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Healthy Families Program
2009 HEDIS Report

California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division

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Managed Risk Medical Insurance Board
Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

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EXECUTIVE SUMMARY

Introduction

The Children's Health Insurance Program (CHIP) is a federal program administered by the Centers for Medicare and Medicaid Services (CMS). In California, the Managed Risk Medical Insurance Board (MRMIB) administers California's CHIP – the Healthy Families Program (HFP). The HFP provides health, dental, and vision coverage to eligible children under the age of 19.

The Social Security Act requires each state to measure and report on performance of its CHIP to assess the quality of care provided (42 USC section 2108(a)). To meet this requirement, MRMIB requires participating health plans to collect and report a selection of measures from the Healthcare Effectiveness Data and Information Set (HEDIS) each year. HEDIS is a national, standardized set of performance measures developed by the National Committee for Quality Assurance (NCQA).

This report presents 2009 HEDIS performance rates for the HFP. The data for this report were reported by HFP health plans for calendar year 2009. The HEDIS results are also available on the MRMIB and HFP websites, and the Office of the Patient Advocate website. Subscribers receive the results in enrollment materials, including the HFP handbook available at http://www.healthyfamilies.ca.gov/Downloads/Handbook_and_Errata.aspx.

HFP HEDIS Rates from 2007 to 2009

The last HFP HEDIS report was for measurement year 2007 and was published December 2008. MRMIB has collected the same HEDIS measures since then, with the addition of one new measure in 2008 – *Lead Screening in Children*. Due to reduced staff resources, MRMIB did not produce a HEDIS report based on 2008 data. However, 2008 data is shown in trend reports, and detailed plan rates can be found in Appendix C.

There has been an overall improvement in HFP's performance from 2007 to 2009. HFP's weighted average for all but two HEDIS measures has increased. The measures that decreased are *Adolescent Well-care Visits* (2.8% decrease) and *Appropriate Medication for People with Asthma* (0.3% decrease).

The HFP weighted average increased at least three percentage points for six HEDIS measures between 2007 and 2009:

- *Childhood Immunization Status - Combination 3*
- *Appropriate Treatment for Upper Respiratory Infection*
- *Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life*
- *Children's Access to Primary Care Practitioner: Ages 12 – 18 Years*
- *Appropriate Testing for Children with Pharyngitis*
- *Chlamydia Screening in Women*

Table 1 provides a summary of HFP weighted averages for each HEDIS measure and the percent difference from 2007 to 2009. Since *Lead Screening in Children* was not collected in 2007, the percent difference is calculated from 2008 to 2009 for this measure. Refer to Appendix C for individual plan rates for 2008. Refer to Appendix E for 2008 plan performance relative to national commercial percentiles.

Table 1. HFP Weighted Averages: 2007 – 2009

HEDIS Measure	HFP Weighted Average			% Difference C - A
	A	B	C	
	2007	2008	2009	
Children's Access to Primary Care Practitioners: Ages 12 to 24 Months	97.2%	96.9%	97.9%	0.7%
Children's Access to Primary Care Practitioners: Ages 25 Months to 6 Years	89.4%	89.1%	91.0%	1.6%
Children's Access to Primary Care Practitioners: Ages 7 to 11 Years	88.8%	88.6%	90.8%	2.0%
Children's Access to Primary Care Practitioners: Ages 12 to 18 Years	85.5%	85.2%	89.3%	3.8%
Appropriate Medication for Children with Asthma	93.9%	94.3%	93.6%	-0.3%
Appropriate Testing for Children with Pharyngitis	31.4%	31.1%	34.8%	3.4%
Childhood Immunization Status, Combo 2	79.2%	71.8%	79.3%	0.1%
Childhood Immunization Status, Combo 3	73.4%	67.2%	77.7%	4.3%
Chlamydia Screening in Women	41.1%	44.3%	44.4%	3.3%
Lead Screening in Children	-	52.1%	61.7%	9.6%
Appropriate Treatment for Upper Respiratory Infection	83.1%	85.5%	87.2%	4.1%
Adolescent Well-Care Visits	43.5%	44.3%	46.3%	2.8%
Identification of Alcohol and Other Drug Services	0.2%	0.3%	0.3%	0.1%
Mental Health Utilization	1.7%	2.0%	2.4%	0.7%
Well-Child Visits in the First 15 Months of Life, 6 or More Visits	56.6%	57.7%	58.1%	1.5%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.9%	72.8%	76.8%	3.9%

Over the past three years, HFP weighted averages have remained fairly constant from year to year.

Summary of Overall HEDIS Results for 2009

To assess HFP overall performance relative to other types of insurance coverage, the HFP weighted averages for 2009 were compared against the 2009 national commercial and Medicaid Health Maintenance Organization (HMO) averages. The HFP collects twelve HEDIS measures from three HEDIS domains of care and reports sixteen HEDIS rates (some measures have rates for specific age groups or service categories).

The HFP 2009 weighted average is higher than national commercial and Medicaid averages for nine measures. Table 2 below, shows these rates relative to benchmarks.

Table 2: HEDIS Rates Above National Averages

HEDIS Measures	2009 Program Averages		
	HFP	Medicaid*	Commercial*
Children's Access to Primary Care Practitioners: Ages 12 - 24 Months	97.9%	95.0%	96.7%
Children's Access to Primary Care Practitioners: Ages 25 Mos - 6 Yrs	91.0%	87.2%	89.7%
Children's Access to Primary Care Practitioners: Ages 7 - 11 Years	90.8%	87.8%	89.9%
Children's Access to Primary Care Practitioners: 12 - 18 Years	89.3%	85.3%	87.3%
Appropriate Medication for People with Asthma	93.6%	88.7%	92.4%
Childhood Immunization Status, Combination 3	77.7%	67.6%	76.6%
Appropriate Treatment for Children w/Upper Respiratory Infection	87.2%	85.5%	83.9%
Adolescent Well-care Visits	46.3%	45.9%	42.9%
Well-child Visits 3rd, 4th, 5th, & 6th Years	76.8%	69.7%	69.8%

*National averages for Medicaid and Commercial.

The HFP weighted average was three percentage points or more above the national commercial averages for *Chlamydia Screening in Women*, *Appropriate Treatment for Children with Upper Respiratory Infection*, and *Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life*.

Though HFP is above national commercial averages on several HEDIS measures, there is substantial room for improvement in others.

HFP 2009 weighted averages stand out as substantially lower than the national commercial averages: *Well-Child Visits in the First 15 Months of Life, Six or More Visits*; *Appropriate Testing for Children with Pharyngitis;* and *Mental Health Utilization*.

Table 3. HEDIS Rates Below National Benchmarks

HEDIS Measures	2009 Program Averages		
	HFP	Medicaid*	Commercial*
	%	%	%
Appropriate Testing for Children w/Pharyngitis	34.8	61.4	75.6
Identification of Alcohol and Other Drug Services	0.3	1.7	1.0
Lead Screening in Children**	61.7	66.7	-
Mental Health Utilization	2.4***	0.1	8.2
Well-child Visits 1st 15 Months, 6 or More Visits	58.1	58.8	75.2

*National averages for Medicaid and commercial.

**National averages not available for commercial.

***This rate was lower than the commercial average only.

MRMIB initiated a study in 2008 to evaluate mental health and substance abuse services provided in the HFP. The overall findings for alcohol and other drug (AOD) treatment service utilization in the HFP, from this study were that utilization of inpatient and outpatient AOD services is extremely low. Thirteen HFP members had used inpatient AOD services and less than one-half of one-tenth of a percent (.07%) used outpatient AOD services during the study period (June 2007 to July 2008). For mental health services, the overall findings

were .09 percent for inpatient and 1.8 percent for outpatient.

It is important to note, however, different methodologies were used in this evaluation report, compared to the methodology for HEDIS. For a copy of *Mental Health and Substance Abuse Services Provided by Health Plans Participating in the Healthy Families Program,* visit http://www.mrmib.ca.gov/MRMIB/Mental_Hlth_Rpts.html.

Summary of Demographic Analysis

Each HEDIS measure was analyzed by various demographics: primary language, ethnicity, region, federal poverty level (FPL), gender, and age.

- Overall, Hispanic/Latinos and African-American members had the highest rates (within their subgroup) when compared to rates of other ethnic groups, for several measures.
- With regard to primary language, no one group stands out, overall, across measures.
- The Los Angeles region had the lowest scores in the access measures while the Bay Area scored highest in the appropriate treatment measures.
- Of the three income categories (100% - 150% FPL, 151% - 200% FPL, and 201% - 250% FPL) there were no major differences; though the highest income category had higher rates on more measures, compared to the lowest and middle income categories.
- Males and females generally had similar rates accross HEDIS measures, except males were a larger percentage of mental health and substance abuse treatment services users than females.

Appendix B contains demographic tables for each HEDIS measure/rate.

High and Low Performing HFP Health Plans

High and low performing plans were determined by comparing plan frequencies of rates at or above the commercial 90th percentile (high rates) and at or below the commercial 10th percentile (low rates). The number of high rates and low rates are averaged. Plans one standard deviation or more above or below this average are considered high performers and low performers, respectively. Based on this criteria, high performers are plans with 5 or more rates above the commercial 90th percentile and low performers are those with 7 or more rates below the comercial 10th percentile.

<u>High Performing HFP Health Plans</u>

For 2009, there are four health plans that had at least five HEDIS rates above the national commercial 90th percentile:

- Kaiser Foundation Health Plan – South – 8 rates at or above the national commercial 90th percentile
- San Francisco Health Plan – 7 rates at or above the national commercial 90th percentile

- Kaiser Foundation Health Plan – North – 6 rates at or above the national commercial 90th percentile

- Alameda Alliance for Health – 5 rates at or above the national commercial 90th percentile

Low Performing HFP Health Plans

Two health plans had at least seven HEDIS rates at or below the national commercial 10th percentile for 2009:

- Blue Shield EPO – 7 rates at or below the national commercial 10th percentile

- Community Health Plan – 8 rates at or below the national commercial 10th perentile

Conclusions

Overall, the 2009 HFP HEDIS results indicate that the HFP is performing well and making incremental improvements in providing quality care to its members. The HFP is doing well in each of the three HEDIS care domains collected: *Access and Availability*, *Use of Services,* and *Effectiveness of Care.* Each of these domains are critical to monitor and to ensure continuous quality improvement in health care services provided under the HFP.

In the 2007 HFP HEDIS report, the weighted averages for two new measures were quite low: *Appropriate Testing for Children with Pharyngitis,* and *Chlamydia Screening in Women.*

As was the case in the 2007, the weighted average for *Appropriate Testing for Children with Pharyngitis* warrants attention. Kaiser North and Kaiser South are the only health plans whose rates for this measure are at or above the national commercial 90th percentile. All other plans' rates for *Appropriate Testing for Children with Pharyngitis* are at or below the 2009 national commercial 10th percentile, resulting in the HFP weighted average for this measure also being below the national commercial 10th percentile.

The second measure that was low in 2007 is *Chlamydia Screening in Women*. The 2009 weighted average for this measure is higher than the national commercial average and lower than the national Medicaid average. The weighted average for this rate increased three percentatge points between 2007 and 2008, but stayed flat between 2008 and 2009 at about 44 percent.

Rates for *Mental Health Utilization* and *Identification of Alcohol and Other Drug Services* continue to be far below national benchmarks and remain an area of concern. In 2009 all but one health plan was at or below the national commercial 10th percentile for both of these measures. Further, all of the plans' rates and the HFP weighted average were lower than the national commercial average for each of these measures.

In the 2007 HFP HEDIS report the rates for the *Adolescent Well-care Visits* were of concern. While it is encouraging that the weighted average for this measure has steadily increased each year from 2007 to 2009 there is still significant room for improvement. From 2007 to 2009 the HFP weighted average for *Adolescent Well-*

care Visits has increased 3 percentage points to 46.3 percent.

While there have been improvements in the number of adolescents that visit a doctor and receive preventive care, the HFP rates for both these measures for the program as a whole and at the individual plan level remain fairly low. Less than half of eligible HFP subscribers received *Adolescent Well-care Visits* visits in 2009 (46.3%). With regard to *Children's Access to Primary Care (CAP)* measure for 12 to 18 year olds, as was true in 2007, none of the HFP plans reached the national commercial 90th percentile.

Plans will report the same measures for 2010, along with a new measure, *Immunizations in Adolescents.*

DATA COLLECTION & REPORTING METHODOLOGY

Overview of the Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a national set of health care performance measures administered by the National Committee for Quality Assurance. HEDIS contains 76 data measures which cover 8 domains of quality:

- Effectiveness of care
- Access/Availability of care
- Satisfaction with the experience of care
- Use of services
- Cost of care
- Health plan descriptive information
- Health plan stability
- Informed health care choices

For additional information on HEDIS visit NCQA's website at http://www.ncqa.org/Home.aspx.

HEDIS Measures Selected for 2009

To monitor the performance of the 24 health plans participating in the HFP, MRMIB selects specific HEDIS measures to be reported by health plans each year. The measures selected for 2009 come from three of the HEDIS quality of care domains: *Effectiveness of Care*, *Access/Availability of Care*, and *Use of Services*.

For 2009, twelve HEDIS measures were reported by health plans. One of these was added for 2008, Lead Screening in Children. The HEDIS measures collected during 2009 are displayed in the HFP HEDIS measure Key below.

HFP HEDIS Measure Key

Acronym	Full Name of HEDIS Measure for Each Domain
Access and Availability of Care Domain	
CAP1	Children's Access to Primary Care Practitioner: 12 - 14 Months
CAP2	Children's Access to Primary Care Practitioner: 25 Months - 6 Years
CAP3	Children's Access to Primary Care Practitioner: 7 - 11 Years
CAP4	Children's Access to Primary Care Practitioner: 12 - 18 Years
Effectiveness of Care Domain	
ASM	Appropriate Medications for People with Asthma
CWP	Appropriate Testing for Children with Pharyngitis
CIS2	Childhood Immunization Status Combination 2
CIS3	Childhood Immunization Status Combination 3
CHL	Chlamydia Screening in Women
LSC	Lead Screening in Children
URI	Appropriate Treatment for Children with Upper Respiratory Infection
Use of Services Domain	
AWC	Adolescent Well-care Visits
IAD	Identification of Alcohol & Other Drug Services
MPT	Mental Health Utilization
W15_6	Well-child Visits in the 1st 15 Months of Life, 6 or More Visits
W34	Well-child Visits in the 3rd, 4th, 5th, & 6th Years of Life

DATA COLLECTION & REPORTING METHODOLOGY

Health Plan Data Collection

The information contained in this report is based on HEDIS data collected by each of the 24 HFP health plans from January 1, 2009 through December 31 2009. Plans use two methods used to collect HEDIS data:

1. Administrative, which involves querying administrative databases for eligible members who received the service; and

2. Hybrid, where a random sample of eligible members is drawn and used to query administrative databases or patient charts for members who received the service.

The hybrid method of data collection is much more labor intensive and costly compared to the administrative method. For this reason, plans use administrative methods for the majority of the HFP HEDIS rates. In general, HFP plans use the hybrid method for *Childhood Immunization Status, Combinations 2 and 3, Lead Screening in Children, Adolescent Well-Care Visits, Well-child Visits in the First Fifteen Months of Life,* and *Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life.* Some plans use administrative methods for one or more of these measures.

Data Processing and Quality Review

Each year HFP participating plans are required to undergo a HEDIS compliance audit. Health plans' information systems are checked against HEDIS technical specifications to ensure standardized reporting. Upon completion of this audit, HFP health plans submit a raw data file and a data matrix with their HEDIS rates to MRMIB each June.

Each health plan's raw data files are processed using Statistical Analysis Software (SAS) to produce frequencies and percents, which are used to verify the HEDIS rates reported in the plan's data matrix. Discrepancies between SAS and the health plan's matrix are identified, communicated to the health plan, and resolved.

After all health plans' data have been processed, the data are then merged with enrollment data from the same year. HFP member records from health plans are merged with corresponding member records in the enrollment file.

In addition to the data processing described previously, MRMIB staff perform data quality checks to identify and correct reporting errors such as miscoded data or missing values for demographic data.

Data Considerations

Plans report six HEDIS measures (seven rates) from the *Effectiveness of Care* domain: *Childhood Immunization Status, Combination 2 and 3, Lead Screening in Children, Chlamydia Screening in Women, Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Upper Respiratory Infection,* and *Appropriate Medication for People with Asthma.* Each of these measures are based on representative samples from a health plan's HFP subscriber population. Some health plans report sample sizes of 30 or fewer members for one or more of these measures. In these cases, the health plan's rates are not reported. The reported HFP

weighted averages are based on plans with sample sizes of 31 or more.

In addition to small sample sizes, some plans did not report for *Mental Health Utilization* or *Identification of Alcohol and Other Drug Services.* This may be because the plans determined the calculated HEDIS rates were biased, or because the plan chose not to report the measure.

Throughout this report, three year trend data is provided wherever possible. However, each health plan may not have had adequate sample sizes for reporting all HEDIS measures. Therefore, HFP weighted averages for certain measures do not include data for every plan.

Weighted Average

The HFP overall performance rate for each HEDIS measure is calculated using a weighted average. This is determined by summing each health plan's count of members receiving a given service and dividing the sum by the total number of members eligible for that service. The weighted average is preferred because it considers the variance in enrollment across HFP plans which a raw average would not. Therefore, it is a better estimate of the true proportion of HFP members that receive a given service.

Trends

In the following sections, each measure is discussed individually and 2009 rates are shown for each plan and for the program overall. Three years of trend data are included in each section, showing the HFP weighted average for the past three years.

Benchmarks

This report includes comparisons of the HFP weighted average and each health plan's HEDIS rate against national benchmarks. The primary national benchmark used to indicate high performance for a given measure is the national commercial 90th percentile. Conversely, the national commercial 10th percentile is used as the lower performance benchmark.

National 90th and 10th percentiles for Medicaid are also considered in comparing HFP performance for a given measure. The national averages for commercial and Medicaid plans are based on the most recent available data from NCQA. The 2009 national percentiles, means, and ratios from NCQA are used for comparison throughout this report.

Another benchmark HFP uses to assess performance is the California Medi-Cal Managed Care (MCMC) weighted average. MCMC weighted averages for 2009 are available for the following measures: *Adolescent Well-Care Visits, Childhood Immunization Status Combination 3, Appropriate Treatment for Upper Respiratory Infection,* and *Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life.* The MCMC discontinued collection of the *Well-child Visist in the First Fifteen Months of Life, 6 or More* and *Appropriate Medication for People with Asthma* measures in the 2009 measurement year, so weighted averages for these measures are no longer available for comparison to HFP weighted averages.

Demographic Analysis

In assessing HFP performance, MRMIB also examines demographic data. There are several demographic data elements used for this purpose:

Primary Language:

- English (includes "unknown")
- Spanish
- Chinese (includes Cantonese)
- Korean
- Vietnames
- Other (all other languages)

Ethnicity:

- African-American
- Asian/Pacific Islander
- Hispanic/Latino
- Other (includes "unknown")
- White

Federal Poverty Level (FPL):

- 100% - 150% FPL (lowest income category)
- 151% - 200% FPL (middle income category)
- 201% - 250% FPL (highest income category)

Gender:

- Female
- Male

Age Groups: Different groupings are used depending on the HEDIS measure. Some measures cover specific ages, and in these cases only the ages included in the measure are displayed. In addition, subscribers are disenrolled from HFP effective the month after they turn 19. Some measures may include data on 19 year-olds because the member age used for data reporting comes from the plans, not the Administrative Vendor. It is possible that some subscribrs received services during the month in which they turned 19, so the data would capture them as being 19.

Each of these demographic data elements is used to estimate the percentage of children in each demographic that received the recommended service. For example, proportions of members that receive a given service for each primary language.

It is important to note that demographics are estimates derived from two sources of data: plan-submitted HEDIS data, which does not contain demographic information, and MRMIB internal enrollment data, which does contain demographic information. These two data sources were merged to create one data source with both HEDIS and demographic information for each member.

Demographic data are self-reported and are therefore subject to some error. Further, because two different data sources are used, each collected during different timeframes, not all plan submitted records had matches in the enrollment data. Therefore, for demographic tables and graphs, N = 825,532, and for HEDIS tables and graphs, N = 852,836.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 12 - 24 MONTHS

Measure Definition

This measure assesses the number of children who receive at least one primary care visit during the measurement year. The *Children's Access to Primary Care Practitioners* measure is part of the *Access and Availability of Care* quality domain. The measure is reported for four different age groups, so there are four performance rates reported. This section focuses on the first age group: ages 12 to 24 months.

Importance of this Measure

Though this measure does not directly quantify access, it provides an estimate of the proportion of children in a given age group who receive at least one visit with a primary care practitioner each year. Research indicates that access to primary care practitioners is associated with reduced hospital use and enhanced quality of care.[1] Further, numerous studies have demonstrated children's access to health care is related to ethnicity, insurance status, and family income, with non-white, uninsured, lower socioeconomic children most underserved.[2] Uninsured and children from lower socioeconomic groups are less likely to have a usual source of health care and tend to use few to no health services when compared to their insured, higher income counterparts.[2]

Overall Results

HFP plans performed very well, resulting in nearly 98 percent (97.9%) of infants 12 to 24 months old having at least one primary care visit in 2009. Thirteen plans achieved rates higher than the HFP weighted average and eleven plans scored below the weighted average. Individual plan rates do not vary widely with the difference between the highest and lowest rates at 8 percentage points (8.2%).

Ten health plans were at or above the national commercial 90th percentile (99.1%), while two plans were at or below the national commercial 10th percentile (93.8%). Even at the lowest plan rate, at least 90 percent of HFP members 12 to 24 months-old saw a primary care practitioner at least once in 2009.

Benchmarks and Trends

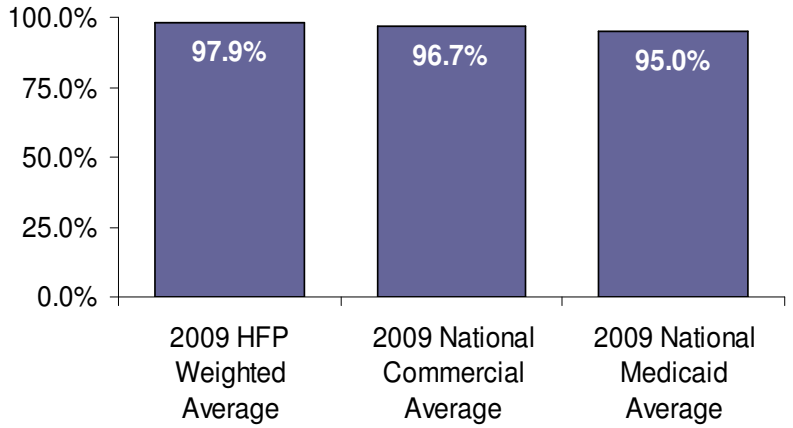
The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[1] National Quality Measures Clearinghouse. (2009.) Retrieved October 5, 2010 from http://www.qualitymeasures.ahrq.gov/content.aspx?id=14997#Section310

[2] Yu, S.M., et al. (2002.) Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics;* 110(73).

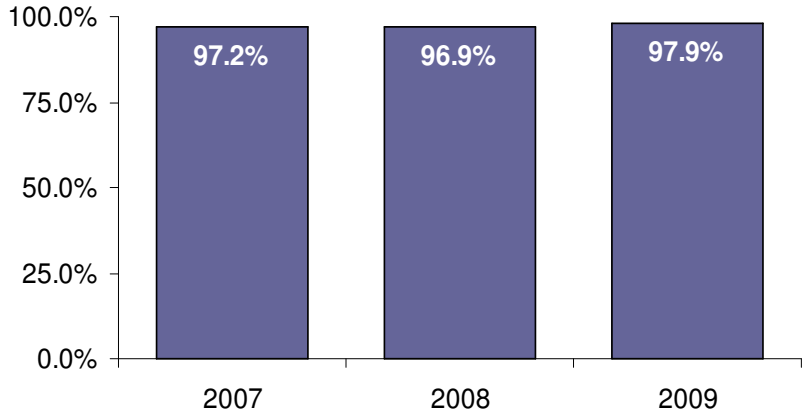
CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 12 - 24 MONTHS

Figure 1. Comparison to Benchmarks



In comparison to the national commercial and Medicaid averages, the HFP had the highest performance for this service in 2009. The HFP weighted average for 2009 was one percentage point above the national commercial average and three percentage points above the national Medicaid average.

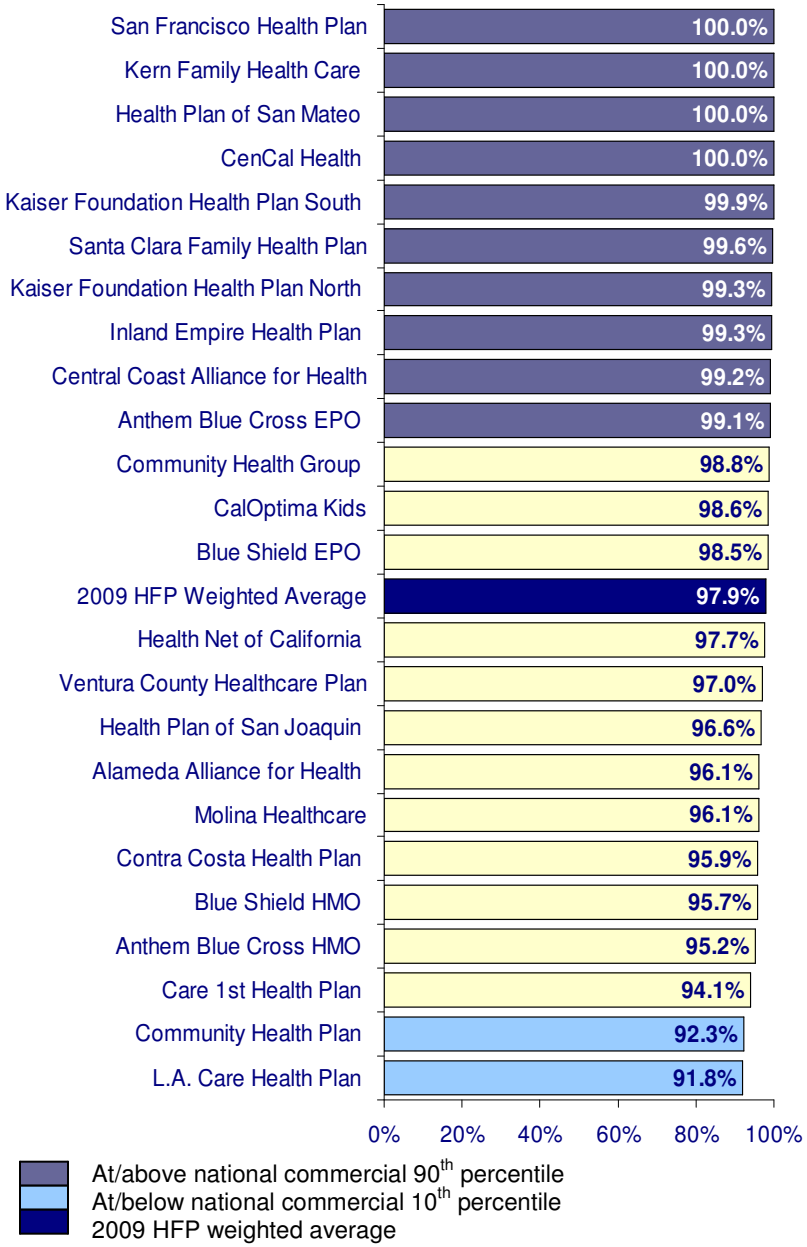
Figure 2. HFP Three year Trend



As Figure 2 shows, the HFP weighted average remained essentially the same from 2007 to 2009. The national commercial three year trend is the same, remaining flat since 2007. The national Medicaid average for this measure increased one percentage point from 2007 to 2009.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 12 - 24 MONTHS

Figure 3. 2009 Individual Plan Rates



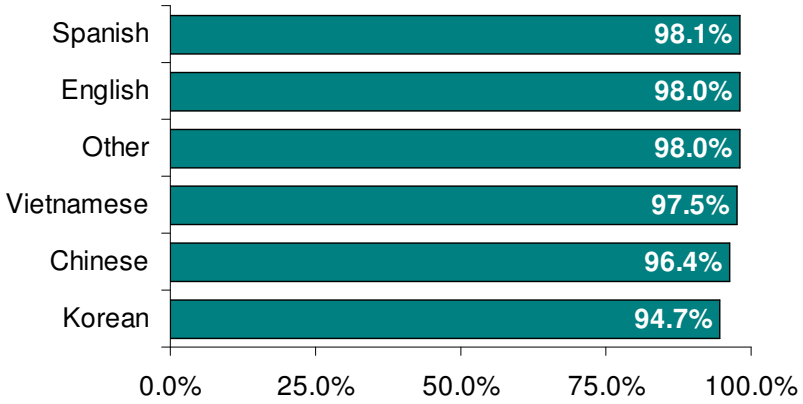
Health Plan Comparison

Nearly half (10 of 24) the HFP health plans performed at or above the national commercial 90th percentile (99.1%):

1. San Francisco Health Plan
2. Kern Family Health Care
3. Health Plan of San Mateo
4. CenCal Health
5. Kaiser Foundation Health Plan, South
6. Santa Clara Family Health Plan
7. Kaiser Foundation Health Plan, North
8. Inland Empire Health Plan
9. Central Coast Alliance for Health
10. Anthem Blue Cross EPO

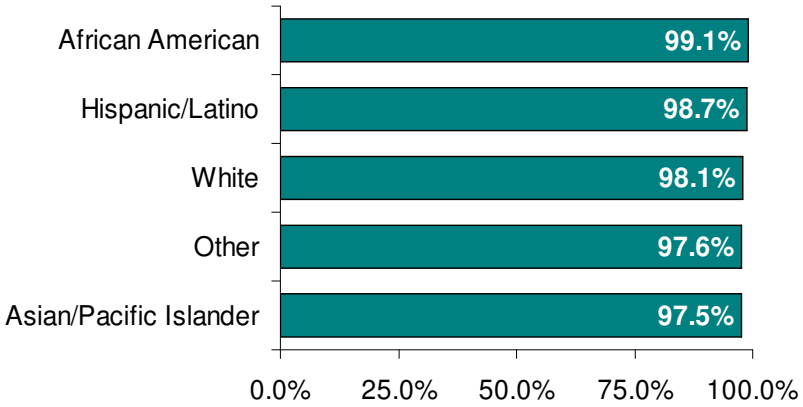
During 2009, there were two health plans with rates at or below the national commercial 10th percentile (93.8%): L.A. Care Health Plan and Community Health Plan.

Figure 4. Infant Access by Language



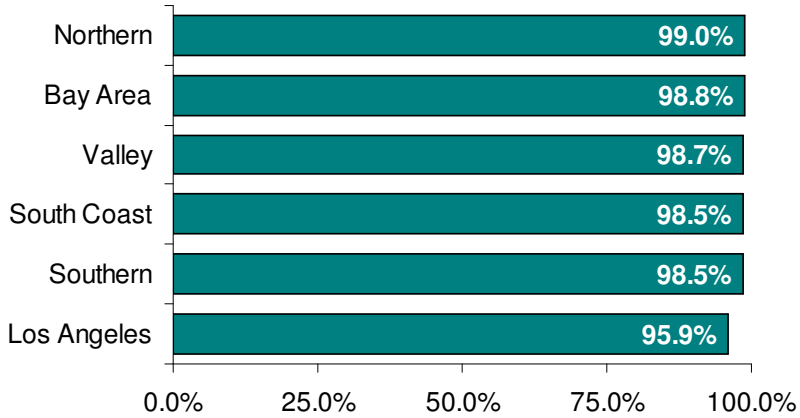
There are no significant differences by language.

Figure 5. Infant Access by Ethnicity



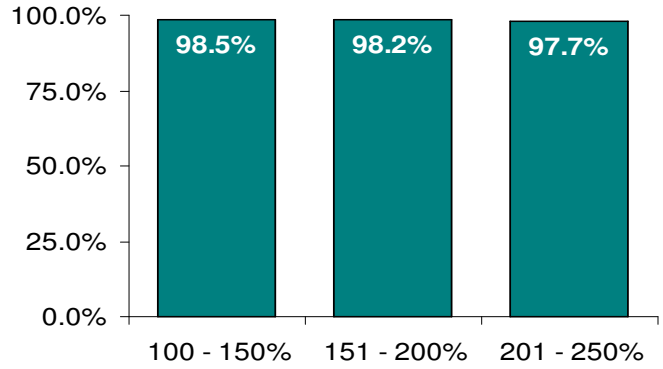
There are no significant differences in the percentage of 12 to 24 month-olds who saw a primary care practitioner by ethnicity.

Figure 6. Infant Access by Region



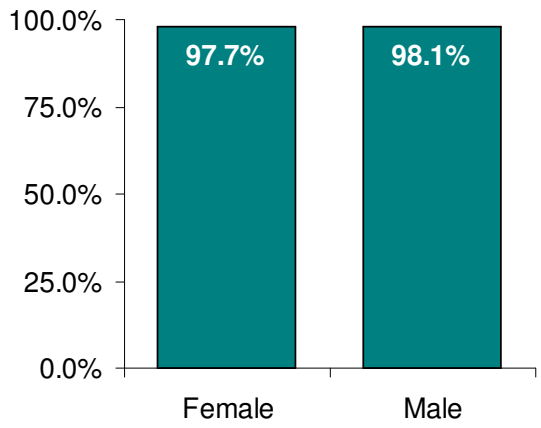
Members in the Los Angeles region saw a primary care practitioner at a significantly lower rate than members in other regions of California.

Figure 7. Infant Access by Federal Poverty Level



There are no significant differences by income category (as a percent of federal poverty level)

Figure 8. Infant Access by Gender



Demographic Summary

- There were no significant differences in access to primary care by primary language; however, English and Spanish speakers had higher rates than members who speak other languages.
- Nearly 100 percent (99.1%) of African-American infants had a visit with a primary care practitioner in 2009, compared to 97.5 percent of Asian/Pacific Islander infants.
- Members in the Los Angeles region had a significantly lower rate than members in the other five regions; 96 percent (95.9%) compared to 99 percent (98.5% to 99.0%) in the other five regions.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 25 MONTHS – 6 YEARS

Measure Definition

This measure assesses the number of children who receive at least one primary care visit during the measurement year. The *Children's Access to Primary Care Practitioners* HEDIS measure is part of the *Access and Availability of Care* quality domain. This measure is reported for four different age groups, so there are four performance rates. This section focuses on the second age group: ages 25 months to 6 years.

Importance of this Measure

Research indicates that access to primary care practitioners is associated with reduced hospital use and enhanced quality of care[3]. Numerous studies have demonstrated that children's access to health care is related to ethnicity, insurance status, and family income, with non-white, uninsured, lower socioeconomic children most underserved[4]. It is therefore critical to monitor the number of HFP members receiving at least one primary care visit each year.

Overall Results

Over 90 percent of children ages 25 months to 6 years old, enrolled in HFP saw a primary care practitioner in 2009. Eleven plans had rates higher than the HFP weighted average and thirteen plan rates are lower.

Individual plan rates vary widely with the range between highest and lowest rates of 23.2 percentage points.

One health plan provided this service at a rate at or above the national commercial 90th percentile (95.2%) for this measure while three plans' rates were at or below the national commercial 10th percentile (84.0%). Overall, the majority of children ages 25 months to 6 years received at least one primary care visit during 2009. However, this age group received these services at a lower rate than children ages 12 to 24 months.

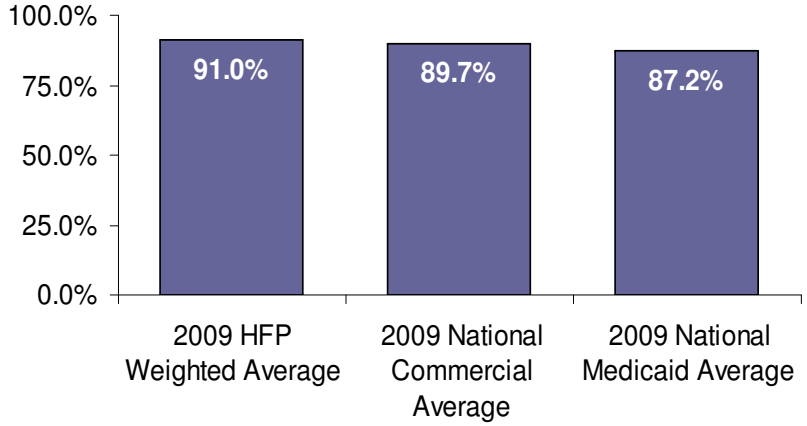
Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[3] National Quality Measures Clearinghouse. (2009.) Retrieved October 5, 2010 from http://www.qualitymeasures.ahrq.gov/content.aspx?id=14997#Section310

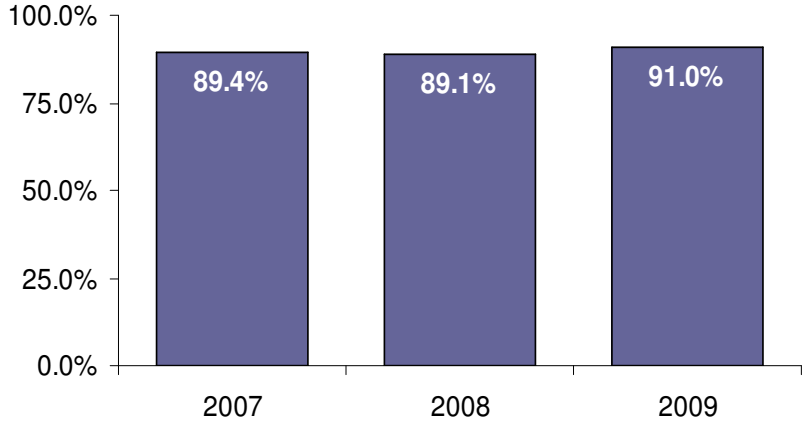
[4] Yu, S.M., et al. (2002.) Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics;* 110(73).

