Quality Measurement Report - 2001

The major quality objective for the Healthy Families Program (HFP) is to "assure that health services purchased for the program are accessible to enrolled children". To meet this objective, the Managed Risk Medical Insurance Board (MRMIB) uses several tools to monitor access and quality of health care. One of these tools is the health plan quality reports that are submitted by participating health plans annually.

The health plan quality reports consist of a selected set of quality indicators. These indicators were selected based on recommendations from the HFP Quality Accountability Framework, (which was commissioned by the California HealthCare Foundation), the HFP Quality Improvement Work Group and the HFP Advisory Panel. The indicators that were selected include a set of child-relevant HEDIS® (Health Plan Employer Data and Information Set) measures applicable to the calendar year 2001 and a measure that was developed by the California Department of Health Services for the Medi-Cal Managed Care Program.

This report, the Healthy Families Program Quality Measurement Report 2001, summarizes the reports received from participating health plans. Results from individual health plan reports provide trends of health care quality for the HFP. In addition, this report creates a foundation for comparing year-to-year plan performance and for comparing the HFP to other programs (e.g., Medicaid and commercial programs).

QUALITY INDICATORS

HEDIS®

The National Committee for Quality Assurance's (NCQA) HEDIS® is a nationally recognized tool to evaluate services provided by health plans. Public and private organizations that purchase health care services are principal users of HEDIS®. Many purchasers of health insurance use HEDIS® as a standard of quality measurement.

HEDIS® consists of 56 measures across eight categories or *domains.* For the HFP, participating health plans were required to report five child-relevant measures across three domains. Descriptions of the domains and the related measures are described below.

Domain	Measure
Effectiveness of Care	Childhood Immunization Status
	Follow-up After Hospitalization for Mental Health
Use of Services	Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
	Adolescent Well-Care Visits
Access/Availability	Children's Access to Primary Care Practitioners

Effectiveness of Care Domain

Effectiveness of Care measures examine the clinical quality of the care delivered within the plan from a variety of perspectives.

The childhood immunization measure within this domain examines how well health plans deliver specific or targeted preventative services to their members, therefore keeping them healthy. The Follow-up After Hospitalization for Mental Illness measure analyzes the use of current procedures and treatments offered to help members recover from illness.

Use of Services Domain
These measures provide information on how plans are providing access to care. They express the percentage of members who were continuously enrolled in the plan for a specified period of time and received defined services.

Access/Availability Domain
Measures in this domain examine how members access basic services provided by their plan. Access refers to the ability of members to get services they require.

120-Day Initial Health Assessment

This measure was developed as a pilot measure by the California Department of Health Services and was tested by health plans that volunteered to participate in the pilot. The measure uses data collection protocols similar to the protocols for HEDIS®. MRMIB adopted the 120-Day Initial Health Assessment to measure the number of newly enrolled children in the HFP who visited a primary care provider within the first 120 days of their enrollment.

REPORTING METHODOLOGY

Data Collection

NCQA gives health plans two options for collecting data for reporting quality. The *administrative method* requires plans to search selected administrative databases (e.g., enrollment, claims, and encounter data systems) for evidence of a service.

The *hybrid method*, requires plans to select a random sample of 411 eligible members, and search their administrative databases for information about whether each individual in the sample received a service. If no information is found, plans are allowed to consult medical records for evidence that services were provided.

Of the measures allowing either data collection option (Childhood Immunizations / Well Child Visits / Adolescent Well Visits), the majority of plans utilized the *hybrid method*. The Access to PCP and the 120 Day Initial Health Assessment measures require the exclusive use of the *administrative method*.

This report uses an *aggregate program score* to show overall program performance for each selected quality measure. The *aggregate program score* is calculated by dividing the sample population of members from *all* health plans who received a particular service by the sample population of members in *all* health plans that were eligible to receive the service.

A detailed analysis was conducted to determine what affect, if any, the combining of the *hybrid* and *administrative* methodologies might have on overall program performance.

The analysis showed that combining the *administrative* and *hybrid* methodologies produced minor adjustments to the aggregate program scores. These adjustments are shown in the following table.

Reported Measure	# of Plans Using Method A= Admin H= Hybrid	Aggregate Program Score	Aggregate Program Score (Adjusted)
Childhood Immunization (Combo 2) (Combo 1)	H = 22 A = 1	61.7% 65.1%	61.3% 64.7%
Well Child Visits	H = 22 A = 1	61.7%	59.6%
Well Adolescent Visits	H = 22 A = 1	32.2%	32.7%
Follow-up Mental Illness 7 Day 30 Day	H = 22 A = 1	27.0% 46.0%	27.0% 46.0%

The HEDIS® Compliance Audit
MRMIB requires all quality data to be audited by an NCQA certified HEDIS® auditor before submitting data to MRMIB. All plans included in this report have complied with the HEDIS® audit requirement.

The HEDIS® Compliance Audit is a two-part assessment consisting of an information systems capabilities assessment, which is followed by an evaluation of the managed care organization's ability to comply with HEDIS specifications.

Audit standards are applied in systematic ways. If there are unanswered questions on the process for collecting the data or for calculating the HEDIS® results, the auditor will recommend not reporting the measure in question. The HEDIS® Compliance Audit ensures the credibility of reported data.

Data Submission
All plans were required to supply MRMIB with the following:

√ Summary of scores for each required measure identifying the eligible population, the methodology used and the score for each measure.

√ An Audit Report certifying that the plan used standard HEDIS® methodologies in the extraction of data used to develop scores for each measure. The audit report is prepared by an NCQA certified auditor who is contracted or employed by a NCQA licensed audit firm.

√ Demographic information for each record that was included in the measure.

Data Analysis
Quality Scores
The individual plan scores or *rates* for HEDIS® measures were developed according to HEDIS® reporting guidelines.

Health plan scores for the 120-Day Initial Health Assessment were developed according to the Department of Health Services specifications.

Rates are calculated by dividing the number of health plan subscribers who received a particular service (numerator) by the number of subscribers who were eligible to receive the service (denominator).

Benchmarking
Benchmarking allows MRMIB to compare plan quality performance with the results of other large purchasers.

The HFP calendar year 2001 results presented in this report are compared with currently available data from the *NCQA National Results* and the HFP results from calendar year 2000. MRMIB chose to use these measures because the results were developed using similar criteria and calculations for each measure.

Standardized measures like HEDIS® employ statistical principles which assume relative stability of the population being evaluated.

Organization of Reported Data
This report presents aggregate program-wide and individual plan scores, for calendar year 2001, for the following measures:

- Childhood Immunization Status
- Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits
- Children's Access to Primary Care Practitioners
- Follow-up After Hospitalization for Mental Illness
- 120-Day Initial Health Assessment

A detailed view of each measure is presented including the following:

- Description of Measure
- Population Statistics
- Benchmark Comparison
- Individual Health Plan Scores
- Results by Selected Demographic Variables

Description of Measure

Definitions for the HEDIS® measures are from the HEDIS® 2002 Technical Specifications manual.

