2010 Healthy Families Program Healthcare Effectiveness Data and Information Set (HEDIS) Report

California Managed Risk Medical Insurance Board

Revised January 2012

Managed Risk Medical Insurance Board (MRMIB)
Healthy Families Program (HFP)

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

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

This report has been revised from the report presented to the public in December for two reasons. MRMIB revised Table 2, HFP Rates Comparison, to include the measures released last month for children served under Medi-Cal, our sister department in California. http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/CA2011_HEDIS_Aggregate_F2.pdf

Second, we have revised our rates for five measures that were impacted by a data sampling error by Anthem Blue Cross, one of our largest plans. Changes are footnoted throughout the Executive Summary, and details on the sampling error and the corrections to rates are given in Appendix E.

Introduction

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

The 2010 HEDIS Report for the Healthy Families Program presents information on the quality of care provided by the 24 participating health plans. Each year, the health plans are required to report on a selection of measures from the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a national, standardized set of measures developed by the National Committee for Quality Assurance (NCQA). For additional information on HEDIS visit NCQA's website at http://www.ncqa.org.

The HEDIS results are provided to subscribers in enrollment materials, including the program handbook, so that families can use the information to compare health plan performance in areas important to them. HEDIS results are also used by MRMIB to monitor plan performance and to inform decision-making regarding quality improvement activities and health plan participation in HFP. This report is available on the MRMIB website at http://www.healthyfamilies.ca.gov. Results are also displayed on the State of California's Office of the Patient Advocate website http://www.opa.ca.gov/report_card.

HFP HEDIS Measures for 2010

MRMIB selects specific measures for monitoring the performance of health plans participating in the HFP. For 2010, MRMIB collected the same measures as in 2009, except that *Childhood Immunization Status, Combination 2* was discontinued and two new immunization measures were added - *Childhood Immunization Status, Combination 10* and *Immunizations for Adolescents.*
For most of these measures, a child or adolescent must be enrolled continuously throughout the year, with a single gap of not more than 45 days.

For 2010, the HFP HEDIS measures were:

Children's and Adolescents' Access to Primary Care Practitioners
Childhood Immunization Status, Combination 3
Childhood Immunization Status, Combination 10
Well-Child Visits in the First 15 Months of Life
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life
Immunizations for Adolescents
Adolescent Well-Care Visits
Chlamydia Screening in Women
Mental Health Utilization
Identification of Alcohol and Other Drug Services
Use of Appropriate Medications for People with Asthma
Appropriate Testing for Children with Pharyngitis
Appropriate Treatment for Children with Upper Respiratory Infection
Lead Screening in Children

EXECUTIVE SUMMARY

Trends in HFP Performance

The weighted averages given in Table 1 show that the HFP improved for two consecutive years for:

- *Well Child Visits in the First 15 Months of Life*
- *Adolescent Well-Care Visits*
- *Chlamydia Screening in Women*
- *Mental Health Utilization*
- *Appropriate Testing for Children with Pharyngitis*
- *Appropriate Treatment for Children with Upper Respiratory Infection*

Continued improvement is needed especially for *Mental Health Utilization and Appropriate Testing for Children with Pharyngitis,* as HFP's rates for these two measures are significantly below national averages (see Table 2 below).

HFP's weighted average decreased more than 3 percentage points from 2009 to 2010 for:

- *Childhood Immunization Status, Combination 3*
- *Lead Screening in Children*

Eleven of 24 plans reported a lower immunization completion rate for children turning two in 2010 (n=12,403). The 3.2 percent decrease suggests that about 400 fewer HFP enrolled babies across the State completed their recommended vaccine schedule compared to 2009.

A slight decrease in lead screening might be expected as local community efforts make progress aimed at lead removal, because blood screening is recommended only in those communities where the risk is known to exist. In California, examination of data from the Department of Public Health shows there has been a 33 percent decrease in young children (ages 0-5) with blood lead levels at 9.5+ micrograms per deciliter measured from 2007 to 2009. This data can be found at http://www.ehib.org/page.jsp?page_key=457.