Figure 9. Comparison to Benchmarks



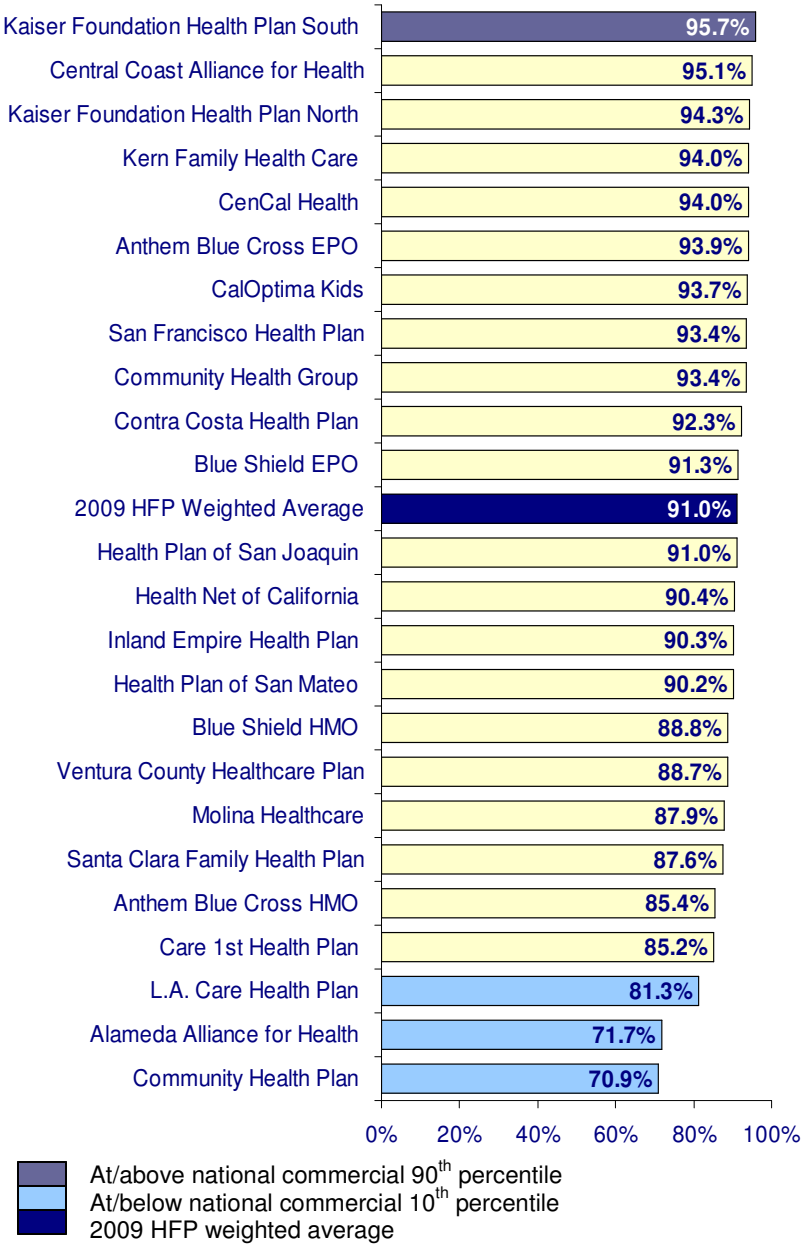
As Figure 9 shows, the HFP had the highest rate relative to the national averages for commercial and Medicaid plans. The 2009 HFP weighted average is one percentage point higher than the national commercial average and nearly four percentage points (3.8) higher than the national Medicaid average.

Figure 10. HFP Three year Trend



Over the past three years, the HFP weighted average for this measure remained virtually unchanged. The national commercial rates for this measure over the past three years have remained constant, ranging from 89.3 percent in 2007 to 89.7 percent in 2009. The national Medicaid averages, in contrast, increased about two percentage points, from 84.9 percent in 2007 to 87.2 percent in 2009.

Figure 11. 2009 Individual Plan Rates



HFP Plan Comparison

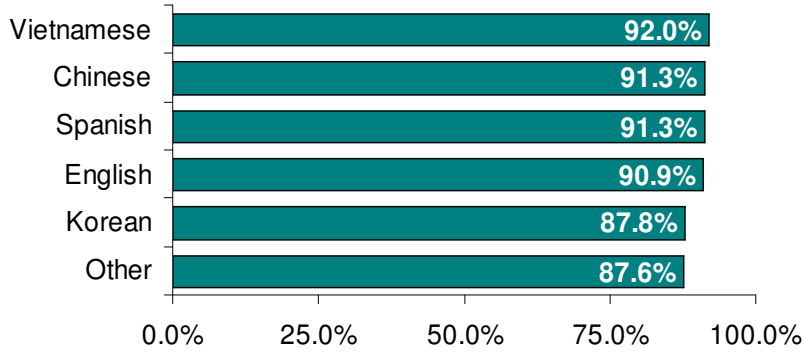
One health plan scored at or above the national commercial 90th percentile (95.2%) for this measure:

1. Kaiser Foundation Health Plan, South.

Three health plans had rates at or below the national commercial 10th percentile (84.0%):

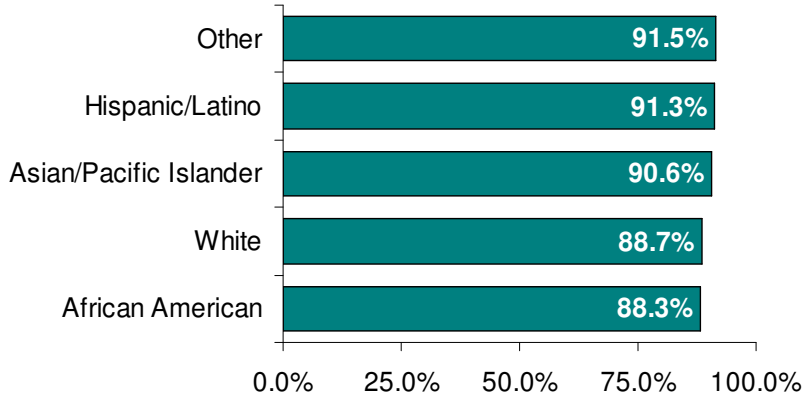
1. Community Health Plan
2. Alameda Alliance for Health
3. LA Care Health Plan.

Figure 12. Children's Access by Primary Language



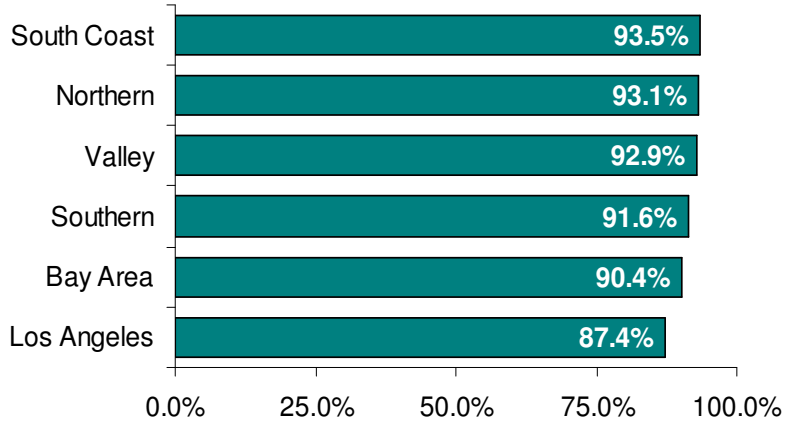
Members whose language is "other" or Korean had significantly lower rates than other ethnic groups. .

Figure 13. Children's Access by Ethnicity



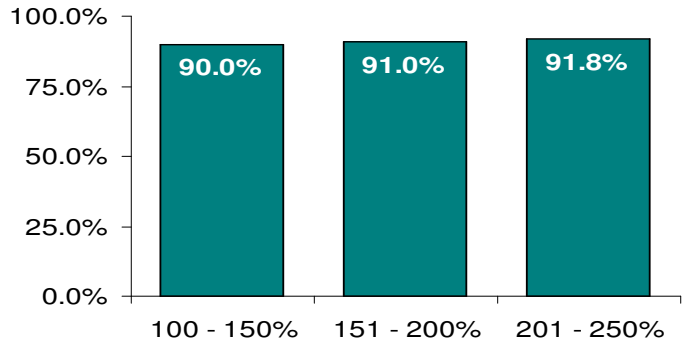
Compared to the ethnic group with the highest rate ("Other"), African Americans and Whites had significantly lower rates of primary care visits.

Figure 14. Children's Access by Region



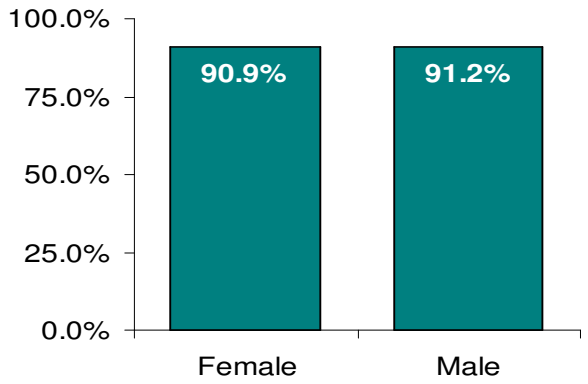
Members in the Los Angeles region had a significantly lower rate of children ages 25 months to 6 years who saw a primary care practitioner, compared with members in other regions.

Figure 15. Children's Access by Income



There are no significant differences by income (displayed as percent of Federal Poverty Level).

Figure 16. Children's Access by Gender



There are no significant differences by gender.

Demographic Summary

- Vietnamese speakers had the highest rate of children who saw a primary care practitioner. Members who speak Korean or whose language is "other" had significantly lower rates than children who speak other languages.

- While the differences between ethnic categories is minimal, African-American and White children ages 25 months to 6 years had significantly lower rates than the group with the highest rate ("Other").

- The difference between the highest performing region (South Coast) and the lowest region (Los Angeles) is about six percent.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 7 – 11 YEARS

Measure Definition

This measure assesses the number of children who receive at least one primary care visit during the measurement year. The *Children's Access to Primary Care Practitioners* measure is part of the *Access and Availability of Care* quality domain. This measure is reported for four different age groups, so there are four performance rates. This section focuses on the third age group: ages 7 to 11 years.

Importance of this Measure

Though this measure does not directly quantify access, it provides an estimate of children who receive at least one visit with a primary care practitioner during the year. Research indicates that access to primary care practitioners is associated with reduced hospital use and enhanced quality of care[5]. It is therefore critical to monitor the number of HFP members receiving at least one primary care visit each year.

Overall Results

Over 90 percent of 7 to 11 year olds, enrolled in HFP saw a primary care practitioner in 2009. Ten health plans have higher proportions of children who received a primary care visit, and fourteen health plans have lower proportions. The range between the top and bottom rates is about 20 percentage points (19.7.%).

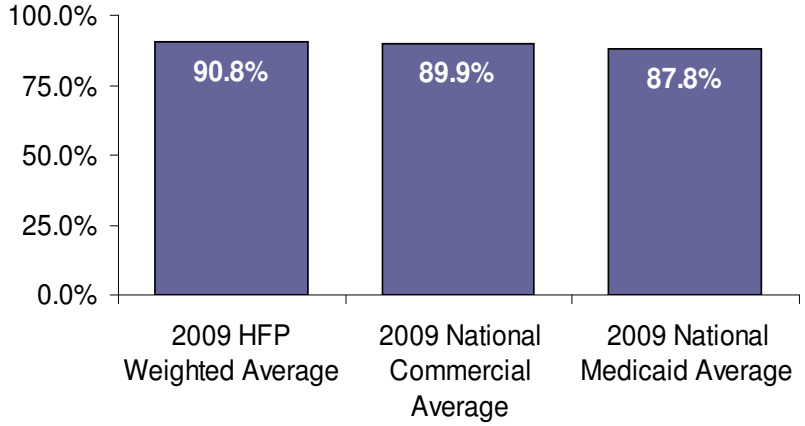
None of the 24 participating health plans had rates at or above the national commercial 90th percentile rate (96.3%). Two health plans' had rates at or below the national commercial 10th percentile (83.8%). Overall, in 2009, HFP members ages 7 to 11 received primary care visits at about the same rate than children the same ages in commercial plans (89.9%).

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[5] National Quality Measures Clearinghouse. (2009.) Retrieved October 5, 2010 from http://www.qualitymeasures.ahrq.gov/content.aspx?id=14997#Section310

Figure 17. Comparison to Benchmarks



The HFP weighted average for 2009 is about the same as the national commercial average and three percentage points higher than the national Medicaid average.

Figure 18. HFP Three year Trend

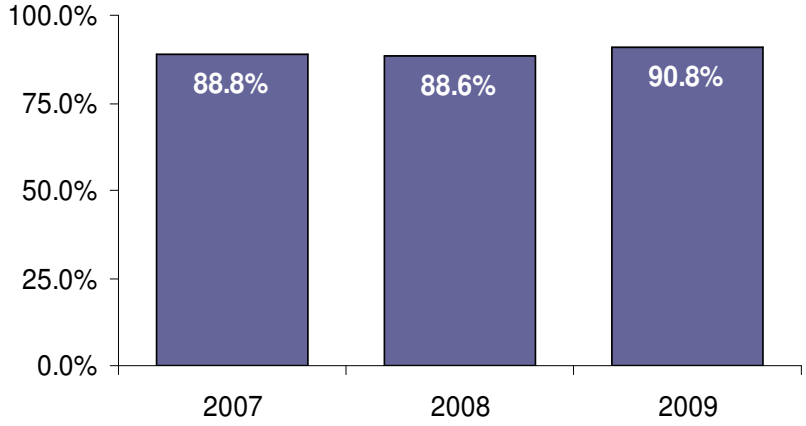
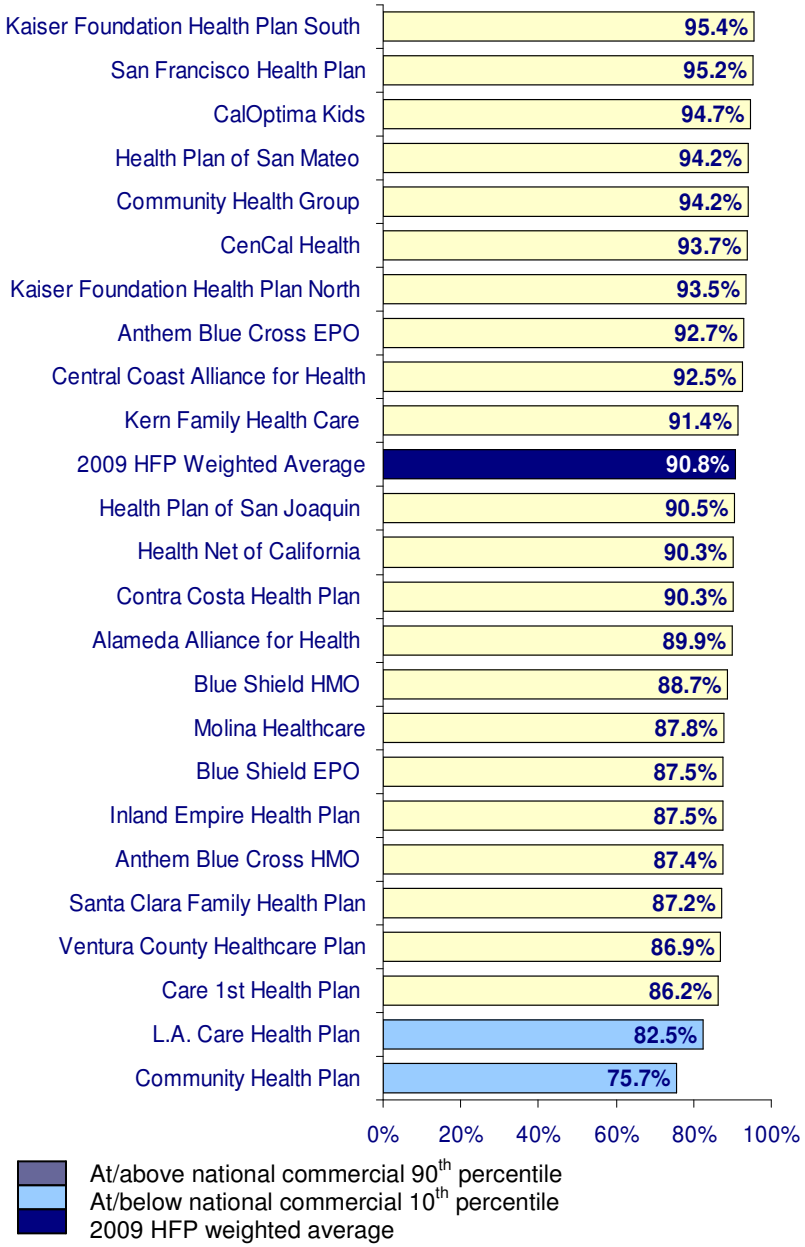


Figure 18 shows the trend in the percentage of HFP members who had at least one primary care visit in each of the past three years. The HFP weighted average remained the same from 2007 to 2008 and increased by two percent in 2009. In contrast, the national commercial trend for this age group has remained flat from 2007 to 2009. The national Medicaid trend mirrors HFP; flat from 2007 (85.9%) to 2008 (85.8%), with an increase in 2009 (87.8%).

Figure 19. 2009 Individual Plan Rates



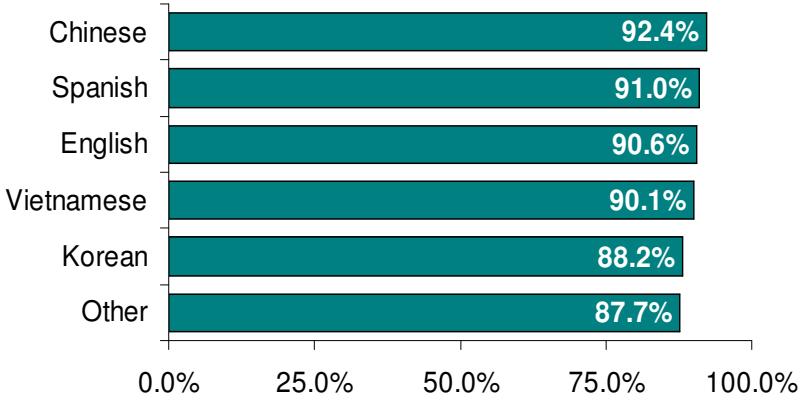
HFP Plan Comparison

None of the 24 HFP plans scored at or above the national commercial 90th percentile (96.3%) for primary care visits for 7 to 11 year olds. However, 14 plans had rates at or above 90 percent.

Two health plans had rates at or below the national commercial 10th percentile (83.8%):

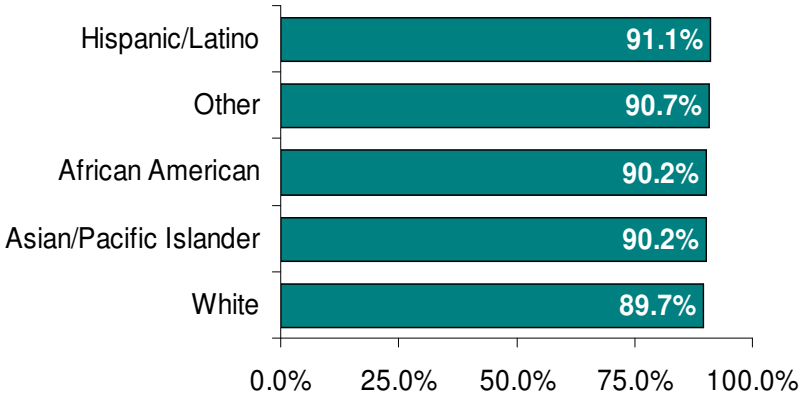
1. Community Health Plan
2. LA Care Health Plan

Figure 20. Children's Access by Primary Language



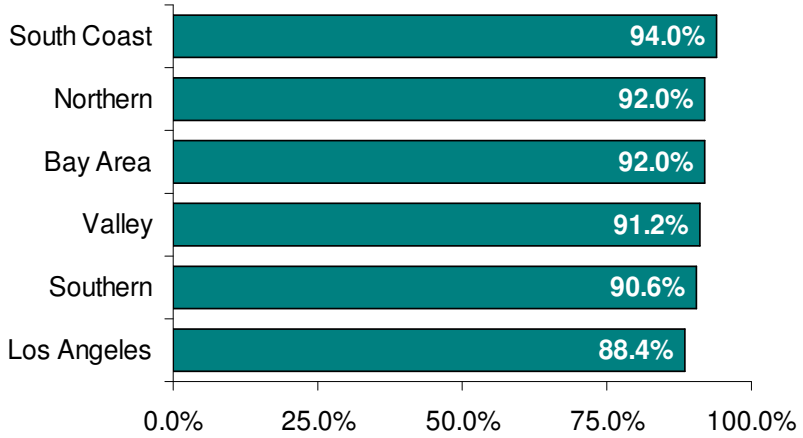
Members who speak Chinese had the highest rate of annual primary care visits. Members whose language is "other" had the lowest rate; significantly lower than Chinese, Spanish, and English speakers'.

Figure 21. Children's Access by Ethnicity



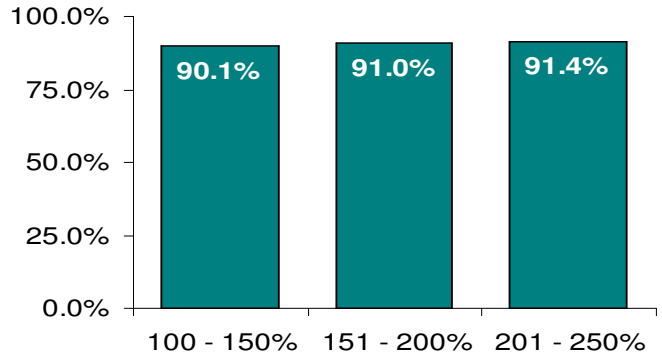
There are no significant differences by ethnicity.

Figure 22. Children's Access by Region



Compared to other regions, Los Angeles had a significantly lower rate of 7 to 11 year olds who had a primary care visit in 2009.

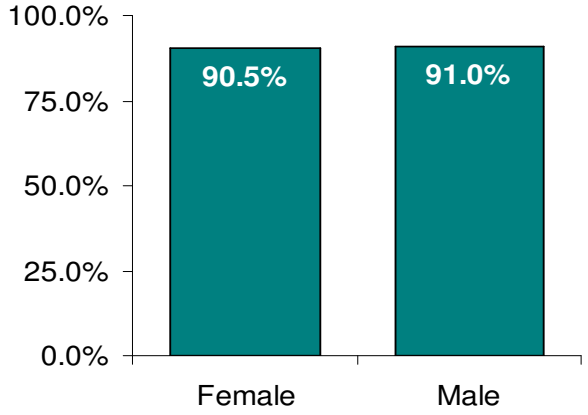
Figure 23. Children's Access by Income



There are no significant differences by income category (displayed as percent of Federal Poverty Level).

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 7 – 11 YEARS

Figure 24. Children's Access by Gender



There are no significant differences by gender.

Demographic Summary

- Over 90 percent (92.4%) of Chinese speakers ages 7 to 11 years old received a primary care visit, compared to 90 percent of Vietnamese and 88 percent of Korean speakers.

- South Coast had the highest rate of members 7 to 11 years old to receive a primary care visit , whereas Los Angeles had the lowest rate, a difference of six (5.6%) percentage points.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 12 – 18 YEARS

Measure Definition

This measure assesses the number of children who receive at least one primary care visit during the measurement year. The *Children's Access to Primary Care Practitioners* HEDIS measure is part of the *Access and Availability of Care* quality domain. This measure is reported for four different age groups, so there are four performance rates reported for this measure. This section focuses on the fourth age group: ages 12 to 18 years.

Importance of this Measure

Research indicates that access to primary care practitioners is associated with reduced hospital use and enhanced quality of care[6]. Further, uninsured and children from lower socioeconomic groups tend to use few to no health services when compared to their insured, higher income counterparts[7]. It is therefore critical to monitor the number of HFP members receiving at least one primary care visit each year.

Overall Results

The 2009 HFP weighted average for 12 to 18 year olds is the lowest of all four age groups at 89.3 percent. Ten health plans' rates exceeded the HFP rate. However, fourteen health plans have lower proportions of eligible members than the HFP rate. The range between the top and bottom rates is 21.6 percentage points.

None of the 24 participating health plans achieved rates at or above the national commercial 90th percentile rate (94.4%), though several are very close. Two health plans' members received primary care visits at a rate at or below the national commercial 10th percentile (81.3%). Overall, in 2009, HFP members ages 12 to 18 received primary care visits at a higher rate than children in commercial plans (87.3%).

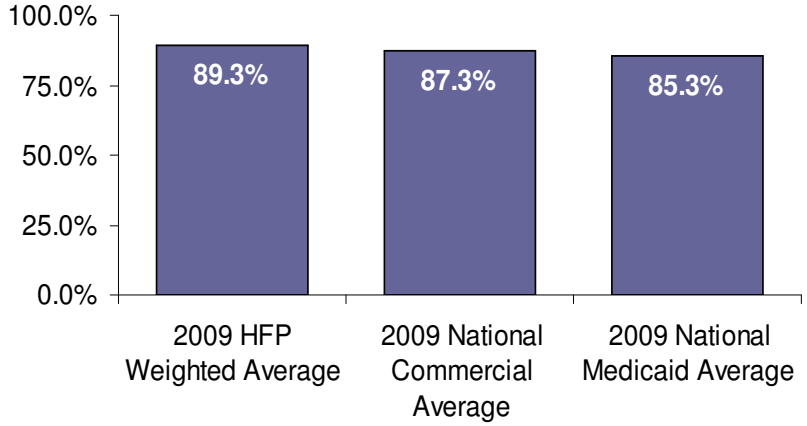
Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[6] National Quality Measures Clearinghouse. (2009.) Retrieved October 5, 2010 from http://www.qualitymeasures.ahrq.gov/content.aspx?id=14997#Section310

[7] Yu, S.M., et al. (2002.) Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics;* 110(73).

Figure 25. Comparison to Benchmarks



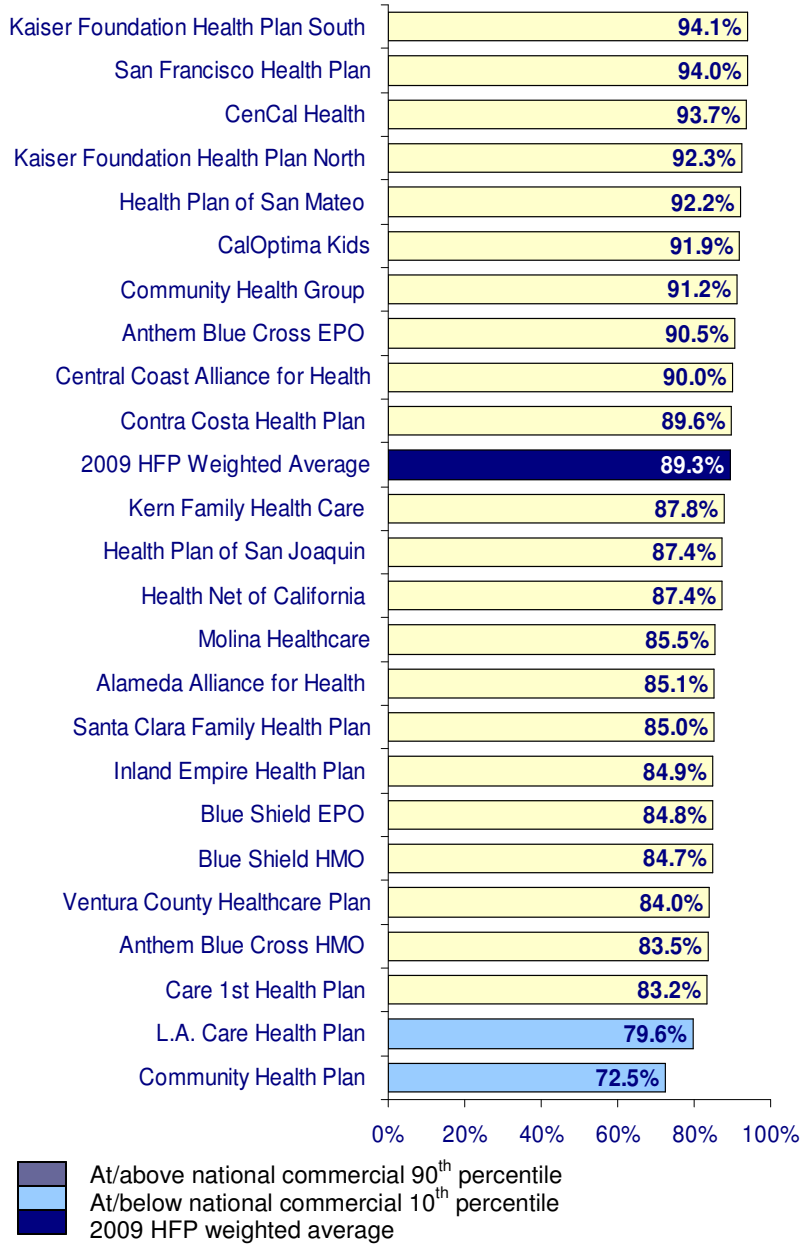
The HFP weighted average for 2009 is slightly higher than the national commercial average and four percentage points higher than the national Medicaid average. HFP children ages twelve to eighteen see primary care practitioners at higher rates than children enrolled in commercial or Medicaid plans.

Figure 26. HFP Three year Trend

Figure 26 shows the trend in the proportion of HFP members who received a primary care visit each year for the past three years. The HFP weighted average remained the same in 2007 and 2008, and increased significantly in 2009. The national commercial trend for this age group is flat during this period. The national Medicaid trend is similar to HFP, unchanged from 2007 (83.2%) to 2008 (82.6%) then increasing three percentage points (2.7) in 2009.

CHILDREN'S ACCESS TO PRMARY CARE PRACTITIONERS: 12 – 18 YEARS

Figure 27. 2009 Individual Plan Rates



HFP Plan Comparison

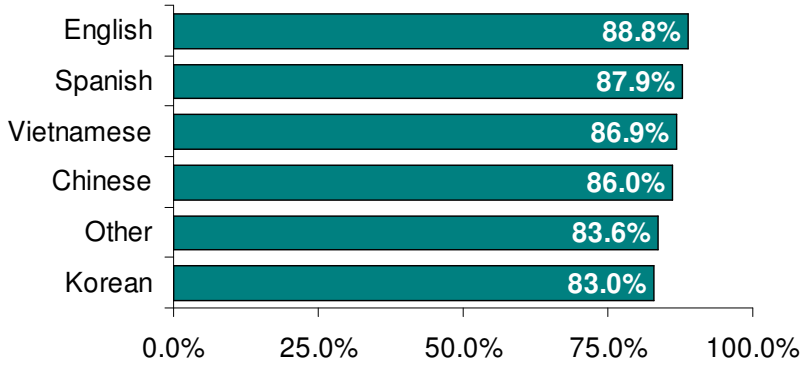
None of the 24 plans scored at or above the national commercial 90th percentile (94.4%) for primary care visits for 12 to 18 year olds, although three are very close to that rate:

1. Kaiser Foundation Health Plan, South
2. San Francisco Health Plan
3. CenCal Health

Two health plans had rates below the national commercial 10th percentile (81.3%):

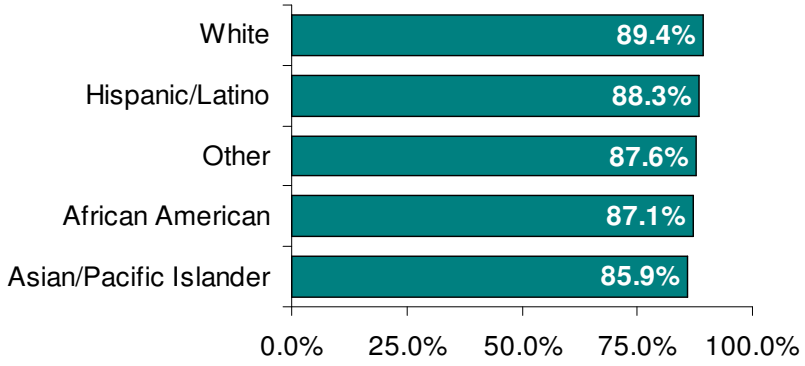
1. Community Health Plan
2. LA Care Health Plan

Figure 28. Children's Access by Primary Language



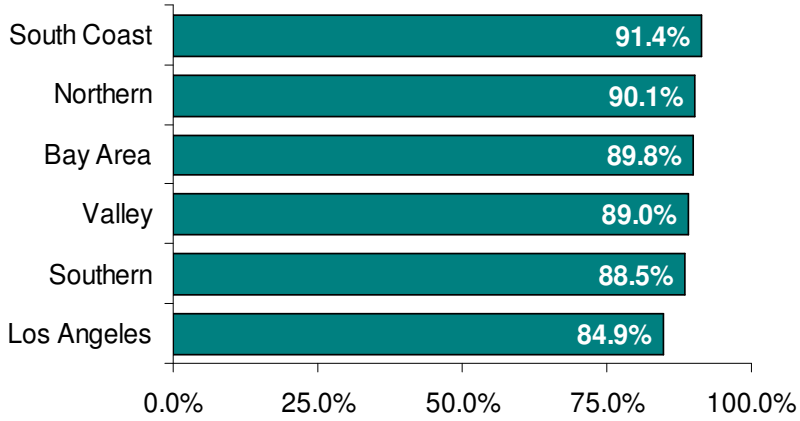
Members whose language is "other" or Korean had significantly lower rates of primary care visits than other language groups.

Figure 29. Children's Access by Ethnicity



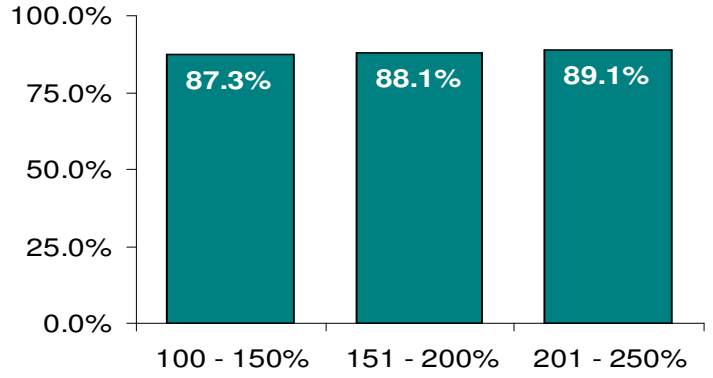
White children in this age group had the highest rate; the rate for Asian/Pacific Islander was significantly lower than the rate for whites.

Figure 30. Children's Access by Region



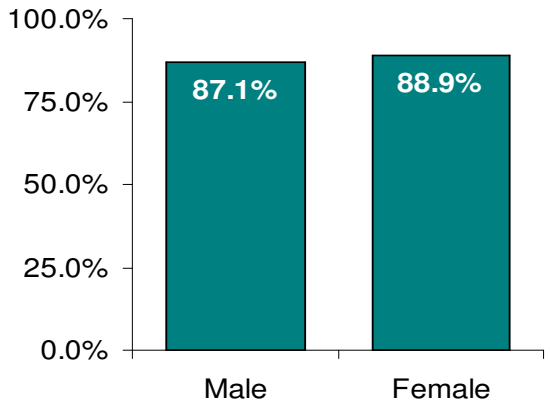
The Los Angeles region had a significantly lower rate than other regions. South Coast had the highest rate of primary care visits for this age group.

Figure 31. Children's Access by Income



There are no significant differences by income category (displayed as percent of Federal Poverty Level).

Figure 32. Children's Access by Gender



Adolescent girls saw a primary care practitioner at a slightly higher rate than boys.

Demographic Summary

- White adolescents had the highest rate of 12 to 18 year olds, while Asian/Pacific Islander adolescents had the lowest rate.

- There is a six percent difference between the region with the highest rate (South Coast) and the lowest rate (Low Angeles).

Summary of all Children's Access to Primary Care (CAP) Measures

Plans that consistently scored high in each of the four age groups for the CAP measure are:

1. Kaiser Foundation Health Plan, South
2. San Francisco Health Plan
3. Central Coast Alliance

Plans that scored below the national commercial 10th percentile in each CAP age group are:

1. Community Health Plan
2. LA Care

USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Measure Definition

The *Use of Appropriate Medication for People with Asthma* measure tracks the percentage of members 5 to 18 years old who were identified as having asthma and were appropriately prescribed medication during the measurement year. This is a measure from the *Effectiveness of Care* quality domain.

Importance of the Measure

Asthma is a chronic condition that causes inflammation of the air passages.[8] It is the most common chronic condition in U.S. children, affecting an estimated one in twenty children.[8] Further, asthma accounts for fifteen percent of non-surgical hospital admissions in children.[9]

Various reasons have been cited in research for the high asthma morbidity and mortality rates in the U.S.; two are inadequate preventive care and asthma management skills[10]. Asthma management involves use of anti-inflammatory medications, routine follow-up, and a variety of assessments.[10] Given the high prevalence of asthma in children, it is very important to ensure children with asthma are identified early and receive appropriate medications quickly.

[8] Asthma and Allergy Foundation of America. Retrieved from www.aafa.org February 15, 2010.
[9] Weinberger, M. (2006.) Asthma management: guidelines for the primary care physician. University of Iowa. Retrieved October 6, 2010 from http://www.uihealthcare.com/topics/medicaldepartments/pediatrics/asthmaphysicians/index.html
[10] Malveaux, F., et al. (1995.) Environmental risk factors of childhood asthma in urban centers. *Environmental Health Perspectives,* 103(Suppl 6), pp. 59-62.

Overall Results

The weighted average for this measure is based on 22 of the 24 participating HFP plans. CenCal Health and Contra Costa Health Plan reported sample sizes smaller than 31 and are therefore not included in the HFP weighted average.

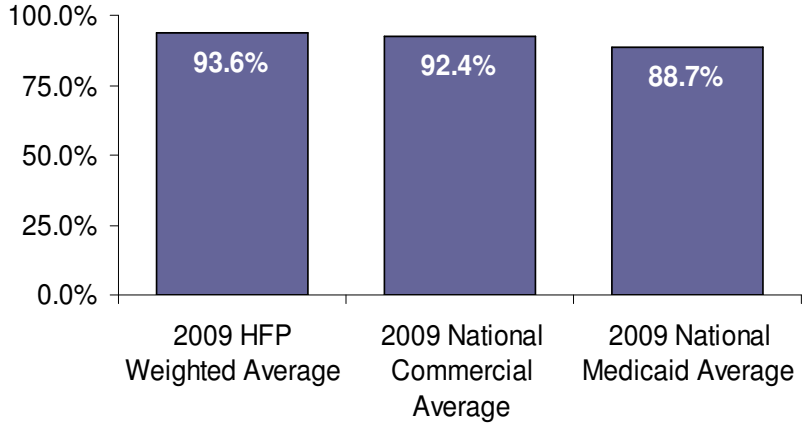
During 2009, nearly 94 percent (93.6%) of HFP members with asthma were identified and prescribed appropriate medication for asthma. Only 6 plans had higher rates than the average. Individual health plan rates vary moderately, with a difference of 15.8 percentage points between high and low scores.

Four plans' rates were at or above the national commercial 90th percentile (95.1%) and 6 plans' rates were at or below the national 10th percentile (89.3%). When compared to national benchmarks, the HFP has the highest rate of asthmatics to receive appropriate medication.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

Figure 33. Comparison to Benchmarks



The HFP rate for this measure is higher than the national rates for commercial plans and Medicaid plans. The HFP rate is five percentage points above the national Medicaid rate for this measure. However, it is important to note that the averages for commercial and Medicaid include ages 5 to 50 while the HFP average is based only on ages 5 to 18; the HFP average for this measure is based on the most affected age groups, while the other benchmark averages include age groups with lower asthma prevalence.

