



**MEDI-CAL MANAGED CARE DIVISION**  
**Reporting Year 2009**  
**HEDIS Measure Results by Health Plan and Measure**  
**February 2010**

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# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

## Performance Measures - HEDIS Scores (Reporting Year 2009 for Measurement Year 2008 Data)

Developed and maintained by the National Committee for Quality Assurance (NCQA), the Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used set of performance measures in the managed care industry. HEDIS is used by over 90 percent of health plans nationwide to measure plan performance and has been adapted for use by public purchasers, regulators, and consumers. Although HEDIS does not provide the entire picture of health plan performance, it is still the gold standard for health plan performance measurement. As of 2009, HEDIS included 74 measures across eight domains of care: Effectiveness of Care, Access/Availability of Care, Satisfaction with the Experience of Care, Use of Services, Cost of Care, Health Plan Descriptive Information, Health Plan Stability, and Informed Health Care Choices.

For Reporting Year 2009 (RY2009), MMCD required its full-scope contracted plans to report HEDIS scores (or rates) for 12 measures, some of which have more than one "indicator." Thus each plan was required to report 22 HEDIS rates for its RY2009 Medi-Cal Managed Care line of business. The 12 measures are in the Effectiveness of Care, Access/Availability of Care, and Use of Services domains. The following graphs reflect 22 rates comprising the RY2009 plan scores for the 12 required HEDIS measures in comparison with each other and with the 2008 national Medicaid average. The RY2009 plan scores are based on data collected over the 2008 measurement year. The first chart shows the trend for each currently required HEDIS measure for which MMCD has at least three consecutive years of data since the first reporting year, RY1999.

Any plan that scores below the Minimum Performance Level (MPL) -- the 25th percentile of the national Medicaid results from the previous year must submit an Improvement Plan (IP) to MMCD. HEDIS scores are publicly reported in a summary report available on the MMCD webpage; they are also used in calculating auto-assignment performance incentives, in developing plan ratings for the *Consumer Guides*, and in determining which plans should receive an annual Quality Award.

Each HEDIS measure has its own technical specifications which provide specific guidelines for data collection, reporting, and sampling. The technical specifications explain how HEDIS data is collected and HEDIS rates are calculated. They detail sampling requirements for the eligible population, specify the continuous enrollment requirement for each measure, and describe the different calculations required for processing administrative-only data versus hybrid data. (Hybrid data combines administrative and medical record review data.)

### **The HEDIS abbreviations below are used in the Medi-Cal Managed Care Program trend chart on the next page.**

- ASM** ♦ Use of Appropriate Medications for People with Asthma
- AWC** ♦ Adolescent Well-Care Visits
- BCS** Breast Cancer Screening
- CCS** ♦ Cervical Cancer Screening
- CDC-E** Comprehensive Diabetes Care - Eye Exam (Retinal) Performed
- CDC-HT** Comprehensive Diabetes Care - Hemoglobin A1c Testing
- CDC-L** Comprehensive Diabetes Care - Low-Density Lipoprotein (LDL) Screening
- CDC-N** Comprehensive Diabetes Care - Medical Attention for Nephropathy
- PPC-Pre** ♦ Prenatal and Postpartum Care - Timeliness of Prenatal Care
- PPC-Pst** Prenatal and Postpartum Care - Postpartum Care
- URI** Appropriate Treatment for Children With Upper Respiratory Infection
- W15** Well-Child Visits in the First 15 Months of Life (6+ Visits)
- W34** ♦ Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Total Visits)

(♦) Auto assignment incentive measures.

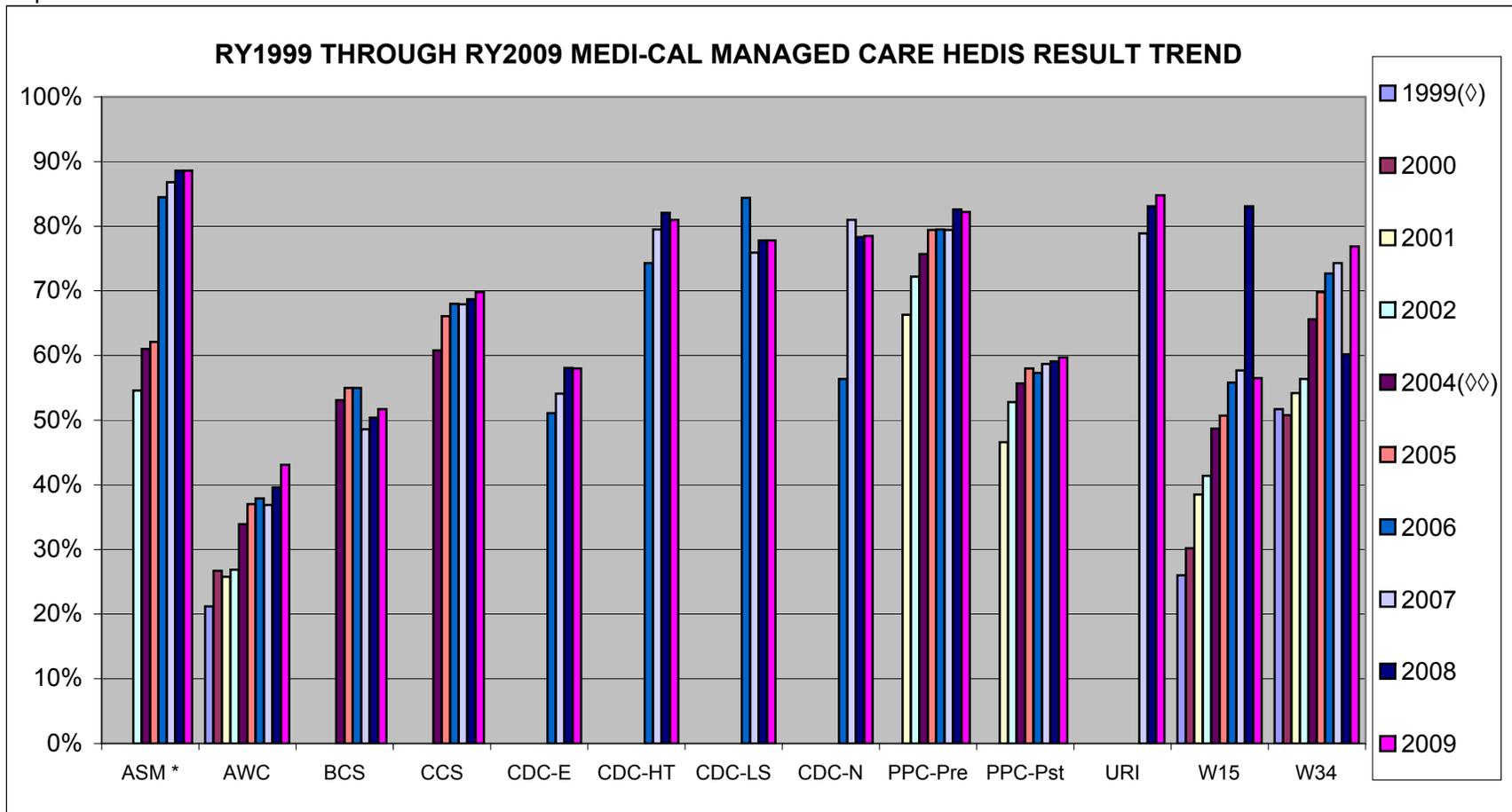
# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

## Trend of Selected HEDIS Measures

**Description:** The trend in HEDIS measure results since 2000 is shown below for nine measures, one of which has four indicators and another with two indicators. The results combine the scores reported by plans in the COHS, GMC, and 2-Plan models.

**Rationale:** Despite HEDIS score variances, noting the trends in Medi-Cal managed care plan results provides useful information for MMCD policy and planning purposes.

**Data Considerations:** NCQA periodically retires specific HEDIS measures and introduces new ones. For example, Medi-Cal managed care plans no longer report on the Childhood Immunization Status - Combination 2 measure as of reporting year (RY) 2009, and instead, report on the Childhood Immunization Status - Combination 3 measure.



**Note:** An abbreviation key is provided on the previous page.

(◇) The rates for RY1999 are averages. Weighted averages were calculated for the first time in RY2000.

(◇◇) HEDIS scores are not available for RY2003 due to a delay in the procurement of the EQRO contract.

\* In RY2006, a change in the ASM technical specifications resulted in an unusually high score increase for all plan rates.

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

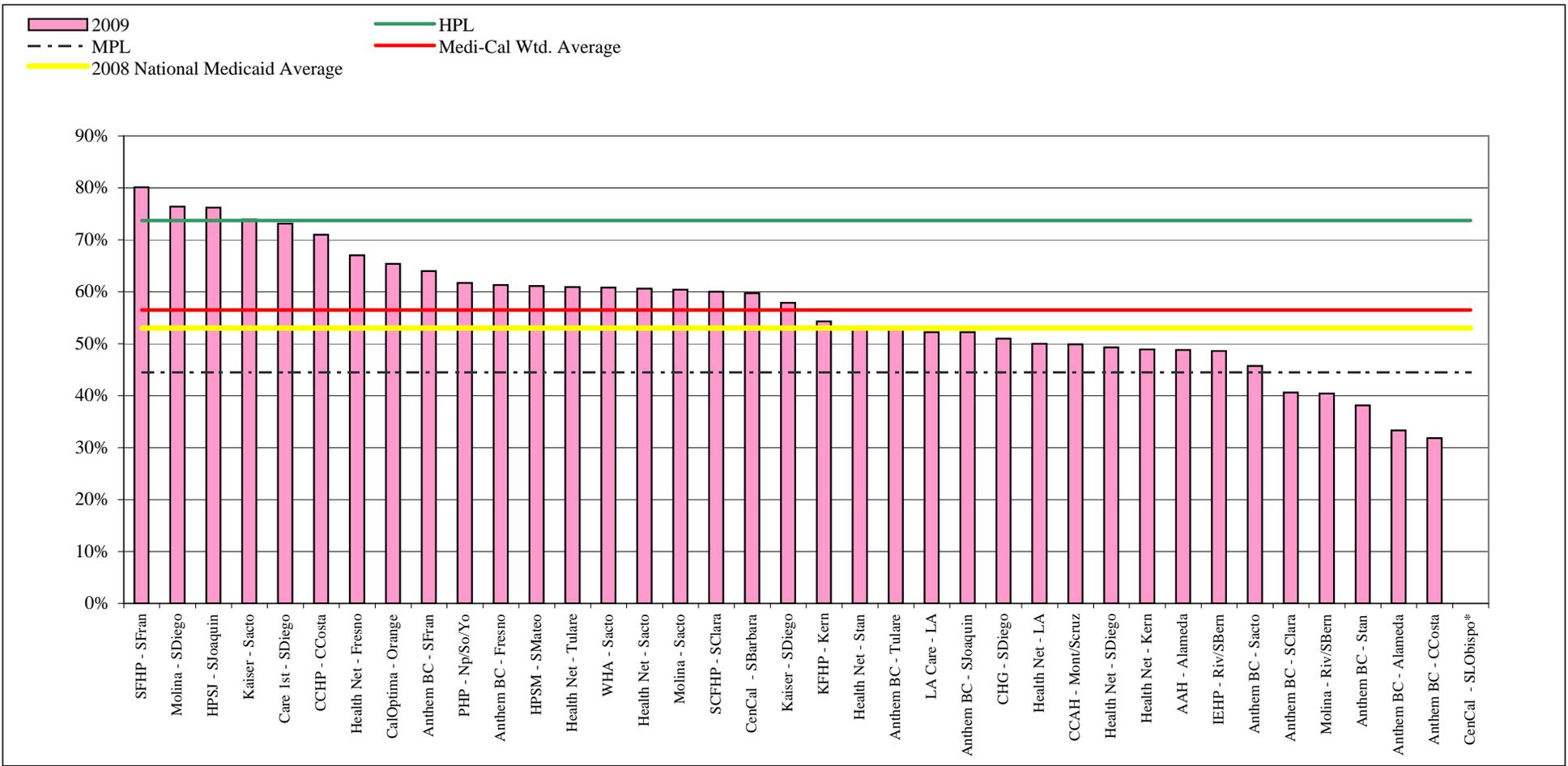
## Well-Child Visits in the First 15 Months of Life (6+ Visits): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure identifies the percentage of child members who turned 15 months old during the measurement year, who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life, and who were continuously enrolled from 31 days old to 15 months of age with no more than one gap of enrollment of up to 45 days during the continuous enrollment period.

