Medi-Cal Managed Care Program
2010 CAHPS Summary Report

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

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Introduction

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care plans, measure and report on performance to assess the quality and appropriateness of care and services provided to members. The California Department of Health Care Services (DHCS) periodically assesses the perceptions and experiences of Medi-Cal Managed Care (MCMC) members as part of its process for evaluating the quality of health care services provided by plans to MCMC members.

To accomplish this task, the DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys.[1-1] The administration of the CAHPS Surveys is an optional Medicaid external quality review (EQR) activity to assess managed care members' satisfaction with their health care services. The DHCS requires that CAHPS Surveys are administered to both adult members and parents or caretakers of child members at the county level unless otherwise specified. In 2010, HSAG administered standardized survey instruments, CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys, to members of all 20 MCMC full-scope regular plans, which resulted in 36 distinct county-level reporting units.

This summary report presents the MCMC CAHPS 2010 results from adult members and parents or caretakers of child members who completed surveys from February to May 2010, which represent members' experiences with care and services over the prior six months. Results include members' global ratings in four areas: **Rating of Health Plan**, **Rating of All Health Care**, **Rating of Personal Doctor**, and **Rating of Specialist Seen Most Often**. Additionally, the results of five composite measures reflect members' experiences with **Getting Needed Care**, **Getting Care Quickly**, **How Well Doctors Communicate**, **Customer Service**, and **Shared Decision Making**.

HSAG presents aggregate MCMC results and compares them to national Medicaid data; displays plan results at the county level to facilitate comparison; and provides comparison among MCMC County Organized Health System (COHS), Geographic Managed Care (GMC), and Two-Plan model types.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Key Findings

Medi-Cal Managed Care Program Performance

In order to assess the overall performance of the MCMC Program, HSAG aggregated results and compared them to the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS®) Benchmarks and Thresholds or NCQA's National Medicaid data, where applicable.[1-2,1-3] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., *Poor*) and five is the highest possible rating (i.e., *Excellent*).

Table 1-1 shows the MCMC Program's star ratings for each global rating and composite measure.

Table 1-1—Medi-Cal Managed Care Program 2010 CAHPS National Comparisons Results

Measure	Adult Medicaid	Child Medicaid
Global Ratings		
Rating of Health Plan	★	★★
Rating of All Health Care	★	★
Rating of Personal Doctor	★	★★
Rating of Specialist Seen Most Often	★★	★★★
Composite Measures		
Getting Needed Care	★	★
Getting Care Quickly	★	★
How Well Doctors Communicate	★	★
Customer Service	★	★★
Shared Decision Making	★	★

The MCMC Program results showed generally *Poor* or *Fair* star rating performance across the global ratings and composite measures for both the adult and child populations when compared to national Medicaid data. The **Rating of Specialist Seen Most Often** for the child Medicaid survey was the exception and showed *Good* performance when compared to national data.

[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-3] Refer to Appendix A for additional details regarding the methodology used for this analysis.

Plan Performance

Kaiser Permanente–South in San Diego County was the only plan to demonstrate significantly higher performance than the MCMC Program average on all of the CAHPS measures. In addition, when compared to national data, this plan's adult and child populations showed *Excellent* or *Very Good* star rating performance for eight of the nine measures. Kaiser Permanente–North in Sacramento County and Partnership Health Plan's combined rate for Napa, Solano, and Yolo counties both received significantly higher scores than the MCMC Program average for seven of the nine measures. Finally, Kaiser Permanente–North in Sacramento County demonstrated *Excellent* or *Very Good* star rating performance for six out of nine measures for the adult population and eight out of nine measures for the child population.

Three plans showed the greatest opportunity for improvement. Anthem Blue Cross in Santa Clara County and San Francisco Health Plan in San Francisco County demonstrated significantly lower performance than the MCMC Program average for eight out of nine measures. In addition, Anthem Blue Cross in San Francisco County performed significantly lower the MCMC Program average for seven out of nine measures.

In assessing the plans' strengths and weaknesses across the CAHPS global ratings and composite measures, **Rating of Health Plan** and **Getting Care Quickly** had the highest number of plans that demonstrated *Poor* star rating performance for the adult population. Thirty-one out of 36 county-level results demonstrated *Poor* performance for **Rating of Health Plan**, and 33 plans demonstrated *Poor* performance for **Getting Care Quickly**. For the child population, **Getting Care Quickly** and **Getting Needed Care** had the highest number of plans that demonstrated *Poor* performance. Thirty-three plans demonstrated *Poor* performance for **Getting Care Quickly** and 29 plans demonstrated *Poor* performance for **Getting Needed Care**. These measures have the greatest opportunity for improvement.

Model Type Performance

In comparing the CAHPS results to national data, the COHS model type outperformed the GMC and Two-Plan model types for eight out of nine measures for the adult population and six out of nine measures for the child population. In addition, the COHS model type outperformed the GMC and Two-Plan model types and scored higher than the MCMC Program average for eight out of nine measures for the State Comparisons analysis.

Since the COHS model type is the only option the MCMC Program provides in certain counties, this structure may have an advantage over other model types on the global ratings and composite measures. With fewer members shifting between plans and a relatively stable provider network,

the COHS structure may provide a better opportunity for continuity and coordination of care for members, which may impact members' satisfaction.

Conclusions and Recommendations

The MCMC Program demonstrates a commitment to monitor and improve members' satisfaction through the administration of the CAHPS Survey. The CAHPS Survey plays an important role as a quality improvement tool for plans. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on 2010 CAHPS performance, there are opportunities to improve members' satisfaction with care and services within the plans. Most measures received *Poor* or *Fair* star ratings when compared to national Medicaid data.

The **Rating of Health Plan**, **Getting Needed Care**, and **Getting Care Quickly** measures offer the greatest opportunities for plan improvement. Low performance in these areas may point to issues with access to care and timeliness of care.

Based on the results of the 2010 CAHPS results, HSAG provides the following global recommendations for improvement:

- The plans need to conduct a barrier analysis or focus groups to identify factors contributing to areas of low performance and consider implementing interventions.
- Plans should consider selecting a member satisfaction measure(s) as a formal quality improvement project as a strategy for improving results.
- Plans that demonstrated above average performance should share initiatives and strategies that have been successful in meeting and exceeding members' expectations.

In addition to the global recommendations, HSAG provided plan-specific CAHPS reports to the DHCS and plans that identified key drivers for improvement for each plan.[1-4]

Measure-specific improvement strategies can be found in the Results section of this report. Additional quality improvement references begin on page 5-1. These references offer guidance on possible approaches to CAHPS-related quality improvement initiatives.

[1-4] Note that each plan only received their individual plan-specific report.

Medi-Cal Managed Care Program Overview

The DHCS administers the MCMC Program, California's managed care program, for Medicaid recipients. The program serves about half of the Medi-Cal population, with the other half enrolled in fee-for-service (FFS) Medi-Cal. As of December 31, 2009, the MCMC Program provided services to an estimated 4 million members statewide.[2-1]

Medi-Cal Managed Care Program Delivery System

The DHCS administers the MCMC Program through a service delivery system that encompasses three different model types: COHS, GMC, and Two-Plan. The DHCS monitors plan performance across model types. Table 2-1, on page 2-2, shows the participating MCMC plans by model type.

County Organized Health System

In a COHS model, the DHCS contracts with one county organized and operated plan to provide managed care services to all Medi-Cal beneficiaries in that county. Beneficiaries can choose from a wide network of managed care providers. Beneficiaries in COHS plan counties do not have the option of enrolling in FFS Medi-Cal unless authorized by the DHCS. As of December 31, 2009, the DHCS had contracts with five COHS plans operating in eight counties.

Geographic Managed Care

In the GMC model, enrollees choose from three or more commercial plans offered in a county. Beneficiaries in mandatory aid codes must enroll in a managed plan; however, "voluntary" beneficiaries may either enroll in a managed care plan or receive services through the Medi-Cal FFS program. As of December 31, 2009, the DHCS had contracts with five GMC plans in San Diego County and four GMC plans in Sacramento County.

[2-1] *Medi-Cal Managed Care Enrollment Report*, December 2009. Available at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDMonthlyEnrollment.aspx. Accessed on: November 18, 2010.

Two-Plan

In the Two-Plan model, the DHCS contracts with two managed care plans in each county to provide health care services to beneficiaries. Most Two-Plan model counties offer a locally operated, local initiative (LI) plan and a non-governmental commercial plan (CP). Like the GMC model type, the DHCS requires beneficiaries with designated mandatory aid codes to enroll in a plan, while beneficiaries in other aid codes can voluntarily choose either to enroll in a plan or remain in the FFS program. As in the GMC model, these "voluntary" beneficiaries may either enroll in a managed care plan or receive services through the Medi-Cal FFS program. As of December 1, 2009, the DHCS had contracts with 11 Two-Plan plans in 12 counties.

Table 2-1 lists the MCMC Program full-scope, regular plans, and respective model types.

Table 2-1—Medi-Cal Managed Care Program Plans and Counties by Model Type

Model Type	Plan Name	County
County Organized Health System	CalOptima	Orange
	CenCal Health[1]	Santa Barbara, San Luis Obispo
	Central CA Alliance for Health[2]	Monterey, Santa Cruz, Merced
	Health Plan of San Mateo	San Mateo
	Partnership Health Plan[3]	Napa, Solano, Yolo, Sonoma
Geographic Managed Care	Anthem Blue Cross	Sacramento
	Care 1st	San Diego
	Community Health Group	San Diego
	Health Net	Sacramento
	Health Net	San Diego
	Kaiser Permanente (North)	Sacramento
	Kaiser Permanente (South)	San Diego
	Molina Healthcare	Sacramento
	Molina Healthcare	San Diego
	Western Health Advantage[4]	Sacramento
Two-Plan (Commercial Plan Type)	Anthem Blue Cross	Alameda
	Anthem Blue Cross	Contra Costa
	Anthem Blue Cross	Fresno
	Anthem Blue Cross	San Francisco
	Anthem Blue Cross	San Joaquin
	Anthem Blue Cross	Santa Clara
	Health Net	Fresno
	Health Net	Kern
	Health Net	Los Angeles
	Health Net	Stanislaus
	Health Net	Tulare
	Molina Healthcare	Riverside, San Bernardino

Table 2-1—Medi-Cal Managed Care Program Plans and Counties by Model Type		
Model Type	**Plan Name**	**County**
Two-Plan (Local Initiative Plan Type)	Alameda Alliance for Health	Alameda
	Anthem Blue Cross	Stanislaus
	Anthem Blue Cross	Tulare
	Contra Costa Health Plan	Contra Costa
	Health Plan of San Joaquin	San Joaquin
	Inland Empire Health Plan	Riverside, San Bernardino
	Kern Family Health Care	Kern
	L.A. Care Health Plan	Los Angeles
	San Francisco Health Plan	San Francisco
	Santa Clara Family Health Plan	Santa Clara

1. The DHCS did not require CAHPS Survey administration for CenCal Health in San Luis Obispo County based on the plan's expansion into this county in March 2008.
2. Central CA Alliance for Health expanded into Merced County in October 2009; however, Merced County data are not included in the plan's 2010 CAHPS results.
3. Partnership Health Plan expanded into Sonoma County on October 1, 2009; therefore, caution should be exercised when interpreting these results.
4. Western Health Advantage terminated its contract with the DHCS effective December 31, 2009; therefore, this plan was not included in the 2010 CAHPS Survey administration.

The DHCS also contracted with four specialty plans—AHF Healthcare Centers, Family Mosaic Project, Kaiser PHP, and SCAN Health Plan. The DHCS requires that specialty plans conduct their own consumer satisfaction survey on an annual basis due to the unique services provided and membership size; therefore, specialty plans were not included in the 2010 CAHPS Survey administration.

How the DHCS Uses Member Satisfaction Results

The overall goal of the DHCS is to preserve and improve the health status of all Californians. The MCMC Program provides services to a large population of low-income children and families, as well as an expanding population of seniors and persons with disabilities. Since the MCMC Program serves some of California's most vulnerable populations, the need to evaluate and monitor the quality of and access to health care, including member satisfaction, has remained a key objective for the DHCS in meeting its overarching goal.

One strategy established to evaluate and monitor the quality of health care is the HSAG's administration of the CAHPS Surveys on behalf of the DHCS. This strategy is consistent with the *Medi-Cal Managed Care Program Quality Strategy – December 2009* objective to establish formal systematic monitoring and evaluation of the quality of care and services provided to all enrolled MCMC members including individuals with chronic conditions and special health care needs.

The DHCS shares plan-specific and aggregate CAHPS results with the plans and publically releases the *CAHPS Summary Report* so that members and other stakeholders can use the information to make informed decisions. The DHCS also incorporates CAHPS results into its consumer guides for new enrollees and uses the data as part of its annual performance assessment of plans and the MCMC Program as a whole.

2010 CAHPS Performance Measures

Table 3-1 lists the global ratings and composite measures included in the CAHPS 4.0H Adult Medicaid and Child Medicaid Health Plan Surveys.

Table 3-1—CAHPS Measures

Global Ratings	Composite Measures
Rating of Health Plan	Getting Needed Care
Rating of All Health Care	Getting Care Quickly
Rating of Personal Doctor	How Well Doctors Communicate
Rating of Specialist Seen Most Often	Customer Service
	Shared Decision Making

How CAHPS Results Were Collected

NCQA developed specific HEDIS methodology to ensure the collection of CAHPS data is consistent throughout all plans to allow for comparison. HSAG adhered to the sampling procedures and survey protocol described below.

Sampling Procedures

The members eligible for sampling included those who were MCMC members at the time the sample was drawn and were continuously enrolled in the same plan for at least five of the last six months (July through December) of 2009. The adult members eligible for sampling included those who were age 18 or older and the child members eligible for sampling included those who were age 17 or younger (as of December 31, 2009). HSAG selected a random sample of 1,350 adult members and 1,650 child members at the county-reporting level.

Survey Protocol

The CAHPS 4.0H Health Plan Survey process allowed for two methods by which members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. All sampled members received an English version of the survey with the option of completing the survey in Spanish. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting Computer Assisted Telephone Interviewing (CATI) of sampled members who did not mail in a completed survey. HSAG attempted up to six CATI calls to each non-respondent.[3-1] The addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.[3-2]

The DHCS provided HSAG with a list of all eligible members for the sampling frame, per HEDIS specifications. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 18 years of age or older as of December 31, 2009 for the adult population.
- Were 17 years of age or younger as of December 31, 2009 for the child population.
- Were currently enrolled in the MCMC Program.
- Had been continuously enrolled in the plan for at least five of the last six months of 2009.
- Had Medicaid as the primary payer.

HSAG inspected a sample of the file records from the sampling frame to check for any apparent problems with the files, such as missing address elements. Next, a simple random sample of members was selected for inclusion in the survey. HSAG selected no more than one member per household as part of the random survey samples. HSAG obtained new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system, as available. HSAG complied with CAHPS 4.0H HEDIS specifications for the questionnaires, letters, and postcards.

[3-1] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2010 Survey Measures*. Washington, DC: NCQA Publication, 2009.

[3-2] Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

Table 3-2 shows the CAHPS timeline used in the administration of the CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys.

Table 3-2—CAHPS 4.0H Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the member.	0 day
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in HEDIS 2010, Volume 3: Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member satisfaction. This section provides an overview of each analysis.

Who Responded to the Survey

The administration of the CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys is comprehensive and is designed to garner the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[3-3] HSAG considered a survey completed if members answered at least one question. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample - Ineligibles}}$$

[3-3] National Committee for Quality Assurance. *HEDIS 2010, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2009.

Demographics of Survey Respondents

The demographic analysis evaluated self-reported demographic information from survey respondents. Given that the demographics of a response group may influence overall member satisfaction scores, it is important to evaluate all CAHPS results in the context of the actual respondent population. Caution should be exercised when extrapolating the CAHPS results to the entire population if the respondent population differs significantly from the actual population of the plan.

National Comparisons

In order to assess the overall performance of the MCMC Program, HSAG aggregated results and compared them to NCQA's HEDIS Benchmarks and Thresholds or NCQA's National Medicaid data, where applicable. Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure where one is the lowest possible rating (i.e., *Poor*) and five is the highest possible rating (i.e., *Excellent*). NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

Table 3-3 shows the percentiles that were used to determine star ratings for each CAHPS measure. Refer to Appendix A for additional information regarding the methodology for producing the star rating assignments.

Table 3-3—Star Ratings

Stars	Adult Percentiles	Child Percentiles
★★★★★ Excellent	≥ 90th percentile	≥ 80th percentile
★★★★ Very Good	75th and 89th percentiles	60th and 79th percentiles
★★★ Good	50th and 74th percentiles	40th and 59th percentiles
★★ Fair	25th and 49th percentiles	20th and 39th percentiles
★ Poor	< 25th percentile	< 20th percentile

State Comparisons

For purposes of the state comparisons analysis, HSAG combined the adult and child population results for each global rating and composite measure. HSAG calculated question summary rates for each global rating and global proportions for each composite measure.[3-4] For global ratings, a top-box response was considered a value of 9 or 10. For the composite measure, responses of "Always" or "Definitely Yes" were considered top-box responses.

Results for the MCMC Program average were weighted based on the eligible population for each county-reporting unit. This use of a weighted average, based on each reporting unit's eligible population size, provides the most representative overall MCMC Program rate. The eligible population size of each reporting unit was based on the total number of members included in the reporting unit's sample frame (i.e., eligible populations at the time the CAHPS sample was drawn. Additionally, results for each county-reporting unit were based on the number of respondents per population (adult or child).

Results were also case-mix adjusted. Case-mix refers to the characteristics of the respondents used in adjusting the results for comparability among health plans. Given that differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. Results were case-mix adjusted for reported member health status, respondent educational level, and respondent age.

Two types of hypothesis tests were then applied to these results. First, a global F test was calculated, which determined whether the difference between plan means was significant. If the F test demonstrated plan-level differences (i.e., $p < 0.05$), then a t test was performed for each plan. The t test determined whether each plan's mean was significantly different from the overall program aggregate. This analytic approach follows the Agency for Healthcare Research and Quality's (AHRQ's) recommended methodology for identifying statistically significant plan-level performance differences.

Model Type Comparison

For each model type, HSAG performed National and State Comparisons using a similar methodology as discussed above. Please refer to Table 2-1 on page 2-2 for a list of each plan and their respective model type.

[3-4] National Committee for Quality Assurance. *HEDIS® 2010, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2009.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. The DHCS should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

While HSAG adjusted the State Comparisons data to account for differences in self-reported general health status, age, and education, it was not possible to adjust for differences in respondent characteristics not measured in the survey instrument. These characteristics include income, employment, or any other characteristics that may not be under the plan's control.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan. Therefore, the DHCS should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although this report examines whether members report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the Medicaid plan. These analyses identify whether members give different ratings of satisfaction with their plan. The survey by itself does not necessarily reveal the exact cause of these differences.

Survey Instrument

The surveys were only administered in two languages: English and Spanish as CAHPS 4.0H Health Plan Surveys in alternative languages were not approved by NCQA at the time of survey administration. Therefore, caution should be exercised when interpreting CAHPS results given that MCMC Program members may not have been able to complete a survey due to language barriers.

Who Responded to the Survey

A total of 48,600 adult surveys and 59,400 child surveys were mailed to members. A total of 16,645 adult surveys and 22,010 child surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. If a member answered at least one question on the survey, HSAG counted the survey as complete. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

Table 4-1 presents the total number of members sampled, the number of ineligible members, the number of surveys completed, and the response rate. Please refer to Appendix B for county-level response distributions.

Table 4-1—Total Number of Respondents and Response Rates

	Total Adult	Total Child
Surveys to Members (i.e., sample size)	48,600	59,400
Ineligible Members	3,184	2,293
Eligible Sample	45,416	57,107
Number of Surveys Completed	16,645	22,010
Response Rate	36.65%	38.54%

Response rate is calculated as Number of Surveys Completed / Eligible Sample.

Demographics of Survey Respondents

In general, the demographics of a response group may influence overall member satisfaction scores. For example, older and healthier respondents tend to report higher levels of member satisfaction; therefore, exercise caution when comparing populations that have significantly different demographic properties.

Figure 4-1 through Figure 4-5 depict the adult statewide respondent demographics. Please refer to Appendix B for adult county-level demographic information.

Figure 4-1—Statewide Adult Respondent Demographics – Age

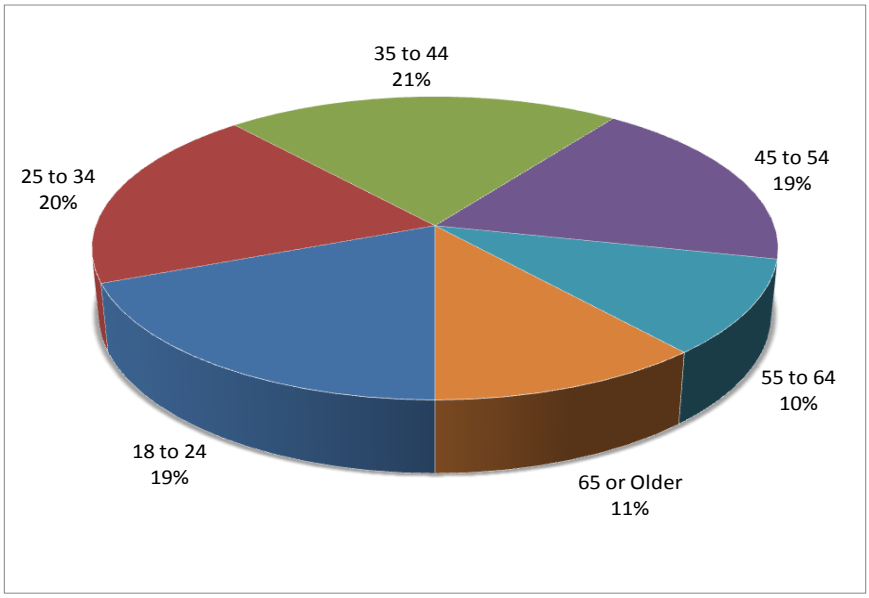


Figure 4-2—Statewide Adult Respondent Demographics – Gender

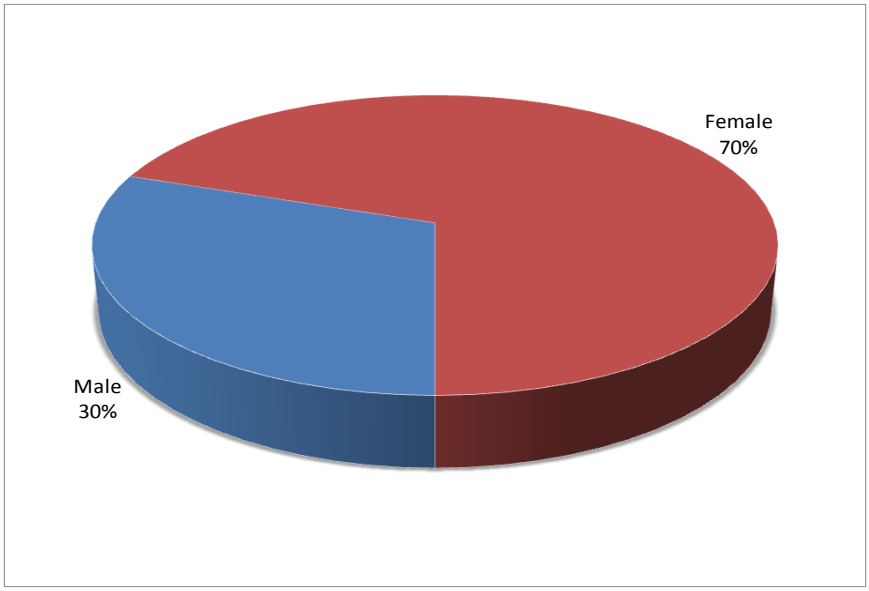
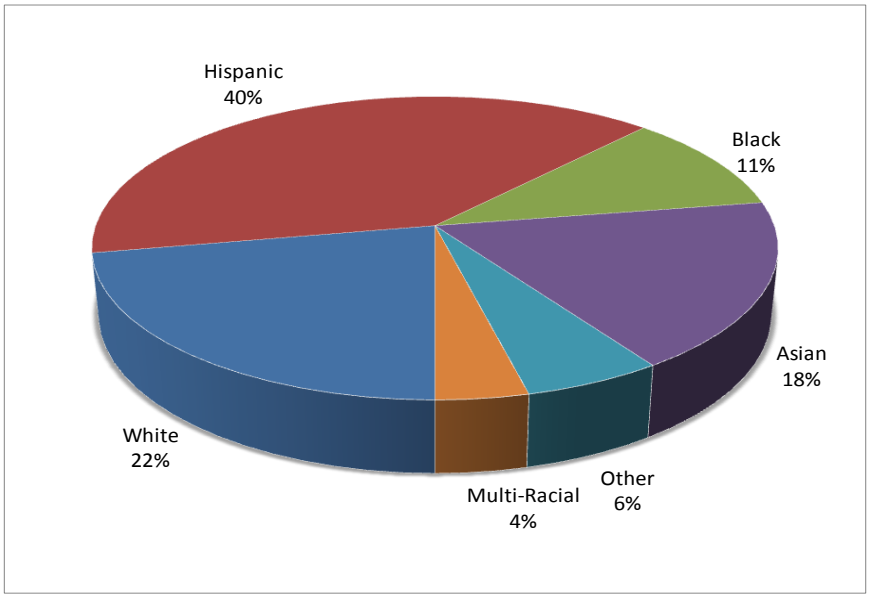


Figure 4-3—Statewide Adult Respondent Demographics – Race/Ethnicity



Percentages may not total 100% due to rounding.