Table 1 gives the HFP weighted averages by measure for each of the past three years. Individual plan rates for 2010 are provided in Appendix B. Plan performance relative to national commercial percentiles is given in Appendix C.

Table 1. HFP Weighted Averages for 2008, 2009 and 2010

HEDIS Measure	HFP Weighted Average		
	2008	2009	2010
Access to Primary Care Practitioners: 12 - 24 Months	96.9%	97.9%	97.4%
Access to Primary Care Practitioners: 25 Mos - 6 Yrs	89.1%	91.0%	90.2%
Access to Primary Care: 7 - 11 Years	88.6%	90.8%	90.4%
Access to Primary Care: 12 - 18 Years	85.2%	89.3%	87.5%
Childhood Immunization Status, Combination 3	76.3%[1]	77.7%	74.5%[2]
Well-Child Visits, First 15 Months of Life, 6+ Visits	57.7%	58.1%	60.9%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	72.8%	76.8%	74.0%[2]
Adolescent Well-Care Visits	44.3%	46.3%	47.3%[2]
Chlamydia Screening in Women	44.3%	44.4%	47.7%
Mental Health Utilization, 0-18 years	2.0%	2.4%	2.6%
Identification of Alcohol and Other Drug Services	0.3%	0.3%	0.4%
Appropriate Medication for Children with Asthma	94.3%	93.6%	92.6%
Appropriate Testing for Children with Pharyngitis	31.1%	34.8%	38.5%
Appropriate Treatment for Upper Respiratory Infection	85.5%	87.2%	88.8%
Lead Screening in Children	52.1%	61.7%	56.6%

[1]Erroneously reported as 67.2% in 2009 HEDIS Report.
[2]Changed from 2010 HEDIS Report published in December 2011; see section preceding Introduction.

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Comparison to National Averages

To assess HFP performance relative to other types of insurance coverage, the HFP weighted averages for 2010 were compared with the 2010 Medi-Cal, Medicaid health maintenance organization (HMO), and national commercial HMO averages. Five HFP HEDIS rates are above commercial and Medicaid averages, and four rates are below commercial and Medicaid averages (Table 2). Of the four measures HFP collects in common with Medi-Cal, two rates are above and two are below.

Table 2: HFP Rates Comparison

HEDIS Measure	2010			
	California		National HMOs	
	HFP	Medi-Cal	Medicaid	Commer-cial HMOs
Childhood Immunization Status, Combination 3	74.5%[1]	74.9%	69.4%	73.4%
Childhood Immunization Status, Combination 10	18.1%[1]	ND	12.6%	16.3%
Immunizations for Adolescents	54.4%[1]	ND	42.5%	45.7%
Well-Child Visits, First 15 Months of Life, 6+ Visits	60.9%	ND	59.4%	74.5%
Well-Child Visits, 3rd, 4th, 5th, & 6th Years of Life	74.0%[1]	77.1%	71.6%	70.3%
Adolescent Well-Care Visits	47.3%[1]	44.9%	47.7%	42.5%
Mental Health Utilization, 13-17 Years of Age	3.9%	ND	11.7%	8.5%
Identification of Alcohol and Other Drug Svcs	0.4%	ND	2.0%	1.0%
Appropriate Treatment for Upper Respiratory Infection	88.8%	87.8%	86.0%	84.1%
Appropriate Testing for Children with Pharyngitis	38.5%	ND	62.3%	77.4%
Lead Screening in Children	56.6%	ND	66.4%	ND
Chlamydia Screening in Women	47.7%	ND	54.4%	41.0%
Access to Primary Care: 12 - 24 Months	97.4%	ND	95.2%	97.5%
Access to Primary Care: 25 Mos - 6 Yrs	90.2%	ND	88.3%	91.6%
Access to Primary Care: 7 - 11 Years	90.4%	ND	90.3%	91.4%
Access to Primary Care: 12 - 18 Years	87.5%	ND	87.9%	89.0%

[1]Changed from 2010 HEDIS Report published in December 2011; see section preceding Introduction.

