Health Plan Quality Measurement Report For Services Provided in 2005 - Revised

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 reports contain 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 are a set of child-relevant Health Plan Employer Data and Information Set (HEDIS®) measures applicable to calendar year 2005.

This report, the HFP's Health Plan Quality Measurement Report for Services Provided in 2005, summarizes the HEDIS® information received from participating health plans. The report presents comparative plan information for each quality measure (when sufficient data was available) and aggregate data for the program.

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

HEDIS® consists of 61 measures related to effectiveness of care, use of services and access to care. Health plans participating in the HFP are required to report on the following seven child-relevant measures:

- Childhood Immunization Status
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- Adolescent Well-Care Visits
- Children's and Adolescent's Access to Primary Care Practitioners
- Follow-up After Hospitalization for Mental Illness
- Identification of Alcohol and Other Drug Services
- Use of Appropriate Medications for People with Asthma

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 subscribers and search their administrative databases for information about whether each individual in the sample received a service. If no information is found, plans consult medical records for evidence that services were provided. HEDIS® scores based on

the *hybrid method* are generally higher, but require more effort and are more costly for plans to compile 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 health plans participating in the HFP have complied with the audit requirement.

ANALYSIS OF DATA REPORTED BY PLANS

Quality Scores

Each health plan submitted its score or *rate* for the seven child relevant HEDIS® measures according to HEDIS® reporting guidelines. These scores 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 scores that had been certified by a HEDIS® auditor were submitted in the plan reports. The individual plan scores 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 score* was calculated by dividing subscribers from all health plans who received a particular service by the total number of subscribers in all health plans that were eligible to receive the service. The program average is compared to *National Results for Selected HEDIS®* measures established by NCQA.

PRESENTATION OF RESULTS

Individual Plan Results

NCQA recommends that scores based on sample sizes of less than 30 subscribers not be reported. Results from small samples do not withstand the statistical analysis used to determine if the results are due to chance. Where data from plans had fewer than 30 subscribers in the samples, this is noted by "NM" or Not Meaningful.

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 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. Results by selected language and ethnic groups were also included. These are calculated using the member level data submitted by each plan. Information about primary language and ethnicity comes from the subscriber's application.

HOW RESULTS ARE USED

Scores from this report are used for the Quality Performance Improvement Project (QPIP). The intent of QPIP is to provide annual feedback to plans regarding program performance overall, as well as individual plan performance as indicated by performance scores for a particular year and improvement or deterioration in performance over a multi-year period.

The results are posted on MRMIB's Internet site and included in the HFP Handbook. Subscribers can use the results, in combination with other factors, when making decisions about which health plan to select.

Healthy Families Program
Quality Measurement Report Overview

This overview represents the HFP aggregate program scores for the 2003 through 2005 calendar years. For comparison, results from Medi-Cal Managed Care and the NCQA's national results for selected HEDIS® measures are also presented.

Table 1 – Scoring Overview[1]

Measure	Healthy Families Program Score 2003	Healthy Families Program Score 2004	Healthy Families Program Score 2005	Medi-Cal Managed Care Score 2004[2]	NCQA National Average Commercial Results 2005[3]	NCQA National Average Medicaid Results 2005[3]
Childhood Immunization Status Combination 2[4]	70%	75%	**82%**	65%	78%	70%
Well-Child Visits in the 3rd Through 6th Years of Life	67%	68%	**65%**	70%	Not Included in Report	Not Included in Report
Adolescent Well-Care Visits	36%	37%	**36%**	37%	Not Included in Report	Not Included in Report
Children's Access to Primary Care Practitioner				Not Included in Report	Not Included in Report	Not Included in Report
Cohort 1 (Ages 12 - 24 Months)	92%	91%	**92%**			
Cohort 2 (Ages 25 Months - 6 Years)	83%	82%	**87%**			
Cohort 3 (Ages 7 - 11 Years)	83%	81%	**85%**			
Cohort 4 (Ages 12 – 18 Years)	NR[5]	NR[5]	**81%**			
Follow-Up After Hospitalization for Mental Illness [6]				Not Included in Report		
Within 7 Days	38%	40%	**38%**		56%	39%
Within 30 Days	62%	49%	**46%**		76%	57%
(NEW) Use of Appropriate Medications for People with Asthma[7]	NR[5]	NR[5]	**89%**	62%	90%	86%

[1] Information about the Identification of Alcohol and Other Drug Services measure is located on pages 27 and 28 of this report.
[2] Rates are obtained from *Report of the 2005 Performance Measures for Medi-Cal Managed Care Members*, August 2005.
[3] Rates are obtained from *The State of Health Care Quality, Industry Trends and Analysis,* 2006.
[4] Combination 2 includes diphtheria-tetanus, polio, measles- mumps-rubella, H. influenzae type B, hepatitis B, and chickenpox.
[5] Score was not reported this year.
[6] Total sample size for this measure was 212 subscribers in 2003, 297 subscribers in 2004, and 458 in 2005. 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 seriously emotionally disturbed (SED) are referred to county mental health departments for assessment and treatment. The scores for the NCQA Commercial and Medicaid plans include adults and children. This measure will be eliminated in 2006 and replaced with the Mental Health Utilization (Inpatient, Intermediate, and Ambulatory Services) HEDIS® measure.
[7] New measure for 2005. The scores for Medi-Cal and the NCQA Commercial and Medicaid plans include adults and children.

Childhood Immunization Status (CIS)

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

> Combination 2 Antigens[1]: 4 DtaP/DT (diphtheria/tetanus), 3 IPV (polio), 3 hepatitis B, 1 MMR (measles/mumps/rubella), 2 HiB (H. influenza type B), and 1 VZV (chickenpox).

2005 Performance: Tables 2, 3 and 4 depict HFP's performance, demographic composition, and the individual health plan performance for the last three years for this measure. Table 2a shows that the HFP's aggregate program score for childhood immunizations as defined on page 2 has improved consistently over the last three years. Scores for this measure grew from 69 percent in 2003 to 82 percent in 2005. This represents a 19 percent increase during the three year period. In 2005, the HFP continued to perform at levels well above the Medi-Cal Managed Care (65 percent) and NCQA benchmarks (Commercial: 78 percent, Medicaid: 70 percent). Table 2b shows that although the scores varied for each individual antigen; the individual scores for each antigen improved in all categories.

As displayed on Table 3, the scores improved for all ethnic groups except American Indians/Alaskan Natives, which decreased seven percentage points. This change in percentage points may be exaggerated due to the small sample size. The scores increased or remained about the same for all language groups, except English and Spanish categories which increased nine and twelve percentage points, respectively.

Of the 21 plans that had sufficient data to report for 2005, 19 plan scores improved. Table 4 shows that the individual plan scores improved between one and 30 percentage points, with an average increase of ten percentage points. Community Health Plan had the largest increase (30 percentage points) and Contra Costa Health Plan had the second largest increase (20 percentage points). Central Coast Alliance for Health achieved the highest score (95 percent).

Both Blue Shield EPO and Universal Care had a score of seven percent for this measure. Both plans used the administrative methodology to collect information and did not review subscribers' medical records to determine if these services were received. Using solely the administrative methodology usually results in a lower score. In fact, of the 20 plans that used the hybrid methodology to collect data, 81% of the data was collected by reviewing subscribers' medical records.

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[1] Due to HEDIS® changes, data related to Combination 1 (all vaccinations listed in Combination 2 except chickenpox) was not collected for 2005. Data for Combination 3 (all vaccinations listed in Combination 2 plus pneumococcal conjugate vaccinations) will be added in 2006.

Childhood Immunization Status

Table 2a – *Performance Overview (Combination 2)*

HFP Population Statistics	2003	2004	**2005**
Number of Plans Reporting	23	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**17,479**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	6,481	5,874	**6,098/ 35%**
Number of Plans Reporting by Methodology Used	Admin - 2 Hybrid - 21	Admin - 2 Hybrid - 21	**Admin – 3** **Hybrid – 20**
Range of Scores	44% to 88%	43% to 100%	**7% to 95%**
Average / Median Score	69% / 70%	74% / 75%	**77% / 83%**
Aggregate Program Score	69%	75%	**82%**

Table 2b – *Individual Antigen Scores*

Calendar Year	Combo 2	Combo 1(1)	DtaP	IPV	MMR	HiB	HEP	VZV
2005	**77%**	**NR**	**89%**	**91%**	**94%**	**93%**	**91%**	**94%**
2004	75%	74%	82%	86%	91%	85%	83%	91%
2003	70%	74%	85%	90%	94%	86%	85%	91%

(1) Measure was deleted by NCQA for HEDIS® reporting.