Population Statistics

This section describes the number of plans reporting, total number of members in the eligible population sample, range of scores, *average/median plan score* and *aggregate program score.*

It is important to draw a distinction between the *average plan score* and *aggregate program score*. The *average plan score* is an average of the individual reported scores. The *aggregate program score* is calculated by dividing members from all health plans who received a particular service by the total number of members in all health plans that were eligible to receive the service.

Benchmark Comparison

This report uses current benchmarks from the NCQA *National Results for Selected HEDIS®* measures, and HFP aggregate program scores from the calendar year 2000 HFP data submission.

Plan Score Comparison

A comparison of individual health plan scores is presented for calendar year 2001. All plan scores are presented in tables sorted alphabetically by plan name. The graph of the plan's 2001 score is displayed, along with their 2000 score.

NCQA recommends that scores based on sample sizes of less than 30 should not be reported because they are statistically insignificant.. Due to the limited membership of some plans, there are some measures that did not meet the 30 sample size minimum. Those plans are identified with a "NM" or Not Meaningful.

Demographics

Each measure is presented in tabular form displaying the score for each category along with the sample size (in parentheses). Ethnicity, language and geographical region are presented. The demographic characteristic of subscribers varies by plan.

Ethnicity scores are reported for five ethnic categories (Latino, White, Asian/Pacific Islander, African American and Native American/Alaska Native) as indicated on the child's application.

Language scores are grouped by the language preference of the family as indicated on the child's application. These include English, Spanish, Vietnamese, Korean, and Chinese.

Geographic scores are profiled identifying aggregate scores for each of the six HFP regions. These regions represent Los Angeles, San Diego, San Francisco/Bay Area, Central Valley and rural counties. Counties included in each region are presented in Appendix A.

The HFP tracks multiple ethnic and language categories, but is presenting only selected categories within this report. In addition, many subscribers choose not to supply this demographic information to the HFP during the application process. With this in mind, the sum of the demographic sample populations may not be equal to total eligible population sampled.

Healthy Families Program
Quality Measurement Report Overview

The following summary represents the HFP aggregate program scores for the 1999 through 2001 calendar year periods. For comparison, results from NCQA's National Results for Selected HEDIS/CAHPS® Measures and National Medicaid Results for Selected HEDIS® and HEDIS/CAHPS® Measures for *calendar year 2000 are presented*. NCQA calendar year 2001 results *were not* available at time of publication. Current NCQA results can be obtained from the NCQA website at www.ncqa.org.

Measure Description	Healthy Families Program Score 1999 Calendar Year	Healthy Families Program Score 2000 Calendar Year	Healthy Families Program Score 2001 Calendar Year	NCQA National Average Commercial Results 2000 Calendar Year	NCQA National Average Medicaid Results 2000 Calendar Year
Childhood Immunization Status					
Combination 1*	56%	61%	65%	67%	56%
Combination 2*	48%	57%	61%	53%	47%
Well Child Visits in the 3rd through 6th Years of Life	54%	57%	60%	54%	50%
Adolescent Well-Care Visits	34%	28%	33%	31%	30%
Children's Access to Primary Care Practitioners					
Cohort 1 (ages 12 - 24 months)	88%	87%	89%	92%	88%
Cohort 2(ages 25 month - 6 years)	77%	75%	80%	82%	75%
Cohort 3 (ages 7 - 11 years)	78%	74%	80%	84%	76%
Follow-up After Hospitalization for Mental Illness (1)					
within 7 Days	33%	21%	27%	48%	32%
within 30 Days	55%	34%	46%	71%	53%
120-Day Initial Health Assessment	37%	43%	46%	Not Available	Not Available

* Combination 1 includes age appropriate vaccinations for diphtheria/tetanus/pertussis, polio, measles/ mumps/rubella, H. influenzae type B, and Hepatitis B. Combination 2 includes all age appropriate vaccinations in Combination 1 and the chicken pox vaccine.

(1) Total sample size for this measure was 225 subscribers in 2001 and 112 subscribers in 2000. A factor that may make tracking data difficult for this measure is the mental health "carve out" in the HFP. Children who are suspected of being severely emotionally disturbed (SED) are referred to county mental health departments for assessment and treatment.

Childhood Immunization Status

Importance of Measure: It is estimated that one million children in the United States do not receive the necessary vaccinations by age two. Immunizations have proven to be one of the easiest and most effective methods of delivering preventative medicine. Immunizations are the first and foremost line of defense against childhood diseases.

Calculation: This measure is the percentage of children who turned two years old during the measurement year, who were continuously enrolled for 12 months preceding their second birthday and received the following immunizations according to the American Academy of Pediatrics established schedule.

Combination 1

4 DTP/DTaP (diphtheria/tetanus/pertussis)
3 IPV/OPV (polio)
1 MMR (measles/mumps/rubella)
2 HiB (H. influenzae type b)
3 Hep (Hepatitis B)

Combination 2

Same as Combination 1 plus
1 VZV (Chicken Pox)

Based on the above age and timing criteria, a child may have actually received his or her required immunizations but failed to be included in the measure's numerator.

2001 Performance: Childhood immunizations have improved consistently over the last three years. Immunizations based on the Combination 2 measure have grown from 48 percent in 1999 to 57 percent in 2000 to the current rate of 63 percent for 2001. In addition to higher values for the combination rates, scores for the individual antigens have also continued to improve in all categories. Compared to the NCQA national averages, the HFP continues to perform at levels above both commercial and Medicaid benchmarks.

Of the 16 plans that had sufficient data to report for the 2000 and 2001 reporting period, twelve (12) plan scores improved at least one percentage point, three (3) plan scores declined, and one plan score did not change from the prior year *(NCQA requires a minimum of 30 observations to consider the sample valid. Six (6) plans did not meet this minimum and are identified in the following table as NM or not meaningful)*.

The analysis of selected demographics on the following page suggests that the Asian/Pacific Islander population (Asian/Pacific Islander ethnicities, Chinese, Vietnamese, Korean languages) were immunized at a rate higher than other groups.