Health Plan Performance

High and low performing plans were determined by comparing the number of HEDIS rates at or above the commercial 90th percentile (high rates) and at or below the 10th percentile (low rates). The number of high rates and low rates for all plans were summed and averaged. Plans more than one standard deviation above or below the average were considered to be high performers or low performers, respectively.

<u>High Performers</u>

For 2010, there are five health plans that had five or more HEDIS rates above the national commercial 90th percentile rate:

Kaiser Foundation Health Plan South	7 rates
Kaiser Foundation Health Plan North	6 rates
Community Health Group	6 rates
CalOptima	5 rates
Contra Costa Health Plan	5 rates

<u>Low Performers</u>

For 2010, four health plans had eight or more HEDIS rates at or below the national commercial 10th percentile rate:

Blue Shield EPO	10 rates
Anthem Blue Cross HMO	9 rates[1]
Alameda Alliance for Health	8 rates
Community Health Plan	8 rates

[1]Changed from 2010 HEDIS Report published in December 2011; see section preceding Introduction.

EXECUTIVE SUMMARY

Demographic Findings

MRMIB monitors its health plans to ensure that access to quality healthcare is shared by all of its members. Statistical analysis of HEDIS data (Appendix D) tells us where a particular demographic stands out among the others; these are summarized here and given throughout the report. Groupings considered by MRMIB for this report were primary language, ethnicity, income level, age and gender.

- Hispanic/Latino and African American members had the highest immunization rates, while HFP members who speak Chinese had the lowest rates, as did White HFP members. Childhood immunization rates were highest in the Bay Area and lowest in the Northern region; members in the South Coast region had the highest adolescent immunization rates.

- In general, Hispanic/Latino members had the highest rates for well visits while White members had the lowest rates.

- Hispanic/Latino HFP members visited a primary care practitioner at the highest rate and African American members visited a primary care practitioner at the lowest rate. Members who speak English or Vietnamese had higher rates for accessing primary care while members who speak Korean had the lowest rates. Visits to a primary care practitioner were lowest for members in the Los Angeles region.

- African American members had the highest rates for pharyngitis testing and Chinese speaking members the lowest. Rates of pharyngitis testing and appropriate treatment for upper respiratory infection were highest for members in the Bay Area region and lowest in the Los Angeles region.

- Asian/Pacific Islander members had the highest rates of appropriate medication for asthma, while White members had the lowest rates.

- Screening rates (Chlamydia and lead) were lowest for members in the Northern region, and for HFP members who are White.

- Males and White HFP members had the highest rates of mental health and substance use services while females had the highest rates of adolescent well-care visits.

- Members in the highest income category had the highest rates for visits to a primary care practitioner, while members in the lowest income categories had the highest rates for immunizations, lead screening, mental health services, and alcohol and other drug services.

Conclusions

Overall, the 2010 HEDIS results indicate that the HFP is performing well in access to care for all four age groups. HFP is making incremental improvements in *Well-Child Visits in the First 15 Months of Life, Adolescent Well-Care Visits, Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection, and Chlamydia Screening in Women.*

The HFP continues to show room for improvement in *Mental Health Utilization*, *Identification of Alcohol and Other Drug Services*, and *Appropriate Testing for Children with Pharyngitis.*

HEDIS measures enable MRMIB and other public programs to assess health plan performance based on practice guidelines and recommendations from the Agency for Healthcare Research and Quality, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention.

These measures are an important tool that provides consumers and the public with transparency of information concerning the quality of healthcare provided by our health plan partners. HFP uses this information to identify areas where plans are performing well and where more effort is needed, as MRMIB and its health plan partners plan for continued quality improvement.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS

Measure Definition

Children's Access to Primary Care Practitioners measures children who visited a primary care practitioner (PCP) at least once during 2010 (ages 12 to 24 months and ages 25 months to 6 years), or at least once in *either* 2009 *or* 2010 (ages 7 to 11 years and 12 to 18 years). There are four separate rates reported for the four age groups:

- 12 to 24 months if born on or between December 31, 2009 and December 1, 2008
- 25 months to 6 years if born on or between November 30, 2008 and January 1, 2004
- 7 to 11 years as of December 31, 2010
- 12 to 18 years as of December 31, 2010