Childhood Immunization Status

Table 3 – *Demographic Analysis*

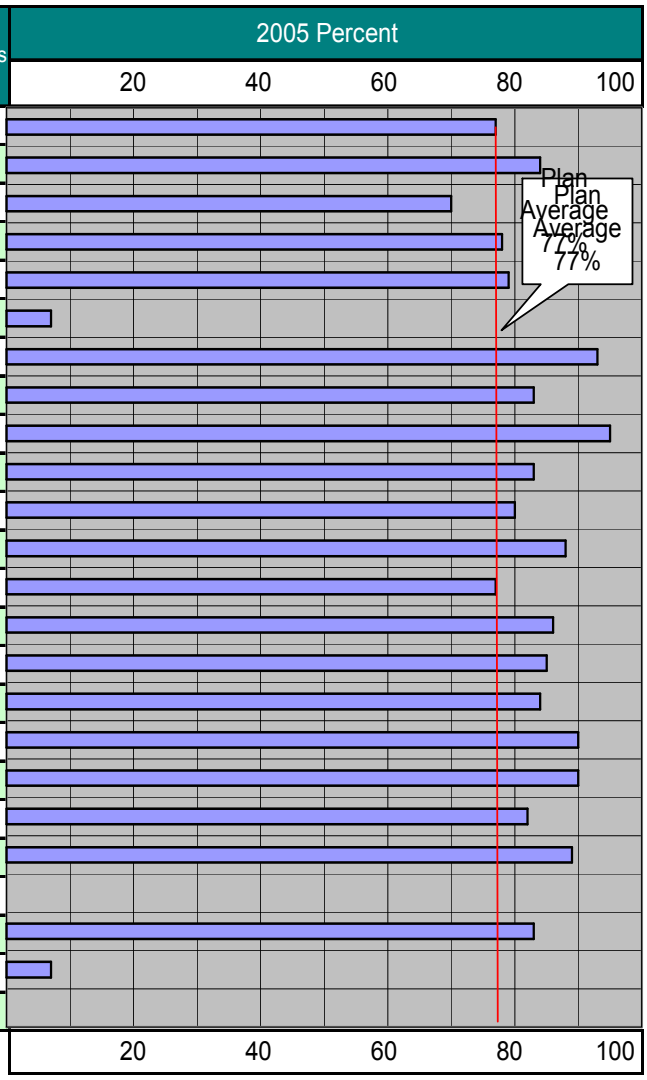
Childhood Immunization Status - Combination 2							
Ethnicity				**Primary Language of Applicant**			
	2003	2004	**2005**		2003	2004	**2005**
Latino	72% (3,729)	71% (3,273)	**83% (3,192)**	English	71% (3,328)	73% (2,891)	**82% (3,308)**
Asian/Pacific Islander	74% (118)	80% (775)	**88% (762)**	Spanish	73% (2,585)	71% (2,262)	**83% (2,208)**
White	70% (1,000)	74% (764)	**78% (700)**	Vietnamese	78% (195)	89% (245)	**90% (198)**
African American	72% (159)	75% (136)	**80% (132)**	Chinese	73% (85)	83% (146)	**91% (121)**
American Indian/ Alaskan Native	100% (7)	65% (20)	**58% (12)***	Korean	76% (58)	82% (61)	**83% (41)**
Did Not Identify	Not Reported	Not Reported	**82% (519)**	Did Not Identify	Not Reported	Not Reported	**79% (140)**
Other	Not Reported	Not Reported	**82% (781)**	Other	Not Reported	Not Reported	**80% (82)**

The number in parentheses indicates the number of children in the eligible sample.
* The change in percentage points is exaggerated due to the small sample size.

Childhood Immunization Status – Combination 2

Table 4 – *Individual Plan Scores*

Health Plan	2003 Scores	2004 Scores	2005 Scores
Healthy Families Program Ave.	**70%**	**75%**	**77%**
Alameda Alliance for Health (H)	61%	74%	84%
Blue Cross - EPO (H)	65%	68%	70%
Blue Cross - HMO (H)	68%	76%	78%
Blue Shield - HMO (H)	63%	72%	79%
Blue Shield - EPO (A)	NR	NR	7%
CalOptima (H)	70%	81%	93%
Care 1st Health Plan (H)	NR	80%	83%
Central Coast Alliance (H)	74%	78%	95%
Community Health Group (H)	78%	69%	83%
Community Health Plan (H)	72%	50%	80%
Contra Costa Health Plan (H)	72%	68%	88%
Health Net of California (H)	72%	76%	77%
Health Plan of San Joaquin (H)	63%	74%	86%
Health Plan of San Mateo (H)	62%	74%	85%
Inland Empire Health Plan (H)	71%	82%	84%
Kaiser Permanente (A)	87%	80%	90%
Kern Family Health Care (H)	55%	73%	90%
Molina Healthcare (H)	61%	77%	82%
San Francisco Health Plan (H)	79%	79%	89%
Santa Barbara Regional HA (H)	88%	85%	NM
Santa Clara Family Health Plan	76%	80%	83%
*Universal Care (A)	81%	79%	7%
Ventura County Healthcare Plan	75%	100%	NM



NM = Not Meaningful / Not enough data to report this plan's score

NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

(A) = Plan used the administrative methodology to collect data.

(H) = Plan used the Hybrid/Manual record review methodology to collect data.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Importance of Measure: The American Academy of Pediatrics recommends annual well-child visits for two to six year olds. Benefits of this measure include the detection of vision, speech, or other problems to prevent or reduce learning problems.

Calculation: This measure describes the percentage of subscribers 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.

2005 Performance: Tables 5, 6, and 7 depict HFP's performance, demographic composition, and the individual health plan performances for the last three years for this measure.

Table 5 shows that the HFP's aggregate program score remained about the same. The HFP also performed at a lower level (65 percent) than the Medi-Cal Managed Care benchmark (70 percent) for this measurement year.

Table 6 shows the scores for this measure remained about the same for all ethnic groups, except African American which decreased by 11 percentage points. Scores in all language categories remained about the same, except Vietnamese which decreased by four percentage points.

As shown on Table 7, individual health plan scores for 11 plans improved between one and 19 percentage points, with an average increase of eight percentage points. Community Health Plan's score increased 19 percentage points and Ventura County Healthcare Plan's score increased 17 percentage points. Inland Empire Health Plan achieved the highest score (85 percent). Ten plan scores decreased in 2005 between one and 12 percentage points, with an average decrease of four percentage points. Molina Healthcare's score decreased the most (12 percentage points); while Blue Shield EPO had the lowest score (53 percent).

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

HFP Population Statistics	2003	2004	**2005**
Number of Plans Reporting	24	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**111,503**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	23,004	20,162	**24,113 / 22%**
Number of Plans Reporting by Methodology Used	Admin - 4 Hybrid - 20	Admin - 4 Hybrid - 19	**Admin - 5** **Hybrid – 18**
Range of Scores	55% to 82%	43% to 84%	**53% to 85%**
Average / Median Score	65% / 67%	67% / 68%	**70% / 69%**
Aggregate Program Score	65%	68%	**65%**

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

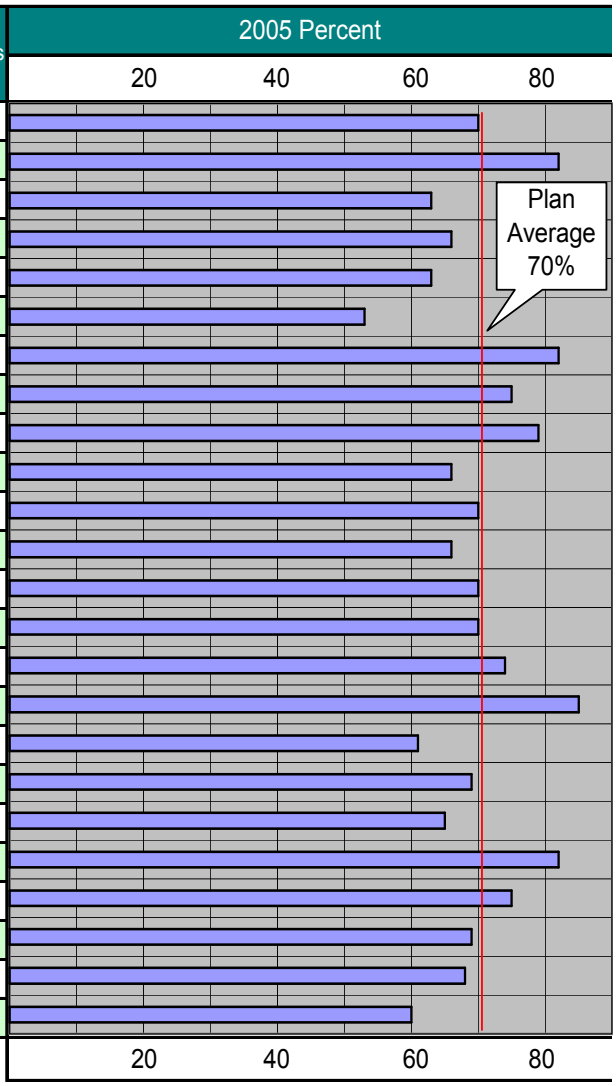
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life							
Ethnicity				**Primary Language of Applicant**			
	2003	2004	**2005**		2003	2004	**2005**
Latino	62% (14,348)	67% (11,641)	**65% (13,823)**	English	61% (10,547)	64% (9,360)	**62% (12,709)**
Asian/Pacific Islander	59% (320)	68% (2,147)	**68% (2,426)**	Spanish	62% (10,948)	67% (8,528)	**67% (9,773)**
White	58% (2,971)	58% (2,392)	**57% (2,820)**	Vietnamese	62% (366)	72% (312)	**68 % (341)**
African American	60% (762)	70% (612)	**59% (843)**	Chinese	67% (247)	74% (427)	**74% (378)**
American Indian/ Alaskan Native	57% (47)	63% (30)	**60% (50)**	Korean	48% (101)	67% (103)	**66% (87)**
Did Not Identify	Not Reported	Not Reported	**68% (1,734)**	Did Not Identify	Not Reported	Not Reported	**78% (492)**
Other	Not Reported	Not Reported	**64% (2,417)**	Other	Not Reported	Not Reported	**60% (333)**