**Rationale:** Regular PCP visits for children in the first 15 months of life are associated with better health outcomes. Regular visits allow for early detection and treatment of any health problems.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

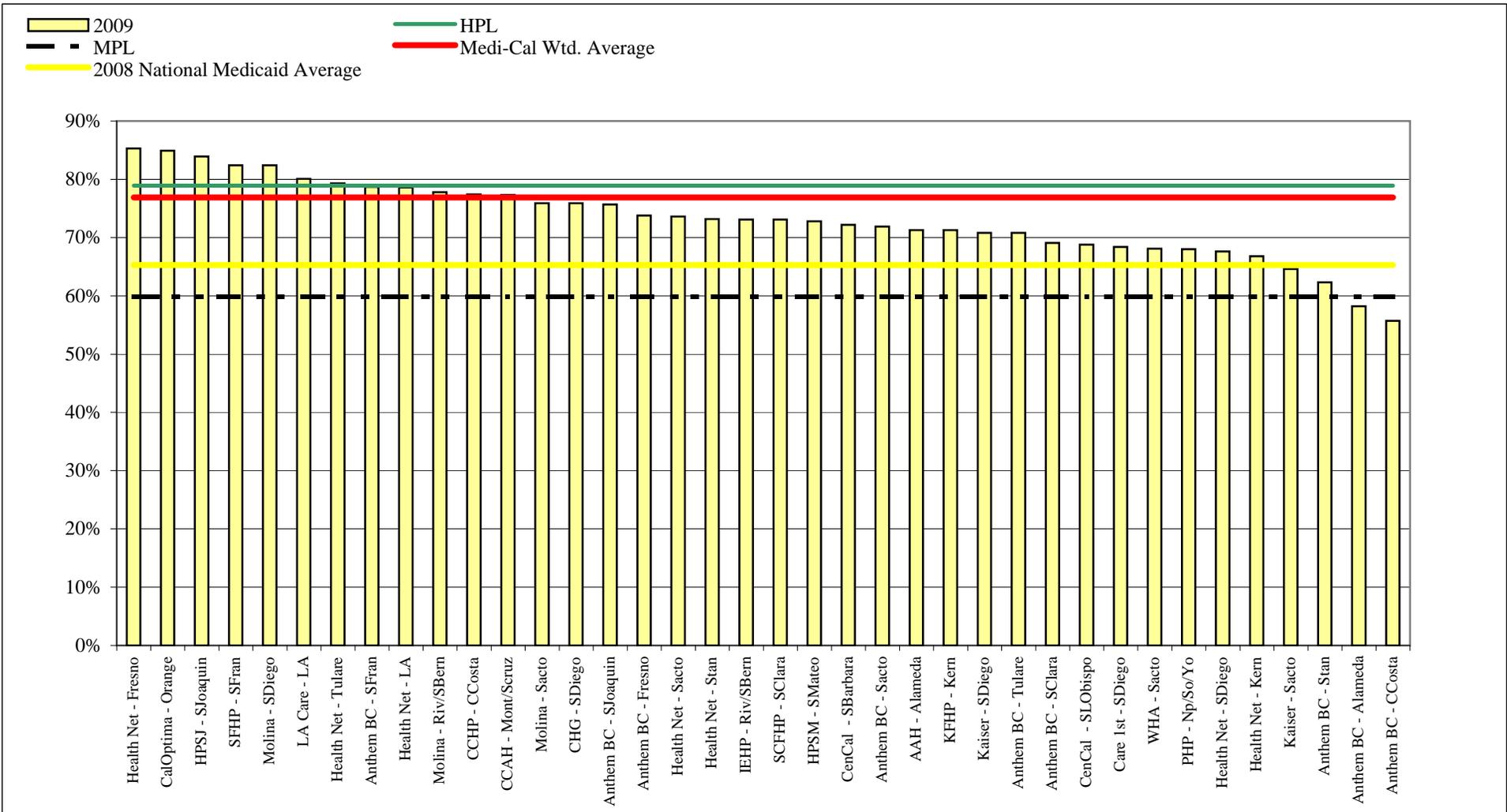
## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of children 3 through 6 years of age who received one or more well-child visit(s) with a primary care physician (PCP) during the measurement year.

**Rationale:** Access to regular and early health care is important in preventing or detecting health problems when they are most easily treated. The Well-Child Visits measure is in the Use of Services HEDIS domain, but visits to PCPs can still be considered a measure of access to the health care system.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department. Note: Auto assignment incentive measure.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

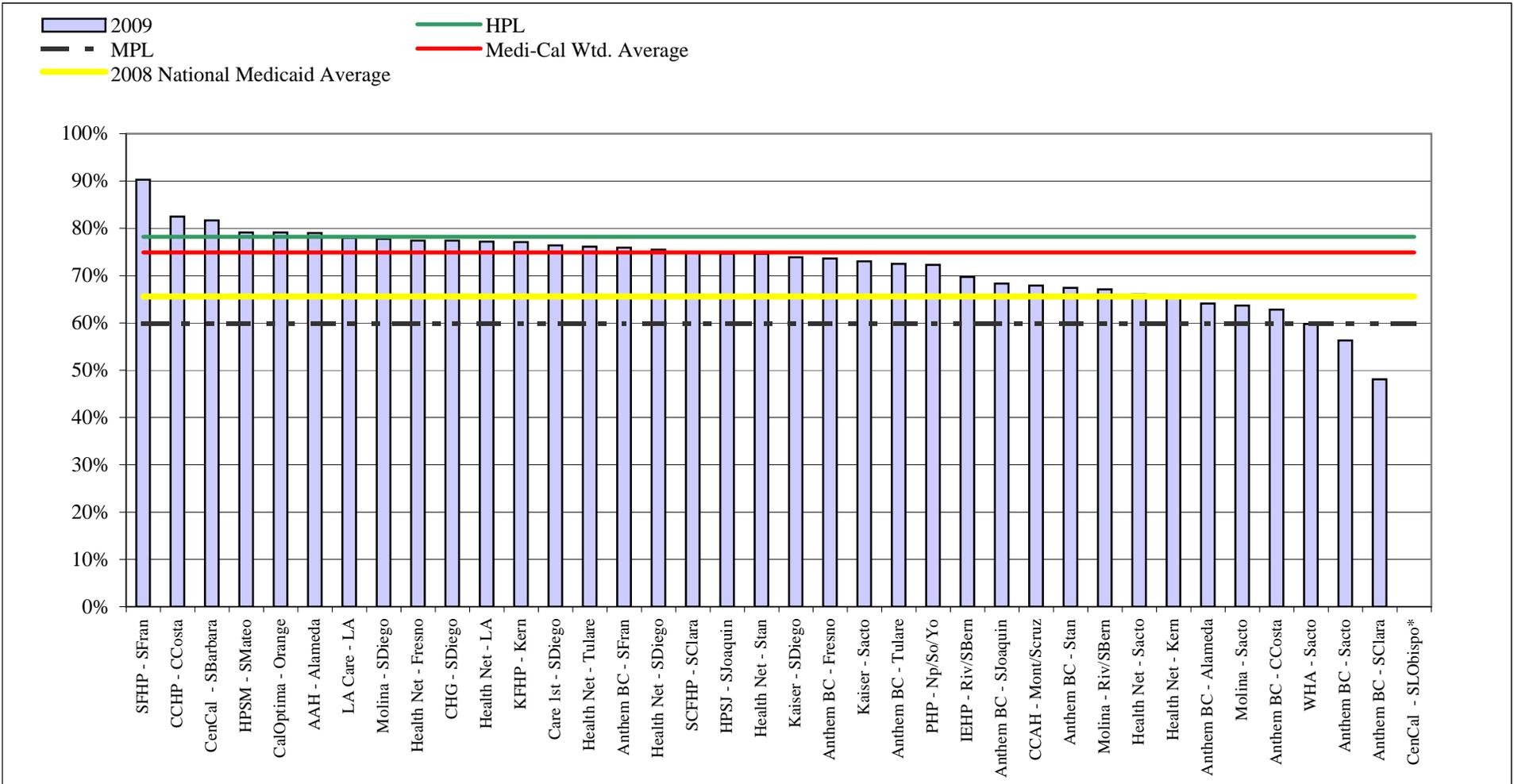
## Childhood Immunization Status - Combination 3: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of children who received four diphtheria, tetanus, and pertussis (DTaP), three polio (IPV), one measles, mumps, rubella (MMR), two H influenza type B (HiB), three hepatitis B, one chicken pox (VZV), and four pneumococcal conjugate vaccinations on or before the child's second birthday.

**Rationale:** The American Academy of Pediatrics recommends that children receive the immunizations included in this measure by the age of two.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008, so RY2009 is the first year plans are being held to the MPL and HPL.



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

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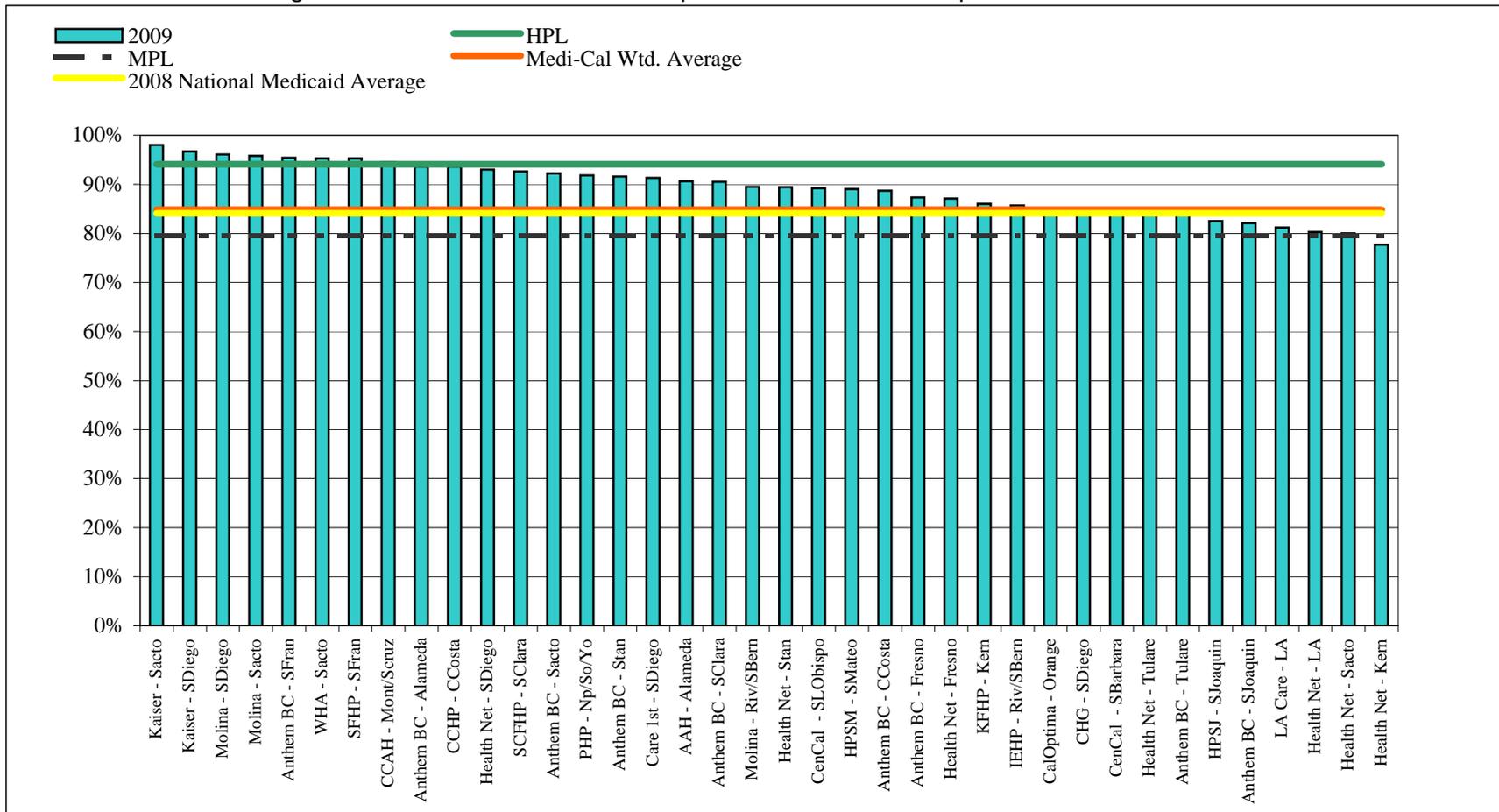
## Appropriate Treatment for Children With Upper Respiratory Infection: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of children three months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription 30 days before through three days after the episode date. children must have been continuously enrolled 30 days before the episode date through three days after the episode date with no gaps in enrollment.