Table 4. Trends in HEDIS Averages for Visits to a PCP

		12-24mo	25mo-6yr	7-11yr	12-18yr
HFP	2010	97.5	90.2	90.4	87.5
	2009	97.9	91.0	90.8	89.3
	2008	96.9	89.1	88.6	85.2
Medicaid	2010	95.2	88.3	90.3	87.9
	2009	95.0	87.2	87.8	85.3
	2008	93.4	84.3	85.8	82.6
Commercial HMO	2010	97.5	91.6	91.4	89.0
	2009	96.7	89.7	89.9	87.3
	2008	96.9	89.4	89.5	86.9

Children's and Adolescents' Access to Primary Care Practitioners (CAP) – Summary for All Age Groups

Plans whose members visited a primary care practitioner at a high rate in all four age groups were:

1. Kaiser Foundation Health Plan, South
2. Central California Alliance for Health

Plans whose members visited a primary care practitioner at a rate below the commercial 10th percentile in every age group were:

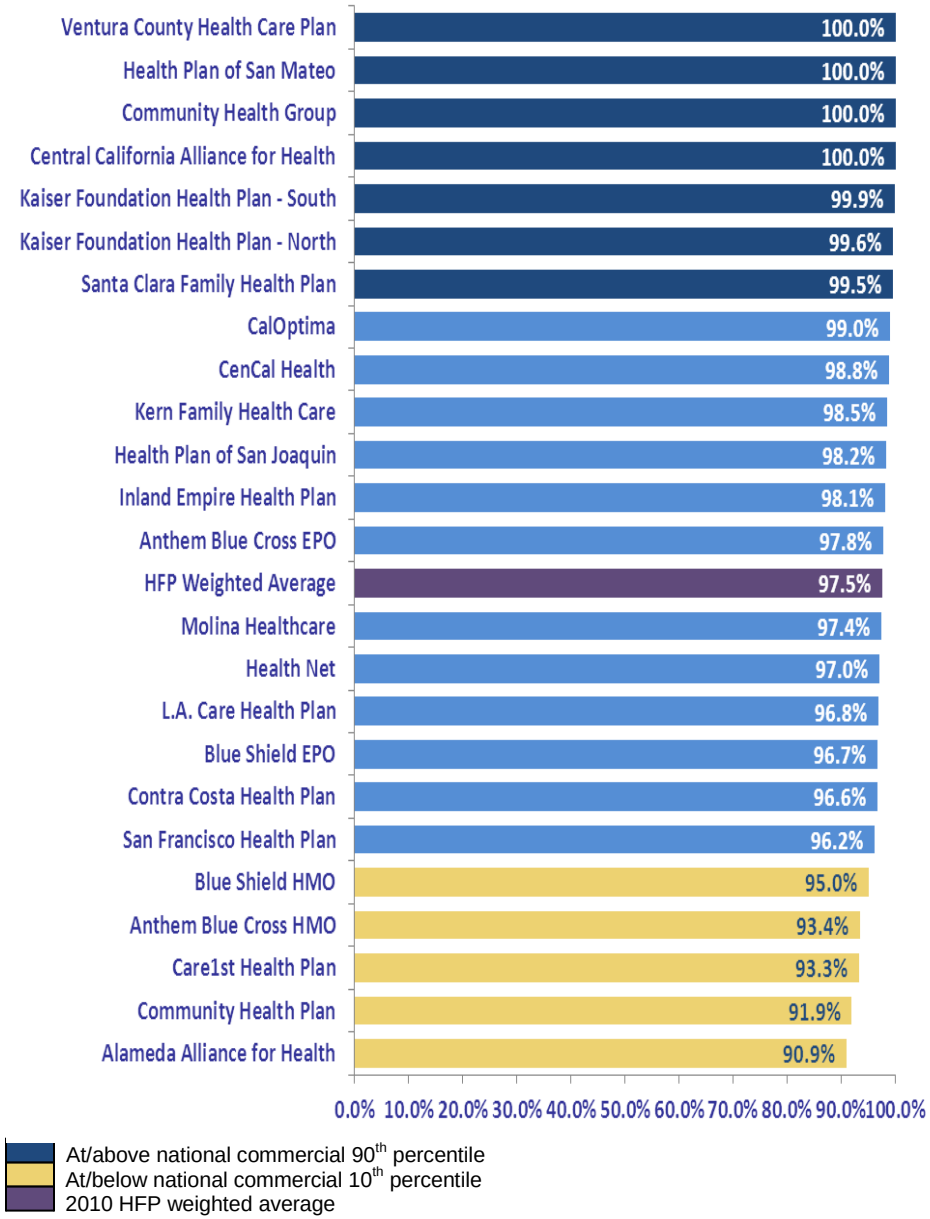
1. Community Health Plan
2. Alameda Alliance for Health
3. Anthem Blue Cross HMO