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	2003 Scores	2004 Scores	2005 Scores
Healthy Families Program Ave.	**67%**	**68%**	**70%**
Alameda Alliance for Health (H)	73%	69%	82%
Blue Cross - EPO (H)	67%	67%	63%
Blue Cross - HMO (H)	66%	74%	66%
Blue Shield - HMO (H)	57%	61%	63%
Blue Shield - EPO (A)	NR	NR	53%
CalOptima (H)	73%	80%	82%
Care 1st Health Plan (H)	65%	77%	75%
Central Coast Alliance (H)	69%	71%	79%
Community Health Group (H)	70%	69%	66%
Community Health Plan (H)	62%	51%	70%
Contra Costa Health Plan (A)	66%	57%	66%
Health Net of California (H)	62%	71%	70%
Health Plan of San Joaquin (H)	69%	74%	70%
Health Plan of San Mateo (H)	73%	71%	74%
Inland Empire Health Plan (H)	78%	84%	85%
Kaiser Permanente (A)	66%	63%	61%
Kern Family Health Care (H)	69%	69%	69%
Molina Healthcare (H)	73%	77%	65%
San Francisco Health Plan (H)	82%	84%	82%
Santa Barbara Regional HA (H)	68%	61%	75%
Santa Clara Family Health Plan (H)	70%	67%	69%
*Universal Care (A)	69%	73%	68%
Ventura County Healthcare Plan (A)	55%	43%	60%



NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

(A) = Plan used the administrative methodology to collect data.

(H) = Plan used the Hybrid/Manual record review methodology to collect data.

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 subscribers, 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 provider 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 12 and less than 19 years of age.

2005 Performance: Tables 8, 9, and 10 depict HFP's performance, demographic composition, and the individual health plan performances for the last three years for this measure.

As shown on Table 8, the HFP's aggregate program score reflected little change from 37 percent in 2004 to 36 percent in 2005 below Medi-Cal's 2004 Managed Care score.

Table 9 showed that the scores for all ethnic groups remained about the same. There were small changes in language categories, Chinese and Vietnamese each showed an increase of five percentage points; Spanish increased four percentage points. Other language categories remained about the same.

Although the average plan score has steadily improved over the last three years, the aggregate program score remains below 40 percent and there continues to be wide variability in the plans' reported scores, with scores ranging from 13 to 70 percent. During this measurement year, 15 plans improved their score and six plans' scores declined. Of the plans with improved scores, four plan scores improved by 10 or more percentage points. San Francisco Health Plan had the highest score with 70 percent of eligible subscribers receiving adolescent well-care visits. Santa Clara Family Health Plan showed the most improvement with an increase of 17 percentage points. Blue Shield of California EPO had the lowest score with only 13 percent of eligible subscribers receiving an adolescent well-care visit.

MRMIB is concerned about the continuing low scores for the Adolescent Well-Care Visits measure. During 2005, MRMIB staff conducted a series of meetings with health plans to discuss quality issues, including the continuing low scores for this measure. These discussions will continue as plans did not reach a clear path for improvement. Additionally, as part of the 2006 Quality Performance Improvement Project (QPIP), plans one standard deviation above the plan average identified practices they were using to increase performance. These strategies were shared with plans that scored one standard deviation below the plan average. MRMIB then asked the low performing plans to submit action plans for improvement. Staff will follow-up in 2007 regarding the effectiveness of these strategies.

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

HFP Population Statistics	2003	2004	**2005**
Number of Plans Reporting	24	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**217,950**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	34,031	32,724	**39,667 / 18%**
Number of Plans Reporting by Methodology Used	Admin - 4 Hybrid - 20	Admin - 4 Hybrid - 19	**Admin - 5** **Hybrid – 18**
Range of Scores	18% to 51%	18% to 58%	**13% to 70%**
Average / Median Score	35% / 34%	36% / 37%	**39% / 37%**
Aggregate Program Score	36%	37%	**36%**

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

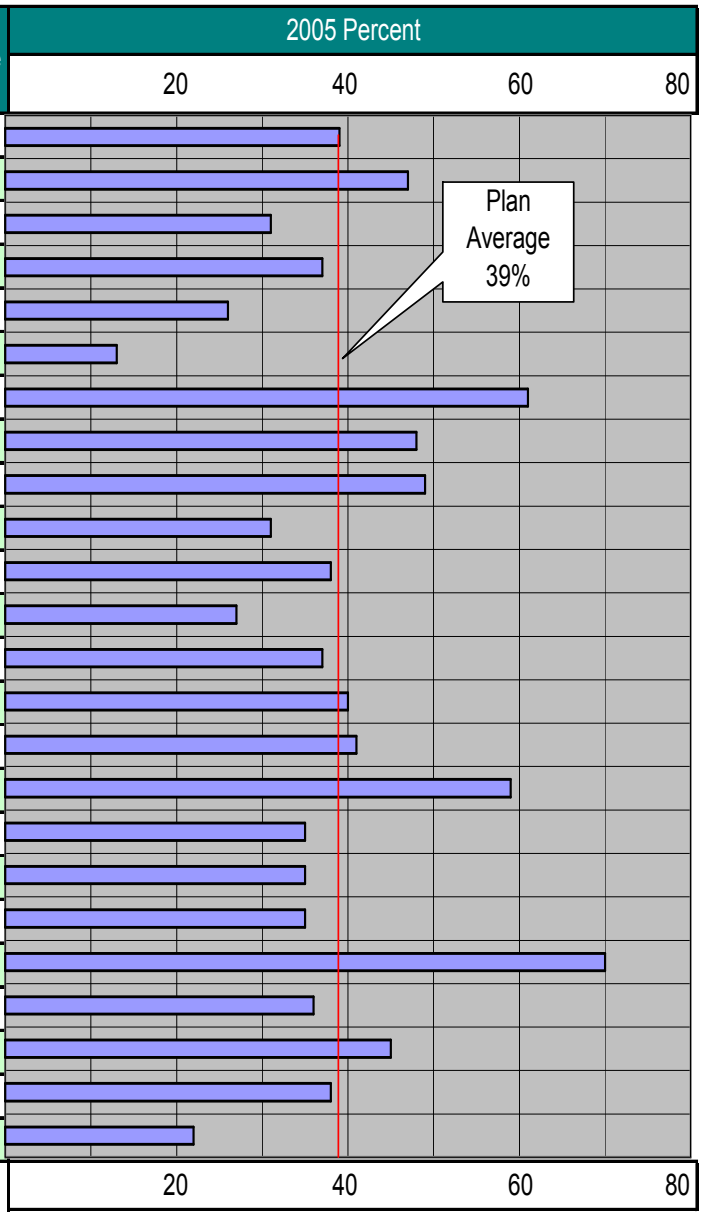
Adolescent Well-Care Visits							
Ethnicity				**Primary Language of Applicant**			
	2003	2004	**2005**		2003	2004	**2005**
Latino	31% (20,227)	34% (19,097)	**37% 21,949)**	English	31% (15,086)	32% (14,519)	**33% (19,565)**
Asian/Pacific Islander	33% (462)	35% (3,180)	**38% (3,702)**	Spanish	31% (16,504)	34% (15,158)	**38% (16,759)**
White	27% (4,999)	27% (4,430)	**29% (5,369)**	Vietnamese	35% (311)	39% (302)	**44% (325)**
African American	38% (1,436)	38% (1,405)	**36% (1,820)**	Chinese	36% (347)	43% (901)	**48% (884)**
American Indian/ Alaskan Native	31% (105)	25% (84)	**23% (138)**	Korean	30% (235)	32% (207)	**34% (200)**
Did Not Identify	Not Reported	Not Reported	**36% (3,732)**	Did Not Identify	Not Reported	Not Reported	**33% (1,287)**
Other	Not Reported	Not Reported	**33% (2,957)**	Other	Not Reported	Not Reported	**33% (647)**

The number in parentheses indicates the number of children in the eligible sample.