Figure 34. HFP Three year Trend

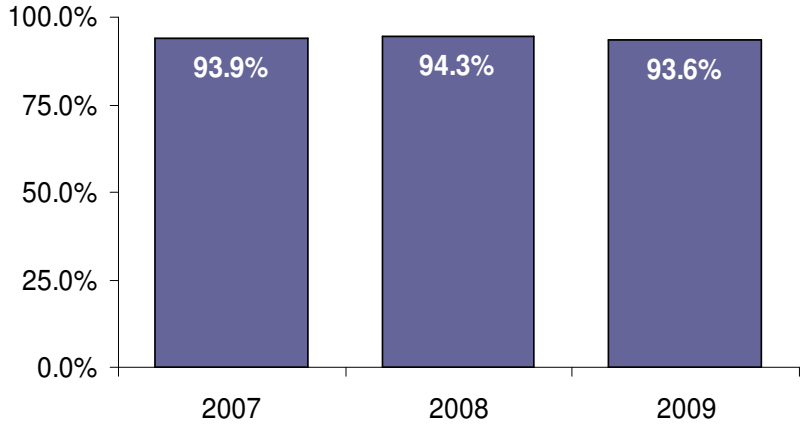
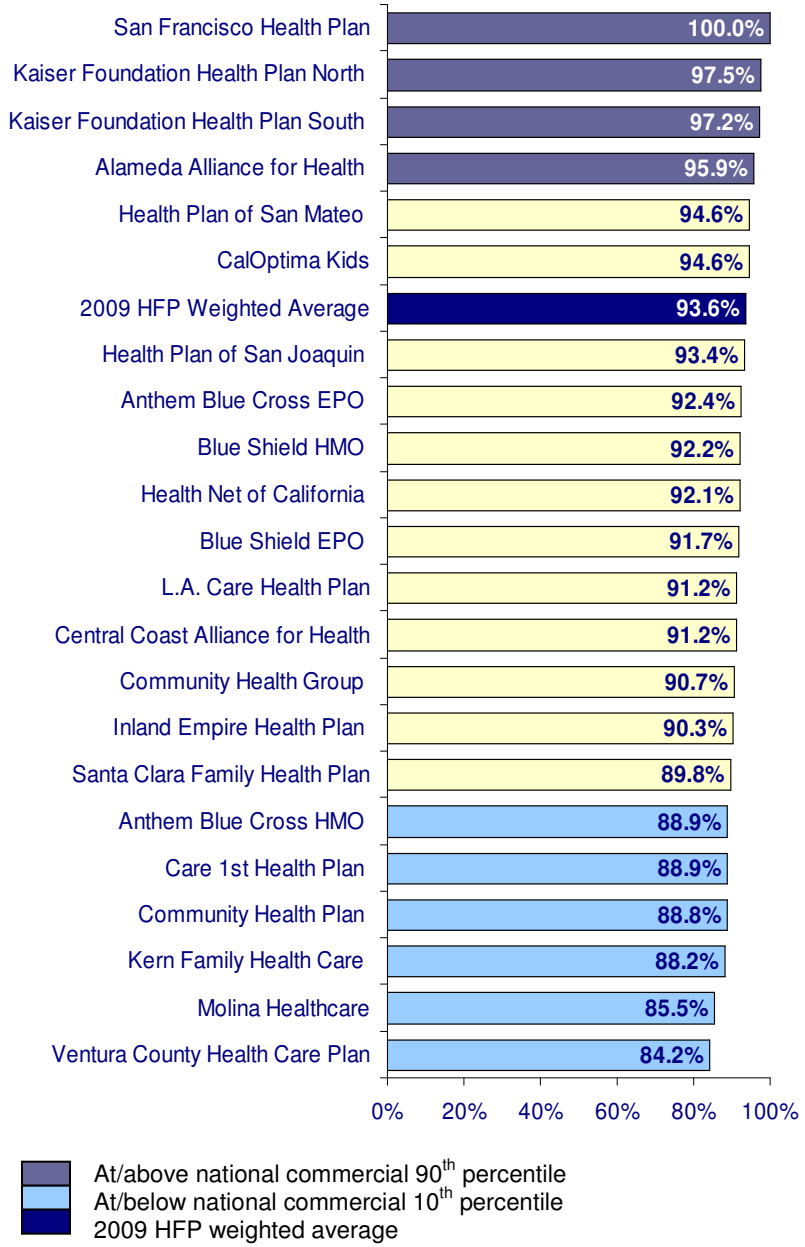


Figure 34 shows the HFP trend in performance over the past three years, which has remained relatively constant. The trend in the national commercial averages has also remained constant during this timeframe. The trend for Medicaid was flat for 2007 (87.1%) and 2008 (86.9%) and increased nearly two percentage points in 2009 (88.7%).

USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Figure 35. 2009 Individual Plan Rates



Health Plan Comparison

Four health plans performed at or above the national commercial 90th percentile (95.1%):

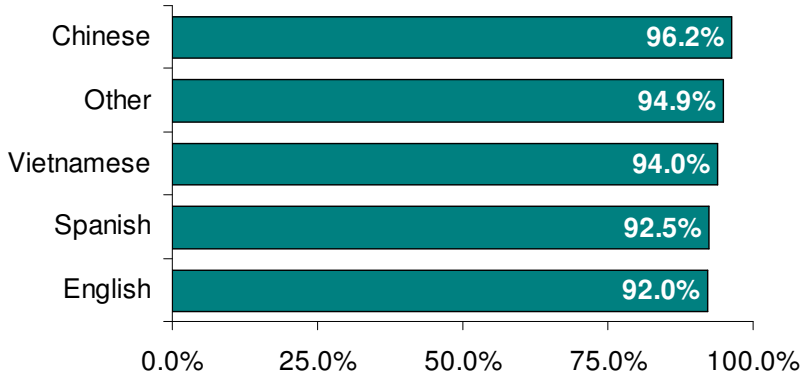
1. San Francisco Health Plan
2. Kaiser Foundation Health Plan, North
3. Kaiser Foundation Health Plan, South
4. Alameda Alliance for Health

More than one fourth of the included HFP plans performed at or below the national commercial 10th percentile (89.3%):

1. Ventura County Health Care Plan
2. Molina Healthcare
3. Kern Family Health Care
4. Community Health Plan
5. Care 1st Health Plan
6. Anthem Blue Cross HMO

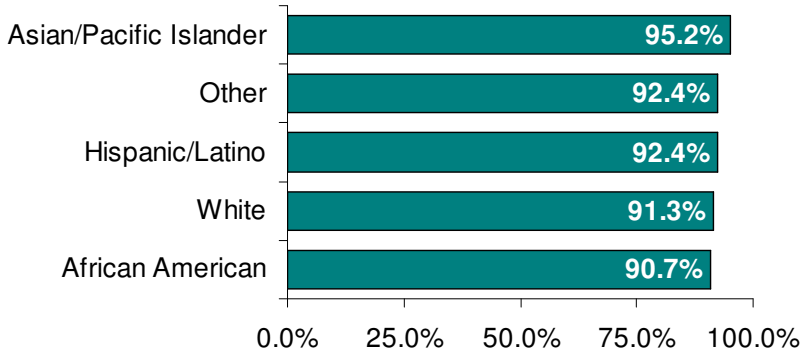
USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Figure 36. Asthma Medication by Primary Language



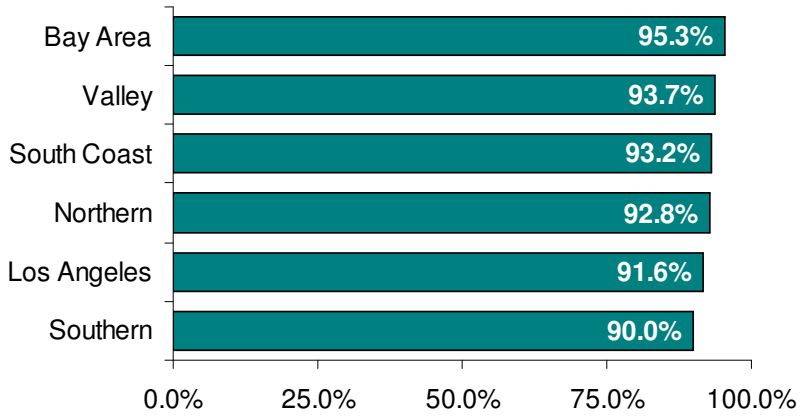
Korean speaking members are not included as there were less than 30 in this measure.

Figure 37. Asthma Medication by Ethnicity



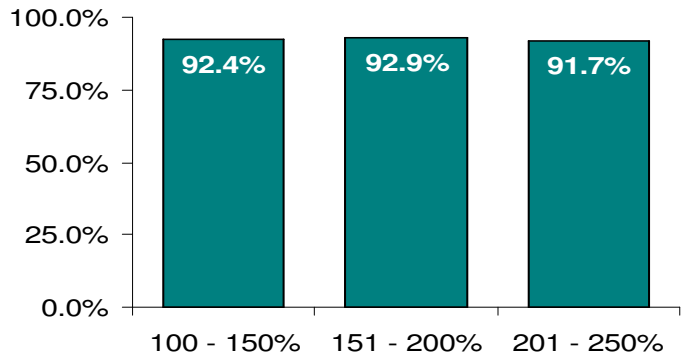
Asian/Pacific Islanders had a significantly higher rate than other ethnic groups, while African American children had the lowest rate.

Figure 38. Asthma Medication by Region



Members in the Bay Area had the highest rate of children prescribed appropriate medication for asthma, whereas members in the Southern region had a significantly lower rate.

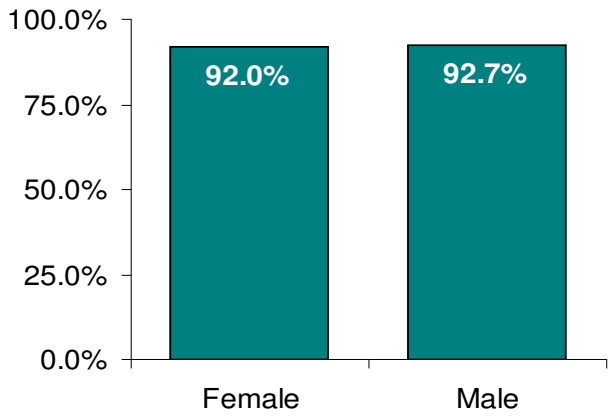
Figure 39. Asthma Medication by Income



There are no significant differences by income category (displayed as a percent of Federal Poverty Level).

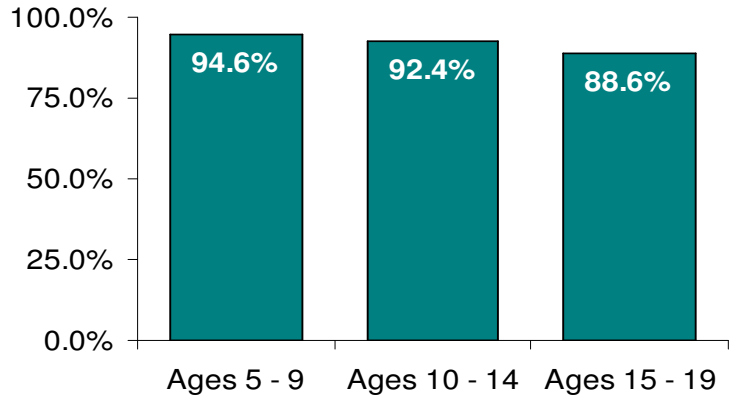
USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Figure 40. Asthma Medication by Gender



Males had a slightly higher rate than females.

Figure 41. Asthma Medication by Age Group



Members 5 to 9 years old had a significantly higher rate than other age groups.

Demographic Summary

- Over 95 percent of Chinese speaking members received appropriate medication for asthma. Spanish and English speakers had the lowest rates, significantly lower than members whose language is Chinese or “other.”

- As children get older, the percentage of children who receive appropriate medication for asthma drops. In HFP, there is a six percent difference in rates for 5 to 9 year olds and 15 to 19 year olds.

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Measure Definition

This measure tracks members with pharyngitis who received a Group A Beta-Hemolytic Streptococcus (GABHS or strep) test, and were prescribed an antibiotic. The *Appropriate Testing for Children with Pharyngitis* measure is part of the *Effectiveness of Care* quality domain.

Importance of this Measure

Pharyngitis, also known as sore throat, is common in children and is usually caused by GABHS,[11] commonly known as "strep" virus. Though strep accounts for up to 30 percent of pediatric cases of sore throat,[11] there are also viruses and bacteria attributed to acute pharyngitis. The peak prevalence for pharyngitis caused by the GABHS bacteria occurs in children five to ten years old.[12]

Appropriate testing for pharyngitis is critical for several reasons. First, there is substantial overlap in sore throat caused by GABHS and sore throat caused by viruses or different bacteria;[13] so it is important to test for GABHS. Second, testing prevents unnecessary use of antibiotics. Third, identification of strep caused pharyngitis can prevent related[14] complications, such as rheumatic fever.[11] Therefore, the Agency for Healthcare Research and Quality recommends a rapid antigen detection test and/or throat culture test for determining the cause of pharyngitis[15] before antibiotics are prescribed.

Overall Results

The 2009 HFP weighted average for this measure is 34.8 percent, indicating that nearly two thirds (65.2%) of HFP children who have a sore throat and receive antibiotics without having the recommended testing. There is tremendous variability in plan rates for this measure with a difference of 85.6 percentage points between the highest performing plans and lowest performing plans. Nine plans have rates higher than the 2009 HFP weighted average and fifteen plans have rates below.

Two health plans provided this service at or above the national commercial 90th percentile (88.7%) while all remaining plans fell below the national commercial 10th percentile (59.6%). Overall, the HFP rate for this measure was significantly lower rate than the bottom 10 percent of commercial plans.

Benchmarks and Trends

The HFP is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers the years 2007 through 2009.

[11] California Department of Health Care Services. (2007.) DUR: Appropriate testing of children with pharyngitis. Retrieved October 7, 2010 from http://files.medi-cal.ca.gov/pubsdoco/dur/articles/dured_8889.asp

[12] Simon, H.K. (2010.) Pediatrics, pharyngitis. Retrieved October 7, 2010 from http://emedicine.medscape.com/article/803258

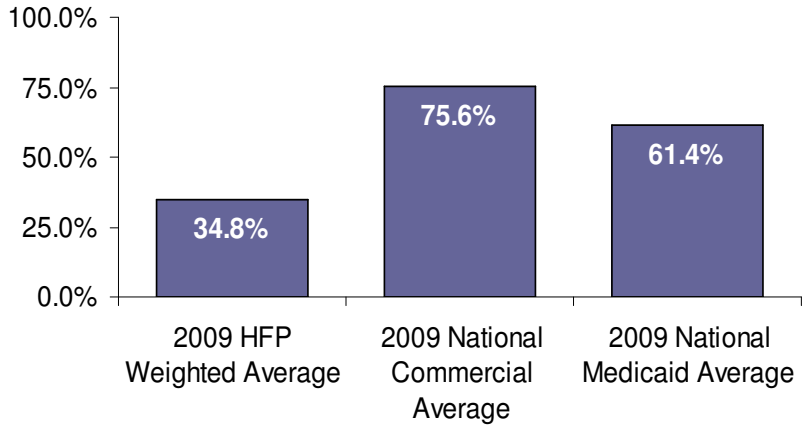
[13] Choby, B.A. (2009.) Diagnosis and treatment of streptococcal pharyngitis. *American Family Physician,* 79(5), pp. 383 – 390

[14] Basco, W.T. (2006.) Acute pharyngitis in children: Properly managed? Retrieved October 7, 2010 from http://www.medscape.com/viewarticle/542765

[15] Agency for Healthcare Research and Quality. (2009.) Acute pharyngitis in children. Retrieved October 7, 2010 from http://www.guideline.gov/content.aspx?id=13823&search=acute+pharyngitis.

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Figure 42. Comparison to Benchmarks



The HFP rate of appropriate testing for pharyngitis is far below national commercial plan and national Medicaid rates. The HFP weighted average is 40.8 percentage points below the national commercial average and 26.6 percentage points below the national Medicaid average. Substantially fewer HFP children with pharyngitis are appropriately tested compared to children in commercial or Medicaid plans.

Figure 43. HFP Three year Trend

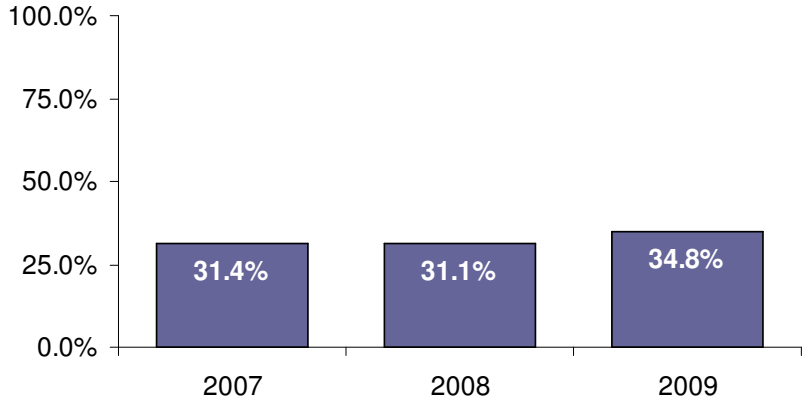
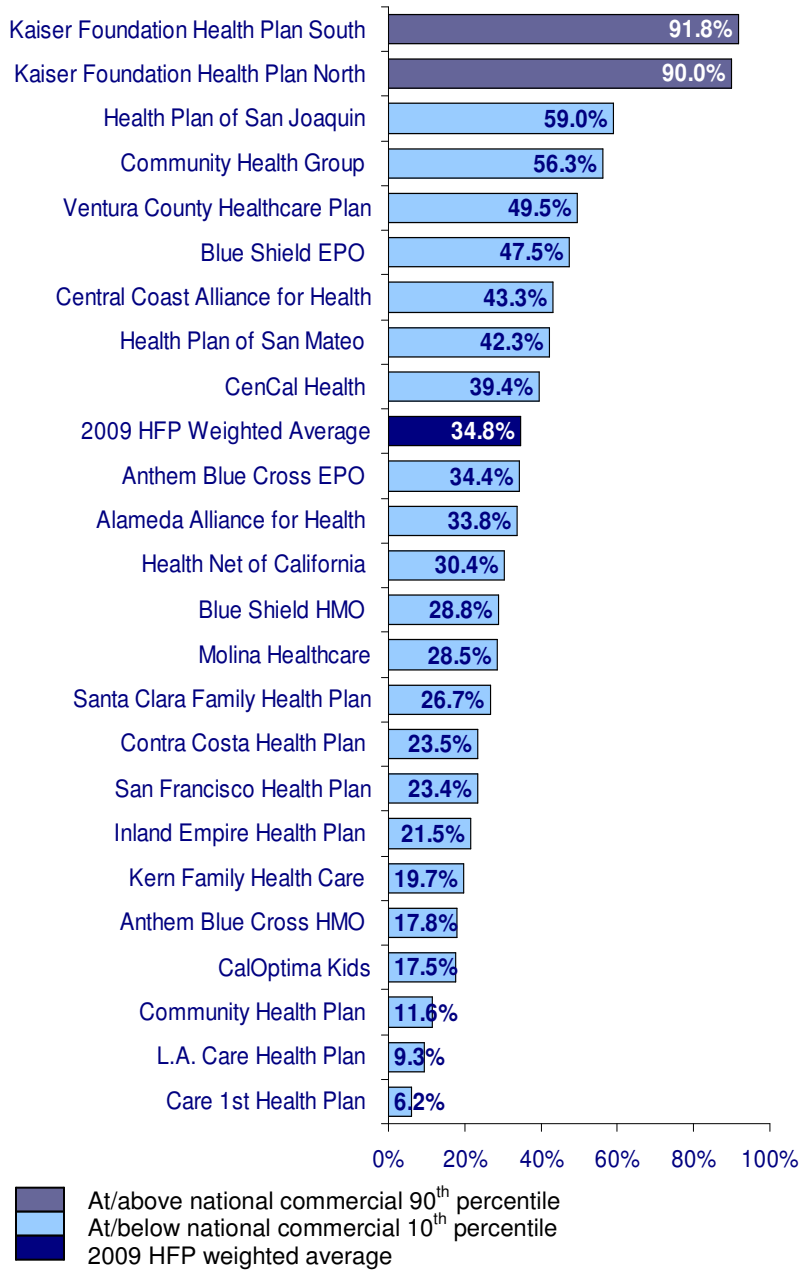


Figure 43 shows the HFP trend in providing appropriate testing to children with pharyngitis. Even though the 2009 rate increased by three percentage points, HFP is not making significant progress in this area. Since 2007, the HFP has provided appropriate testing to only about one third of HFP members with pharyngitis.

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Figure 44. 2009 Individual Plan Rates



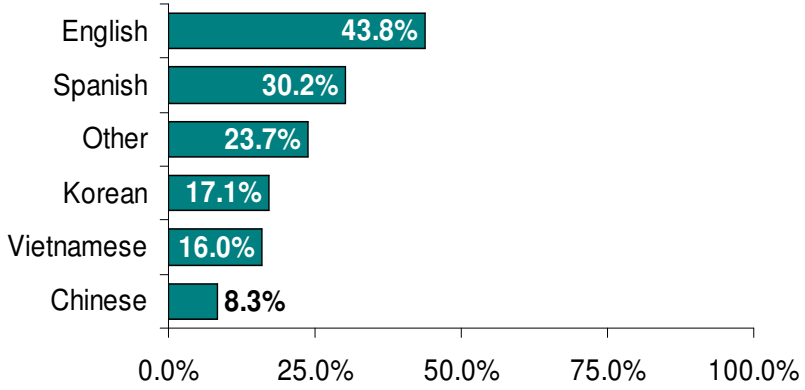
Health Plan Comparison

Only two HFP health plans appropriately tested and prescribed antibiotics for pharyngitis at or above the national commercial 90th percentile (88.7%) rate:

1. Kaiser Foundation Health Plan, South
2. Kaiser Foundation Health Plan, North

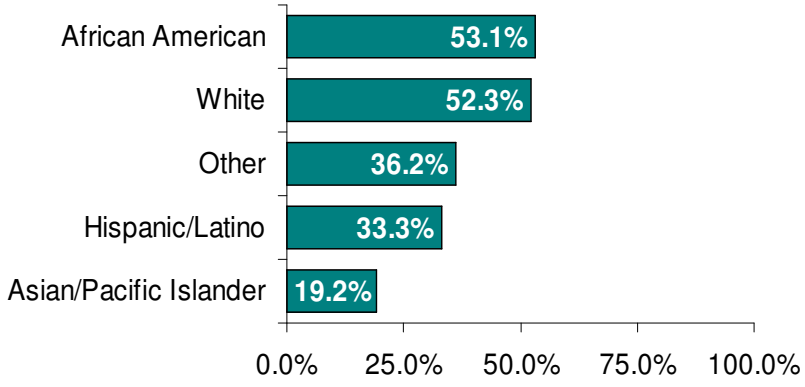
As mentioned previously, all other HFP health plans had very low rates of providing appropriate testing for pharyngitis and fell far below the national commercial 10th percentile (59.6%).

Figure 45. Pharyngitis Testing by Primary Language



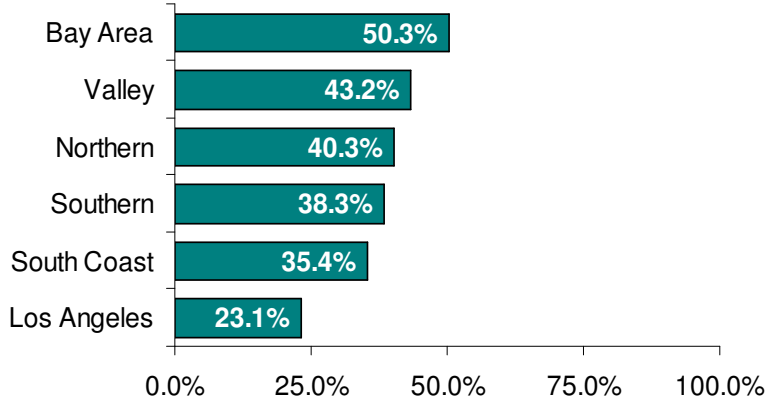
There is extreme variance in rates by language. English speakers had the highest rate of children tested for strep. Less than ten percent of Chinese speakers were tested.

Figure 46. Pharyngitis Testing by Ethnicity



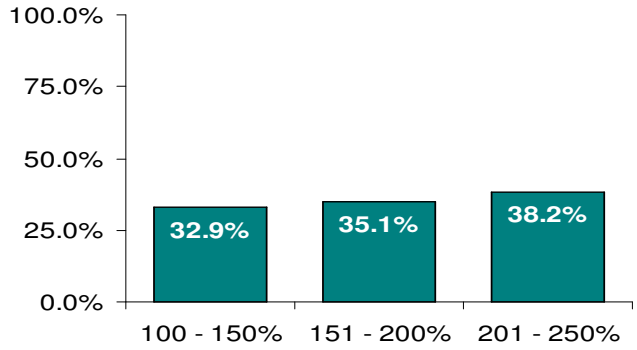
African-Americans and Whites had the highest rates. Asian/Pacific Islanders had significantly low rates, with less than 20 percent appropriately tested for strep.

Figure 47. Pharyngitis Testing by Region



Bay Area children had a significantly higher rate than children in other regions; twice the rate of children in Los Angeles.

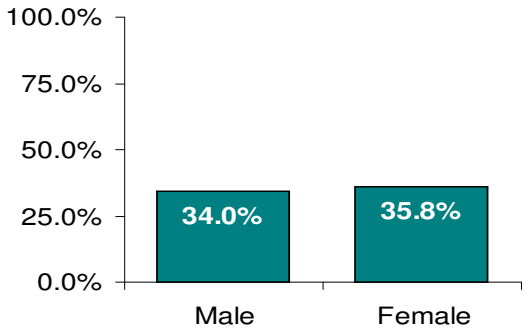
Figure 48. Pharyngitis Testing by Income



Children in the highest income category (201% - 250% Federal Poverty Level) had significantly higher rates than children in other income categories.

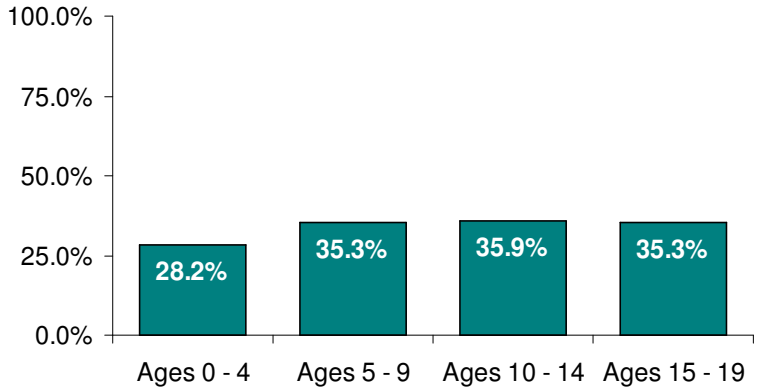
APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Figure 49. Pharyngitis Testing by Gender



Girls had a slightly higher rate than boys.

Figure 50. Pharyngitis Testing by Age Group



The youngest children were the least likely to receive appropriate testing.

Demographic Summary

- English speakers are much more likely to receive appropriate testing for pharyngitis compared to children who speak other languages, especially children who speak Chinese, Korean, or Vietnamese.
- Asian/Pacific Islanders had significantly low rates, with less than 20 percent appropriately tested for strep.
- Bay Area children were twice as likely as children in the Los Angeles area to receive appropriate testing for pharyngitis.
- Children four years old and younger have significantly lower rates than other age groups; in children two and younger pharyngitis is rarely caused by strep bacteria[16].

[16] Simon, H.K. (2010.) Pediatrics, pharyngitis. Retrieved October 7, 2010 from http://emedicine.medscape.com/article/803258

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 2

Measure Definition

The *Childhood Immunization Status* measure is collected for two different combinations of vaccines. Combination 2 is one of the two immunization combinations monitored by MRMIB. This measure is part of the *Effectiveness of Care* domain.

Based on recommendations of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), children should receive this immunization by their second birthday. The Combination 2 vaccine includes the following immunizations:

- Diphtheria, tetanus, and acellular pertussis (DTaP)
- Polio (IPV)
- Measles, mumps, and rubella (MMR)
- Haemophilius influenzae (HiB – flu shot)
- Hepatitis B (HepB)
- One Chicken Pox (VZV)

Importance of this Measure[17]

Vaccinations are very important for a variety of reasons. For children, vaccines are particularly important because younger children are vulnerable to disease germs and their bodies may not yet have the strength to fight diseases. Secondly, vaccinations are critical to protecting the health of the entire community; individual immunizations can protect those who cannot be vaccinated. For example, infants cannot be vaccinated for certain diseases such as measles, but are still susceptible to contracting measles. Other children may not receive vaccinations due to medical reasons (e.g. leukemia). Finally, vaccinations are critical to slowing or stopping the spread of diseases and preventing outbreaks. For these reasons, it is critical to protect children through immunization.

Overall Results

In 2009, nearly 80 percent (79.3%) of HFP members under 2 years old received the Combination 2 vaccination. Sixteen health plans exceeded this rate; five plans had rates at or above the national commercial 90th percentile. Five health plans had rates at or below the national commercial 10th percentile (73.4%).

There is no difference in the 2009 weighted average compared to the 2007 weighted average.

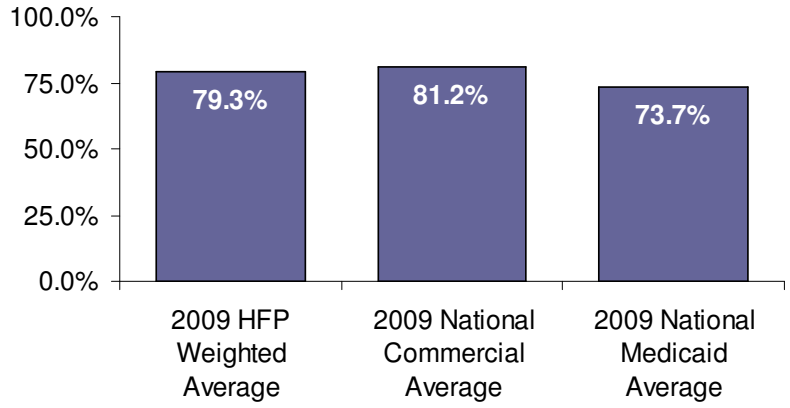
Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[17] Information obtained from Centers for Disease Control and Prevention at http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why

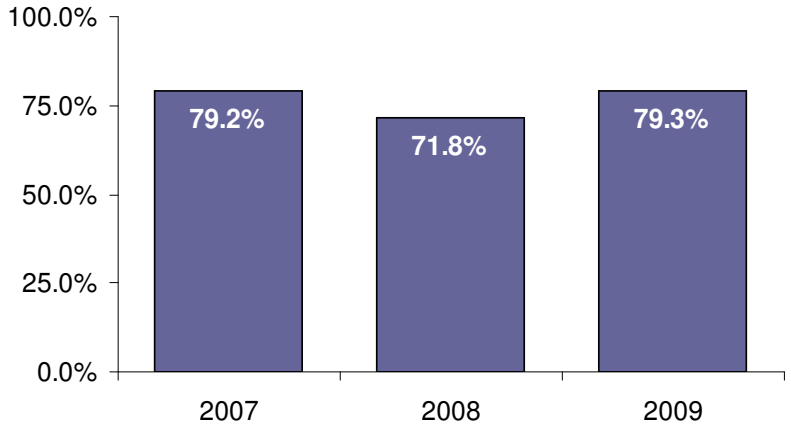
CHILDHOOD IMMUNIZATION STATUS, COMBINATION 2

Figure 51. Comparison to Benchmarks



The HFP weighted average for Combination 2 is two percentage points below the national commercial average and nearly six percentage points (5.6%) above the national Medicaid average.

Figure 52. HFP Three year Trend

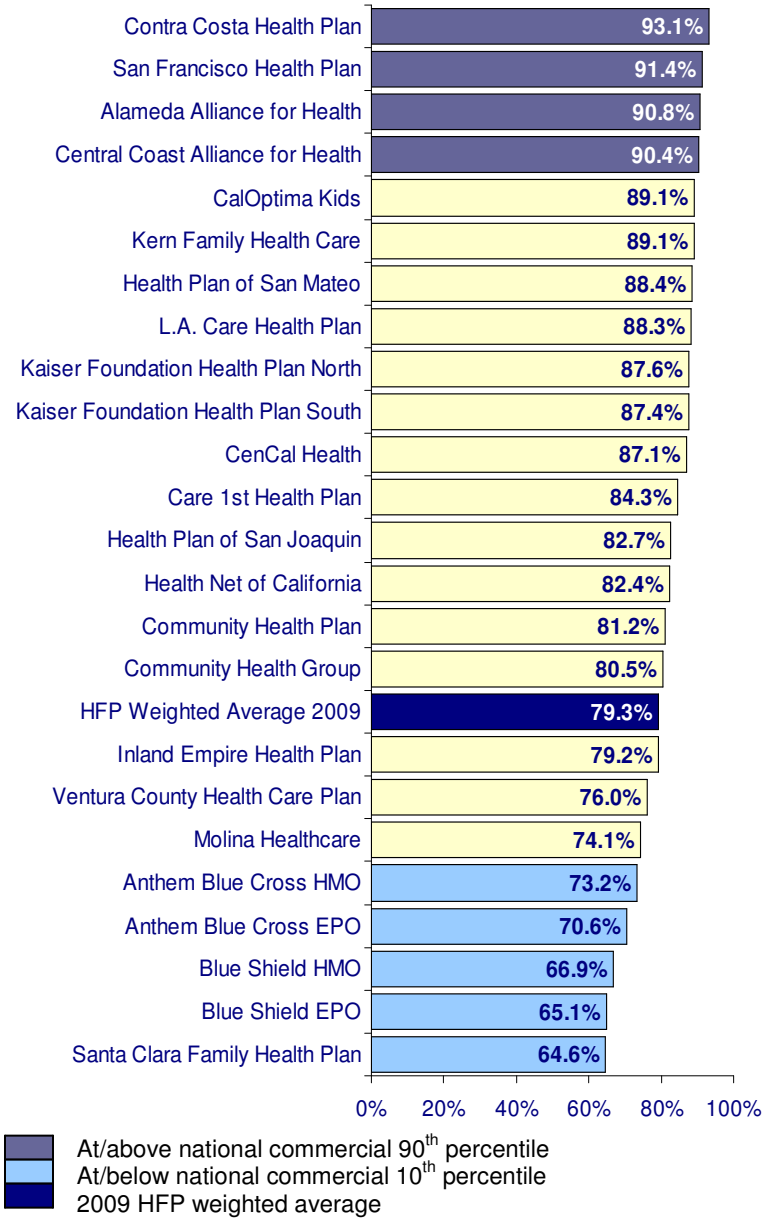


As Figure 52 shows, the HFP weighted average decreased significantly, by 7 percentage points, from 2007 to 2008. However, in 2009 the HFP weighted average was restored to the 2007 level.

The HFP three year trend is inconsistent with the national commercial trend for this measure which has remained relatively constant from 2007 (79.8%) to 2009 (81.2%).

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 2

Figure 53. 2009 Individual Plan Rates



Health Plan Comparison

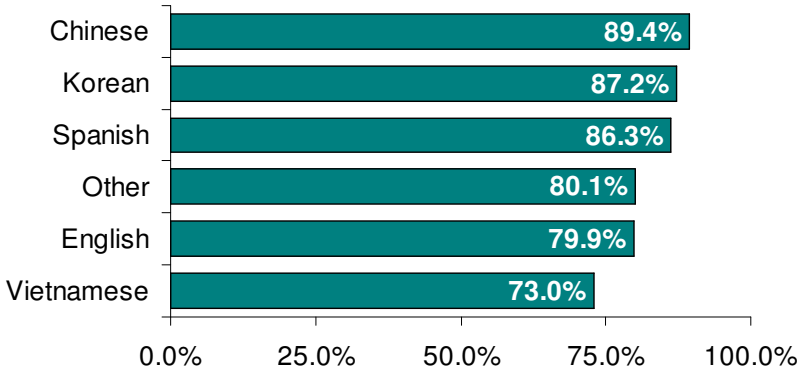
Individual plan rates ranged from 93.1 percent to 64.6 percent. Four plans performed at or above the national commercial 90th percentile (89.3%):

1. Contra Costa Health Plan
2. San Francisco Health Plan
3. Alameda Alliance for Health
4. Central Coast Alliance for Health

Five health plans' rates are at or below the national commercial 10th percentile (73.4%):

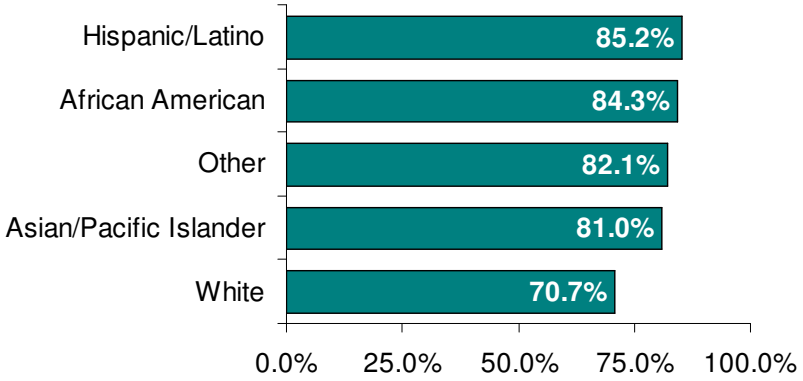
1. Santa Clara Family Health Plan
2. Blue Shield EPO
3. Blue Shield HMO
4. Anthem Blue Cross EPO
5. Anthem Blue Cross HMO

Figure 54. Combination 2 by Primary Language



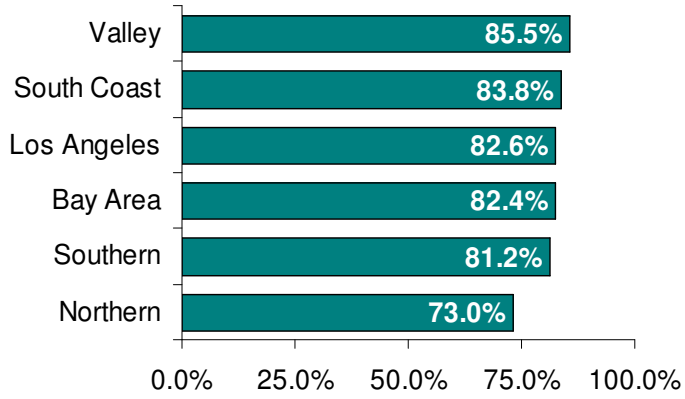
Compared to other primary language groups, Vietnamese speakers had a substantially lower rate of these immunizations.

Figure 55. Combination 2 by Ethnicity



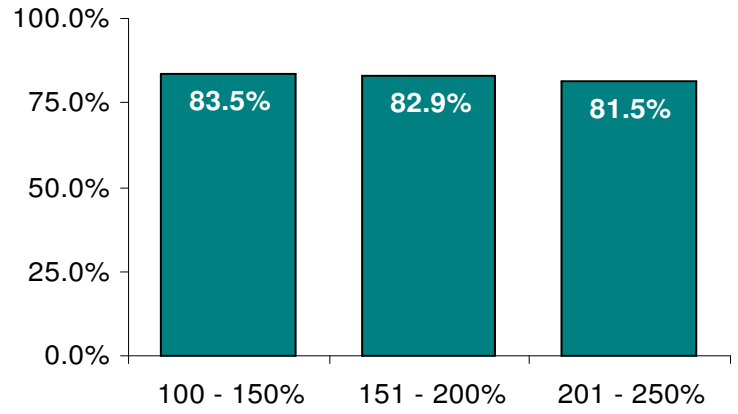
White members received these immunizations at a significantly lower rate than other ethnic groups.

Figure 56. Combination 2 by Region



Members in the northern region had significantly lower rates than the other five regions.