Demographic Findings

Members in the highest income category (200-250% FPL) made visits to a primary care practitioner at statistically higher ($p<.05$) rates for all ages except babies 12 to 24 months old.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS: 12 – 24 MONTHS

Figure 1. 2010 Individual Plan Rates



Plans Above the National Commercial HMO 90th Percentile

- Ventura County Health Care Plan
- Health Plan of San Mateo
- Community Health Group
- Central California Alliance for Health
- Kaiser Foundation Health Plan, South
- Kaiser Foundation Health Plan, North
- Santa Clara Family Health Plan

Overall Results

HFP plans performed very well, as they have for the past three years, resulting in nearly 98 percent (97.5%) of infants 12 to 24 months old having at least one primary care visit in 2010. Seven HFP health plans performed above the national commercial 90th percentile (99.3%), while two plans were below the national commercial 10th percentile (95.2%).

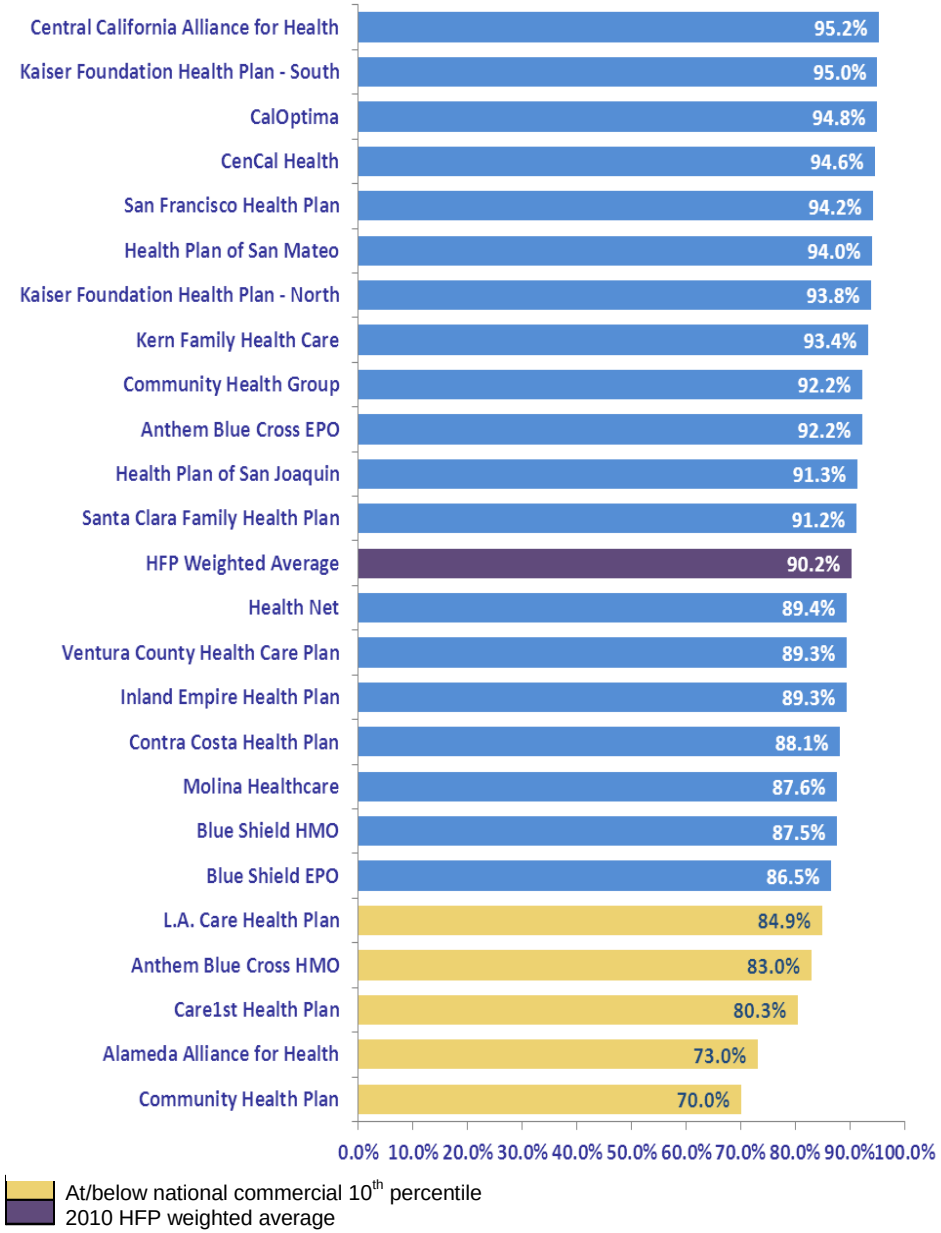
Demographic Findings

- All (100%) African American babies had a visit with a primary care practitioner in 2010, compared to 96.0 percent of White HFP members.

- Babies in Los Angeles County had a significantly lower rate of visits to a primary care practitioner than members in any other region in California.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS: 25 MONTHS - 6 YEARS

Figure 2. 2010 Individual Plan Rates



Overall Results

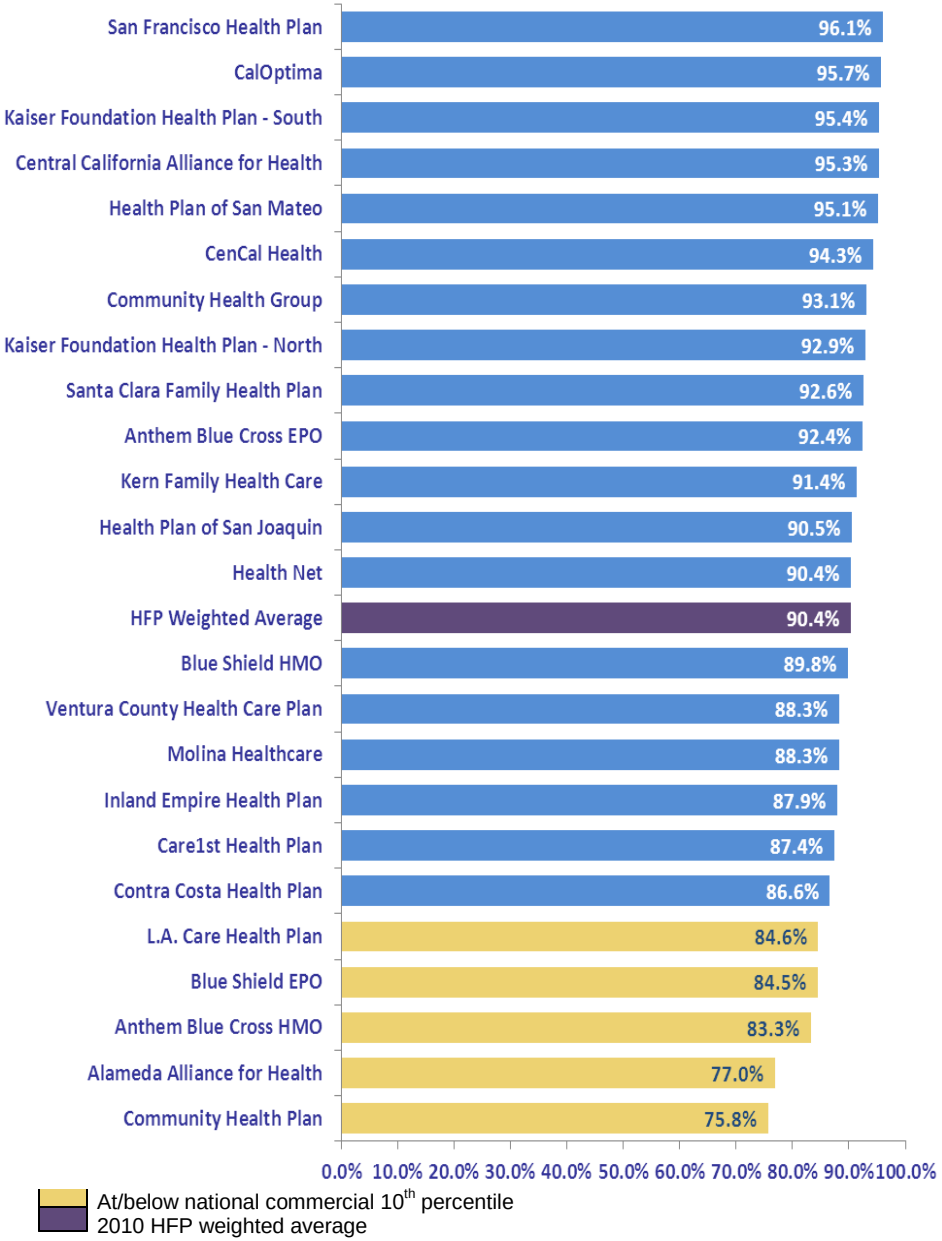
Ninety percent of HFP children ages 25 months to 6 years old saw a primary care practitioner in 2010. No health plans achieved the national commercial 90th percentile (95.8%) for this measure while five plans' rates were below the national commercial 10th percentile (86.2%) rate.