Performance Overview

Childhood Immunization Status

HFP Population Statistics	1999	2000	2001
Number of Plans Reporting	23	24	23
Total Sample	571	2,586	3,943
Number of Plans Reporting - Methodology	Admin - 1 Hybrid - 22	Admin - 2 Hybrid - 22	Admin - 1 Hybrid - 22
Range of Scores	17% to 72%	34% to 75%	35% to 83%
Average / Median Score	50% / 48%	54 % / 53%	60% / 62%
Aggregate Program Score (Combination 2)	**48%**	**57%**	**61%**

Calendar Year	**Combo 2**	Combo 1	DPT	IPV	MMR	HIB	HEP	VZV
2001	**61%**	65%	78%	83%	88%	79%	79%	83%
2000	**57%**	61%	75%	78%	83%	75%	72%	77%
1999	**48%**	56%	70%	75%	73%	69%	70%	62%

Results by Selected Demographic Variables

Childhood Immunization Status – Combination 2					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino(1,920)	59%	English(1,437)	58%	1(201)	59%
Asian/Pacific Islander (335)	72%	Spanish(1,393)	61%	2(516)	63%
White (421)	58%	Vietnamese (71)	76%	3(360)	60%
African American(56)	54%	Chinese(125)	66%	4(528)	66%
American Indian/Alaska Native(9)	33%	Korean(50)	80%	5(898)	55%
				6(678)	61%

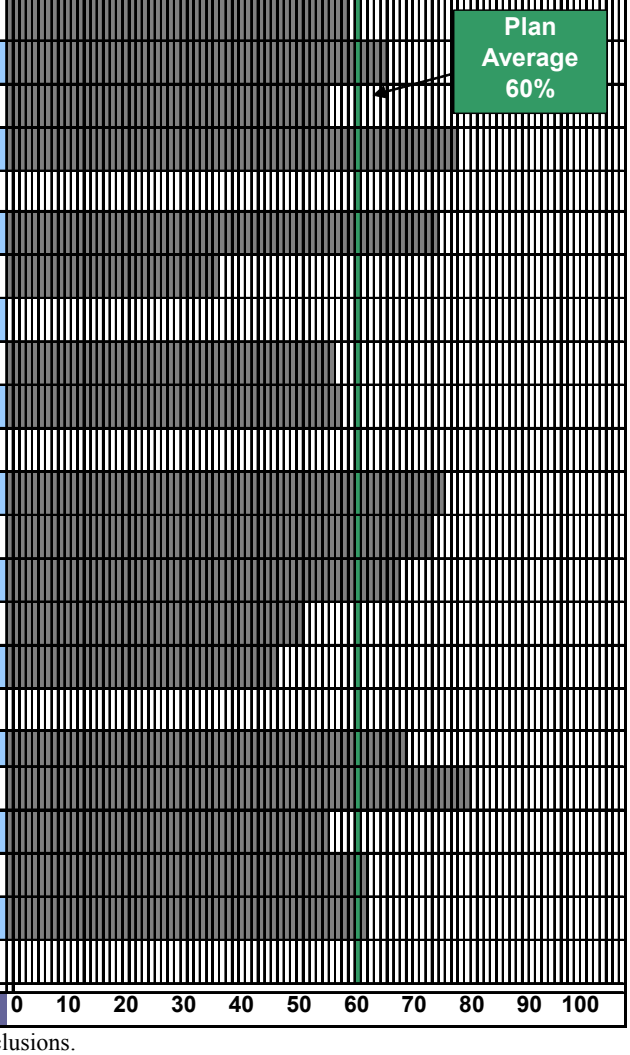
(Number in parentheses indicate the number of children in the eligible sample)

* See Appendix A for definition of regions.

Individual Plan Scores

Childhood Immunization Status – Combination 2

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score *	57%	61%	
Alameda Alliance for Health	NM	63%	
Blue Cross - EPO	53%	59%	
Blue Cross - HMO	63%	63%	
Blue Shield - HMO	46%	55%	
CalOptima	48%	76%	
Central Coast Alliance for Health	NM	NM	
Community Health Group	61%	72%	
Community Health Plan	56%	35%	
Contra Costa Health Plan	NM	NM	
Health Net of California	49%	56%	
Health Plan of San Joaquin	56%	57%	
Health Plan of San Mateo	NM	NM	
Inland Empire Health Plan	50%	73%	
Kaiser Permanente	75%	71%	
Kern Family Health Care	50%	66%	
L.A. Care Health Plan	NM	49%	
Molina	34%	44%	
Santa Barbara Regional Health	NM	NM	
Santa Clara Family Health Plan	60%	67%	
San Francisco Health Plan	57%	78%	
Sharp Health Plan	39%	54%	
UHP Healthcare	NM	61%	
Universal Care	69%	61%	
Ventura County Health Care	NM	NM	
			0 10 20 30 40 50 60 70 80 90 100



NM – Not meaningful. Sample size is too small to draw general conclusions.

* Many plans have low sample sizes for calendar year 2000. Please note when comparing changes in individual plan performance.

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

Importance of Measure: The American Academy of Pediatrics (AAP) recommends annual well-child visits for two to six year olds. Benefits of this measure are detection of potential vision, speech, learning, or other problems that may be prevented by early intervention.

Calculation: This measure describes the percentage of members who were three, four, five, or six years old during the measurement year, who were continuously enrolled in the plan during the measurement year, and who received one or more well-child visit(s) with a primary care provider during the measurement year.

2001 Performance: The tables on pages 10 and 11 describe trends in performance on an aggregate program view as well as individual plan level.

The overall HFP scores have continued to improve over the past three years, increasing by 3 percentage points per year from the 1999 start date (1999 = 48%, 2000 = 51%, 2001 = 54%). The HFP performance mirrored the improvements in quality demonstrated by the NCQA national commercial and Medicaid averages, which also improved during the 1999-2001 period.

Based on 2001 and 2000 results, the major trends within the demographic analysis are presented in the language of applicant and regional categories, with Korean speakers significantly below the average in both years. Region 3 (Bay Area) was well above the average. The higher regional score is also confirmed by the high relative scores of the three Bay Area health plans (Alameda Alliance for Health San Francisco Health Plan and Santa Clara Family Health Plan).

Individual health plan scoring improved steadily with 18 of the 24 plans (75%) improving by at least 1 percentage point, while 12 plans (50%) improved by at least 5 percentage points. Plans that serve the majority of the HFP subscribers, (Blue Cross, Health Net, Kaiser, Blue Shield) all showed improvement.

Performance Overview

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

HFP Population Statistics	1999	2000	2001
Number of Plans Reporting	24	24	24
Total Eligible Population	11,023	12,330	14,695
Number of Plans Reporting - Methodology	Admin - 6 Hybrid - 18	Admin - 4 Hybrid - 20	Admin - 3 Hybrid - 21
Range of Scores	29 % to 81%	38% to 84%	40% to 74%
Average / Median Score	56% / 54%	57% / 58%	61% / 63%
Aggregate Program Score	**54%**	**57%**	**60%**

Results by Selected Demographic Variables

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (6,810)	62%	English (3,585)	59%	1 (323)	57%
Asian/Pacific Islander (954)	63%	Spanish (5,380)	62%	2 (1,997)	62%
White (966)	54%	Vietnamese (152)	62%	3 (1,879)	68%
African American (199)	57%	Chinese (390)	64%	4 (1,802)	62%
American Indian/Alaska Native (19)	58%	Korean (125)	50%	5 (2,196)	51%
				6 (1,993)	64%