Adolescent Well-Care Visits

Table 10 – *Individual Plan Scores*

Health Plan	2003 Score	2004 Score	2005 Score
Healthy Families Program Ave.	**36%**	**37%**	**39%**
Alameda Alliance for Health (H)	51%	47%	47%
Blue Cross - EPO (H)	39%	29%	31%
Blue Cross - HMO (H)	36%	41%	37%
Blue Shield - HMO (H)	19%	22%	26%
Blue Shield - EPO (A)	NR	NR	13%
CalOptima (H)	47%	55%	61%
Care 1st Health Plan (H)	33%	38%	48%
Central Coast Alliance (H)	40%	44%	49%
Community Health Group (H)	34%	30%	31%
Community Health Plan (H)	42%	29%	38%
Contra Costa Health Plan (A)	24%	20%	27%
Health Net of California (H)	33%	36%	37%
Health Plan of San Joaquin (H)	34%	42%	40%
Health Plan of San Mateo (H)	44%	46%	41%
Inland Empire Health Plan (H)	45%	55%	59%
Kaiser Permanente (A)	37%	29%	35%
Kern Family Health Care (H)	34%	39%	35%
Molina Healthcare (H)	47%	49%	35%
San Francisco Health Plan (H)	51%	58%	70%
Santa Barbara Regional HA (H)	30%	25%	36%
Santa Clara Family Health Plan (H)	36%	38%	45%
*Universal Care (A)	37%	42%	38%
Ventura County Healthcare (A)	18%	18%	22%



NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

(A) = Plan used the administrative methodology to collect data.

(H) = Plan used the Hybrid/Manual record review methodology to collect data.

Children's and Adolescent's Access to Primary Care Practitioners (CAP)

Importance of Measure: Childhood access to primary care practitioners promotes successful completion of recommended immunizations as well as identification and treatment of childhood conditions at early stages of disease.

Calculation: This measure describes children in four different age groups who had a visit with a plan primary care practitioner for any service except inpatient procedures, emergency department and specialist visits, or mental health and chemical dependency services.

Cohort 1: Children ages 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.

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 year and the calendar year preceding the measurement year and had a visit with a primary care practitioner during the measurement year or the year preceding the measurement year.

Cohort 4: Children age 12 years through 18 years who were continuously enrolled during the measurement year and the calendar year preceding the measurement year and had a visit with a primary care practitioner during the measurement year or the year preceding the measurement year. This is the first year scores for Cohort 4 have been included in this report.

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

2005 Performance: As shown on Tables 11, 14, 17, and 20; the aggregate program scores for this measure remain consistently high. For this measurement year, Cohort 1 increased from 91 to 92 percent, Cohort 2 increased from 82 to 87 percent, Cohort 3 increased from 81 to 85 percent and Cohort 4, reported for the first time, was 81 percent.

Cohort 1: As shown on Table 12, the scores remained consistent for all ethnic groups except for African American, which increased five percentage points. One hundred percent of the American Indian/Alaskan Native population sampled in Cohort 1 received services, although the sample size was small (14). The scores for all language groups remained about the same, except for Spanish and Korean which decreased four and five percentage points respectively.

The individual plan scores, shown on Table 13, range from 66 to 100 percentage points. Blue Shield EPO, Contra Costa Health Plan, and San Francisco Health Plan all achieved 100 percent access; while CalOptima, Inland Empire Health Plan, Kaiser Permanente, and Kern Family Health Care achieved 99 percent access for this age group. Eleven plans increased their scores between one and 11 percentage points; while scores for five plans decreased between one and 11 percentage points. Molina Healthcare had the largest decrease (11 percentage points), while Care 1st Health Plan had the lowest score (66 percent) for this measure.

Cohort 2: Table 14 shows that the HFP's aggregate program score increased five percentage points to 87 percent. Table 15 reflects a four percentage point increase for Latino, six percentage point increase for Asian/Pacific Islander, and an eight percentage point increase for American Indian/Alaskan Native. White and African American ethnicities showed little change from the previous year. In the primary language categories, four percentage point increases were reported in the English, Spanish, Vietnamese and Korean categories, and a five percentage point increase in the Chinese category.

Table 16 depicts the individual plan scores, which range from 62 to 94 percent. Sixteen plan scores increased between one and 22 percentage points, while scores for three plans decreased between two and 18 percentage points. Community Health Plan's score increased the most (22 percentage points) and Ventura County Healthcare Plan had the second highest score increase (17 percentage points). Kaiser Permanente and San Francisco Health Plan each achieved the highest score (94 percent). Molina Healthcare's score decreased the most (18 percentage points), which resulted in the plan having the lowest percentage (62 percent) for this measure.

Cohort 3: As shown on Table 17, the aggregate program score for Cohort 3 increased by four percentage points to 85 percent. Table 18 shows that scores remained consistent for all ethnic groups, except Asian/Pacific Islander which increase four percentage points. Increases were reported for primary language groups Vietnamese (81 to 85 percent), Chinese (77 to 83 percent) and Korean (72 to 76 percent). Scores for other language groups remained consistent.

As shown on Table 19, 14 plans increased their individual plan scores between one and 11 percentage points, while seven plan scores decreased between one and eight percentage points. Community Health Plan had the largest increase (11 percentage points) and Health Net of California increased its score by nine percentage points. Additionally, Kaiser Permanente, San Francisco Health Plan, and Santa Barbara Regional Health Authority each achieved 93 percent access for this measure. Health Plan of San Joaquin's score decreased the most (eight percentage points); while Care 1st Health Plan had the lowest score (63 percent).

Cohort 4: This is the first year data has been reported for Cohort 4 (ages 12-18). As shown on Table 20, the HFP's aggregate program score for this first measurement year is 81 percent. Table 21 shows that the scores by ethnic groups range from 76 to 85 percent and scores by language groups range from 71 to 83 percent. The individual plan scores average 80 percent, as shown on Table 22, and range between 68 to 92 percent.

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

HFP Population Statistics Cohort 1	2003	2004	**2005**
Number of Plans Reporting	23	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**24,013**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	9,186	8,505	**8,475 / 35%**
Number of Plans Reporting by Methodology Used	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	67% to 100%	69% to 100%	**66% to 100%**
Average / Median Score	93% / 95%	91% / 93%	**92% / 97%**
Aggregate Program Score	92%	91%	**92%**

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

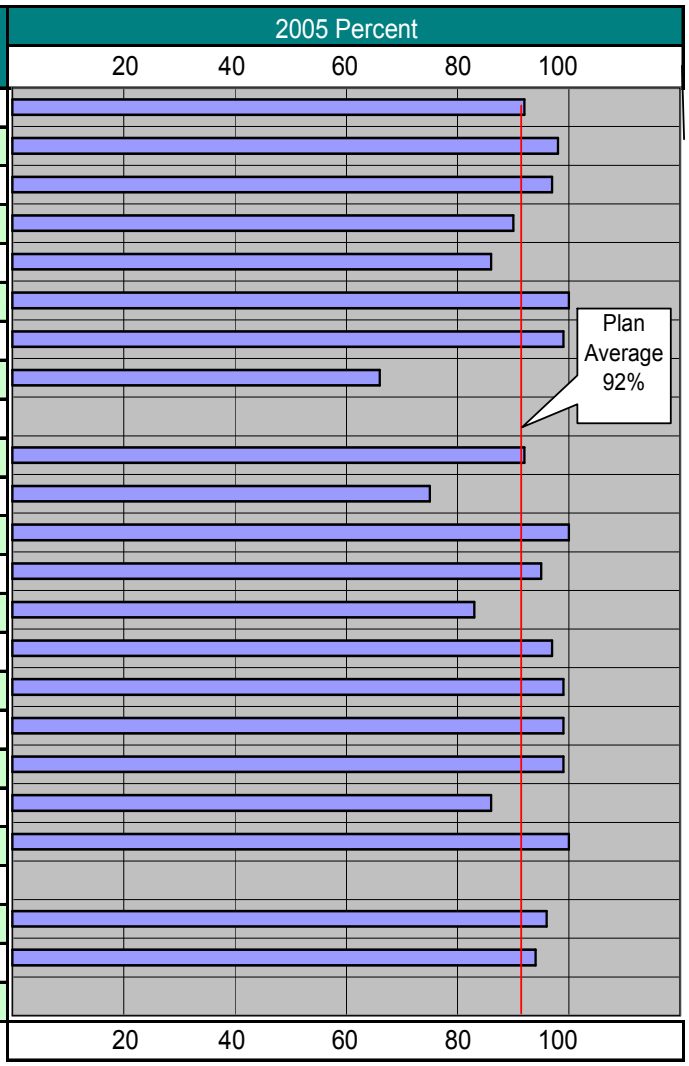
Children's Access to Primary Care Practitioners - Cohort 1							
Ethnicity				Primary Language of Applicant			
	2003	2004	**2005**		2003	2004	**2005**
Latino	92% (4,795)	93% (3,556)	**90% (3,890)**	English	93% (5,011)	93% (4,157)	**95% (4,983)**
Asian/Pacific Islander	93% (202)	94% (1,034)	**95% (1,047)**	Spanish	92% (3,082)	93% (2,192)	**89% (2,894)**
White	94% (1,458)	94% (1,083)	**95% (927)**	Vietnamese	96% (356)	94% (300)	**95% (199)**
African American	90% (178)	91% (147)	**96% (130)**	Chinese	90% (184)	94% (227)	**94% (139)**
American Indian/ Alaskan Native	89% (29)	96% (24)	**100% (14)***	Korean	91% (169)	95% (103)	**90% (73)**
Did Not Identify	Not Reported	Not Reported	**84% (165)**	Did Not Identify	Not Reported	Not Reported	**90% (87)**
Other	Not Reported	Not Reported	**96% (2,302)**	Other	Not Reported	Not Reported	**93% (100)**

The number in parentheses indicates the number of children in the eligible sample.
* The change in percentage points may be exaggerated due to the small sample size.