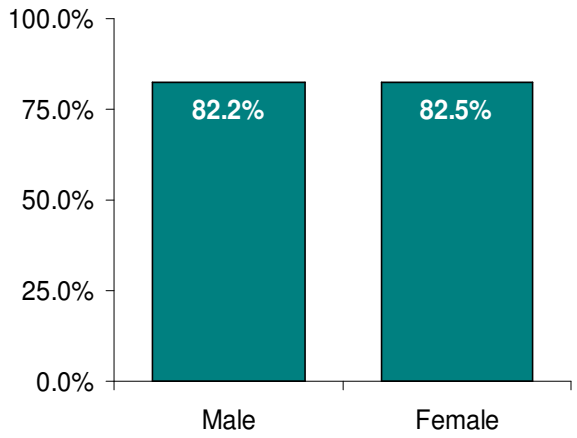
Figure 57. Combination 2 by Income



There were no significant differences in rates by income category (displayed as percent of Federal Poverty Level).

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 2

Figure 58. Combination 2 by Gender



Rates of immunizations for males and females were roughly the same.

Demographic Summary

- Vietnamese speakers had the lowest rate, whereas Chinese and Korean speakers had the highest rates of Combination 2 immunizations.

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 3

Measure Definition

The *Childhood Immunization Status* measure is collected for two different combinations of vaccines. Combination 3 is the second of two different combinations of vaccines. This measure is part of the *Effectiveness of Care* domain.

This combination is provided to children under two years old and consists of the same vaccinations as Combination 2, with four additional vaccinations for pneumococcal conjugate. Per Center for Disease Control and Prevention's Advisory Committee on Immunization Practices, children should receive immunizations by their second birthday.

Importance of this Measure[18]

Monitoring the proportion of children receiving these recommended vaccinations is important to ensure children are getting services that protect them from disease and illness.

Overall Results

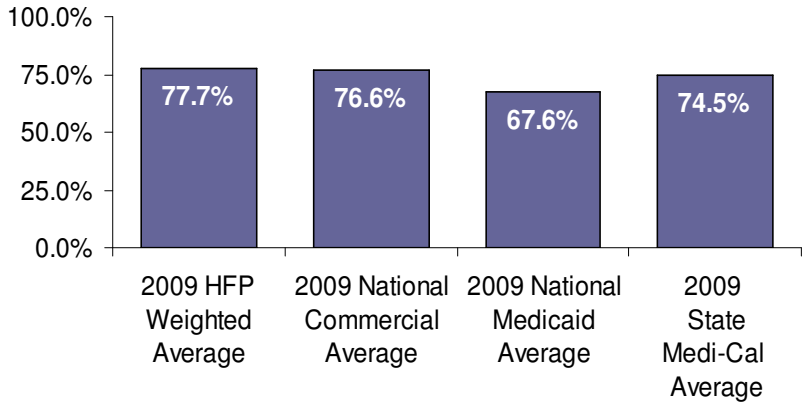
In 2009, more than three-quarters (77.7%) of HFP members under 2 years old received the Combination 3 vaccination. This is an increase of 4 percentage points in the 2009 HFP weighted average compared to the 2007 weighted average. Twelve health plans exceeded this rate and 7 health plans had rates at or above the national commercial 90th percentile (86.4%). Four health plans had rates at or below the national commercial 10th percentile (66.4%).

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average, national Medicaid average, and state Medi-Cal Managed Care (MCMC) average. Three year trend data covers years 2007 through 2009.

[18] Information obtained from Centers for Disease Control and Prevention at http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why

Figure 59. Comparison to Benchmarks



The 2009 HFP weighted average is one percentage point (1.1%) higher than the national commercial average and is ten percentage points (10.1%) higher than the national Medicaid average. The HFP also achieved a rate three percentage points (3.2%) higher than the state Medi-Cal Managed Care weighted average for 2009.

Figure 60. HFP Three Year Trend

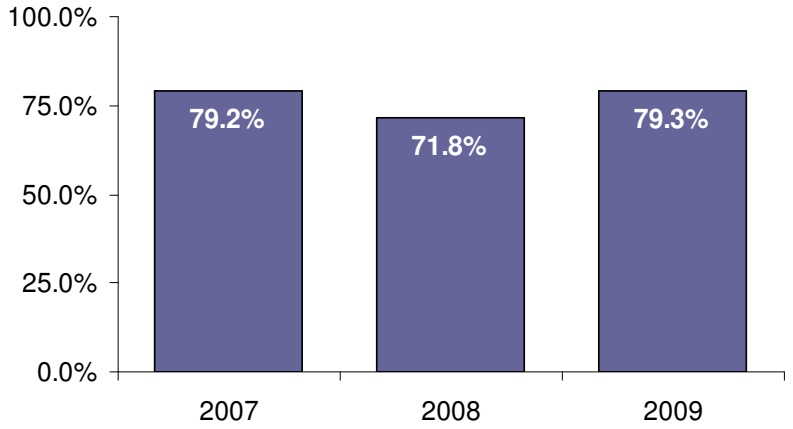
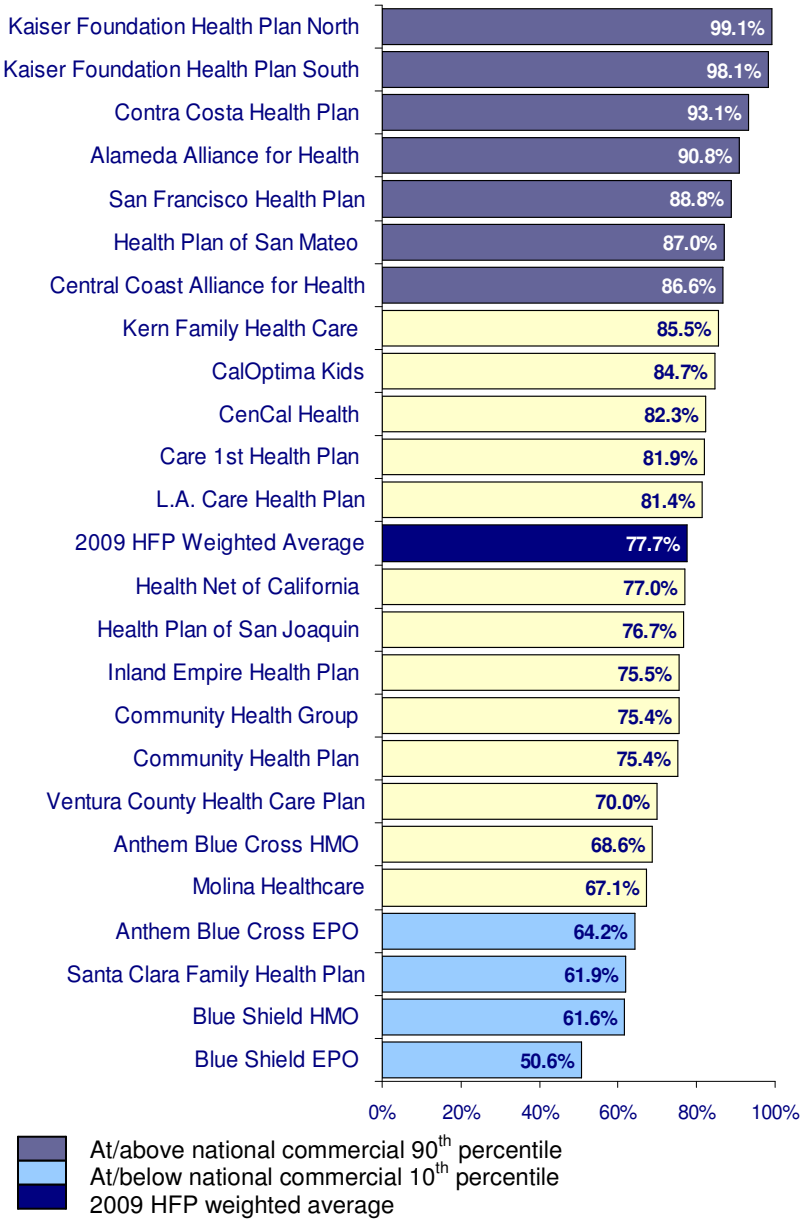


Figure 60 shows that the HFP weighted average dropped significantly in 2008 to 71.8 percent. In 2009, the weighted average increased ten percentage points (10.5%), back to the 2007 level. In contrast, the national commercial trend and the national Medicaid trend show slight increases each year.

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 3

Figure 61. 2009 Individual Plan Rates



Health Plan Comparison

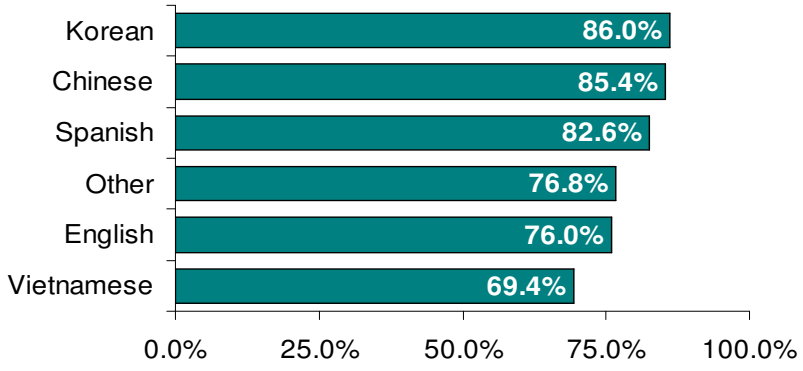
The national commercial 90th percentile increased from 81.7% in 2007, when 8 HFP plans met or exceeded the rate, to 86.4% in 2009. Seven plans performed at or above the national commercial 90th percentile (86.4%):

1. Kaiser Foundation Health Plan, North
2. Kaiser Foundation Health Plan, South
3. Contra Costa Health Plan
4. Alameda Alliance for Health
5. San Francisco Health Plan
6. Health Plan of San Mateo
7. Central Coast Alliance for Health

Four health plans' rates are at or below the national commercial 10th percentile (66.4%):

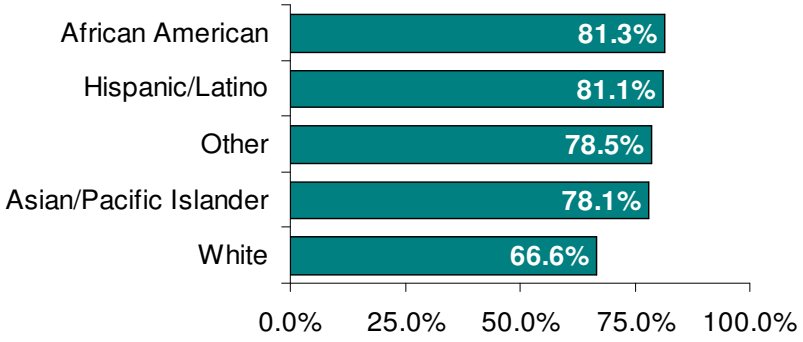
1. Blue Shield EPO
2. Blue Shield HMO
3. Santa Clara Family Health Plan
4. Anthem Blue Cross EPO

Figure 62. Combination 3 by Primary Language



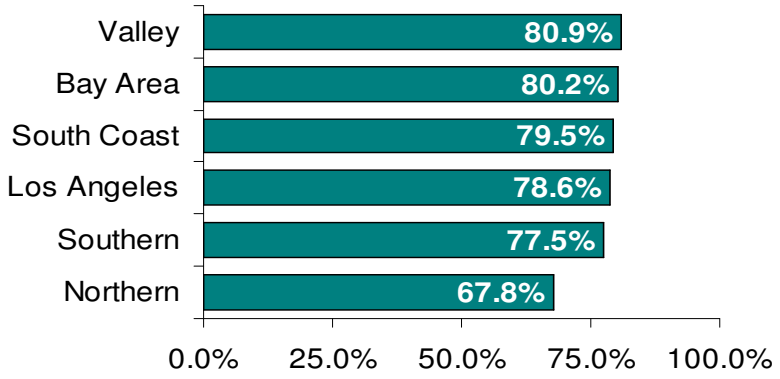
There is significant variation in rates based on language. Consistent with the finding for the Combination 2 vaccine, the rate for vaccines for Vietnamese speakers is significantly lower than the other language groups, whereas Korean and Chinese speakers had the highest rates.

Figure 63. Combination 3 by Ethnicity



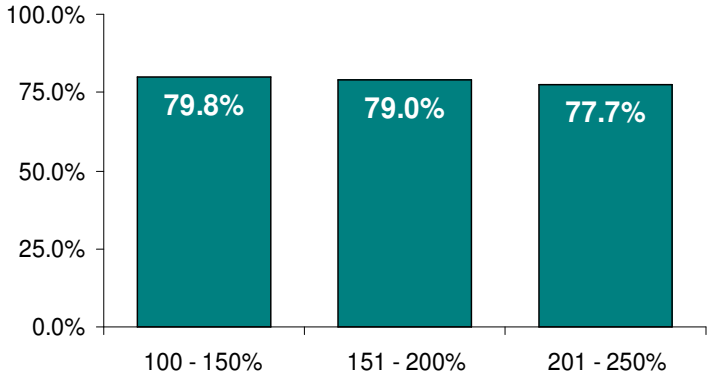
White members had significantly lower rates than the other ethnic groups.

Figure 64. Combination 3 by California Region



Northern region members had significantly lower rates than the other five regions.

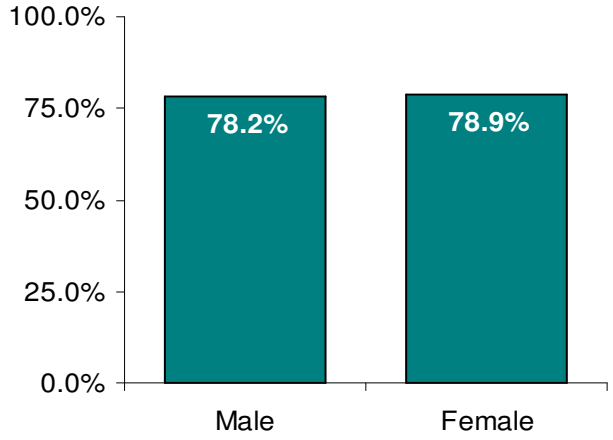
Figure 65. Combination 3 by Income



There were no significant differences in rates by income category (displayed as percent of Federal Poverty Level).

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 3

Figure 66. Combination 3 by Gender



Rates of combination 3 vaccines were similar for males and females.

Demographic Summary

- Vietnamese speakers had significantly lower rates than the other language groups, whereas Korean and Chinese speakers had the highest rates.
- White members had the lowest rate for combination 3 immunizations in comparison to other ethnic groups.
- There is a difference of thirteen percentage points between the highest region and the lowest region. Children in the Northern region were significantly less likely than children in the other regions to receive the Combination 3 immunizations.

CHLAMYDIA SCREENING IN WOMEN

Measure Definition

This measure monitors the percentage of women ages 16 to 24 years old who are identified as sexually active and received at least one test for Chlamydia during the measurement year. The *Chlamydia Screening in Women* measure is part of the *Effectiveness of Care* quality domain. For the HFP, measurement is on sexually active females ages 16 to 18.

Importance of this Measure

"Chlamydia is the most frequently reported bacterial sexually transmitted disease in the U.S."[19] The bacterium that causes Chlamydia can cause irreversible damage to a woman's reproductive organs.[19] This occurs because Chlamydia usually does not have any symptoms and when symptoms do present they tend to be mild.[19] Once it is identified, Chlamydia can be treated with antibiotics.[19] It is essential that sexually active women ages 16 to 24 be screened at least once each year to identify and treat the disease as early as possible and avoid permanent damage to the reproductive system.

Overall Results

Less than half the HFP teens who were eligible for Chlamydia screening received this recommended service in 2009 (44.4%). Only 6 HFP plans performed at a higher rate than the HFP overall rate and 18 plans performed below the HFP rate. The range between high and low HFP plan scores is large at 53.9 percent.

Five health plans met or exceeded the national commercial 90th percentile (51.1%) for this measure. Two health plans had rates at or below the national commercial 10th percentile (28.9%).

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[19] Centers for Disease Control and Prevention. (2010.) Chlamydia - CDC fact sheet. Retrieved October 7, 2010 from http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

Figure 67. Comparison to Benchmarks

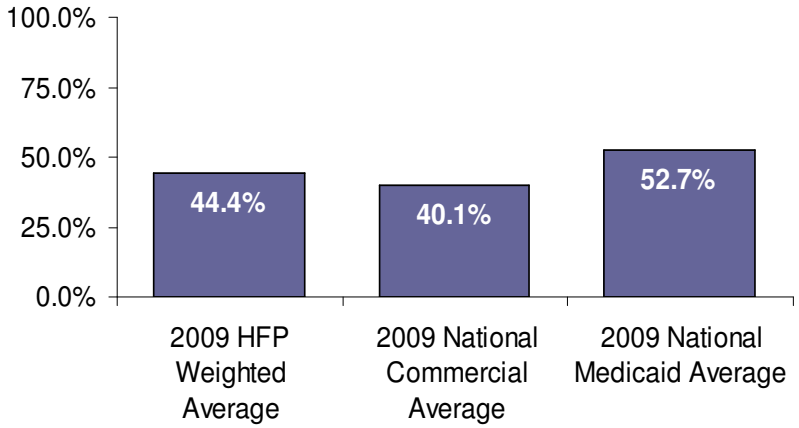
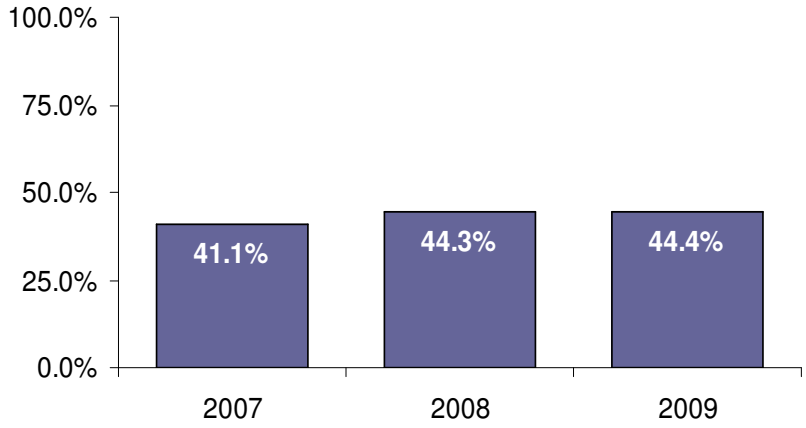


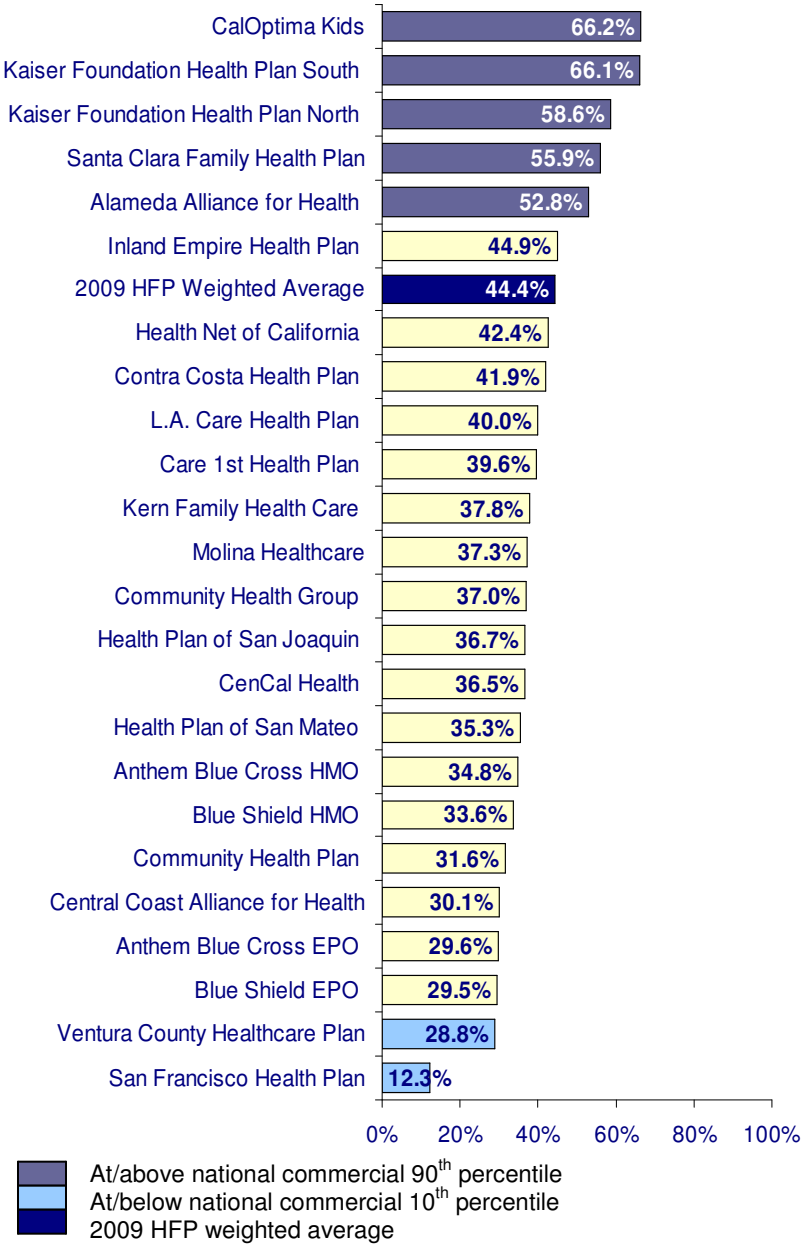
Figure 67 shows HFP's performance for Chlamydia screening relative to national averages for commercial health plans and Medicaid health plans. As shown, the HFP rate for Chlamydia screening falls between these two benchmarks. The HFP average is four percentage points above the national commercial average and eight percentage points below the national Medicaid average.

Figure 68. HFP Three Year Trend



The HFP trend in the provision of Chlamydia screening in the past three years shows an increase of three percentage points (3.3%) from 2007 to 2009. The national commercial averages for these three years has consistently increased about two percentage points each year; 36.3 percent in 2007, 38.1 percent in 2008, and 40.1 percent in 2009. In contrast, the national Medicaid averages decreased slightly in 2008 (from 52.4% to 50.8%), and then increased in 2009.

Figure 69. 2009 Individual Plan Rates



Health Plan Comparison

Five plans scored at or above the national commercial 90th percentile (51.1%) for Chlamydia screening:

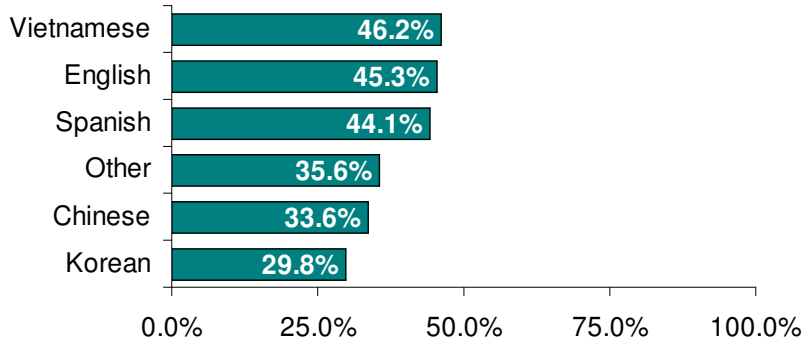
1. CalOptima Kids
2. Kaiser Foundation Health Plan, South
3. Kaiser Foundation Health Plan, North
4. Santa Clara Family Health Plan
5. Alameda Alliance for Health

Two health plans had rates of Chlamydia screening at or below the national commercial 10th percentile (28.9%):

1. San Francisco Health Plan
2. Ventura County Healthcare Plan

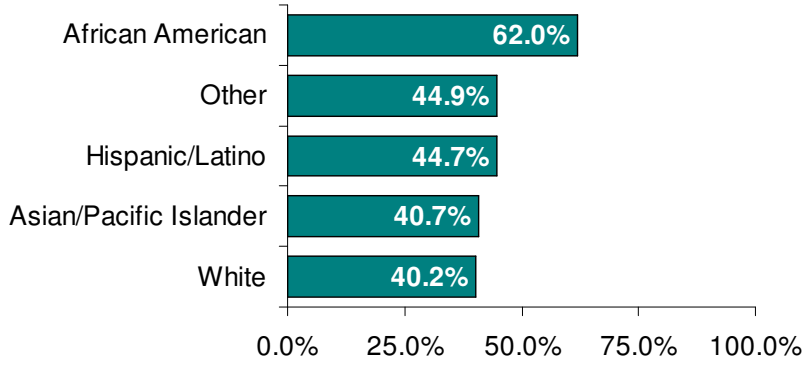
More than two-thirds (16 plans) of HFP plans screened 40 percent or less of their eligible HFP members for Chlamydia.

Figure 70. Screening by Primary Language



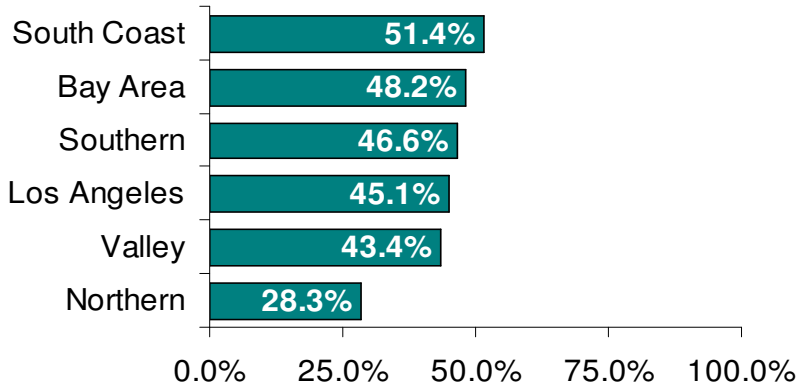
There is substantial variance in rates within primary language group. Korean speakers had significantly lower rates than other language groups.

Figure 71. Screening by Ethnicity



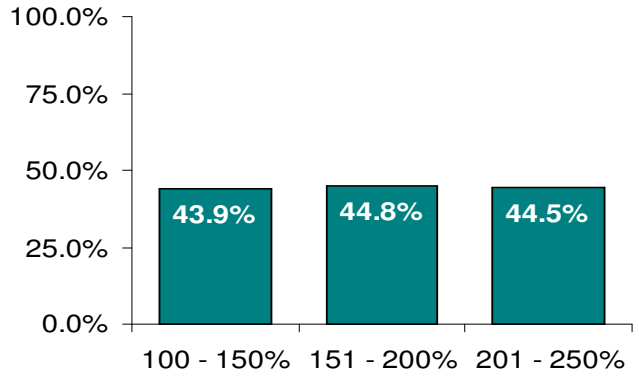
African American girls were screened at significantly higher rates than girls in other ethnic groups.

Figure 72. Screening by Region



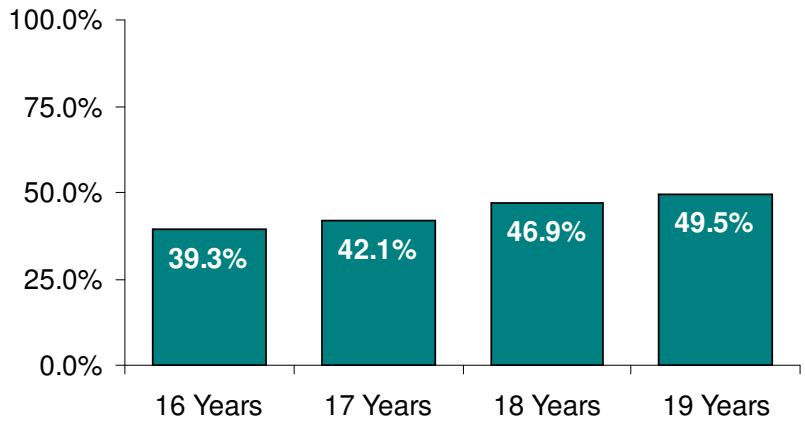
Girls in the Northern region had significantly lower rates of screening than girls in other regions.

Figure 73. Screening by Income



There are no significant differences in rates by income category (displayed as percent of Federal Poverty Level).

Figure 74. Screening by Age



The rate for fifteen year old girls is not displayed since plans reported fewer than 30 girls age 15 for this measure. Nineteen year old girls are screened for Chlamydia at a significantly higher rate than younger girls.

HFP members are covered through age 18 and are disenrolled on their 19th birthday. These members may receive services until the date they turn 19.

Demographic Summary

- Only one-third of Chinese speakers were screened, compared with almost half (46.2%) of Vietnamese speakers.
- There is a 17 to 20 percentage point difference in screening rates for African American teens, compared to other ethnic groups.
- Members in the South Coast region were nearly twice as likely to be screened than members in the Northern region.
- The rate of screening increases as HFP girls grow up, with a difference of ten percentage points between rates for 16 year old girls and 19 year old girls.

LEAD SCREENING IN CHILDREN

Measure Definition

The *Lead Screening in Children* assesses the percentage of members who receive one or more capillary or venous blood tests for lead toxicity by their second birthday, and was first reported by plans in 2008. This is one of the *Effectiveness of Care* domain measures.

Monitoring LSC is consistent with CDC's recommendation to conduct targeted blood lead screening in low-income children once at age 9 to 12 months and once at age 2.

Importance of this Measure

Elevated blood lead levels, which CDC defines as ten milligrams per deciliter or more, can lead to adverse health affects. In children, elevated blood lead levels can cause decreased cognitive impairment[20], stunted growth, impaired hearing, anemia, and behavioral problems[21]. There are various sources of lead exposure in children, but the most common source is deteriorating lead-based paint. Considering the potential adverse health affects of lead exposure, it is critical to screen children for elevated blood lead levels.

Overall Results

In 2009, 61.7 percent of HFP members under 2 years old were screened for lead, compared to just half (51.2%) in 2008. Fourteen health plans exceeded the HFP weighted average. There is wide variance among the health plan rates for this measure; there is a difference of 73.5 percentage points between the highest individual plan rate (97.6%) and the lowest individual plan rate (24.1%). The large difference between the high and low rates as well as the variability of rates between these extremes affects the weighted average.

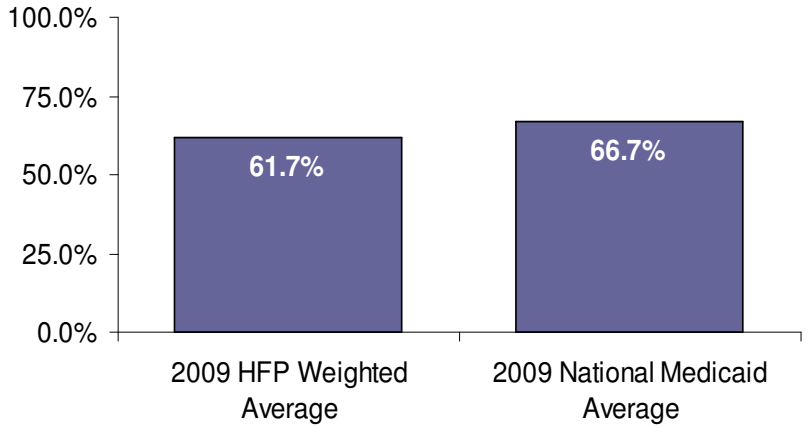
Benchmarks and Trends

Since there is not a national commercial rate for this measure, HFP's weighted average is compared against the national Medicaid average and percentiles. MRMIB began collecting this measure in 2008, so only two years of data are available for this measure: 2008 and 2009.

[20] CDC, MMWR; 2009. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm

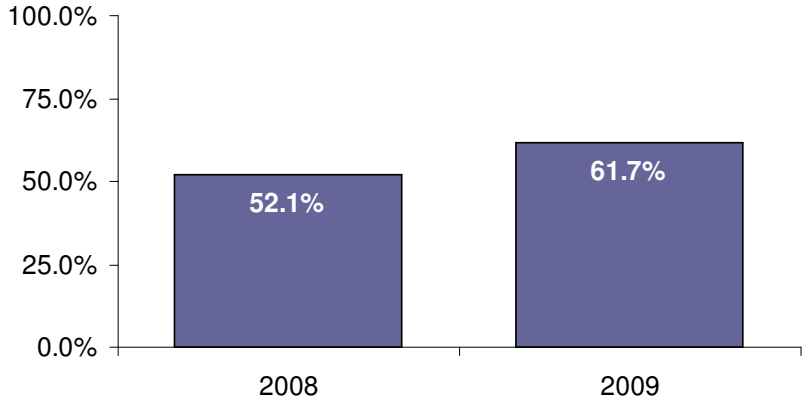
[21] Dignam, T. A., et al. (2004.) High intensity screening for elevated blood lead levels among children in two inner-city Chicago communities; *American Journal of Public Health* 94(11), pp. 1945-1951.

Figure 75. Comparison to Benchmarks



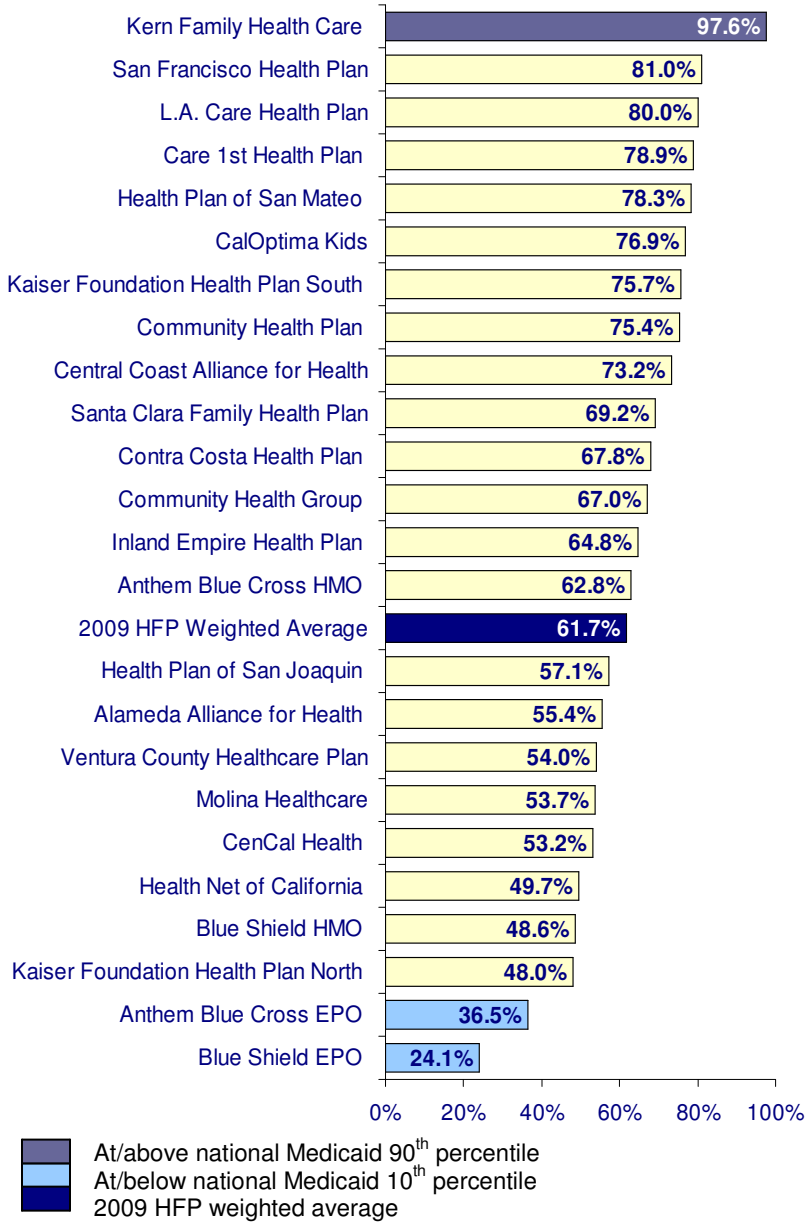
The 2009 HFP weighted average for lead screening is five percentage points below the national Medicaid weighted average.

Figure 76. HFP 2008 - 2009 Weighted Averages



The HFP weighted average increased nearly ten percentage points (9.6%) from 2008 to 2009. The weighted averages for 2008 and 2009 follow a pattern similar to national Medicaid averages for these two years. Medicaid's 2008 average was 61.5 percent and increased 5 percentage points in 2009. The HFP rate increase from 2008 to 2009, however, was almost double the increase in the Medicaid national average.

Figure 77. 2009 Individual Plan Rates



Health Plan Comparison

Kern Family Health Care was the only plan to achieve a rate at or above the national Medicaid 90th percentile (87.1%). Nearly all eligible children in Kern Family Health Care received a lead screening.

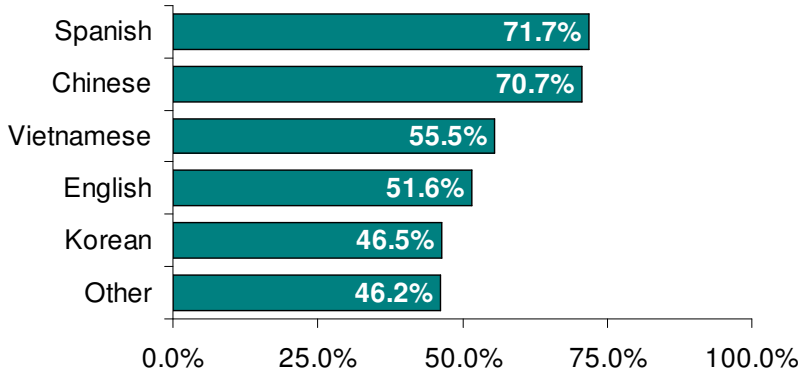
Of the plans who did not achieve the 90th percentile rate, 11 achieved lead screening rates at the national Medicaid average level (66.7%).

It is interesting to note that Kaiser Foundation Health Plan South had a higher lead screening rate by nearly 30 percentage points (27.7%), compared to Kaiser Foundation Health Plan, North. A similar difference (26.3%) in rates exists between Anthem Blue Cross HMO and Anthem Blue Cross EPO.

Two health plans' rates are at or below the national Medicaid 10th percentile (43.8%):

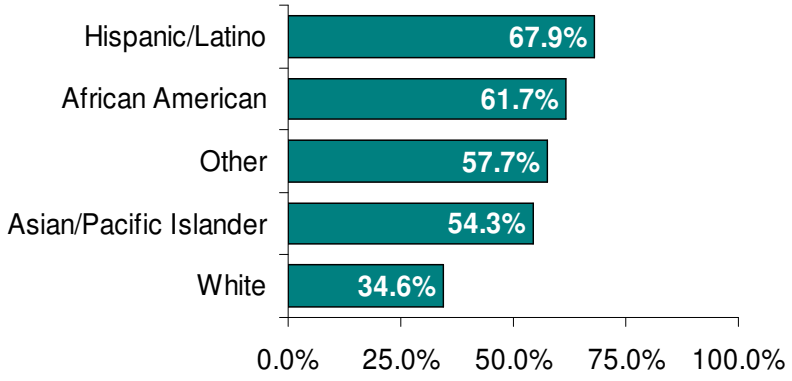
1. Blue Shield EPO
2. Anthem Blue Cross EPO

Figure 78. Lead Screening by Primary Language



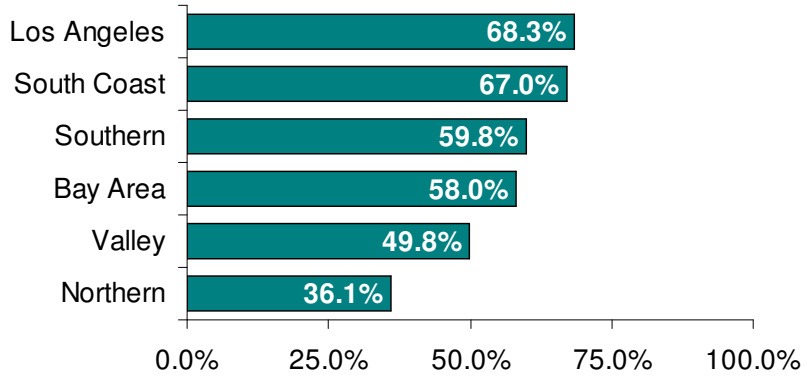
Members whose language is "other" or Korean had substantially lower rates than the other language groups.