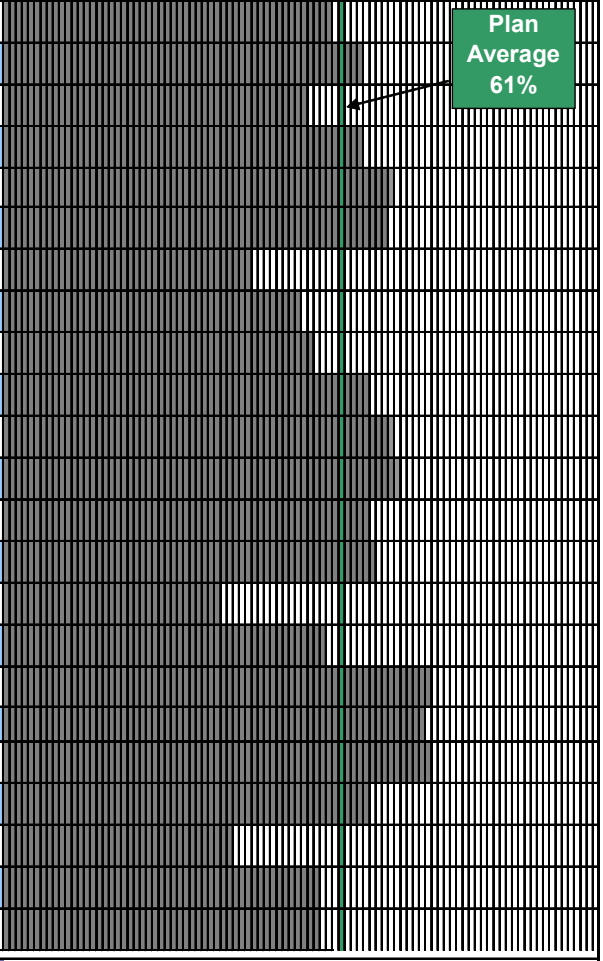
(Number in parentheses indicate the number of children in the eligible sample)

* See Appendix A for definition of regions.

Individual Plan Scores

Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score	57%	60%	
Alameda Alliance for Health	61%	67%	
Blue Cross - EPO	56%	58%	
Blue Cross - HMO	63%	63%	
Blue Shield - HMO	45%	53%	
CalOptima	58%	63%	
Central Coast Alliance for Health	70%	69%	
Community Health Group	66%	68%	
Community Health Plan	40%	43%	
Contra Costa Health Plan	56%	52%	
Health Net of California	49%	54%	
Health Plan of San Joaquin	58%	65%	
Health Plan of San Mateo	44%	69%	
Inland Empire Health Plan	58%	70%	
Kaiser Permanente	59%	64%	
Kern Family Health Care	55%	66%	
L.A. Care Health Plan	38%	39%	
Molina	39%	58%	
Santa Barbara Regional Health	61%	74%	
Santa Clara Family Health Plan	72%	73%	
San Francisco Health Plan	84%	74%	
Sharp Health Plan	62%	63%	
UHP Healthcare	62%	40%	
Universal Care	65%	57%	
Ventura County Health Care	49%	57%	
			0 10 20 30 40 50 60 70 80 90 100



Adolescent Well-Care Visits

Importance of Measure: Detection of changes in physical, social and emotional health status during this transitional period in a child's life is of great importance. The American Medical Association and the American Academy of Pediatrics stress the need for yearly visits in this population.

Calculation: This measure describes the percentage of members, ages 12 through 21 years old during the measurement year, who were continuously enrolled in the plan during the measurement year, and who received at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Because the HFP only covers children through their 19th birthday, the reports from the plans were based on children between the ages of 12 and 19.

2001 Performance: The aggregate program score improved by 5 percentage points to 33 percent. This score is in line with the NCQA national average for commercial and Medicaid plans. Although the aggregate score is a significant improvement, the overall performance picture is mixed, with significant improvements by some of the larger commercial plans being offset by shortfalls in the County Organized Health Systems and Local Initiatives. Of the 24 plans reporting, 14 scores improved, 8 scores declined and 1 remained unchanged.

The table on page 13 titled "HFP Performance Statistics" shows a decrease in the total sample even though the HFP has grown significantly during the 2000 to 2001 period. This decrease is due to a larger number of plans employing the *hybrid method* of data collection. As described on page 2 of this report, this method allows plans to use a random sampling method for scoring. Unless plans have comprehensive administrative data systems, rates based on the *hybrid method* are generally higher, but require more effort and are more costly than the *administrative* method.

There are no significant changes in the demographic performance, with most categories performing at the same relative levels as the previous year.

Performance Overview
Adolescent Well-Care Visits

HFP Population Statistics	1999	2000	2001
Number of Plans Reporting	24	24	24
Total Sample	15,627	33,011	17,841
Number of Plans Reporting - Methodology	Admin - 5 Hybrid - 19	Admin - 6 Hybrid - 18	Admin - 3 Hybrid - 21
Range of Scores	11% to 55%	13% to 47%	16% to 53%
Average / Median Score	34% / 35%	29% / 29%	32% / 33%
Aggregate Program Score	**34%**	**28%**	**33%**

Results by Selected Demographic Variables

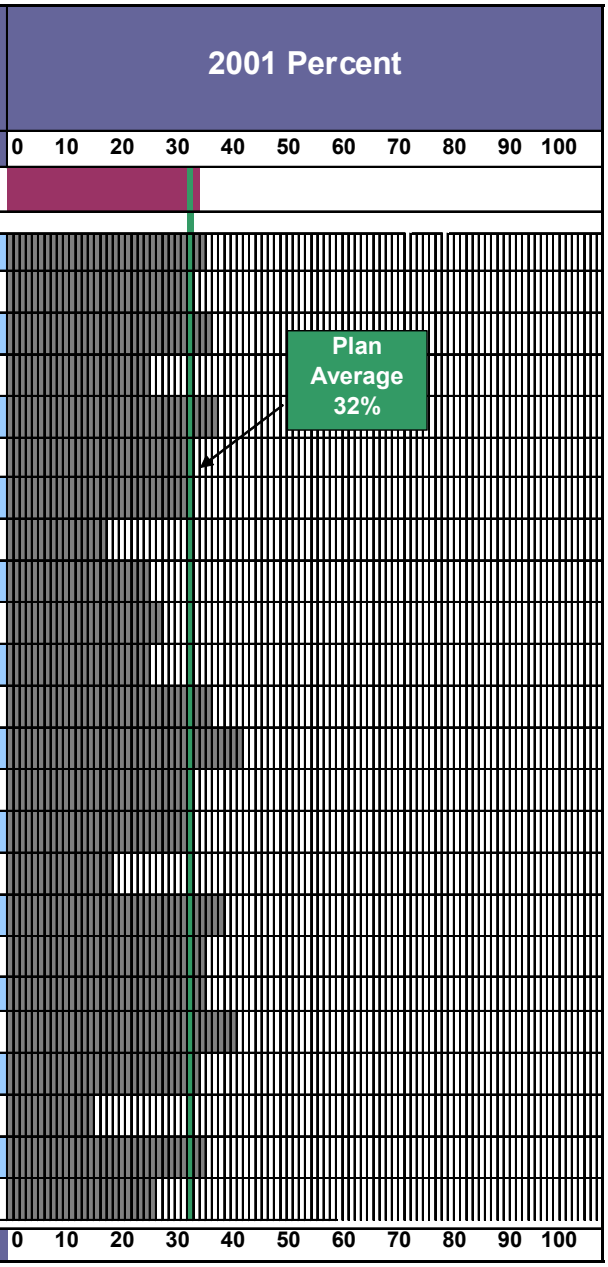
Adolescent Well-Care Visits					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (6,815)	31%	English(4,623)	30%	1(390)	27%
Asian/Pacific Islander (1,521)	34%	Spanish(5,335)	31%	2(2,429)	28%
White (1,480)	30%	Vietnamese (255)	35%	3(2,120)	35%
African American(402)	33%	Chinese (734)	38%	4(1,023)	35%
American Indian/Alaska Native(43)	30%	Korean (575)	31%	5(2,730)	27%
				6(2,559)	32%