Figure 4-4—Statewide Adult Respondent Demographics – Education

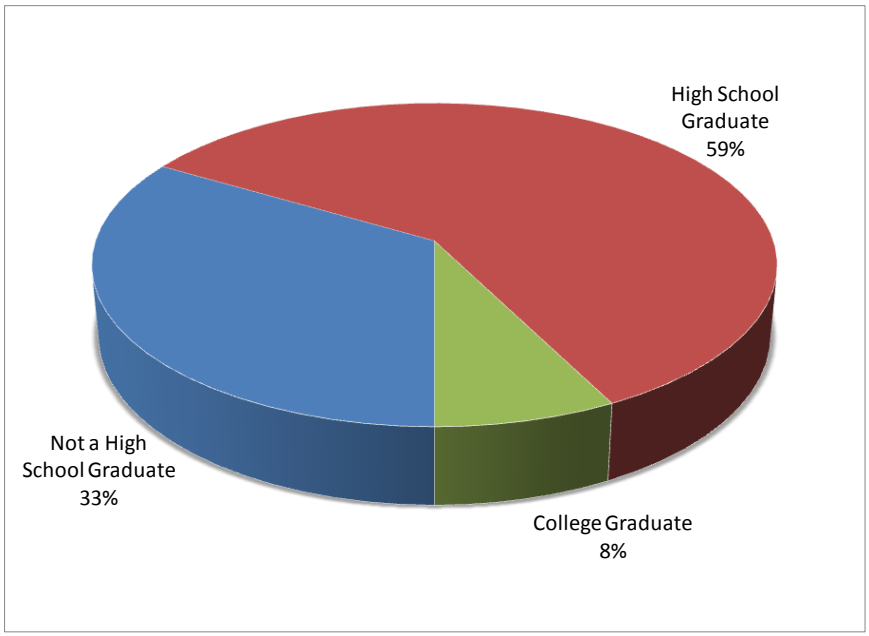
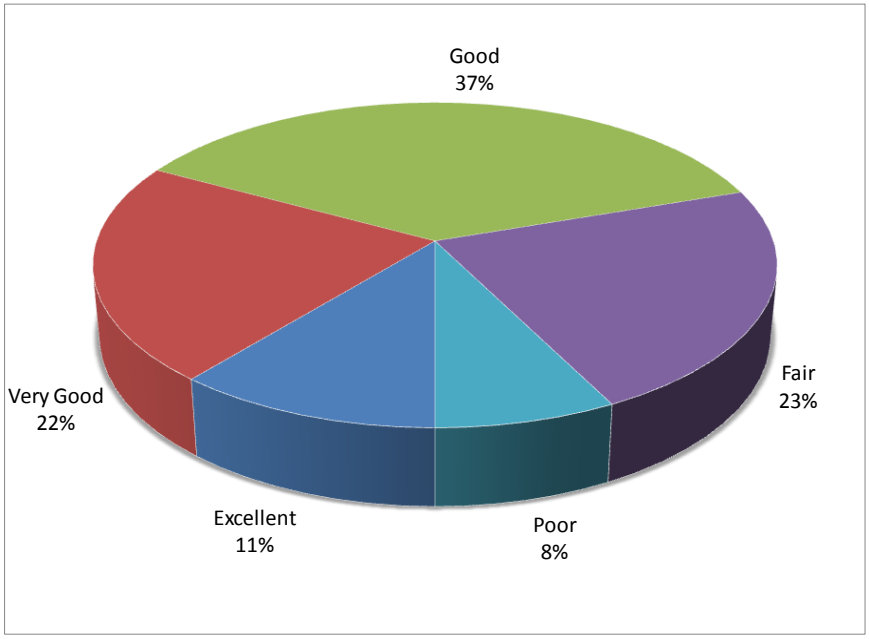


Figure 4-5—Statewide Adult Respondent Demographics – General Health Status



Percentages may not total 100% due to rounding.

Figure 4-6 through Figure 4-9 depict the statewide demographic characteristics of children for whom a parent or caretaker completed a survey. Please refer to Appendix B for child county-level demographic information.

Figure 4-6—Statewide Child Demographics – Age

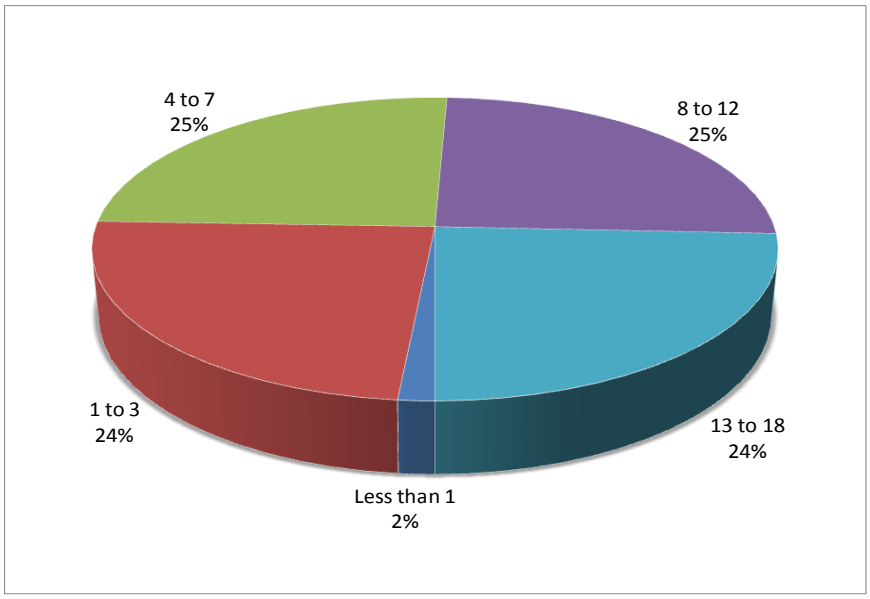


Figure 4-7—Statewide Child Demographics – Gender

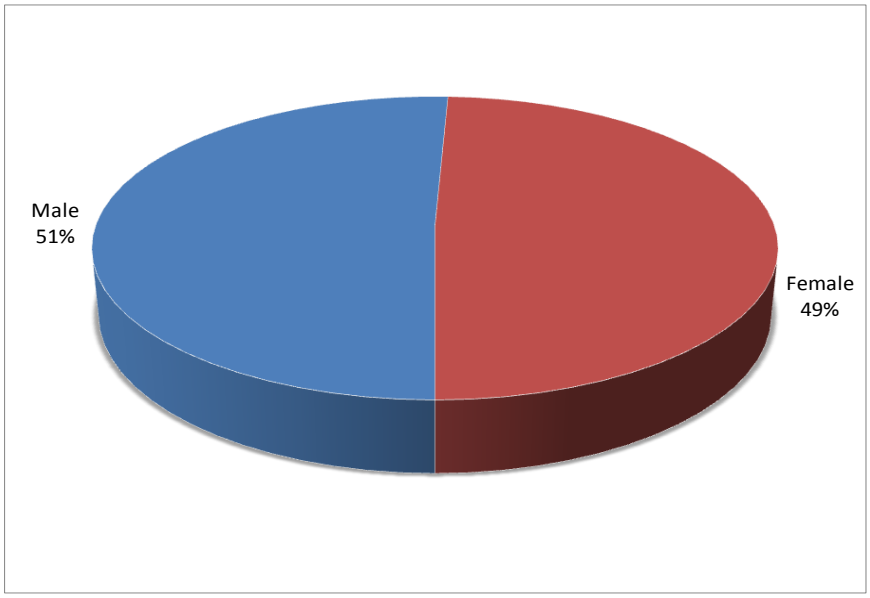
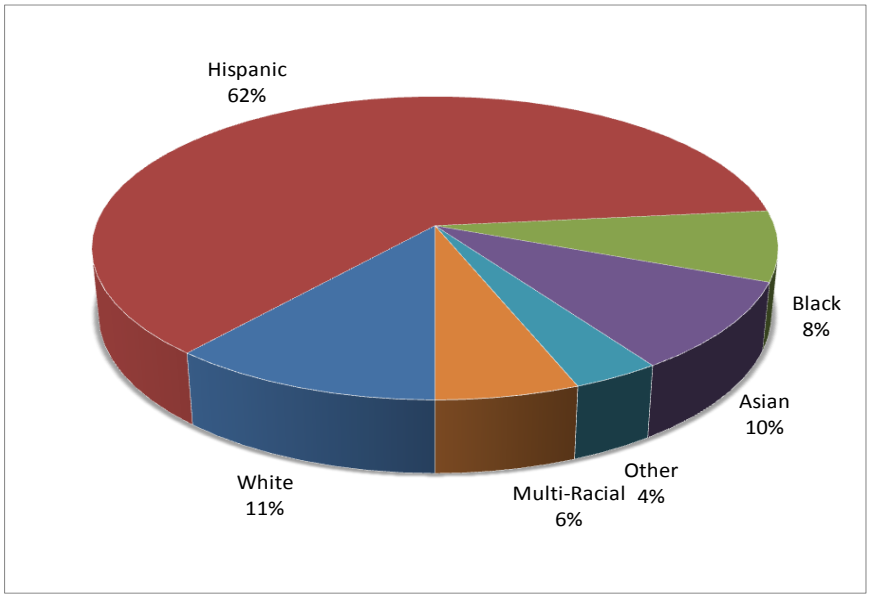
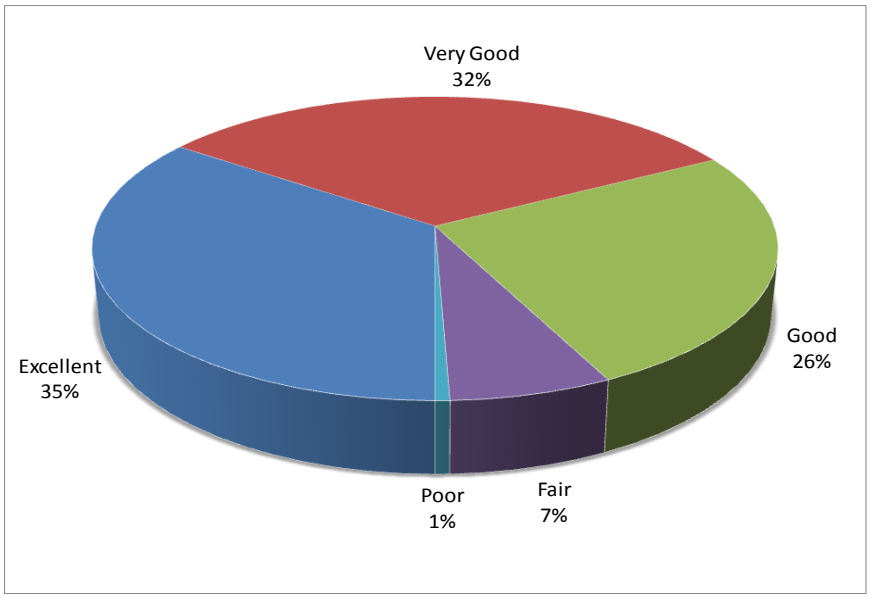


Figure 4-8—Statewide Child Demographics – Race/Ethnicity



Percentages may not total 100% due to rounding.

Figure 4-9—Statewide Child Demographics – General Health Status



Percentages may not total 100% due to rounding.

Rating of Health Plan

Measure Definition

MCMC Program members were asked to rate their plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

National Comparisons

Table 4-2 shows the adult and child star ratings for **Rating of Health Plan**.

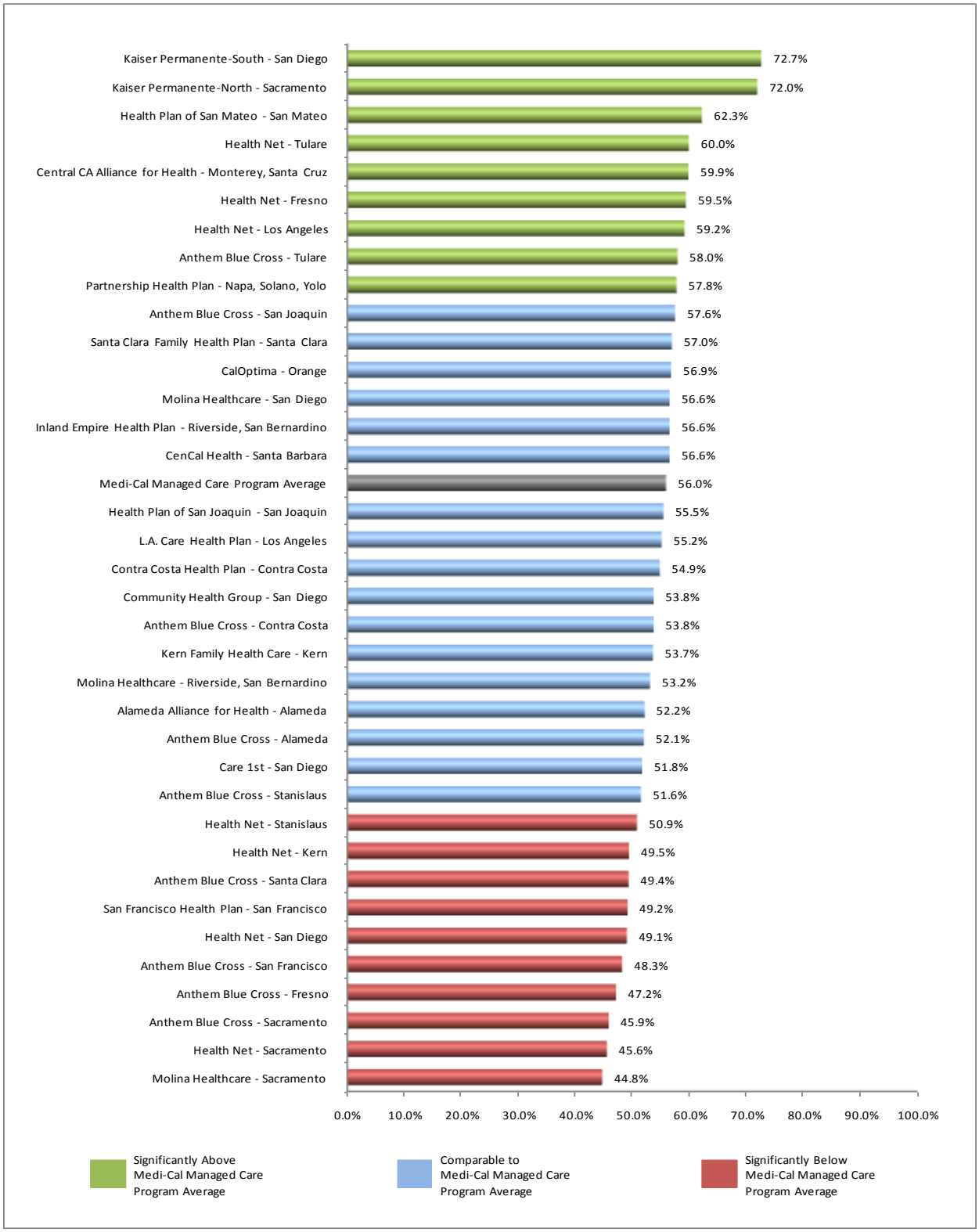
Table 4-2—Rating of Health Plan

Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-South—San Diego	★★★★★
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Health Plan of San Mateo—San Mateo	★★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★
Health Net—Tulare	★★	Health Net—Los Angeles	★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★	Health Net—Fresno	★★★★
Partnership Health Plan—Napa, Solano, Yolo	★	Health Net—Tulare	★★★★
Health Net—Los Angeles	★	Health Plan of San Mateo—San Mateo	★★★★
CenCal Health—Santa Barbara	★	Anthem Blue Cross—Tulare	★★★★
Inland Empire Health Plan—Riverside, San Bernardino	★	CalOptima—Orange	★★★
Anthem Blue Cross—Tulare	★	Santa Clara Family Health Plan—Santa Clara	★★★
CalOptima—Orange	★	CenCal Health—Santa Barbara	★★★
Community Health Group—San Diego	★	Anthem Blue Cross—San Joaquin	★★
Health Net—Fresno	★	Molina Healthcare—San Diego	★★
Health Plan of San Joaquin—San Joaquin	★	Anthem Blue Cross—Contra Costa	★★
Molina Healthcare—Riverside, San Bernardino	★	Health Plan of San Joaquin—San Joaquin	★★
Health Net—Kern	★	L.A. Care Health Plan—Los Angeles	★★
Medi-Cal Managed Care Program Average	★	Inland Empire Health Plan—Riverside, San Bernardino	★★
Molina Healthcare—San Diego	★	Medi-Cal Managed Care Program Average	★★
Anthem Blue Cross—San Joaquin	★	Contra Costa Health Plan—Contra Costa	★★
Contra Costa Health Plan—Contra Costa	★	Community Health Group—San Diego	★★
Alameda Alliance for Health—Alameda	★	Kern Family Health Care—Kern	★★
Kern Family Health Care—Kern	★	Anthem Blue Cross—Alameda	★★
L.A. Care Health Plan—Los Angeles	★	Anthem Blue Cross—Stanislaus	★★
Santa Clara Family Health Plan—Santa Clara	★	Partnership Health Plan—Napa, Solano, Yolo	★★
Anthem Blue Cross—Fresno	★	San Francisco Health Plan—San Francisco	★★
Anthem Blue Cross—Stanislaus	★	Alameda Alliance for Health—Alameda	★★
Health Net—Stanislaus	★	Care 1st—San Diego	★★
San Francisco Health Plan—San Francisco	★	Anthem Blue Cross—Santa Clara	★★
Care 1st—San Diego	★	Health Net—San Diego	★
Health Net—Sacramento	★	Health Net—Stanislaus	★
Anthem Blue Cross—Santa Clara	★	Anthem Blue Cross—San Francisco	★
Anthem Blue Cross—San Francisco	★	Molina Healthcare—Riverside, San Bernardino	★
Anthem Blue Cross—Contra Costa	★	Molina Healthcare—Sacramento	★
Anthem Blue Cross—Alameda	★	Anthem Blue Cross—Fresno	★
Anthem Blue Cross—Sacramento	★	Health Net—Kern	★
Molina Healthcare—Sacramento	★	Anthem Blue Cross—Sacramento	★
Health Net—San Diego	★	Health Net—Sacramento	★

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

State Comparisons

Figure 4-10—Rating of Health Plan Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Rating of Health Plan** were *Poor* for the adult population and *Fair* for the child population. For the National Comparisons, 31 out of 36 plans for the adult population and nine out of 36 plans for the child population demonstrated *Poor* performance for this measure. There were eight plans for the child population and two plans for the adult population that had *Excellent* or *Very Good* star ratings for **Rating of Health Plan**.

Kaiser Permanente–North in Sacramento County and Kaiser Permanente–South in San Diego County had *Excellent* star ratings for both the adult and child populations when compared to national data. Both of these plans also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were eight plans that had *Poor* star ratings for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Fresno County
- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Health Net in Kern County
- Health Net in Sacramento County
- Health Net in San Diego County
- Health Net in Stanislaus County
- Molina Healthcare in Sacramento County

Improvement Strategies

Health Plan Operations

Health care microsystems include teams of: health providers, administrators, patients, and other support staff. Plans should view their organization as a collection of these microsystems when developing quality improvement strategies. Once the microsystems are identified, new processes that improve care should be tested and implemented in each microsystem. Effective processes can then be rolled out throughout the plan. The goal of this approach is to focus on small, replicable, functional service systems that enable plan staff to provide high-quality, patient-centered care.

Health Plan Experiences

Quality initiative efforts should focus on the overall experience a member has with the plan. This includes effectively managing paperwork to ensure paperwork is completed in a timely manner. It is important for plans to monitor the relevance and comprehensiveness of information that is distributed to its members. Providing high-quality customer service can help improve members' perceptions of their plan.

Rating of All Health Care

Measure Definition

MCMC Program members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible."

National Comparisons

Table 4-3 shows the adult and child star ratings for **Rating of All Health Care**.