Figure 79. Lead Screening by Ethnicity



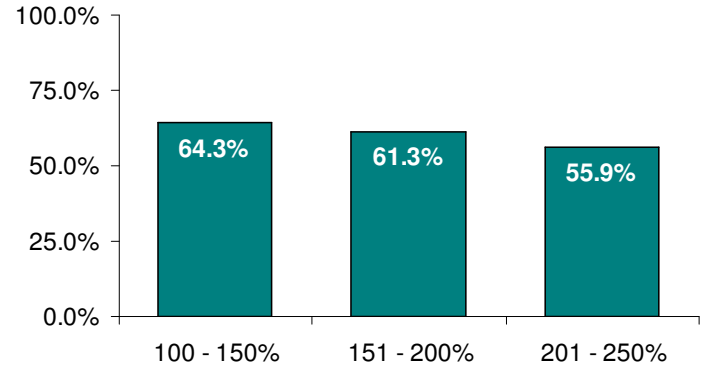
Rates across ethnic groups vary significantly.

Figure 80. Lead Screening by Region



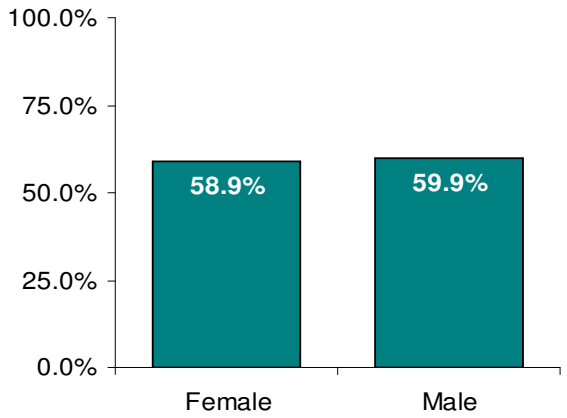
Rates by region also show significant variance. The majority of members in the Los Angeles and South Coast regions were screened for lead. Members in the northern regions had significantly lower rates than other regions.

Figure 81. Lead Screening by Income



Children in the highest income category (201% – 250% Federal Poverty Level) were screened at significantly lower rates than children in other income categories.

Figure 82. Lead Screening by Gender



Male and female members received lead screening at the similar rates.

Demographic Summary

- Members who speak either Korean or whose language is “other” received lead screening at significantly lower rates, compared to other language groups.
- Hispanic/Latino children were screened at twice the rate of white children.
- Children in the Northern region had the lowest rates of lead screening, nearly half the rate of children in the Los Angeles and South Coast regions.
- Children in the lowest income category received lead screening at the highest rate, which is consistent with recommendations to screen children in low-income categories.

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Measure Definition

This measure tracks the percentage of children identified as having upper respiratory infection who were not dispensed an antibiotic prescription. The *Appropriate Treatment for Children with Upper Respiratory Infection* is one of the *Effectiveness of Care* HEDIS quality domain measures.

Importance of this Measure

Upper respiratory infection is more commonly known as the common cold[22]. The common cold is caused by a virus so antibiotics cannot treat it.[22] More importantly, use of antibiotics for the common cold or other viral infections can cause potentially fatal allergic reactions[23]. In addition, a rapidly growing public health concern is that several strains of bacteria have become resistant to antibiotics due to overuse and improper use[24]. Due to the propensity to prescribe antibiotics to treat the common cold, this measure monitors the proportion of children who have a common cold and are not prescribed antibiotics.

Overall Results

Nearly 90 percent (87.2%) of HFP members were appropriately treated for the common cold in 2009. Over half of the health plans performed above the HFP weighted average and ten plans fell below the HFP rate. The variability across plans is moderate with a difference of 20 percentage points between high and low scores.

Five health plans performed at or above the national commercial 90th percentile (93.1%). There were not any plans that performed at or below the national commercial 10th percentile (72.9%). When comparing national commercial, national Medicaid, and state Medi-Cal Managed Care (MCMC) rates against the HFP rate, children in HFP and MCMC were most likely not to be prescribed antibiotics for an upper respiratory infection.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average, national Medicaid average, and state MCMC average. Three year trend data covers years 2007 through 2009.

[22] Children's Hospital Boston. Upper respiratory infection (common cold). Retrieved October 6, 2010 from http://www.childrenshospital.org/az/Site1719/mainpageS1719P0.html
[23] MedicineNet.com. Common cold. Retrieved October 6, 2010 from http://www.medicinenet.com/common_cold/page3.htm
[24] American College of Physicians. (2010.) Antibiotic resistance. Retrieved October 6, 2010 from http://www.acponline.org/patients_families/diseases_conditions/antibiotic_resistance/

Figure 83. Comparison to Benchmarks

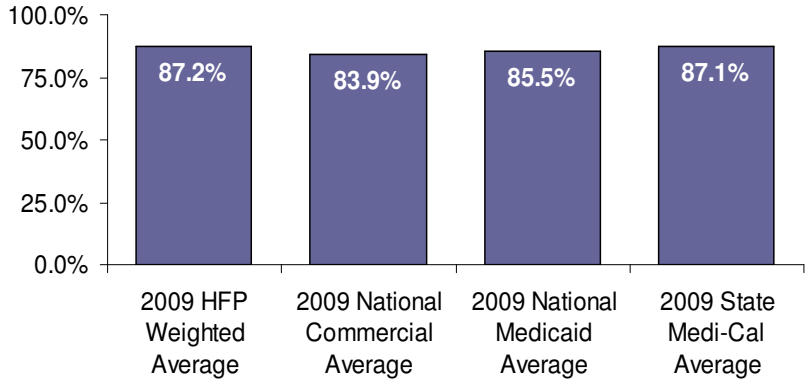


Figure 83 shows the HFP weighted average compared with three other benchmarks. The HFP and MCMC provided appropriate treatment to children with colds at comparable rates. The HFP weighted average is three percentage points above the national commercial average and almost two percentage points (1.7%) above the national Medicaid average.

Figure 84. HFP Three Year Trend

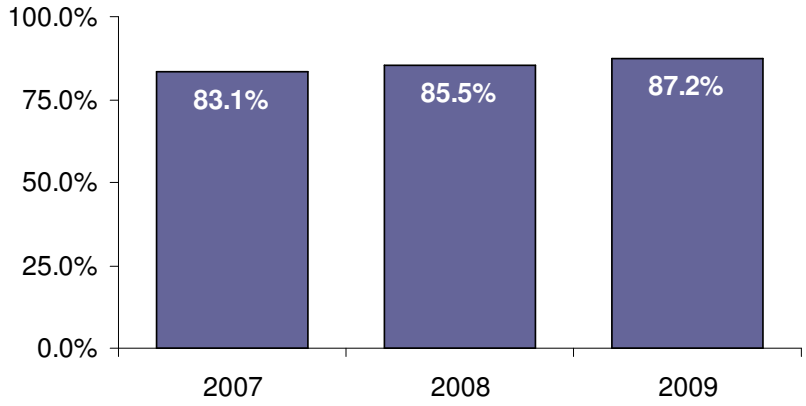
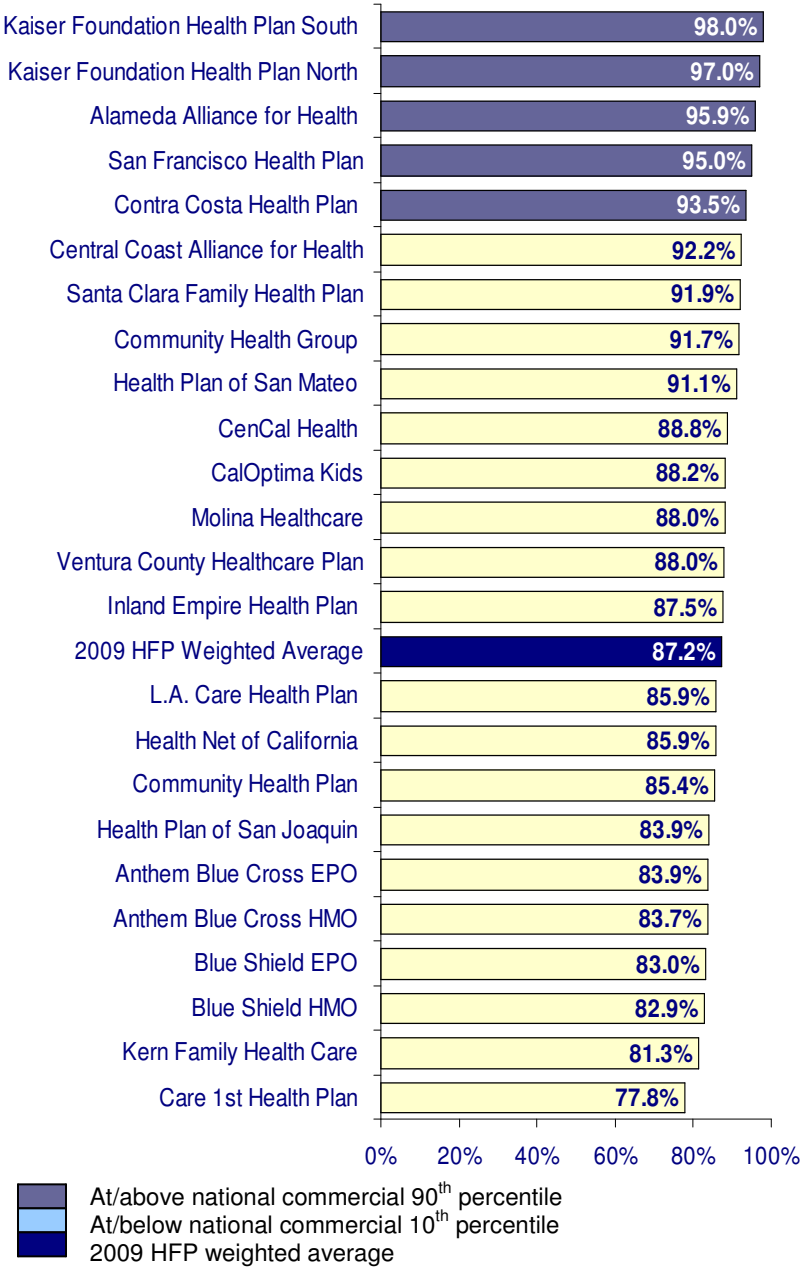


Figure 84 shows a steady increase in the HFP performance for this measure from 2007 to 2009. The trend in national commercial averages for this measure is similar, but increases from year-to-year are slight (82.8% in 2007 to 83.5% in 2008) in comparison to the year-to-year increase in the HFP averages. The national averages for Medicaid also trend upward during this period (83.4% in 2007 and 84.1% in 2008).

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Figure 85. 2009 Individual Plan Rates



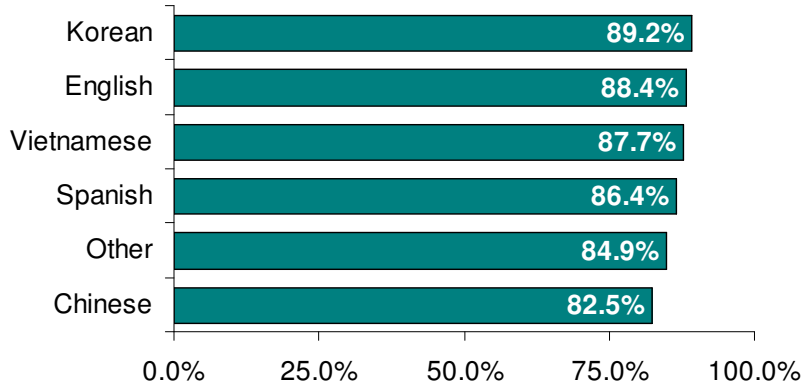
Health Plan Comparison

Five health plans performed at or above the national commercial 90th percentile (93.1%) for appropriate treatment of upper respiratory infections:

1. Kaiser Foundation Health Plan, South
2. Kaiser Foundation Health Plan, North
3. Alameda Alliance for Health
4. San Francisco Health Plan
5. Contra Costa Health Plan

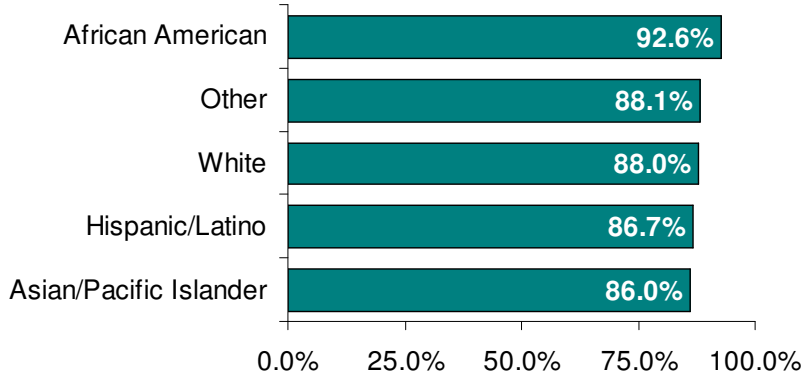
No HFP plans performed at or below the national commercial 10th percentile (72.9%) for this measure.

Figure 86. Treatment for URI by Primary Language



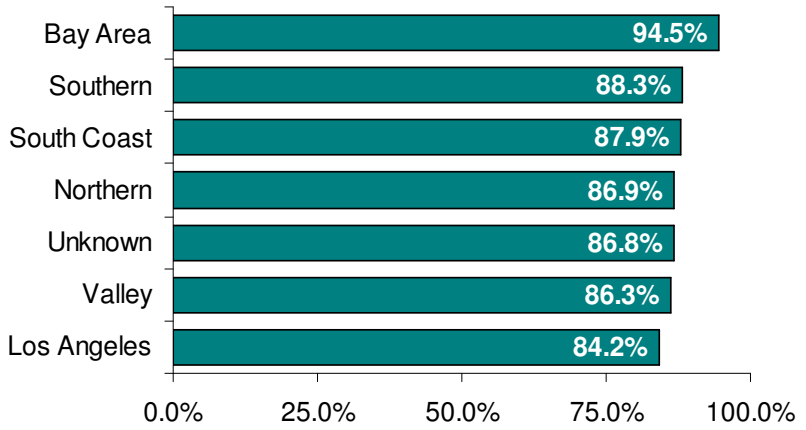
Members who speak Chinese had a significantly lower rate than children who speak other languages.

Figure 88. Treatment for URI by Ethnicity



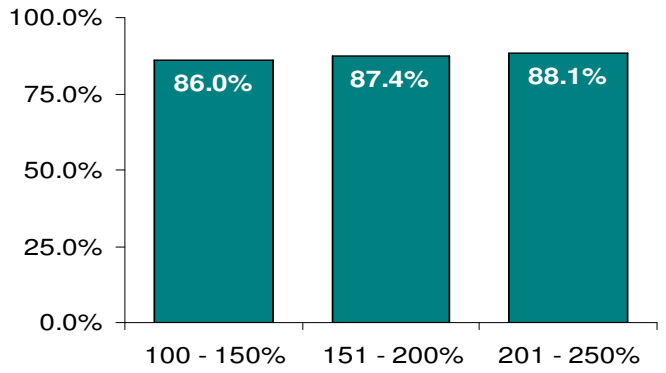
African American children in the HFP had a significantly higher rate than children in other ethnic groups.

Figure 87. Treatment for URI by Region



Children in the Bay Area had a significantly higher rate and children in the Los Angeles region had a significantly lower rate, compared to other regions.

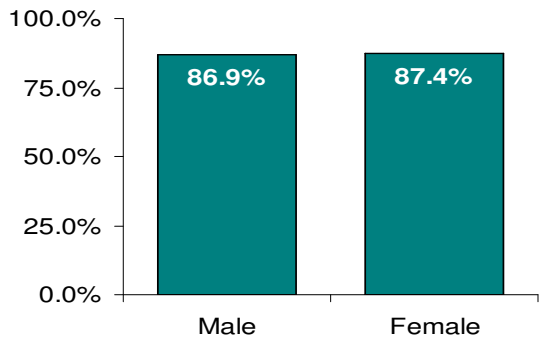
Figure 89. Treatment for URI by Income



There are no significant differences by income category.

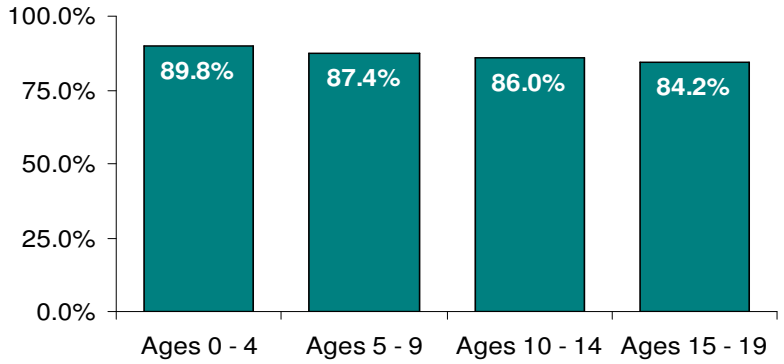
APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Figure 90. Treatment for URI by Gender



There are no significant differences in rates by gender.

Figure 91. Treatment for URI by Age Group



Children in the youngest age group have the highest rates for appropriate treatment of an upper respiratory infection; significantly higher than other age groups.

HFP members are covered through age 18 and are disenrolled on their 19th birthday. These members may receive services until the date they turn 19.

Demographic Summary

- Korean and Vietnamese speakers had higher rates than Chinese speakers.
- The rate of appropriate treatment for African Americans is at least four percent higher than for other ethnic groups, whereas Asian/Pacific Islander children have the lowest rate, almost seven percentage points lower than African Americans.
- Nearly all members (94.5%) in the Bay Area region received the appropriate treatment for an upper respiratory infection.
- As children grow older, the rate of appropriate treatment declines; almost 90 percent (89.8%) of children in the youngest age group vs. just 84 percent (84.2%) in the oldest age group.

ADOLESCENT WELL-CARE VISITS

Measure Definition

This *Adolescent Well-care Visits* measures the percentage of members who were 12 to 18 years old before December 31, 2009, who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner in 2009. This measure is one of the *Use of Services* domain measures.

Importance of this Measure

Adolescence includes three stages – early, middle, and late – and encompasses ages 11 through 21.[25] It is recommended that adolescents receive at least one clinical preventive visit each year to address developmental and psychosocial aspects of health.[25] This measure follows recommendations for preventive services[26] that adolescents receive at least one visit with a primary care practitioner or OB/GYN each year.

Since the 1990s there have been substantial changes in adolescent morbidity and mortatility.[25] Increasing numbers of adolescents face a variety of health risks and health problems including unintended pregnancies, sexually transmitted diseases, substance use disorders, and obesity, to name a few.[25] By making preventive services a larger component of clinical practice, primary care practitioners can support health education services already targeted at adolescents and prevent more adolescents from developing physical or mental health problems,[25] or other risky behaviors.

Overall Results

Less than half (46.3%) of HFP adolescents had a well-care visit in 2009. In general, HFP adolescents are not receiving recommended preventive visits. Thirteen plans had rates above the HFP weighted average while eleven plans had rates below. Individual plan rates vary considerably, with a difference of nearly 46 percentage points (45.9) between the highest plan rate (74.1%) and the lowest plan rate (28.2%).

Two plans achieved rates at or above the national commercial 90th percentile (61.6%). No plan had a rate below the national commercial 10th percentile (27.5%), although one plan is very close to this level. Therefore, relative to commercial plans, HFP is performing slightly better in providing adolescent well-care visits.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average, national Medicaid average, and state Medi-Cal Managed Care (MCMC) average. Three year trend data covers years 2007 through 2009.

[25] American Medical Association. (1997.) *Guidelines for Adolescent Preventive Services (GAPS)*. Retrieved October 5, 2010 from http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/adolescent-health/guidelines-adolescent-preventive-services.shtml

[26] American Academy of Pediatrics. (2010.) *Recommendations for Preventive Pediatric Health Care.* Retrieved September 27, 2010 from http://practice.aap.org/content.aspx?aid=1599&nodeID=4043

Figure 92. Comparison to Benchmarks

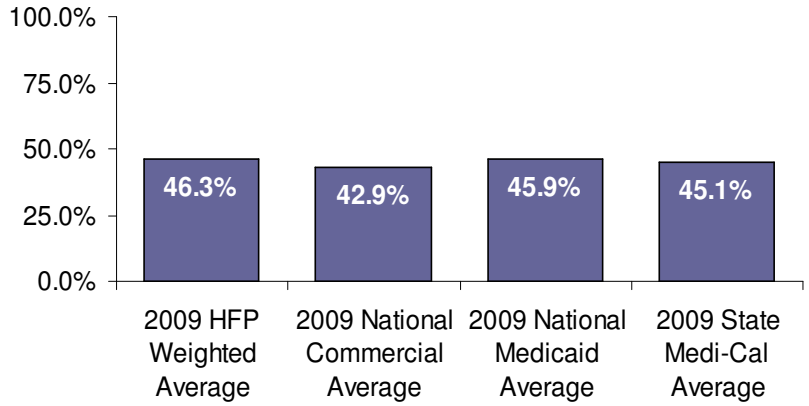


Figure 92 shows the HFP weighted average for this measure is 3 percentage points above the national commercial average and about even with the national Medicaid and state Medi-Cal Managed Care averages.

Figure 93. HFP Three year Trend

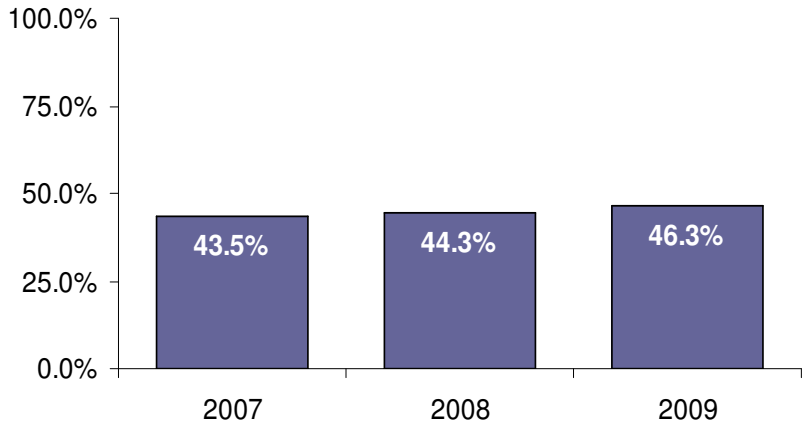
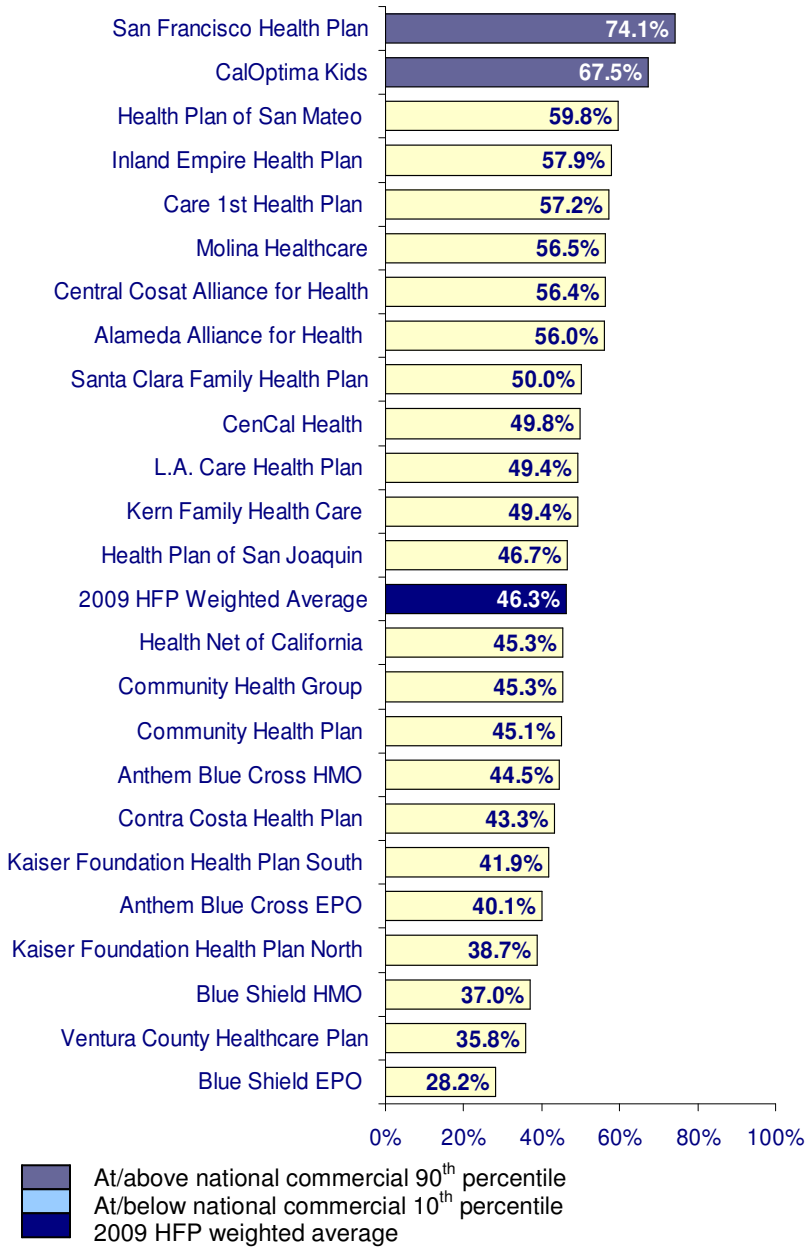


Figure 93 shows a gradual increase in the HFP rate for this measure from measurement year 2007 to 2009. This is consistent with the trend in the national commercial rates for the past three years; 40.3 percent in 2007, 41.8 percent in 2008, and 42.9 percent in 2009.

Figure 94. 2009 Individual Plan Rates



Health Plan Comparison

Two health plans performed at or above the national commercial 90th percentile (61.6%):

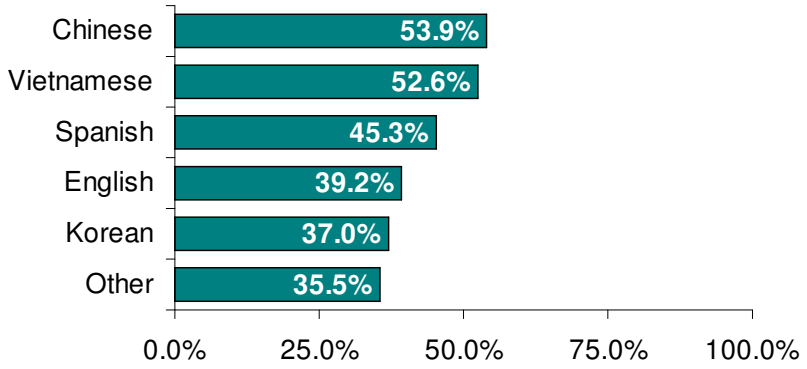
1. San Francisco Health Plan
2. CalOptima Kids

During 2009, there were no health plans with rates at or below the national commercial 10th percentile (27.5%). However, less than one-third (28.2%) of adolescents enrolled in Blue Shield EPO had a well-care visit. Overall, 16 plans had rates at or below 50 percent.

In July 2009, MRMIB initiated the Adolescent Quality Improvement Project. The purpose was to identify plans with high performance on Adolescent Well-Care Visits and high scores on the Young Adult Health Care Survey, so these plans could share best practices with lower performing plans.

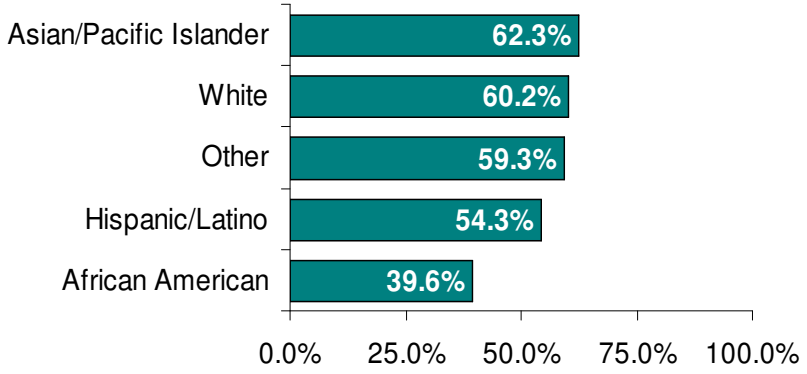
Community Health Plan was among the lowest scoring plans in adolescent quality at the time of the Adolescent Quality Improvement Project. This plan has made significant efforts to learn from high scoring plans and improve adolescent health care. As plans continue such efforts, MRMIB continues to monitor progress in this area, with the goal that HFP reach at least the national commercial 75th percentile rate (50.9%).

Figure 95. Adolescent Well-Care by Primary Language



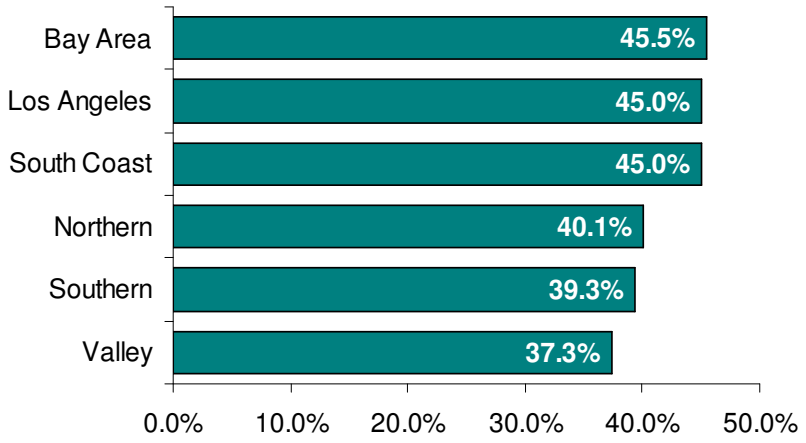
Adolescents who speak Chinese and Vietnamese have a significantly higher rate of well-care visits than other language groups.

Figure 96. Adolescent Well-Care by Ethnicity



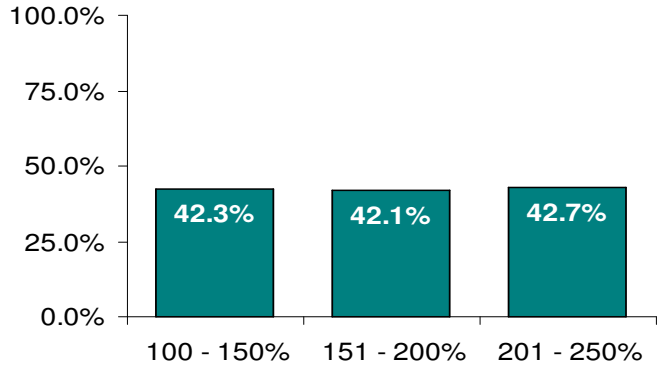
There is moderate variance in the rates by ethnicity. African American adolescents were the least likely to receive these visits compared to other ethnic groups.

Figure 97. Adolescent Well-Care by Region



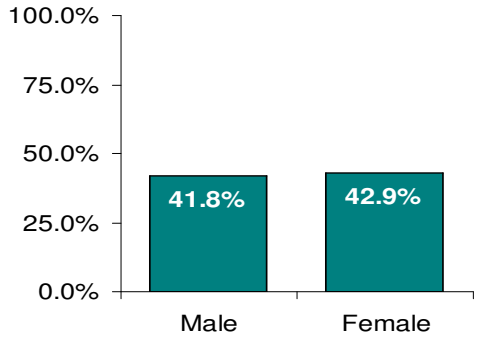
Three regions had significantly higher rates of well-care visits: Bay Area, Los Angeles, and South Coast.

Figure 98. Adolescent Well-Care by Income



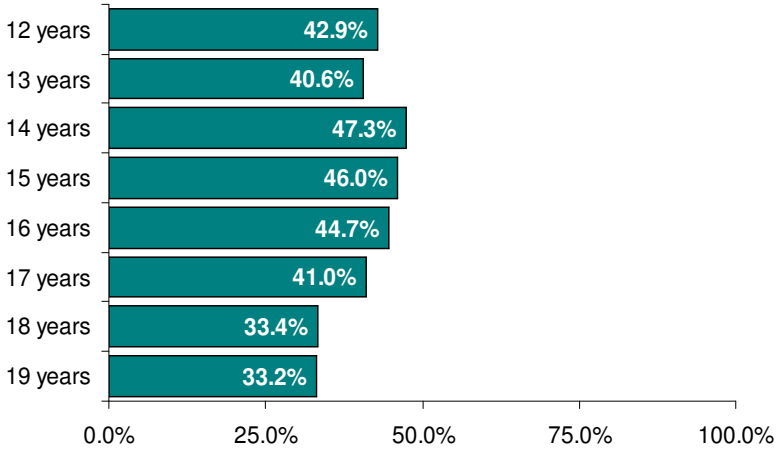
There is no difference in adolescent well-care visits by income category (displayed as percent of Federal Poverty Level).

Figure 99. Adolescent Well-Care by Gender



There was no difference in rates by gender.

Figure 100. Adolescent Well-Care by Age



Members ages 14 to 16 had significantly higher rates of members that received an adolescent well-care visit than other ages.

HFP members are covered through age 18 and are disenrolled on their 19th birthday. These members may receive services until the date they turn 19.

Demographic Summary

- About 60 percent of Asian/Pacific Islander and White adolescents received annual well-care visits, compared to only 40 percent (39.6%) of African American adolescents.

- 14 to 16 year olds received these visits at a significantly higher rate than other adolescent ages. Just one-third of older adolescents (18 to 19 years old) received well-care visits.

IDENTIFICATION OF ALCOHOL AND OTHER DRUG SERVICES

Measure Definition

This measure tracks the percentage of members who received alcohol and other drug (AOD) services. The *Identification of Alcohol and Other Drug Services (IAD)* is part of the *Use of Services* quality domain. This measure includes members who had one of the following AOD services:

- Inpatient treatment
- Intensive outpatient treatment
- Outpatient treatment, including emergency department visits

Importance of this Measure

According to 2007 estimates from the National Household Survey on Drug Use and Health up to 10 percent (9.9%) of children ages 12 to 17, reported use of any illicit drug in the prior month[27]. Among children and adolescents, marijuana is the most commonly used drug[28], followed by alcohol, with 26 percent of high school students reporting heavy or binge drinking in 2007[30].

More alarming, however, are the current estimates for prescription drug abuse among teens, with an estimated 1.2 million teens abusing prescriptions in 2006[30]. This is of particular concern because these medications are widely available (e.g. in home medicine cabinets) and perceived as safe even though they are highly addictive and can cause serious health effects or death.

It is well documented in research that substance use and abuse can lead to addiction[29]. Once a person becomes addicted they need special treatment services and ongoing disease management. Therefore, it is very important to identify substance use and abuse early in adolescents and teens and engage them in AOD treatment services.

Overall Results

In 2009, the HFP weighted average for AOD treatment services was less than one half of one percent (0.3%) indicating these services are highly underutilized in the HFP. The variability in individual plan rates is almost nil with a range of half a percent (0.5%) between low and high scores. None of the 23 plans that reported this measure reached the national commercial 90th percentile (1.6%) and 22 of the reporting plans were at or lower than the national commercial 10th percentile (0.5%).

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers the years 2007 through 2009.

[27] Substance Abuse and Mental Health Services Administration. (2010). Retrieved April 10, 2010 from www.drugabusestatistics.samhsa.gov.
[28] Centers for Disease Control and Prevention. *Healthy Youth;* Retrieved April 10, 2010 from www.cdc.org/HealthyYouth/alcoholdrug/.

[29] National Institute on Drug Abuse. (2009). *Oops: How casual drug use leads to addiction.* Retrieved April 10, 2010 from www.nida.gov/Published_articles/Oops.htm.

Figure 101. Comparison to Benchmarks

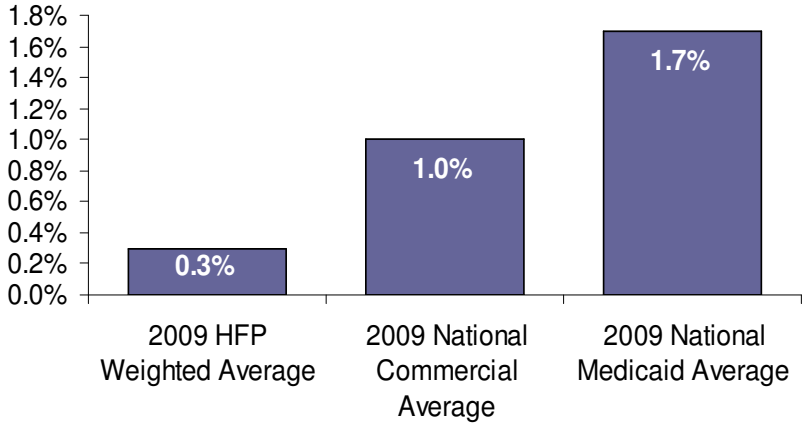
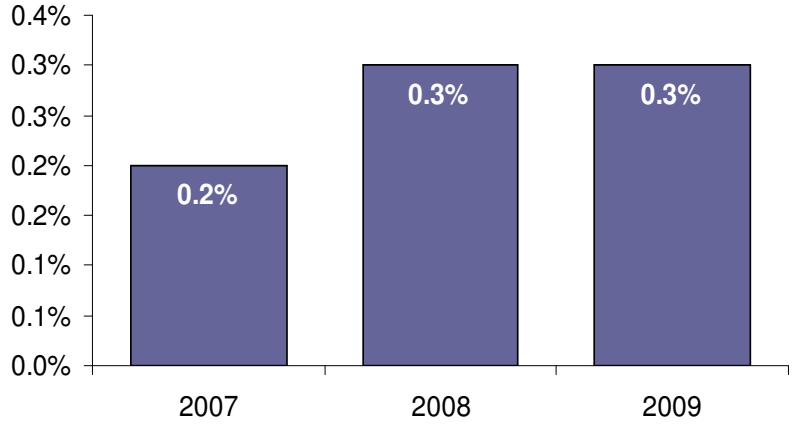


Figure 101 shows HFP performance for provision of AOD services compared to national benchmarks. Rate of AOD service utilization is below both the national commercial average and the national Medicaid average. HFP members have the lowest use of AOD services relative to commercial and Medicaid plans.

