical record vendor experienced numerous systemic problems, including technical issues with the web portal designed to allow access to collected/abstracted records, long delays in abstracting collected information, inaccurate abstraction and entry of data, and untimely progress reporting to plans.

In addition, the collection of managed care plan data was impacted by the implementation of electronic medical records (EMR) at contracted medical groups. EMR systems are generally built to support electronic

viewing or printing of the information in a patient's chart. To collect the necessary HEDIS information, the medical records vendor had to print EMR charts and then scan the paper copies, effectively doubling the work required to collect the information.

Recommendations

DHCS managed care plans should be encouraged to continue efforts to increase data completeness, particularly to enable the use of the administrative methodology for more measures. If administrative data systems (claims, encounter, electronic registry, disease management, etc.) are more complete, reliance on medical record review will be decreased. This will reduce both the administrative and financial burden on DHCS managed care plans and allow for a smooth transition if/when NCQA changes the data reporting requirements from the hybrid methodology to an administrative-data-only methodology. The management of vendors must be in place to ensure that updates or completion of all necessary work is accomplished early enough in the reporting cycle to allow management decisions regarding methodology (administrative versus hybrid) to be made without impacting the time available for medical record pursuits.

With regard to vendor contracting, the plans are strongly encouraged to engage vendors as early in the process as possible in order to maximize the effectiveness of the medical record review process. The plans should also perform a comprehensive evaluation of a vendor's capability to perform the necessary work, particularly the capability of the information system to be employed by vendors, prior to contracting with a vendor.

B. Reporting Methods

Strengths

All DHCS plans are contracting with NCQA-certified HEDIS software vendors to manage and maintain the source code for the measures. As the managed care plans have gained experience in the requirements of measure production and the rigors of a validation process, the processes used to manage and monitor measure production have improved. Factors which influence a plan's ability to successfully report HEDIS measures include:

- Staff experience,
- Communication,
- Timelines and work plans,
- Documentation, and
- A team approach.

Challenges

As noted in the Information Systems Capabilities section above, a subset of DHCS managed care plans experienced a major problem with their medical records vendor, which presented a significant challenge in the reporting of data. The medical record vendor experienced numerous systemic problems including technical issues with the web portal designed to allow access to collected/abstracted records, long delays in abstracting collected information, inaccurate abstraction and entry of data, and untimely progress reporting to plans.

In addition, the collection of managed care plan data was impacted by the implementation of electronic medical records (EMR) at contracted medical groups. EMR systems are generally built to support electronic viewing or printing of the information in a patient's chart. To collect the necessary HEDIS information, the medical records vendor had to print EMR charts and then scan the paper copies, effectively doubling the work required to collect the information.

Recommendations

With regard to vendor contracting, the plans are strongly encouraged to engage vendors as early in the process as possible in order to maximize the effectiveness of the medical record review process. The plans should also perform a comprehensive evaluation of a vendor's capability to perform the necessary work, particularly the capability of the information system to be employed by vendors, prior to contracting with the vendor.

C. Medical Record Abstraction Tools and Processes

Strengths

Overall, well-defined processes, tool development, data entry processes, edit checks built into electronic data capture systems, and inter-rater reliability results were identified as strengths for several DHCS managed care plans.

Challenges

In addition to completing contracting activities with medical record review vendors in a timelier manner and adequately assessing the capabilities of medical record review vendors addressed above, an opportunity for improvement was identified surrounding the identification of providers that may have medical records of interest. This challenge is not uncommon in medical record review processes.

Recommendations

Suggestions to DHCS managed care plans and DHCS regarding this topic are similar to those given in the previous section on reporting methods. The same factors that lead to successful reporting are those that influence successful medical record abstraction process and tools. Developing and encouraging expertise,

communication, and teamwork skills may reduce many of the challenges experienced by DHCS managed care plans in this area. Developing methodologies for linking members, providers, and locations of medical records should greatly benefit medical record review activities.

VIII. Final Thoughts

Maintaining forward momentum is important in continuing the successes of the DHCS quality assessment and improvement strategy. Most plans have developed information systems, reporting methodologies, medical record review processes, and measure calculation strategies that have stabilized. But improving care is much more difficult than developing the methodologies for improving data capture.

