DataInsights

Health Plan Quality Measurement Report For Services Provided in 2003

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 annually by participating health plans.

The health plan quality report contains information on 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 selected include a set of child-relevant Health Plan Employer Data and Information Set (HEDIS®) measures applicable to the calendar year 2003 and a quality 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 2003, summarizes the reports received from participating health plans for services provided in 2003. The report presents comparable plan information for each quality measure (for which sufficient data was available) and aggregate data for the program.

QUALITY INDICATORS

1) 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 for quality measurement. Information based on data collected from the HFP is compared with NCQA national HEDIS® benchmarks.

HEDIS® consists of 60 measures across eight domains of care, three of which contain measures that are included in this report. The three domains are: effectiveness of care, use of services and access to care. Health plans participating in the HFP were required to report five child-relevant HEDIS® measures. These measures were:

- Childhood Immunization Status
- Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- Adolescent Well-Care Visits
- Children's Access to Primary Care Practitioners, and
- Follow-up After Hospitalization for Mental Illness

2) 120-DAY INITIAL HEALTH ASSESSMENT

In addition to the selected HEDIS® measures, 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. This measure was developed as a pilot measure by the California Department of Health Services and was tested by health plans in 2001. Health plans were required to use the administrative method protocols similar to the protocols for HEDIS®.

DATA COLLECTING & REPORTING METHODOLOGIES

NCQA allows health plans to use one of two methods for collecting HEDIS® data. 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. Rates based on the *hybrid method* are generally higher, but require more effort and are more costly to determine than the *administrative* method.

COMPLIANCE AUDIT

MRMIB requires plans to have their quality reports audited by an NCQA certified HEDIS® auditor. The audits ensure the credibility of reported data. All but one health plan participating in the HFP complied with the audit requirement.

ANALYSIS OF DATA REPORTED BY PLANS

Quality Scores

Most health plans submitted their score or *rate* for the five child-relevant HEDIS® measures and one non-HEDIS® measure according to HEDIS® reporting guidelines. Exceptions are noted on the tables. These rates were 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) for each health plan. Only those rates that had been certified by a HEDIS® auditor were submitted in the plan reports. The individual plan rates were used to calculate an overall plan average. Health plans that had scores one standard deviation above or below the plan average were identified.

In addition to the plan average, an *aggregate program average* was 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. The plan average is compared to *National Results for Selected HEDIS®* measures established by NCQA.

Individual Plan Data

NCQA recommends that scores based on sample sizes of less than 30 members should not be reported. Results from small samples do not withstand the statistical analysis used to determine if the results are due to chance. Data from plans that had fewer than 30 members in the samples were given a "NM" representing Not Meaningful. Plans that were unable to report on a particular measure were noted with "NR" for Not Reported. Some plans reported "NA" for Not Applicable for some measures, as noted in the tables.

Individual plan percentages are displayed in tables for each measure. These are the percentages reported by each plan and certified by an independent auditor, with a few noted exceptions as indicated in the footnotes for each table.

Program Results

Each measure is presented in tabular form displaying the score for each category along with the sample size (in parentheses). Results by selected language and ethnic groups are also included. These are calculated from the member level data submitted by each plan.

Information on primary language and ethnicity comes from the member's application. Because some subscribers chose not to indicate a language preference or declare an ethnicity on their application, the total population may not be equal to the total eligible population.

Healthy Families Program
Quality Measurement Report Overview

The following summary represents the HFP aggregate program scores for the 2001 through 2003 calendar years. For comparison, results from NCQA's National Commercial Results for Selected HEDIS®/CAHPS® Measures and National Medicaid Results for Selected HEDIS®, HFP and HEDIS®/CAHPS® Measures for calendar year 2003 are presented. Current NCQA results can be obtained from the NCQA website at www.ncqa.org.

Table 1 – Scoring Overview

Measure Description	Healthy Families Program Score 2001 Calendar Year	Healthy Families Program Score 2002 Calendar Year	Healthy Families Program Score 2003 Calendar Year	NCQA National Average Commercial Results 2003 Calendar Year	NCQA National Average Medicaid Results 2003 Calendar Year
Childhood Immunization Status					
Combination 1*	65%	72%	**74%**	74%	62%
Combination 2*	61%	69%	**70%**	70%	59%
Well Child Visits in the 3rd Through 6th Years of Life	60%	63%	**67%**	Not Included in NCQA's Report	Not Included in NCQA's Report
Adolescent Well-Care Visits	33%	34%	**36%**	Not Included in NCQA's Report	Not Included in NCQA's Report
Children's Access to Primary Care Practitioners					
Cohort 1 (Ages 12 - 24 Months)	89%	93%	**92%**	Not Included in NCQA's Report	Not Included in NCQA's Report
Cohort 2 (Ages 25 Months - 6 Years)	80%	85%	**83%**		
Cohort 3 (Ages 7 - 11 Years)	80%	83%	**83%**		
Follow-Up After Hospitalization for Mental Illness (1)					
Within 7 Days	27%	23%	**38%**	54%	38%
Within 30 Days	46%	38%	**62%**	74%	56%
120-Day Initial Health Assessment	46%	48%	**47%**	Not Applicable	Not Applicable

* Combination 1 includes age appropriate vaccinations for diphtheria/tetanus/pertussis, polio, measles/ mumps/rubella, H. influenza 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 125 subscribers in 2003, 469 subscribers in 2002, 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 having a severely emotional disturbance condition (SED) are referred to county mental health departments for assessment and treatment. Measure is for adults and children in NCQA.

Scoring Summary By Measure

The summary below depicts plan scores that fell one standard deviation or more above or below the mean for the Healthy Families Program for the five HEDIS® measures and one non-HEDIS® measure presented in this report. In a normal distribution, approximately 67 percent of the scores will fall within one standard deviation of the mean and approximately 16 percent will fall above and 16 percent will fall below one standard deviation of the mean.*

▲ = Indicates Score 1 Standard Deviation Or More Above the Mean
▼ = Indicates Score 1 Standard Deviation Or More Below the Mean

Measure

Plan	Child Immun	Well Child 3, 4, 5 & 6	Adol Well Child	PCP Access Cohort 1	PCP Access Cohort 2	PCP Access Cohort 3	120 Day IHA
Alameda Alliance			▲				
Blue Cross EPO							▲
Blue Cross HMO							
Blue Shield HMO		▼	▼			▼	
Cal Optima			▲	▼			
Care 1st Health Plan							
Central Coast Alliance for Health							
Community Health Group							
Community Health Plan				▼	▼	▼	▼
Contra Costa Health Plan			▼				
Health Net							
Health Plan of San Joaquin							
Health Plan of San Mateo							
Inland Empire Health Plan		▲	▲				
Kaiser Permanente	▲				▲	▲	▲
Kern Health Systems	▼						
Molina			▲				
San Francisco Health Plan		▲	▲				▲
Santa Barbara Regional HA	▲				▲	▲	
Santa Clara Family Health							
Sharp Health Plan							▲
UHP Healthcare	▼	▼	▼	▼	▼	▼	▼
Universal Care	▲						
Ventura County Healthcare		▼	▼				

* Scores may not have been normally distributed for each HEDIS® measure.