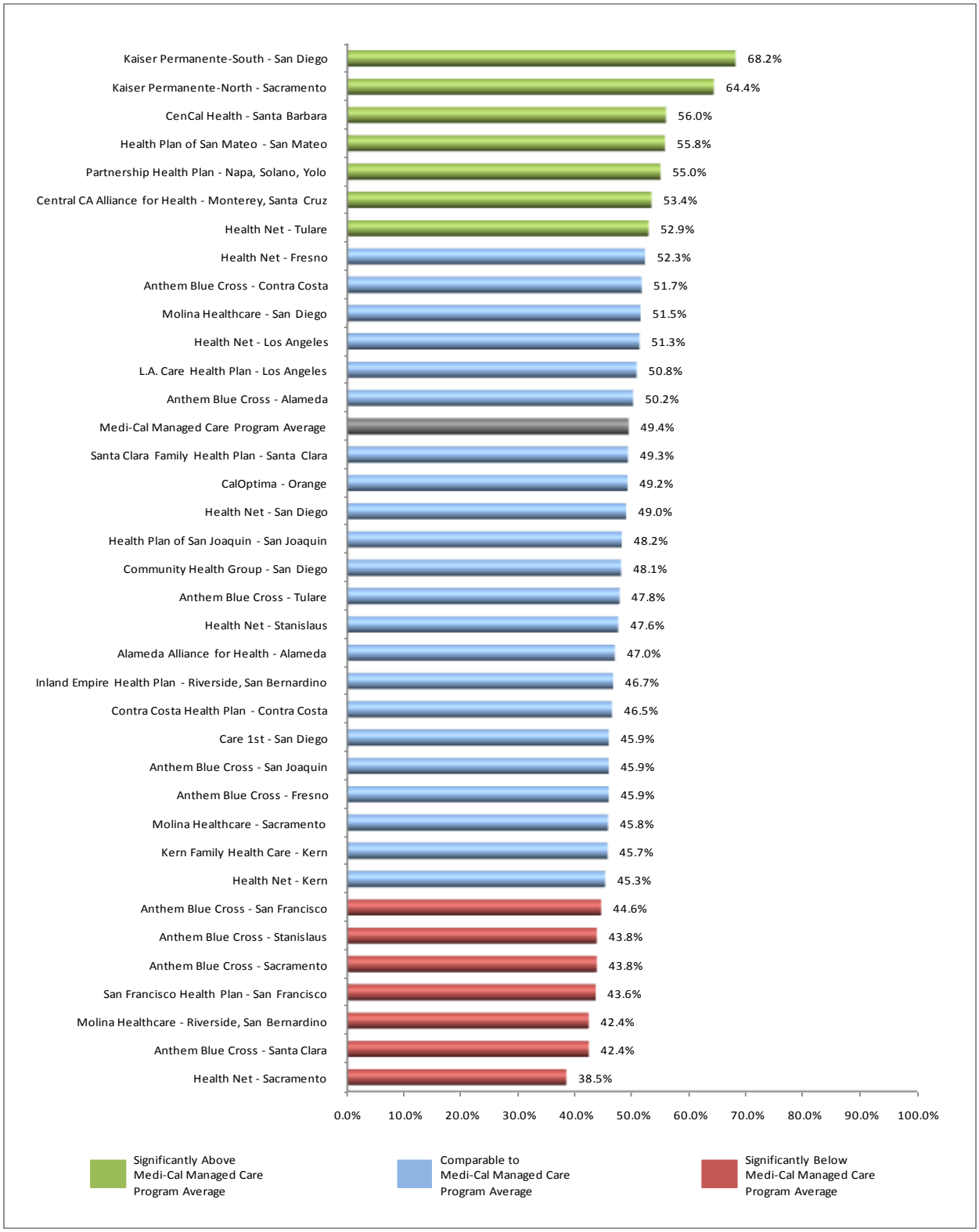
Table 4-3—Rating of All Health Care

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-South—San Diego	★★★★★
Health Plan of San Mateo—San Mateo	★★★	Health Net—Tulare	★★★★
CenCal Health—Santa Barbara	★★★	Health Plan of San Mateo—San Mateo	★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★	Anthem Blue Cross—Contra Costa	★★★
Partnership Health Plan—Napa, Solano, Yolo	★★★	CenCal Health—Santa Barbara	★★★
Health Net—Fresno	★★	Health Net—Los Angeles	★★★
Health Net—Tulare	★	CalOptima—Orange	★★★
L.A. Care Health Plan—Los Angeles	★	Partnership Health Plan—Napa, Solano, Yolo	★★★
CalOptima—Orange	★	Central CA Alliance for Health—Monterey, Santa Cruz	★★
Anthem Blue Cross—Tulare	★	Health Net—Fresno	★★
Health Net—Los Angeles	★	Health Net—San Diego	★★
Medi-Cal Managed Care Program Average	★	Molina Healthcare—San Diego	★★
Kern Family Health Care—Kern	★	Community Health Group—San Diego	★★
Contra Costa Health Plan—Contra Costa	★	Anthem Blue Cross—Tulare	★★
Molina Healthcare—San Diego	★	L.A. Care Health Plan—Los Angeles	★
Anthem Blue Cross—Stanislaus	★	Medi-Cal Managed Care Program Average	★
Health Plan of San Joaquin—San Joaquin	★	Santa Clara Family Health Plan—Santa Clara	★
Alameda Alliance for Health—Alameda	★	Alameda Alliance for Health—Alameda	★
Community Health Group—San Diego	★	Anthem Blue Cross—Alameda	★
Santa Clara Family Health Plan—Santa Clara	★	Anthem Blue Cross—Santa Clara	★
Health Net—Stanislaus	★	Care 1st—San Diego	★
San Francisco Health Plan—San Francisco	★	Health Plan of San Joaquin—San Joaquin	★
Anthem Blue Cross—Fresno	★	Anthem Blue Cross—San Joaquin	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Molina Healthcare—Sacramento	★
Anthem Blue Cross—Alameda	★	Contra Costa Health Plan—Contra Costa	★
Anthem Blue Cross—San Francisco	★	Kern Family Health Care—Kern	★
Molina Healthcare—Riverside, San Bernardino	★	Anthem Blue Cross—Fresno	★
Health Net—Kern	★	Inland Empire Health Plan—Riverside, San Bernardino	★
Molina Healthcare—Sacramento	★	San Francisco Health Plan—San Francisco	★
Anthem Blue Cross—San Joaquin	★	Anthem Blue Cross—San Francisco	★
Anthem Blue Cross—Contra Costa	★	Health Net—Kern	★
Care 1st—San Diego	★	Health Net—Stanislaus	★
Health Net—Sacramento	★	Anthem Blue Cross—Sacramento	★
Health Net—San Diego	★	Anthem Blue Cross—Stanislaus	★
Anthem Blue Cross—Santa Clara	★	Health Net—Sacramento	★
Anthem Blue Cross—Sacramento	★	Molina Healthcare—Riverside, San Bernardino	★

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

State Comparisons

Figure 4-11—Rating of All Health Care Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Rating of All Health Care** were *Poor* for both the adult and child populations. For the National Comparisons, 29 out of 36 plans for the adult population and 21 out of 36 plans for the child population demonstrated *Poor* star rating performance for this measure. Four plans for the child population and two plans for the adult population had star ratings of *Excellent* or *Very Good* for **Rating of All Health Care**.

Kaiser Permanente–North in Sacramento County and Kaiser Permanente–South in San Diego County showed *Excellent* performance for both the adult and child populations when compared to national data. Both of these plans also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were seven plans that had *Poor* star ratings for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Anthem Blue Cross in Santa Clara County
- Anthem Blue Cross in Stanislaus County
- Health Net in Sacramento County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties
- San Francisco Health Plan in San Francisco County

Improvement Strategies

Access to Care

Plans should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, and receiving adequate assistance when calling a physician office. Plans should review and analyze access-related member grievances on a routine basis to identify access-related barriers and trends. The plans should attempt to reduce any barriers a patient might encounter while seeking care.

Health Care Experiences

Plans can develop tools to improve patients' overall health care experiences. Plans can educate and provide tools to members that help maximize the time with their physician so that questions are answered and concerns are appropriately addressed during their visits. It is important that physicians provide patients with ample, easily understood information in an effort to improve health care experiences.

Rating of Personal Doctor

Measure Definition

MCMC Program members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible."

National Comparisons

Table 4-4 shows the adult and child star ratings for **Rating of Personal Doctor**.

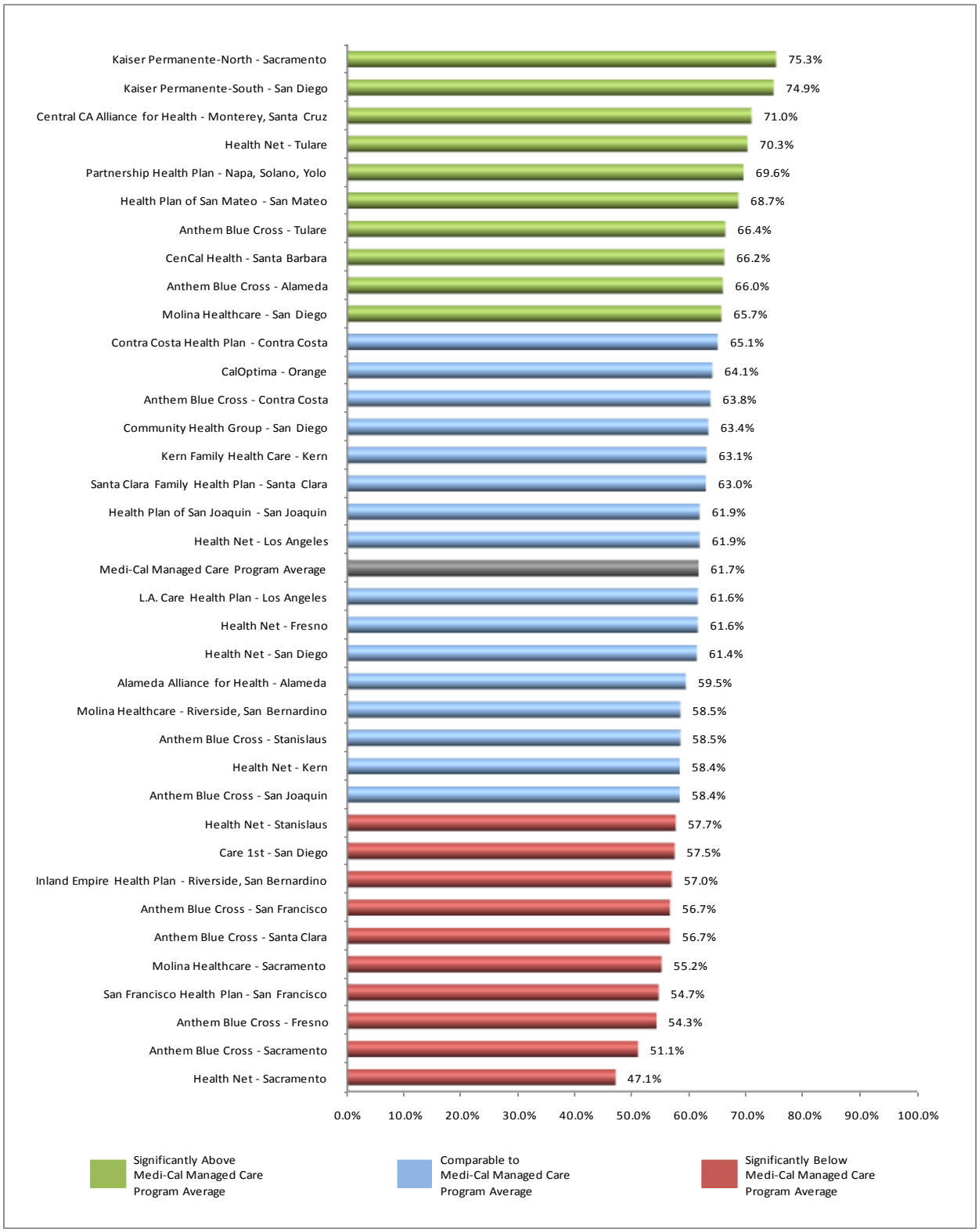
Table 4-4—Rating of Personal Doctor

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-South—San Diego	★★★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★
Health Net—Tulare	★★★★	Health Net—Tulare	★★★★★
Health Plan of San Mateo—San Mateo	★★★★	Health Plan of San Mateo—San Mateo	★★★★★
CenCal Health—Santa Barbara	★★★★	Molina Healthcare—San Diego	★★★★★
Anthem Blue Cross—Tulare	★★★	Partnership Health Plan—Napa, Solano, Yolo	★★★★★
Partnership Health Plan—Napa, Solano, Yolo	★★★	CalOptima—Orange	★★★★★
CalOptima—Orange	★★★	Health Net—San Diego	★★★★★
Kern Family Health Care—Kern	★★★	Anthem Blue Cross—Contra Costa	★★★★
Contra Costa Health Plan—Contra Costa	★★	Anthem Blue Cross—Alameda	★★★
Community Health Group—San Diego	★	Anthem Blue Cross—Tulare	★★★
Medi-Cal Managed Care Program Average	★	Santa Clara Family Health Plan—Santa Clara	★★★
Anthem Blue Cross—Alameda	★	Contra Costa Health Plan—Contra Costa	★★★
Health Net—Kern	★	CenCal Health—Santa Barbara	★★★
Alameda Alliance for Health—Alameda	★	Community Health Group—San Diego	★★★
L.A. Care Health Plan—Los Angeles	★	Health Net—Los Angeles	★★★
Anthem Blue Cross—San Francisco	★	Health Plan of San Joaquin—San Joaquin	★★
Health Net—Los Angeles	★	Medi-Cal Managed Care Program Average	★★
Molina Healthcare—Riverside, San Bernardino	★	Alameda Alliance for Health—Alameda	★★
Health Plan of San Joaquin—San Joaquin	★	Anthem Blue Cross—Santa Clara	★★
Molina Healthcare—San Diego	★	Health Net—Fresno	★★
Santa Clara Family Health Plan—Santa Clara	★	L.A. Care Health Plan—Los Angeles	★★
Health Net—Fresno	★	Anthem Blue Cross—San Joaquin	★★
Anthem Blue Cross—Contra Costa	★	Kern Family Health Care—Kern	★
Anthem Blue Cross—Fresno	★	San Francisco Health Plan—San Francisco	★
Care 1st—San Diego	★	Anthem Blue Cross—Stanislaus	★
San Francisco Health Plan—San Francisco	★	Molina Healthcare—Riverside, San Bernardino	★
Anthem Blue Cross—Stanislaus	★	Molina Healthcare—Sacramento	★
Health Net—Stanislaus	★	Anthem Blue Cross—San Francisco	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Care 1st—San Diego	★
Anthem Blue Cross—San Joaquin	★	Health Net—Stanislaus	★
Molina Healthcare—Sacramento	★	Inland Empire Health Plan—Riverside, San Bernardino	★
Anthem Blue Cross—Santa Clara	★	Anthem Blue Cross—Fresno	★
Health Net—San Diego	★	Health Net—Kern	★
Anthem Blue Cross—Sacramento	★	Anthem Blue Cross—Sacramento	★
Health Net—Sacramento	★	Health Net—Sacramento	★

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

State Comparisons

Figure 4-12—Rating of Personal Doctor Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Rating of Personal Doctor** were *Poor* for the adult population and *Fair* for the child population. For the National Comparisons, there were 25 out of 36 plans for the adult population and 13 out of 36 plans for the child population that demonstrated *Poor* performance for this measure. There were 10 plans for the child population and six plans for the adult population that had *Excellent* or *Very Good* star ratings for **Rating of Personal Doctor**.

Kaiser Permanente–South in San Diego County and Kaiser Permanente–North in Sacramento County demonstrated *Excellent* performance for both the adult population and the child population when compared to national data. In addition to Kaiser Permanente-South in San Diego County and Kaiser Permanente-North in Sacramento County, the following plans had star ratings that indicated *Excellent* performance for the child population when compared to national data:

- CalOptima in Orange County
- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- Health Net in San Diego County
- Health Net in Tulare County
- Health Plan of San Mateo in San Mateo County
- Molina Healthcare in San Diego County
- Partnership Health Plan's combined rate in Napa, Solano, and Yolo counties

There were nine plans that demonstrated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Fresno County
- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Care 1st in San Diego County
- Health Net in Sacramento County
- Health Net in Stanislaus County
- Inland Empire Health Plan's combined rate in Riverside and San Bernardino counties
- Molina Healthcare in Sacramento County
- San Francisco Health Plan in San Francisco County

Improvement Strategies

Resolve Barriers and Redundancies

Physicians can decrease the time between the point that care is needed and when it is received and eliminate barriers that may prohibit patients from receiving prompt, adequate care. This can be achieved by identifying and resolving bottlenecks and redundancies in the patient flow process. Collaborating with other departments can also improve patient flow. Furthermore, physicians can identify areas in the process where they can redistribute physician workload to eliminate excess waiting times.

Enhance Physician and Patient Communication

The level of communication should be increased between physicians and patients. Indicators of good physician and patient communication include providing and receiving clear explanations, listening carefully, checking for understanding, and asking questions.

Rating of Specialist Seen Most Often

Measure Definition

MCMC Program members were asked to rate their specialist seen most often on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible."

National Comparisons

Table 4-5 shows the adult and child star ratings for **Rating of Specialist Seen Most Often**.

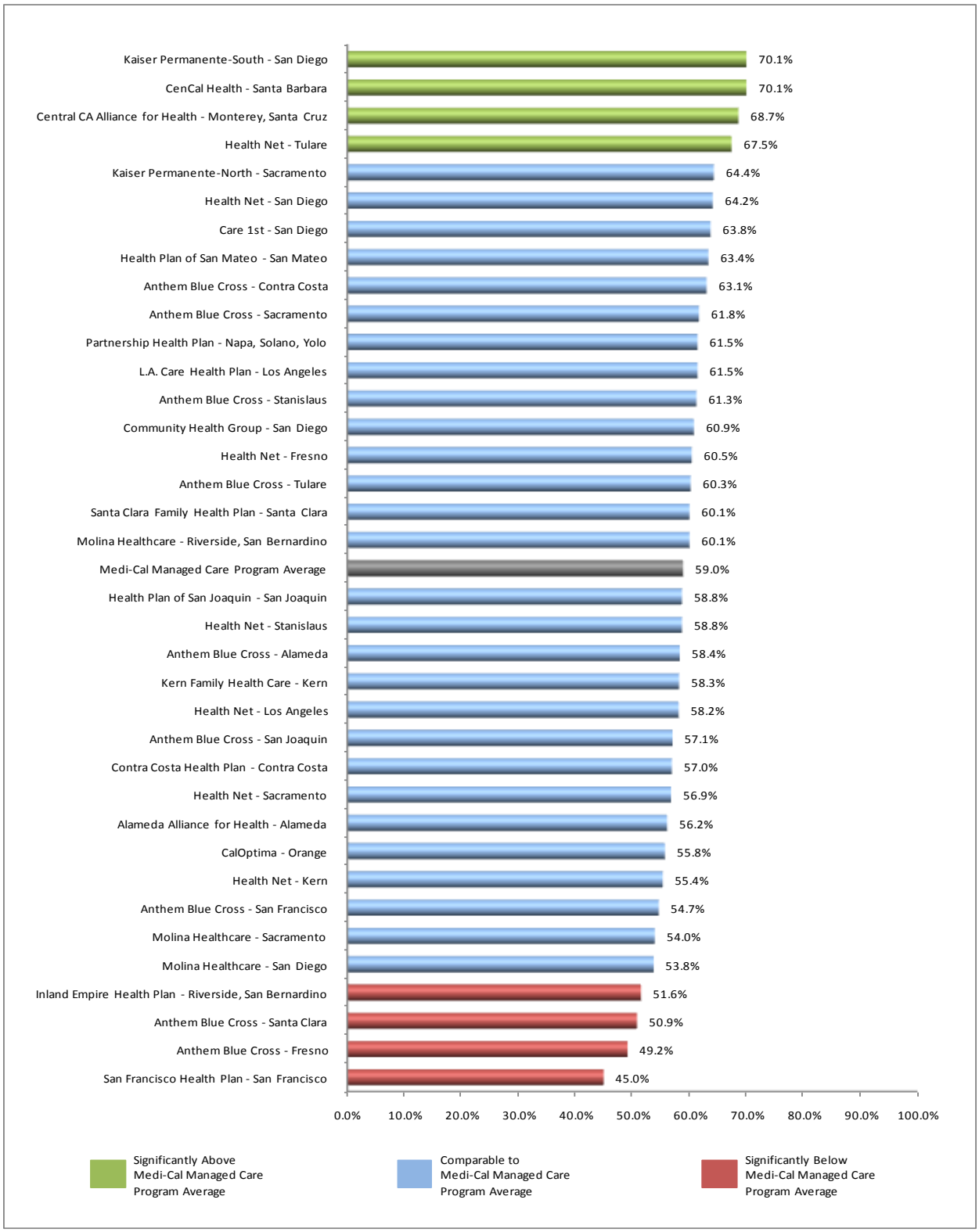
Table 4-5—Rating of Specialist Seen Most Often

Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	CenCal Health—Santa Barbara	★★★★★+
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★	Health Net—Tulare	★★★★★+
CenCal Health—Santa Barbara	★★★★★	Care 1st—San Diego	★★★★★+
Health Net—Tulare	★★★★+	Health Plan of San Mateo—San Mateo	★★★★★+
Kaiser Permanente-North—Sacramento	★★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★★+
Health Plan of San Mateo—San Mateo	★★★	Kaiser Permanente-South—San Diego	★★★★★
Partnership Health Plan—Napa, Solano, Yolo	★★★	Anthem Blue Cross—Contra Costa	★★★★★+
Community Health Group—San Diego	★★★	Santa Clara Family Health Plan—Santa Clara	★★★★★+
Santa Clara Family Health Plan—Santa Clara	★★★	CalOptima—Orange	★★★★+
Molina Healthcare—Riverside, San Bernardino	★★+	Anthem Blue Cross—Stanislaus	★★★★+
Anthem Blue Cross—Alameda	★★+	Health Net—San Diego	★★★★+
Health Net—Fresno	★★+	Kaiser Permanente-North—Sacramento	★★★★+
Health Net—Sacramento	★★+	Anthem Blue Cross—Tulare	★★★★+
L.A. Care Health Plan—Los Angeles	★★+	Health Net—Los Angeles	★★★★+
Anthem Blue Cross—Stanislaus	★★+	L.A. Care Health Plan—Los Angeles	★★★★+
Health Net—Stanislaus	★★+	Anthem Blue Cross—Sacramento	★★★+
Health Plan of San Joaquin—San Joaquin	★★	Anthem Blue Cross—San Joaquin	★★★+
Medi-Cal Managed Care Program Average	★★	Contra Costa Health Plan—Contra Costa	★★★+
Anthem Blue Cross—Sacramento	★+	Health Net—Fresno	★★★+
CalOptima—Orange	★	Medi-Cal Managed Care Program Average	★★★
Care 1st—San Diego	★	Kern Family Health Care—Kern	★★★+
Alameda Alliance for Health—Alameda	★	Partnership Health Plan—Napa, Solano, Yolo	★★★+
Health Net—Kern	★	Molina Healthcare—San Diego	★★+
Health Net—San Diego	★+	Alameda Alliance for Health—Alameda	★★+
Anthem Blue Cross—Fresno	★+	Anthem Blue Cross—Alameda	★★+
Anthem Blue Cross—San Francisco	★+	Molina Healthcare—Riverside, San Bernardino	★★+
Contra Costa Health Plan—Contra Costa	★	Community Health Group—San Diego	★
Health Net—Los Angeles	★	Anthem Blue Cross—Santa Clara	★+
Kern Family Health Care—Kern	★	Health Net—Stanislaus	★+
Molina Healthcare—Sacramento	★+	San Francisco Health Plan—San Francisco	★+
Anthem Blue Cross—Contra Costa	★+	Anthem Blue Cross—Fresno	★+
Anthem Blue Cross—San Joaquin	★+	Health Plan of San Joaquin—San Joaquin	★+
Anthem Blue Cross—Santa Clara	★	Inland Empire Health Plan—Riverside, San Bernardino	★+
Molina Healthcare—San Diego	★	Anthem Blue Cross—San Francisco	★+
Anthem Blue Cross—Tulare	★+	Health Net—Sacramento	★+
Inland Empire Health Plan—Riverside, San Bernardino	★	Molina Healthcare—Sacramento	★+
San Francisco Health Plan—San Francisco	★	Health Net—Kern	★+

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

State Comparisons

Figure 4-13–Rating of Specialist Seen Most Often Top-Box Rates



Summary of Results

The MCMC Program's star rating for **Rating of Specialist Seen Most Often** was *Fair* for the adult population and *Good* for the child population. For the National Comparisons, 19 out of 36 plans for the adult population and 11 out of 36 plans for the child population demonstrated *Poor* performance for this measure. There were 15 plans for the child population and four plans for the adult population that had star ratings of *Excellent* or *Very Good* for **Rating of Specialist Seen Most Often**.