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

Table 13 – *Individual Plan Scores*

Health Plan	2003 Score	2004 Score	2005 Score
Healthy Families Program Ave.	**92%**	**91%**	**92%**
Alameda Alliance for Health	94%	97%	98%
Blue Cross - EPO	96%	97%	97%
Blue Cross - HMO	89%	91%	90%
Blue Shield - HMO	86%	88%	86%
Blue Shield - EPO	NR	NR	100%
CalOptima	81%	98%	99%
Care 1st Health Plan	NA	69%	66%
Central Coast Alliance for Health	93%	100%	NM
Community Health Group	92%	89%	92%
Community Health Plan	67%	70%	75%
Contra Costa Health Plan	98%	97%	100%
Health Net of California	87%	86%	95%
Health Plan of San Joaquin	93%	93%	83%
Health Plan of San Mateo	91%	86%	97%
Inland Empire Health Plan	100%	99%	99%
Kaiser Permanente	100%	99%	99%
Kern Family Health Care	99%	98%	99%
Molina Healthcare	98%	97%	86%
San Francisco Health Plan	98%	98%	100%
Santa Barbara Regional HA	100%	100%	NM
Santa Clara Family Health Plan	96%	95%	96%
*Universal Care	95%	92%	94%
Ventura County Health Plan	92%	92%	NM



NM = Not Meaningful / Not enough data to report this plan's score

NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

All plans used the administrative methodology to collect data.

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

HFP Population Statistics Cohort 2	2003	2004	2005
Number of Plans Reporting	23	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**111,503**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	116,240	114,534	**117,188 / 105%**
Number of Plans Reporting by Methodology Used	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	47% to 95%	49% to 92%	**62% to 94%**
Average / Median Score	82% / 87%	82% / 83%	**86% / 90%**
Aggregate Program Score	83%	82%	**87%**

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

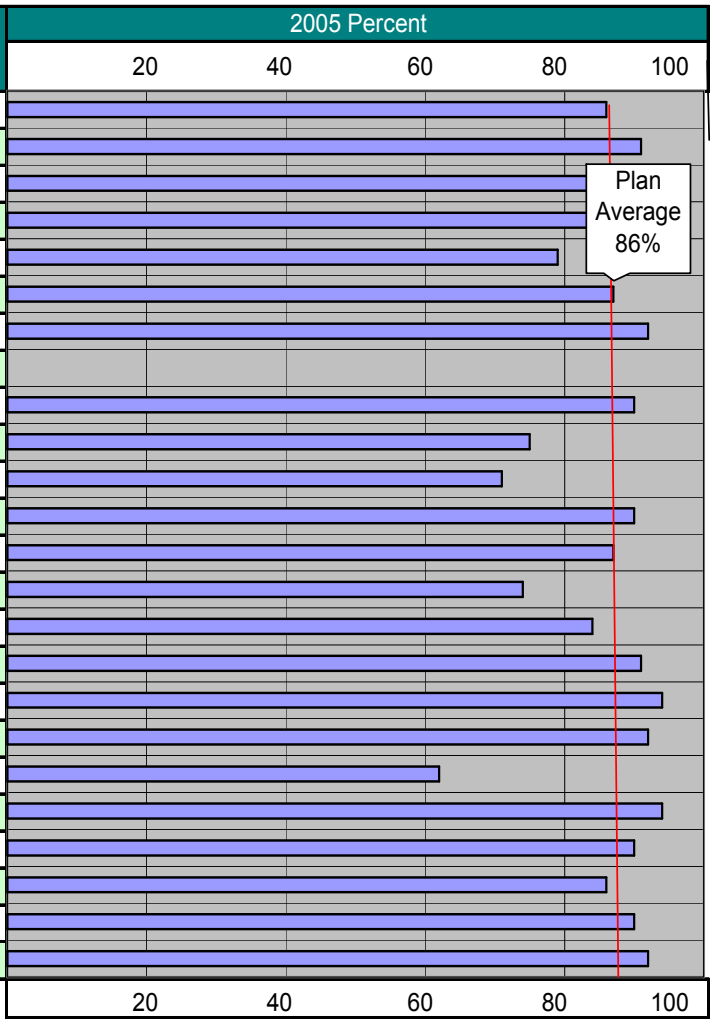
Children's Access to Primary Care Practitioners - Cohort 2							
Ethnicity				Primary Language of Applicant			
	2003	2004	**2005**		2003	2004	**2005**
Latino	83% (69,276)	83% (59,461)	**87% (66,371)**	English	83% (53,439)	84% (47,564)	**88% (58,534)**
Asian/Pacific Islander	78% (2,389)	83% (13,740)	**89% (14,805)**	Spanish	83% (51,648)	83% (43,046)	**87% (47,602)**
White	84% (15,981)	85% (13,866)	**88% (14,547)**	Vietnamese	77% (2,732)	84% (2,787)	**88% (2,740)**
African American	79% (2,541)	83% (2,060)	**86% (2,357)**	Chinese	78% (2,026)	83% (3,418)	**89% (2,999)**
American Indian/ Alaskan Native	80% (368)	82% (283)	**90% (290)**	Korean	77% (1,879)	83% (1,683)	**87% (1,468)**
Did not Identify	Not Reported	Not Reported	**87 % (8,422)**	Did Not Identify	Not Reported	Not Reported	**85% (2,052)**
Other	Not Reported	Not Reported	**88 % 10,396)**	Other	Not Reported	Not Reported	**87% (1,793)**

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	2003 Score	2004 Score	2005 Score
Healthy Families Program Ave.	**83%**	**82%**	**86%**
Alameda Alliance for Health	91%	89%	91%
Blue Cross - EPO	88%	89%	91%
Blue Cross - HMO	79%	80%	85%
Blue Shield - HMO	73%	79%	79%
Blue Shield - EPO	NR	NR	87%
CalOptima	75%	90%	92%
Care 1st Health Plan	NM	82%	NM
Central Coast Alliance for Health	84%	90%	90%
Community Health Group	79%	74%	75%
Community Health Plan	47%	49%	71%
Contra Costa Health Plan	87%	88%	90%
Health Net of California	75%	76%	87%
Health Plan of San Joaquin	91%	80%	74%
Health Plan of San Mateo	86%	83%	84%
Inland Empire Health Plan	89%	88%	91%
Kaiser Permanente	96%	92%	94%
Kern Family Health Care	91%	91%	92%
Molina Healthcare	88%	80%	62%
San Francisco Health Plan	92%	92%	94%
Santa Barbara Regional HA	95%	92%	90%
Santa Clara Family Health Plan	73%	83%	86%
*Universal Care	84%	86%	90%
Ventura County Health Plan	89%	75%	92%



NM = Not Meaningful / Not enough data to report this plan's score

NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

All plans used the administrative methodology to collect data.