Childhood Immunization Status

Importance of Measure: According to the U.S Department of Health and Human Services, approximately 900,000 children under the age of two still have not received all their immunizations. 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. 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.

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)

2003 Performance: Childhood immunization scores have improved consistently over the last three years. Immunization rates based on the Combination 2 measure have grown from 57 percent in 2000, to 61 percent in 2001, 69 percent in 2002 and 70 percent for 2003. Scores varied for the individual antigens, but generally continued to improve in all categories. Compared to the 2003 NCQA national averages, the HFP continues to perform at a level well above Medicaid benchmarks and is consistent with the NCQA benchmark for commercial coverage.

Of the 23 plans that had sufficient data to report for the 2003 reporting period, six plan scores improved at least three percentage points, while nine plan scores declined by three percentage points or more. Two plans reported meaningful data for the first time. Two plans were unable to report meaningful data for 2003.

The White population showed an increase in rates of immunization from 2002, 65 percent to 70 percent, while Latino rates remained unchanged at 72 percent. Asian/Pacific Islander and African American categories showed a slight decline in rates of immunization. Most notably, the American Indian category went from 100% to 65%; however, there were very small numbers in the population, 7 in 2002 and 20 in 2003, respectively.

Childhood Immunization Status
Table 2 – *Performance Overview*

HFP Population Statistics	2000	2001	2002	2003
Number of Plans Reporting	24	23	23	**23**
Total Sample	2,586	3,943	5,620	**6,481**
Number of Plans Reporting - Methodology	Admin - 2 Hybrid - 22	Admin - 1 Hybrid - 22	Admin - 2 Hybrid - 22	**Admin - 2** **Hybrid - 21**
Range of Scores	34% to 75%	35% to 83%	52% to 92%	**42% to 88%**
Average / Median Score	54% / 53%	60% / 62%	70% / 67%	**69% / 70%**
Aggregate Program Score (Combination 2)	57%	61%	69%	**70%**

Calendar Year	Combo 1	Combo 2	DPT	IPV	MMR	HIB	HEP	VZV
2003	**74%**	**70%**	**85%**	**90%**	**94%**	**86%**	**85%**	**91%**
2002	72%	69%	83%	89%	92%	85%	85%	88%
2001	65%	61%	78%	83%	88%	79%	79%	83%
2000	61%	57%	75%	78%	83%	75%	72%	77%

Childhood Immunization Status
Table 3 – *Demographic Analysis*

Childhood Immunization Status - Combination 2

Ethnicity

	2001	2002	2003
Latino	(1,920) 59%	(2,813) 72%	**(3,729) 72%**
Asian/Pacific Islander	(335) 72%	(553) 77%	**(118) 74%**
White	(421) 58%	(627) 65%	**(1,000) 70%**
African American	(56) 54%	(122) 75%	**(159) 72%**
American Indian/ Alaskan Native	(9) 33%	(7) 100%	**(20) 65%**

Primary Language of Applicant

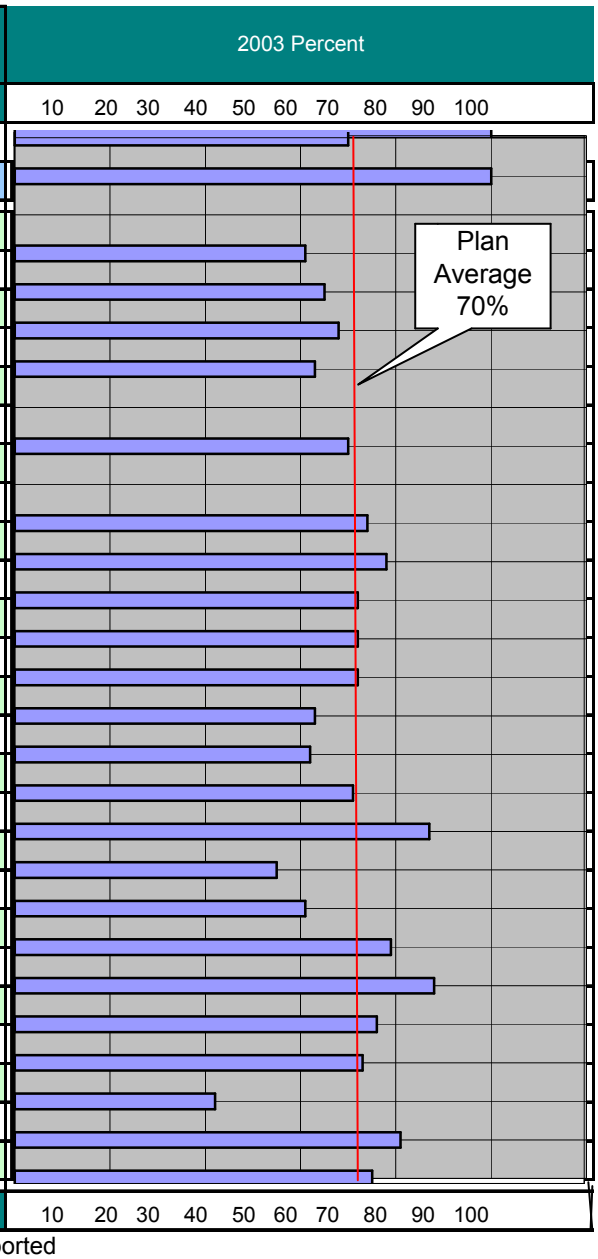
	2001	2002	2003
English	(1,437) 58%	(2,382) 69%	**(3,328) 71%**
Spanish	(1,393) 61%	(1,942) 72%	**(2,585) 73%**
Vietnamese	(71) 76%	(179) 82%	**(195) 78%**
Chinese	(125) 66%	(160) 74%	**(85) 73%**
Korean	(50) 80%	(58) 76%	**(61) 82%**

(The number in parentheses indicates the number of children in the eligible sample)

Childhood Immunization Status – Combination 2

Table 4 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	57%	61%	69%	**70%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	NM	63%	64%	**61%**
Blue Cross - EPO	53%	59%	66%	**65%**
Blue Cross - HMO	63%	63%	70%	**68%**
Blue Shield - HMO	46%	55%	66%	**63%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima	48%	76%	81%	**70%**
Care 1st Health Plan	NA	NA	73%	**NR**
Central Coast Alliance for Health	NM	NM	91%	**74%**
Community Health Group	61%	72%	64%	**78%**
Community Health Plan	56%	35%	52%	**72%**
Contra Costa Health Plan	NM	NM	70%	**72%**
Health Net of California	49%	56%	71%	**72%**
Health Plan of San Joaquin	56%	57%	70%	**63%**
Health Plan of San Mateo	NM	NM	80%	**62%**
Inland Empire Health Plan	50%	73%	67%	**71%**
Kaiser Permanente ▲	75%	71%	92%	**87%**
Kern Family Health Care ▼	50%	66%	57%	**55%**
Molina	34%	44%	55%	**61%**
San Francisco Health Plan	57%	78%	90%	**79%**
Santa Barbara Regional HA ▲	NM	NM	NM	**88%**
Santa Clara Family Health Plan	60%	67%	65%	**76%**
Sharp Health Plan **	39%	54%	61%	**73%**
UHP Health Care ▼	NM	61%	50%	**42%**
Universal Care ▲	69%	61%	80%	**81%**
Ventura County Health Plan	NM	NM	NM	**75%**



NM – Not Meaningful NA – Not Applicable NR – Not Reported

▲ = Indicates Score 1 Standard Deviation Or More Above the Mean

▼ = Indicates Score 1 Standard Deviation Or More Below the Mean

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

** Sharp will no longer be participating in the HFP as of June 1, 2005.

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. The benefit of this measure is 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.