Demographic Findings

- For this age group, Vietnamese speakers accessed primary care at the highest rate, while members who speak Korean accessed primary care at significantly lower rates.
- Hispanic/Latino and "Other" ethnicity members accessed primary care at the highest rates while African American members had the lowest rate of children 25 months to 6 years accessing primary care in 2010.
- Members in the Los Angeles region accessed primary care at a substantially lower rate than members in other regions.
- Members in the highest income category (200-250%) accessed primary care at the highest rate.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS: 7 - 11 YEARS

Figure 3. 2010 Individual Plan Rates



Overall Results

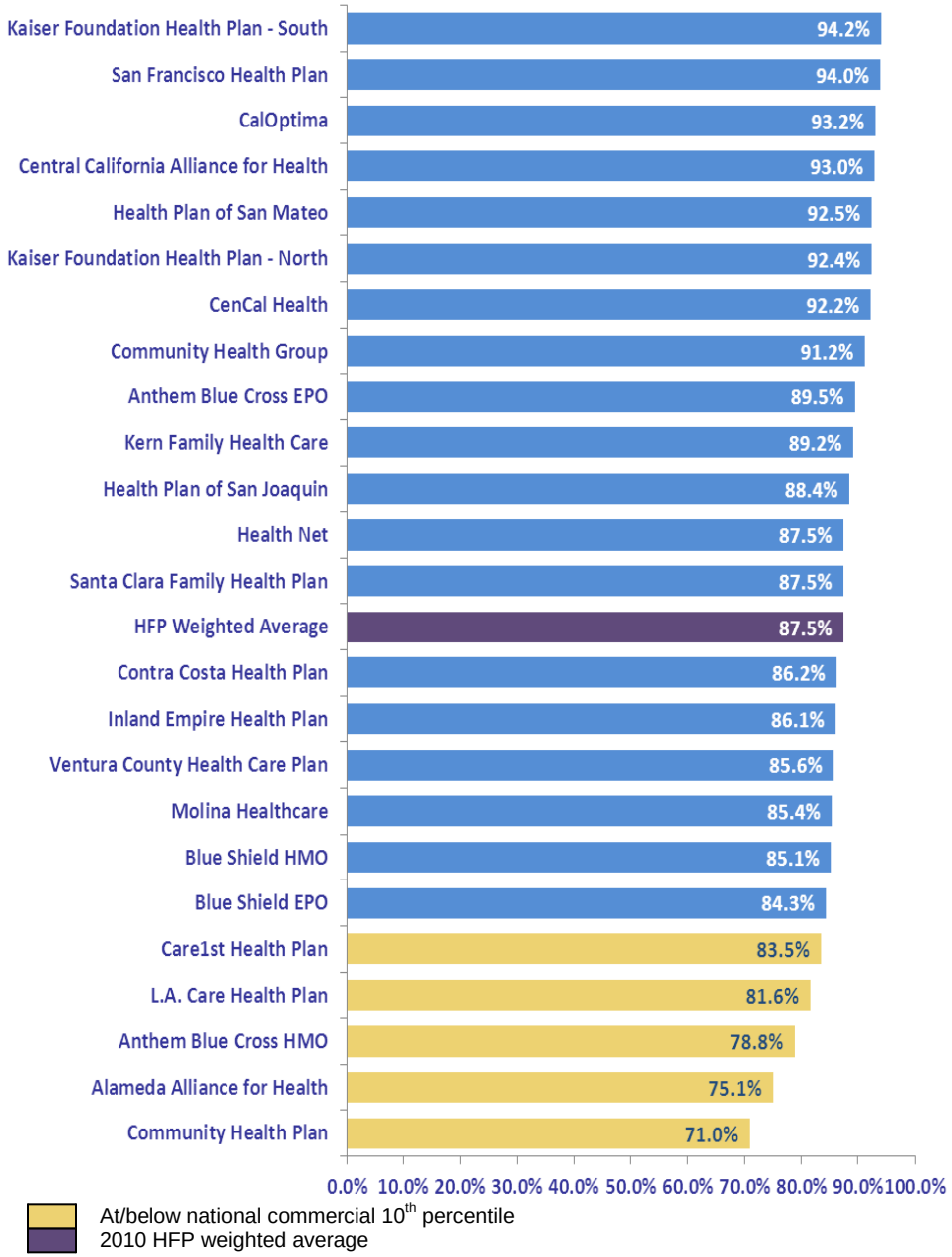
In 2010 individual health plan rates varied from 75.8 percent to 96.1 percent with HFP's weighted average at 90.4 percent. None of the 24 participating health plans had rates at or above the national commercial 90th percentile rate (96.6%). Five health plans had rates below the national commercial 10th percentile (86.0%).

Demographic Findings

- Hispanic/Latino children 7 to 11 years of age saw a primary care practitioner at the highest rates in 2010.
- HFP children 7 to 11 years of age in the South Coast region accessed primary care at higher rates than those in any other region.
- Members in the highest income category (200 – 250% FPL) accessed primary care at the highest rate in the 7 to 11 year old age group.

CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS: 12 - 18 YEARS