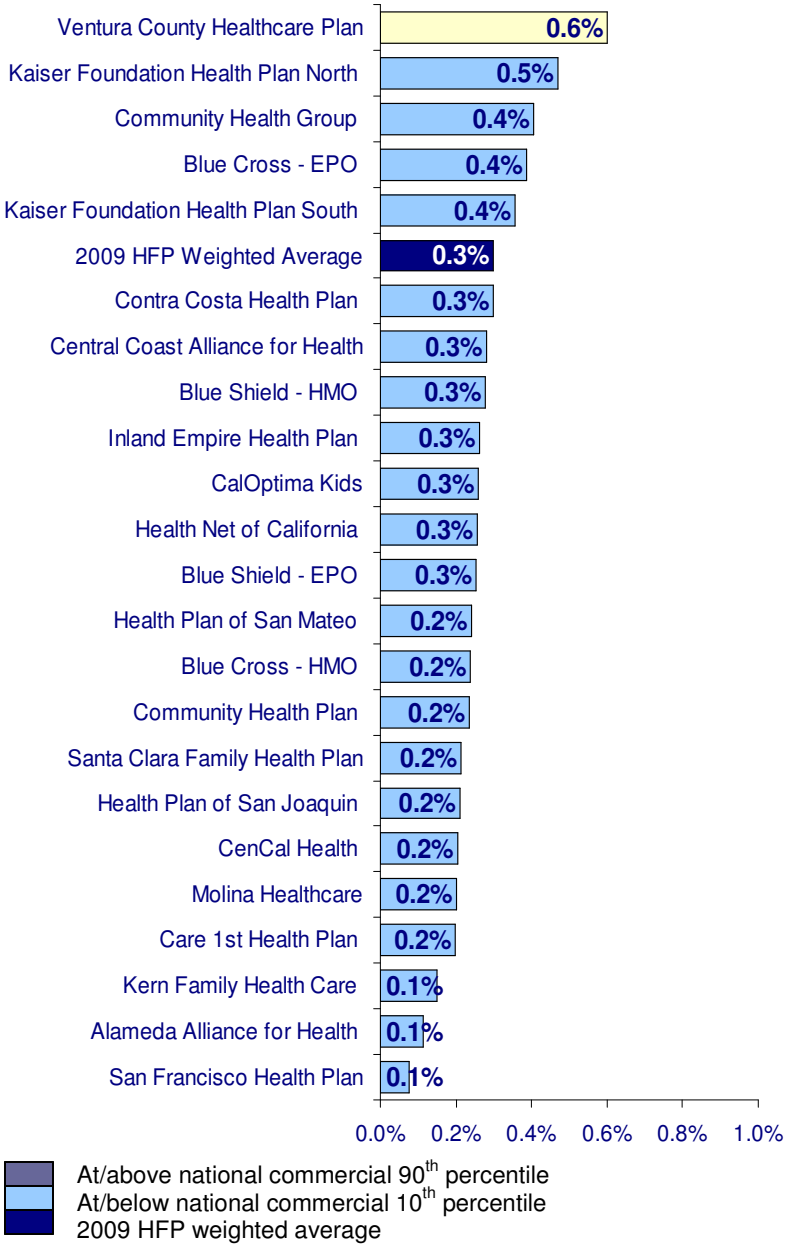
Figure 102. HFP Three year Trend



The HFP trend in provision of AOD services has not changed in the past three years.

MRMIB initiated a study in 2008 to evaluate mental health and substance abuse services provided in the HFP. The overall findings for AOD treatment service utilization in the HFP, from this study were that utilization of inpatient and outpatient AOD services is extremely low. Thirteen HFP members had used inpatient AOD services and less than one-half of one-tenth of a percent (.07%) used outpatient AOD services during the study period (June 2007 to July 2008). For a copy of *Mental Health and Substance Abuse Services Provided by Health Plans Participating in the Healthy Families Program,* visit http://www.mrmib.ca.gov/MRMIB/Mental_Hlth_Rpts.html.

Figure 103. 2009 HFP Plan IAD Rates



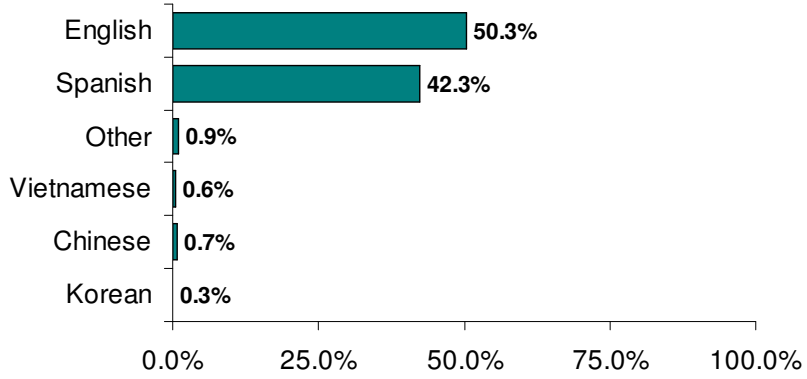
Health Plan Comparison

Twenty-three plans provided data for this measure. L.A. Care Health Plan did not have services to report for this measure.

No plans achieved a rate at the national commercial 90th percentile (1.6%).

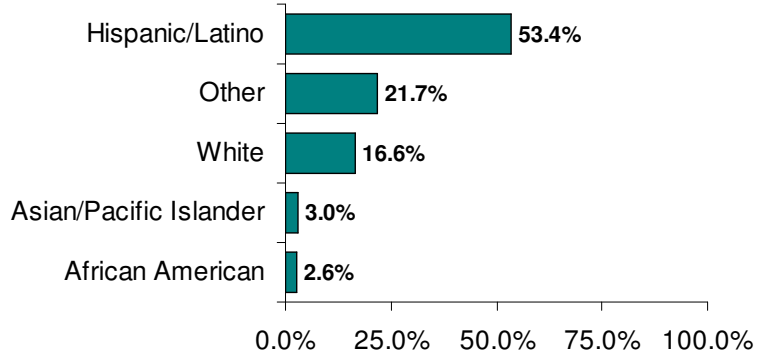
Only Ventura County Healthcare Plan had a rate higher than the national commercial 10th percentile (0.5%). The remaining 22 health plans served fewer children in need of AOD services than the bottom 10 percent of commercial plans.

Figure 104. Percentage of Treatment Recipients by Primary Language



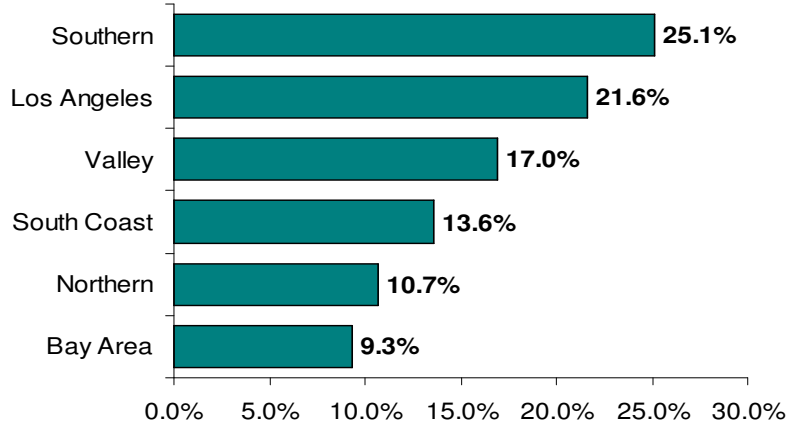
Of the HFP members who used substance abuse treatment services, half speak English. Korean speaking members comprised the smallest percentage.

Figure 105. Percentage of Treatment Recipients by Ethnicity



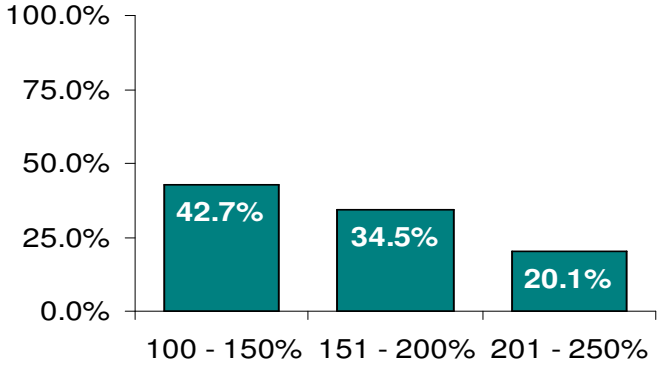
Over half of those treated for substance use disorders were Hispanic/Latino.

Figure 106. Percentage of Treatment Recipients by Region



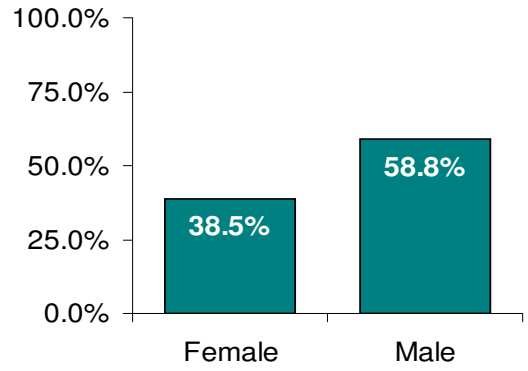
Members in the Bay Area had the lowest percentage of children who used treatment services.

Figure 107. Percentage of Treatment Recipients by Income



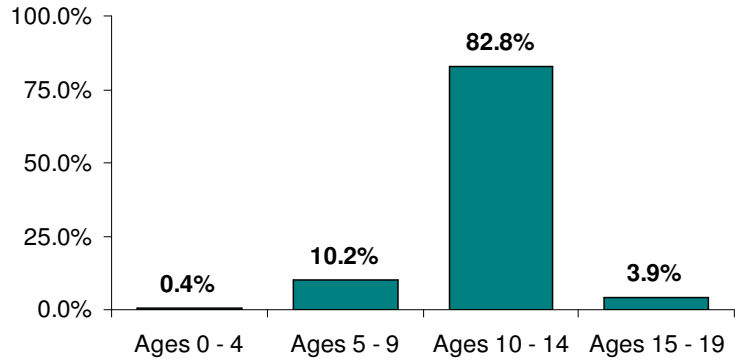
Children in the lowest income comprised the largest percentage of treatment recipients.

Figure 108. Percentage of Treatment Recipients by Gender



Almost 60 percent of treatment recipients were boys.

Figure 109. Percentage of Treatment Recipients by Age Groups



The majority of treatment recipients (82.8%) were ages 10 to 14.

HFP members are covered through age 18 and are disenrolled on their 19th birthday. These members may receive services until the date they turn 19.

Demographic Summary

- English and Spanish speakers comprised over 90 percent (92.6%) of children who received alcohol and other drug (AOD) treatment services.
- Hispanics comprised the largest percentage of AOD treatment recipients (53.4%) and African-Americans comprised the lowest (2.6%).
- About half of the treatment service recipients are in either the Southern region (25.1%) or Los Angeles (21.6%).
- Members in the lowest income category (100% – 150% Federal Poverty Level) comprised close to half (42.7%) of the AOD treatment recipients.

MENTAL HEALTH UTILIZATION

Measure Definition

This measure evaluates the percentage of members who received one of the following mental health services: The *Mental Health Utilization Measure (MPT)* is part of the *Use of Services* quality domain.

- Inpatient treatment
- Intensive outpatient treatment
- Outpatient treatment, including emergency department visits

Importance of this Measure

Mental health conditions are highly prevalent among children in the US, with as many as one in five children having a mental disorder[30] and one in ten children having mental health problems so severe that their functioning in school, home, and the community is impaired.[31] Such conditions can become debilitating if left untreated.[32] However, as little as 14 to 40 percent of children in need of treatment for a mental health condition receive it.[32] Estimates of mental health service utilization from two national surveys indicate that between 6 and 7.percent of children ages 3 to 17 used mental health services.[32] For children with public health insurance, the mental health service utilization rate estimates are higher, ranging from 9 to 13 percent, while rates for uninsured children were lower, ranging from 4 to 5 percent.[34]

Overall Results

The 2009 HFP weighted average for mental health utilization is less than three percent (2.4%). HFP children receive these recommended services at half the rate of uninsured children cited in research. Twenty-two of the participating health plans provided data for this measure. The variability across plans is modest at a range of 5.7 percent.

None of the plans performed at or above the national commercial 90th percentile for this measure (12.3%). All but one health plan performed at or below the national commercial 10th percentile (5.0%). Further, the majority of plans that reported this measure provided these services at less than half the national commercial 10th percentile rate.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[30] Kataoka, S.H., et al. (2002.) Unmet need for mental health care among U.S. children: variation by ethnicity and insurance status. *American Journal of Psychiatry*, Vol 159, pp. 1548 – 1555.
[31] National Council for Community Behavioral Healthcare. Children's mental health facts. Retrieved June 22, 2010 from http://www.thenationalcouncil.org/cs/childrens_mental_health_facts_the_national_council.
[32] Gudino, O.G., et al. (2008.) Immigrant status, mental health need, and mental health service utilization among high-risk Hispanic and Asian Pacific Islander youth. *Child Youth Care Forum*, vol. 37, pp. 139 – 152.

Figure 110. Comparison to Benchmarks

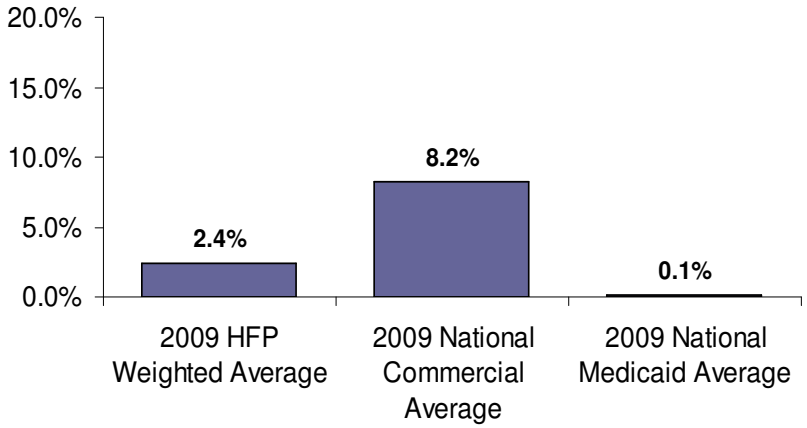


Figure 110 shows the HFP mental health service utilization rate relative to national rates for commercial health plans and Medicaid health plans. The HFP rate is six percentage points (6.2%) lower than the national commercial average. However, the HFP has a higher utilization rate than Medicaid, exceeding the national Medicaid average by more than two percentage points (2.3%).

Figure 111. HFP Three Year Trend

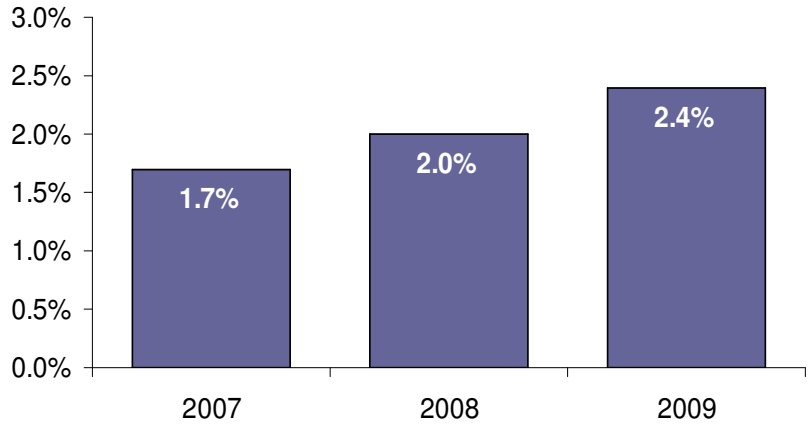
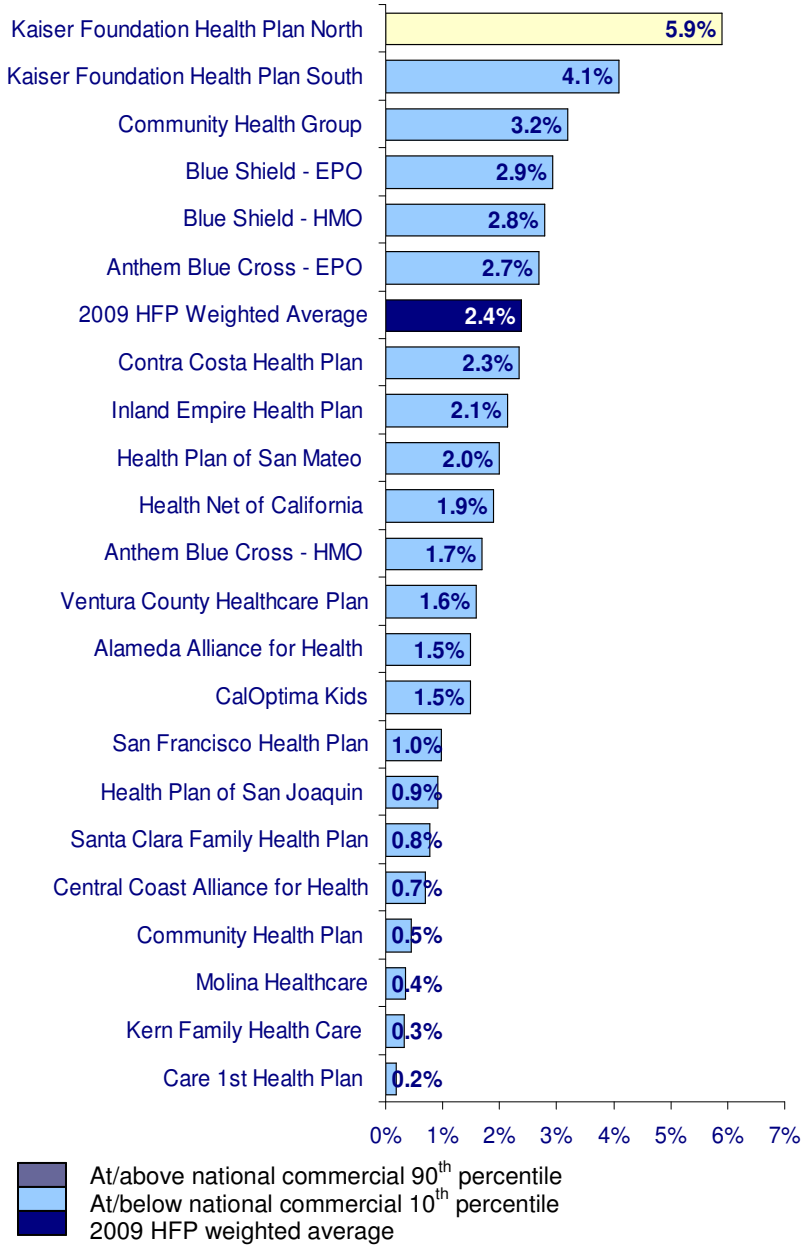


Figure 111 shows the HFP trend in use of mental health services from 2007 to 2009. In contrast, national averages slightly decreased in 2008 compared to 2007 and 2009 rates. The Medicaid trend is significantly different from the trends for commercial and HFP plans, decreasing slightly in 2008 from the 2007 level, then decreasing to almost no services in 2009.

MRMIB initiated a study in 2008 to evaluate mental health and substance abuse services provided by HFP health plans. The overall findings for mental health service utilization from this study were .09 percent for inpatient and 1.8 percent for outpatient. It is important to note, however, different methodologies were used in this evaluation report, compared to the methodology for HEDIS. For a copy of *Mental Health and Substance Abuse Services Provided by Health Plans Participating in the Healthy Families Program,* visit http://www.mrmib.ca.gov/MRMIB/Mental_Hlth_Rpts.html.

Figure 112. 2009 Individual Plan Rates



Health Plan Comparison

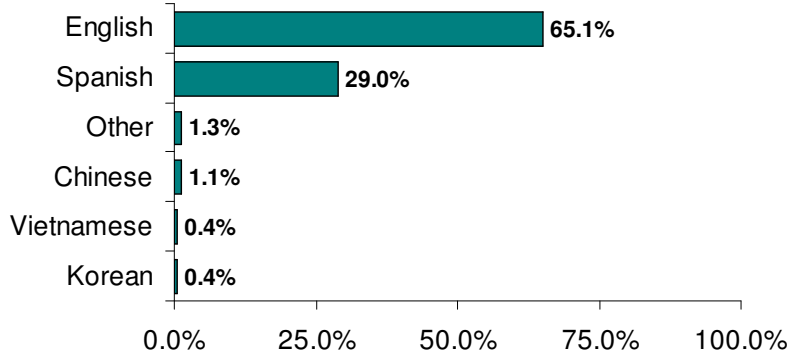
CenCal Health and L.A. Care Health Plan reported no services for this measure.

Of the 22 plans to provide data for this measure, no plan came close to the national commercial 90th percentile (12.3%). Only one health plan, Kaiser Foundation Health Plan, North, performed above the national commercial 10th percentile (5.0%) for this measure providing mental health services to six percent (5.9%) of members.

As mentioned previously, 21 health plans – 99 percent of those that reported this measure – performed at or below the national commercial 10th percentile (5.0%). Eight plans provided mental health services to one percent or less of their eligible members:

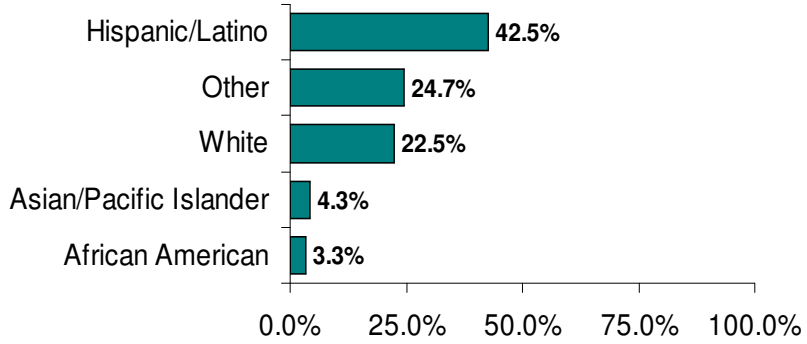
1. Care 1st Health Plan
2. Kern Family Health Care
3. Molina Healthcare
4. Community Health Plan
5. Central Coast Alliance for Health
6. Santa Clara Family Health Plan
7. Health Plan of San Joaquin
8. San Francisco Health Plan

Figure 113. Percentage of Treatment Recipients by Primary Language



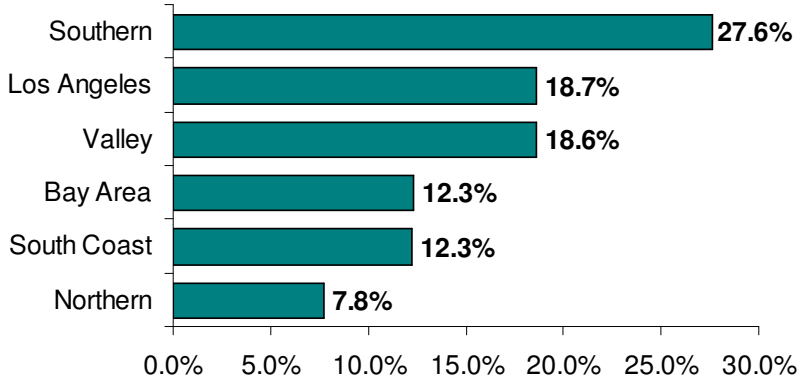
Close to two-thirds (65.1%) of members who used mental health services were English speakers.

Figure 114. Percentage of Treatment Recipients by Ethnicity



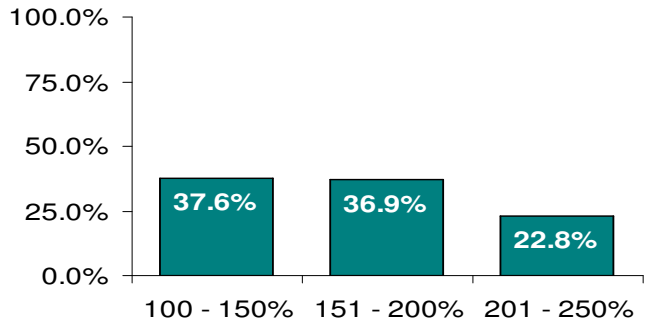
Hispanics/Latinos comprised the largest percentage of members who received mental health services.

Figure 115. Percentage of Treatment Recipients by Region



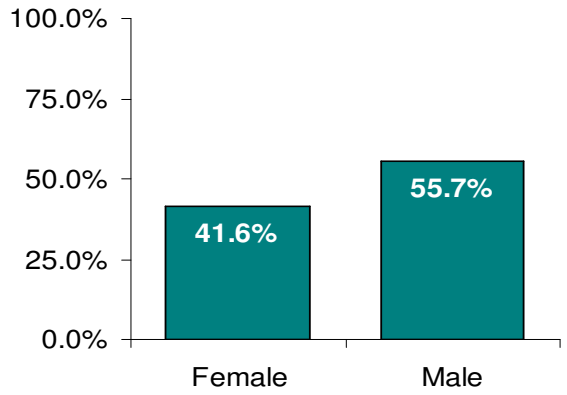
Members in the Southern region of California comprised the largest percentage of members who used mental health services.

Figure 116. Percentage of Treatment Recipients by Income



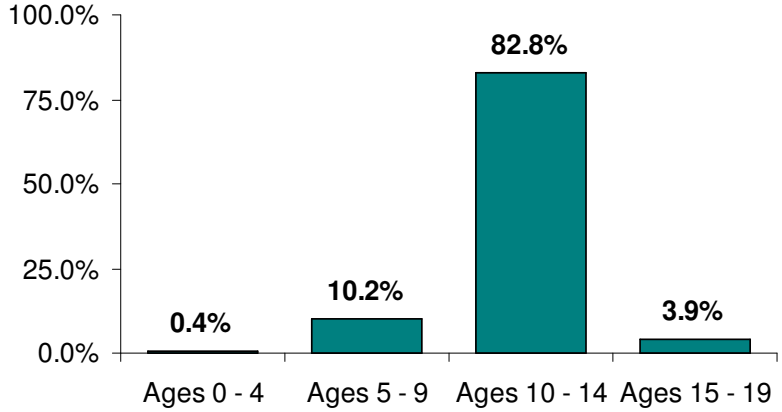
Members in the highest income comprised the smallest percentage of service recipients.

Figure 117. Percentage of Treatment Recipients by Gender



Boys comprise the largest percent of mental health service recipients.

Figure 118. Percentage of Treatment Recipients by Age Group



The vast majority (82.8%) of mental health service recipients were ages 10 to 14.

HFP members are covered through age 18 and are disenrolled on their 19th birthday. These members may receive services until the date they turn 19.

Demographic Summary

- Close to two-thirds (65.1%) of HFP members who used mental health services speak English, and about 30 percent (29.0%) speak Spanish.
- African Americans and Asian/Pacific Islanders represent the smallest percentage of HFP children who received mental health services.
- Members in the Northern region comprised less than ten percent of mental health service recipients.
- Consistent with the finding in the *Mental Health and Substance Abuse Services Provided by Health Plans Participating in the Healthy Families Program* evaluation report, this data also indicates that boys make up the larger user group for mental health services, and that most who use mental health services are between 10 and 14 years old.

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE, 6 OR MORE

Measure Definition

This measure is used to track the percentage of members who turned 15 months old during 2009, who had 6 or more well-child visits with a primary care practitioner. The *Well-Child Visits in the First 15 Months of Life* is part of the *Use of Services* HEDIS domain.

Importance of this Measure

Well-child visits are important during the early months of a child's life to assess growth and development and identify and address any problems early. This measure follows American Academy of Pediatrics (AAP) Guidelines for Health Supervision recommendations[33]. Per these recommendations, children should receive at least six well-child visits from the time of birth to fifteen months old.

Overall Results

Of the 24 HFP participating health plans, 8 had sample sizes too small to report (30 or less) for this measure. Therefore, the HFP weighted average is based on the 16 health plans with adequate sample sizes for this measure.

During 2009, almost 60 percent (58.1%) of eligible HFP infants received the recommended number of well-child visits. This rate is below the national commercial 10th percentile for this measure (59.4%) and significantly below the national commercial average (75.2%). None of the 16 health plans came close to the national commercial 90th percentile (90.4%).

The HFP weighted average as well as the individual plan rates for this measure indicate significant room for improvement. At the highest individual plan rate, just over two thirds of infants (67.3%) received the recommended number of well-child visits by the time they reached 15 months old.

However, small percentages of children received zero (0.8%) or one (0.7%) well-child visit. Nearly two percent (1.6%) of children received two well-child visits. Four percent (3.9%) received three or more well-child visits. Nine percent (8.9%) of eligible members received four well-child visits and seventeen percent (17.1%) received five visits. Therefore, over one-quarter (26.0%) of members received four to five well-child visits in 2009.

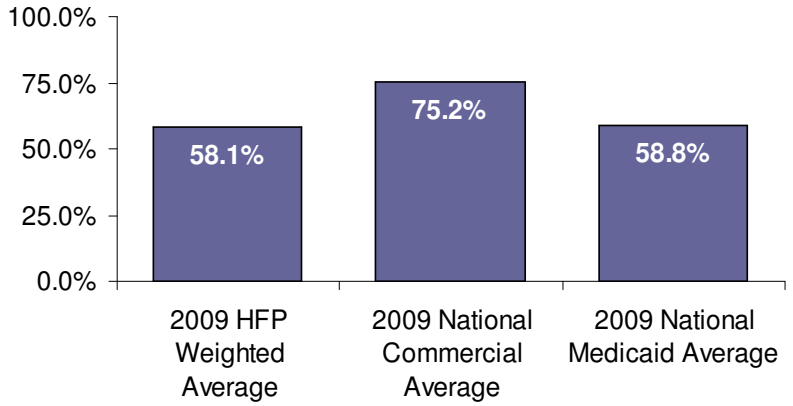
The HFP weighted average for this measure has not significantly increased from 2007 to 2009. Increasing the proportion of infants receiving six or more well-child visits should be an area of focus for plans in future years.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average and national Medicaid average. Three year trend data covers years 2007 through 2009.

[33] American Academy of Pediatrics. (2010.) *Recommendations for Preventive Pediatric Health Care.* Retrieved September 27, 2010 from http://practice.aap.org/content.aspx?aid=1599&nodeID=4043

Figure 119. Comparison to Benchmarks



The HFP weighted average is close to the national Medicaid average, but is significantly (17%) below the national commercial average. With less than two thirds of eligible members receiving six or more well-child visits, this service should be an area of focus to increase the number of infants who receive six visits before their 15 months of life.

Figure 120. HFP Three Year Trend

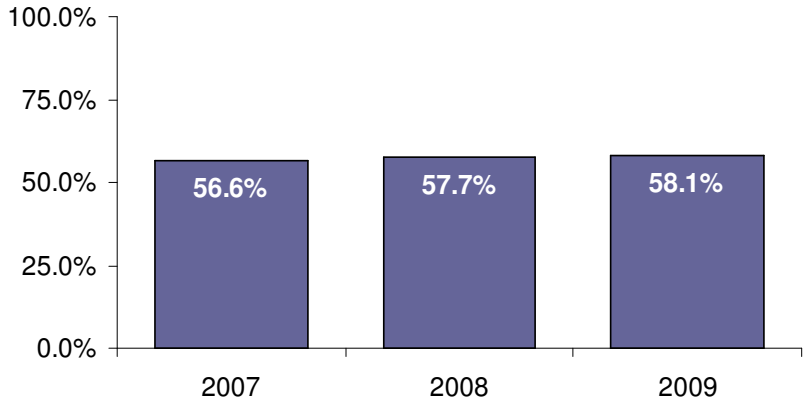
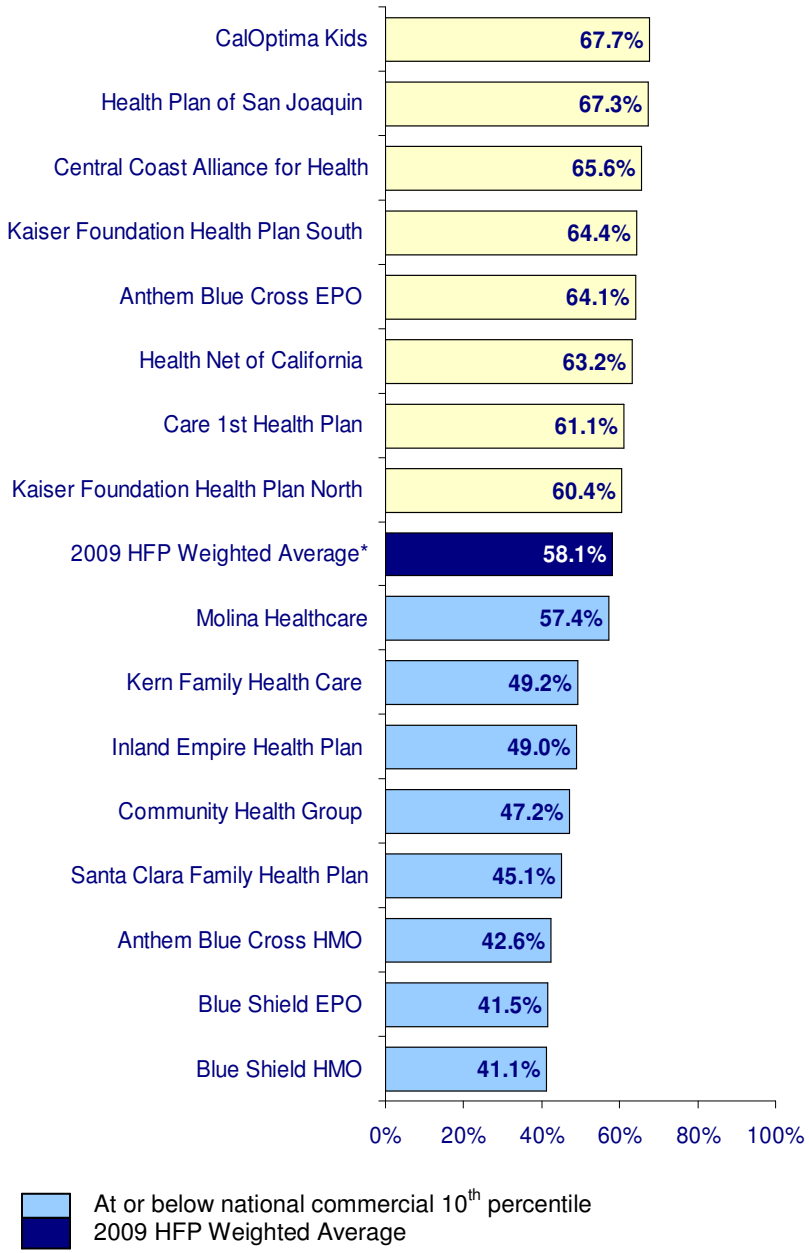


Figure 120 shows the trend in HFP weighted averages over the past three years. There is no significant difference from 2007 to 2009. This trend is similar to the national three year trends for commercial and Medicaid plans. The national commercial plan weighted average remained essentially unchanged from 2007 (72.9%) to 2008 (72.8%) and increased three percentage points in 2009. In contrast, the Medicaid weighted average decreased in 2008 (53.0% from 55.6%) and increased in 2009 (58.1%).

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE, 6 OR MORE

Figure 121. 2009 Individual Plan Rates



Health Plan Comparison

Figure 121 shows the HFP plan rates for the 16 health plans that had sample sizes greater than 30. None of the plans had rates at or above the national commercial 90th percentile (90.4%). Approximately two-thirds of eligible members in CalOptima Kids, Health Plan of San Joaquin, and Central Coast Alliance for Health received the recommended number of well-child visits.

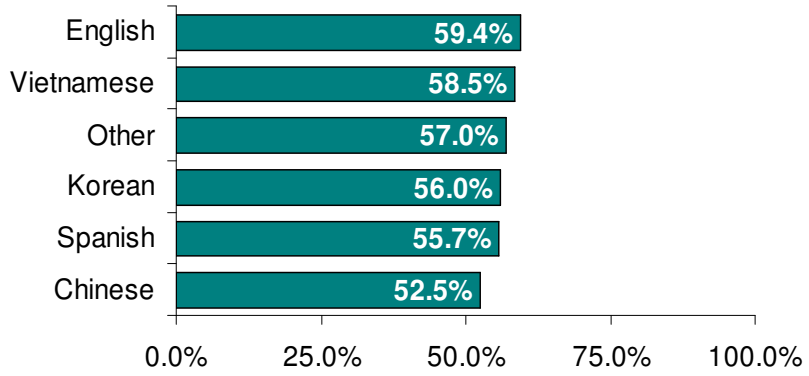
The HFP weighted average and eight plan rates are at or below the national commercial 10th percentile (59.4%) for this measure. While Molina reported more than half of its eligible members received six or more visits, less than half of children enrolled in seven other plans did not:

1. Blue Shield HMO
2. Blue Shield EPO
3. Anthem Blue Cross HMO
4. Santa Clara Family Health Plan
5. Community Health Group
6. Inland Empire Health Plan
7. Kern Family Health Care

The plans who reported a sample size of 30 or less are:

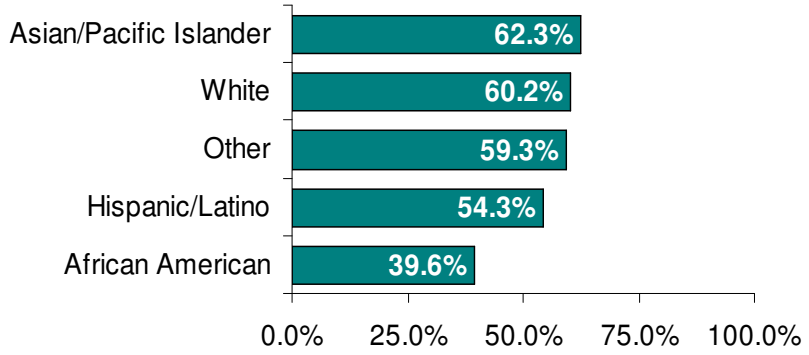
1. Alameda Alliance for Health
2. CenCal Health
3. Community Health Plan
4. Contra Costa Health Plan
5. Health Plan of San Mateo
6. LA Care Health Plan

Figure 122. Well-Child Visits by Primary Language



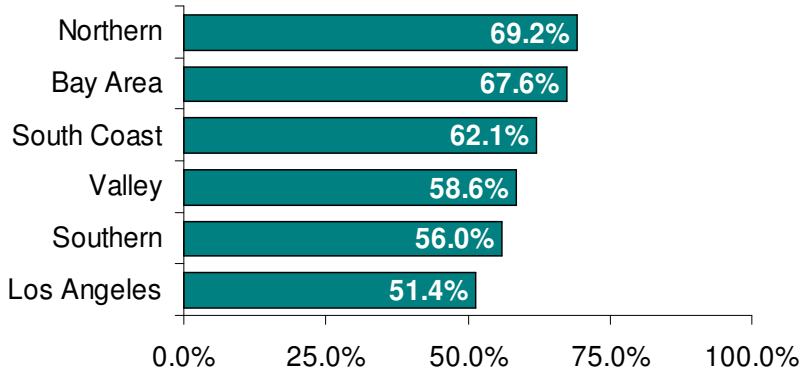
Members who speak Chinese had a substantially lower rate of well-child visits than the other language groups.