2003 Performance: The table on page 9 describes HFP aggregate performance trends as well as individual plan trends.

The aggregate HFP score has continued to improve over the past three years, increasing by three percentage points per year with 57% in 2000, 60% in 2001, 63% in 2002 and a four percentage point increase to 67% in 2003.

Individual health plan scores continued to improve. Scores for Alameda Alliance, Blue Cross-EPO, Care 1st Health Plan, Central Coast Alliance for Health, Community Health Group, Community Health Plan, Contra Costa Health Plan, Health Plan of San Joaquin, Health Plan of San Mateo, Inland Empire Health Plan, Molina, San Francisco Health Plan, Santa Clara Family Health Plan, UHP Health Care and Universal Care reported improved scores during 2003 by at least three percentage points. Alameda Alliance for Health, Care 1st Health Plan, Community Health Group, Community Health Plan, Contra Costa Health Plan, Health Plan of San Joaquin, Molina Healthcare, Santa Clara Family Health, and UHP Health Care reported five percent or greater improvement in scores for this measure in 2003. Seventy-six percent of the plans reported improvement on this measure, while five plans (20 percent) reported a decline in the percentage of well child visits for this age group. One plan's score remained unchanged. Plans that serve the majority of the HFP subscribers, Blue Cross, Health Net, Blue Shield, all showed improvement.

Trends within major language and ethnic categories reflect little change within these categories during 2003.

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Table 5 – *Performance Overview*

HFP Population Statistics	2000	2001	2002	2003
Number of Plans Reporting	24	24	25	**24**
Total Sample	12,330	14,695	13,776	**23,004**
Number of Plans Reporting - Methodology	Admin - 4 Hybrid - 20	Admin - 3 Hybrid - 21	Admin - 2 Hybrid - 23	**Admin - 4** **Hybrid - 20**
Range of Scores	38% to 84%	40% to 74%	29% to 79%	**55% to 82%**
Average / Median Score	57% / 58%	61% / 63%	62% / 65%	**65% / 67%**
Aggregate Program Score	57%	60%	63%	**67%**

Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Table 6 – *Demographic Analysis*

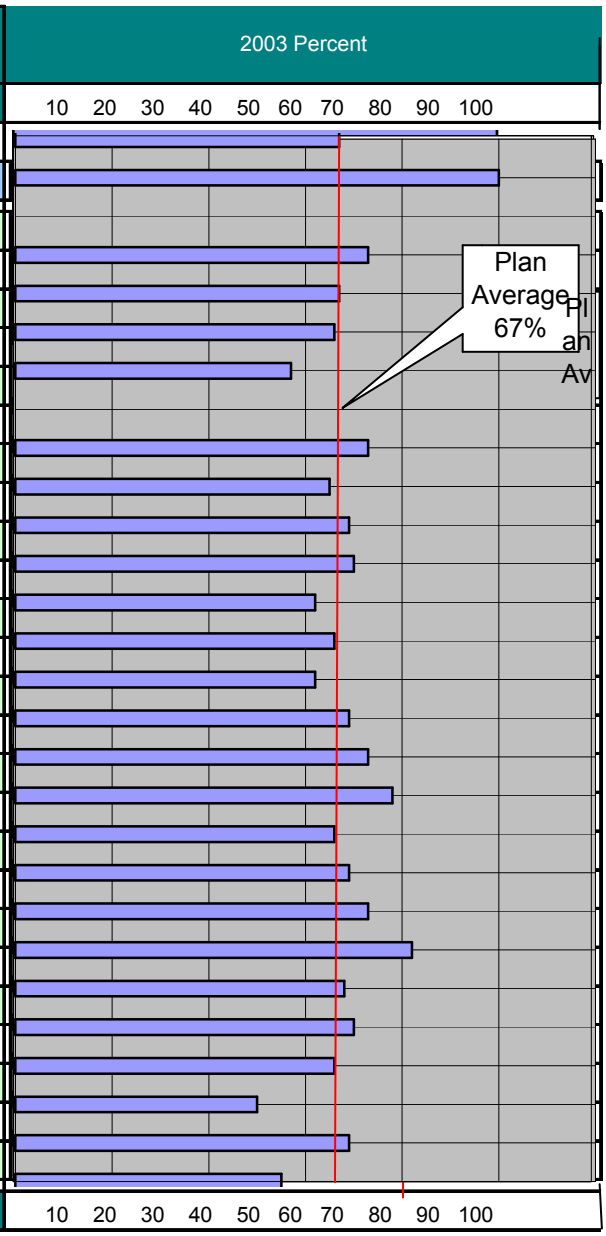
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(6,810) 62%	(6,732) 63%	**(14,348) 62%**	**English**	(3,585) 59%	(4,263) 60%	**(10,547) 61%**
Asian/Pacific Islander	(954) 63%	(1,056) 64%	**(320) 59%**	**Spanish**	(5,380) 62%	(5,468) 63%	**(10,948) 62%**
White	(966) 54%	(1,195) 58%	**(2,971) 58%**	**Vietnamese**	(152) 62%	(194) 62%	**(366) 62%**
African American	(199) 57%	(284) 61%	**(762) 60%**	**Chinese**	(390) 64%	(472) 69%	**(247) 67%**
American Indian/ Alaskan Native	(19) 58%	(19) 68%	**(47) 57%**	**Korean**	(125) 50%	(86) 43%	**(101) 48%**

(The number in parentheses indicates the number of children in the eligible sample)

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

Table 7 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	57%	60%	63%	**67%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	61%	67%	68%	**73%**
Blue Cross - EPO	56%	58%	64%	**67%**
Blue Cross - HMO	63%	63%	66%	**66%**
Blue Shield - HMO ▼	45%	53%	55%	**57%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima	58%	63%	75%	**73%**
Care 1st Health Plan	NA	NA	55%	**65%**
Central Coast Alliance for Health	70%	69%	65%	**69%**
Community Health Group	66%	68%	65%	**70%**
Community Health Plan	40%	43%	35%	**62%**
Contra Costa Health Plan	56%	52%	48%	**66%**
Health Net of California	49%	54%	61%	**62%**
Health Plan of San Joaquin	58%	65%	61%	**69%**
Health Plan of San Mateo	44%	69%	69%	**73%**
Inland Empire Health Plan ▲	58%	70%	75%	**78%**
Kaiser Permanente	59%	64%	65%	**66%**
Kern Family Health Care	55%	66%	70%	**69%**
Molina	39%	58%	68%	**73%**
San Francisco Health Plan ▲	84%	74%	79%	**82%**
Santa Barbara Regional HA	61%	74%	69%	**68%**
Santa Clara Family Health Plan	72%	73%	65%	**70%**
Sharp Health Plan **	62%	63%	67%	**66%**
UHP Health Care ▼	62%	40%	29%	**50%**
Universal Care	65%	57%	66%	**69%**
Ventura County Health Plan ▼	49%	57%	58%	**55%**



NA – Not Applicable NR – Not Reported

▲ = Indicates Score 1 Standard Deviation Or More Above the Mean

▼ = Indicates Score 1 Standard Deviation Or More Below the Mean

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

** Sharp will no longer be participating in the HFP as of June 1, 2005.

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 for 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 18th birthday, the reports from the plans were based on children between the ages of 12 and 18, although the HEDIS® upper age limit is set at 19 for this measure.