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

HFP Population Statistics Cohort 3	2003	2004	2005
Number of Plans Reporting	23	23	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	Not Reported	Not Reported	**182,026**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	125,367	114,097	**111,270 / 61%**
Number of Plans Reporting by Methodology Used	Admin - 23 Hybrid - 0	Admin - 23 Hybrid - 0	**Admin - 23** **Hybrid - 0**
Range of Scores	56% to 95%	62% to 91%	**63% to 93%**
Average / Median Score	83% / 84%	81% / 82%	**83% / 85%**
Aggregate Program Score	83%	81%	**85%**

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

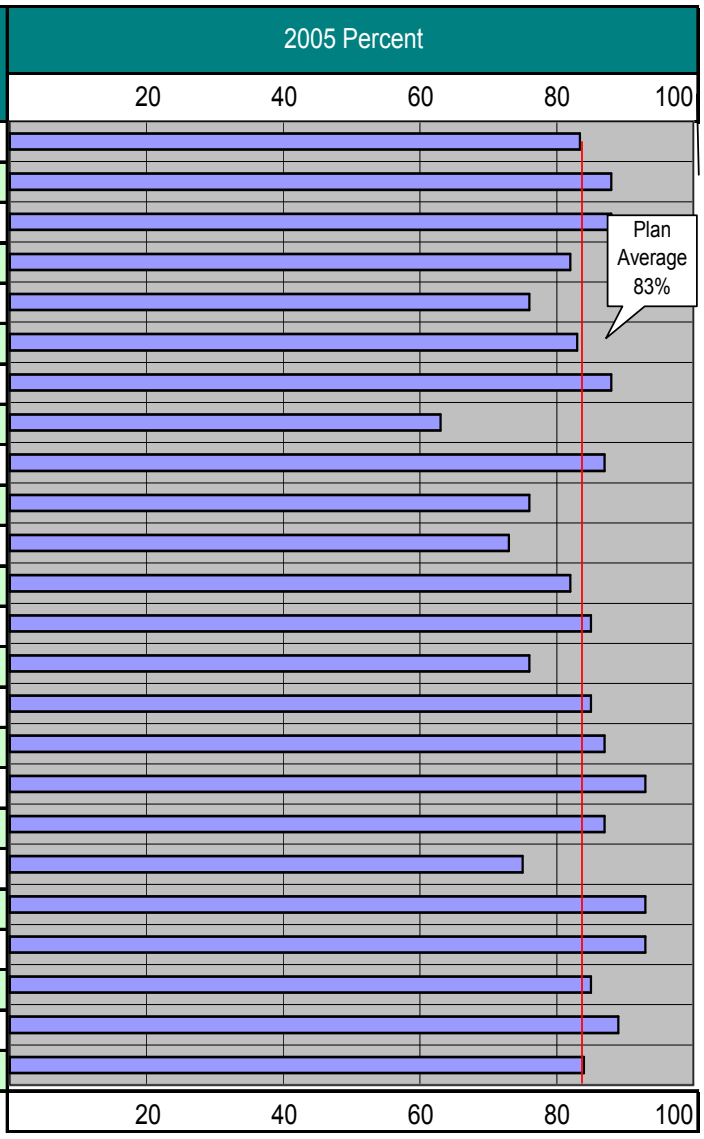
Children's Access to Primary Care Practitioners - Cohort 3							
Ethnicity				Primary Language of Applicant			
	2003	2004	**2005**		2003	2004	**2005**
Latino	82% (77,242)	83% (62,810)	**85% (67,212)**	English	82% (48,609)	84% (40,914)	**86% (45,401)**
Asian/Pacific Islander	75% (2,538)	79% (13,759)	**83% (14,774)**	Spanish	81% (62,603)	83% (49,484)	**85% (52,543)**
White	83% (14,960)	85% (12,542)	**86% (13,224)**	Vietnamese	77% (2,017)	81% (1,966)	**85% (2,212)**
African American	79% (2,687)	83% (2,020)	**84% (2,105)**	Chinese	72% (2,548)	77% (4,749)	**83% (4,656)**
American Indian/ Alaskan Native	77% (331)	79% (302)	**78% (311)**	Korean	69% (2,894)	72% (1,762)	**76% (1,651)**
Did Not Identify	Not Reported	Not Reported	**85% (10,632)**	Did Not Identify	Not Reported	Not Reported	**85% (2,468)**
Other	Not Reported	Not Reported	**84% (3,012)**	Other	Not Reported	Not Reported	**83% (2,339)**

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	2003 Score	2004 Score	2005 Score
Healthy Families Program Ave.	**83%**	**81%**	**83%**
Alameda Alliance for Health	89%	87%	88%
Blue Cross - EPO	85%	88%	88%
Blue Cross - HMO	79%	80%	82%
Blue Shield - HMO	74%	75%	76%
Blue Shield - EPO	NR	NR	83%
CalOptima	77%	87%	88%
Care 1st Health Plan	NR	65%	63%
Central Coast Alliance for Health	81%	84%	87%
Community Health Group	84%	77%	76%
Community Health Plan	56%	62%	73%
Contra Costa Health Plan	80%	79%	82%
Health Net of California	77%	76%	85%
Health Plan of San Joaquin	83%	84%	76%
Health Plan of San Mateo	87%	79%	85%
Inland Empire Health Plan	88%	88%	87%
Kaiser Permanente	95%	91%	93%
Kern Family Health Care	89%	88%	87%
Molina Healthcare	86%	81%	75%
San Francisco Health Plan	91%	91%	93%
Santa Barbara Regional HA	94%	94%	93%
Santa Clara Family Health Plan	79%	83%	85%
*Universal Care	84%	86%	89%
Ventura County Health Plan	87%	82%	84%



NR = Not Reported

*Universal Care left the Healthy Families Program in July 2006.

All plans used the administrative methodology to collect data.

Children's Access to Primary Care Practitioners - Cohort 4 Ages 12 to 18 Years

Table 20 – *Performance Overview*

HFP Population Statistics Cohort 4	2005
Number of Plans Reporting	**23**
Total Eligible Subscribers as of December 31st, Reported by Maximus	**217,950**
Total Sample Reported by Health Plans / Percent of Total Eligible Subscribers in Sample	**140,733 / 65%**
Number of Plans Reporting by Methodology Used	**Admin - 23 Hybrid - 0**
Range of Scores	**68% to 92%**
Average / Median Score	**80% / 81%**
Aggregate Program Score	**81%**

Children's Access to Primary Care Practitioners - Cohort 4 Ages 12 to 18 Years

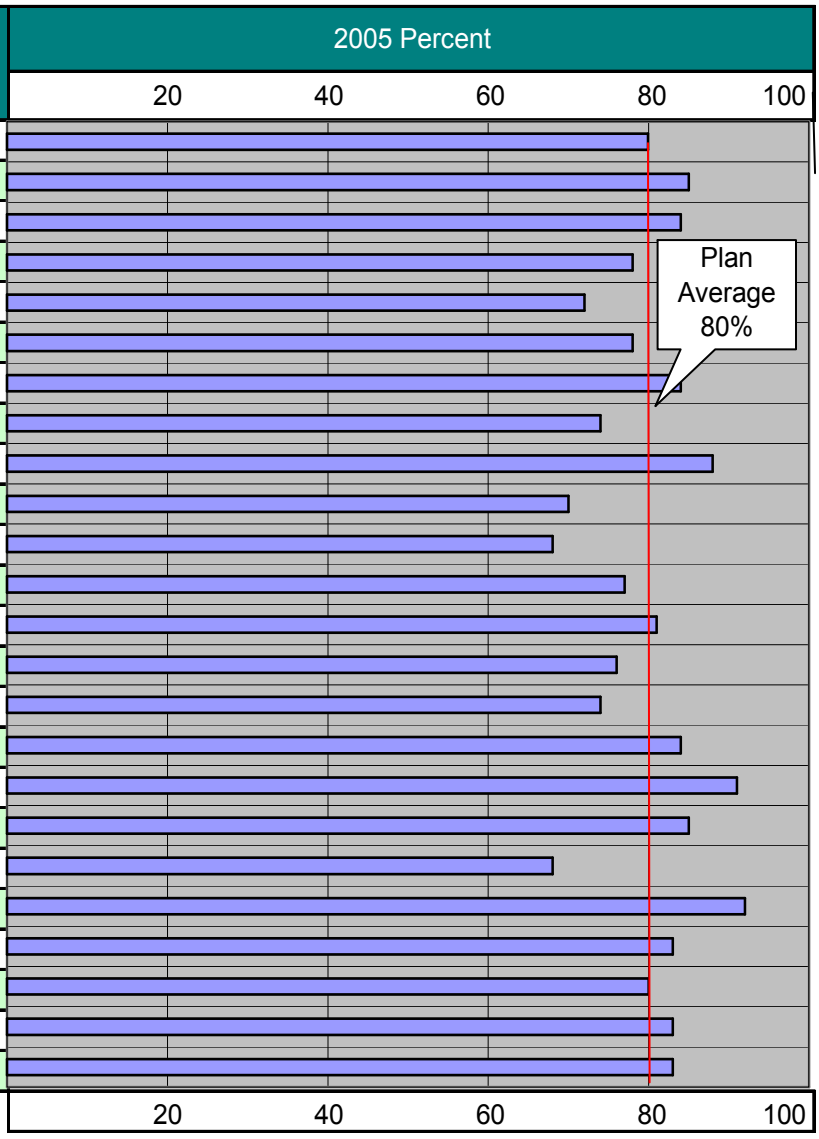
Table 21 – *Demographic Analysis*

Children's Access to Primary Care Practitioners - Cohort 4			
Ethnicity		Primary Language of Applicant	
	2005		**2005**
Latino	**81% (81,160)**	English	**83% (55,789)**
Asian/Pacific Islander	**76% (19,919)**	Spanish	**80% (66,221)**
White	**85% (18,503)**	Vietnamese	**77% (2,524)**
African American	**83% (3,221)**	Chinese	**75% (7,495)**
American Indian/ Alaskan Native	**80% (420)**	Korean	**71% (2,605)**
Did Not Identify	**81% (14,013)**	Did Not Identify	**81% (3,097)**
Other	**81% (3,497)**	Other	**78% (3,007)**

The number in parentheses indicates the number of children in the eligible sample.