**Rationale:** Antibiotic use rates are highest for children, although coughs and bronchitis are principally caused by viruses. Antibiotic treatment of upper respiratory infections in the well child does not prevent bacterial complications such as pneumonia. Repeated and improper use of antibiotics have led to the increase in drug-resistant bacteria. Antibiotic resistance can cause significant danger and suffering for individuals with common infections that were once easily treatable with antibiotics.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

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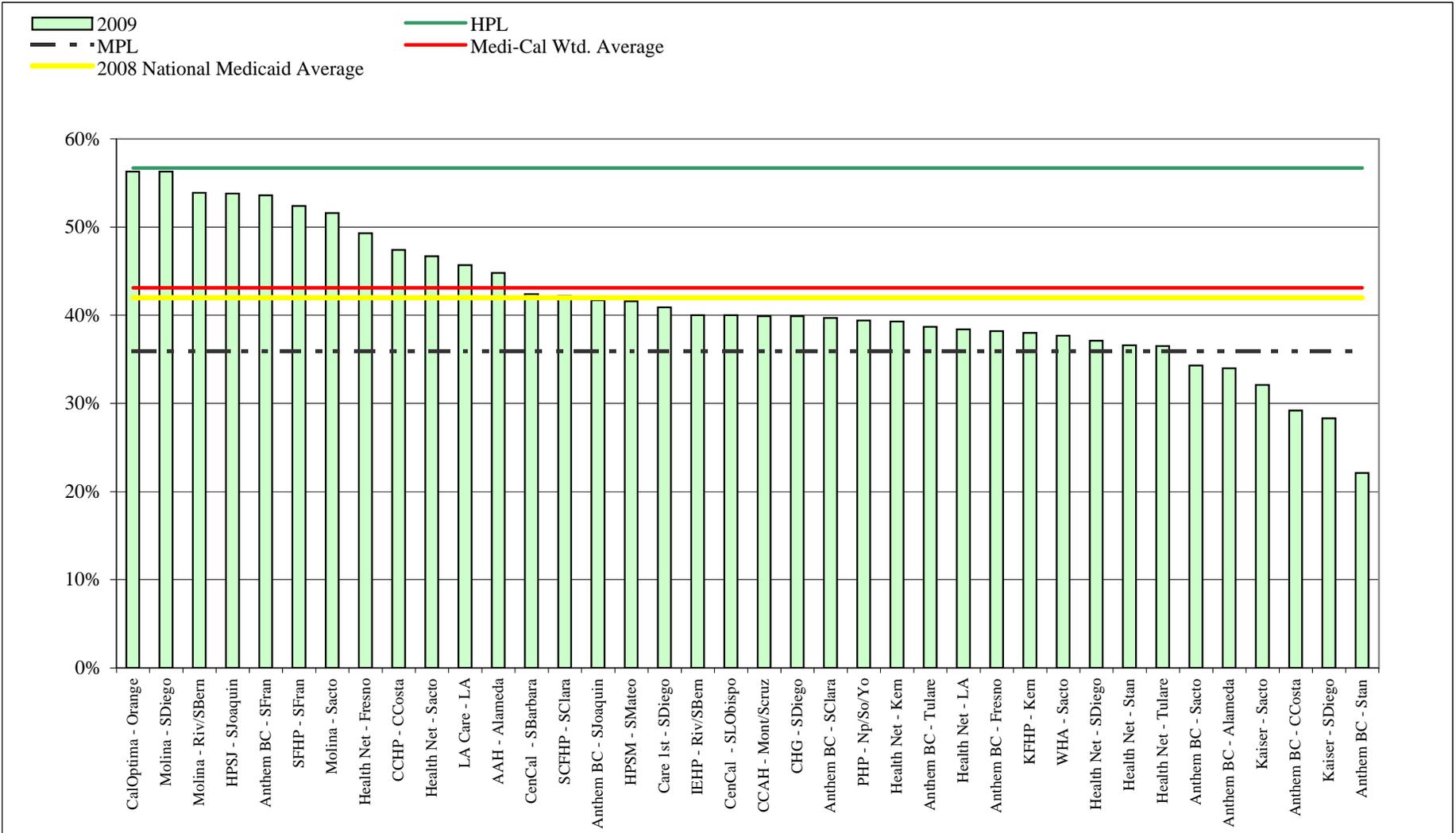
## Adolescent Well-Care Visits: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of enrolled members 12 through 21 years of age who had at least one comprehensive well-care visits with a PCP or an OB/GYN practitioner during the measurement year.

**Rationale:** PCP and OB/GYN visits for adolescents are associated with better health outcomes and allow early detection and treatment of any health problems.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department. Note: Auto assignment incentive measure.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

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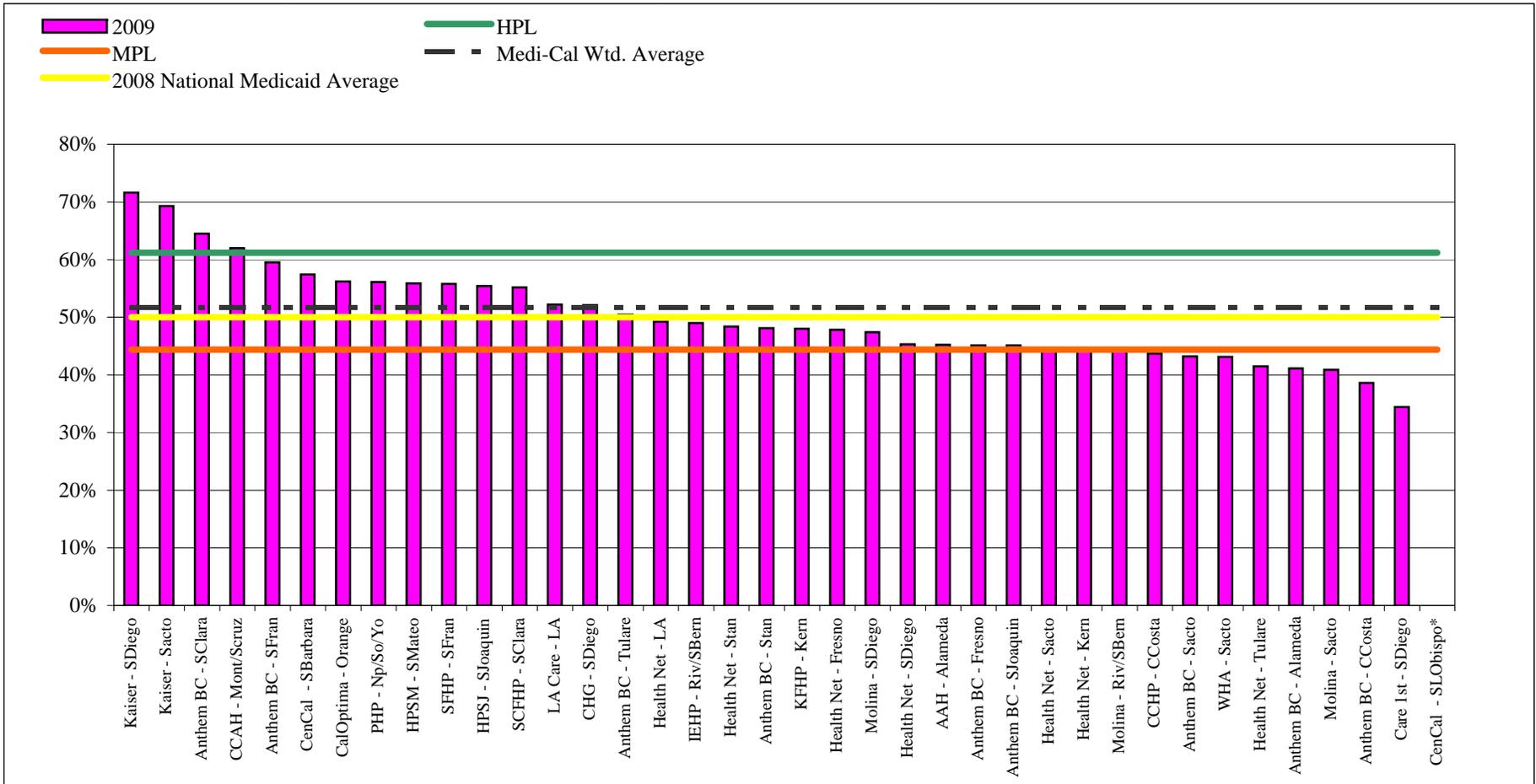
## Breast Cancer Screening: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of women 40 to 69 years of age who had at least one mammogram in the past two years. To be included, the women had to be continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap in enrollment of up to 45 days during each year.

**Rationale:** Breast cancer is the leading contributor of cancer mortality in women; an estimated 192,370 new cases were diagnosed in American women during 2009. The U.S. Preventive Services Task Force recommends screening for breast cancer every one to two years, with mammography alone or mammography and annual clinical breast examination, for women aged 40-69. (These guidelines were recently updated.)

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

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

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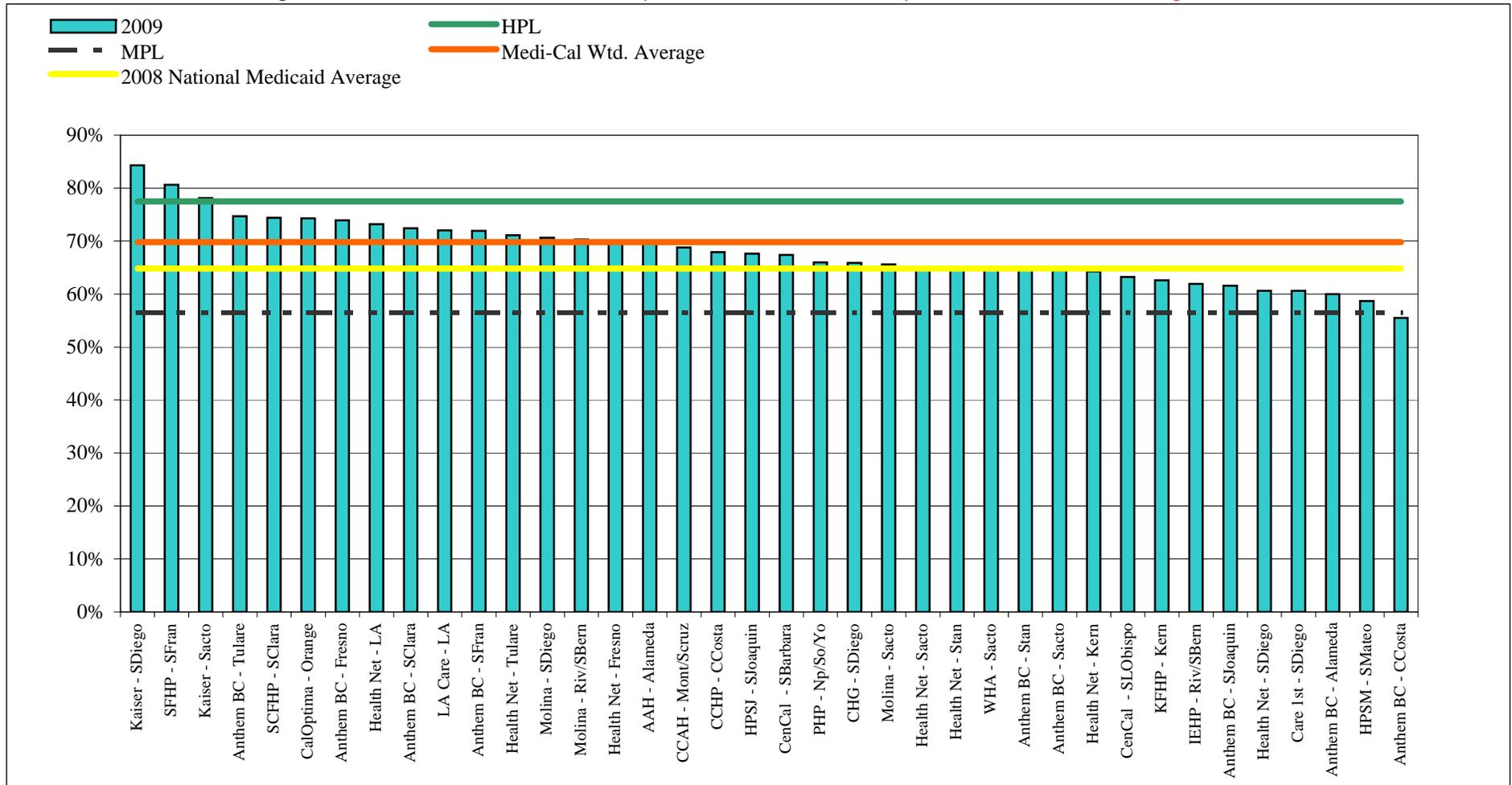
## Cervical Cancer Screening: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of women 21 to 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year to screen for cervical cancer. To be included, the women had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days.