2003 Performance: The program showed little improvement in providing adolescent well-child visits. There was wide variability in the reported scores, ranging from 19 percent for Blue Shield HMO to 51 percent for Alameda Alliance for Health and San Francisco Health Plan. Historically the scores have been low for this measure, consistently below 40 percent for the HFP program average. Some plans are proactively seeking methods to encourage members to utilize this service.

A demographic analysis of major ethnic and primary language categories indicated little change from 2002.

Adolescent Well-Care Visits
Table 8 – *Performance Overview*

HFP Population Statistics	2000	2001	2002	2003
Number of Plans Reporting	24	24	25	**23**
Total Sample	33,011	17,841	21,976	**34,031**
Number of Plans Reporting - Methodology	Admin - 6 Hybrid - 18	Admin - 3 Hybrid - 21	Admin - 3 Hybrid - 22	**Admin - 4** **Hybrid - 19**
Range of Scores	13% to 47%	16% to 53%	12% to 49%	**18% to 51%**
Average / Median Score	29% / 29%	32% / 33%	33% / 34%	**35% / 34%**
Aggregate Program Score	27%	33%	34%	**36%**

Adolescent Well-Care Visits
Table 9 – *Demographic Analysis*

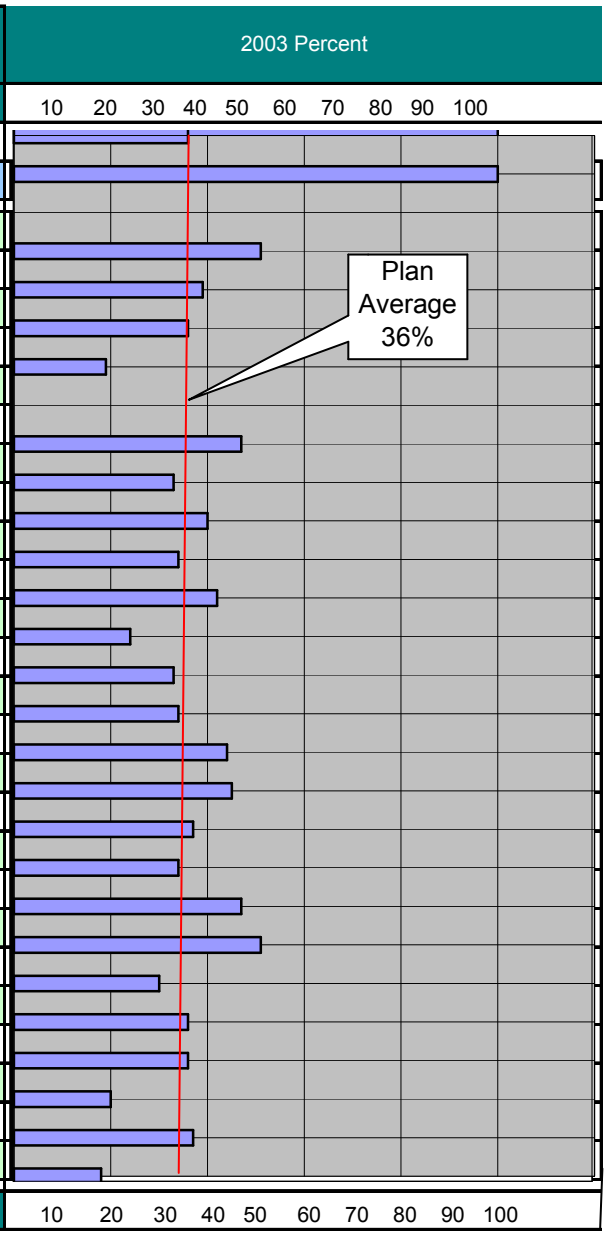
Adolescent Well-Care Visits							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(6,815) 31%	(10,207) 35%	**(20,227) 31%**	**English**	(4,623) 30%	(8,263) 34%	**(15,086) 31%**
Asian/Pacific Islander	(1,521) 34%	(1,747) 38%	**(462) 33%**	**Spanish**	(5,335) 31%	(8,028) 35%	**(16,504) 31%**
White	(1,480) 30%	(2,707) 32%	**(4,999) 27%**	**Vietnamese**	(255) 35%	(273) 40%	**(311) 35%**
African American	(402) 33%	(785) 38%	**(1,436) 38%**	**Chinese**	(734) 38%	(838) 41%	**(347) 36%**
American Indian/ Alaskan Native	(43) 30%	(52) 29%	**(105) 31%**	**Korean**	(575) 31%	(217) 29%	**(235) 30%**

(The number in parentheses indicates the number of children in the eligible sample)

Adolescent Well-Care Visits

Table 10 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	27%	33%	34%	**36%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance ▲	30%	34%	44%	**51%**
Blue Cross - EPO	25%	31%	29%	**39%**
Blue Cross - HMO	27%	35%	34%	**36%**
Blue Shield - HMO ▼	23%	24%	27%	**19%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima ▲	31%	38%	47%	**47%**
Care 1st Health Plan	NA	NA	31%	**33%**
Central Coast Alliance for Health	16%	32%	31%	**40%**
Community Health Group	38%	32%	34%	**34%**
Community Health Plan	20%	18%	20%	**42%**
Contra Costa Health Plan ▼	28%	24%	15%	**24%**
Health Net of California	25%	27%	35%	**33%**
Health Plan of San Joaquin	28%	24%	28%	**34%**
Health Plan of San Mateo	26%	35%	48%	**44%**
Inland Empire Health Plan ▲	41%	41%	43%	**45%**
Kaiser Permanente	31%	32%	35%	**37%**
Kern Family Health Care	34%	32%	35%	**34%**
Molina ▲	29%	39%	47%	**47%**
San Francisco Health Plan ▲	47%	40%	49%	**51%**
Santa Barbara Regional HA	40%	36%	34%	**30%**
Santa Clara Family Health Plan	45%	36%	33%	**36%**
Sharp Health Plan **	29%	34%	35%	**36%**
UHP Health Care ▼	22%	16%	12%	**20%**
Universal Care	33%	35%	39%	**37%**
Ventura County Health Plan ▼	19%	27%	22%	**18%**



NA – Not Applicable NR – Not Reported

▲ = Indicates Score 1 Standard Deviation Or More Above the Mean

▼ = Indicates Score 1 Standard Deviation Or More Below the Mean

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

** Sharp will no longer be participating in the HFP as of June 1, 2005.

Children's Access to Primary Care Practitioners

Importance of Measure: Childhood access to primary care practitioners promotes 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.