(Number in parentheses indicate the number of children in the eligible sample)
* See Appendix A for definition of regions

Individual Plan Scores

Adolescent Well-Care Visits

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score	27%	33%	
Alameda Alliance for Health	30%	34%	
Blue Cross - EPO	25%	31%	
Blue Cross - HMO	27%	35%	
Blue Shield - HMO	23%	24%	
CalOptima	31%	38%	
Central Coast Alliance for Health	16%	32%	
Community Health Group	38%	32%	
Community Health Plan	20%	18%	
Contra Costa Health Plan	28%	24%	
Health Net of California	25%	27%	
Health Plan of San Joaquin	28%	24%	
Health Plan of San Mateo	26%	35%	
Inland Empire Health Plan	41%	41%	
Kaiser Permanente	31%	32%	
Kern Family Health Care	34%	32%	
L.A. Care Health Plan	13%	19%	
Molina	29%	39%	
Santa Barbara Regional Health	40%	36%	
Santa Clara Family Health Plan	45%	36%	
San Francisco Health Plan	47%	40%	
Sharp Health Plan	29%	34%	
UHP Healthcare	22%	16%	
Universal Care	33%	35%	
Ventura County Health Care	19%	27%	
			0 10 20 30 40 50 60 70 80 90 100



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Children's Access to Primary Care Practitioners

Importance of Measure: Childhood access to primary care practitioners is positively associated with successful completion of recommended immunizations and identification and treatment of childhood conditions at early stages of disease.

Calculation: This measure describes children in three different age groups who had a visit with a plan primary care practitioner.

Children age 12 months through 24 months who were continuously enrolled during the measurement year and had a visit with a primary care practitioner during the measurement year.

In the Healthy Families Program, children in this age range constitute a small portion of the program's total enrollment. This is because children in this age range are only eligible if they are in families with incomes between 200% and 250% of Federal income guidelines.

Children age 25 months through 6 years who were continuously enrolled during the measurement year and had a visit with a primary care practitioner during the measurement year.

Children age 7 years through 11 years who were continuously enrolled during the measurement and the calendar year preceding the measurement year who had a visit year with a primary care practitioner during the measurement year or the year preceding the measurement year.

Children are allowed one gap of up to 45 days during each year of continuous enrollment.

2001 Performance: This Access/Availability measure showed significant improvement during the 2001 reporting period. The overall aggregate program scores for Cohort 2 (25 moths to 6 years) and Cohort 3 (Age 7 to 11 years) improved by at least 5 percentage points. Cohort 1 (Ages 12 to 24 months) improved slightly (2000 = 87%, 2001 = 89%) but represents a very low sample of HFP subscribers.

Almost 90% of plans improved their performance in the Cohort 2 measure for 2001, with Alameda Alliance for Health, Inland Empire Health Plan and Health Plan of San Mateo registering improvements of over 20 percentage points from the 2000 period. Over 50 percent (13 plans), improved their scores by at least 5 percentage points.

Demographic performance for all three Cohorts indicate that Region 5 (Los Angeles) scores are significantly below average, but have shown improvement from levels generated in 2000.

Performance Overview

Children's Access to Primary Care Practitioners
Cohort 1 - Ages 12 to 24 months

HFP Population Statistics *Cohort 1 Age 12 to 24 months*	1999	2000	2001
Number of Plans Reporting	19	23	23
Total Sample	490	1,500	5,222
Number of Plans Reporting - Methodology	Admin - 24 Hybrid - 0	Admin– 23 Hybrid - 0	Admin – 23 Hybrid - 0
Range of Scores	Insufficient data	56% to 98%	72% to 100%
Average / Median Score	Insufficient data	82% / 84%	89% / 93%
Aggregate Program Score	**88%**	**87%**	**89%**

Results by Selected Demographic Variables

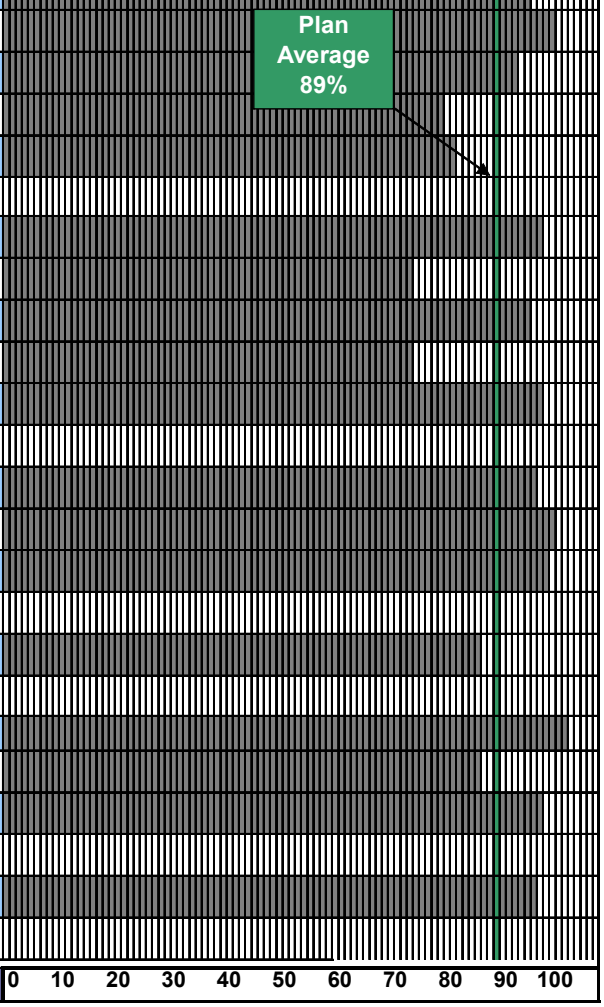
Children's Access to Primary Care Practitioners – Cohort 1					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (2,495)	88%	English(2,329)	89%	1(317)	97%
Asian/Pacific Islander(645)	81%	Spanish (1,607)	88%	2(538)	93%
White (610)	92%	Vietnamese (131)	79%	3(436)	93%
African American(98)	87%	Chinese(158)	79%	4(595)	87%
American Indian / Alaskan Native(8)	88%	Korean(112)	90%	5(1,432)	80%
				6(1,278)	91%