Children's Access to Primary Care Practitioners - Cohort 4 Ages 12 to 18 Years
Table 22 – *Individual Plan Scores*

Health Plan	2005 Score
Healthy Families Program Ave.	**80%**
Alameda Alliance for Health	85%
Blue Cross - EPO	84%
Blue Cross - HMO	78%
Blue Shield - HMO	72%
Blue Shield - EPO	78%
CalOptima	84%
Care 1st Health Plan	74%
Central Coast Alliance for Health	88%
Community Health Group	70%
Community Health Plan	68%
Contra Costa Health Plan	77%
Health Net of California	81%
Health Plan of San Joaquin	76%
Health Plan of San Mateo	74%
Inland Empire Health Plan	84%
Kaiser Permanente	91%
Kern Family Health Care	85%
Molina Healthcare	68%
San Francisco Health Plan	92%
Santa Barbara Regional HA	83%
Santa Clara Family Health Plan	80%
*Universal Care	83%
Ventura County Healthcare Plan	83%



*Universal Care left the Healthy Families Program in July 2006.

All plans used the administrative methodology to collect data.

Follow-up After Hospitalization for Mental Illness

Importance of Measure: This measure looks at continuity of care for mental illness. Regular follow-up therapy is an important component in assuring adequate treatment for patients diagnosed and hospitalized for mental illness. This is the last year this measure will be reported in the HFP because a more appropriate measure has been adopted for the 2006 measurement year. This measure was replaced with the Mental Health Utilization (Inpatient, Intermediate, and Ambulatory Services) HEDIS® measure.

Calculation: This measure calculates the percentage of subscribers age six and older who were hospitalized for treatment of selected mental health disorders, were continuously enrolled for 30 days after discharge (without gaps), and were seen on an outpatient basis by a mental health provider within 7 days or within 30 days after their discharge from the hospital.

2005 Performance: Table 23 depicts the HFP's aggregate program scores for the number of subscribers who had an outpatient mental health visit within 7 days and within 30 days after hospital discharge. Only five plans reported having 30 or more subscribers who met the criteria for this measure.[2] As shown below, the sample size for measurement year 2005 remains low; less than 0.1 percent of the total subscribers age six through 18 years enrolled in the HFP during the measurement year.

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 seriously 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 who is assessed as SED.

Follow-up After Hospitalization for Mental Illness

Table 23 – *Performance Overview*

HFP Population Statistics	2003	2004	2005
Number of Plans Reporting	13	13	**17**
Total Sample	212	297	**458**
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	 38% 62%	 40% 49%	 **38%** **46%**

[2] The NCQA recommends that scores based on sample sizes of less than 30 subscribers not be reported, since results from small samples do not withstand the statistical analysis used to determine if the results are due to chance. For this reason, plan comparisons for this measure are not reported.

Use of Appropriate Medications for People with Asthma (ASM)

About the Measure: According to the Centers for Disease Control and Prevention, asthma is a major public health problem in the United States. Asthma causes children to miss approximately 14 million days of school annually and is the third-ranking cause of hospitalization among children younger than 15 years of age. There is no cure for asthma; however, children are able to control their asthma through medication, among other things.[3]

Calculation: This measure identifies the percentage of subscribers ages five through 19 years who were diagnosed with persistent asthma and who received a medication during the measurement year that is considered appropriate for the long-term control of asthma. This is the first year HFP collected data for this measure. Ages five through 18 are contained in this report for the HFP population.

2005 Performance: Tables 24, 25, and 26 depict HFP's performance, demographic composition, and the individual health plan performances for this measure. Table 24 shows the HFP's aggregate program score for this measure. In 2005, the HFP's aggregate program score is higher than the Medi-Cal Managed Care benchmark and comparable to NCQA's National Commercial and Medicaid benchmarks.

Table 25 shows that the totals by ethnic categories range between 80 and 91 percentage points and the totals by language categories range between 89 and 93 percentage points. As shown on Table 26, the individual health plan scores averaged 89 percentage points. One plan, Universal Care, achieved a score of 100 percent. Eight plans scored 90 percent or higher, six plans scored between 80 and 90 percent, one plan scored less than 80 percent, and seven plans did not have sufficient data to report meaningful scores.

[3] *Asthma's Impact on Children and Adolescents*, http://www.cdc.gov/asthma/children.htm.

Use of Appropriate Medications for People with Asthma

Table 24 – *Performance Overview*

HFP Population Statistics	2005
Number of Plans Reporting	**23**
Total Sample Reported by Health Plans	**5,287**
Number of Plans Reporting by Methodology Used	**Admin - 23 Hybrid - 0**
Range of Scores	**78% to 100%**
Average / Median Score	**89% / 90%**
Aggregate Program Score	**89%**

Use of Appropriate Medications for People with Asthma

Table 25 – *Demographic Analysis*

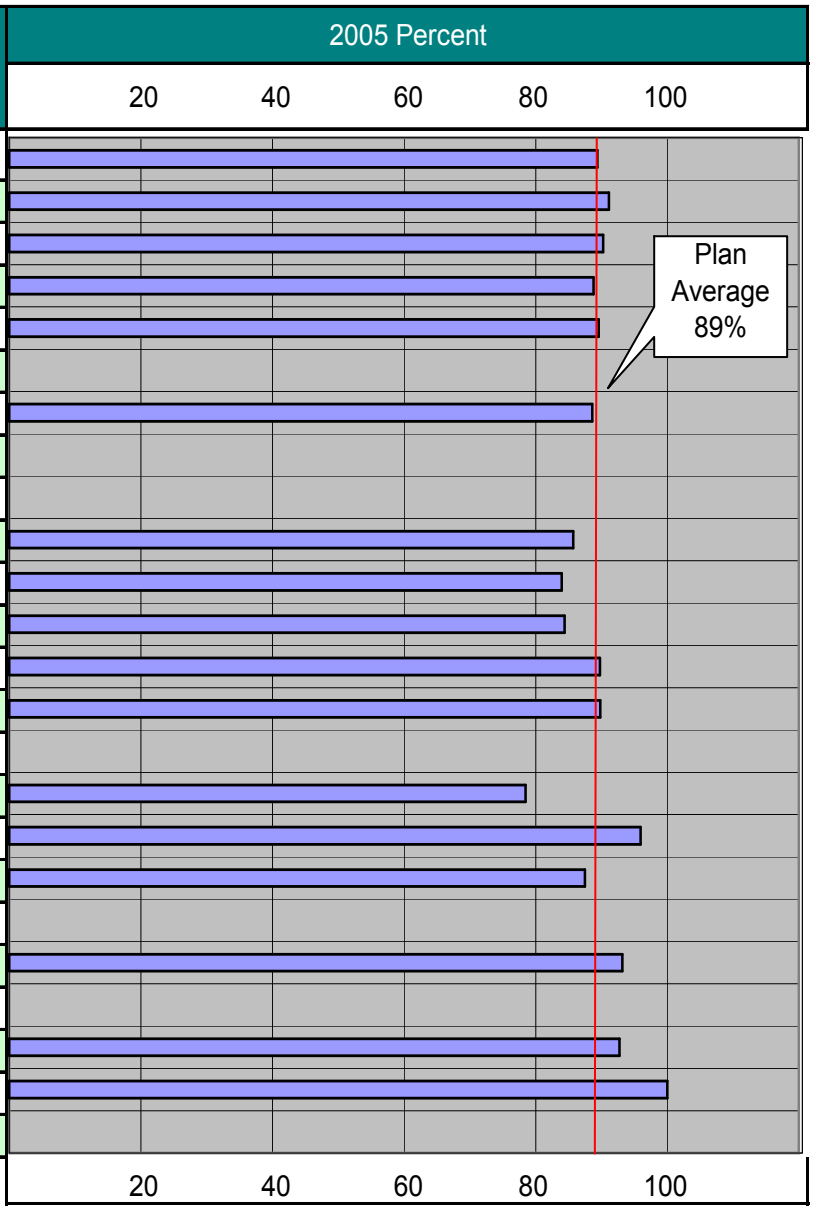
Use of Appropriate Medication for Subscribers with Asthma			
Ethnicity		Primary Language of Applicant	
	2005		**2005**
Latino	**89% (2,825)**	English	**90% (2,818)**
Asian/Pacific Islander	**90% (588)**	Spanish	**89% (1,991)**
White	**91% (939)**	Vietnamese	**90% (107)**
African American	**89% (225)**	Chinese	**89% (166)**
American Indian/ Alaskan Native	**83% (30)**	Korean	**93% (29)***
Did Not Identify	**87% (511)**	Did Not Identify	**89% (109)**
Other	**83% (169)**	Other	**90% (67)**

The number in parentheses indicates the number of children in the eligible sample.
* The percent may be exaggerated due to the small sample size.