Figure 123. Well-Child Visits by Ethnicity



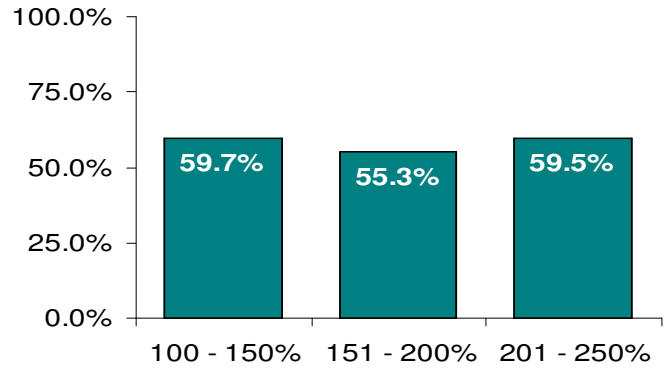
African-Americans had very low rates for this service, relative to the other four ethnic groups.

Figure 124. Well-Child Visits by California Region



Members in the Northern region had the highest rate of well-child visits.

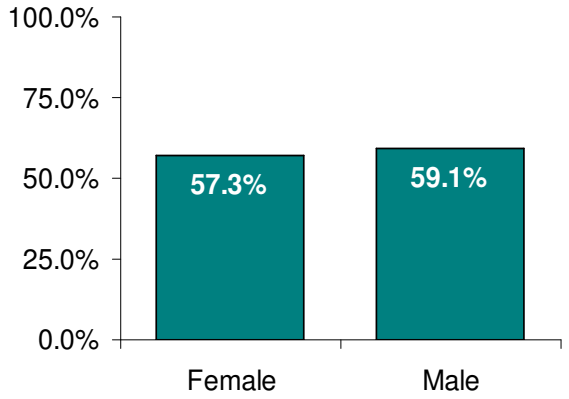
Figure 125. Well-Child Visits by Income



Children in the middle income category (151% – 200% Federal Poverty Level) had a significantly lower rate than HFP children in the other two income categories.

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE, 6 OR MORE

Figure 126. Well-Child Visits by Gender



Females had a slightly lower rate than males.

Demographic Summary

- English speakers had the highest rate of receiving all six well-child visits, while Chinese speakers had the lowest.
- Nearly two-thirds (62.3%) of Asian/Pacific Islanders had six or more visits, while only about 40 percent (39.6%) of African Americans had all six visits.
- Members in the Los Angeles region had a significantly lower rate than members in the other five regions.
- The middle income category had the lowest percent of members who received six or more well-child visits.

Measure Definition

This measure shows the percentage of members ages 3 to 6 years during 2009, who had one or more well-child visits with a primary care practitioner in 2009. The *Well-Child Visits in the 3rd, 4th, 5th, and 6th, Years of Life (W34)* is one of the *Use of Services* HEDIS domain measures.

Importance of this Measure

Well-child visits are important during early and middle childhood to assess growth and development and identify any problems early. The American Academy of Pediatrics (AAP) recommends that children receive annual well-child visits [34].

Overall Results

In 2009, over three-quarters (76.8%) of eligible HFP members received the recommended well-child visits. Ten health plans had rates above the HFP weighted average and fourteen plans' rates fell below. The highest scoring plan's rate is eighteen percentage points above the HFP weighted average and the lowest scoring plan's rate is nearly fifteen percentage points (14.6%) below.

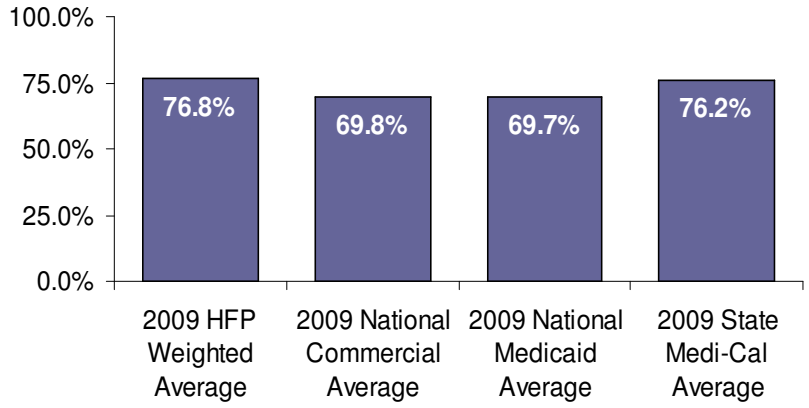
There are three health plans that achieved rates at or above the national commercial 90th percentile (84.6%). No health plans had rates at or below the commercial 10th percentile (54.2%). These results indicate the majority of eligible HFP members received the recommended well-child visits in 2009.

Benchmarks and Trends

The 2009 HFP weighted average is compared against the following benchmarks for this measure: national commercial average, national Medicaid average, and state Medi-Cal Managed Care (MCMC) average. Three year trend data covers the years 2007 through 2009.

[34] American Academy of Pediatrics. (2010.) *Recommendations for Preventive Pediatric Health Care.* Retrieved September 27, 2010 from http://practice.aap.org/content.aspx?aid=1599&nodeID=4043

Figure 127. Comparison to Benchmarks

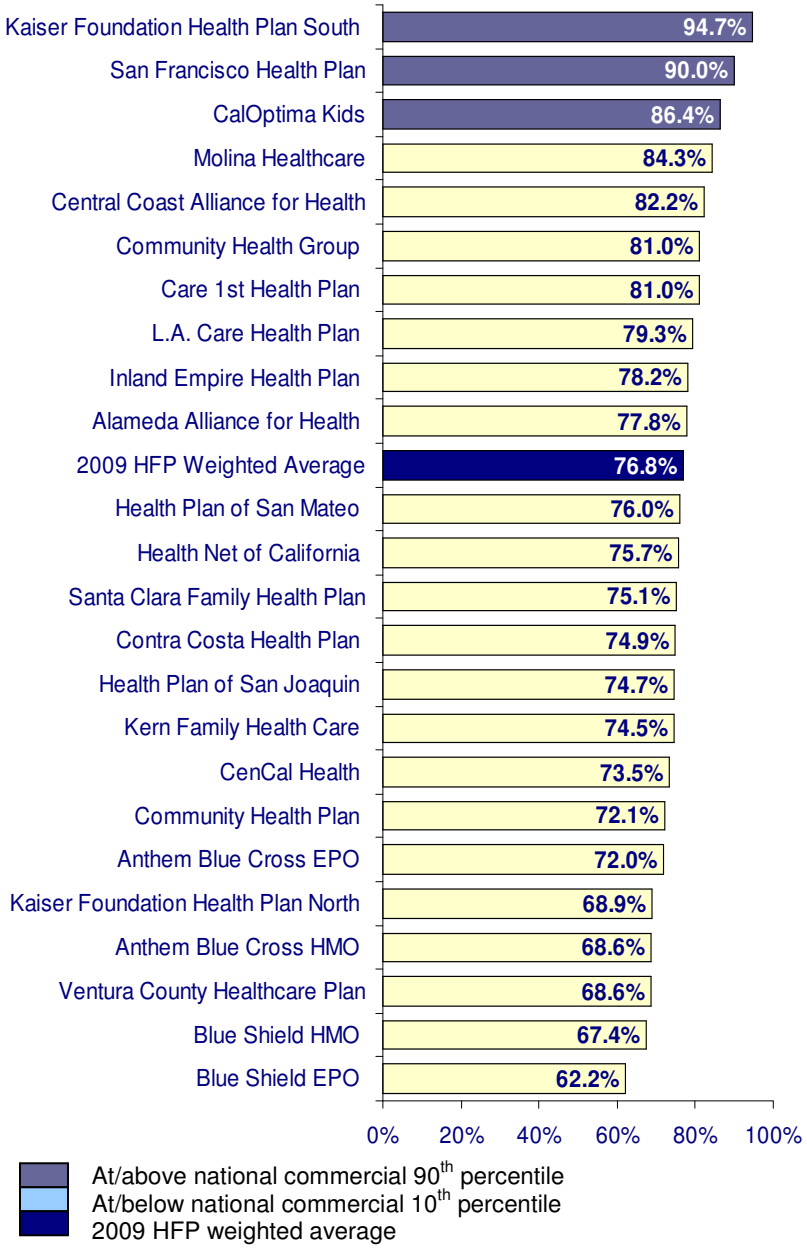


The 2009 HFP weighted average is slightly higher than the state Medi-Cal Managed Care weighted average and exceeds both the national commercial and Medicaid averages by seven percentage points.

Figure 128. HFP Three year Trend for W34

The HFP weighted average increased by about 4% from 2008 to 2009. The national commercial average over the past three years has increased at least one percentage point each year: 66.7% in 2007, 67.8% in 2008, and 69.8% in 2009.

Figure 129. 2009 Individual Plan Rates



Health Plan Comparisons

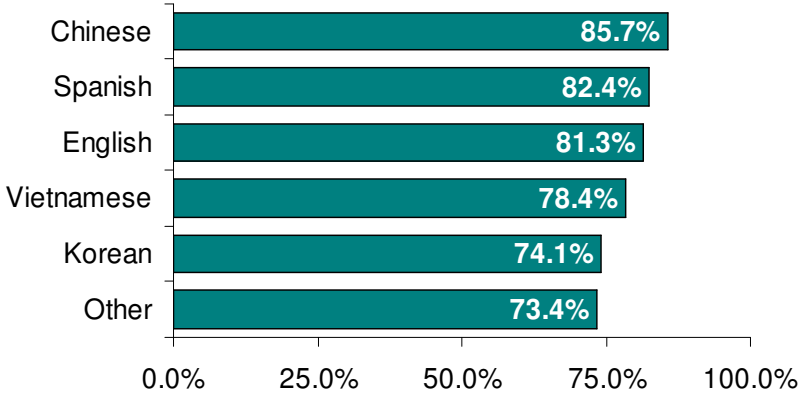
Three health plans had rates at or above the national commercial 90th percentile (84.6%):

1. Kaiser Foundation Health Plan, South
2. San Francisco Health Plan
3. CalOptima Kids

None of the HFP plans scored at or below the national commercial 10th percentile (54.2%). However, Blue Shield EPO and HMO had the lowest rates, followed by Ventura County Healthcare Plan.

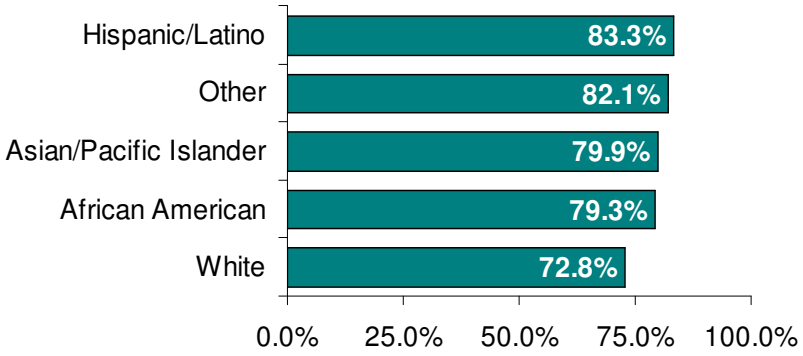
Interestingly, the rate for Kaiser Foundation Health Plan, North is 26 percentage points (25.8%) lower than the rate for Kaiser Foundation Health Plan, South.

Figure 130. Well-Child Visits by Primary Language



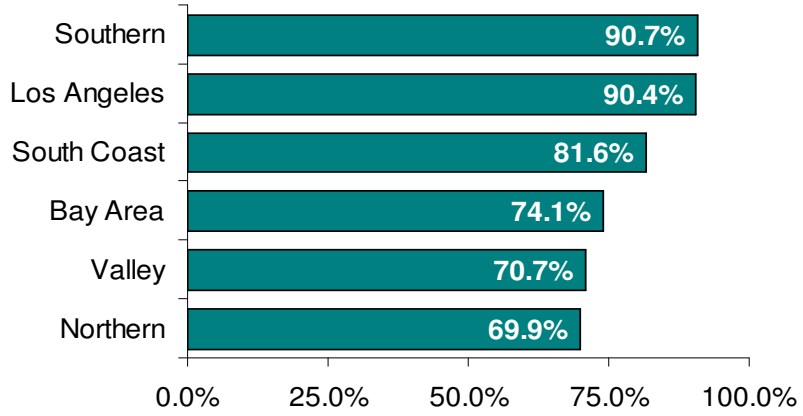
Rates of well-child visits varied moderately by primary language group.

Figure 131. Well-Child Visits by Ethnicity



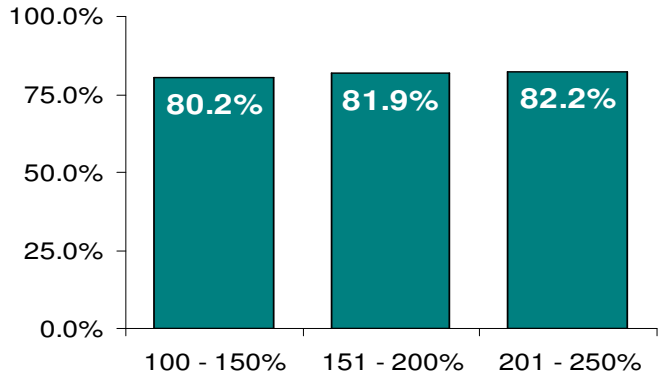
Whites had significantly lower rates for these visits than the other groups.

Figure 132. Well-Child Visits by Region



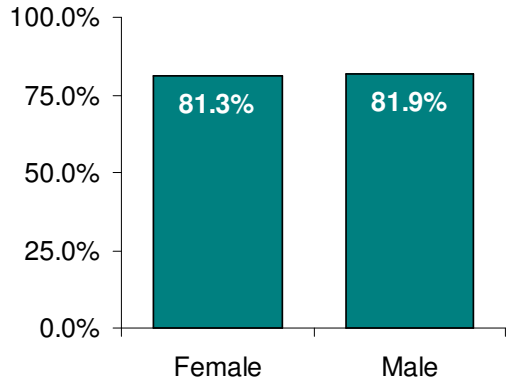
Rates by region vary significantly. Two regions had significantly higher rates than others: Southern and Los Angeles.

Figure 133. Well-Child Visits by Income



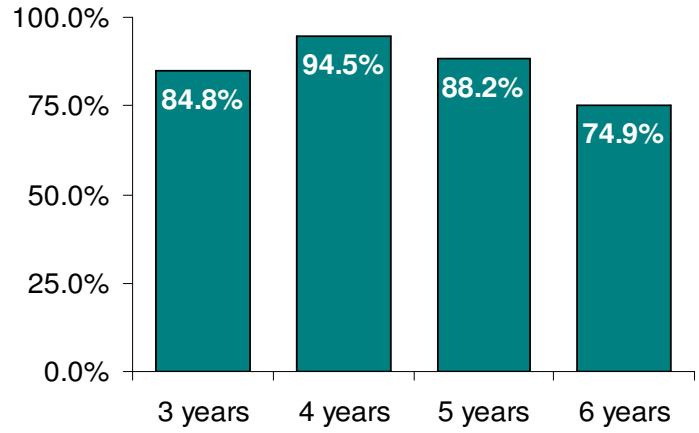
There were no significant differences in well-child visits for 3 to 6 year olds by income category.

Figure 134. Well-Child Visits by Gender



There is no difference in rates for males and females.

Figure 135. Well-Child Visits by Age



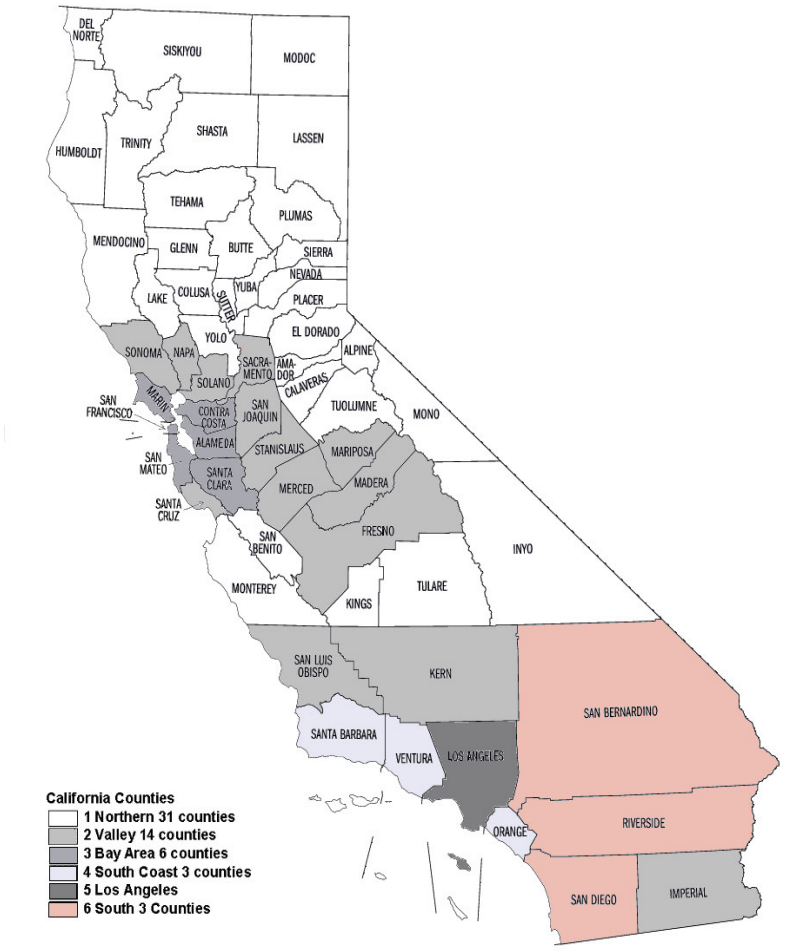
Six year old members have a significantly lower rate of annual well-child visits than the other ages.

Demographic Summary for Well-Child Visits

- Members whose language is Korean or "other" had the lowest rates of well-child visits.
- Less than three-quarters (72.8%) of whites, compared to 80 percent (79% - 83%) for other groups, received annual well-child visits.
- Over 90 percent of children in the Southern and Los Angeles regions received well-child visits compared to only 70 percent of children in the Northern region.
- Nearly all 4 year old members had one or more well-child visits in 2009. Members age 6 had a significantly lower rate, compared to 3, 4, and 5 year olds.

APPENDIX A. CALIFORNIA REGIONS

Map of California Regions



California's Six Regions

Region	Counties	Total Enrollment for 2009*	Percentage of Total Enrollment
Northern	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba	92,778	11.2%
Valley	Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus,	141,791	17.2%
Bay Area	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara	80,116	9.7%
South Coast	Orange, Santa Barbara, Ventura	103,395	12.5%
Los Angeles	Los Angeles	218,240	26.4%
South	Riverside, San Bernardino, San Diego	188,437	22.8%

*Cumulative HFP enrollment for calendar year 2009.

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Children's Access to Primary Care Practitioner: Ages 12 - 24 Months				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	15	267	282	94.7%
Chinese	14	370	384	96.4%
Vietnamese	9	345	354	97.5%
Other	7	337	344	98.0%
English	157	7,857	8,014	98.0%
Spanish	83	4,324	4,407	98.1%
Total	**285**	**13,500**	**13,785**	**97.9%**
Ethnicity				
Asian/Pacific Islander	22	870	892	97.5%
Other	203	8,393	8,596	97.6%
White	18	910	928	98.1%
Hispanic/Latino	41	3,211	3,252	98.7%
African American	1	116	117	99.1%
Total	**285**	**13,500**	**13,785**	**97.9%**
Region				
Los Angeles	149	3,466	3,615	95.9%
Southern	49	3,149	3,198	98.5%
South Coast	21	1,399	1,420	98.5%
Valley	31	2,340	2,371	98.7%
Bay Area	18	1,486	1,504	98.8%
Northern	17	1,656	1,673	99.0%
Unknown	0	4	4	-
Total	**285**	**13,500**	**13,785**	**97.9%**
Gender				
Female	150	6,479	6,629	97.7%
Male	135	7,021	7,156	98.1%
Total	**285**	**13,500**	**13,785**	**97.9%**
Federal Poverty Level				
100 - 150%	18	1,168	1,186	98.5%
151 - 200%	62	3,465	3,527	98.2%
201 - 250%	205	8,867	9,072	97.7%
Total	**285**	**13,500**	**13,785**	**97.9%**

Children's Access to Primary Care Practitioner: Ages 25 Months - 6 Years				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	360	2,533	2,893	87.6%
Korean	194	1,395	1,589	87.8%
English	6,343	63,596	69,939	90.9%
Spanish	4,912	51,564	56,476	91.3%
Chinese	276	2,907	3,183	91.3%
Vietnamese	265	3,040	3,305	92.0%
Total	**12,350**	**125,035**	**137,385**	**91.0%**
Ethnicity				
African American	247	1,865	2,112	88.3%
White	1,447	11,319	12,766	88.7%
Asian/Pacific Islander	1,218	11,788	13,006	90.6%
Hispanic/Latino	5,650	59,321	64,971	91.3%
Other	3,788	40,742	44,530	91.5%
Total	**12,350**	**125,035**	**137,385**	**91.0%**
Region				
Los Angeles	4,427	30,582	35,009	87.4%
Bay Area	1,462	13,736	15,198	90.4%
Southern	2,563	27,777	30,340	91.6%
Valley	1,872	24,550	26,422	92.9%
Northern	978	13,236	14,214	93.1%
South Coast	1,046	15,116	16,162	93.5%
Unknown	2	38	40	-
Total	**12,350**	**125,035**	**137,385**	**91.0%**
Gender				
Female	6,114	60,749	66,863	90.9%
Male	6,237	64,288	70,525	91.2%
Total	**12,351**	**125,037**	**137,388**	**91.0%**
Federal Poverty Level				
100 - 150%	2,997	26,939	29,936	90.0%
151 - 200%	5,766	58,012	63,778	91.0%
201 - 250%	3,588	40,086	43,674	91.8%
Total	**12,351**	**125,037**	**137,388**	**91.0%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Children's Access to Primary Care Practitioner: Ages 7 - 11 Years				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	392	2,795	3,187	87.7%
Korean	198	1,486	1,684	88.2%
Vietnamese	350	3,169	3,519	90.1%
English	5,133	49,550	54,683	90.6%
Spanish	5,559	56,511	62,070	91.0%
Chinese	294	3,556	3,850	92.4%
Total	**11,926**	**117,067**	**128,993**	**90.8%**
Ethnicity				
White	1,363	11,850	13,213	89.7%
Asian/Pacific Islander	1,564	14,439	16,003	90.2%
African American	239	2,209	2,448	90.2%
Other	2,091	20,433	22,524	90.7%
Hispanic/Latino	6,669	68,136	74,805	91.1%
Total	**11,926**	**117,067**	**128,993**	**90.8%**
Region				
Los Angeles	4,429	33,812	38,241	88.4%
Southern	2,765	26,779	29,544	90.6%
Valley	1,797	18,548	20,345	91.2%
Bay Area	1,118	12,901	14,019	92.0%
Northern	854	9,868	10,722	92.0%
South Coast	960	15,128	16,088	94.0%
Unknown	3	31	34	-
Total	**11,926**	**117,067**	**128,993**	**90.8%**
Gender				
Female	5,953	56,584	62,537	90.5%
Male	5,973	60,485	66,458	91.0%
Total	**11,926**	**117,069**	**128,995**	**90.8%**
Federal Poverty Level				
100 - 150%	4,784	43,377	48,161	90.1%
151 - 200%	4,677	47,533	52,210	91.0%
201 - 250%	2,465	26,159	28,624	91.4%
Total	**11,926**	**117,069**	**128,995**	**90.8%**

Children's Access to Primary Care Practitioner: Ages 12 - 18 Years				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	459	2,238	2,697	83.0%
Other	892	4,546	5,438	83.6%
Chinese	1,067	6,577	7,644	86.0%
Vietnamese	518	3,446	3,964	86.9%
Spanish	11,680	84,973	96,653	87.9%
English	7,979	63,324	71,303	88.8%
Total	**22,595**	**165,104**	**187,699**	**88.0%**
Ethnicity				
Asian/Pacific Islander	3,432	20,837	24,269	85.9%
African American	493	3,324	3,817	87.1%
Other	3,650	25,883	29,533	87.6%
Hispanic/Latino	12,979	97,905	110,884	88.3%
White	2,041	17,155	19,196	89.4%
Total	**22,595**	**165,104**	**187,699**	**88.0%**
Region				
Los Angeles	9,514	53,392	62,906	84.9%
Southern	4,712	36,396	41,108	88.5%
Valley	3,077	24,890	27,967	89.0%
Bay Area	1,842	16,229	18,071	89.8%
Northern	1,529	13,895	15,424	90.1%
South Coast	1,918	20,284	22,202	91.4%
Unknown	3	18	21	-
Total	**22,595**	**165,104**	**187,699**	**88.0%**
Gender				
Male	12,518	84,155	96,673	87.1%
Female	10,077	80,949	91,026	88.9%
Total	**22,595**	**165,104**	**187,699**	**88.0%**
Federal Poverty Level				
100 - 150%	10,023	68,937	78,960	87.3%
151 - 200%	8,535	63,247	71,782	88.1%
201 - 250%	4,037	32,920	36,957	89.1%
Total	**22,595**	**165,104**	**187,699**	**88.0%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Appropriate Medication for People with Asthma				
	Not Received	Received	Total	% Who Received Service
Primary Language				
English	272	3,148	3,420	92.0%
Spanish	215	2,650	2,865	92.5%
Vietnamese	9	140	149	94.0%
Other	6	111	117	94.9%
Chinese	5	128	133	96.2%
Korean	1	26	27	-
Total	**507**	**6,203**	**6,710**	**92.4%**
Ethnicity				
African American	25	245	270	90.7%
White	72	758	830	91.3%
Hispanic/Latino	281	3,394	3,675	92.4%
Other	97	1,174	1,271	92.4%
Asian/Pacific Islander	32	632	664	95.2%
Total	**507**	**6,203**	**6,710**	**92.4%**
Region				
Southern	131	1,184	1,315	90.0%
Los Angeles	161	1,767	1,928	91.6%
Northern	49	630	679	92.8%
South Coast	52	718	770	93.2%
Valley	75	1,107	1,182	93.7%
Bay Area	39	797	836	95.3%
Total	**507**	**6,203**	**6,710**	**92.4%**
Gender				
Female	189	2,185	2,374	92.0%
Male	318	4,018	4,336	92.7%
Total	**507**	**6,203**	**6,710**	**92.4%**
Age Group				
Ages 0 - 4	0	0	0	0.0%
Ages 5 - 9	144	2,511	2,655	94.6%
Ages 10 - 14	212	2,574	2,786	92.4%
Ages 15 - 19	151	1,118	1,262	88.6%
Total	**507**	**6,203**	**6,710**	**92.4%**
Federal Poverty Level				
100 - 150%	183	2,234	2,417	92.4%
151 - 200%	195	2,547	2,742	92.9%
201 - 250%	129	1,422	1,551	91.7%
Total	**507**	**6,203**	**6,710**	**92.4%**

Appropriate Testing for Children with Pharyngitis				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	865	78	943	8.3%
Vietnamese	447	85	532	16.0%
Korean	228	47	275	17.1%
Other	550	171	721	23.7%
Spanish	11,387	4,922	16,309	30.2%
English	7,976	6,222	14,198	43.8%
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Ethnicity				
Asian/Pacific Islander	2,359	560	2,919	19.2%
Hispanic/Latino	12,856	6,413	19,269	33.3%
Other	4,337	2,460	6,797	36.2%
White	1,694	1,858	3,552	52.3%
African American	207	234	441	53.1%
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Region				
Los Angeles	7,580	2,281	9,861	23.1%
South Coast	2,871	1,571	4,442	35.4%
Southern	5,032	3,119	8,151	38.3%
Northern	2,369	1,601	3,970	40.3%
Valley	2,705	2,057	4,762	43.2%
Bay Area	879	888	1,767	50.3%
Unknown	17	8	25	-
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Gender				
Male	10,546	5,436	15,982	34.0%
Female	10,908	6,089	16,997	35.8%
Total	**21,454**	**11,525**	**32,979**	**34.9%**
Age Group				
Ages 0 - 4	1,759	691	2,450	28.2%
Ages 5 - 9	8,491	4,624	13,115	35.3%
Ages 10 - 14	6,675	3,736	10,411	35.9%
Ages 15 - 19	4,529	2,472	7,001	35.3%
Total	**21,454**	**11,523**	**32,977**	**34.9%**
Federal Poverty Level				
100 - 150%	8,158	3,998	12,156	32.9%
151 - 200%	8,759	4,727	13,486	35.1%
201 - 250%	4,537	2,800	7,337	38.2%
Total	**21,454**	**11,525**	**32,979**	**34.9%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Childhood Immunization Status, Combination 2				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Vietnamese	67	181	248	73.0%
English	929	3,696	4,625	79.9%
Other	30	121	151	80.1%
Spanish	417	2,637	3,054	86.3%
Korean	11	75	86	87.2%
Chinese	31	178	199	89.4%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Ethnicity				
White	175	423	598	70.7%
Asian/Pacific Islander	130	556	686	81.0%
Other	709	3,262	3,971	82.1%
African American	21	113	134	84.3%
Hispanic/Latino	440	2,534	2,974	85.2%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Region				
Northern	110	297	407	73.0%
Southern	412	1,779	2,191	81.2%
Bay Area	242	1,135	1,377	82.4%
Los Angeles	353	1,673	2,026	82.6%
South Coast	147	761	908	83.8%
Valley	209	1,232	1,441	85.5%
Unknown	**2**	**11**	**13**	84.6%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Gender				
Male	760	3,508	4,268	82.2%
Female	715	3,380	4,095	82.5%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Federal Poverty Level				
100 - 150%	214	1,084	1,298	83.5%
151 - 200%	588	2,843	3,431	82.9%
201 - 250%	673	2,961	3,634	81.5%
Total	**1,475**	**6,888**	**8,363**	**82.4%**

Childhood Immunization Status, Combination 3				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Vietnamese	76	172	248	69.4%
English	1,109	3,516	4,625	76.0%
Other	35	116	151	76.8%
Spanish	532	2,522	3,054	82.6%
Chinese	29	170	199	85.4%
Korean	12	74	86	86.0%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Ethnicity				
White	200	398	598	66.6%
Asian/Pacific Islander	150	536	686	78.1%
Other	855	3,116	3,971	78.5%
Hispanic/Latino	563	2,411	2,974	81.1%
African American	25	109	134	81.3%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Region				
Northern	131	276	407	67.8%
Southern	494	1,697	2,191	77.5%
Los Angeles	433	1,593	2,026	78.6%
South Coast	186	722	908	79.5%
Bay Area	272	1,105	1,377	80.2%
Valley	275	1,166	1,441	80.9%
Unknown	2	11	13	84.6%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Gender				
Male	931	3,337	4,268	78.2%
Female	862	3,233	4,095	78.9%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Federal Poverty Level				
100 - 150%	262	1,036	1,298	79.8%
151 - 200%	721	2,710	3,431	79.0%
201 - 250%	810	2,824	3,634	77.7%
Total	**1,793**	**6,570**	**8,363**	**78.6%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Chlamydia Screening in Women				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	162	82	244	33.6%
Other	134	74	208	35.6%
Spanish	3,267	2,582	5,849	44.1%
English	3,379	2,803	6,182	45.3%
Vietnamese	78	67	145	46.2%
Korean	33	14	47	-
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Ethnicity				
White	1,167	784	1,951	40.2%
Asian/Pacific Islander	503	345	848	40.7%
Hispanic/Latino	3,871	3,126	6,997	44.7%
Other	1,345	1,094	2,439	44.9%
African American	167	273	440	62.0%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Region				
Northern	991	391	1,382	28.3%
Valley	1,457	1,119	2,576	43.4%
Los Angeles	1,765	1,449	3,214	45.1%
Southern	1,401	1,222	2,623	46.6%
Bay Area	650	606	1,256	48.2%
South Coast	789	835	1,624	51.4%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Age				
15 Years	2	1	3	-
16 Years	1,457	943	2,400	39.3%
17 Years	2,276	1,655	3,931	42.1%
18 Years	2,331	2,056	4,387	46.9%
19 Years	986	967	1,953	49.5%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Federal Poverty Level				
100 - 150%	3,080	2,411	5,491	43.9%
151 - 200%	2,559	2,078	4,637	44.8%
201 - 250%	1,414	1,133	2,547	44.5%
Total	**7,053**	**5,622**	**12,675**	**44.4%**

Lead Screening in Children				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	78	67	145	46.2%
Korean	46	40	86	46.5%
English	2,181	2,325	4,506	51.6%
Vietnamese	110	137	247	55.5%
Chinese	58	140	198	70.7%
Spanish	850	2,157	3,007	71.7%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Ethnicity				
White	383	203	586	34.6%
Asian/Pacific Islander	311	370	681	54.3%
Other	1,652	2,251	3,903	57.7%
African American	49	79	128	61.7%
Hispanic/Latino	928	1,963	2,891	67.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Region				
Northern	260	147	407	36.1%
Valley	723	718	1,441	49.8%
Bay Area	578	798	1,376	58.0%
Southern	848	1,263	2,111	59.8%
South Coast	294	598	892	67.0%
Los Angeles	617	1,332	1,949	68.3%
Unknown	3	10	13	76.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Gender				
Female	1651	2366	4017	58.9%
Male	1672	2500	4172	59.9%
Total	**3323**	**4866**	**8189**	**59.4%**
Federal Poverty Level				
100 - 150%	452	813	1,265	64.3%
151 - 200%	1,294	2,052	3,346	61.3%
201 - 250%	1,577	2,001	3,578	55.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Appropriate Treatment for Upper Respiratory Infection				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	529	2,487	3,016	82.5%
Other	294	1,657	1,951	84.9%
Spanish	4,882	31,102	35,984	86.4%
Vietnamese	252	1,794	2,046	87.7%
English	3,909	29,670	33,579	88.4%
Korean	144	1,192	1,336	89.2%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Ethnicity				
Asian/Pacific Islander	1,330	8,154	9,484	86.0%
Hispanic/Latino	5,365	34,940	40,305	86.7%
White	771	5,640	6,411	88.0%
Other	2,477	18,326	20,803	88.1%
African American	67	842	909	92.6%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Region				
Los Angeles	3,585	19,110	22,695	84.2%
Valley	1,700	10,703	12,403	86.3%
Unknown	14	92	106	86.8%
Northern	994	6,580	7,574	86.9%
South Coast	1,424	10,340	11,764	87.9%
Southern	1,902	14,303	16,205	88.3%
Bay Area	391	6,774	7,165	94.5%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Gender				
Male	5,143	34,257	39,400	86.9%
Female	4,867	33,647	38,514	87.4%
Total	**10,010**	**67,904**	**77,914**	**87.2%**
Age Group				
Ages 0 - 4	2,223	19,674	21,897	89.8%
Ages 5 - 9	3,534	24,452	27,986	87.4%
Ages 10 - 14	2,477	15,220	17,697	86.0%
Ages 15 - 19	1,776	8,544	10,146	84.2%
Total	**10,010**	**67,890**	**77,900**	**87.2%**
Federal Poverty Level				
100 - 150%	3,413	20,997	24,410	86.0%
151 - 200%	4,059	28,085	32,144	87.4%
201 - 250%	2,538	18,822	21,360	88.1%
Total	**10,010**	**67,904**	**77,914**	**87.2%**

Adolescent Well-Care Visits				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	969	534	1,503	35.5%
Korean	160	94	254	37.0%
English	15,956	10,297	26,253	39.2%
Spanish	13,472	11,140	24,612	45.3%
Vietnamese	239	265	504	52.6%
Chinese	598	700	1,298	53.9%
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Ethnicity				
White	3,720	1,909	5,629	33.9%
African American	1,355	884	2,239	39.5%
Other	7,011	4,770	11,781	40.5%
Hispanic/Latino	16,414	13,090	29,504	44.4%
Asian/Pacific Islander	2,894	2,377	5,271	45.1%
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Region				
Valley	6,716	4,003	10,719	37.3%
Southern	6,592	4,272	10,864	39.3%
Northern	878	588	1,466	40.1%
South Coast	3,175	2,599	5,774	45.0%
Los Angeles	8,906	7,294	16,200	45.0%
Bay Area	5,124	4,274	9,398	45.5%
Unknown	3	0	3	-
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Gender				
Male	16,175	11,618	27,793	41.8%
Female	15,219	11,413	26,632	42.9%
Total	**31,394**	**23,031**	**54,425**	**42.3%**
Age Group				
19 years	585	291	876	33.2%
18 years	4,468	2,240	6,708	33.4%
17 years	4,465	3,102	7,567	41.0%
16 years	4,202	3,390	7,592	44.7%
15 years	4,224	3,594	7,818	46.0%
14 years	4,263	3,826	8,089	47.3%
13 years	4,801	3,285	8,086	40.6%
12 years	4,386	3,300	7,686	42.9%
Total	**31,394**	**23,028**	**54,422**	**42.3%**
Federal Poverty Level				
100 - 150%	12,957	9,492	22,449	42.3%
151 - 200%	11,818	8,600	20,418	42.1%
201 - 250%	6,619	4,939	11,558	42.7%
Total	**31,394**	**23,031**	**54,425**	**42.3%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Identification of Alcohol and Other Drug Services				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	2,658	7	2,665	0.3%
Chinese	2,646	19	2,665	0.7%
Vietnamese	2,650	15	2,665	0.6%
Other	2,641	24	2,665	0.9%
Spanish	1,537	1,128	2,665	42.3%
English	1,325	1,340	2,665	50.3%
Ethnicity				
African American	2,596	69	2,665	2.6%
Asian/Pacific Islander	2,585	80	2,665	3.0%
White	2,223	442	2,665	16.6%
Other	2,087	578	2,665	21.7%
Hispanic/Latino	1,241	1,424	2,665	53.4%
Region				
Bay Area	2,417	248	2,665	9.3%
Northern	2,381	284	2,665	10.7%
South Coast	2,303	362	2,665	13.6%
Valley	2,213	452	2,665	17.0%
Los Angeles	2,089	576	2,665	21.6%
Southern	1,996	669	2,665	25.1%
Unknown	2,663	2	2,665	-
Gender				
Female	1,639	1,026	2,665	38.5%
Male	1,098	1,567	2,665	58.8%
Age Group				
Ages 0 - 4	2,654	11	2,665	0.4%
Ages 5 - 9	2,394	271	2,665	10.2%
Ages 10 - 14	458	2,207	2,665	82.8%
Ages 15 - 19	5,226	104	2,665	3.9%
Federal Poverty Level				
100 - 150%	1,528	1,137	2,665	42.7%
151 - 200%	1,745	920	2,665	34.5%
201 - 250%	2,129	536	2,665	20.1%