(Number in parentheses indicate the number of children in the eligible sample)
* See Appendix A for definition of regions

Individual Plan Scores

Children's Access to Primary Care Practitioners - Cohort 1
Ages 12 to 24 months

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score	87%	89%	
Alameda Alliance for Health	NM	93%	
Blue Cross - EPO	98%	99%	
Blue Cross - HMO	90%	91%	
Blue Shield - HMO	72%	78%	
CalOptima	84%	80%	
Central Coast Alliance for Health	NM	NM	
Community Health Group	77%	95%	
Community Health Plan	56%	72%	
Contra Costa Health Plan	NM	93%	
Health Net of California	66%	72%	
Health Plan of San Joaquin	NM	97%	
Health Plan of San Mateo	NM	NM	
Inland Empire Health Plan	80%	95%	
Kaiser Permanente	99%	99%	
Kern Family Health Care	NM	97%	
L.A. Care Health Plan	NM	NR	
Molina	NM	84%	
Santa Barbara Regional Health	NM	NM	
Santa Clara Family Health Plan	NM	100%	
San Francisco Health Plan	NM	83%	
Sharp Health Plan	89%	93%	
UHP Healthcare	NM	NM	
Universal Care	NM	92%	
Ventura County Health Care	NM	NM	
			0 10 20 30 40 50 60 70 80 90 100



NM – Not meaningful. Sample size is too small to draw general conclusions.
NR– Not Reportable – Audited Results Incomplete.

Performance Overview

Children's Access to Primary Care Practitioners Cohort 2
Ages 25 months through 6 years

HFP Population Statistics – *Cohort 2 Age 25 months to 6 years*	1999	2000	2001
Number of Plans Reporting	24	24	23
Total Sample	14,762	41,608	72,667
Number of Plans Reporting - Methodology	Admin - 24 Hybrid - 0	Admin- 23 Hybrid - 0	Admin - 23 Hybrid - 0
Range of Scores	Insufficient data	25% to 92%	41% to 92%
Average / Median Score	Insufficient data	71% / 72%	80% / 85%
Aggregate Average Program Score	**77%**	**75%**	**80%**

Results by Selected Demographic Variables

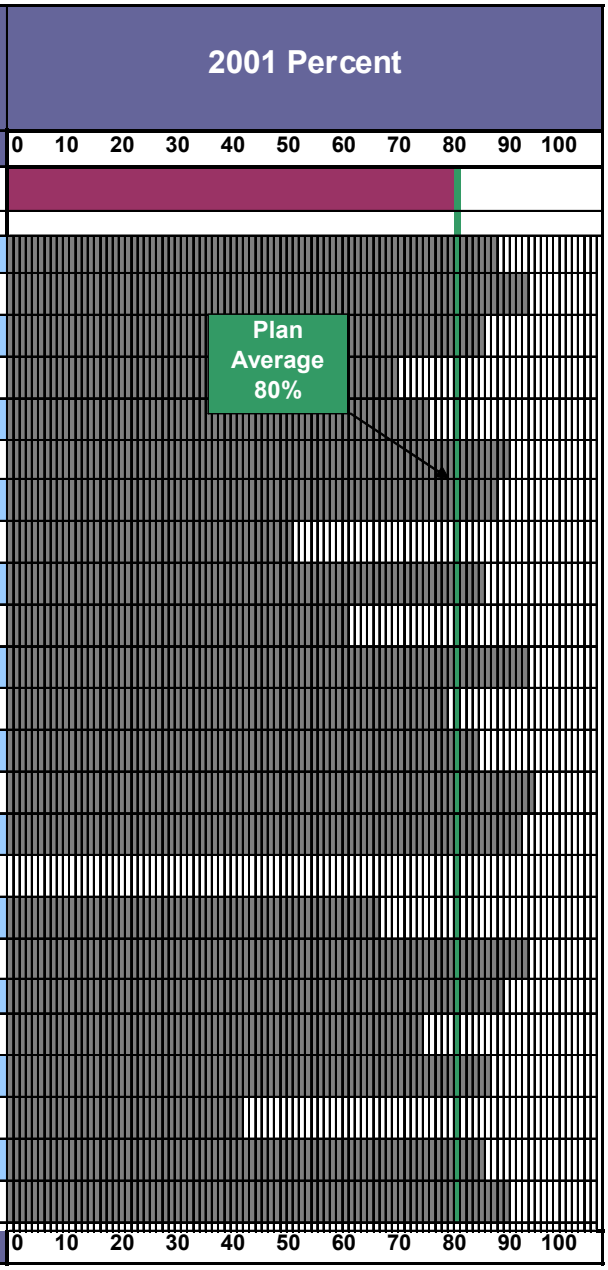
Children's Access to Primary Care Practitioners – Cohort 2					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (40,316)	79%	English(27,364)	80%	1(6,189)	89%
Asian/ Pacific Islander(5,756)	76%	Spanish (30,344)	79%	2(9,381)	86%
White (5,354)	82%	Vietnamese (986)	75%	3(5,608)	84%
African American(1,149)	77%	Chinese(3,170)	74%	4(10,331)	80%
American Indian /Alaskan Native(213)	79%	Korean(1,277)	79%	5(14,458)	67%
				6(14,208)	85%

(Number in parentheses indicate the number of children in the eligible sample)
* See Appendix A for definition of regions

Individual Plan Scores

Children's Access to Primary Care Practitioners Cohort 2
Ages 25 months through 6 years

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score	75%	80%	
Alameda Alliance for Health	64%	86%	
Blue Cross - EPO	91%	92%	
Blue Cross - HMO	84%	84%	
Blue Shield - HMO	63%	70%	
CalOptima	68%	74%	
Central Coast Alliance for Health	92%	90%	
Community Health Group	81%	88%	
Community Health Plan	41%	50%	
Contra Costa Health Plan	85%	84%	
Health Net of California	51%	60%	
Health Plan of San Joaquin	88%	92%	
Health Plan of San Mateo	58%	78%	
Inland Empire Health Plan	51%	83%	
Kaiser Permanente	92%	94%	
Kern Family Health Care	86%	91%	
L.A. Care Health Plan	NM	NR	
Molina	50%	64%	
Santa Barbara Regional Health	90%	93%	
Santa Clara Family Health Plan	82%	89%	
San Francisco Health Plan	86%	74%	
Sharp Health Plan	84%	86%	
UHP Healthcare	25%	41%	
Universal Care	83%	85%	
Ventura County Health Care	88%	89%	
			0 10 20 30 40 50 60 70 80 90 100



NM – Not meaningful. Sample size is too small to draw general conclusions.
NR– Not Reportable – Audited Results Incomplete.