Kaiser Permanente–South in San Diego County, Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties, and CenCal Health in Santa Barbara County had a star rating of *Excellent* for the adult population when compared to national data. Additionally, the following plans demonstrated *Excellent* performance for the child population when compared to national data:[4-1]

- Anthem Blue Cross in Contra Costa County
- Care 1st in San Diego County
- CenCal Health in Santa Barbara County
- Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties
- Health Net in Tulare County
- Health Plan of San Mateo in San Mateo County
- Kaiser Permanente–South in San Diego County
- Santa Clara Family Health Plan in Santa Clara County

Kaiser Permanente–South in San Diego County, Central CA Alliance for Health's combined rate in Monterey and Santa Cruz counties, CenCal Health in Santa Barbara County, and Health Net in Tulare County also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were four plans that had star ratings indicating *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:[4-2]

- Inland Empire Health Plan's combined rate in Riverside and San Bernardino counties
- Anthem Blue Cross in Santa Clara County
- Anthem Blue Cross in Fresno County
- San Francisco Health Plan in San Francisco County

[4-1] All of the plans listed, with the exception of Kaiser Permanente–South in San Diego County, had less than 100 respondents for this measure for the child population.

[4-2] All of the plans listed had less than 100 respondents for this measure for the child population, and Anthem Blue Cross in Fresno County had less than 100 respondents for this measure for the adult population.

Improvement Strategies

Skills Training for Specialists

Plans can create specialized workshops or seminars that focus on training specialists in the skills they need to effectively communicate with patients to improve physician-patient communication. Training seminars can include sessions for improving communication skills to provide culturally responsive care and handling challenging patient encounters. In addition, workshops can use case studies to illustrate the importance of communicating with patients and offer insight into specialists' roles as both managers of care and educators of patients.

Planned Visit Management

Plans should work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, specialist offices could implement a tracking system to identify patients with chronic conditions that have routine appointments to ensure that these patients complete the necessary tests before an appointment and that the results are available for the specialist for discussion during the visit. Furthermore, specialists or their staff should follow up with patients to ensure that they understand all information given to them during their visit.

Getting Needed Care

Measure Definition

Two questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey and 26 and 30 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care.[4-3]

National Comparisons

Table 4-6 shows the adult and child star ratings for the **Getting Needed Care** composite measure.

Table 4-6—Getting Needed Care Composite

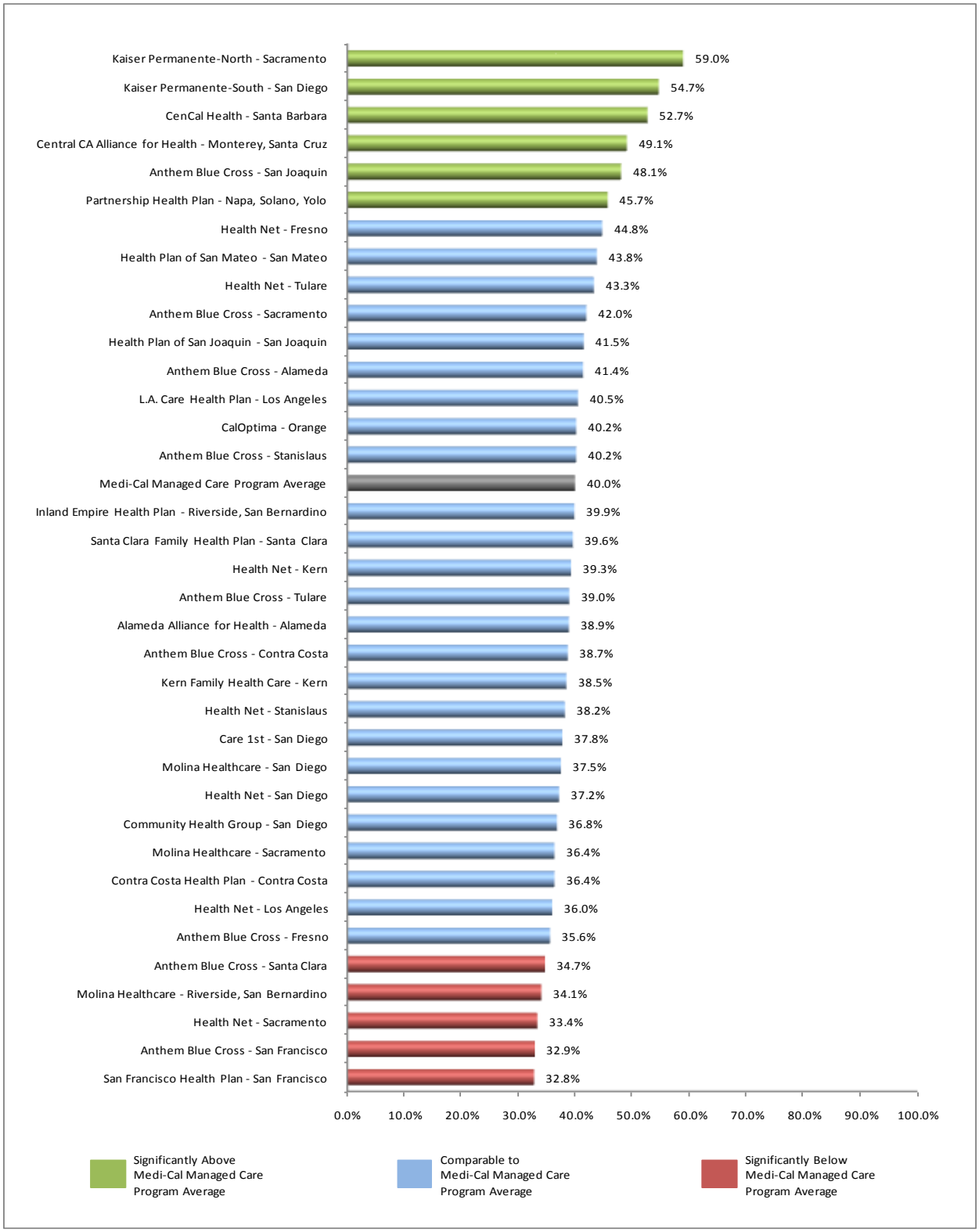
Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Kaiser Permanente-South—San Diego	★★★★	Kaiser Permanente-South—San Diego	★★★★★
CenCal Health—Santa Barbara	★★★	CenCal Health—Santa Barbara	★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★	Anthem Blue Cross—San Joaquin	★★
Health Plan of San Mateo—San Mateo	★★	Partnership Health Plan—Napa, Solano, Yolo	★★
Partnership Health Plan—Napa, Solano, Yolo	★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★
Health Net—Fresno	★★	Health Net—Tulare	★★
CalOptima—Orange	★★	Anthem Blue Cross—Sacramento	★+
Alameda Alliance for Health—Alameda	★	Care 1st—San Diego	★
Anthem Blue Cross—San Joaquin	★	Anthem Blue Cross—Stanislaus	★+
Health Plan of San Joaquin—San Joaquin	★	Health Net—Los Angeles	★+
Anthem Blue Cross—Stanislaus	★	Health Net—Stanislaus	★+
Medi-Cal Managed Care Program Average	★	Anthem Blue Cross—Alameda	★
Inland Empire Health Plan—Riverside, San Bernardino	★	CalOptima—Orange	★+
Santa Clara Family Health Plan—Santa Clara	★	Health Net—San Diego	★
Health Net—Kern	★	Medi-Cal Managed Care Program Average	★
Kern Family Health Care—Kern	★	Alameda Alliance for Health—Alameda	★
Contra Costa Health Plan—Contra Costa	★	Health Net—Fresno	★
Health Net—Sacramento	★+	Health Plan of San Mateo—San Mateo	★
Health Net—Tulare	★	Inland Empire Health Plan—Riverside, San Bernardino	★+
L.A. Care Health Plan—Los Angeles	★	Anthem Blue Cross—Tulare	★
Anthem Blue Cross—Sacramento	★	Anthem Blue Cross—Contra Costa	★
Molina Healthcare—Sacramento	★	L.A. Care Health Plan—Los Angeles	★
Molina Healthcare—San Diego	★	Health Plan of San Joaquin—San Joaquin	★
Anthem Blue Cross—Santa Clara	★	Molina Healthcare—San Diego	★
Anthem Blue Cross—Fresno	★+	Santa Clara Family Health Plan—Santa Clara	★
Health Net—Stanislaus	★	Anthem Blue Cross—Santa Clara	★
Anthem Blue Cross—Alameda	★	Community Health Group—San Diego	★
Anthem Blue Cross—Tulare	★	Kern Family Health Care—Kern	★
Community Health Group—San Diego	★	San Francisco Health Plan—San Francisco	★
Molina Healthcare—Riverside, San Bernardino	★	Anthem Blue Cross—San Francisco	★
Care 1st—San Diego	★	Anthem Blue Cross—Fresno	★+
San Francisco Health Plan—San Francisco	★	Contra Costa Health Plan—Contra Costa	★
Anthem Blue Cross—San Francisco	★	Health Net—Kern	★+
Anthem Blue Cross—Contra Costa	★	Molina Healthcare—Riverside, San Bernardino	★+
Health Net—Los Angeles	★	Molina Healthcare—Sacramento	★+
Health Net—San Diego	★	Health Net—Sacramento	★+

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

[4-3] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

State Comparisons

Figure 4-14—Getting Needed Care Composite Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Getting Need Care** were *Poor* for both the adult and child populations. For the National Comparisons, 28 out of 36 plans for the adult population and 29 out of 36 plans for the child population demonstrated *Poor* performance for this measure.

Kaiser Permanente–North in Sacramento County and Kaiser Permanente–South in San Diego County demonstrated *Excellent* performance for the child population and *Very Good* performance for the adult population when compared to national data. Both of these plans also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were five plans that had star ratings indicating *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis: [4-4]

- Anthem Blue Cross in San Francisco County
- Anthem Blue Cross in Santa Clara County
- Health Net in Sacramento County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties
- San Francisco Health Plan in San Francisco County

Improvement Strategies

Enhanced Provider Directories

Enhancing provider directories will allow patients to effectively choose a physician that will meet their needs. Frequent production of provider directories is essential to ensure that the most current information is available. The utility of the provider directory can further be enhanced by identifying those providers who are currently accepting new patients. This simplifies patients' options when choosing a new physician. In addition to listing those providers that are accepting new patients, it is helpful to include expanded information on each physician. For example, providing information on training, board certification(s), background information, specialty, and language(s) spoken will allow patients to choose a physician that best meets their needs. Developing and publishing physician-level performance measures would give patients the ability to compare providers and make decisions accordingly.

[4-4] Health Net in Sacramento County had less than 100 respondents for this measure for both the child and adult populations. In addition, Molina Healthcare's combined rate in Riverside and San Bernardino counties was based on less than 100 respondents for this measure for the child population.

Referral Expert

A referral expert can be either a person and/or a computer system that is responsible for tracking and managing each plan's referral requirements. Referral experts can decrease the time and energy lost when referral approvals are delayed. Reducing delays for referrals, tests, and procedures can increase patient satisfaction. Also, referral experts can save costs associated with phone and paper-based approval processes, and costs that result from member grievances.

Getting Care Quickly

Measure Definition

Two questions (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked to assess how often members received care quickly.[4-5]

National Comparisons

Table 4-7 shows the adult and child star ratings for the **Getting Care Quickly** composite measure.

Table 4-7—Getting Care Quickly Composite

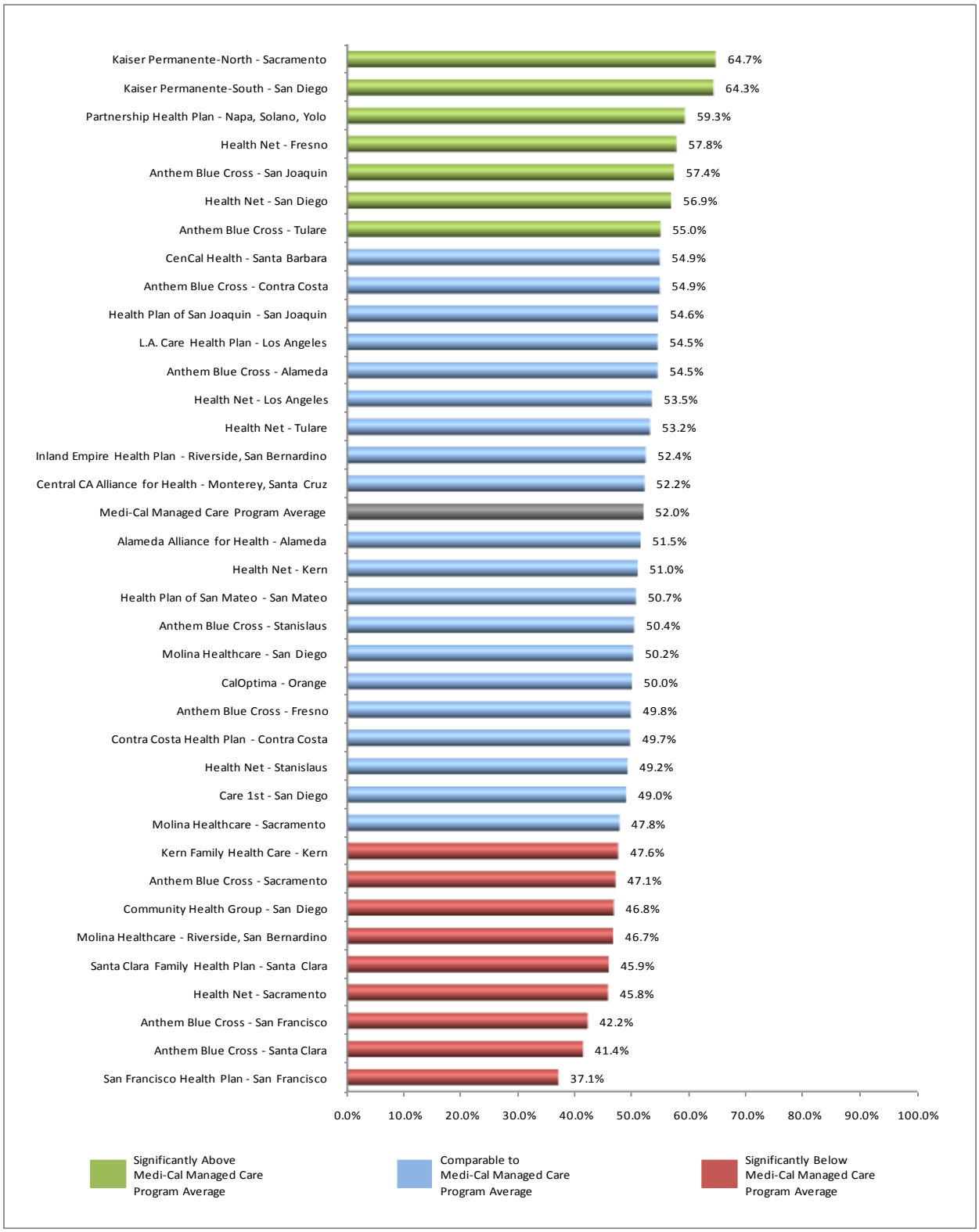
Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Kaiser Permanente-North—Sacramento	★★★	Kaiser Permanente-South—San Diego	★★
Partnership Health Plan—Napa, Solano, Yolo	★★	Partnership Health Plan—Napa, Solano, Yolo	★★
CenCal Health—Santa Barbara	★	Health Net—Fresno	★
Central CA Alliance for Health—Monterey, Santa Cruz	★	Anthem Blue Cross—Contra Costa	★
Anthem Blue Cross—Tulare	★	Health Net—San Diego	★
Anthem Blue Cross—San Joaquin	★	Anthem Blue Cross—San Joaquin	★
Contra Costa Health Plan—Contra Costa	★	CenCal Health—Santa Barbara	★
Health Plan of San Joaquin—San Joaquin	★	Anthem Blue Cross—Alameda	★
Health Net—Fresno	★	L.A. Care Health Plan—Los Angeles	★
CalOptima—Orange	★	Health Plan of San Joaquin—San Joaquin	★
Health Net—Kern	★	Molina Healthcare—San Diego	★
Health Net—San Diego	★	Anthem Blue Cross—Tulare	★
Health Plan of San Mateo—San Mateo	★	Health Net—Tulare	★
Anthem Blue Cross—Stanislaus	★	Inland Empire Health Plan—Riverside, San Bernardino	★
Health Net—Tulare	★	Anthem Blue Cross—Sacramento	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Health Net—Los Angeles	★
Alameda Alliance for Health—Alameda	★	Medi-Cal Managed Care Program Average	★
Health Net—Los Angeles	★	CalOptima—Orange	★
Health Net—Stanislaus	★	Anthem Blue Cross—Stanislaus	★
Medi-Cal Managed Care Program Average	★	Care 1st—San Diego	★
Anthem Blue Cross—Alameda	★	Health Net—Stanislaus	★
L.A. Care Health Plan—Los Angeles	★	Alameda Alliance for Health—Alameda	★
Anthem Blue Cross—Fresno	★	Anthem Blue Cross—Fresno	★
Kern Family Health Care—Kern	★	Health Net—Sacramento	★
Care 1st—San Diego	★	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Contra Costa	★	Central CA Alliance for Health—Monterey, Santa Cruz	★
Molina Healthcare—San Diego	★	Health Net—Kern	★
Community Health Group—San Diego	★	Kern Family Health Care—Kern	★
Molina Healthcare—Riverside, San Bernardino	★	Molina Healthcare—Sacramento	★
Molina Healthcare—Sacramento	★	Community Health Group—San Diego	★
Santa Clara Family Health Plan—Santa Clara	★	Santa Clara Family Health Plan—Santa Clara	★
Anthem Blue Cross—Sacramento	★	Molina Healthcare—Riverside, San Bernardino	★
Anthem Blue Cross—Santa Clara	★	Contra Costa Health Plan—Contra Costa	★
Anthem Blue Cross—San Francisco	★	Anthem Blue Cross—San Francisco	★
Health Net—Sacramento	★	Anthem Blue Cross—Santa Clara	★
San Francisco Health Plan—San Francisco	★	San Francisco Health Plan—San Francisco	★

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

[4-5] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

State Comparisons

Figure 4-15—Getting Care Quickly Composite Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Getting Care Quickly** were *Poor* for the adult and child populations. For the National Comparisons, 33 out of 36 plans for the adult and child populations had star ratings of *Poor* for this measure.

Kaiser Permanente–North in Sacramento County had a star rating that indicated *Excellent* performance for the child population when compared to national data. Further, Kaiser Permanente–North in Sacramento County also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were nine plans that had star ratings that indicated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Anthem Blue Cross in Santa Clara County
- Community Health Group in San Diego County
- Health Net in Sacramento County
- Kern Family Health Care in Kern County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties
- San Francisco Health Plan in San Francisco County
- Santa Clara Family Health Plan in Santa Clara County

Improvement Strategies

Open Access Scheduling

Plans may encourage providers to explore open access scheduling. An open access scheduling model can be used to match the demand for appointments with physician supply. This type of scheduling model allows for appointment flexibility and for patients to receive same-day appointments. Instead of booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a physician's schedule open for same-day appointments. Open access scheduling has been shown to have the following benefits: 1) reduces delays in patient care, 2) increases continuity of care, and 3) decreases wait times and number of no-shows.

Telemedicine

Plans may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. This allows for the local provider to be more involved in the consultation process and more informed about the care the patient is receiving.

Patient Flow Analysis

Plans should request that their providers monitor patient flow. Plans should consider providing instructions, tools, and/or assistance to those providers that are unfamiliar with this type of evaluation. Dissatisfaction with timely care is often a result of inefficiencies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary for providers to identify and resolve these issues.

One method that can be used to identify these problems is to conduct a patient flow analysis. A patient flow analysis involves tracking a patient's experience throughout a visit or a clinical service (i.e., the time it takes to complete various parts of the visit/service). Examples of steps that are tracked include wait time at check-in, time to complete check-in, wait time in waiting room, wait time in exam room, and time with provider. This type of analysis can help providers identify "problem" areas and where unnecessary steps can be eliminated or steps can be performed more efficiently.

Electronic Communication

Plans can encourage the use of electronic communication where appropriate. Electronic forms of communication between patients and providers can help alleviate the demand for in-person visits and provide prompt care to patients that may not require an appointment with a physician. Electronic communication can also be used when scheduling appointments, providing prescription refills, answering patient questions, educating patients on health topics, and disseminating lab results. It should be noted that the Health Insurance Portability and Accountability Act (HIPAA) regulations must be carefully reviewed when implementing this form of communication.

Referral Process

Streamlining the referral process allows plan members to more readily obtain the care they need. An electronic referral system, such as a Web-based system, can assist in facilitating this process and expedite the time from physician referral to the patient receiving needed care. An electronic referral process can improve the communication mechanisms between primary care physicians (PCPs) and specialists to determine which clinical conditions require a referral. This may be determined by referral frequency. An electronic referral system also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, patients, and providers).

How Well Doctors Communicate

Measure Definition

Four questions (Questions 15, 16, 17, and 18 in the CAHPS Adult Medicaid Health Plan Survey and Questions 15, 16, 17, and 20 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often doctors communicated well.[4-6]

National Comparisons

Table 4-8 shows the adult and child star ratings for the **How Well Doctors Communicate** composite measure.