Cohort 1: 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 HFP, children in this age range constitute a small portion of the program's total enrollment, because they are only eligible if they are in families with incomes between 200% and 250% of Federal income guidelines.

Cohort 2: 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.

Cohort 3: 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 with a primary care practitioner during the measurement year or the year preceding the measurement year. Some plans also submitted data for children 12-18 years old. These data were not included in this report because not all plans provided this information.

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

2003 Performance: Scores for this measure remain consistently high with an aggregate program score of 92 percent for calendar year 2003.

Cohort 1, Ages 12-24 Months: Scores ranged from 67 percent for Community Health Plan to 100 percent for Inland Empire Health Plan, Kaiser Permanente and Santa Barbara Regional Health Authority. Reported rates were generally high. Three plans scored more than one standard deviation below the program average of 92 percent.

Scores continued to be high for all ethnic categories and for all major primary language categories.

Cohort 2, Ages 25 Months to Six Years: Although the program average was not as high as for Cohort 1, the average for this age group continues to be high at 83 percent. There was more variability in the scores for Cohort 2, ranging from 47 percent for Community Health Plan to 96 percent for Kaiser Permanente.

Percentages decreased in most major ethnic categories and primary language categories.

Cohort 3, Ages Seven to Eleven Years: The program average for Cohort 3 remained at 83 percent. Generally, the scores for this age group were high, but ranged from 56 for Community Health Plan to 95 percent for Kaiser Permanente. Blue Shield-HMO, Community Health Plan and UHP Health Care scores fell below one standard deviation from the mean, while Kaiser Permanente and Santa Barbara Regional Health Authority scored more than one standard deviation above the program average.

Major ethnic and primary language categories for Cohort 3 are consistent with the other cohorts.

Children's Access to Primary Care Practitioners - Cohort 1 Ages 12 to 24 Months
Table 11 – *Performance Overview*

HFP Population Statistics *Cohort 1* *Ages 12 to 24 Months*	2000	2001	2002	2003
Number of Plans Reporting	23	23	22	**23**
Total Sample	1,500	5,222	7,488	**9,186**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	Admin - 22 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	56% to 98%	72% to 100%	83% to 100%	**67% to 100%**
Average / Median Score	82% / 84%	89% / 93%	93% / 93%	**93% / 95%**
Aggregate Program Score	87%	89%	93%	**92%**

Children's Access to Primary Care Practitioners - Cohort 1 Ages 12 to 24 Months
Table 12 – *Demographic Analysis*

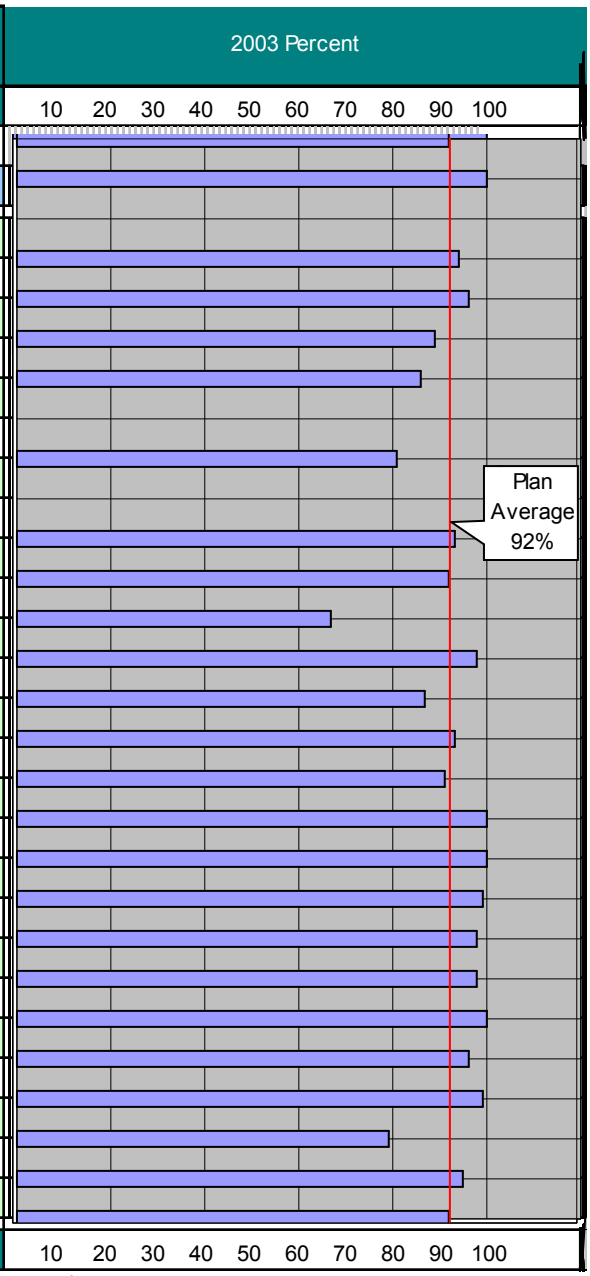
Children's Access to Primary Care Practitioners - Cohort 1							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(2,495) 88%	(3,377) 94%	**(4,795) 92%**	**English**	(2,329) 89%	(3,496) 94%	**(5,011) 93%**
Asian/Pacific Islander	(645) 81%	(783) 94%	**(202) 93%**	**Spanish**	(1,607) 88%	(2,181) 95%	**(3,082) 92%**
White	(610) 92%	(990) 96%	**(1,458) 94%**	**Vietnamese**	(131) 79%	(227) 98%	**(356) 96%**
African American	(98) 87%	(133) 92%	**(178) 90%**	**Chinese**	(158) 79%	(246) 89%	**(184) 90%**
American Indian/ Alaskan Native	(8) 88%	(16) 100%	**(29) 89%**	**Korean**	(112) 90%	(113) 90%	**(169) 91%**

(The number in parentheses indicates the number of children in the eligible sample)