**Rational:** In 2009, Cervical cancer was the fifth most common cancer in women worldwide and the third leading cause of cancer-related deaths. Approximately 11,000 new cases of cervical cancer are diagnosed in the United States each year (1,400 in California) and nationally 4,070 women die from this disease annually. Early detection is critical since noticeable symptoms don't usually appear until cervical cancer is quite advanced.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department. Note: **Auto assignment incentive measure.**



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

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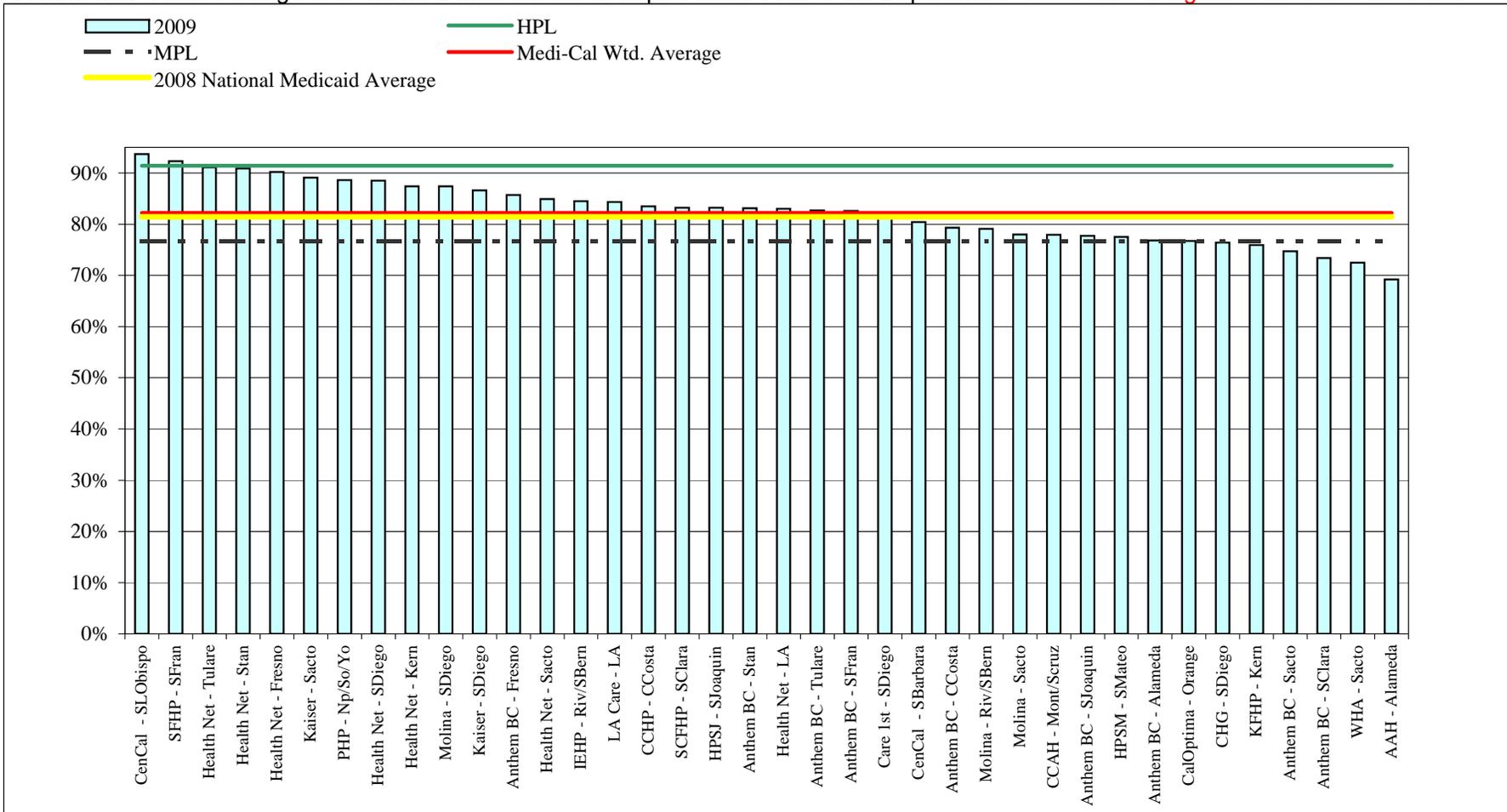
## Prenatal and Postpartum Care - Timeliness of Prenatal Care: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization, and who were continuously enrolled for at least 43 days prior to delivery through 56 days after delivery. This is the first indicator of a two-part HEDIS measure, Prenatal and Postpartum Care.

**Rationale:** According to the American College of Obstetrics and Gynecologists, women who have early and regular prenatal care are more likely to have healthier babies. Health plans can reduce the barriers to accessing prenatal care through outreach and education.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department. Note: Auto assignment incentive measure.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

## RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

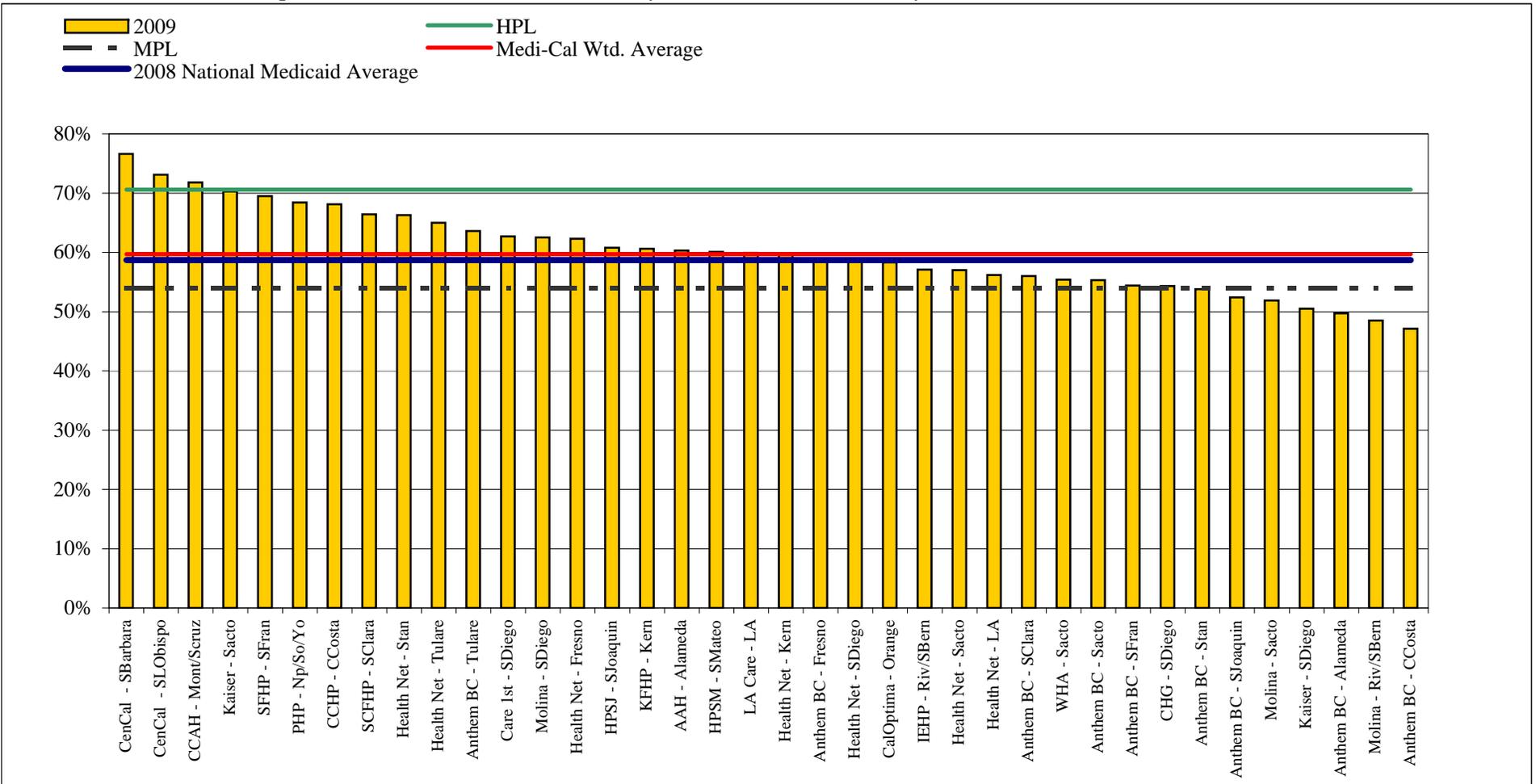
### Prenatal and Postpartum Care - Postpartum Care: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery and who were continuously enrolled for at least 43 days prior to delivery through 56 days after delivery. This is the second indicator of a two-part measure, Prenatal and Postpartum Care.

**Rationale:** The American College of Obstetricians and Gynecologists (ACOG) standards recommend postpartum review and evaluation four to eight weeks after delivery. This is an appropriate time for review of family planning and immunization needs, nutritional and health education assessments, and for discussion of any special problems, such as postpartum depression.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



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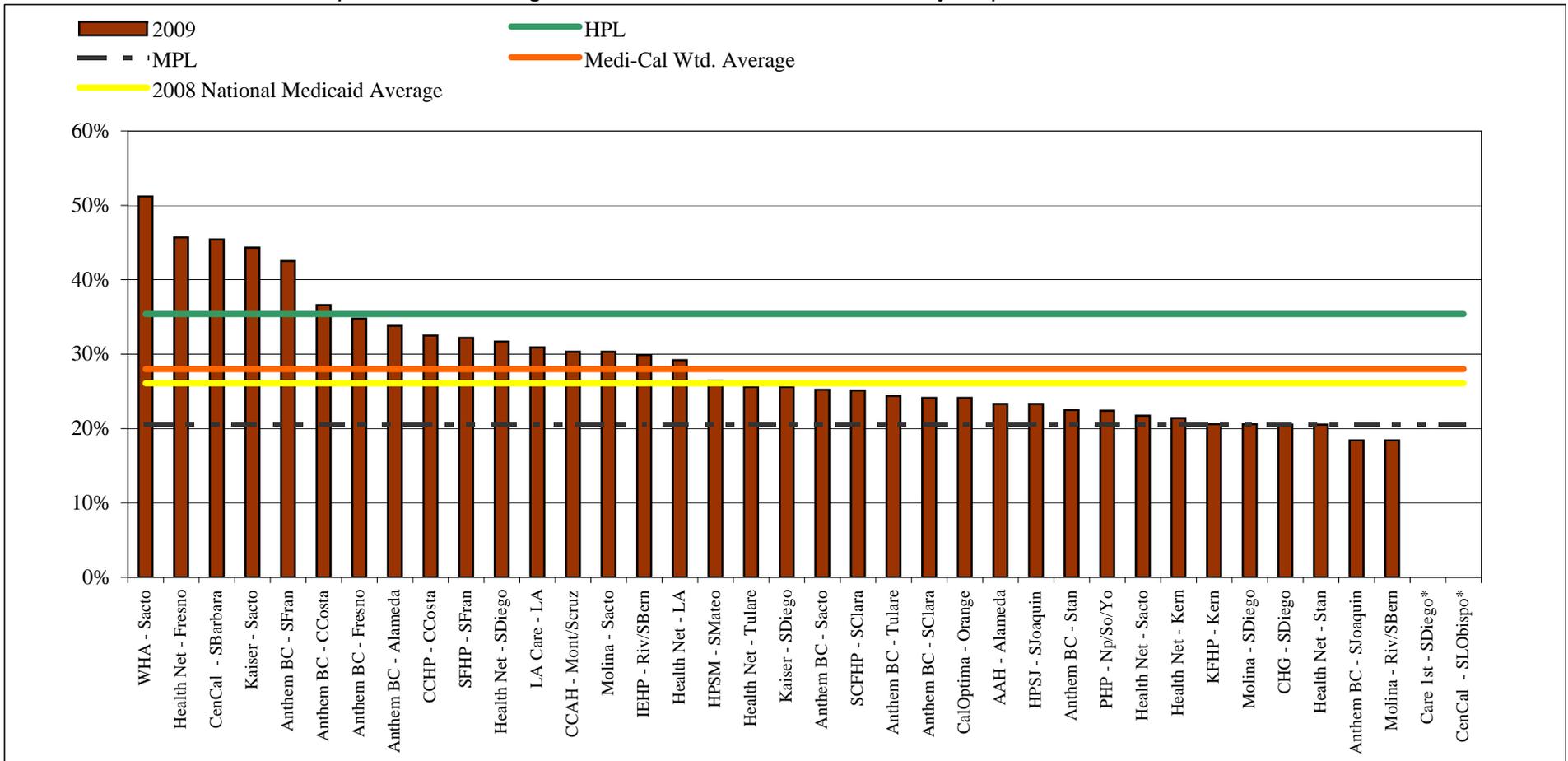
## Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of adult members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription from 30 days prior to the episode date. To be included, the members had to be continuously enrolled for one year prior to the episode date through seven days after the Episode Date with no more than a 45-day gap in enrollment.