Table 4-8—How Well Doctors Communicate Composite

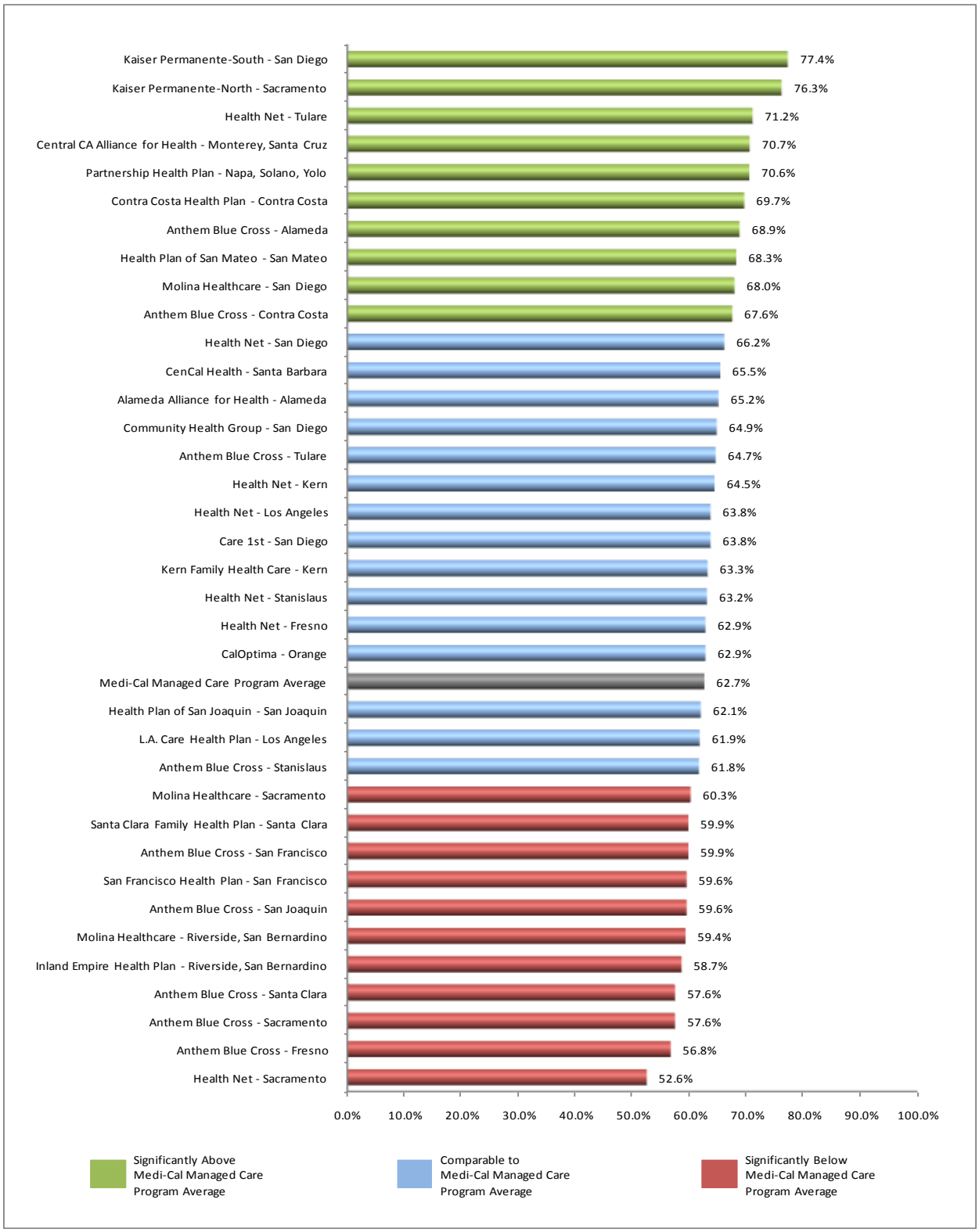
Adult Medicaid		Child Medicaid	
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Health Net—Tulare	★★★★	Kaiser Permanente-South—San Diego	★★★★★
Kaiser Permanente-North—Sacramento	★★★★	Health Net—San Diego	★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★★	Partnership Health Plan—Napa, Solano, Yolo	★★
Health Plan of San Mateo—San Mateo	★★★	Central CA Alliance for Health—Monterey, Santa Cruz	★★
CenCal Health—Santa Barbara	★★★	Contra Costa Health Plan—Contra Costa	★★
Contra Costa Health Plan—Contra Costa	★★★	Anthem Blue Cross—Alameda	★★
Partnership Health Plan—Napa, Solano, Yolo	★★	Molina Healthcare—San Diego	★★
CalOptima—Orange	★★	Anthem Blue Cross—Contra Costa	★
Anthem Blue Cross—Alameda	★	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Tulare	★	Alameda Alliance for Health—Alameda	★
Alameda Alliance for Health—Alameda	★	Health Net—Tulare	★
Molina Healthcare—San Diego	★	Health Net—Stanislaus	★
Community Health Group—San Diego	★	Medi-Cal Managed Care Program Average	★
Kern Family Health Care—Kern	★	Community Health Group—San Diego	★
Medi-Cal Managed Care Program Average	★	Health Net—Los Angeles	★
Care 1st—San Diego	★	CalOptima—Orange	★
Anthem Blue Cross—Contra Costa	★	Anthem Blue Cross—Stanislaus	★
Health Net—Stanislaus	★	Anthem Blue Cross—Tulare	★
L.A. Care Health Plan—Los Angeles	★	Care 1st—San Diego	★
Health Net—Fresno	★	Health Net—Kern	★
Molina Healthcare—Riverside, San Bernardino	★	San Francisco Health Plan—San Francisco	★
Health Net—Los Angeles	★	Health Net—Fresno	★
Anthem Blue Cross—San Francisco	★	Health Plan of San Joaquin—San Joaquin	★
Health Net—Kern	★	Santa Clara Family Health Plan—Santa Clara	★
Anthem Blue Cross—San Joaquin	★	Anthem Blue Cross—Sacramento	★
San Francisco Health Plan—San Francisco	★	Anthem Blue Cross—San Francisco	★
Santa Clara Family Health Plan—Santa Clara	★	L.A. Care Health Plan—Los Angeles	★
Health Plan of San Joaquin—San Joaquin	★	Anthem Blue Cross—Santa Clara	★
Anthem Blue Cross—Stanislaus	★	Kern Family Health Care—Kern	★
Molina Healthcare—Sacramento	★	CenCal Health—Santa Barbara	★
Health Net—San Diego	★	Molina Healthcare—Sacramento	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Inland Empire Health Plan—Riverside, San Bernardino	★
Anthem Blue Cross—Fresno	★	Anthem Blue Cross—San Joaquin	★
Anthem Blue Cross—Santa Clara	★	Anthem Blue Cross—Fresno	★
Anthem Blue Cross—Sacramento	★	Molina Healthcare—Riverside, San Bernardino	★
Health Net—Sacramento	★	Health Net—Sacramento	★

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

[4-6] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

State Comparisons

Figure 4-16—How Well Doctors Communicate Composite Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **How Well Doctors Communicate** were *Poor* for both the adult and child populations. For the National Comparisons, 27 out of 36 plans for the adult population and 28 out of 36 plans for the child population had *Poor* star rating performance for this measure. There were two plans for the child population and three plans for the adult population that demonstrated *Excellent* or *Very Good* performance for **How Well Doctors Communicate**.

Kaiser Permanente–South in San Diego County had *Excellent* star rating performance for the adult and child populations when compared to national data. Further, Kaiser Permanente–South in San Diego County also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were 11 plans that demonstrated *Poor* performance for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:

- Anthem Blue Cross in Fresno County
- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Anthem Blue Cross in San Joaquin County
- Anthem Blue Cross in Santa Clara County
- Health Net in Sacramento County
- Inland Empire Health Plan's combined rate in Riverside and San Bernardino counties
- Molina Healthcare in Sacramento County
- Molina Healthcare's combined rate in Riverside and San Bernardino counties
- San Francisco Health Plan in San Francisco County
- Santa Clara Family Health Plan in Santa Clara County

Improvement Strategies

Skills Training for Clinicians and Physicians

Specialized workshops for clinicians and physicians can enhance their communication skills with patients. The seminars can include sessions for interacting with various cultures and challenging patients. In addition, the training can provide methods to effectively communicate a patient's history, how to be empathetic, and how to effectively discuss various treatment options with a patient.

Communication Tools for Patients

Providing patients with a pre-structured question list will help them to ask all pertinent questions when they speak with their provider. Administering surveys after the patient visit can also be a useful tool to ensure that their next visit meets all expectations. Furthermore, providing patients with a copy of their medical record can improve communication between patients and providers.

Educational Materials

Physicians may provide educational literature to patients before, during, and after a visit. Patients will be able to educate themselves on a medical condition specific to their needs. An automatic program could be used to send patients information relative to their appointment.

Customer Service

Measure Definition

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often members were satisfied with customer service.[4-7]

National Comparisons

Table 4-9 shows the adult and child star ratings for the **Customer Service** composite measure.

Table 4-9—Customer Service Composite

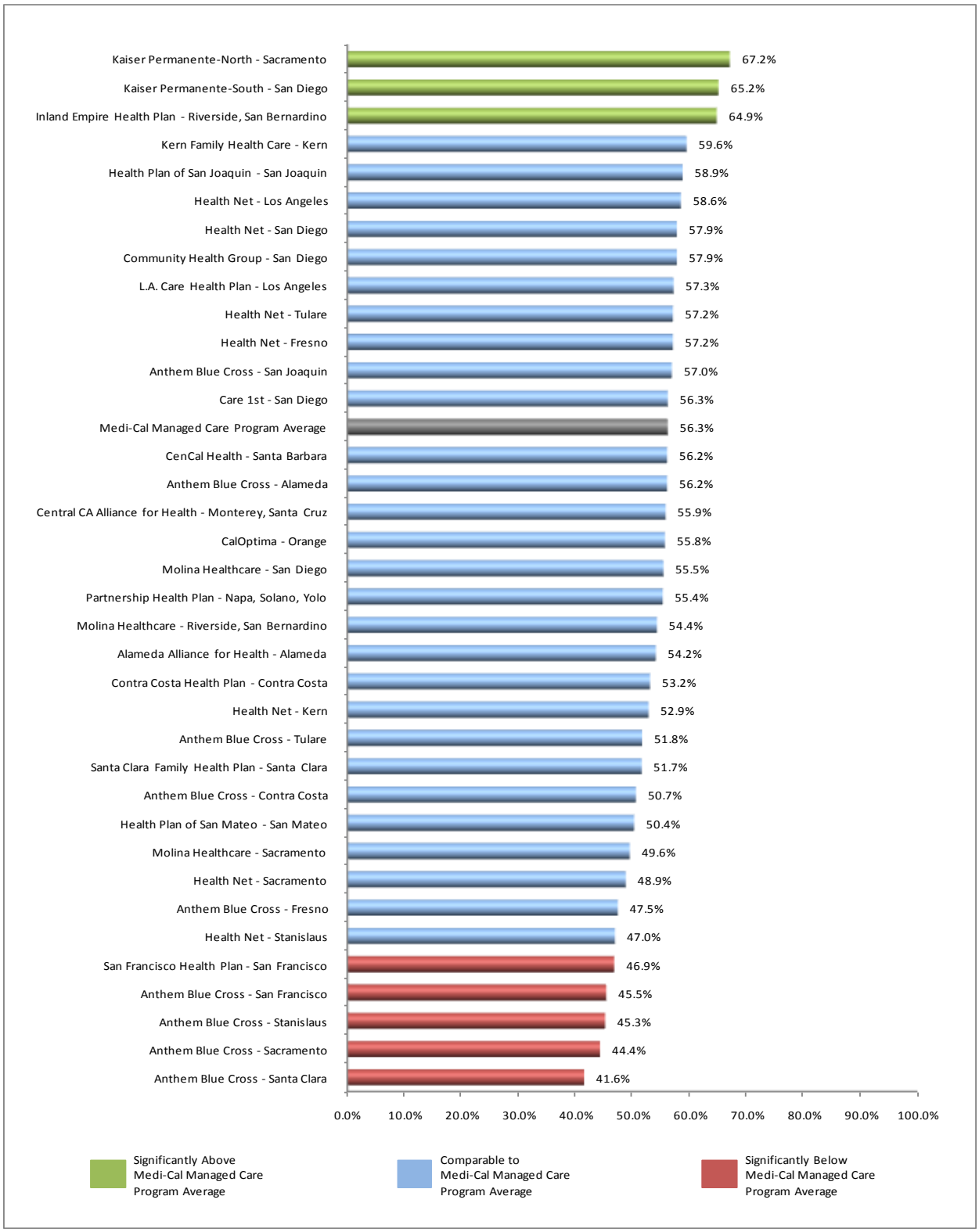
Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★+	Kaiser Permanente-South—San Diego	★★★★★
Inland Empire Health Plan—Riverside, San Bernardino	★★★★	Kaiser Permanente-North—Sacramento	★★★★★+
Central CA Alliance for Health—Monterey, Santa Cruz	★★★+	Health Net—Los Angeles	★★★★★+
Kaiser Permanente-South—San Diego	★★★	Health Net—Tulare	★★★★+
Health Plan of San Joaquin—San Joaquin	★★★+	Health Net—Fresno	★★★+
Partnership Health Plan—Napa, Solano, Yolo	★★+	Kern Family Health Care—Kern	★★★+
Alameda Alliance for Health—Alameda	★★+	Health Net—San Diego	★★★
Health Net—Sacramento	★★+	Community Health Group—San Diego	★★★
Health Plan of San Mateo—San Mateo	★★	Inland Empire Health Plan—Riverside, San Bernardino	★★★+
Anthem Blue Cross—Alameda	★+	Anthem Blue Cross—San Joaquin	★★★+
Health Net—Tulare	★+	Molina Healthcare—San Diego	★★★+
Kern Family Health Care—Kern	★	L.A. Care Health Plan—Los Angeles	★★★+
Anthem Blue Cross—San Joaquin	★+	Contra Costa Health Plan—Contra Costa	★★★
Anthem Blue Cross—Tulare	★+	Health Plan of San Joaquin—San Joaquin	★★+
CalOptima—Orange	★+	Santa Clara Family Health Plan—Santa Clara	★★
Community Health Group—San Diego	★+	CalOptima—Orange	★★+
Health Net—Kern	★+	Care 1st—San Diego	★★
Health Net—Los Angeles	★+	CenCal Health—Santa Barbara	★★+
Molina Healthcare—San Diego	★+	Medi-Cal Managed Care Program Average	★★
Care 1st—San Diego	★	Molina Healthcare—Riverside, San Bernardino	★★+
L.A. Care Health Plan—Los Angeles	★+	Anthem Blue Cross—Alameda	★+
Medi-Cal Managed Care Program Average	★	Anthem Blue Cross—Contra Costa	★
Molina Healthcare—Riverside, San Bernardino	★+	Anthem Blue Cross—Tulare	★+
CenCal Health—Santa Barbara	★+	Alameda Alliance for Health—Alameda	★+
Health Net—Fresno	★+	Central CA Alliance for Health—Monterey, Santa Cruz	★+
Health Net—San Diego	★+	Molina Healthcare—Sacramento	★+
Health Net—Stanislaus	★+	Anthem Blue Cross—Fresno	★+
Santa Clara Family Health Plan—Santa Clara	★	San Francisco Health Plan—San Francisco	★+
Anthem Blue Cross—Fresno	★+	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Contra Costa	★+	Partnership Health Plan—Napa, Solano, Yolo	★+
Contra Costa Health Plan—Contra Costa	★+	Anthem Blue Cross—San Francisco	★+
Anthem Blue Cross—Stanislaus	★+	Anthem Blue Cross—Sacramento	★+
Molina Healthcare—Sacramento	★+	Health Net—Kern	★+
Anthem Blue Cross—Santa Clara	★+	Health Net—Sacramento	★+
San Francisco Health Plan—San Francisco	★+	Health Net—Stanislaus	★+
Anthem Blue Cross—San Francisco	★+	Anthem Blue Cross—Stanislaus	★+
Anthem Blue Cross—Sacramento	★+	Anthem Blue Cross—Santa Clara	★+

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

[4-7] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

State Comparisons

Figure 4-17—Customer Service Composite Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Customer Service** were *Poor* for the adult population and *Fair* for the child population. For the National Comparisons, 27 out of 36 plans for the adult population and 17 out of 36 plans for the child population had a *Poor* star rating for this measure. There were four plans for the child population and two plans for the adult population that had star ratings of *Excellent* or *Very Good* for **Customer Service**.

Kaiser Permanente–South in San Diego County, Kaiser Permanente–North in Sacramento County, and Health Net in Los Angeles County had star ratings of *Excellent* for the child population when compared to national data.[4-8] Kaiser Permanente–South in San Diego County and Kaiser Permanente–North in Sacramento County also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

There were five plans that received *Poor* star ratings for both the adult and child populations when compared to the national data and also scored significantly lower than the MCMC Program weighted average for the State Comparisons analysis:[4-9]

- Anthem Blue Cross in Sacramento County
- Anthem Blue Cross in San Francisco County
- Anthem Blue Cross in Santa Clara County
- Anthem Blue Cross in Stanislaus County
- San Francisco Health Plan in San Francisco County

Improvement Strategies

Tools to Further Identify Challenges

Plans can create an individualized survey based on key areas that are noted for improvement and develop questions that will identify specific challenges that need to be addressed. Furthermore, a focus group can provide insight into additional problems that cannot be captured through a survey. One method that could be used is to appoint a staff member to conduct a walkthrough of the process a member would go through in contacting customer service. This will assist in identifying potential areas for quality improvement.

[4-8] Kaiser Permanente–North in Sacramento County and Health Net in Los Angeles County had less than 100 respondents for this measure for the child population.

[4-9] All the plans listed had less than 100 respondents for this measure for both the child and child populations.

Service Recovery

A plan can implement a service recovery program to ensure members are provided with appropriate assistance. Service recovery can include listening to a patient who is upset, handing out incentives to patients who had to wait longer than a specified time for a doctor visit, and assessing events to identify the source of the problem. Some issues arise from experiences with a specific staff person in the service process, which can reflect a training opportunity, while others may be the result of systems issues that require an entirely different process to resolve. Service recovery programs that include implementing a process for tracking problems and complaints can help ensure correct improvement processes are put into place.

Customer Service Performance Measures

Setting plan-level customer service standards can assist in addressing areas of concern and serve as domains for which plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. The plan should communicate collected measures with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Employee Training and Empowerment

Employees who have the necessary skills and tools to appropriately communicate with members and answer their questions and/or complete their requests are more likely to provide exceptional customer service. Therefore, it is important for plans and providers to ensure that staff have adequate training on all pertinent business processes. Furthermore, staff should feel empowered to resolve most issues a member might have. This will eliminate transferring members to various employees and will help to resolve a complaint in a timely manner.

Call Centers

An evaluation of current plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. If it is determined that the call center is not meeting members' needs, extended hours or after-hours customer service support could be implemented to assist members after normal business hours and/or on weekends. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Shared Decision Making

Measure Definition

Two questions (Questions 10 and 11 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked regarding the involvement of members in decision making when there was more than one choice for treatment or health care.[4-10]

National Comparisons

Table 4-10 shows the adult and child star ratings for the **Shared Decision Making** composite measure.

Table 4-10—Shared Decision Making Composite

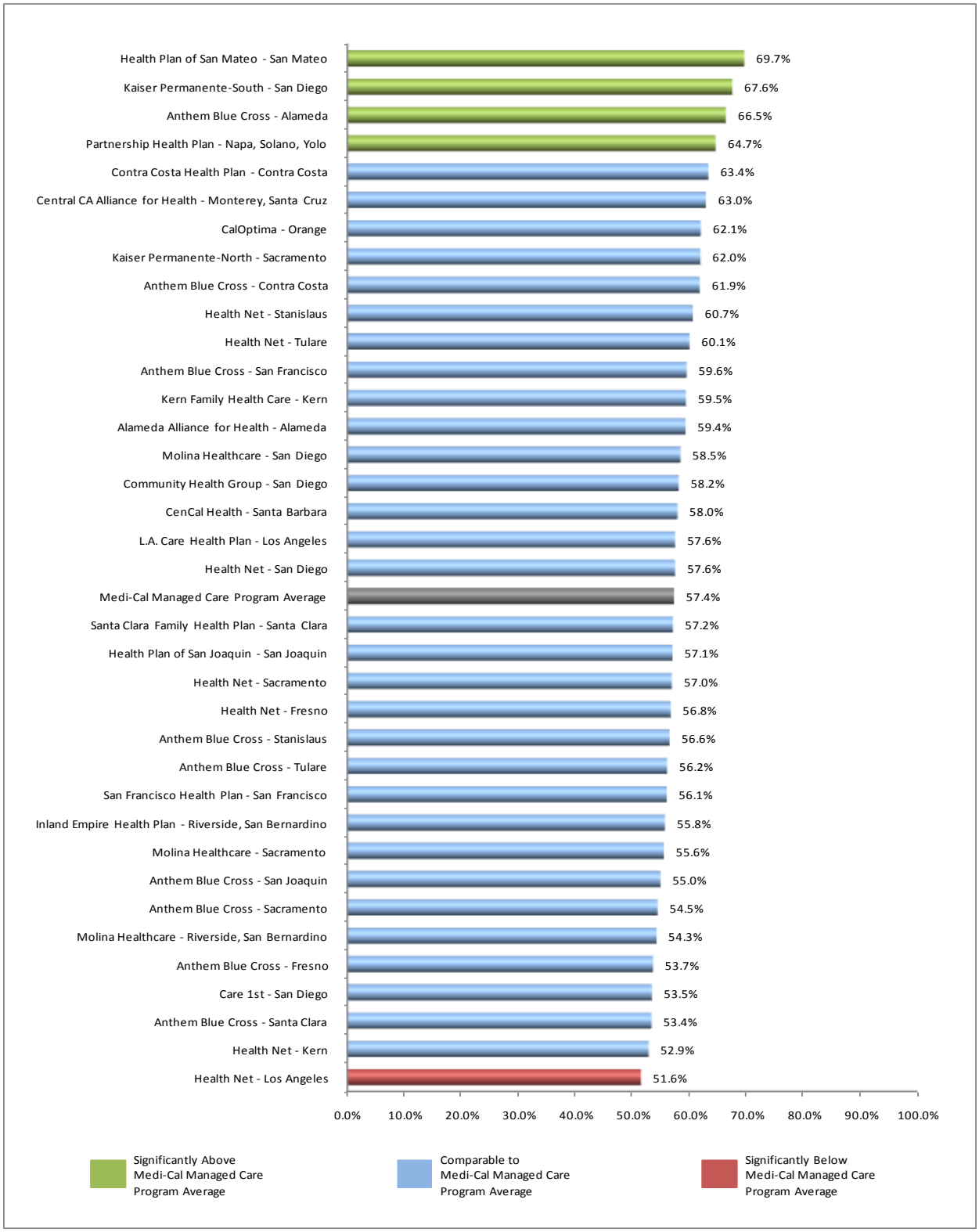
Adult Medicaid		Child Medicaid	
Health Plan of San Mateo—San Mateo	★★★★★	Health Plan of San Mateo—San Mateo	★★★★★
Kaiser Permanente-South—San Diego	★★★★★	Kaiser Permanente-South—San Diego	★★★★
Anthem Blue Cross—Alameda	★★★★★+	Central CA Alliance for Health—Monterey, Santa Cruz	★★★★
Contra Costa Health Plan—Contra Costa	★★★★	Kaiser Permanente-North—Sacramento	★★★
Partnership Health Plan—Napa, Solano, Yolo	★★★	Anthem Blue Cross—Alameda	★★★
Central CA Alliance for Health—Monterey, Santa Cruz	★★	CalOptima—Orange	★★★
Anthem Blue Cross—Fresno	★★+	Health Net—Fresno	★★★
Anthem Blue Cross—Stanislaus	★★	Health Plan of San Joaquin—San Joaquin	★★★
CalOptima—Orange	★★	Anthem Blue Cross—Contra Costa	★★
CenCal Health—Santa Barbara	★★	Partnership Health Plan—Napa, Solano, Yolo	★★
Community Health Group—San Diego	★★	Health Net—Tulare	★★
Health Net—Stanislaus	★★+	Alameda Alliance for Health—Alameda	★
Kern Family Health Care—Kern	★★	Community Health Group—San Diego	★
Health Net—Tulare	★	Health Net—Sacramento	★+
Medi-Cal Managed Care Program Average	★	San Francisco Health Plan—San Francisco	★
Molina Healthcare—San Diego	★	Anthem Blue Cross—San Francisco	★
Anthem Blue Cross—San Francisco	★+	Health Net—San Diego	★
Health Net—Kern	★+	Contra Costa Health Plan—Contra Costa	★
Kaiser Permanente-North—Sacramento	★	Health Net—Stanislaus	★
Anthem Blue Cross—Sacramento	★+	Medi-Cal Managed Care Program Average	★
Molina Healthcare—Sacramento	★	Anthem Blue Cross—Tulare	★
San Francisco Health Plan—San Francisco	★	L.A. Care Health Plan—Los Angeles	★
Alameda Alliance for Health—Alameda	★	Health Net—Los Angeles	★
Anthem Blue Cross—Contra Costa	★+	Inland Empire Health Plan—Riverside, San Bernardino	★
Inland Empire Health Plan—Riverside, San Bernardino	★	Santa Clara Family Health Plan—Santa Clara	★
Santa Clara Family Health Plan—Santa Clara	★	Anthem Blue Cross—Santa Clara	★
Molina Healthcare—Riverside, San Bernardino	★+	Molina Healthcare—San Diego	★
Anthem Blue Cross—Santa Clara	★+	Anthem Blue Cross—Stanislaus	★
Anthem Blue Cross—Tulare	★	Kern Family Health Care—Kern	★
Health Plan of San Joaquin—San Joaquin	★	Molina Healthcare—Sacramento	★+
L.A. Care Health Plan—Los Angeles	★+	Anthem Blue Cross—San Joaquin	★
Anthem Blue Cross—San Joaquin	★	Care 1st—San Diego	★
Health Net—San Diego	★+	CenCal Health—Santa Barbara	★
Health Net—Fresno	★	Anthem Blue Cross—Sacramento	★
Health Net—Sacramento	★+	Anthem Blue Cross—Fresno	★+
Care 1st—San Diego	★	Molina Healthcare—Riverside, San Bernardino	★+
Health Net—Los Angeles	★	Health Net—Kern	★

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

[4-10] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

State Comparisons

Figure 4-18—Shared Decision Making Composite Top-Box Rates



Summary of Results

The MCMC Program's star ratings for **Shared Decision Making** were *Poor* for both the adult and child populations. For the National Comparisons, 23 out of 36 plans for the adult population and 25 out of 36 plans for the child population received *Poor* star ratings for this measure. There were three plans for the child population and four plans for the adult population that received star ratings of *Excellent* or *Very Good* for **Shared Decision Making**.