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

Table 13 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	87%	89%	93%	**92%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	NM	93%	93%	**94%**
Blue Cross - EPO	98%	99%	99%	**96%**
Blue Cross - HMO	90%	91%	93%	**89%**
Blue Shield - HMO	72%	78%	89%	**86%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima ▼	84%	80%	90%	**81%**
Care 1st Health Plan	NA	NA	NM	**NR**
Central Coast Alliance for Health	NM	NM	NM	**93%**
Community Health Group	77%	95%	85%	**92%**
Community Health Plan ▼	NM	NM	NM	**67%**
Contra Costa Health Plan	NM	93%	88%	**98%**
Health Net of California	66%	72%	83%	**87%**
Health Plan of San Joaquin	NM	97%	97%	**93%**
Health Plan of San Mateo	NM	NM	NM	**91%**
Inland Empire Health Plan	80%	95%	99%	**100%**
Kaiser Permanente	99%	99%	100%	**100%**
Kern Family Health Care	NM	97%	97%	**99%**
Molina	NM	84%	89%	**98%**
San Francisco Health Plan	NM	83%	96%	**98%**
Santa Barbara Regional HA	NM	NM	NM	**100%**
Santa Clara Family Health Plan	NM	100%	98%	**96%**
Sharp Health Plan **	89%	93%	97%	**99%**
UHP Health Care ▼	NM	NM	NM	**79%**
Universal Care	NM	92%	93%	**95%**
Ventura County Health Plan	NM	NM	NM	**92%**



NM – Not Meaningful NA – Not Applicable NR – Not Reported

▲ = Indicates Score 1 Standard Deviation Or More Above the Mean

▼ = Indicates Score 1 Standard Deviation Or More Below the Mean

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

** Sharp will no longer be participating in the HFP as of June 1, 2005.

Children's Access to Primary Care Practitioners - Cohort 2 Ages 25 Months to 6 Years
Table 14 – *Performance Overview*

HFP Population Statistics *Cohort 2* *Ages 25 Months to 6 Years*	2000	2001	2002	2003
Number of Plans Reporting	24	23	22	**23**
Total Sample	41,608	72,667	93,509	**116,240**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	Admin - 22 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	25% to 92%	41% to 92%	51% to 94%	**47% to 95%**
Average / Median Score	71% / 72%	80% / 85%	83% / 86%	**82% / 87%**
Aggregate Program Score	75%	80%	85%	**83%**

Children's Access to Primary Care Practitioners - Cohort 2 Ages 25 Months to 6 Years
Table 15 – *Demographic Analysis*

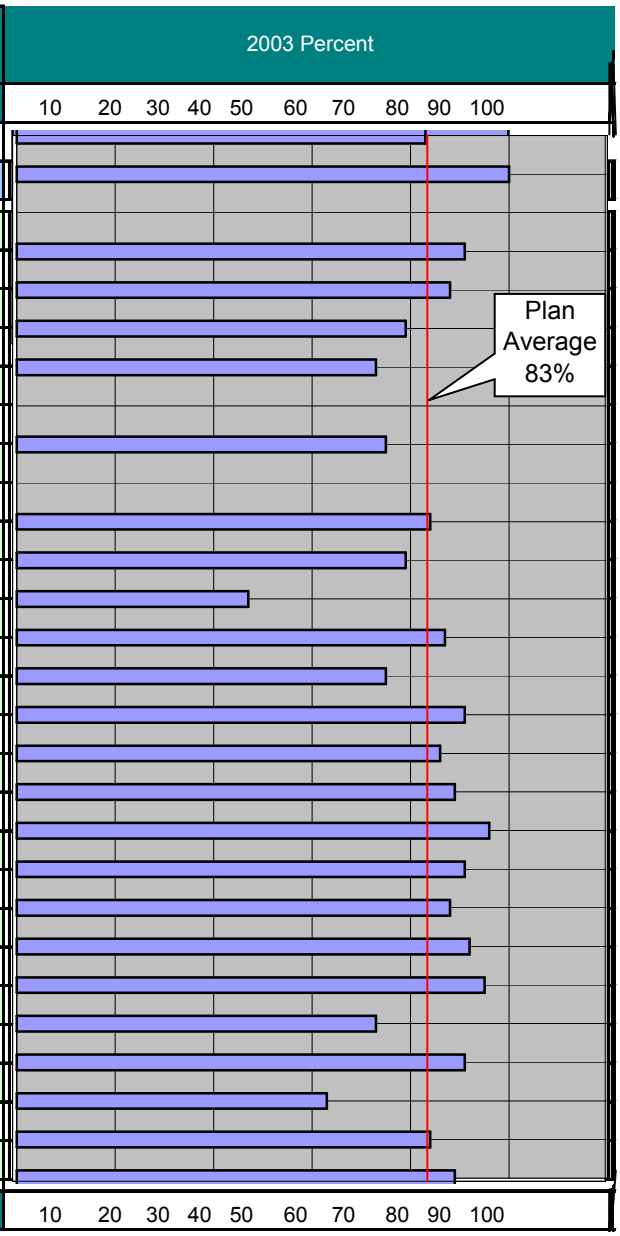
Children's Access to Primary Care Practitioners - Cohort 2							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(40,316) 79%	(47,312) 86%	**(69,276) 83%**	**English**	(27,364) 80%	(34,772) 86%	**(53,439) 83%**
Asian/Pacific Islander	(5,756) 76%	(8,522) 84%	**(2,389) 78%**	**Spanish**	(30,344) 79%	(35,304) 86%	**(51,648) 83%**
White	(5,354) 82%	(10,379) 87%	**(15,981) 84%**	**Vietnamese**	(986) 75%	(1,678) 85%	**(2,732) 77%**
African American	(1,149) 77%	(1,686) 83%	**(2,541) 79%**	**Chinese**	(3,170) 74%	(3,368) 82%	**(2,026) 78%**
American Indian/ Alaskan Native	(213) 79%	(240) 79%	**(368) 80%**	**Korean**	(1,277) 79%	(1,468) 84%	**(1,879) 77%**

(The number in parentheses indicates the number of children in the eligible sample)

Children's Access to Primary Care Practitioners - *Cohort 2 Ages 25 Months to 6 Years*

Table 16 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	75%	80%	85%	**83%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	64%	86%	91%	**91%**
Blue Cross - EPO	91%	92%	91%	**88%**
Blue Cross - HMO	84%	84%	84%	**79%**
Blue Shield - HMO	63%	70%	81%	**73%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima	68%	74%	76%	**75%**
Care 1st Health Plan	NA	NA	NM	**NR**
Central Coast Alliance for Health	92%	90%	86%	**84%**
Community Health Group	81%	88%	51%	**79%**
Community Health Plan ▼	41%	50%	NM	**47%**
Contra Costa Health Plan	85%	84%	77%	**87%**
Health Net of California	51%	60%	72%	**75%**
Health Plan of San Joaquin	88%	92%	92%	**91%**
Health Plan of San Mateo	58%	78%	81%	**86%**
Inland Empire Health Plan	51%	83%	89%	**89%**
Kaiser Permanente ▲	92%	94%	94%	**96%**
Kern Family Health Care	86%	91%	90%	**91%**
Molina	50%	64%	70%	**88%**
San Francisco Health Plan	86%	74%	88%	**92%**
Santa Barbara Regional HA ▲	90%	93%	91%	**95%**
Santa Clara Family Health Plan	82%	89%	82%	**73%**
Sharp Health Plan **	84%	86%	90%	**91%**
UHP Health Care ▼	25%	41%	67%	**63%**
Universal Care	83%	85%	86%	**84%**
Ventura County Health Plan	88%	89%	92%	**89%**