**Rationale:** According to the CDC, antibiotics are ineffective for eight in ten cases of acute bronchitis. Inappropriate antibiotic use creates bacterial resistance to antibiotics, can lead to adverse side effects, and represents a waste of health care resources.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** This measure's specifications changed in RY2008, so RY2009 is the first year plans were held to the MPL and HPL.



\* NA: Denominator < 30; Rate invalid

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

## RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

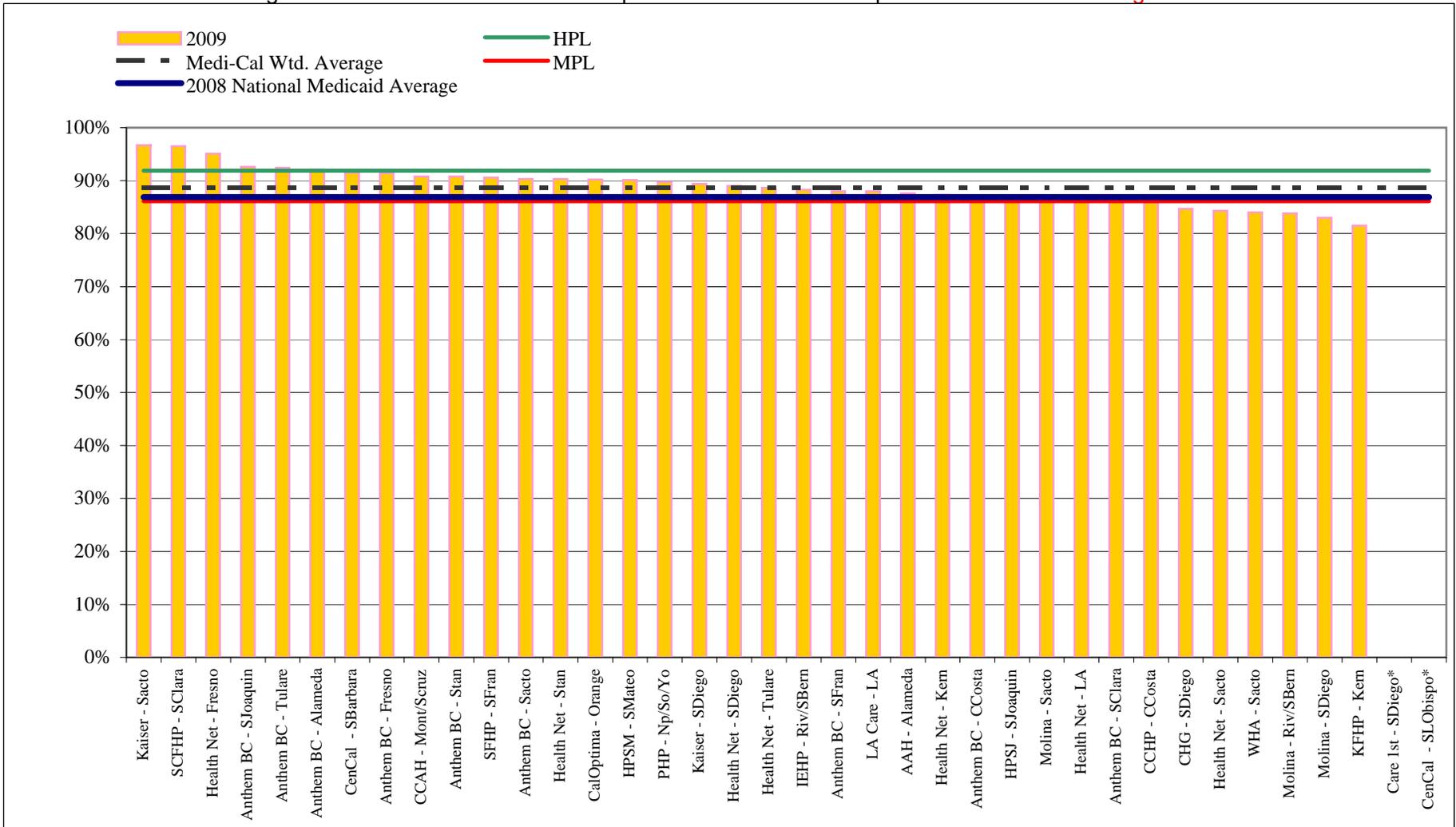
### Use of Appropriate Medications for People With Asthma: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 5 to 56 years of age during the measurement year who were identified as having persistent asthma who were appropriately prescribed medication during the measurement year.

**Rationale:** Use of appropriate medications and proper treatment within a doctor's office may reduce the risk of asthma attacks and may prevent emergency room visits.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department. **Note: Auto assignment incentive measure.**



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

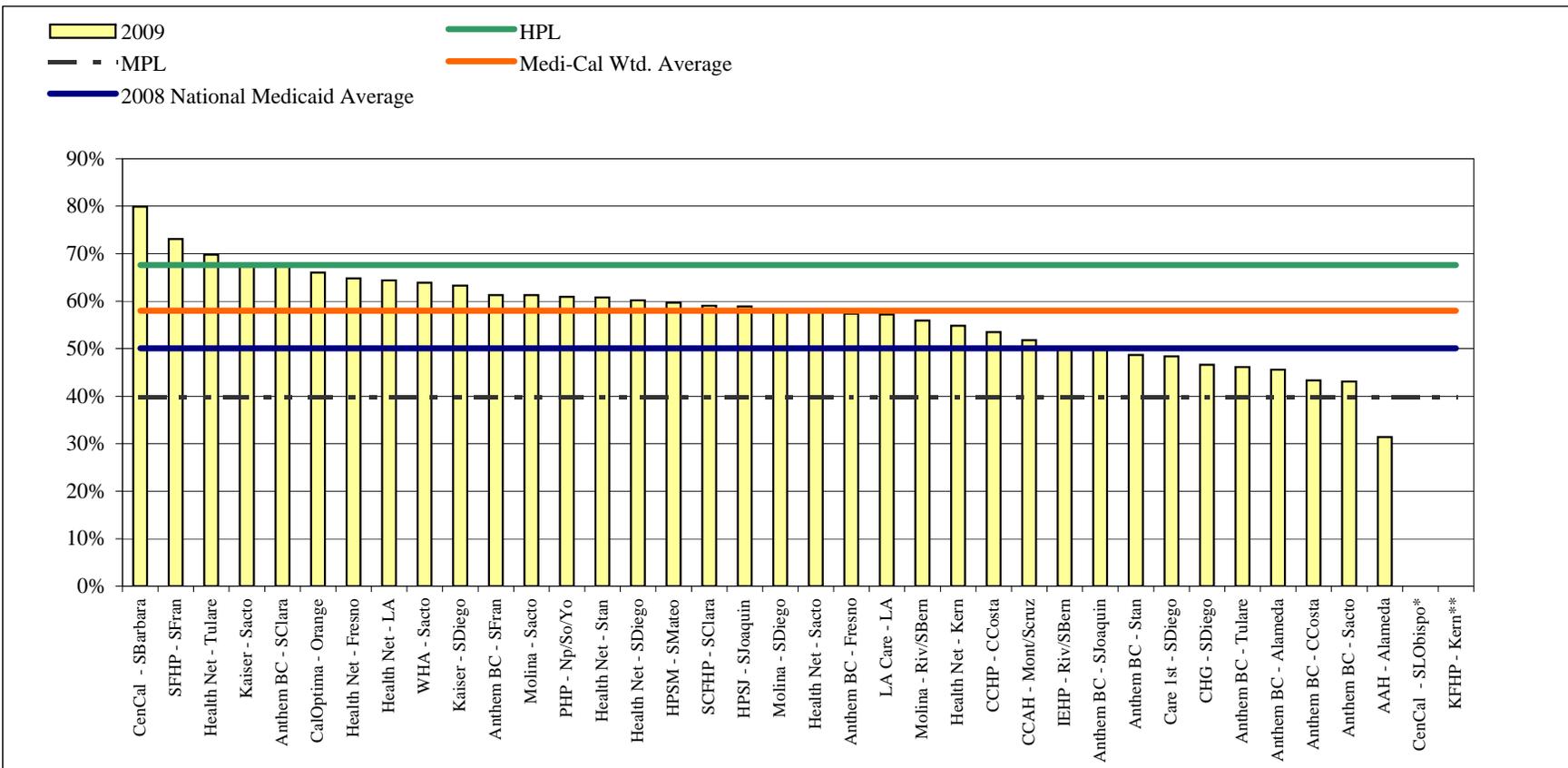
## Comprehensive Diabetes Care - Eye Exam (Retinal) Performed: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam performed during the measurement year. To be included in the eligible population, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and associated complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. Diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults and of end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

\*\* NR: Rate biased or plan did not report

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

## HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

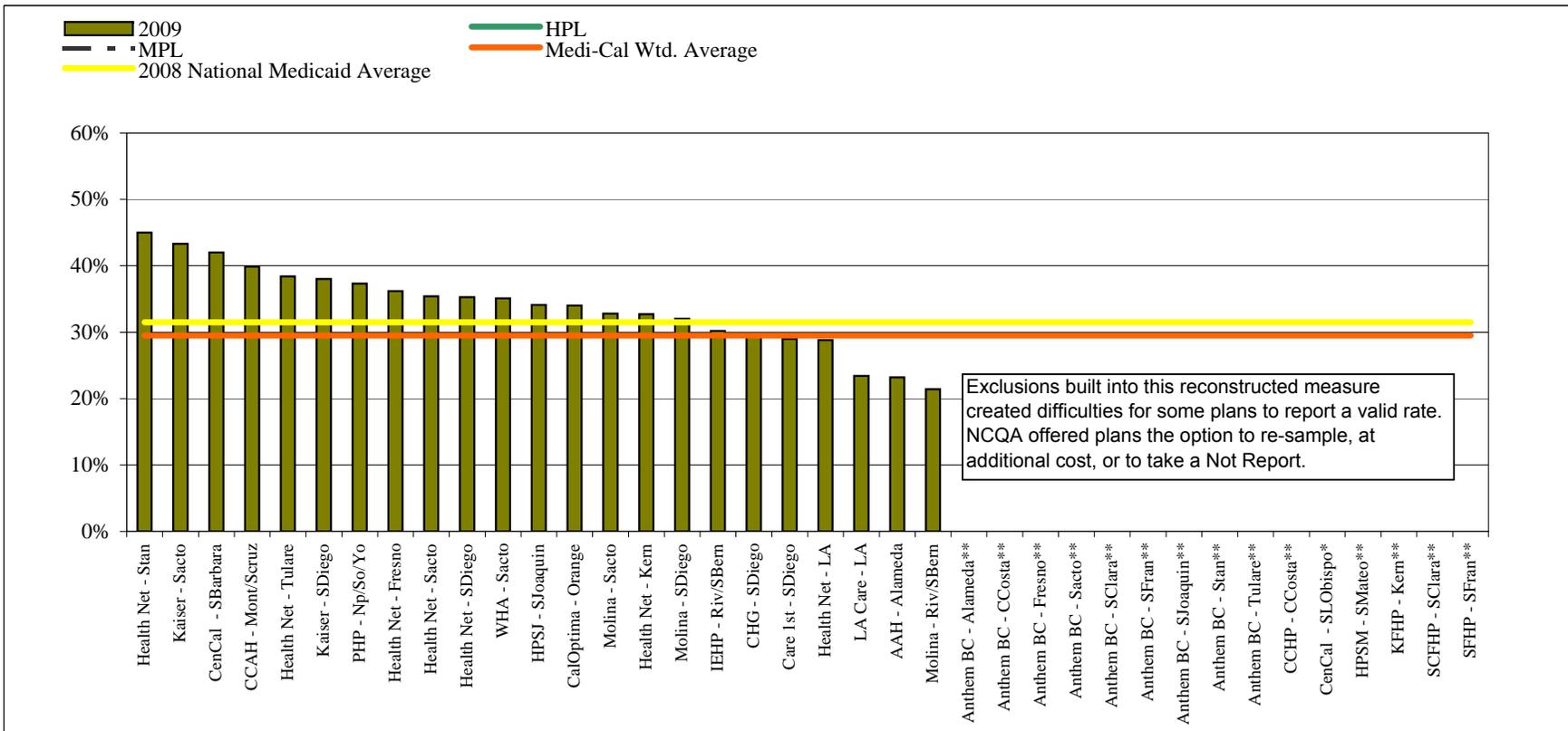
### Comprehensive Diabetes Care - HbA1c Control (< 7.0%): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) whose most recent automated HbA1c level test result during the measurement year was less than 7 percent. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and related complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. In the U.S., diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008 and opted not to apply the MPL/HPL in RY2008 or RY2009. A different indicator (< 8%) is being required in 2010.