Health Plan of San Mateo in San Mateo County received an *Excellent* star rating for the adult and child populations when compared to national data. Further, Health Plan of San Mateo in San Mateo County also scored significantly higher than the MCMC Program weighted average for the State Comparisons analysis.

The one plan receiving a *Poor* star rating for both the adult and child populations when compared to the national data and also scoring significantly lower than the MCMC Program weighted average for the State Comparisons analysis was Health Net in Los Angeles County.

Improvement Strategies

Skills Training for Physicians

Plans should encourage skills training for all physicians. Implementing a shared decision making model requires physician recognition that patients have the ability and the right to make choices that affect their health care. Therefore, the key to a successful shared decision making model is to properly train physicians. Training should focus on providing skills to facilitate the shared decision making process; ensuring that physicians understand the importance of taking into consideration each patient's values, preferences, and needs; and improving communication skills. Effective and efficient training methods include seminars and workshops.

Physician Encouragement of Shared Decision Making

Patients may become more involved in the management of their health care if physicians promote shared decision making. Physicians will be able to better encourage their patients to participate if the plan provides the physicians with literature that conveys the importance of the shared decision making model.

Adequate Time Spent With Physicians

Shared decision making is more likely to occur when a physician has a sufficient amount of time scheduled for an appointment. Neither the physician nor the patient can feel rushed during an appointment to determine a treatment option. Pre-structured question lists may be provided to patients to assist them in asking all necessary questions so the appointment is as efficient and effective as possible.

Patient Education

Patients who are educated about their medical condition(s) are more likely to play an active role in the management of their own health and the shared decision making process. Plans can provide members with educational literature and information. Items such as brochures on a specific medical condition and a copy of the physician's progress notes together with a glossary of terms can empower patients with the information they need to ask informed questions and express personal values and opinions about their condition and treatment options. Access to this information can also improve members' understanding of their medical condition(s) and treatment plan, as well as facilitate discussion about their health care.

Model Type Comparisons

National Comparisons

Table 4-11 and Table 4-12 present the model type star results for the global ratings and composite measures, respectively.

Table 4-11—Model Type Global Ratings

Model Type	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Adult Medicaid				
COHS	★★	★★★	★★★★	★★★
GMC	★	★	★	★★
Two-Plan	★	★	★	★
Child Medicaid				
COHS	★★★	★★★	★★★★★	★★★★★
GMC	★★	★★	★★	★★★
Two-Plan	★★	★	★★	★★

Table 4-12—Model Type Composite Measures

Model Type	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Adult Medicaid					
COHS	★★	★	★★	★★	★★★
GMC	★	★	★	★	★
Two-Plan	★	★	★	★	★
Child Medicaid					
COHS	★★	★	★	★	★★
GMC	★	★	★	★★★	★
Two-Plan	★	★	★	★	★

State Comparisons

Figure 4-19 and Figure 4-20 present the model type state comparisons results for the global ratings and composite measures, respectively.

Figure 4-19—Global Ratings Model Type Top-Box Rates

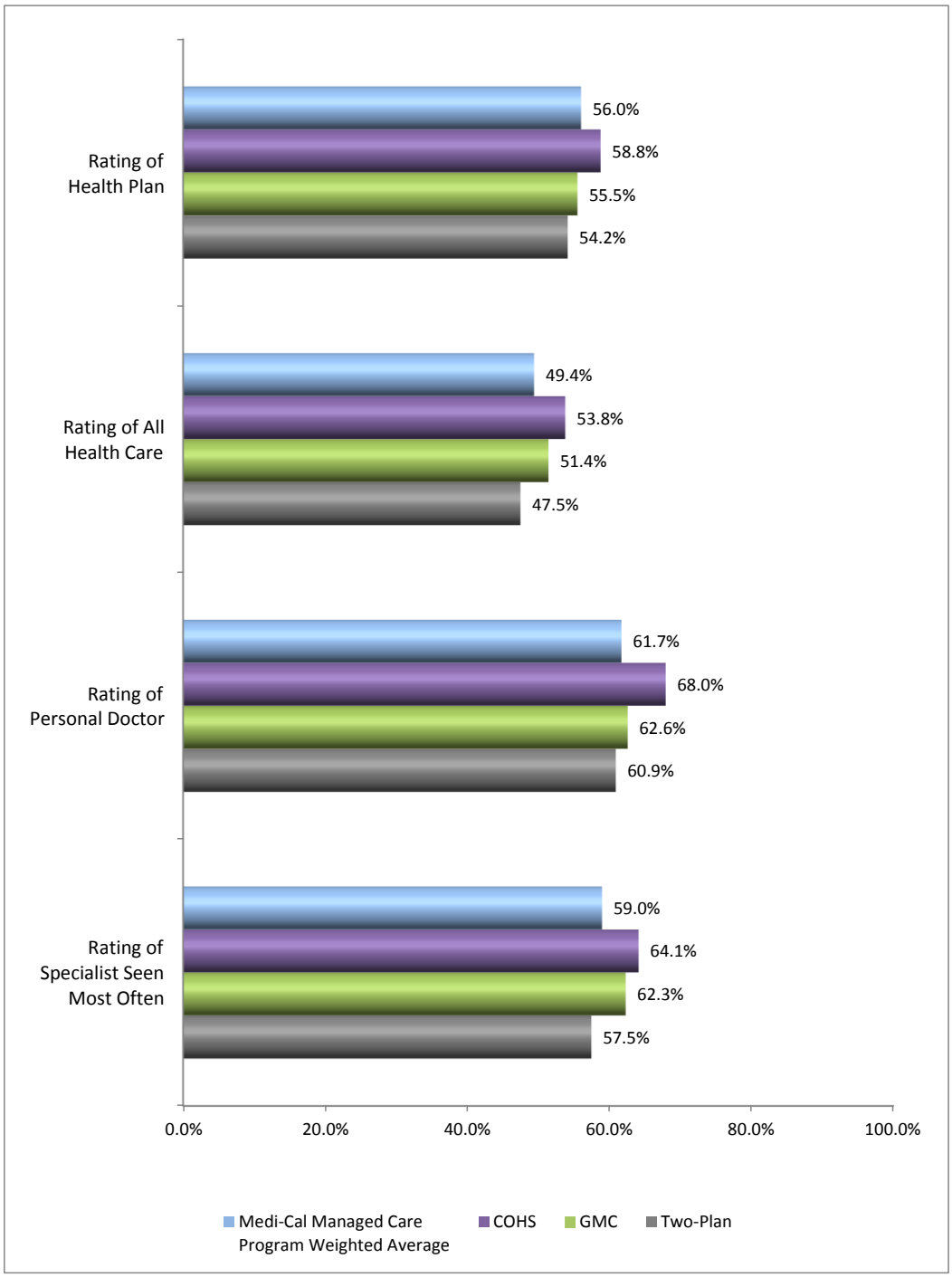
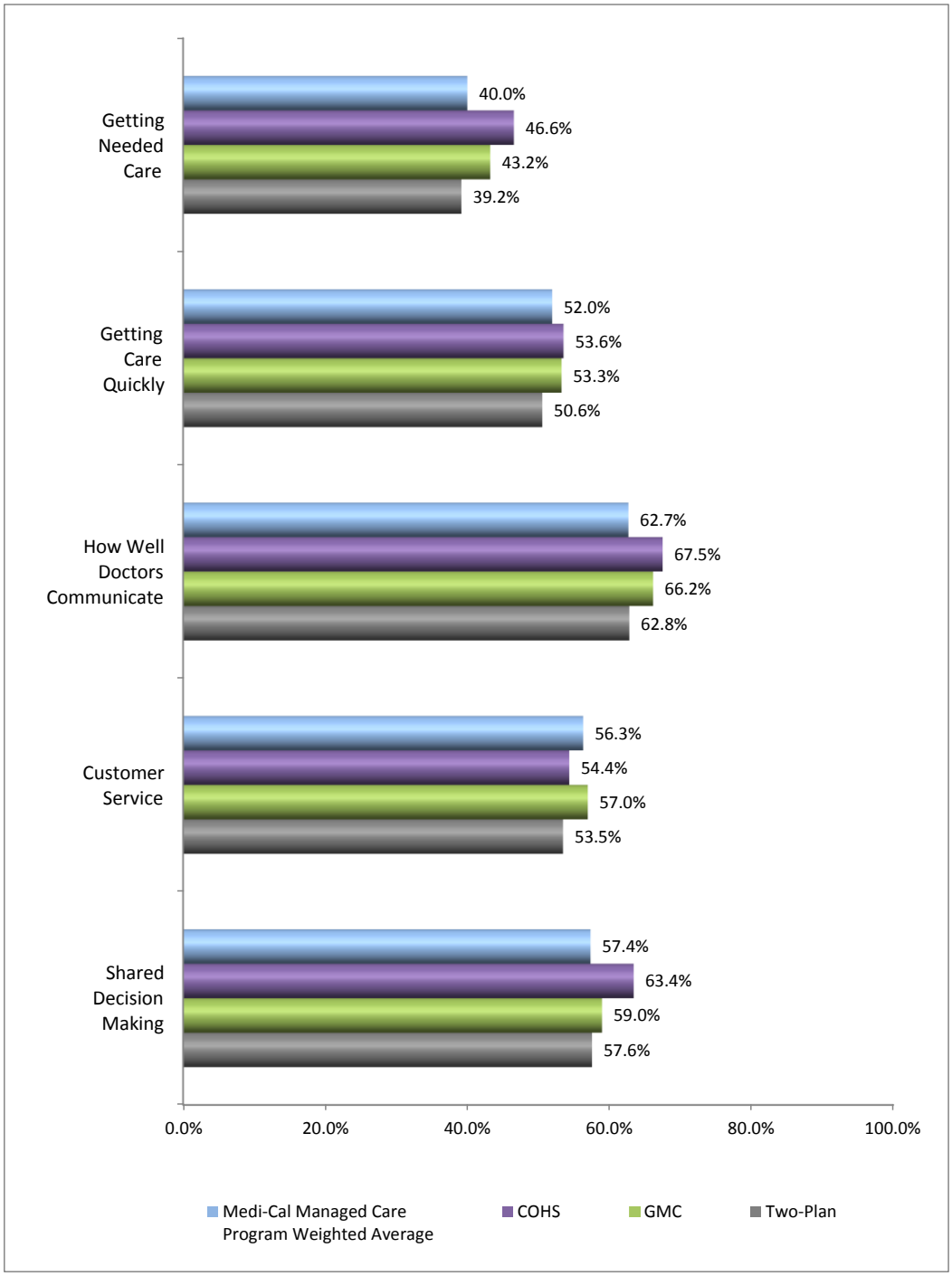


Figure 4-20—Composite Measures Model Type Top-Box Rates



Summary of Results

In comparing the CAHPS results to national data, the COHS model type outperformed the GMC and Two-Plan model types for eight of the nine measures for the adult population and six of the nine measures for the child population. In addition, the COHS model type outperformed the GMC and Two-Plan model types and scored higher than the MCMC Program average for eight out of nine measures for the State Comparisons analysis.

Additional Areas of Evaluation

Medical Assistance with Smoking and Tobacco Use Cessation

A series of questions was asked to adult members regarding medical assistance with smoking and tobacco use cessation. Three smoking and tobacco use cessation measures were calculated based on responses to this series of questions. HSAG followed the CAHPS scoring approach recommended by NCQA in HEDIS 2010, Volume 3: Specifications for Survey Measures; therefore, only adult members who reported smoking or using tobacco some days or every day were included in these measures results.[4-11] Table 4-13 presents the Medical Assistance with Smoking and Tobacco Use Cessation measure results.

Table 4-13—Medical Assistance with Smoking and Tobacco Use Cessation Measure Results

Measure	Rate
Advising Smokers and Tobacco Users to Quit	**61.4%** (n=3,100)
Discussing Cessation Medications	**32.3%** (n=3,092)
Discussing Cessation Strategies	**31.5%** (n=3,082)

Question 37 in the CAHPS Adult Medicaid Health Plan Survey asked members how often they smoke cigarettes or use tobacco.[4-12] Table 4-14 presents the frequency distribution of the responses to this survey item.

Table 4-14—Frequency of Cigarette or Tobacco Use

Every Day	Some Days	Not at All	Don't Know
12.0% (n=1,904)	**7.9%** (n=1,248)	**78.7%** (n=12,462)	**1.3%** (n=212)
**Percentages may not total 100% due to rounding.*			

[4-11] National Committee for Quality Assurance. *HEDIS 2010, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2009.

[4-12] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual question language.

Questions 38 through 40 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors or other health providers advised them to quit smoking or using tobacco and how frequently cessation strategies or medications were discussed.[4-13] Table 4-15 presents the frequency distribution of the responses to these survey items.

Table 4-15—Smoking and Tobacco Use Cessation Advice from Doctor or Health Provider

Item	Response Distributions			
	Never	Sometimes	Usually	Always
How often member was advised to quit smoking or using tobacco by a doctor or other health provider.	**38.6%** (n=1,197)	**20.5%** (n=636)	**12.5%** (n=389)	**28.3%** (n=878)
How often medication was recommended or discussed by a doctor or health provider to assist member with quitting smoking or using tobacco.	**67.7%** (n=2,092)	**16.1%** (n=498)	**6.4%** (n=198)	**9.8%** (n=304)
How often methods and strategies were discussed with or provided by a doctor or health provider to assist member with quitting smoking or using tobacco.	**68.5%** (n=2,111)	**15.7%** (n=483)	**7.2%** (n=221)	**8.7%** (n=267)

**Percentages may not total 100% due to rounding.*

[4-13] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

Aspirin Use and Discussion

A series of questions was asked regarding aspirin and medication utilization among adult members. Two aspirin measures were calculated based on responses to this series of questions. HSAG followed the CAHPS scoring approach recommended by NCQA in HEDIS 2010, Volume 3: Specifications for Survey Measures.[4-14] Table 4-16 presents the results of the Aspirin Use and Discussion measures.

Table 4-16—Aspirin Use and Discussion Measure Results

Measure	Rate
Aspirin Use	**28.7%** (n=687)
Discussing Aspirin Risks and Benefits	**38.0%** (n=2,137)

[4-14] National Committee for Quality Assurance. *HEDIS 2010, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2009.

Questions 44 and 45 in the CAHPS Adult Medicaid Health Plan Survey asked members to identify if they are aware of having, or if a doctor has ever told them they have, certain conditions.[4-15] Table 4-17 presents the frequency distribution of the responses to these survey items. Responses of members who selected multiple conditions were combined into a single category.

Table 4-17—Self-Reported Conditions

Item	Response Distributions
Member Aware of Having Condition	
High cholesterol	**19.9%** (n=1,107)
High blood pressure	**29.1%** (n=1,618)
Parent or sibling with heart attack before the age of 60	**13.4%** (n=748)
Multiple conditions	**37.6%** (n=2,090)
Condition Diagnosed by Doctor	
Heart attack	**6.7%** (n=200)
Angina or coronary heart disease	**6.7%** (n=202)
Stroke	**6.6%** (n=199)
Any kind of diabetes or high blood sugar	**61.2%** (n=1,837)
Multiple conditions	**18.8%** (n=566)
**Percentages may not total 100% due to rounding.*	

[4-15] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

A series of questions was asked to adult members regarding aspirin and other medication use.[4-16] Table 4-18 displays the results for these survey items.

Table 4-18—Medication Utilization			
Item	Response Distributions		
	Yes	No	Don't Know
Aspirin			
Member takes aspirin daily or every other day.	**19.4%** (n=3,074)	**78.9%** (n=12,505)	**1.8%** (n=278)
Member has health problem or takes medication that makes taking aspirin unsafe.	**8.4%** (n=1,331)	**81.0%** (n=12,852)	**10.7%** (n=1,693)
Doctor or health provider has discussed with member the risk and benefits of aspirin to prevent heart attack or stroke.	**29.3%** (n=4,623)	**70.7%** (n=11,166)	
Other Medications			
Member has seen a doctor or other health provider at least 3 times in the last 6 months for the same condition or problem.	**29.2%** (n=4,589)	**70.8%** (n=11,123)	
For those members who have been seen at least 3 times in the last 6 months for the same condition, the condition lasted for at least 3 months.	**79.2%** (n=3,511)	**20.8%** (n=920)	
Member needs or takes medicine prescribed by a doctor.	**52.8%** (n=8,312)	**47.2%** (n=7,428)	
For those members taking prescription medications, the medications are used to treat a condition that has lasted for at least 3 months.	**84.7%** (n=6,777)	**15.3%** (n=1,227)	
**Percentages may not total 100% due to rounding.*			

[4-16] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual language of these questions.

Emergency Department Utilization

Question 6a asked the number of times adult and child members went to the emergency room for care in the last 6 months.[4-17] Table 4-19 displays the responses for this question.

Table 4-19—Emergency Department Utilization in the Past 6 Months

Number of Visits	Response Distributions	
	Adult Medicaid	Child Medicaid
None	**74.0%** (n=11,917)	**80.1%** (n=17,161)
1	**15.2%** (n=2,448)	**13.8%** (n=2,965)
2	**6.0%** (n=965)	**4.0%** (n=862)
3	**2.5%** (n=406)	**1.2%** (n=259)
4	**1.0%** (n=166)	**0.4%** (n=89)
5 to 9	**1.0%** (n=157)	**0.3%** (n=74)
10 or more	**0.2%** (n=37)	**0.1%** (n=15)

**Percentages may not total 100% due to rounding.*

[4-17] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual question language.

Physical or Mental Impairment

One question asked if adult and child members had an ongoing physical or mental impairment, being treated under a doctor's care, which limits their functioning (Question 36a in in the CAHPS Adult and Question 37a in the Child Medicaid Health Plan Surveys).[4-18] Table 4-20 displays the responses for this question.

Table 4-20—Physical or Mental Impairment

Response	Response Distributions	
	Adult Medicaid	Child Medicaid
Yes	**29.7%** (n=4,652)	**8.9%** (n=1,866)
No	**70.3%** (n=11,010)	**91.1%** (n=19,063)

**Percentages may not total 100% due to rounding.*

[4-18] Refer to the Survey Instrument section of this report beginning on page 6-1 for the actual question language.

The CAHPS Surveys were originally developed to meet the needs of consumers for usable, relevant information on quality of care from the members' perspectives. However, the surveys also play an important role as a quality improvement tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.[5-1] The following references offer guidance on possible approaches to CAHPS-related quality improvement activities.

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Survey Instruments

The survey instruments selected were the CAHPS 4.0H Adult Medicaid and CAHPS 4.0H Child Medicaid Health Plan Surveys. This section provides copies of the survey instruments.

All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-5294.

SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.**

Correct Mark ● **Incorrect Marks**

- **You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

● **Yes** ➔ ***Go to Question 1***
○ **No**

START HERE

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

○ Yes ➔ ***Go to Question 3***
○ No

2. What is the name of your health plan? (Please print)

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- ○ Yes
- ○ No ➔ ***Go to Question 5***

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- ○ Yes
- ○ No ➔ ***Go to Question 6a***

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

6a. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- ○ None ➔ ***Go to Question 13***
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

8. In the last 6 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

9. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

- ○ Yes
- ○ No ➔ ***Go to Question 12***

10. In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

11. In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Care Possible										Best Health Care Possible

YOUR PERSONAL DOCTOR

13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 22***

14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ○ None ➔ ***Go to Question 21***
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

16. In the last 6 months, how often did your personal doctor listen carefully to you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

17. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

18. In the last 6 months, how often did your personal doctor spend enough time with you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

19. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 21***

20. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Personal Doctor Possible										Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you try to make any appointments to see a specialist?

- ○ Yes
- ○ No ➔ ***Go to Question 26***

23. In the last 6 months, how often was it easy to get appointments with specialists?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

24. How many specialists have you seen in the last 6 months?

- ○ None ➔ ***Go to Question 26***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

25. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Specialist Possible										Best Specialist Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

26. In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?

- ○ Yes
- ○ No ➔ ***Go to Question 28***

27. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- ○ Yes
- ○ No ➔ ***Go to Question 30***

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

30. In the last 6 months, did you try to get information or help from your health plan's customer service?

- ○ Yes
- ○ No ➔ ***Go to Question 33***

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ○ Yes
- ○ No ➔ ***Go to Question 35***

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Plan Possible										Best Health Plan Possible

ABOUT YOU

36. In general, how would you rate your overall health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

36a. Do you have an ongoing physical or mental impairment which limits your functioning and for which you are under a doctor's care?