Performance Overview

Children's Access to Primary Care Practitioners Cohort 3
Ages 7 to 11 years

HFP Population Statistics – *Cohort 3 Age 7 to 11 years*	1999	2000	2001
Number of Plans Reporting	10	23	23
Total Eligible Population	1,070	14,217	51,250
Number of Plans Reporting - Methodology	Admin- 24 Hybrid - 0	Admin- 23 Hybrid - 0	Admin- 23 Hybrid - 0
Range of Scores	Insufficient data	24% - 94%	46% to 94%
Average / Median Score	Insufficient data	67% / 70%	80% / 85%
Aggregate Program Score	**78%**	**74%**	**80%**

Results by Selected Demographic Variables

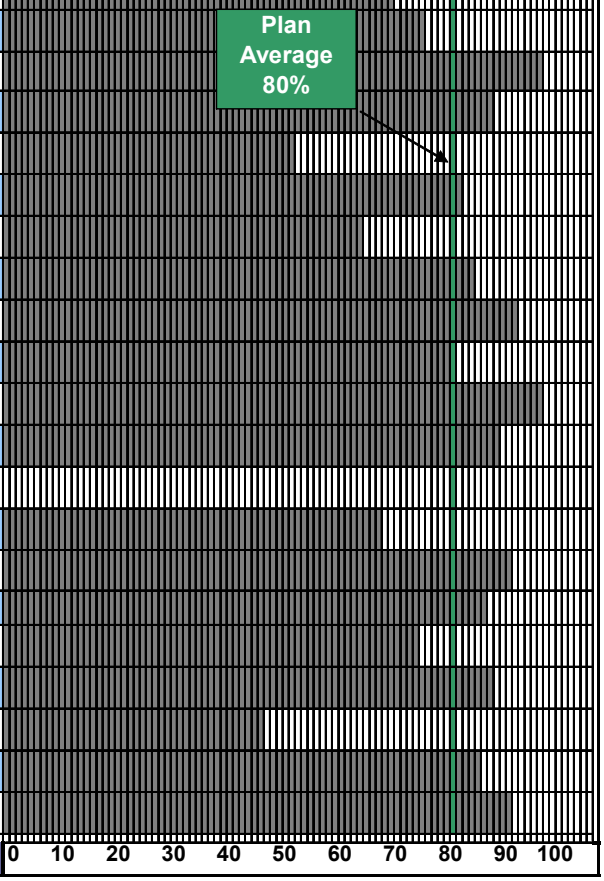
Children's Access to Primary Care Practitioners – Cohort 3					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (20,813)	79%	English(13,687)	81%	1(3,739)	88%
Asian Pacific Islander (4,854)	75%	Spanish(16,274)	78%	2(5,333)	85%
White(4,575)	84%	Vietnamese(354)	74%	3(3,433)	85%
African American(650)	76%	Chinese(2,853)	75%	4(4,628)	80%
American Indian/Alaska Native(78)	83%	Korean(888)	73%	5(10,820)	69%
				6(6,985)	82%

* See Appendix A for definition of regions

Individual Plan Scores

Children's Access to Primary Care Practitioners - Cohort 3
Ages 7 through 11

Health Plan	2000 Score	2001 Score	2001 Percent
			0 10 20 30 40 50 60 70 80 90 100
Aggregate Program Score	74%	80%	
Alameda Alliance for Health	79%	87%	
Blue Cross - EPO	76%	90%	
Blue Cross - HMO	70%	84%	
Blue Shield - HMO	61%	70%	
CalOptima	62%	74%	
Central Coast Alliance for Health	NM	94%	
Community Health Group	79%	86%	
Community Health Plan	38%	51%	
Contra Costa Health Plan	NM	81%	
Health Net of California	61%	63%	
Health Plan of San Joaquin	85%	83%	
Health Plan of San Mateo	47%	91%	
Inland Empire Health Plan	50%	80%	
Kaiser Permanente	94%	94%	
Kern Family Health Care	69%	88%	
L.A. Care Health Plan	NR	NR	
Molina	61%	66%	
Santa Barbara Regional Health	78%	90%	
Santa Clara Family Health Plan	76%	86%	
San Francisco Health Plan	84%	75%	
Sharp Health Plan	89%	88%	
UHP Healthcare	30%	46%	
Universal Care	84%	85%	
Ventura County Health Care	90%	90%	
			0 10 20 30 40 50 60 70 80 90 100



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Follow-up After Hospitalization for Mental Illness

Importance of Measure: According to the National Institute for Mental Health, a significant percentage of individuals experience some form of mental illness, yet only a small percentage are actually diagnosed. For many children, hospitalization often represents the first introduction to mental health services. Regular follow-up therapy is an important component in assuring adequate treatment for patients diagnosed and hospitalized for mental illness.

Calculation: This measure calculates the percentage of subscribers age six and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled for 30 days after discharge (without gaps) and were seen on an ambulatory basis or were in day/night treatment with a mental health provider. Two scores are generated: 1) the percentage of subscribers who had an ambulatory or day/night mental health visit within *30 days* of hospital discharge, and 2) the percentage of subscribers who had an ambulatory or day/night mental health visit within *7 days* of hospital discharge.

2001 Performance: A factor that may make tracking data difficult for this measure is the mental health "carve out" in the HFP. Children who are suspected of being severely emotionally disturbed (SED) are referred to county mental health departments for assessment and treatment. A health plan's ability to track the necessary information for this measure requires an effective exchange of information with the counties about every health plan's HFP enrollee with SED.

This fact limited the total sample size for this measure to 225 subscribers in 2001 and 112 subscribers in 2000. NCQA recommends that individual plan data not be reported when there is a sample size less than 30. Only one out of 24 participating plans met the minimum sample size, therefore, plan comparisons are not included in this report.

HFP Population Statistics	1999	2000	2001
Number of Plans Reporting	12	11	11
Total Eligible Population	47	112	225
Number of Plans Reporting Methodology	Admin - 11 Hybrid - 1	Admin – 3 Hybrid - 8	Admin – 3 Hybrid - 8
Range of Scores	Insufficient data	Insufficient data	Insufficient data
Average / Median Score	Insufficient data	Insufficient data	Insufficient data
Aggregate Program Score 7 Days 30 Days	 **33%** **55%**	 **21%** **34%**	 **27%** **46%**

120-Day Initial Health Assessment

Importance of Measure: In addition to the HEDIS® measures, MRMIB required participating health plans to provide an additional measure identified as the *120-Day Initial Health Assessment.* This measure was initially developed as a volunteer pilot project through the California Department of Health Services and tested at selected health plans. It is intended to measure whether the primary care practitioner adequately assesses the subscriber's health status and assumes responsibility for the effective management of the subscriber's health care needs.