\* NA: Denominator < 30; Rate invalid

\*\* NR: Rate biased or plan did not report

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

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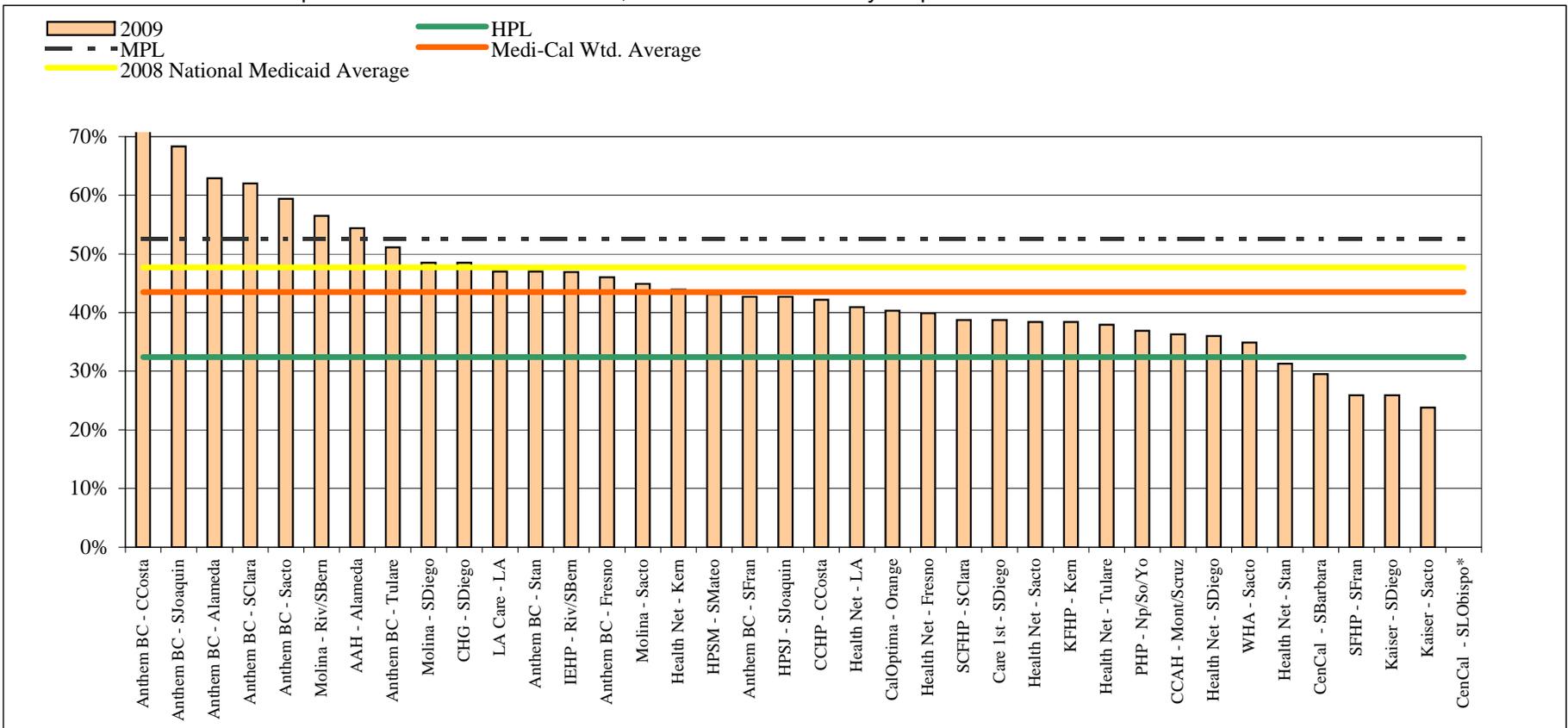
## Comprehensive Diabetes Care - HbA1c Poor Control (> 9%): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) whose most recent automated HbA1c level test result during the measurement year was greater than 9 percent, missing, or no HbA1c test was done. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and related complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. In the U.S., diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008, so RY2009 is the first year plans were held to the MPL and HPL.



\* NA: Denominator < 30; Rate invalid

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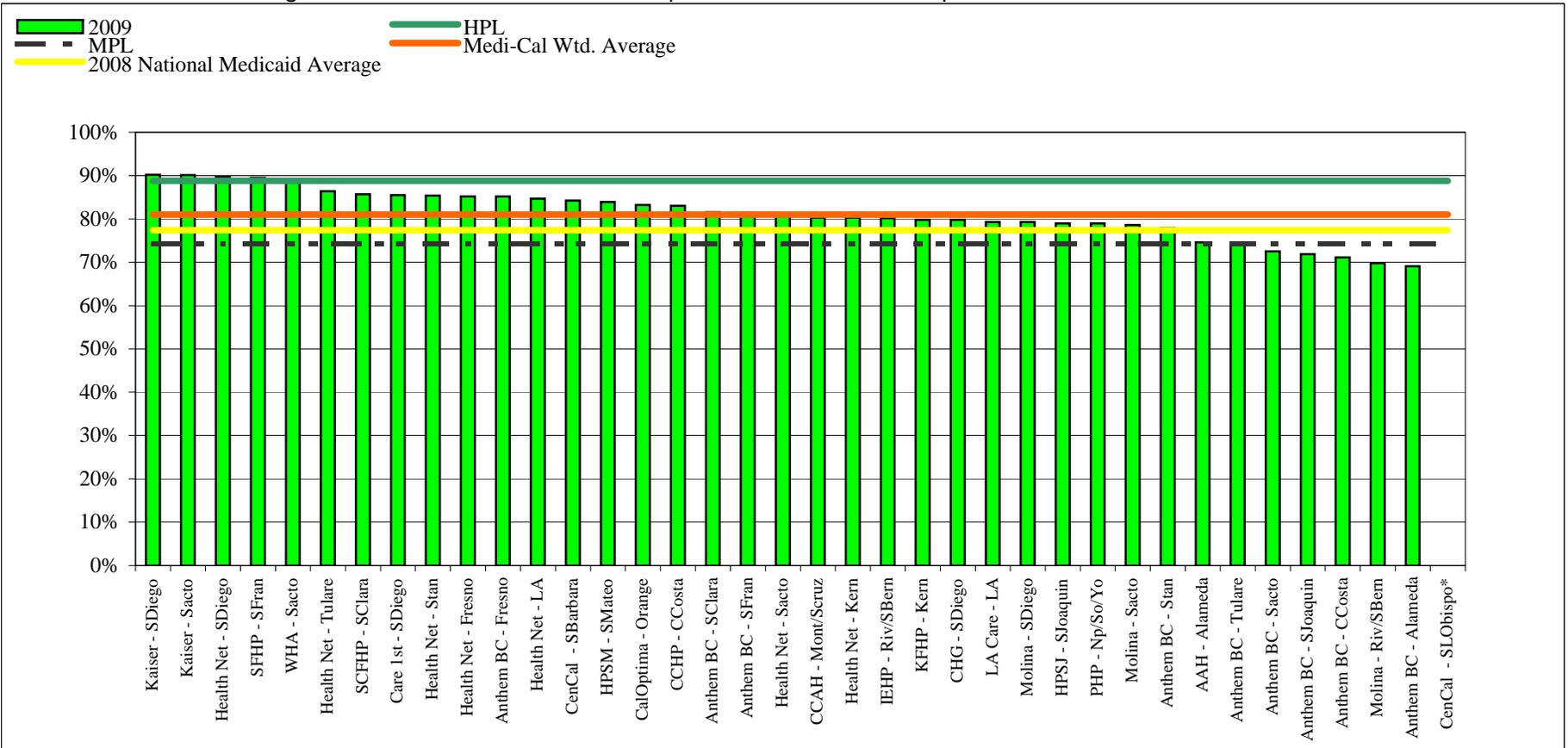
## Comprehensive Diabetes Care - HbA1c Testing: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c testing during the measurement year. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and associated complications, is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. Diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

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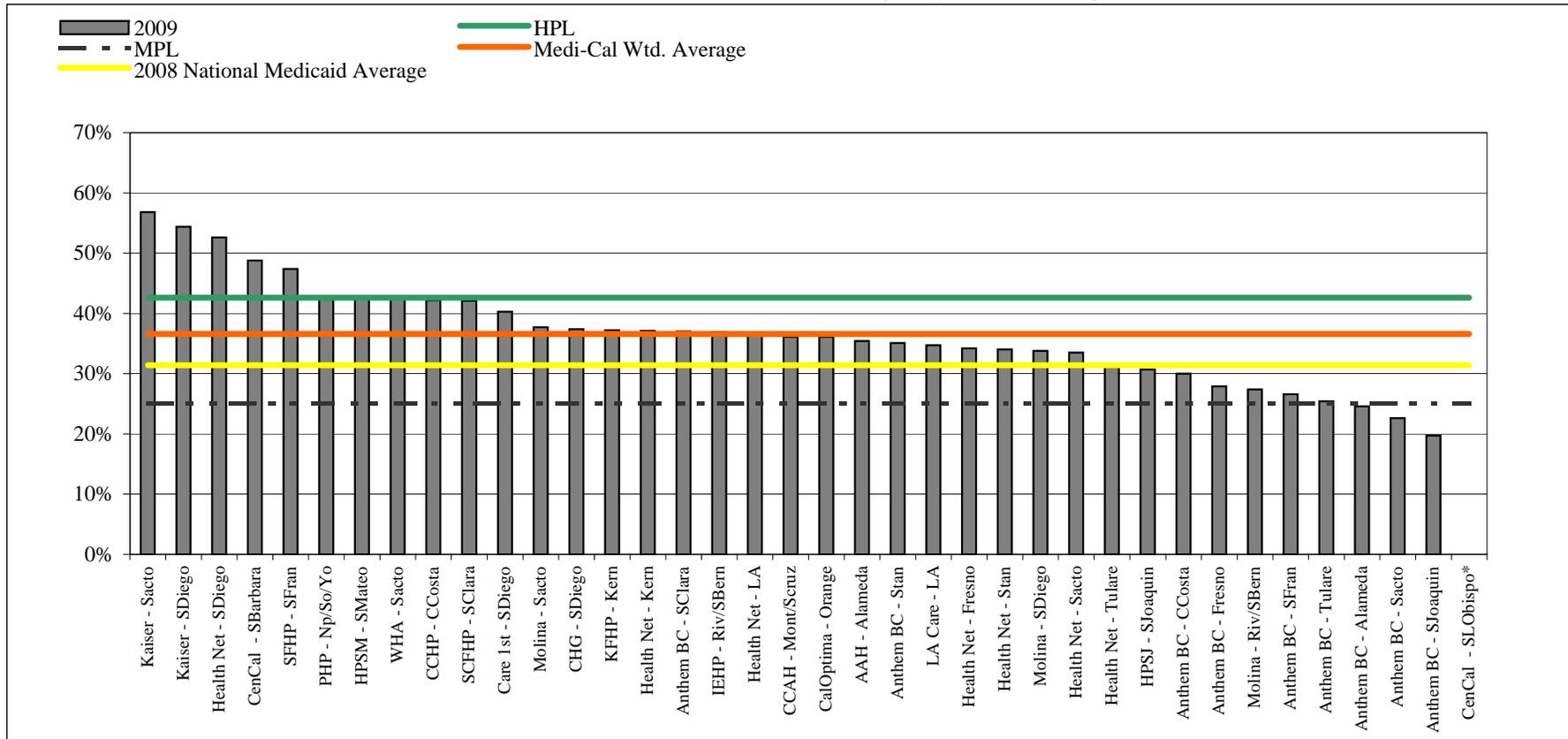
## Comprehensive Diabetes Care - LDL-C Control (< 100 mg/dL): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) whose most recent automated LDL-C level test result during the measurement year was less than 100 mg/dL, is missing, or no LDL-C level test was done. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and related complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. In the U.S., diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008, so RY2009 is the first year plans are being held to the MPL and HPL.