- ○ Yes
- ○ No

37. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 41***
- ○ Don't know ➔ ***Go to Question 41***

38. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

39. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

40. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

41. Do you take aspirin daily or every other day?

- ○ Yes
- ○ No
- ○ Don't know

42. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- ○ Yes
- ○ No
- ○ Don't know

43. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- ○ Yes
- ○ No

44. Are you aware that you have any of the following conditions? Check all that apply.

- ○ High cholesterol
- ○ High blood pressure
- ○ Parent or sibling with heart attack before the age of 60

45. Has a doctor ever told you that you have any of the following conditions? Check all that apply.

- ○ A heart attack
- ○ Angina or coronary heart disease
- ○ A stroke
- ○ Any kind of diabetes or high blood sugar

46. In the last 6 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ○ Yes
- ○ No ➔ ***Go to Question 48***

47. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ○ Yes
- ○ No

48. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- ○ Yes
- ○ No ➔ ***Go to Question 50***

49. Is this to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ○ Yes
- ○ No

50. What is your age?

- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older

51. Are you male or female?

- ○ Male
- ○ Female

52. What is the highest grade or level of school that you have completed?

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

53. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

54. What is your race? Please mark one or more.

- ○ White
- ○ Black or African-American
- ○ Asian
- ○ Native Hawaiian or other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other

55. Did someone help you complete this survey?

- ○ Yes ➔ ***Go to Question 56***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

56. How did that person help you? Check all that apply.

- ○ Read the questions to me
- ○ Wrote down the answers I gave
- ○ Answered the questions for me
- ○ Translated the questions into my language
- ○ Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-5294.

SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.**

Correct Mark ● **Incorrect Marks**

- **You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

● **Yes** ➔ ***Go to Question 1***
○ **No**

START HERE

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. **Our records show that your child is now in [HEALTH PLAN NAME]. Is that right?**

   ○ Yes ➔ ***Go to Question 3***
   ○ No

2. **What is the name of your child's health plan? (please print)**

   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- ○ Yes
- ○ No ➔ ***Go to Question 5***

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

5. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?

- ○ Yes
- ○ No ➔ ***Go to Question 6a***

6. In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

6a. In the last 6 months, how many times did your child go to an emergency room?

- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- ○ None ➔ ***Go to Question 13***
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more

8. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

9. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?

- ○ Yes
- ○ No ➔ ***Go to Question 12***

10. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

11. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice you thought was best for your child?

- ○ Definitely yes
- ○ Somewhat yes
- ○ Somewhat no
- ○ Definitely no

12. **Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?**

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Care Possible										Best Health Care Possible

YOUR CHILD'S PERSONAL DOCTOR

13. **A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?**

○ Yes
○ No ➔ ***Go to Question 25***

14. **In the last 6 months, how many times did your child visit his or her personal doctor for care?**

○ None ➔ ***Go to Question 24***
○ 1
○ 2
○ 3
○ 4
○ 5 to 9
○ 10 or more

15. **In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?**

○ Never
○ Sometimes
○ Usually
○ Always

16. **In the last 6 months, how often did your child's personal doctor listen carefully to you?**

○ Never
○ Sometimes
○ Usually
○ Always

17. **In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**

○ Never
○ Sometimes
○ Usually
○ Always

18. **Is your child able to talk with doctors about his or her health care?**

○ Yes
○ No ➔ ***Go to Question 20***

19. **In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?**

○ Never
○ Sometimes
○ Usually
○ Always

20. **In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

○ Never
○ Sometimes
○ Usually
○ Always

21. **In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**

○ Yes
○ No

22. **In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**

○ Yes
○ No ➔ ***Go to Question 24***

23. **In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?**

○ Never
○ Sometimes
○ Usually
○ Always

24. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

25. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments for your child to see a specialist?

- ○ Yes
- ○ No ➔ ***Go to Question 29***

26. In the last 6 months, how often was it easy to get appointments for your child with specialists?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

27. How many specialists has your child seen in the last 6 months?

- ○ None ➔ ***Go to Question 29***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

28. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Worst Specialist Possible — Best Specialist Possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

29. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through his or her health plan?

- ○ Yes
- ○ No ➔ ***Go to Question 31***

30. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

31. In the last 6 months, did you try to get information or help from customer service at your child's health plan?

- ○ Yes
- ○ No ➔ ***Go to Question 34***

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

34. In the last 6 months, did your child's health plan give you any forms to fill out?

- ○ Yes
- ○ No ➔ ***Go to Question 36***

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Health Plan Possible										Best Health Plan Possible

ABOUT YOUR CHILD AND YOU

37. In general, how would you rate your child's overall health?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

37a. Does your child have an ongoing physical or mental impairment which limits your child's functioning and for which your child is under a doctor's care?

- ○ Yes
- ○ No

38. What is <u>your child's</u> age?

- ○ Less than 1 year old
- ☐☐ YEARS OLD (Write in.)

39. Is your child male or female?

- ○ Male
- ○ Female

40. Is your child of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

41. What is your child's race? Please mark one or more.

- ○ White
- ○ Black or African-American
- ○ Asian
- ○ Native Hawaiian or other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other

42. What is <u>your</u> age?

- ○ Under 18
- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older

43. Are you male or female?

- ○ Male
- ○ Female

44. What is the highest grade or level of school that you have completed?

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

45. How are you related to the child?

- ○ Mother or father
- ○ Grandparent
- ○ Aunt or uncle
- ○ Older sibling
- ○ Other relative
- ○ Legal guardian

46. Did someone help you complete this survey?

- ○ Yes ➔ ***Go to Question 47***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

47. How did that person help you? Check all that apply.

- ○ Read the questions to me
- ○ Wrote down the answers I gave
- ○ Answered the questions for me
- ○ Translated the questions into my language
- ○ Helped in some other way

Thanks again for taking the time to complete this questionnaire! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

National Comparisons

HSAG conducted an analysis of the CAHPS 4.0H Adult Medicaid and Child Medicaid Health Plan Surveys results using NCQA HEDIS Specifications for Survey Measures. Per HEDIS specifications, no weighting or case-mix adjustment was performed on the results. NCQA also requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+). The following methodology was used to perform the National Comparisons analysis.

Three-Point Mean Calculations

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure.[A-1] For the global ratings, response values were scored as follows:

- Response values of 9 and 10 were given a score of 3.
- Response values of 7 and 8 were given a score of 2.
- Response values of 0 through 6 were given a score of 1.

The three-point global rating mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question.

For composite measures, response values were scored as follows:

- Responses of "Always" or "Definitely Yes" were given a score of 3.
- Response of "Usually" or "Somewhat Yes" were given a score of 2.
- All other responses were given a score of 1.

The three-point composite mean was the average of the mean score of each question included in the composite.

[A-1] National Committee for Quality Assurance. *HEDIS 2010, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2009.

Star Rating Assignments

HSAG compared the resulting three-point mean scores to published NCQA Benchmarks and Thresholds and NCQA national distributions, where applicable, to derive the overall member satisfaction ratings for each CAHPS measure. The National Comparisons analysis scored each measure using a one to five star rating system.

Star assignments for the adult population were based on NCQA's 2010 CAHPS 4.0H Benchmarks and Thresholds for Accreditation, except the **Shared Decision Making** composite.[A-2] NCQA does not publish benchmarks and thresholds for the **Shared Decision Making** composite; therefore, the **Shared Decision Making** star ratings were based on NCQA's 2009 Adult Medicaid data.[A-3] Additionally, NCQA does not publish benchmarks and thresholds for the child Medicaid population; therefore, star ratings for the child Medication population were based on NCQA's 2009 Child Medicaid data.[A-4]

Star ratings were determined using the percentiles below for the adult and child populations. Table A-1 shows the adult and child percentiles used to determine star ratings for each CAHPS measure.

Table A-1—Star Ratings

Stars	Adult Percentiles	Child Percentiles
★★★★★ *Excellent*	≥ 90th percentile	≥ 80th percentile
★★★★ *Very Good*	75th and 89th percentiles	60th and 79th percentiles
★★★ *Good*	50th and 74th percentiles	40th and 59th percentiles
★★ *Fair*	25th and 49th percentiles	20th and 39th percentiles
★ *Poor*	< 25th percentile	< 20th percentile

[A-2] *National Committee for Quality Assurance*. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2010. Washington, DC: NCQA, August 2, 2010.

[A-3] NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

[A-4] NCQA National Distribution of 2009 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

Table A-2 shows the benchmarks and thresholds used to derive the overall adult Medicaid member satisfaction ratings on each CAHPS measure.[A-5,A-6]

Table A-2—Overall Adult Medicaid Member Satisfaction Ratings Crosswalk				
Measure	**90th Percentile**	**75th Percentile**	**50th Percentile**	**25th Percentile**
Rating of Health Plan	2.54	2.46	2.38	2.31
Rating of All Health Care	2.39	2.33	2.27	2.23
Rating of Personal Doctor	2.54	2.48	2.42	2.38
Rating of Specialist Seen Most Often	2.53	2.49	2.44	2.39
Getting Needed Care	2.40	2.32	2.24	2.10
Getting Care Quickly	2.46	2.41	2.35	2.26
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.53	2.47	2.40	2.31
Shared Decision Making	2.55	2.52	2.49	2.44

Table A-3 shows the NCQA national distributions used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.[A-7]

Table A-3—Overall Child Medicaid Member Satisfaction Ratings Crosswalk				
Measure	**80th Percentile**	**60th Percentile**	**40th Percentile**	**20th Percentile**
Rating of Health Plan	2.63	2.58	2.55	2.44
Rating of All Health Care	2.55	2.52	2.47	2.43
Rating of Personal Doctor	2.64	2.62	2.59	2.55
Rating of Specialist Seen Most Often	2.62	2.58	2.53	2.48
Getting Needed Care	2.47	2.39	2.34	2.23
Getting Care Quickly	2.67	2.62	2.59	2.49
How Well Doctors Communicate	2.71	2.68	2.65	2.60
Customer Service	2.49	2.45	2.37	2.32
Shared Decision Making	2.63	2.60	2.56	2.52

[A-5] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2010*. Washington, DC: NCQA, August 2, 2010.

[A-6] NCQA National Distribution of 2009 Adult Medicaid CAHPS Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009. NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star ratings were based on NCQA's 2009 National Adult Medicaid data.

[A-7] NCQA National Distribution of 2009 Child Medicaid CAHPS Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009. NCQA does not publish benchmarks and thresholds for the child Medicaid population; therefore, star ratings were based on a comparison of plan-level global ratings and composite scores to NCQA's 2009 National Child Medicaid data.

County-Level Responses to the Survey

Table B-1—Adult and Child Medicaid Survey Dispositions and Response Rates

	Adult			Child		
Plan Name and County	**Total Ineligible**	**Total Complete**	**Response Rate**	**Total Ineligible**	**Total Complete**	**Response Rate**
Medi-Cal Managed Care Program	**3,184**	**16,645**	**36.65%**	**2,293**	**22,010**	**38.54%**
Alameda Alliance for Health—Alameda	120	525	42.68%	78	605	38.49%
Anthem Blue Cross—Alameda	103	381	30.55%	61	537	33.79%
Anthem Blue Cross—Contra Costa	50	401	30.85%	58	612	38.44%
Anthem Blue Cross—Fresno	76	397	31.16%	73	550	34.88%
Anthem Blue Cross—Sacramento	109	372	29.98%	84	558	35.63%
Anthem Blue Cross—San Francisco	172	412	34.97%	180	588	40.00%
Anthem Blue Cross—San Joaquin	52	406	31.28%	48	589	36.77%
Anthem Blue Cross—Santa Clara	141	472	39.04%	89	646	41.38%
Anthem Blue Cross—Stanislaus	39	414	31.58%	35	470	29.10%
Anthem Blue Cross—Tulare	42	502	38.38%	32	774	47.84%
CalOptima—Orange	202	493	42.94%	78	665	42.30%
Care 1st—San Diego	73	464	36.34%	73	577	36.59%
CenCal Health—Santa Barbara	84	531	41.94%	45	702	43.74%
Central CA Alliance for Health—Monterey, Santa Cruz	69	514	40.12%	42	713	44.34%
Community Health Group—San Diego	103	530	42.50%	58	700	43.97%
Contra Costa Health Plan—Contra Costa	60	474	36.74%	52	630	39.42%
Health Net—Fresno	45	500	38.31%	43	636	39.58%
Health Net—Kern	53	426	32.85%	57	586	36.79%
Health Net—Los Angeles	73	450	35.24%	54	656	41.10%
Health Net—Sacramento	123	408	33.25%	107	579	37.52%
Health Net—San Diego	108	370	29.79%	82	562	35.84%
Health Net—Stanislaus	33	395	29.99%	27	490	30.19%
Health Net—Tulare	53	511	39.40%	44	723	45.02%
Health Plan of San Joaquin—San Joaquin	72	485	37.95%	71	663	41.99%
Health Plan of San Mateo—San Mateo	132	567	46.55%	38	641	39.76%
Inland Empire Health Plan—Riverside, San Bernardino	43	420	32.13%	25	469	28.86%
Kaiser Permanente-North—Sacramento	117	430	34.87%	75	560	35.56%
Kaiser Permanente-South—San Diego	56	599	46.29%	37	687	42.59%
Kern Family Health Care—Kern	26	515	38.90%	28	728	44.88%
L.A. Care Health Plan—Los Angeles	94	450	35.83%	86	574	36.70%
Molina Healthcare—Riverside, San Bernardino	33	379	28.78%	16	429	26.25%
Molina Healthcare—Sacramento	94	425	33.84%	70	503	31.84%
Molina Healthcare—San Diego	79	494	38.87%	57	666	41.81%
Partnership Health Plan—Napa, Solano, Yolo	90	487	38.65%	57	601	37.73%
San Francisco Health Plan—San Francisco	229	519	46.30%	177	683	46.37%
Santa Clara Family Health Plan—Santa Clara	136	527	43.41%	56	658	41.28%

Response rate is calculated as (Total Complete)/(Total Sample - Total Ineligible), where the total sample size for each plan was 1,350 adult members and 1,650 child members.

County-Level Demographic Tables

The tables below show the county-level demographics for the adult and child populations.

Table B-2—Adult Respondent Demographics—Age*						
Plan Name and County	**18 to 24**	**25 to 34**	**35 to 44**	**45 to 54**	**55 to 64**	**65 or Older**
Medi-Cal Managed Care Program	**19.0%**	**19.6%**	**21.4%**	**18.5%**	**10.2%**	**11.3%**
Alameda Alliance for Health—Alameda	16.5%	15.7%	24.9%	17.8%	13.1%	12.0%
Anthem Blue Cross—Alameda	22.4%	21.9%	22.7%	18.5%	6.5%	8.0%
Anthem Blue Cross—Contra Costa	17.0%	25.3%	27.4%	19.9%	7.4%	2.9%
Anthem Blue Cross—Fresno	22.1%	15.6%	22.6%	22.9%	10.5%	6.2%
Anthem Blue Cross—Sacramento	18.9%	24.3%	21.4%	18.0%	14.0%	3.4%
Anthem Blue Cross—San Francisco	18.9%	15.1%	25.3%	23.0%	10.2%	7.7%
Anthem Blue Cross—San Joaquin	23.3%	24.1%	22.3%	18.6%	8.4%	3.4%
Anthem Blue Cross—Santa Clara	16.2%	13.3%	26.3%	22.5%	14.0%	7.7%
Anthem Blue Cross—Stanislaus	15.6%	21.4%	25.2%	20.7%	11.3%	5.8%
Anthem Blue Cross—Tulare	22.6%	21.1%	24.1%	20.1%	6.8%	5.3%
CalOptima—Orange	11.9%	12.3%	12.6%	14.2%	11.3%	37.7%
Care 1st—San Diego	22.3%	24.5%	24.1%	16.4%	7.7%	5.0%
CenCal Health—Santa Barbara	10.7%	14.0%	13.4%	18.2%	15.3%	28.5%
Central CA Alliance for Health—Monterey, Santa Cruz	11.8%	14.0%	13.6%	16.0%	18.1%	26.6%
Community Health Group—San Diego	25.1%	18.1%	20.8%	21.0%	9.0%	5.9%
Contra Costa Health Plan—Contra Costa	16.2%	18.9%	21.2%	19.6%	11.2%	13.0%
Health Net—Fresno	26.1%	28.0%	18.9%	15.6%	8.0%	3.4%
Health Net—Kern	20.2%	27.4%	22.0%	16.5%	8.6%	5.2%
Health Net—Los Angeles	22.6%	19.6%	24.5%	19.8%	8.5%	5.0%
Health Net—Sacramento	22.6%	20.5%	23.4%	19.2%	8.1%	6.3%
Health Net—San Diego	22.3%	26.3%	23.7%	16.2%	7.2%	4.3%
Health Net—Stanislaus	17.8%	28.1%	23.1%	19.4%	8.9%	2.6%
Health Net—Tulare	23.3%	29.8%	22.1%	16.8%	5.7%	2.2%
Health Plan of San Joaquin—San Joaquin	24.7%	24.7%	20.3%	16.6%	10.3%	3.5%
Health Plan of San Mateo—San Mateo	5.8%	7.5%	9.7%	13.4%	11.2%	52.4%
Inland Empire Health Plan—Riverside, San Bernardino	25.1%	21.9%	23.4%	15.7%	9.0%	5.0%
Kaiser Permanente-North—Sacramento	18.2%	18.2%	20.7%	18.5%	10.7%	13.6%
Kaiser Permanente-South—San Diego	16.7%	19.9%	19.7%	16.0%	11.7%	16.1%
Kern Family Health Care—Kern	24.1%	24.1%	21.9%	17.6%	8.3%	3.9%
L.A. Care Health Plan—Los Angeles	17.1%	17.3%	27.7%	22.7%	10.7%	4.5%
Molina Healthcare—Riverside, San Bernardino	22.7%	21.0%	23.8%	21.6%	8.1%	2.8%
Molina Healthcare—Sacramento	23.9%	18.6%	21.9%	18.1%	10.6%	7.0%
Molina Healthcare—San Diego	25.4%	20.6%	23.0%	20.2%	7.2%	3.7%
Partnership Health Plan—Napa, Solano, Yolo	10.6%	13.0%	13.2%	18.7%	14.5%	30.0%
San Francisco Health Plan—San Francisco	16.4%	11.9%	27.5%	24.0%	10.7%	9.5%
Santa Clara Family Health Plan—Santa Clara	16.0%	17.4%	22.3%	16.8%	9.4%	18.2%

**Percentages may not total 100% due to rounding.*

Table B-3—Adult Respondent Demographics—Gender*		
Plan Name and County	**Male**	**Female**
Medi-Cal Managed Care Program	**30.4%**	**69.6%**
Alameda Alliance for Health—Alameda	33.9%	66.1%
Anthem Blue Cross—Alameda	27.0%	73.0%
Anthem Blue Cross—Contra Costa	29.1%	70.9%
Anthem Blue Cross—Fresno	35.2%	64.8%
Anthem Blue Cross—Sacramento	34.2%	65.8%
Anthem Blue Cross—San Francisco	34.3%	65.7%
Anthem Blue Cross—San Joaquin	31.5%	68.5%
Anthem Blue Cross—Santa Clara	33.2%	66.8%
Anthem Blue Cross—Stanislaus	29.5%	70.5%
Anthem Blue Cross—Tulare	30.3%	69.7%
CalOptima—Orange	35.3%	64.7%
Care 1st—San Diego	27.4%	72.6%
CenCal Health—Santa Barbara	34.8%	65.2%
Central CA Alliance for Health—Monterey, Santa Cruz	36.5%	63.5%
Community Health Group—San Diego	29.3%	70.7%
Contra Costa Health Plan—Contra Costa	28.1%	71.9%
Health Net—Fresno	26.4%	73.6%
Health Net—Kern	25.2%	74.8%
Health Net—Los Angeles	26.2%	73.8%
Health Net—Sacramento	32.0%	68.0%
Health Net—San Diego	28.8%	71.2%
Health Net—Stanislaus	31.7%	68.3%
Health Net—Tulare	28.0%	72.0%
Health Plan of San Joaquin—San Joaquin	30.8%	69.2%
Health Plan of San Mateo—San Mateo	32.0%	68.0%
Inland Empire Health Plan—Riverside, San Bernardino	22.6%	77.4%
Kaiser Permanente-North—Sacramento	33.6%	66.4%
Kaiser Permanente-South—San Diego	28.2%	71.8%
Kern Family Health Care—Kern	28.4%	71.6%
L.A. Care Health Plan—Los Angeles	29.8%	70.2%
Molina Healthcare—Riverside, San Bernardino	24.2%	75.8%
Molina Healthcare—Sacramento	31.5%	68.5%
Molina Healthcare—San Diego	28.4%	71.6%
Partnership Health Plan—Napa, Solano, Yolo	28.5%	71.5%
San Francisco Health Plan—San Francisco	33.3%	66.7%
Santa Clara Family Health Plan—Santa Clara	32.7%	67.3%
**Percentages may not total 100% due to rounding.*		

Table B-4—Adult Respondent Demographics—Race/Ethnicity*						
Plan Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**
Medi-Cal Managed Care Program	**22.1%**	**39.7%**	**10.5%**	**18.0%**	**5.7%**	**3.8%**
Alameda Alliance for Health—Alameda	11.3%	18.0%	19.5%	38.3%	9.8%	3.1%
Anthem Blue Cross—Alameda	14.4%	19.3%	32.6%	19.5%	10.5%	3.7%
Anthem Blue Cross—Contra Costa	15.7%	26.1%	29.1%	14.7%	7.5%	6.9%
Anthem Blue Cross—Fresno	12.5%	56.1%	5.7%	19.8%	3.8%	2.2%
Anthem Blue Cross—Sacramento	42.9%	14.0%	12.3%	19.4%	7.1%	4.3%
Anthem Blue Cross—San Francisco	13.9%	14.4%	15.9%	46.3%	4.1%	5.4%
Anthem Blue Cross—San Joaquin	22.4%	39.3%	15.0%	12.4%	6.6%	4.2%
Anthem Blue Cross—Santa Clara	9.0%	21.7%	3.7%	57.8%	4.2%	3.7%
Anthem Blue Cross—Stanislaus	30.8%	46.1%	3.6%	7.6%	7.4%	4.6%
Anthem Blue Cross—Tulare	18.6%	68.4%	2.1%	3.8%	4.7%	2.3%
CalOptima—Orange	23.9%	35.8%	1.9%	31.2%	4.0%	3.1%
Care 1st—San Diego	25.8%	41.0%	12.9%	9.3%	7.5%	3.6%
CenCal Health—Santa Barbara	31.3%	53.7%	2.1%	4.8%	2.7%	5.4%
Central CA Alliance for Health—Monterey, Santa Cruz	26.8%	56.4%	2.0%	5.5%	4.9%	4.5%
Community Health Group—San Diego	16.7%	48.7%	9.6%	13.9%	6.7%	4.3%
Contra Costa Health Plan—Contra Costa	25.3%	29.2%	19.6%	14.2%	7.5%	4.1%
Health Net—Fresno	14.2%	62.3%	5.6%	10.5%	4.6%	2.7%
Health Net—Kern	33.1%	49.0%	7.6%	3.7%	1.5%	5.1%
Health Net—Los Angeles	7.7%	62.4%	12.0%	12.2%	3.1%	2.6%
Health Net—Sacramento	22.3%	13.5%	11.9%	42.7%	6.2%	3.4%
Health Net—San Diego	29.2%	39.0%	11.6%	9.5%	7.2%	3.5%
Health Net—Stanislaus	37.2%	44.1%	5.0%	3.7%	7.4%	2.6%
Health Net—Tulare	18.4%	71.0%	2.0%	2.5%	3.1%	3.1%
Health Plan of San Joaquin—San Joaquin	15.9%	38.3%	9.5%	26.0%	4.8%	5.5%
Health Plan of San Mateo—San Mateo	21.3%	27.5%	6.9%	32.9%	8.0%	3.4%
Inland Empire Health Plan—Riverside, San Bernardino	29.9%	45.0%	12.2%	5.7%	4.0%	3.2%
Kaiser Permanente-North—Sacramento	38.6%	20.4%	15.7%	11.8%	6.1%	7.4%
Kaiser Permanente-South—San Diego	38.1%	33.0%	12.5%	8.4%	5.0%	3.0%
Kern Family Health Care—Kern	22.7%	60.2%	7.8%	3.7%	3.9%	1.8%
L.A. Care Health Plan—Los Angeles	11.5%	58.5%	9.5%	11.0%	6.4%	3.1%
Molina Healthcare—Riverside, San Bernardino	16.8%	58.1%	11.5%	7.0%	3.4%	3.4%
Molina Healthcare—Sacramento	26.7%	26.2%	18.9%	17.4%	6.0%	4.8%
Molina Healthcare—San Diego	25.9%	40.4%	11.5%	6.3%	12.2%	3.7%
Partnership Health Plan—Napa, Solano, Yolo	31.6%	27.7%	16.1%	14.2%	4.9%	5.4%
San Francisco Health Plan—San Francisco	6.4%	17.6%	11.8%	56.5%	5.0%	2.6%
Santa Clara Family Health Plan—Santa Clara	13.5%	34.1%	5.1%	37.8%	6.1%	3.5%