Not Meaningful NA – Not Applicable NR – Not Reported

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

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Children's Access to Primary Care Practitioners - Cohort 3 Ages 7 to 11 Years
Table 17 – *Performance Overview*

HFP Population Statistics *Cohort 3* *Ages 7 to 11 Years*	2000	2001	2002	2003
Number of Plans Reporting	23	23	22	**23**
Total Sample	14,217	51,250	92,391	**125,367**
Number of Plans Reporting - Methodology	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	Admin - 22 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	24% to 94%	46% to 94%	41% to 93%	**56% to 95%**
Average / Median Score	67% / 70%	80% / 85%	81% / 84%	**83% / 84%**
Aggregate Program Score	74%	80%	83%	**83%**

Children's Access to Primary Care Practitioners - Cohort 3 Ages 7 to 11 Years
Table 18 – *Demographic Analysis*

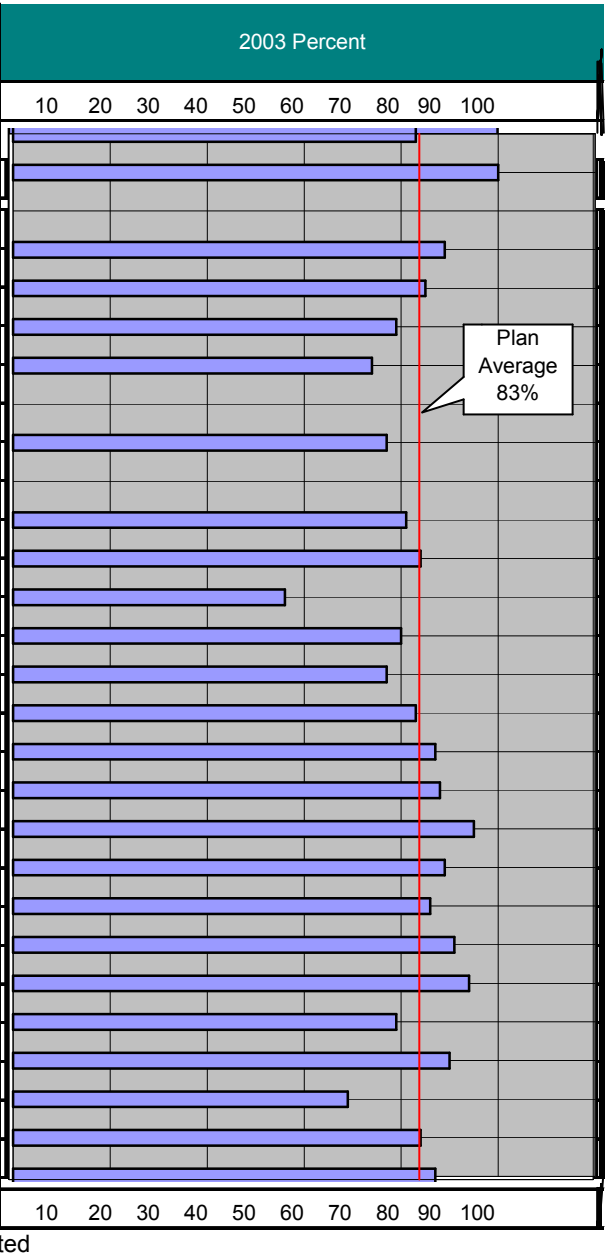
Children's Access to Primary Care Practitioners - Cohort 3							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(20,813) 79%	(48,183) 84%	**(77,242) 82%**	**English**	(13,687) 81%	(32,734) 84%	**(48,609) 82%**
Asian/Pacific Islander	(4,854) 75%	(8,984) 81%	**(77,242) 75%**	**Spanish**	(16,274) 78%	(38,501) 84%	**(62,603) 81%**
White	(4,575) 84%	(10,875) 86%	**(14,960) 83%**	**Vietnamese**	(354) 74%	(1,027) 82%	**(2,017) 77%**
African American	(650) 76%	(1,625) 85%	**(14,960) 79%**	**Chinese**	(2,853) 75%	(4,349) 79%	**(2,548) 72%**
American Indian/ Alaskan Native	(78) 83%	(278) 80%	**(331) 77%**	**Korean**	(888) 73%	(1,857) 83%	**(2,894) 69%**

(The number in parentheses indicates the number of children in the eligible sample)

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

Table 19 *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	74%	80%	83%	**83%**
IDEAL	100%	100%	100%	**100%**
Alameda Alliance	79%	87%	90%	**89%**
Blue Cross - EPO	76%	90%	87%	**85%**
Blue Cross - HMO	70%	84%	81%	**79%**
Blue Shield - HMO ▼	61%	70%	70%	**74%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima	62%	74%	80%	**77%**
Care 1st Health Plan	NA	NA	NM	**NR**
Central Coast Alliance for Health	NM	94%	81%	**81%**
Community Health Group	79%	86%	41%	**84%**
Community Health Plan ▼	38%	51%	NM	**56%**
Contra Costa Health Plan	NM	81%	72%	**80%**
Health Net of California	61%	63%	73%	**77%**
Health Plan of San Joaquin	85%	83%	82%	**83%**
Health Plan of San Mateo	47%	91%	86%	**87%**
Inland Empire Health Plan	50%	80%	88%	**88%**
Kaiser Permanente ▲	94%	94%	93%	**95%**
Kern Family Health Care	69%	88%	89%	**89%**
Molina	61%	66%	73%	**86%**
San Francisco Health Plan	84%	75%	88%	**91%**
Santa Barbara Regional HA ▲	78%	90%	92%	**94%**
Santa Clara Family Health Plan	76%	86%	83%	**79%**
Sharp Health Plan **	89%	88%	90%	**90%**
UHP Health Care ▼	30%	46%	67%	**69%**
Universal Care	84%	85%	84%	**84%**
Ventura County Health Plan	90%	90%	89%	**87%**



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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 some children, hospitalization 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 under the care of 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 *seven days* of hospital discharge.

2003 Performance: A factor that continues to hinder accurate tracking of meaningful data 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 between the county mental health department and HFP participating health plans about every health plan's HFP enrollee with SED.

NCQA recommends individual plan data not be reported when there is a sample size less than 30. Several plans did not have 30 or more members that used this service, so no data was reported from these plans. Only 3 plans out of 23 reported these data with a sample size of 30 or larger. In 2003, the cases decreased to 125 from 469 in 2002.

Follow-up After Hospitalization for Mental Illness

Table 20 – *Performance Overview*

HFP Population Statistics Follow-Up After Hospitalization for Mental Illness	2000	2001	2002	2003
Number of Plans Reporting	11	11	18	**3**
Total Sample	112	225	469	**125**
Range of Scores	Insufficient Data	Insufficient Data	Insufficient Data	**14% to 63%**
Average / Median Score	Insufficient Data	Insufficient Data	Insufficient Data	**Insufficient Data**
Aggregate Program Score 7 Days 30 Days	 21% 34%	 27% 46%	 23% 38%	 **38%** **62%**

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 within 120 days of enrollment.

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. Members 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.