\* NA: Denominator < 30; Rate invalid

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

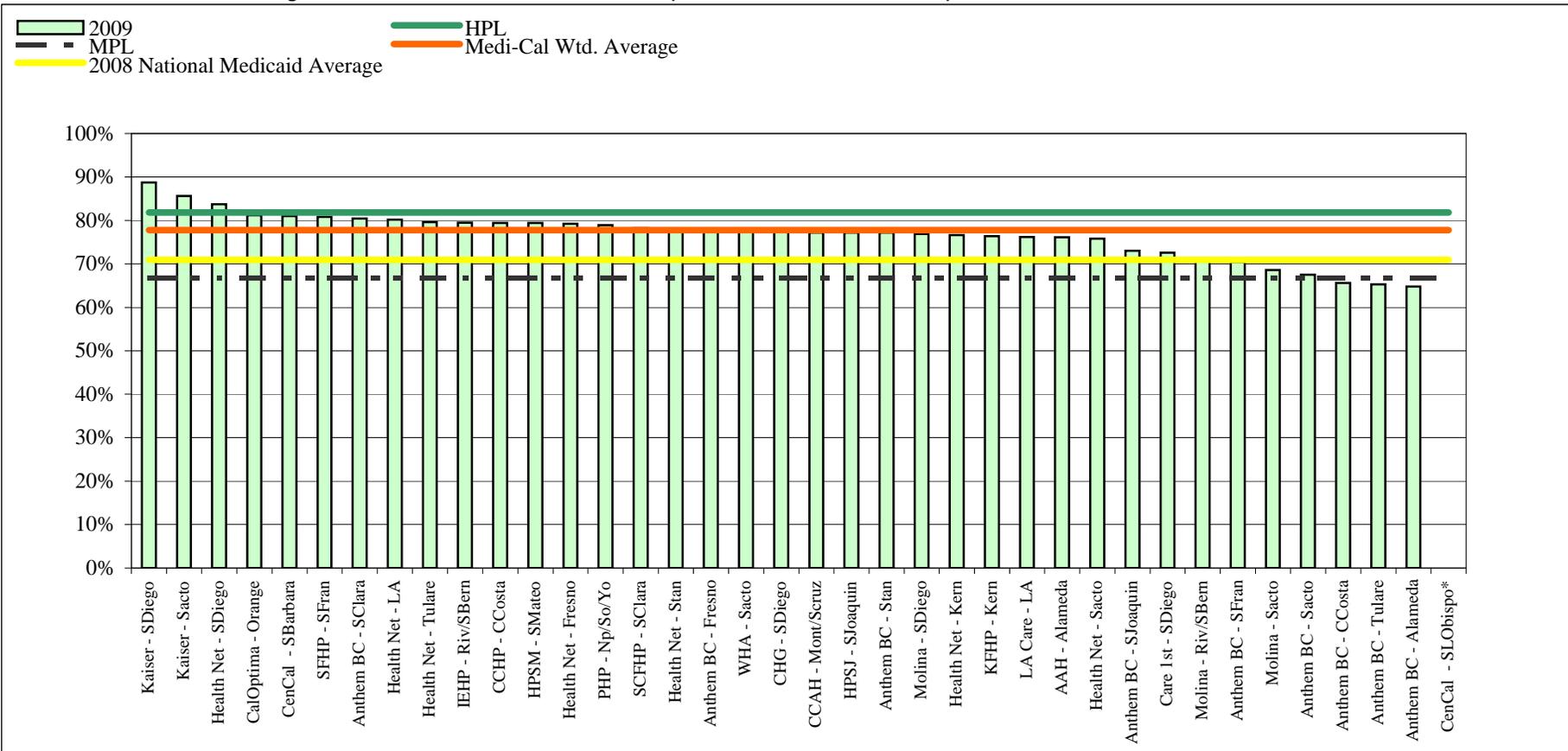
## Comprehensive Diabetes Care - LDL-C Screening: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) who had LDL-C screening performed during the measurement year. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and associated complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. In the U.S., diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

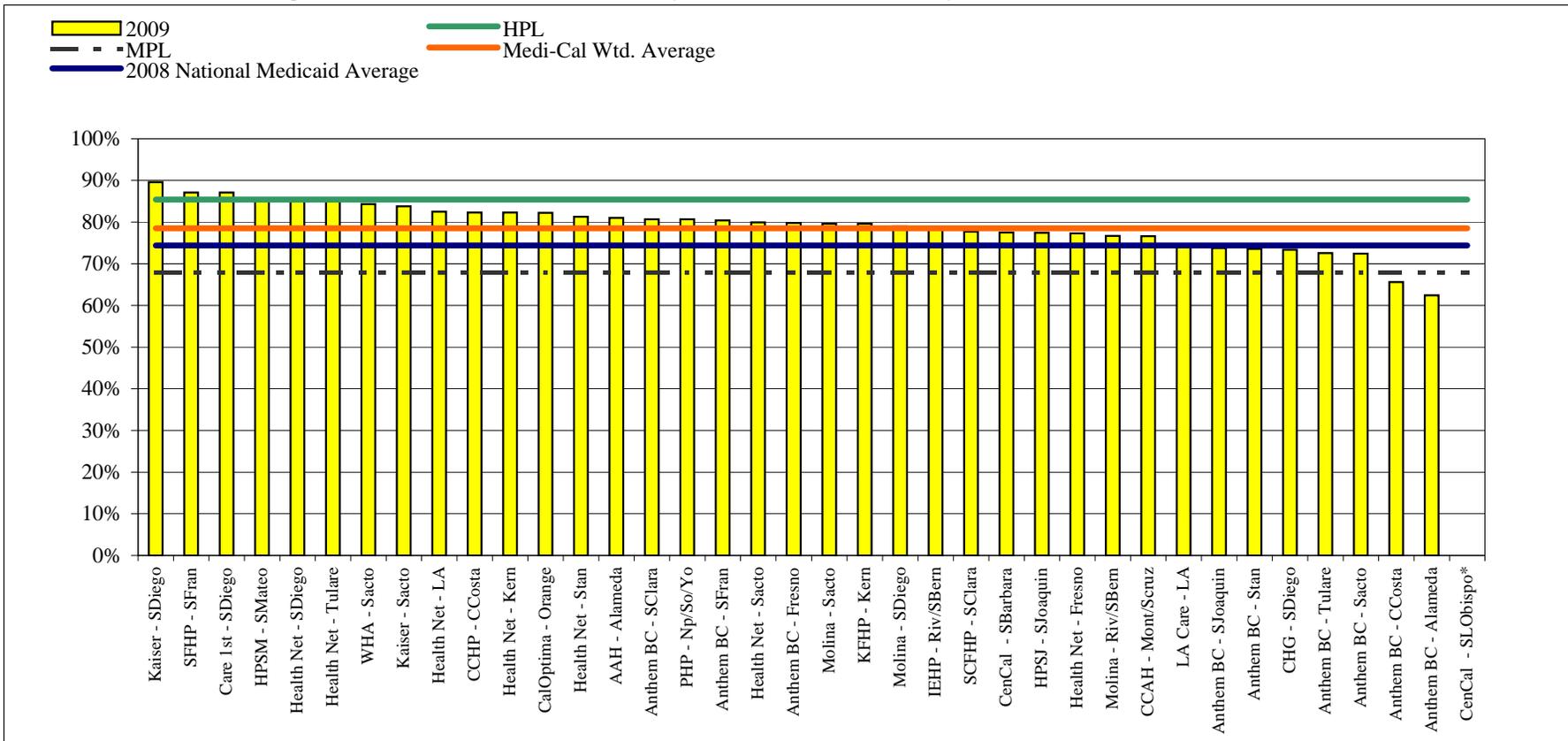
## Comprehensive Diabetes Care - Medical Attention for Nephropathy: 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure details the percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) who had kidney disease (nephropathy) monitored during the measurement year. To be included, the members had to be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the year.

**Rationale:** The occurrence of diabetes, especially type 2, and related complications is increasing in the U.S. Some racial and ethnic groups, as well as economically disadvantaged or older people, suffer disproportionately. In the U.S., diabetes is the leading cause of non-traumatic amputations, blindness among working-aged adults, and end-stage renal disease. Secondary prevention (controlling glucose, lipid, and blood pressure levels) and tertiary prevention (screening for early diabetes complications, such as eye, foot, and kidney abnormalities, followed by appropriate treatment and prevention strategies) have proven effective in lessening the burden of diabetes.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** Plans scoring below the MPL must submit an Improvement Plan to the Department.



\* NA: Denominator < 30; Rate invalid

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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

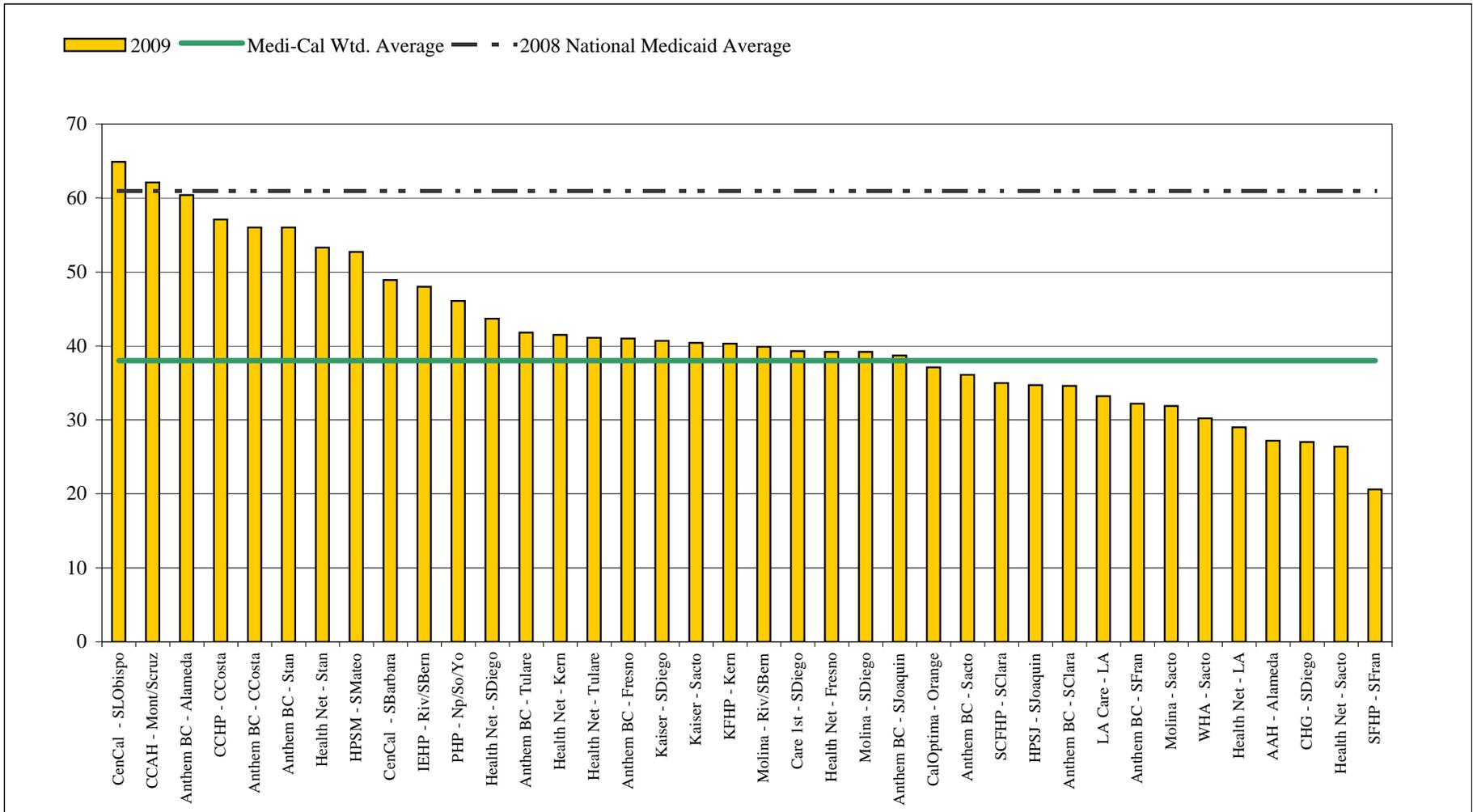
## Ambulatory Care - ED Visits (per 1,000 Member Months): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure summarizes utilization of ambulatory care per one thousand member months in emergency department (ED) visits. Each visit to an ED that does not result in an inpatient stay is counted.