Use of Appropriate Medications for People with Asthma

Table 26 – *Individual Plan Scores*

Health Plan	2005 Score
Healthy Families Program Ave.	**89%**
Alameda Alliance for Health	91%
Blue Cross - EPO	90%
Blue Cross - HMO	89%
Blue Shield - HMO	90%
Blue Shield - EPO	NM
CalOptima	89%
Care 1st Health Plan	NM
Central Coast Alliance for Health	NM
Community Health Group	86%
Community Health Plan	84%
Contra Costa Health Plan	84%
Health Net of California	90%
Health Plan of San Joaquin	90%
Health Plan of San Mateo	NM
Inland Empire Health Plan	78%
Kaiser Permanente	96%
Kern Family Health Care	88%
Molina Healthcare	NM
San Francisco Health Plan	93%
Santa Barbara Regional HA	NM
Santa Clara Family Health Plan	93%
*Universal Care	100%
Ventura County Health Plan	NM



*Universal Care left the Healthy Families Program in July 2006.

All plans used the administrative methodology to collect data.

Identification of Alcohol and Other Drug Services (IAD)

About the Measure: This measure identifies the utilization of chemical dependency services. This is the second year HFP has collected data for this measure.

Calculation: This measure describes the percentage of HFP subscribers who received any chemical dependency services during the measurement year. Services include inpatient, intermediate, or ambulatory chemical dependency services.

2005 Performance: Twenty-one plans submitted data for this measure. The total sample size for this measure is 1,059. As shown on Table 28, overall IAD utilization remains very low with no plan reporting alcohol and other drug services utilization over 0.5 percent.

Alcohol and Other Drug Services Utilization

Table 27

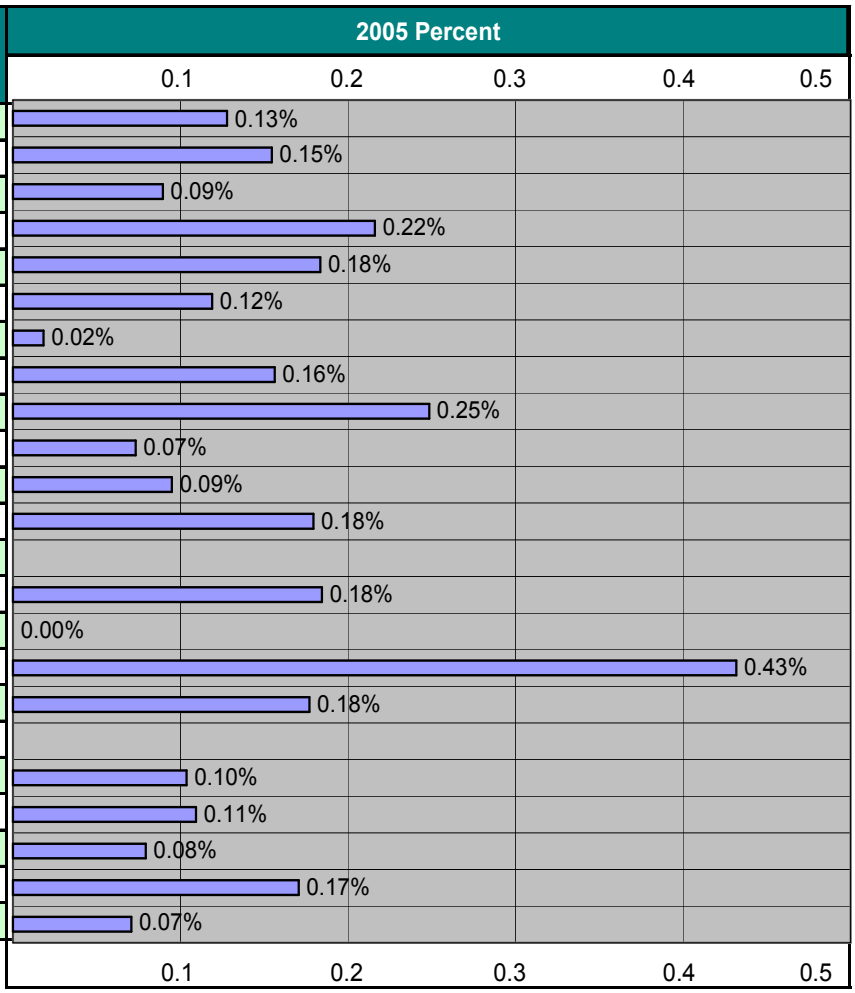
HFP Population Statistics	2004	**2005**
Number of Plans Reporting	22	**21**
Total Number of Services Received	765	**1,059**
Percentage of Services Received:		
Inpatient Services	21%	**22% (235)**
Intermediate Services	2%	**2% (25)**
Ambulatory Services	77%	**76% (799)**
Percentage of Services Received By Age:		
0 – 12 Years	9%	**4% (42)**
13-17 Years	77%	**82% (866)**
18 Years	14%	**14% (151)**
Percentage of Services Received By Gender:		
Male	57%	**52% (551)**
Female	43%	**48% (508)**

The number in parentheses indicates the number of children in the category.

Identification of Alcohol and Other Drug Services (IAD)

Table 28 – *Individual Plan Scores*

Health Plan	2004 Score	2005 Score
Alameda Alliance for Health	0.13%	**0.13%**
Blue Cross EPO	1.82%	**0.15%**
Blue Cross HMO	1.05%	**0.09%**
Blue Shield HMO	0.19%	**0.22%**
Blue Shield EPO	NR	**0.18%**
CalOptima	0.08%	**0.12%**
Care 1st	0.02%	**0.02%**
Central Coast Alliance	0.06%	**0.16%**
Community Health Group	0.39%	**0.25%**
Community Health Plan	0.04%	**0.07%**
Contra Costa	0.77%	**0.09%**
HealthNet	0.19%	**0.18%**
Health Plan of San Joaquin	0.00%	**NR**
HP San Mateo	0.21%	**0.18%**
Inland Empire	0.01%	**0.00%**
Kaiser	0.33%	**0.43%**
Kern	0.16%	**0.18%**
Molina Healthcare	0.00%	**NR**
San Francisco HP	0.04%	**0.10%**
Santa Barbara RHA	0.06%	**0.11%**
Santa Clara HP	0.13%	**0.08%**
*Universal Care	0.15%	**0.17%**
Venture Co HP	0.20%	**0.07%**



NR = Not Report

*Universal Care left the Healthy Families Program in July 2006.

APPENDIX A – Scoring Summary By Measure

NCQA's HEDIS® measures are used to monitor and evaluate individual health plan performance and are a tool to improve the quality of the benefits offered in the Health Families Program. This chart depicts the plans that scored one standard deviation above and below the aggregate Program mean. This data is a component of the Quality Performance Improvement Project (QPIP).

▲ = Score 1 Standard Deviation Above the Mean
▼ = Score 1 Standard Deviation Below the Mean
Blank = Score within 1 Standard Deviation of Mean

Plan	Childhood Immunization	Well Child Visits 3, 4, 5 & 6 Years	Adolescent Well Care Visits	Access to Primary Care Provider
Alameda Alliance for Health		▲		
Blue Cross EPO				
Blue Cross HMO				
Blue Shield HMO				
Blue Shield EPO	▼	▼	▼	
Cal Optima		▲	▲	
Care 1st Health Plan				▼
Central Coast Alliance for Health		▲		
Community Health Group				
Community Health Plan				▼
Contra Costa Health Plan				
Health Net of California				
Health Plan of San Joaquin				▼
Health Plan of San Mateo				
Inland Empire Health Plan		▲	▲	
Kaiser Permanente		▼		▲
Kern Health Systems				
Molina Healthcare				▼
San Francisco Health Plan		▲	▲	▲
Santa Barbara Regional Health Authority				
Santa Clara Family Health Plan				
Universal Care	▼			
Ventura County Healthcare Plan		▼	▼	

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.

APPENDIX B – HFP Aggregate Scores 1999 Through 2005

	1999	2000	2001	2002	2003	2004	2005
Childhood Immunizations (CIS)	48%	57%	61%	69%	70%	75%	82%
Well Child Visits 3-6 years (W34)	54%	57%	60%	63%	67%	68%	65%
Adolescent Well-Care (AWC)	34%	28%	33%	34%	36%	37%	36%
Children's Access to PCP 1-2 years (CAP1)	88%	87%	89%	93%	92%	91%	92%
Children's Access to PCP 3-6 years (CAP2)	77%	75%	80%	85%	83%	82%	87%
Children's Access to PCP 7-11 years (CAP3)	78%	74%	80%	83%	83%	81%	85%