Calculation: The measure calculates the percentage of subscribers who enrolled during the reporting year and received an initial health assessment within their first 120 days of enrollment. Subscribers eligible for this measure must be two years of age or older upon their effective enrollment date and continuously enrolled for at least 120 days immediately following the effective enrollment date, with no gaps in enrollment.

Changes for 2001: The 120 Initial Health Assessment measure required the use of the *Administrative Method* of data collection for 2001. Prior the 2001, plans had the choice of the *Administrative or Hybrid methods* of data collection.

2001 Performance: This measure encompasses the largest sample of children of all measures presented in this report, with over 220,000 sampled during the 2001 reporting period. Based on the 2001 results, improvements can be seen across the board. Overall aggregate program scores have improved from 37 percent in 1999 to 43 percent in 2000 to 46 percent in the 2001 reporting period. The average of all plans has improved by 10 percentage points over the three year period. The majority of plans (75%+) improved by a least 2 percentage points in 2001, while 5 plans (Alameda Alliance for Health, Blue Shield HMO, Contra Costa Health Plan, Kaiser Permanente and UHP HealthCare) had improvements of at least 10 percentage points.

The demographic analysis of this measure tends to point to better access and availability in small rural counties relative to large urban counties. This is evident in the uniformly higher scores for Region 1 (small counties) as compared to region 5 (Los Angeles) for both the 120 Initial Health Assessment and Access to Primary Care Practitioner measures.

No NCQA benchmarks exist for this measure.

Performance Overview

120-Day Initial Health Assessment

HFP Population Statistics	1999	2000	2001
Number of Plans Reporting	24	24	24
Total Eligible Population	126,012	200,011	224,886
Number of Plans Reporting - Methodology	Admin - 20 Hybrid - 4	Admin- 24 Hybrid - 0	Admin - 24 Hybrid - 0
Range of Scores	1% to 57%	14% to 62%	22% to 76%
Average / Median Score	35% / 39%	39% / 39%	44% / 44%
Aggregate Program Score	**37%**	**43%**	**46%**

Results by Selected Demographic Variables

120-Day Initial Health Assessment					
Ethnicity		Primary Language of Applicant		Geographic Region*	
Latino (124,698)	44%	English (95,586)	48%	1(22,344)	60%
Asian/ Pacific Islander (18,398)	45%	Spanish (94,346)	43%	2(33,414)	55%
White (31,462)	53%	Vietnamese (3,750)	42%	3(17,677)	51%
African American(6,229)	41%	Chinese (6,076)	42%	4(38,747)	46%
American Indian/Alaska Native(938)	47%	Korean (4,355)	47%	5(56,436)	38%
				6(50,464)	40%

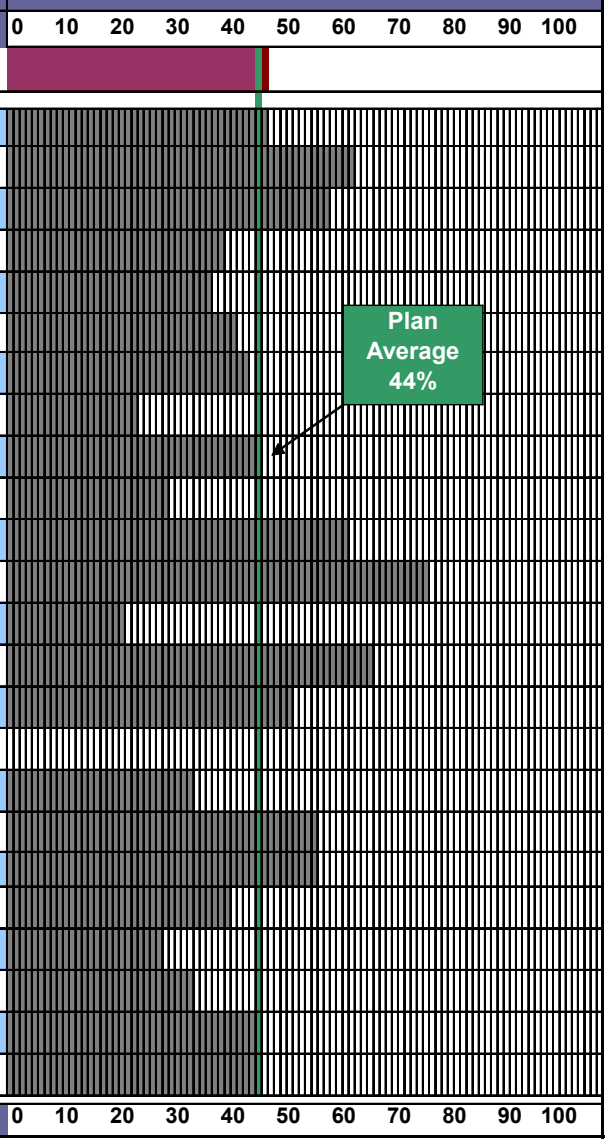
(Number in parentheses indicate the number of children in the eligible sample)

* See Appendix A for definition of regions.

Individual Plan Scores

120-Day Initial Health Assessment

Health Plan	2000 Score	2001 Score	2001 Percent
Aggregate Program Score	43%	46%	
Alameda Alliance for Health	35%	45%	
Blue Cross - EPO	59%	61%	
Blue Cross - HMO	56%	58%	
Blue Shield - HMO	22%	38%	
CalOptima	28%	36%	
Central Coast Alliance for Health	33%	40%	
Community Health Group	39%	42%	
Community Health Plan	25%	22%	
Contra Costa Health Plan	34%	44%	
Health Net of California	21%	28%	
Health Plan of San Joaquin	62%	60%	
Health Plan of San Mateo	49%	76%	
Inland Empire Health Plan	28%	20%	
Kaiser Permanente	57%	67%	
Kern Family Health Care	48%	50%	
L.A. Care Health Plan	NR	NR	
Molina	25%	33%	
Santa Barbara Regional Health	52%	54%	
Santa Clara Family Health Plan	51%	54%	
San Francisco Health Plan	41%	39%	
Sharp Health Plan	51%	27%	
UHP Healthcare	19%	32%	
Universal Care	41%	44%	
Ventura County Health Care	39%	44%	



NR– Not Reportable – Audited Results Incomplete

Endnotes

i. HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care organizations.

NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

ii. Report prepared by Doug Skarr, Managed Risk Medical Insurance Board. For questions, please call (916) 324-7444 or e-mail Dskarr@mrmib.ca.gov.

Appendix A
Description of Geographic Regions Used in this Report

The geographic regions used in this report are based on regions designated by the MRMIB for contract negotiation and program administrative purposes. The counties included in each region are as follows:

Region 1: 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

Region 2: Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus

Regions 3: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara

Region 4: Orange, Santa Barbara, Ventura

Region 5: Los Angeles

Region 6: Riverside, San Bernardino, San Diego