**Rationale:** Managed care emphasizes access to primary care and timely preventive care to avoid or minimize later development of chronic conditions. Despite this, many managed care plan members continue to use the emergency room for primary care and treatment of non-urgent conditions. Monitoring use of ER services by plan can help reveal utilization patterns that warrant further analysis.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008 and has opted not to apply the MPL or HPL in RY2008 or RY2009.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

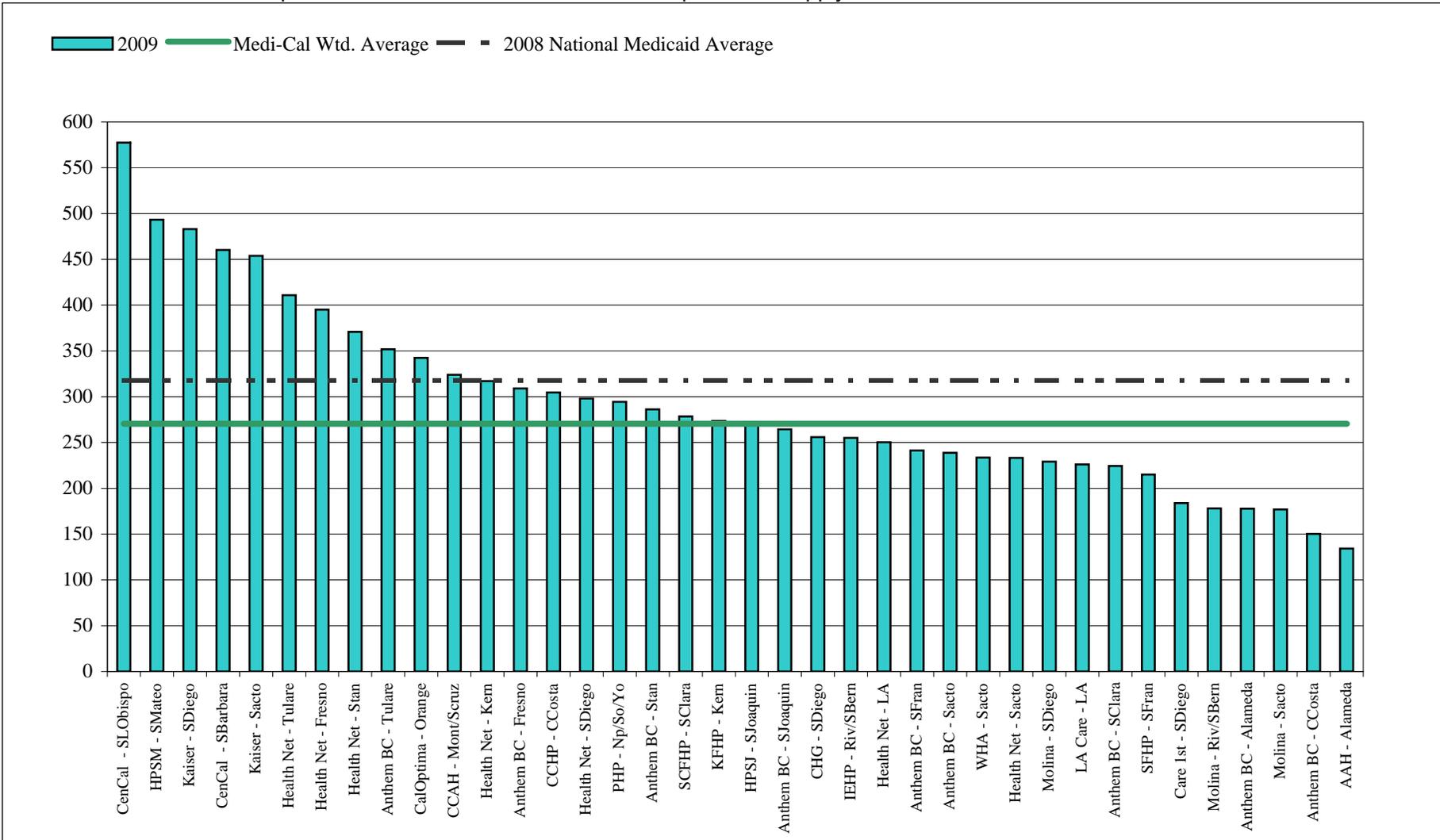
## Ambulatory Care - Outpatient Visits (per 1,000 Member Months): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure summarizes utilization of ambulatory care per 1,000 member months in outpatient visits. Services are reported without regard to provider type, but may include office visits, home visits, nursing facility care, preventive medicine visits, etc.

**Rationale:** Monitoring utilization of outpatient care by plan and among plans may reveal patterns that warrant further analysis.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008 and has opted not to apply the MPL or HPL in RY2008 or RY2009.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

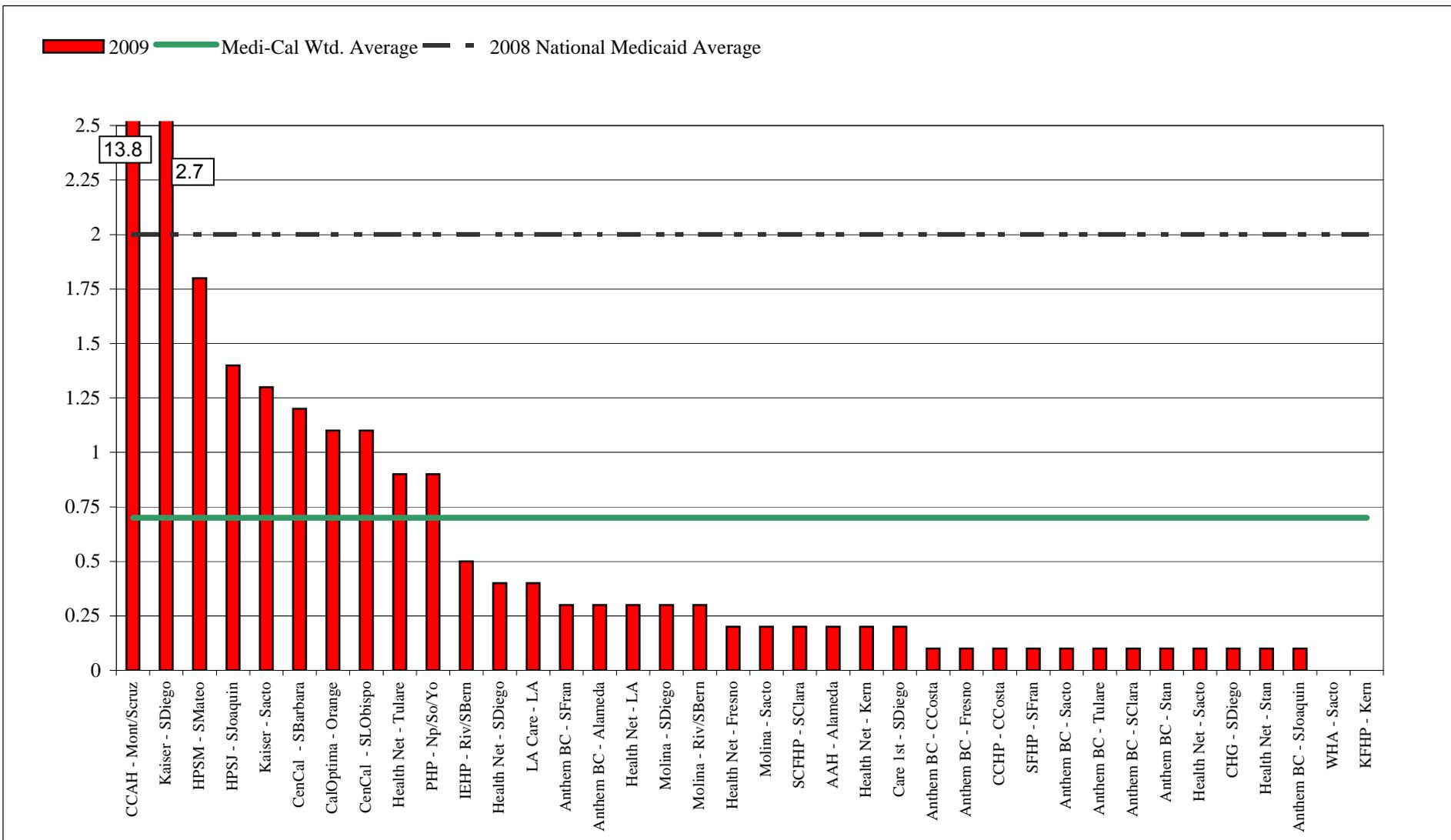
## Ambulatory Care - Observation Room Stays (per 1,000 Member Months): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure summarizes utilization of ambulatory care per 1,000 member months in observation room stays. Visits that do not result in an inpatient stay are counted. Visits are not counted if the observation room stay is combined with an ED visit or ambulatory surgery/procedure.

**Rationale:** Monitoring utilization of observation room stays by plan and among plans may reveal patterns that warrant further analysis.

**Data Considerations:** The "NR" (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008 and has opted not to apply the MPL or HPL in RY2008 or RY2009.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care

# HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) RY2009 RESULTS BY HEALTH PLAN AND BY MEASURE

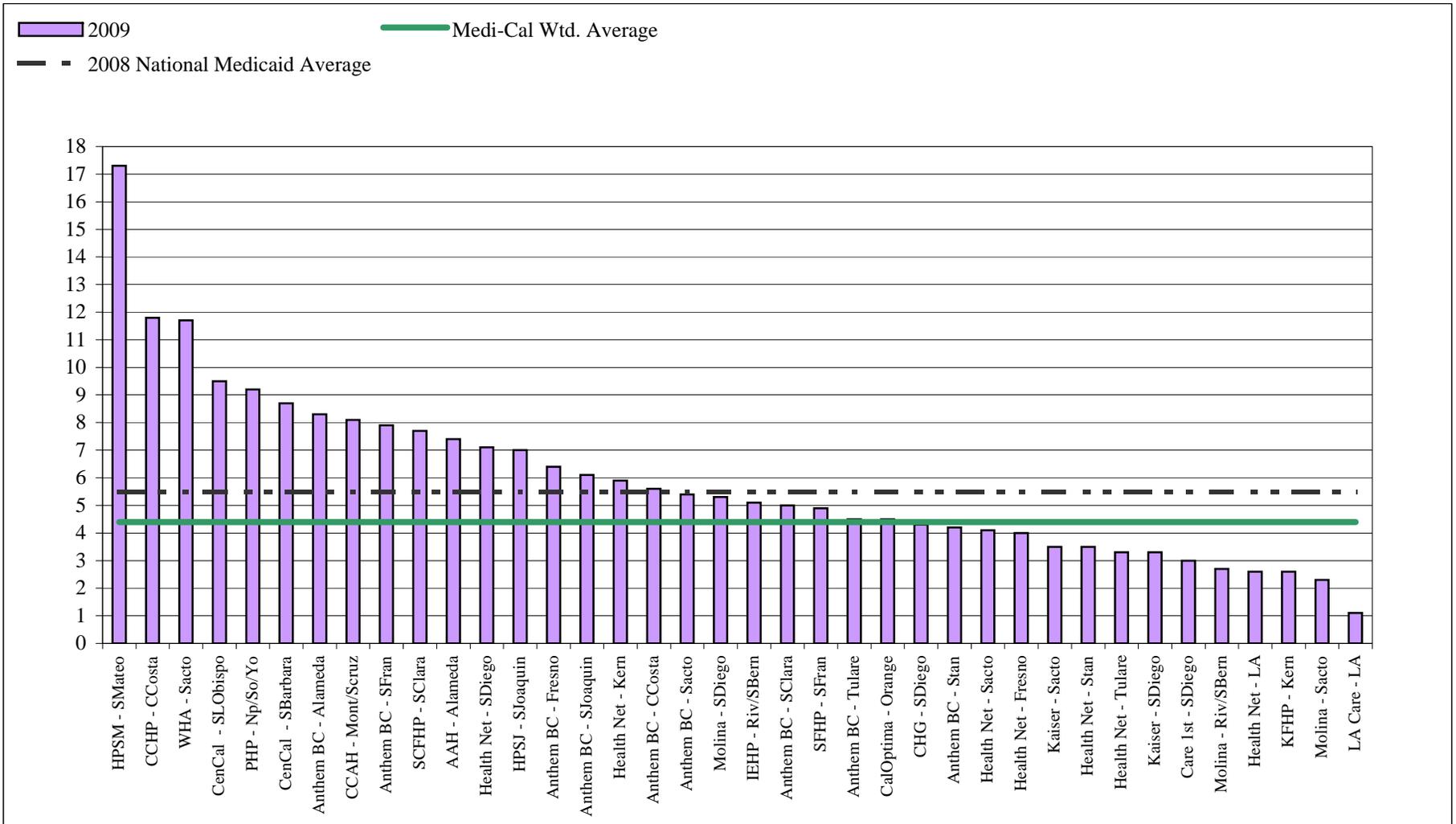
## Ambulatory Care - Ambulatory Surgery/Procedures (per 1,000 Member Months): 2009 HEDIS Scores for 2008 Measurement Year

**Description:** This HEDIS measure summarizes utilization of ambulatory care per 1,000 member months in ambulatory surgery/procedures. Ambulatory surgeries/procedures that do not result in an inpatient stay are counted.

**Rationale:** Monitoring utilization of ambulatory surgeries/procedures by plan and among plans may reveal patterns that warrant further analysis.

**Data Considerations:** The “NR” (Not Reported) rate for any health plan is not included in the the overall Medi-Cal managed care average.

**Comments:** DHCS first required this measure in RY2008 and has opted not to apply the MPL or HPL in RY2008 or RY2009.



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

Data Source: California Department of Health Care Services: 2009 Performance Measure Scores for Medi-Cal Managed Care