Data Collection: The 120-Day Initial Health Assessment measure required the use of the *Administrative Method* of data collection for 2001, 2002 and 2003. Prior to 2001, plans had the choice of the *Administrative or Hybrid methods* of data collection.

2003 Performance: Analysis of 2000 to 2003 data indicates timely initial health assessments for the program have increased slightly. The scores for 2003 ranged from 30 percent to 61 percent. Blue Shield-HMO, Health Net of California, and Molina scores depict an upward trend for this measure during the past four years.

There was little change in the ethnic and primary language category percentages, with the exception of members speaking Chinese and Korean. These categories indicated decreases of six and sixteen percentage points, respectively. Although the number or members in these categories is relatively small compared to members who speak primarily English or Spanish, the percentage decreases are noteworthy.

The technical specifications for this measure were developed by the California Department of Health Services (CDHS). The measure will not be updated in the future by CDHS, which no longer uses it.

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120 Day Initial Health Assessment
Table 21 – *Performance Overview*

HFP Population Statistics	2000	2001	2002	2003
Number of Plans Reporting	24	24	21	**20**
Total Sample	200,011	224,886	298,277	**202,739**
Number of Plans Reporting - Methodology	Admin - 24 Hybrid - 0	Admin - 24 Hybrid - 0	Admin - 21 Hybrid - 0	**Admin - 20** **Hybrid - 0**
Range of Scores	14% to 62%	22% to 76%	12% to 71%	**30% to 64%**
Average / Median Score	39% / 39%	44% / 44%	43% / 45%	**47% /44%**
Aggregate Program Score	43%	46%	48%	**47%**

120 Day Initial Health Assessment
Table 22 – *Demographic Analysis*

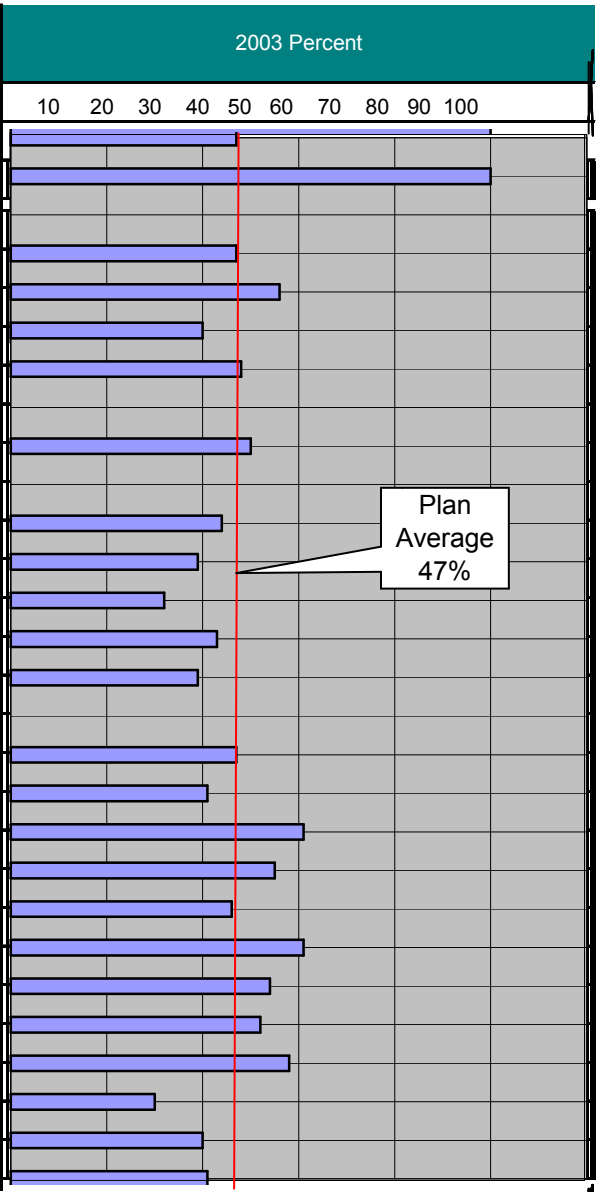
120 Day Initial Health Assessment							
Ethnicity				***Primary Language of Applicant***			
	2001	**2002**	**2003**		**2001**	**2002**	**2003**
Latino	(124,698) 44%	(132,873) 49%	**(111,793) 47%**	**English**	(95,586) 48%	(116,645) 51%	**(101,239) 50%**
Asian/Pacific Islander	(18,398) 45%	(19,246) 48%	**(3,807) 42%**	**Spanish**	(99,346) 43%	(99,579) 48%	**(84,547) 46%**
White	(31,462) 53%	(41,075) 54%	**(32,556) 52%**	**Vietnamese**	(3,750) 42%	(3,230) 49%	**(4,174) 45%**
African American	(6,229) 41%	(6,983) 44%	**(7,168) 46%**	**Chinese**	(6,076) 42%	(4,349) 44%	**(2,959) 38%**
American Indian/ Alaskan Native	(938) 47%	(1,222) 51%	**(1,136) 51%**	**Korean**	(4,355) 47%	(4,363) 52%	**(2,576) 36%**

(The number in parentheses indicates the number of children in the eligible sample)

120 Day Initial Health Assessment

Table 23 – *Individual Plan Scores*

Health Plan	2000 Score	2001 Score	2002 Score	2003 Score
Healthy Families Program Average	43%	46%	48%	**47%**
IDEAL	100%	100%	100%	100%
Alameda Alliance	35%	45%	42%	**47%**
Blue Cross - EPO ▲	59%	61%	56%	**56%**
Blue Cross - HMO	56%	58%	46%	**40%**
Blue Shield - HMO	22%	38%	47%	**48%**
Blue Shield - EPO	*	*	*	**NR**
CalOptima	28%	36%	34%	**50%**
Care 1st Health Plan	NA	NA	NM	**NR**
Central Coast Alliance for Health	33%	40%	45%	**44%**
Community Health Group	39%	42%	44%	**39%**
Community Health Plan ▼	25%	22%	NM	**32%**
Contra Costa Health Plan	34%	44%	39%	**43%**
Health Net of California	21%	28%	36%	**39%**
Health Plan of San Joaquin	62%	60%	NM	**NR**
Health Plan of San Mateo	49%	76%	40%	**47%**
Inland Empire Health Plan	28%	20%	36%	**41%**
Kaiser Permanente ▲	57%	67%	71%	**61%**
Kern Family Health Care	48%	50%	46%	**55%**
Molina	25%	33%	42%	**46%**
San Francisco Health Plan ▲	41%	39%	53%	**61%**
Santa Barbara Regional HA	52%	54%	48%	**54%**
Santa Clara Family Health Plan	51%	54%	49%	**52%**
Sharp Health Plan ** ▲	51%	27%	29%	**58%**
UHP Health Care ▼	19%	32%	12%	**30%**
Universal Care	41%	44%	45%	**40%**
Ventura County Health Plan	39%	44%	43%	**41%**



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

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Endnotes

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.

Report prepared by Carolyn Tagupa, Managed Risk Medical Insurance Board. For questions, please call (916) 324-7444 or e-mail ctagupa@mrmib.ca.gov.