These performance measures provide a picture of care delivered at a point in time, and as a measurement tool, the purpose of the measures is to provide an assessment of managed care plan performance. Plans should review and interpret the results of their performance measure reports and identify how performance compares to other benchmarks. Plans should determine where possible improvement efforts are needed and will have the greatest impact on the members that they serve. Interventions that address issues at the system 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 quality measurement systems that currently exist. Approaching improvement opportunities directly with providers can yield longer lasting results than focusing on improving measures of DHCS managed care plan system performance. Working with the provider community and focusing efforts on the culture and operation of the provider offices may be successful.

In summary, the reporting methodologies and systems in place at DHCS managed care plans appear to be sufficient to accurately and reliably supply performance measures. DHCS 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, a partnership between DHCS, DHCS managed care plans, and providers can result in sustainable system-wide improvements and better outcomes for DHCS members.

Appendix -1

Specialty Plan and PHP Results for HEDIS 2007

Kaiser PHP Marin/Sonoma and AHF Healthcare Centers reported HEDIS rates for the first time in 2007. Kaiser PHP reported Appropriate Treatment for Children with Upper Respiratory Infection (URI) and Appropriate Testing for Children with Pharyngitis (CWP) rates. Both measures found in the Effectiveness of Care domain. For both rates, Kaiser PHP exceeds the HPL for each measure. Table A-1 contains their reported rates.

Table A-1 HEDIS 2007 Rates for Kaiser PHP – Marin/Sonoma

Kaiser PHP – Marin/Sonoma	CWP	URI
HEDIS 2007 Rate	91.4%	94.9%
HPL ¹	75.1%	92.1%
MPL ²	40.9%	76.7%

AHF Healthcare Centers reported Colorectal Cancer Screening (COL) from 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 plan rates are listed in Table A-2.

Table A-2 HEDIS 2007 Rates for AHF Healthcare Centers

AHF Healthcare Centers	COL	AAP (20-44)	AAP (45-64)	AAP (65+)
HEDIS 2007 Rate	7.6%	95.2%	98.7%	100.0%
HPL	NA	87.0%	89.4%	93.0%
MPL	NA	72.7%	79.1%	72.1%

¹HPL is HEDIS 2006 national Medicaid 90th Percentile

²MPL is HEDIS 2006 national Medicaid 25th Percentile

Appendix -2

HEDIS OVERVIEW⁷

HEDIS is the most widely used set of health care performance measures in the United States. It is developed and maintained by the National Committee for Quality Assurance (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), which includes representation from purchasers, consumers, health plans, health care providers and policy makers, oversees the evolution of the measurement set. Several Measurement Advisory Panels (MAP) provide clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Advisory Group (TAG) 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

⁷ National Committee for Quality Assurance (2006). HEDIS 2007 Volume 2 Technical Specifications. Washington DC

health plan information system characteristics and capabilities and specification compliance for each HEDIS measure.

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 its 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 2007 Measure Descriptions⁸

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 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.

Adolescent Well-Care Visits

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

Appropriate Treatment for Children with Upper Respiratory Infection

The percentage of children 3 months–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.

⁸ National Committee for Quality Assurance (2006). HEDIS 2007 Volume 2 Technical Specifications. Washington DC

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 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.

Chlamydia Screening in Women

The percentage of women 16–25 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Cervical Cancer Screening

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

Breast Cancer Screening

The percentage of women 42–69 years of age who had a mammogram to screen for breast cancer.

Comprehensive Diabetes Care

The percentage of members 18–75 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)
- Nephropathy Monitoring

Use of Appropriate Medications for People with Asthma

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

Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription on or within three days after the episode date. This misuse measure assesses if antibiotics were inappropriately prescribed for healthy adults with acute bronchitis. A lower rate represents better performance.

Appendix -4

EAS Measure Changes for HEDIS 2008

Table A-4 Measure Changes for HEDIS 2008

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

The changes specified for HEDIS 2008 in the table above reflect DHCS's increased Medi-Cal Managed Care Program focus on ensuring quality care for seniors and persons with disabilities. DHCS is targeting its efforts to promote better care to these populations with the goal of improving their health outcomes. The DHCS also wants to expand collection of quality measures related to chronic diseases, such as diabetes, and focus more on outcome rather than process measures.

Of the measures required for Reporting Year 2007, five were used by DHCS for the auto assignment default algorithm:

- Adolescent Well-Care Visits,
- 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 an increase in default-assigned enrollees each year. The DHCS Auto Assignment Advisory Group recommended the five default measures remain in place for another year. A sixth measure, Cervical Cancer Screening, will be added in Calendar Year 2008.