**Percentages may not total 100% due to rounding.*

Table B-5—Adult Respondent Demographics—Education*			
Plan Name and County	**Not a High School Graduate**	**High School Graduate**	**College Graduate**
Medi-Cal Managed Care Program	**33.4%**	**59.0%**	**7.5%**
Alameda Alliance for Health—Alameda	32.5%	59.1%	8.4%
Anthem Blue Cross—Alameda	27.5%	64.9%	7.6%
Anthem Blue Cross—Contra Costa	22.5%	65.0%	12.6%
Anthem Blue Cross—Fresno	43.8%	52.0%	4.3%
Anthem Blue Cross—Sacramento	23.9%	68.4%	7.8%
Anthem Blue Cross—San Francisco	28.6%	55.8%	15.6%
Anthem Blue Cross—San Joaquin	31.8%	61.7%	6.5%
Anthem Blue Cross—Santa Clara	33.1%	57.0%	9.9%
Anthem Blue Cross—Stanislaus	35.7%	60.2%	4.1%
Anthem Blue Cross—Tulare	41.8%	54.7%	3.4%
CalOptima—Orange	36.8%	51.0%	12.3%
Care 1st—San Diego	28.4%	63.4%	8.2%
CenCal Health—Santa Barbara	39.0%	55.5%	5.6%
Central CA Alliance for Health—Monterey, Santa Cruz	45.2%	46.7%	8.1%
Community Health Group—San Diego	33.5%	60.3%	6.2%
Contra Costa Health Plan—Contra Costa	24.0%	67.2%	8.8%
Health Net—Fresno	38.8%	57.4%	3.9%
Health Net—Kern	38.0%	58.1%	4.0%
Health Net—Los Angeles	38.5%	57.7%	3.8%
Health Net—Sacramento	32.5%	62.4%	5.1%
Health Net—San Diego	19.5%	69.7%	10.8%
Health Net—Stanislaus	33.3%	62.7%	4.0%
Health Net—Tulare	39.5%	58.8%	1.7%
Health Plan of San Joaquin—San Joaquin	42.3%	54.7%	2.9%
Health Plan of San Mateo—San Mateo	32.5%	50.2%	17.3%
Inland Empire Health Plan—Riverside, San Bernardino	30.3%	64.5%	5.3%
Kaiser Permanente-North—Sacramento	19.3%	71.3%	9.5%
Kaiser Permanente-South—San Diego	21.4%	67.3%	11.3%
Kern Family Health Care—Kern	39.9%	55.6%	4.5%
L.A. Care Health Plan—Los Angeles	37.0%	55.9%	7.0%
Molina Healthcare—Riverside, San Bernardino	40.2%	55.3%	4.6%
Molina Healthcare—Sacramento	32.3%	60.5%	7.2%
Molina Healthcare—San Diego	32.8%	61.5%	5.7%
Partnership Health Plan—Napa, Solano, Yolo	31.1%	60.6%	8.3%
San Francisco Health Plan—San Francisco	37.6%	52.9%	9.6%
Santa Clara Family Health Plan—Santa Clara	32.1%	56.1%	11.8%
**Percentages may not total 100% due to rounding.*			

Table B-6—Adult Respondent Demographics—General Health Status*					
Plan Name and County	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Medi-Cal Managed Care Program	**11.0%***	**21.9%**	**36.9%**	**22.7%**	**7.5%**
Alameda Alliance for Health—Alameda	10.3%	23.4%	41.7%	20.0%	4.6%
Anthem Blue Cross—Alameda	11.3%	23.8%	32.0%	24.6%	8.3%
Anthem Blue Cross—Contra Costa	15.3%	25.5%	33.7%	19.5%	6.1%
Anthem Blue Cross—Fresno	11.1%	17.5%	38.5%	26.0%	6.9%
Anthem Blue Cross—Sacramento	9.7%	24.3%	41.4%	16.6%	8.0%
Anthem Blue Cross—San Francisco	10.5%	22.7%	39.8%	19.4%	7.7%
Anthem Blue Cross—San Joaquin	12.0%	23.3%	34.6%	22.5%	7.6%
Anthem Blue Cross—Santa Clara	9.5%	22.9%	44.2%	18.9%	4.6%
Anthem Blue Cross—Stanislaus	8.9%	18.8%	35.6%	27.0%	9.7%
Anthem Blue Cross—Tulare	13.3%	20.8%	33.7%	25.7%	6.5%
CalOptima—Orange	10.4%	16.8%	36.7%	25.9%	10.2%
Care 1st—San Diego	10.5%	26.3%	36.2%	20.5%	6.5%
CenCal Health—Santa Barbara	7.0%	17.2%	33.7%	30.6%	11.5%
Central CA Alliance for Health—Monterey, Santa Cruz	7.9%	18.9%	33.0%	31.0%	9.2%
Community Health Group—San Diego	12.0%	23.6%	39.5%	19.6%	5.4%
Contra Costa Health Plan—Contra Costa	10.1%	20.1%	39.1%	22.2%	8.5%
Health Net—Fresno	13.4%	21.8%	39.1%	18.8%	6.9%
Health Net—Kern	10.7%	20.2%	36.5%	24.3%	8.3%
Health Net—Los Angeles	10.0%	18.9%	43.9%	22.4%	4.7%
Health Net—Sacramento	10.3%	28.5%	36.8%	19.8%	4.6%
Health Net—San Diego	11.6%	28.2%	35.9%	17.2%	7.1%
Health Net—Stanislaus	11.0%	22.3%	35.1%	23.8%	7.9%
Health Net—Tulare	15.4%	19.1%	36.2%	23.8%	5.5%
Health Plan of San Joaquin—San Joaquin	12.8%	21.6%	36.3%	21.1%	8.1%
Health Plan of San Mateo—San Mateo	9.1%	19.1%	33.8%	27.3%	10.8%
Inland Empire Health Plan—Riverside, San Bernardino	9.7%	24.1%	37.0%	20.3%	8.9%
Kaiser Permanente-North—Sacramento	14.9%	22.7%	31.2%	24.4%	6.8%
Kaiser Permanente-South—San Diego	12.0%	24.0%	36.3%	20.8%	6.9%
Kern Family Health Care—Kern	10.4%	21.8%	33.6%	25.9%	8.4%
L.A. Care Health Plan—Los Angeles	13.1%	19.8%	37.6%	23.6%	6.0%
Molina Healthcare—Riverside, San Bernardino	12.4%	19.5%	37.0%	21.8%	9.3%
Molina Healthcare—Sacramento	9.7%	25.2%	38.4%	20.7%	6.0%
Molina Healthcare—San Diego	13.2%	23.5%	38.0%	18.5%	6.8%
Partnership Health Plan—Napa, Solano, Yolo	7.8%	20.3%	31.7%	27.5%	12.7%
San Francisco Health Plan—San Francisco	10.4%	23.0%	38.8%	21.2%	6.6%
Santa Clara Family Health Plan—Santa Clara	10.0%	23.0%	40.5%	20.6%	5.9%

**Percentages may not total 100% due to rounding.*

Table B-7—Child Member Demographics—Age*					
Plan Name and County	**Less than 1**	**1 to 3**	**4 to 7**	**8 to 12**	**13 to 18****
Medi-Cal Managed Care Program	**1.5%**	**24.1%**	**25.1%**	**25.1%**	**24.3%**
Alameda Alliance for Health—Alameda	1.4%	22.6%	24.3%	28.1%	23.6%
Anthem Blue Cross—Alameda	1.4%	20.2%	27.3%	25.7%	25.5%
Anthem Blue Cross—Contra Costa	0.7%	22.7%	27.7%	28.4%	20.6%
Anthem Blue Cross—Fresno	1.3%	17.1%	23.4%	28.0%	30.1%
Anthem Blue Cross—Sacramento	0.9%	22.2%	25.0%	24.1%	27.8%
Anthem Blue Cross—San Francisco	0.7%	23.9%	23.2%	24.6%	27.5%
Anthem Blue Cross—San Joaquin	1.1%	23.8%	24.6%	28.1%	22.4%
Anthem Blue Cross—Santa Clara	1.5%	17.6%	27.1%	24.8%	29.0%
Anthem Blue Cross—Stanislaus	0.7%	25.9%	21.3%	27.2%	25.0%
Anthem Blue Cross—Tulare	1.3%	21.9%	26.0%	26.0%	24.7%
CalOptima—Orange	3.1%	24.4%	24.5%	26.1%	21.9%
Care 1st—San Diego	0.7%	32.1%	22.7%	23.3%	21.2%
CenCal Health—Santa Barbara	2.5%	27.7%	26.3%	23.3%	20.2%
Central CA Alliance for Health—Monterey, Santa Cruz	3.6%	29.5%	26.5%	21.5%	19.0%
Community Health Group—San Diego	0.5%	23.1%	25.9%	25.7%	24.8%
Contra Costa Health Plan—Contra Costa	1.2%	24.7%	25.4%	24.7%	23.9%
Health Net—Fresno	1.6%	24.2%	29.2%	23.4%	21.6%
Health Net—Kern	0.5%	24.3%	22.5%	26.1%	26.6%
Health Net—Los Angeles	1.0%	21.8%	27.9%	25.8%	23.6%
Health Net—Sacramento	1.1%	22.9%	22.2%	24.9%	28.9%
Health Net—San Diego	0.9%	30.1%	21.3%	24.5%	23.0%
Health Net—Stanislaus	2.8%	25.5%	24.8%	23.6%	23.4%
Health Net—Tulare	1.0%	25.7%	27.8%	24.4%	21.1%
Health Plan of San Joaquin—San Joaquin	1.4%	20.4%	26.8%	24.6%	26.8%
Health Plan of San Mateo—San Mateo	2.8%	30.0%	26.0%	21.6%	19.6%
Inland Empire Health Plan—Riverside, San Bernardino	1.8%	25.7%	22.6%	24.4%	25.5%
Kaiser Permanente-North—Sacramento	1.3%	23.0%	21.9%	23.8%	29.9%
Kaiser Permanente-South—San Diego	1.1%	20.3%	23.4%	26.9%	28.4%
Kern Family Health Care—Kern	1.2%	23.0%	25.3%	25.8%	24.7%
L.A. Care Health Plan—Los Angeles	1.1%	24.0%	23.1%	25.6%	26.2%
Molina Healthcare—Riverside, San Bernardino	1.0%	22.3%	26.0%	26.0%	24.8%
Molina Healthcare—Sacramento	1.3%	25.8%	21.3%	23.9%	27.7%
Molina Healthcare—San Diego	0.5%	23.3%	28.1%	26.2%	21.9%
Partnership Health Plan—Napa, Solano, Yolo	3.4%	24.3%	25.9%	23.9%	22.5%
San Francisco Health Plan—San Francisco	2.9%	23.4%	23.7%	24.5%	25.5%
Santa Clara Family Health Plan—Santa Clara	1.1%	27.7%	27.1%	23.5%	20.6%

**Percentages may not total 100% due to rounding.*

*** Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2009. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2010 and the time of survey administration.*

Table B-8—Child Member Demographics—Gender*		
Plan Name and County	**Male**	**Female**
Medi-Cal Managed Care Program	**50.7%**	**49.3%**
Alameda Alliance for Health—Alameda	48.5%	51.5%
Anthem Blue Cross—Alameda	53.4%	46.6%
Anthem Blue Cross—Contra Costa	49.1%	50.9%
Anthem Blue Cross—Fresno	53.3%	46.7%
Anthem Blue Cross—Sacramento	51.3%	48.7%
Anthem Blue Cross—San Francisco	49.8%	50.2%
Anthem Blue Cross—San Joaquin	49.4%	50.6%
Anthem Blue Cross—Santa Clara	53.3%	46.7%
Anthem Blue Cross—Stanislaus	49.7%	50.3%
Anthem Blue Cross—Tulare	50.0%	50.0%
CalOptima—Orange	53.4%	46.6%
Care 1st—San Diego	52.5%	47.5%
CenCal Health—Santa Barbara	51.8%	48.2%
Central CA Alliance for Health—Monterey, Santa Cruz	50.6%	49.4%
Community Health Group—San Diego	51.3%	48.7%
Contra Costa Health Plan—Contra Costa	53.2%	46.8%
Health Net—Fresno	51.3%	48.7%
Health Net—Kern	51.3%	48.7%
Health Net—Los Angeles	51.0%	49.0%
Health Net—Sacramento	48.0%	52.0%
Health Net—San Diego	51.4%	48.6%
Health Net—Stanislaus	51.6%	48.4%
Health Net—Tulare	48.0%	52.0%
Health Plan of San Joaquin—San Joaquin	49.9%	50.1%
Health Plan of San Mateo—San Mateo	49.0%	51.0%
Inland Empire Health Plan—Riverside, San Bernardino	52.2%	47.8%
Kaiser Permanente-North—Sacramento	47.9%	52.1%
Kaiser Permanente-South—San Diego	48.6%	51.4%
Kern Family Health Care—Kern	50.7%	49.3%
L.A. Care Health Plan—Los Angeles	48.8%	51.2%
Molina Healthcare—Riverside, San Bernardino	52.7%	47.3%
Molina Healthcare—Sacramento	50.9%	49.1%
Molina Healthcare—San Diego	52.0%	48.0%
Partnership Health Plan—Napa, Solano, Yolo	51.3%	48.7%
San Francisco Health Plan—San Francisco	49.8%	50.2%
Santa Clara Family Health Plan—Santa Clara	50.8%	49.2%
**Percentages may not total 100% due to rounding.*		

Table B-9—Child Member Demographics—Race/Ethnicity*						
Plan Name and County	**White**	**Hispanic**	**Black**	**Asian**	**Other**	**Multi-Racial**
Medi-Cal Managed Care Program	**11.2%**	**62.1%**	**7.5%**	**9.6%**	**3.6%**	**5.9%**
Alameda Alliance for Health—Alameda	4.3%	43.7%	18.5%	21.2%	6.8%	5.5%
Anthem Blue Cross—Alameda	5.9%	44.8%	24.6%	12.8%	6.9%	5.1%
Anthem Blue Cross—Contra Costa	10.0%	52.0%	19.6%	8.1%	4.3%	6.0%
Anthem Blue Cross—Fresno	4.8%	71.6%	5.3%	10.5%	3.8%	4.0%
Anthem Blue Cross—Sacramento	29.1%	36.7%	8.0%	11.4%	4.8%	10.1%
Anthem Blue Cross—San Francisco	7.7%	36.6%	11.3%	34.9%	3.8%	5.7%
Anthem Blue Cross—San Joaquin	10.4%	65.1%	10.8%	5.9%	2.7%	5.2%
Anthem Blue Cross—Santa Clara	5.8%	49.1%	2.1%	33.9%	3.6%	5.5%
Anthem Blue Cross—Stanislaus	20.7%	60.9%	2.0%	5.2%	4.3%	7.0%
Anthem Blue Cross—Tulare	9.2%	81.9%	1.9%	1.6%	1.3%	4.1%
CalOptima—Orange	9.0%	74.3%	0.6%	9.3%	3.0%	3.8%
Care 1st—San Diego	11.7%	69.5%	5.3%	5.9%	2.4%	5.1%
CenCal Health—Santa Barbara	9.9%	81.0%	0.9%	1.3%	1.2%	5.7%
Central CA Alliance for Health—Monterey, Santa Cruz	9.4%	82.8%	0.9%	0.6%	2.3%	4.0%
Community Health Group—San Diego	8.8%	69.9%	6.1%	6.6%	4.9%	3.7%
Contra Costa Health Plan—Contra Costa	12.2%	55.1%	14.2%	5.9%	3.9%	8.7%
Health Net—Fresno	7.0%	74.4%	3.9%	6.3%	4.5%	3.9%
Health Net—Kern	19.0%	64.6%	6.3%	1.3%	3.4%	5.5%
Health Net—Los Angeles	2.9%	81.1%	5.3%	5.6%	1.3%	3.8%
Health Net—Sacramento	14.4%	33.9%	11.5%	28.1%	4.4%	7.7%
Health Net—San Diego	17.9%	51.8%	9.3%	5.4%	6.2%	9.3%
Health Net—Stanislaus	26.9%	60.4%	1.7%	2.9%	2.3%	5.8%
Health Net—Tulare	7.8%	84.4%	1.3%	1.2%	2.2%	3.2%
Health Plan of San Joaquin—San Joaquin	10.2%	59.7%	5.5%	14.2%	4.1%	6.3%
Health Plan of San Mateo—San Mateo	7.2%	68.8%	3.5%	9.2%	6.3%	5.1%
Inland Empire Health Plan—Riverside, San Bernardino	12.6%	69.5%	7.3%	2.7%	1.5%	6.4%
Kaiser Permanente-North—Sacramento	24.2%	27.7%	19.7%	7.1%	6.5%	14.9%
Kaiser Permanente-South—San Diego	21.4%	51.1%	11.6%	4.0%	4.1%	7.9%
Kern Family Health Care—Kern	11.0%	75.0%	5.1%	2.0%	2.0%	4.9%
L.A. Care Health Plan—Los Angeles	6.4%	75.6%	6.6%	4.4%	2.9%	4.2%
Molina Healthcare—Riverside, San Bernardino	10.7%	76.3%	6.5%	1.7%	0.7%	4.1%
Molina Healthcare—Sacramento	12.7%	48.8%	15.9%	12.3%	2.3%	7.9%
Molina Healthcare—San Diego	10.0%	68.4%	5.5%	5.5%	4.3%	6.3%
Partnership Health Plan—Napa, Solano, Yolo	18.1%	52.8%	9.0%	7.6%	4.4%	8.1%
San Francisco Health Plan—San Francisco	2.8%	39.7%	9.0%	37.4%	5.3%	5.9%
Santa Clara Family Health Plan—Santa Clara	3.2%	72.2%	3.2%	14.0%	3.0%	4.3%

**Percentages may not total 100% due to rounding.*

Table B-10—Child Member Demographics—General Health Status*					
Plan Name and County	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Medi-Cal Managed Care Program	**34.8%***	**32.3%**	**25.6%**	**6.7%**	**0.6%**
Alameda Alliance for Health—Alameda	37.5%	32.6%	26.3%	2.7%	0.9%
Anthem Blue Cross—Alameda	36.8%	33.3%	24.3%	5.1%	0.6%
Anthem Blue Cross—Contra Costa	36.0%	30.8%	26.0%	6.8%	0.3%
Anthem Blue Cross—Fresno	31.9%	32.3%	30.2%	5.3%	0.4%
Anthem Blue Cross—Sacramento	36.0%	34.3%	23.7%	4.8%	1.1%
Anthem Blue Cross—San Francisco	28.3%	37.3%	28.5%	5.5%	0.4%
Anthem Blue Cross—San Joaquin	35.7%	29.9%	27.8%	6.2%	0.4%
Anthem Blue Cross—Santa Clara	33.8%	31.4%	27.7%	6.1%	1.0%
Anthem Blue Cross—Stanislaus	30.8%	36.2%	26.9%	5.6%	0.4%
Anthem Blue Cross—Tulare	29.3%	33.7%	27.2%	9.7%	0.0%
CalOptima—Orange	35.8%	29.1%	26.9%	7.9%	0.2%
Care 1st—San Diego	36.9%	31.0%	24.1%	7.3%	0.7%
CenCal Health—Santa Barbara	30.6%	31.4%	26.5%	10.7%	0.7%
Central CA Alliance for Health—Monterey, Santa Cruz	33.3%	30.1%	27.4%	8.8%	0.4%
Community Health Group—San Diego	35.8%	29.1%	27.4%	6.7%	1.0%
Contra Costa Health Plan—Contra Costa	37.9%	30.9%	24.6%	5.5%	1.2%
Health Net—Fresno	33.5%	30.9%	25.1%	8.7%	1.8%
Health Net—Kern	35.6%	32.4%	24.9%	6.4%	0.7%
Health Net—Los Angeles	35.7%	28.1%	25.8%	9.3%	1.1%
Health Net—Sacramento	35.4%	34.7%	23.8%	6.2%	0.0%
Health Net—San Diego	39.0%	37.1%	17.4%	5.6%	0.9%
Health Net—Stanislaus	35.5%	37.0%	20.9%	6.1%	0.6%
Health Net—Tulare	30.6%	32.2%	29.5%	7.5%	0.3%
Health Plan of San Joaquin—San Joaquin	34.4%	34.0%	24.8%	6.4%	0.3%
Health Plan of San Mateo—San Mateo	33.7%	30.4%	26.4%	9.4%	0.2%
Inland Empire Health Plan—Riverside, San Bernardino	36.7%	29.1%	28.0%	5.8%	0.4%
Kaiser Permanente-North—Sacramento	43.2%	36.5%	16.7%	3.6%	0.0%
Kaiser Permanente-South—San Diego	40.7%	36.6%	18.7%	3.6%	0.5%
Kern Family Health Care—Kern	37.6%	30.5%	25.5%	5.7%	0.7%
L.A. Care Health Plan—Los Angeles	35.1%	27.9%	29.0%	7.1%	0.9%
Molina Healthcare—Riverside, San Bernardino	30.9%	32.4%	27.3%	8.9%	0.5%
Molina Healthcare—Sacramento	39.6%	28.7%	25.1%	6.4%	0.2%
Molina Healthcare—San Diego	35.8%	32.2%	22.4%	9.3%	0.3%
Partnership Health Plan—Napa, Solano, Yolo	35.5%	33.7%	23.7%	6.5%	0.5%
San Francisco Health Plan—San Francisco	29.4%	35.7%	30.0%	4.3%	0.6%
Santa Clara Family Health Plan—Santa Clara	31.0%	31.8%	28.8%	8.2%	0.2%

**Percentages may not total 100% due to rounding.*