Mental Health Utilization				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	20,962	80	21,042	0.4%
Vietnamese	20,955	87	21,042	0.4%
Chinese	20,803	239	21,042	1.1%
Other	20,772	270	21,042	1.3%
Spanish	14,940	6,102	21,042	29.0%
English	7,336	13,706	21,042	65.1%
Ethnicity				
African American	20,340	702	21,042	3.3%
Asian/Pacific Islander	20,134	908	21,042	4.3%
White	16,300	4,742	21,042	22.5%
Other	15,850	5,192	21,042	24.7%
Hispanic/Latino	12,102	8,940	21,042	42.5%
Region				
Northern	19,411	1,631	21,042	7.8%
South Coast	18,462	2,580	21,042	12.3%
Bay Area	18,444	2,598	21,042	12.3%
Valley	17,126	3,916	21,042	18.6%
Los Angeles	17,117	3,925	21,042	18.7%
Southern	15,235	5,807	21,042	27.6%
Unknown	21,015	27	21,042	-
Gender				
Female	12,283	8,759	21,042	41.6%
Male	9,317	11,725	21,042	55.7%
Age Group				
Ages 0 - 4	20,607	435	21,042	2.1%
Ages 5 - 9	13,486	7,556	21,042	35.9%
Ages 10 - 14	13,050	7,992	21,042	38.0%
Ages 15 - 19	37,583	4,501	21,042	21.4%
Federal Poverty Level				
100 - 150%	13,127	7,915	21,042	37.6%
151 - 200%	13,273	7,769	21,042	36.9%
201 - 250%	16,242	4,800	21,042	22.8%

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Well-Child Visits in First 15 Months, 6 or More				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	36	74	141	52.5%
Spanish	618	776	1,394	55.7%
Korean	40	51	91	56.0%
Other	43	57	100	57.0%
Vietnamese	66	93	159	58.5%
English	1,026	1,499	2,525	59.4%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Ethnicity				
African American	29	19	48	39.6%
Hispanic/Latino	452	537	989	54.3%
Other	1,114	1,623	2,737	59.3%
White	113	171	284	60.2%
Asian/Pacific Islander	121	200	321	62.3%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Region				
Los Angeles	511	541	1,052	51.4%
Southern	586	747	1,333	56.0%
Valley	278	394	672	58.6%
South Coast	199	326	525	62.1%
Bay Area	159	331	490	67.6%
Northern	94	211	305	69.2%
Unknown	2	0	2	-
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Gender				
Female	899	1,208	2,107	57.3%
Male	930	1,342	2,272	59.1%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Age Group				
Ages 0 - 4	1,828	2,549	4,377	58.2%
Ages 5 - 9	0	1	1	100.0%
Ages 10 - 14	0	0	0	0.0%
Ages 15 - 19	0	0	0	0.0%
Total	**1,828**	**2,550**	**4,378**	**58.2%**
Federal Poverty Level				
100 - 150%	162	240	402	59.7%
151 - 200%	604	747	1,351	55.3%
201 - 250%	1,063	1,563	2,626	59.5%
Total	**1,829**	**2,550**	**4,379**	**58.2%**

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	150	413	563	73.4%
Korean	30	86	116	74.1%
Vietnamese	79	287	366	78.4%
English	2,919	12,697	15,616	81.3%
Spanish	2,024	9,483	11,507	82.4%
Chinese	82	490	572	85.7%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Ethnicity				
White	681	1,821	2,502	72.8%
African American	161	617	778	79.3%
Asian/Pacific Islander	500	1,991	2,491	79.9%
Other	1,578	7,224	8,802	82.1%
Hispanic/Latino	2,364	11,803	14,167	83.3%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Region				
Northern	312	725	1,037	69.9%
Valley	1,749	4,226	5,975	70.7%
Bay Area	1,451	4,153	5,604	74.1%
South Coast	499	2,211	2,710	81.6%
Los Angeles	726	6,838	7,564	90.4%
Southern	545	5,298	5,843	90.7%
Unknown	2	5	7	-
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Gender				
Female	2,609	11,367	13,976	81.3%
Male	2,675	12,089	14,764	81.9%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Age				
3 years	953	5,315	6,267	84.8%
4 years	1,020	5,922	6,264	94.5%
5 years	845	6,294	7,139	88.2%
6 years	2,466	5,925	7,912	74.9%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Federal Poverty Level				
100 - 150%	1,235	4,999	6,234	80.2%
151 - 200%	2,472	11,173	13,645	81.9%
201 - 250%	1,577	7,284	8,861	82.2%
Total	**5,284**	**23,456**	**28,740**	**81.6%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Appropriate Medication for People with Asthma				
	Not Received	Received	Total	% Who Received Service
Primary Language				
English	272	3,148	3,420	92.0%
Spanish	215	2,650	2,865	92.5%
Vietnamese	9	140	149	94.0%
Other	6	111	117	94.9%
Chinese	5	128	133	96.2%
Korean	1	26	27	-
Total	**507**	**6,203**	**6,710**	**92.4%**
Ethnicity				
African American	25	245	270	90.7%
White	72	758	830	91.3%
Hispanic/Latino	281	3,394	3,675	92.4%
Other	97	1,174	1,271	92.4%
Asian/Pacific Islander	32	632	664	95.2%
Total	**507**	**6,203**	**6,710**	**92.4%**
Region				
Southern	131	1,184	1,315	90.0%
Los Angeles	161	1,767	1,928	91.6%
Northern	49	630	679	92.8%
South Coast	52	718	770	93.2%
Valley	75	1,107	1,182	93.7%
Bay Area	39	797	836	95.3%
Total	**507**	**6,203**	**6,710**	**92.4%**
Gender				
Female	189	2,185	2,374	92.0%
Male	318	4,018	4,336	92.7%
Total	**507**	**6,203**	**6,710**	**92.4%**
Age Group				
Ages 0 - 4	0	0	0	0.0%
Ages 5 - 9	144	2,511	2,655	94.6%
Ages 10 - 14	212	2,574	2,786	92.4%
Ages 15 - 19	151	1,118	1,262	88.6%
Total	**507**	**6,203**	**6,710**	**92.4%**
Federal Poverty Level				
100 - 150%	183	2,234	2,417	92.4%
151 - 200%	195	2,547	2,742	92.9%
201 - 250%	129	1,422	1,551	91.7%
Total	**507**	**6,203**	**6,710**	**92.4%**

Appropriate Testing for Children with Pharyngitis				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	865	78	943	8.3%
Vietnamese	447	85	532	16.0%
Korean	228	47	275	17.1%
Other	550	171	721	23.7%
Spanish	11,387	4,922	16,309	30.2%
English	7,976	6,222	14,198	43.8%
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Ethnicity				
Asian/Pacific Islander	2,359	560	2,919	19.2%
Hispanic/Latino	12,856	6,413	19,269	33.3%
Other	4,337	2,460	6,797	36.2%
White	1,694	1,858	3,552	52.3%
African American	207	234	441	53.1%
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Region				
Los Angeles	7,580	2,281	9,861	23.1%
South Coast	2,871	1,571	4,442	35.4%
Southern	5,032	3,119	8,151	38.3%
Northern	2,369	1,601	3,970	40.3%
Valley	2,705	2,057	4,762	43.2%
Bay Area	879	888	1,767	50.3%
Unknown	17	8	25	-
Total	**21,453**	**11,525**	**32,978**	**34.9%**
Gender				
Male	10,546	5,436	15,982	34.0%
Female	10,908	6,089	16,997	35.8%
Total	**21,454**	**11,525**	**32,979**	**34.9%**
Age Group				
Ages 0 - 4	1,759	691	2,450	28.2%
Ages 5 - 9	8,491	4,624	13,115	35.3%
Ages 10 - 14	6,675	3,736	10,411	35.9%
Ages 15 - 19	4,529	2,472	7,001	35.3%
Total	**21,454**	**11,523**	**32,977**	**34.9%**
Federal Poverty Level				
100 - 150%	8,158	3,998	12,156	32.9%
151 - 200%	8,759	4,727	13,486	35.1%
201 - 250%	4,537	2,800	7,337	38.2%
Total	**21,454**	**11,525**	**32,979**	**34.9%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Childhood Immunization Status, Combination 2				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Vietnamese	67	181	248	73.0%
English	929	3,696	4,625	79.9%
Other	30	121	151	80.1%
Spanish	417	2,637	3,054	86.3%
Korean	11	75	86	87.2%
Chinese	31	178	199	89.4%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Ethnicity				
White	175	423	598	70.7%
Asian/Pacific Islander	130	556	686	81.0%
Other	709	3,262	3,971	82.1%
African American	21	113	134	84.3%
Hispanic/Latino	440	2,534	2,974	85.2%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Region				
Northern	110	297	407	73.0%
Southern	412	1,779	2,191	81.2%
Bay Area	242	1,135	1,377	82.4%
Los Angeles	353	1,673	2,026	82.6%
South Coast	147	761	908	83.8%
Valley	209	1,232	1,441	85.5%
Unknown	**2**	**11**	**13**	84.6%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Gender				
Male	760	3,508	4,268	82.2%
Female	715	3,380	4,095	82.5%
Total	**1,475**	**6,888**	**8,363**	**82.4%**
Federal Poverty Level				
100 - 150%	214	1,084	1,298	83.5%
151 - 200%	588	2,843	3,431	82.9%
201 - 250%	673	2,961	3,634	81.5%
Total	**1,475**	**6,888**	**8,363**	**82.4%**

Childhood Immunization Status, Combination 3				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Vietnamese	76	172	248	69.4%
English	1,109	3,516	4,625	76.0%
Other	35	116	151	76.8%
Spanish	532	2,522	3,054	82.6%
Chinese	29	170	199	85.4%
Korean	12	74	86	86.0%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Ethnicity				
White	200	398	598	66.6%
Asian/Pacific Islander	150	536	686	78.1%
Other	855	3,116	3,971	78.5%
Hispanic/Latino	563	2,411	2,974	81.1%
African American	25	109	134	81.3%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Region				
Northern	131	276	407	67.8%
Southern	494	1,697	2,191	77.5%
Los Angeles	433	1,593	2,026	78.6%
South Coast	186	722	908	79.5%
Bay Area	272	1,105	1,377	80.2%
Valley	275	1,166	1,441	80.9%
Unknown	2	11	13	84.6%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Gender				
Male	931	3,337	4,268	78.2%
Female	862	3,233	4,095	78.9%
Total	**1,793**	**6,570**	**8,363**	**78.6%**
Federal Poverty Level				
100 - 150%	262	1,036	1,298	79.8%
151 - 200%	721	2,710	3,431	79.0%
201 - 250%	810	2,824	3,634	77.7%
Total	**1,793**	**6,570**	**8,363**	**78.6%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Chlamydia Screening in Women				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	162	82	244	33.6%
Other	134	74	208	35.6%
Spanish	3,267	2,582	5,849	44.1%
English	3,379	2,803	6,182	45.3%
Vietnamese	78	67	145	46.2%
Korean	33	14	47	-
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Ethnicity				
White	1,167	784	1,951	40.2%
Asian/Pacific Islander	503	345	848	40.7%
Hispanic/Latino	3,871	3,126	6,997	44.7%
Other	1,345	1,094	2,439	44.9%
African American	167	273	440	62.0%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Region				
Northern	991	391	1,382	28.3%
Valley	1,457	1,119	2,576	43.4%
Los Angeles	1,765	1,449	3,214	45.1%
Southern	1,401	1,222	2,623	46.6%
Bay Area	650	606	1,256	48.2%
South Coast	789	835	1,624	51.4%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Age				
15 Years	2	1	3	-
16 Years	1,457	943	2,400	39.3%
17 Years	2,276	1,655	3,931	42.1%
18 Years	2,331	2,056	4,387	46.9%
19 Years	986	967	1,953	49.5%
Total	**7,053**	**5,622**	**12,675**	**44.4%**
Federal Poverty Level				
100 - 150%	3,080	2,411	5,491	43.9%
151 - 200%	2,559	2,078	4,637	44.8%
201 - 250%	1,414	1,133	2,547	44.5%
Total	**7,053**	**5,622**	**12,675**	**44.4%**

Lead Screening in Children				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	78	67	145	46.2%
Korean	46	40	86	46.5%
English	2,181	2,325	4,506	51.6%
Vietnamese	110	137	247	55.5%
Chinese	58	140	198	70.7%
Spanish	850	2,157	3,007	71.7%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Ethnicity				
White	383	203	586	34.6%
Asian/Pacific Islander	311	370	681	54.3%
Other	1,652	2,251	3,903	57.7%
African American	49	79	128	61.7%
Hispanic/Latino	928	1,963	2,891	67.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Region				
Northern	260	147	407	36.1%
Valley	723	718	1,441	49.8%
Bay Area	578	798	1,376	58.0%
Southern	848	1,263	2,111	59.8%
South Coast	294	598	892	67.0%
Los Angeles	617	1,332	1,949	68.3%
Unknown	3	10	13	76.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**
Gender				
Female	1651	2366	4017	58.9%
Male	1672	2500	4172	59.9%
Total	**3323**	**4866**	**8189**	**59.4%**
Federal Poverty Level				
100 - 150%	452	813	1,265	64.3%
151 - 200%	1,294	2,052	3,346	61.3%
201 - 250%	1,577	2,001	3,578	55.9%
Total	**3,323**	**4,866**	**8,189**	**59.4%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Appropriate Treatment for Upper Respiratory Infection				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	529	2,487	3,016	82.5%
Other	294	1,657	1,951	84.9%
Spanish	4,882	31,102	35,984	86.4%
Vietnamese	252	1,794	2,046	87.7%
English	3,909	29,670	33,579	88.4%
Korean	144	1,192	1,336	89.2%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Ethnicity				
Asian/Pacific Islander	1,330	8,154	9,484	86.0%
Hispanic/Latino	5,365	34,940	40,305	86.7%
White	771	5,640	6,411	88.0%
Other	2,477	18,326	20,803	88.1%
African American	67	842	909	92.6%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Region				
Los Angeles	3,585	19,110	22,695	84.2%
Valley	1,700	10,703	12,403	86.3%
Unknown	14	92	106	86.8%
Northern	994	6,580	7,574	86.9%
South Coast	1,424	10,340	11,764	87.9%
Southern	1,902	14,303	16,205	88.3%
Bay Area	391	6,774	7,165	94.5%
Total	**10,010**	**67,902**	**77,912**	**87.2%**
Gender				
Male	5,143	34,257	39,400	86.9%
Female	4,867	33,647	38,514	87.4%
Total	**10,010**	**67,904**	**77,914**	**87.2%**
Age Group				
Ages 0 - 4	2,223	19,674	21,897	89.8%
Ages 5 - 9	3,534	24,452	27,986	87.4%
Ages 10 - 14	2,477	15,220	17,697	86.0%
Ages 15 - 19	1,776	8,544	10,146	84.2%
Total	**10,010**	**67,890**	**77,900**	**87.2%**
Federal Poverty Level				
100 - 150%	3,413	20,997	24,410	86.0%
151 - 200%	4,059	28,085	32,144	87.4%
201 - 250%	2,538	18,822	21,360	88.1%
Total	**10,010**	**67,904**	**77,914**	**87.2%**

Adolescent Well-Care Visits				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	969	534	1,503	35.5%
Korean	160	94	254	37.0%
English	15,956	10,297	26,253	39.2%
Spanish	13,472	11,140	24,612	45.3%
Vietnamese	239	265	504	52.6%
Chinese	598	700	1,298	53.9%
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Ethnicity				
White	3,720	1,909	5,629	33.9%
African American	1,355	884	2,239	39.5%
Other	7,011	4,770	11,781	40.5%
Hispanic/Latino	16,414	13,090	29,504	44.4%
Asian/Pacific Islander	2,894	2,377	5,271	45.1%
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Region				
Valley	6,716	4,003	10,719	37.3%
Southern	6,592	4,272	10,864	39.3%
Northern	878	588	1,466	40.1%
South Coast	3,175	2,599	5,774	45.0%
Los Angeles	8,906	7,294	16,200	45.0%
Bay Area	5,124	4,274	9,398	45.5%
Unknown	3	0	3	-
Total	**31,394**	**23,030**	**54,424**	**42.3%**
Gender				
Male	16,175	11,618	27,793	41.8%
Female	15,219	11,413	26,632	42.9%
Total	**31,394**	**23,031**	**54,425**	**42.3%**
Age Group				
19 years	585	291	876	33.2%
18 years	4,468	2,240	6,708	33.4%
17 years	4,465	3,102	7,567	41.0%
16 years	4,202	3,390	7,592	44.7%
15 years	4,224	3,594	7,818	46.0%
14 years	4,263	3,826	8,089	47.3%
13 years	4,801	3,285	8,086	40.6%
12 years	4,386	3,300	7,686	42.9%
Total	**31,394**	**23,028**	**54,422**	**42.3%**
Federal Poverty Level				
100 - 150%	12,957	9,492	22,449	42.3%
151 - 200%	11,818	8,600	20,418	42.1%
201 - 250%	6,619	4,939	11,558	42.7%
Total	**31,394**	**23,031**	**54,425**	**42.3%**

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Identification of Alcohol and Other Drug Services				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	2,658	7	2,665	0.3%
Chinese	2,646	19	2,665	0.7%
Vietnamese	2,650	15	2,665	0.6%
Other	2,641	24	2,665	0.9%
Spanish	1,537	1,128	2,665	42.3%
English	1,325	1,340	2,665	50.3%
Ethnicity				
African American	2,596	69	2,665	2.6%
Asian/Pacific Islander	2,585	80	2,665	3.0%
White	2,223	442	2,665	16.6%
Other	2,087	578	2,665	21.7%
Hispanic/Latino	1,241	1,424	2,665	53.4%
Region				
Bay Area	2,417	248	2,665	9.3%
Northern	2,381	284	2,665	10.7%
South Coast	2,303	362	2,665	13.6%
Valley	2,213	452	2,665	17.0%
Los Angeles	2,089	576	2,665	21.6%
Southern	1,996	669	2,665	25.1%
Unknown	2,663	2	2,665	-
Gender				
Female	1,639	1,026	2,665	38.5%
Male	1,098	1,567	2,665	58.8%
Age Group				
Ages 0 - 4	2,654	11	2,665	0.4%
Ages 5 - 9	2,394	271	2,665	10.2%
Ages 10 - 14	458	2,207	2,665	82.8%
Ages 15 - 19	5,226	104	2,665	3.9%
Federal Poverty Level				
100 - 150%	1,528	1,137	2,665	42.7%
151 - 200%	1,745	920	2,665	34.5%
201 - 250%	2,129	536	2,665	20.1%

Mental Health Utilization				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Korean	20,962	80	21,042	0.4%
Vietnamese	20,955	87	21,042	0.4%
Chinese	20,803	239	21,042	1.1%
Other	20,772	270	21,042	1.3%
Spanish	14,940	6,102	21,042	29.0%
English	7,336	13,706	21,042	65.1%
Ethnicity				
African American	20,340	702	21,042	3.3%
Asian/Pacific Islander	20,134	908	21,042	4.3%
White	16,300	4,742	21,042	22.5%
Other	15,850	5,192	21,042	24.7%
Hispanic/Latino	12,102	8,940	21,042	42.5%
Region				
Northern	19,411	1,631	21,042	7.8%
South Coast	18,462	2,580	21,042	12.3%
Bay Area	18,444	2,598	21,042	12.3%
Valley	17,126	3,916	21,042	18.6%
Los Angeles	17,117	3,925	21,042	18.7%
Southern	15,235	5,807	21,042	27.6%
Unknown	21,015	27	21,042	-
Gender				
Female	12,283	8,759	21,042	41.6%
Male	9,317	11,725	21,042	55.7%
Age Group				
Ages 0 - 4	20,607	435	21,042	2.1%
Ages 5 - 9	13,486	7,556	21,042	35.9%
Ages 10 - 14	13,050	7,992	21,042	38.0%
Ages 15 - 19	37,583	4,501	21,042	21.4%
Federal Poverty Level				
100 - 150%	13,127	7,915	21,042	37.6%
151 - 200%	13,273	7,769	21,042	36.9%
201 - 250%	16,242	4,800	21,042	22.8%

APPENDIX B. DEMOGRAPHICS BY HEDIS MEASURE

Well-Child Visits in First 15 Months, 6 or More				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Chinese	36	74	141	52.5%
Spanish	618	776	1,394	55.7%
Korean	40	51	91	56.0%
Other	43	57	100	57.0%
Vietnamese	66	93	159	58.5%
English	1,026	1,499	2,525	59.4%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Ethnicity				
African American	29	19	48	39.6%
Hispanic/Latino	452	537	989	54.3%
Other	1,114	1,623	2,737	59.3%
White	113	171	284	60.2%
Asian/Pacific Islander	121	200	321	62.3%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Region				
Los Angeles	511	541	1,052	51.4%
Southern	586	747	1,333	56.0%
Valley	278	394	672	58.6%
South Coast	199	326	525	62.1%
Bay Area	159	331	490	67.6%
Northern	94	211	305	69.2%
Unknown	2	0	2	-
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Gender				
Female	899	1,208	2,107	57.3%
Male	930	1,342	2,272	59.1%
Total	**1,829**	**2,550**	**4,379**	**58.2%**
Age Group				
Ages 0 - 4	1,828	2,549	4,377	58.2%
Ages 5 - 9	0	1	1	100.0%
Ages 10 - 14	0	0	0	0.0%
Ages 15 - 19	0	0	0	0.0%
Total	**1,828**	**2,550**	**4,378**	**58.2%**
Federal Poverty Level				
100 - 150%	162	240	402	59.7%
151 - 200%	604	747	1,351	55.3%
201 - 250%	1,063	1,563	2,626	59.5%
Total	**1,829**	**2,550**	**4,379**	**58.2%**

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years				
	Not Received	Received	Total	% Who Received Service
Primary Language				
Other	150	413	563	73.4%
Korean	30	86	116	74.1%
Vietnamese	79	287	366	78.4%
English	2,919	12,697	15,616	81.3%
Spanish	2,024	9,483	11,507	82.4%
Chinese	82	490	572	85.7%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Ethnicity				
White	681	1,821	2,502	72.8%
African American	161	617	778	79.3%
Asian/Pacific Islander	500	1,991	2,491	79.9%
Other	1,578	7,224	8,802	82.1%
Hispanic/Latino	2,364	11,803	14,167	83.3%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Region				
Northern	312	725	1,037	69.9%
Valley	1,749	4,226	5,975	70.7%
Bay Area	1,451	4,153	5,604	74.1%
South Coast	499	2,211	2,710	81.6%
Los Angeles	726	6,838	7,564	90.4%
Southern	545	5,298	5,843	90.7%
Unknown	2	5	7	-
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Gender				
Female	2,609	11,367	13,976	81.3%
Male	2,675	12,089	14,764	81.9%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Age				
3 years	953	5,315	6,267	84.8%
4 years	1,020	5,922	6,264	94.5%
5 years	845	6,294	7,139	88.2%
6 years	2,466	5,925	7,912	74.9%
Total	**5,284**	**23,456**	**28,740**	**81.6%**
Federal Poverty Level				
100 - 150%	1,235	4,999	6,234	80.2%
151 - 200%	2,472	11,173	13,645	81.9%
201 - 250%	1,577	7,284	8,861	82.2%
Total	**5,284**	**23,456**	**28,740**	**81.6%**

APPENDIX C. 2008 HEDIS RATES

Health Plan	CAP1	CAP2	CAP3	CAP4	ASM	CWP	CIS2	CIS3	CHL	LSC	URI	AWC	IAD	MPT	W15_6	W34
Alameda Alliance for Health	92.0	82.8	86.4	82.1	89.4	46.7	87.7	87.7	16.4	68.4	92.8	58.5	0.1	0.0	61.3	72.1
Anthem Blue Cross EPO	98.1	92.3	91.2	87.7	95.6	30.2	45.5	41.8	32.9	36.4	81.7	40.0	0.3	2.2	60.6	71.5
Anthem Blue Cross HMO	94.3	82.7	83.9	79.5	94.2	19.3	62.7	57.9	32.4	56.7	82.2	43.3	0.2	1.3	48.6	61.3
Blue Shield EPO	100.0	91.5	89.2	82.9	88.0	44.7	65.0	60.0	33.7	0.0	83.3	23.2	0.4	3.4	38.5	59.7
Blue Shield HMO	95.6	86.2	85.5	82.0	93.6	23.2	77.2	71.9	40.1	0.0	79.5	32.6	0.2	2.2	47.9	66.4
CalOptima	98.3	91.8	93.4	90.6	96.2	10.7	90.7	85.2	66.9	79.7	85.0	70.5	0.3	1.4	68.0	86.1
Care 1st Health Plan	93.4	83.6	83.4	78.9	91.1	5.1	86.0	79.8	38.2	75.2	70.8	51.8	0.1	0.2	62.5	79.3
CenCal Health	98.8	94.0	94.0	91.3	0.0	20.3	82.1	74.6	41.7	40.3	84.3	56.4	0.2	0.0	73.8	75.6
Central Coast Alliance for Health	98.8	92.9	91.3	89.2	96.6	50.0	76.5	73.5	48.6	34.7	94.7	49.4	0.2	1.0	69.4	75.2
Community Health Group	98.1	89.8	85.4	82.6	87.1	59.0	82.6	76.4	38.5	62.3	90.1	47.9	0.3	2.6	36.6	74.7
Community Health Plan	87.0	77.6	76.4	74.1	93.0	13.4	77.7	72.3	32.6	73.5	83.5	47.0	0.2	0.1	42.3	73.5
Contra Costa Health Plan	96.9	92.5	89.0	89.4	96.9	18.4	95.3	91.8	47.2	62.4	93.8	50.1	0.0	1.9	73.8	80.5
Health Net	95.3	88.2	87.3	84.6	93.5	26.9	84.3	78.3	44.2	48.1	84.7	43.8	0.2	1.8	61.0	75.7
Health Plan of San Joaquin	97.2	89.1	88.6	83.4	96.8	42.1	83.5	77.7	43.6	54.5	82.9	52.8	0.1	1.0	69.4	82.0
Health Plan of San Mateo	100.0	92.0	92.8	89.3	95.1	45.6	90.7	86.7	34.3	92.0	87.2	55.7	0.2	1.5	0.0	75.3
Inland Empire Health Plan	97.7	89.0	87.8	84.2	91.6	16.2	87.5	81.7	43.6	61.9	84.9	47.9	0.2	2.0	46.5	80.1
Kaiser Foundation North	99.6	93.5	92.3	91.2	98.7	87.1	85.0	82.7	68.0	40.0	97.2	36.6	0.5	5.7	74.1	67.5
Kaiser Foundation South	98.9	91.7	93.1	91.6	94.9	86.5	88.0	83.5	70.6	66.1	98.0	38.0	0.3	3.8	40.5	75.4
Kern Family Health Care	100.0	92.1	90.1	86.6	92.0	24.1	89.9	85.1	39.2	78.0	80.6	50.9	0.3	0.1	52.3	72.0
L.A. Care Health Plan	96.5	85.7	84.9	81.9	0.0	7.5	79.1	73.6	33.3	54.9	82.6	45.5	0.0	0.0	0.0	74.0
Molina Healthcare	96.8	86.3	85.7	81.7	90.0	28.0	76.6	71.9	36.0	51.4	92.6	61.9	0.2	0.3	67.7	78.5
San Francisco Health Plan	98.8	94.9	94.8	93.6	93.8	16.8	95.7	93.1	17.6	79.3	94.9	69.7	0.1	1.2	87.1	88.9
Santa Clara Family Health Plan	98.7	89.0	91.4	86.8	97.2	24.2	74.0	71.2	51.4	70.2	90.0	47.5	0.2	0.6	46.7	76.2
Ventura County Healthcare Plan	95.8	88.9	87.6	82.0	0.0	40.2	0.0	0.0	30.2	0.0	83.8	38.0	0.2	1.5	55.9	63.0
2008 HFP Weighted Average	96.9	89.1	88.6	85.2	94.3	31.1	71.8	67.2	44.3	52.1	85.5	44.3	0.3	2.0	57.7	72.8

CAP1 - Children's Access to Primary Care Practitioner: Ages 12 – 24 Months
CAP2 - Children's Access to Primary Care Practitioner: Ages 25 Months – 6 Years
CAP3 - Children's Access to Primary Care Practitioner: Ages 7 – 11 Years
CAP4 - Children's Access to Primary Care Practitioner: Ages 12 – 18 Years
ASM – Appropriate Medication for Children with Asthma
CWP - Appropriate Testing for Children with Pharyngitis
CIS2 – Childhood Immunization Status, Combo 2
CIS3 – Childhood Immunization Status. Combo 3

CHL - Chlamydia Screening in Women
LSC - Lead Screening in Children
URI - Appropriate Treatment for Upper Respiratory Infection
AWC - Adolescent Well-care Visits
IAD - Identification of Alcohol and Other Drug Services
MPT – Mental Health Utilization
W15_6 – Well-Child Visits in the First 15 Months of Life
W34 – Well-Child Visits in the 3rd, 4th, 5th, and 6th Years

APPENDIX D. 2009 HEDIS RATES

Health Plan	CAP1	CAP2	CAP3	CAP4	ASM	CWP	CIS2	CIS3	CHL	LSC	URI	AWC	IAD	MPT	W15_6	W34
Alameda Alliance for Health	96.1	71.7	89.9	85.1	95.9	33.8	90.8	90.8	52.8	55.4	95.9	56.0	0.1	1.5	0.0	77.8
Anthem Blue Cross EPO	99.1	93.9	92.7	90.5	92.4	34.4	70.6	64.2	29.6	36.5	83.9	40.1	0.4	2.7	64.1	72.0
Anthem Blue Cross HMO	95.2	85.4	87.4	83.5	88.9	17.8	73.2	68.6	34.8	62.8	83.7	44.5	0.2	1.7	42.6	68.6
Blue Shield EPO	98.5	91.3	87.5	84.8	91.7	47.5	65.1	50.6	29.5	24.1	83.0	28.2	0.3	2.9	41.5	62.2
Blue Shield HMO	95.7	88.8	88.7	84.7	92.2	28.8	66.9	61.6	33.6	48.6	82.9	37.0	0.3	2.8	41.1	67.4
CalOptima Kids	98.6	93.7	94.7	91.9	94.6	17.5	89.1	84.7	66.2	76.9	88.2	67.5	0.3	1.5	67.7	86.4
Care 1st Health Plan	94.1	85.2	86.2	83.2	88.9	6.2	84.3	81.9	39.6	78.9	77.8	57.2	0.2	0.2	61.1	81.0
CenCal Health	100.0	94.0	93.7	93.7	0.0	39.4	87.1	82.3	36.5	53.2	88.8	49.8	0.2	0.0	0.0	73.5
Central Coast Alliance	99.2	95.1	92.5	90.0	91.2	43.3	90.4	86.6	30.1	73.2	92.2	56.4	0.3	0.7	65.6	82.2
Community Health Group	98.8	93.4	94.2	91.2	90.7	56.3	80.5	75.4	37.0	67.0	91.7	45.3	0.4	3.2	47.2	81.0
Community Health Plan	92.3	70.9	75.7	72.5	88.8	11.6	81.2	75.4	31.6	75.4	85.4	45.1	0.2	0.5	0.0	72.1
Contra Costa Health Plan	95.9	92.3	90.3	89.6	0.0	23.5	93.1	93.1	41.9	67.8	93.5	43.3	0.3	2.3	0.0	74.9
Health Net of California	97.7	90.4	90.3	87.4	92.1	30.4	82.4	77.0	42.4	49.7	85.9	45.3	0.3	1.9	63.2	75.7
Health Plan of San Mateo	100.0	90.2	94.2	92.2	94.6	42.3	88.4	87.0	35.3	78.3	91.1	59.8	0.2	2.0	0.0	78.2
Inland Empire Health Plan	99.3	90.3	87.5	84.9	90.3	21.5	79.2	75.5	44.9	64.8	87.5	57.9	0.3	2.1	49.0	68.9
Kaiser Foundation Health Plan - North	99.3	94.3	93.5	92.3	97.5	90.0	87.6	99.1	58.6	48.0	97.0	38.7	0.5	5.9	60.4	94.7
Kaiser Foundation Health Plan - South	99.9	95.7	95.4	94.1	97.2	91.8	87.4	98.1	66.1	75.7	98.0	41.9	0.4	4.1	64.4	74.4
Kern Family Health Care	100.0	94.0	91.4	87.8	88.2	19.7	89.1	85.5	37.8	97.6	81.3	49.4	0.1	0.3	49.2	79.3
L.A. Care Health Plan	91.8	91.3	82.5	79.6	91.2	9.3	88.3	81.4	40.0	80.0	85.9	49.4	0.0	0.0	0.0	84.3
Molina Healthcare	96.1	87.9	87.8	85.5	85.5	28.5	74.1	67.1	37.3	53.7	88.0	56.5	0.2	0.4	57.4	90.0
San Francisco Health Plan	100.0	93.4	95.2	94.0	100.0	23.4	91.4	88.8	12.3	81.0	95.0	74.1	0.1	1.0	0.0	75.0
Santa Clara Family Health Plan	99.6	87.6	87.2	85.0	89.8	26.7	64.6	61.9	55.9	69.2	91.9	50.0	0.2	0.8	45.1	68.6
Ventura County Healthcare Plan	97.0	88.7	86.9	84.0	84.2	49.5	76.0	70.0	28.8	54.0	88.0	35.8	0.6	1.6	0.0	68.6
2009 HFP Weighted Average	97.9	91.0	90.8	89.3	93.6	34.8	79.3	77.7	44.4	61.7	87.2	46.3	0.3	2.4	58.1	76.8

CAP1 - Children's Access to Primary Care Practitioner: Ages 12 – 24 Months
CAP2 - Children's Access to Primary Care Practitioner: Ages 25 Months – 6 Years
CAP3 - Children's Access to Primary Care Practitioner: Ages 7 – 11 Years
CAP4 - Children's Access to Primary Care Practitioner: Ages 12 – 18 Years
ASM – Appropriate Medication for Children with Asthma
CWP - Appropriate Testing for Children with Pharyngitis
CIS2 – Childhood Immunization Status, Combo 2
CIS3 – Childhood Immunization Status. Combo 3

CHL - Chlamydia Screening in Women
LSC - Lead Screening in Children
URI - Appropriate Treatment for Upper Respiratory Infection
AWC - Adolescent Well-care Visits
IAD - Identification of Alcohol and Other Drug Services
MPT – Mental Health Utilization
W15_6 – Well-Child Visits in the First 15 Months of Life
W34 – Well-Child Visits in the 3rd, 4th, 5th, and 6th Years

APPENDIX E. 2008 PERFORMANCE RELATIVE TO NATIONAL COMMERCIAL PERCENTILES

Health Plan	Total Above	Total Below	CIS2	CIS3	LSC	W15_6	W34	AWC	CAP1	CAP2	CAP3	CAP4	ASM	URI	CWP	CHL	MPT	IAD
Alameda Alliance for Health	2	6		▲					▼	▼				▲	▼	▼	▼	▼
Anthem Blue Cross - EPO	1	5	▼	▼									▲		▼		▼	▼
Anthem Blue Cross - HMO	0	8	▼			▼				▼		▼	▼		▼		▼	▼
Blue Shield - EPO	1	8	▼	▼		▼		▼	▲				▼		▼		▼	▼
Blue Shield - HMO	0	5		▼		▼									▼		▼	▼
CalOptima	5	3	▲				▲	▲					▲		▼	▲	▼	▼
Care 1st Health Plan	0	6							▼			▼		▼	▼		▼	▼
CenCal Health	0	2													▼			▼
Central Coast Alliance	3	3											▲	▲	▼	▲	▼	▼
Community Health Group	0	5				▼							▼		▼		▼	▼
Community Health Plan	0	8				▼			▼	▼	▼	▼			▼		▼	▼
Contra Costa Health Plan	3	3	▲	▲									▲	▲	▼		▼	▼
Health Net of California	0	3													▼		▼	▼
Health Plan of San Joaquin	1	3											▲		▼		▼	▼
Health Plan of San Mateo	5	3	▲	▲	▲				▲				▲		▼		▼	▼
Inland Empire Health Plan	0	4				▼									▼		▼	▼
Kaiser Foundation Health Plan - North	4	2							▲				▲	▲		▲	▼	▼
Kaiser Foundation Health Plan - South	2	3				▼								▲		▲	▼	▼
Kern Family Health Care	2	5	▲			▼			▲				▼		▼		▼	▼
L.A. Care Health Plan	0	1													▼			
Molina Healthcare	1	4						▲					▼		▼		▼	▼
San Francisco Health Plan	5	4	▲	▲			▲	▲						▲	▼	▼	▼	▼
Santa Clara Family Health Plan	2	4				▼							▲		▼	▲	▼	▼
Ventura County Healthcare Plan	0	4											▼		▼		▼	▼

Green triangle = rate at/above 2008 national commercial 90th percentile; Orange = rate at/below national commercial 10th percentile.
Lead screening rates are compared against national Medicaid 90th and 10th percentiles for 2008.

CAP1 - Children's Access to Primary Care Practitioner: Ages 12 – 24 Months
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MPT – Mental Health Utilization
W15_6 – Well-Child Visits in the First 15 Months of Life
W34 – Well-Child Visits in the 3rd, 4th, 5th, and 6th Years

APPENDIX F. 2009 PERFORMANCE RELATIVE TO NATIONAL COMMERCIAL PERCENTILES

Health Plan	Total Above	Total Below	CIS2	CIS3	LSC	W15_6	W34	AWC	CAP1	CAP2	CAP3	CAP4	ASM	URI	CWP	CHL	MPT	IAD
Alameda Alliance for Health	5	4	▲	▲						▼			▲	▲	▼	▲	▼	▼
Anthem Blue Cross - EPO	1	6	▼	▼	▼				▲						▼		▼	▼
Anthem Blue Cross - HMO	0	6	▼			▼							▼		▼		▼	▼
Blue Shield - EPO	0	7	▼	▼	▼	▼									▼		▼	▼
Blue Shield - HMO	0	6	▼	▼		▼									▼		▼	▼
CalOptima	4	3	▲				▲	▲							▼	▲	▼	▼
Care 1st Health Plan	0	4											▼		▼		▼	▼
CenCal Health	1	3							▲						▼			▼
Central Coast Alliance	3	3	▲	▲					▲						▼		▼	▼
Community Health Group	0	4				▼									▼		▼	▼
Community Health Plan	0	8							▼	▼	▼	▼	▼		▼		▼	▼
Contra Costa Health Plan	3	3	▲	▲										▲	▼		▼	▼
Health Net of California	0	3													▼		▼	▼
Health Plan of San Joaquin	0	3													▼		▼	▼
Health Plan of San Mateo	2	3		▲					▲						▼		▼	▼
Inland Empire Health Plan	1	4				▼			▲						▼		▼	▼
Kaiser Foundation Health Plan - North	6	1		▲					▲				▲	▲	▲	▲	▼	
Kaiser Foundation Health Plan - South	8	2		▲			▲		▲	▲			▲	▲	▲	▲	▼	▼
Kern Family Health Care	2	5			▲	▼			▲				▼		▼		▼	▼
L.A. Care Health Plan	0	6							▼		▼	▼			▼			
Molina Healthcare	0	6				▼				▼			▼		▼		▼	▼
San Francisco Health Plan	7	4	▲	▲			▲	▲	▲				▲	▲	▼	▼	▼	▼
Santa Clara Family Health Plan	2	6	▼	▼		▼			▲						▼	▲	▼	▼
Ventura County Healthcare Plan	0	4											▼		▼	▼		▼

Green triangle = rate at/above 2009 national commercial 90th percentile; Orange = rate at/below national commercial 10th percentile.
Lead screening rates are compared against national Medicaid 90th and 10th percentiles for 2009.

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MPT – Mental Health Utilization
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W34 – Well-Child Visits in the 3rd, 4th, 5th, and 6th Years