Figure 4. 2010 Individual Plan Rates



Overall Results

The 2010 HFP weighted average for 12 to 18 year olds is the lowest of all four age groups at 87.5 percent. None of the 24 participating health plans achieved rates at or above the national commercial 90th percentile rate (95.0%). Five health plans' members received primary care visits at a rate below the national commercial 10th percentile (83.9%).

Demographic Findings

Statistically significant differences were found among all demographic categories for visits to a primary care practitioner among 12 to 18 year old adolescents and young adults. Spanish and English speakers had the highest rates by primary language, while Asians/Pacific Islanders had the lowest rates by ethnicity. Members in the South Coast region and members in the highest income category (200 – 250%) had the highest access to primary care rates.

CHILDHOOD IMMUNIZATION STATUS

Measure Definition

Childhood Immunization Status measures how many children, who by their second birthday, received vaccines recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics.

Combination 3 is the first of two immunization combinations monitored by MRMIB and includes:

- Diphtheria, tetanus, and pertussis (DTaP)
- Polio (IPV)
- Measles, mumps, and rubella (MMR)
- Hepatitis B (HepB)
- Chicken Pox (VZV)
- H influenza type B (HiB)
- Pneumonia (PCV)

Combination 10 comprises all of the immunizations of Combination 3 above, and in addition includes immunizations for:

- Hepatitis A (HepA)
- Rotavirus (RV)
- Influenza

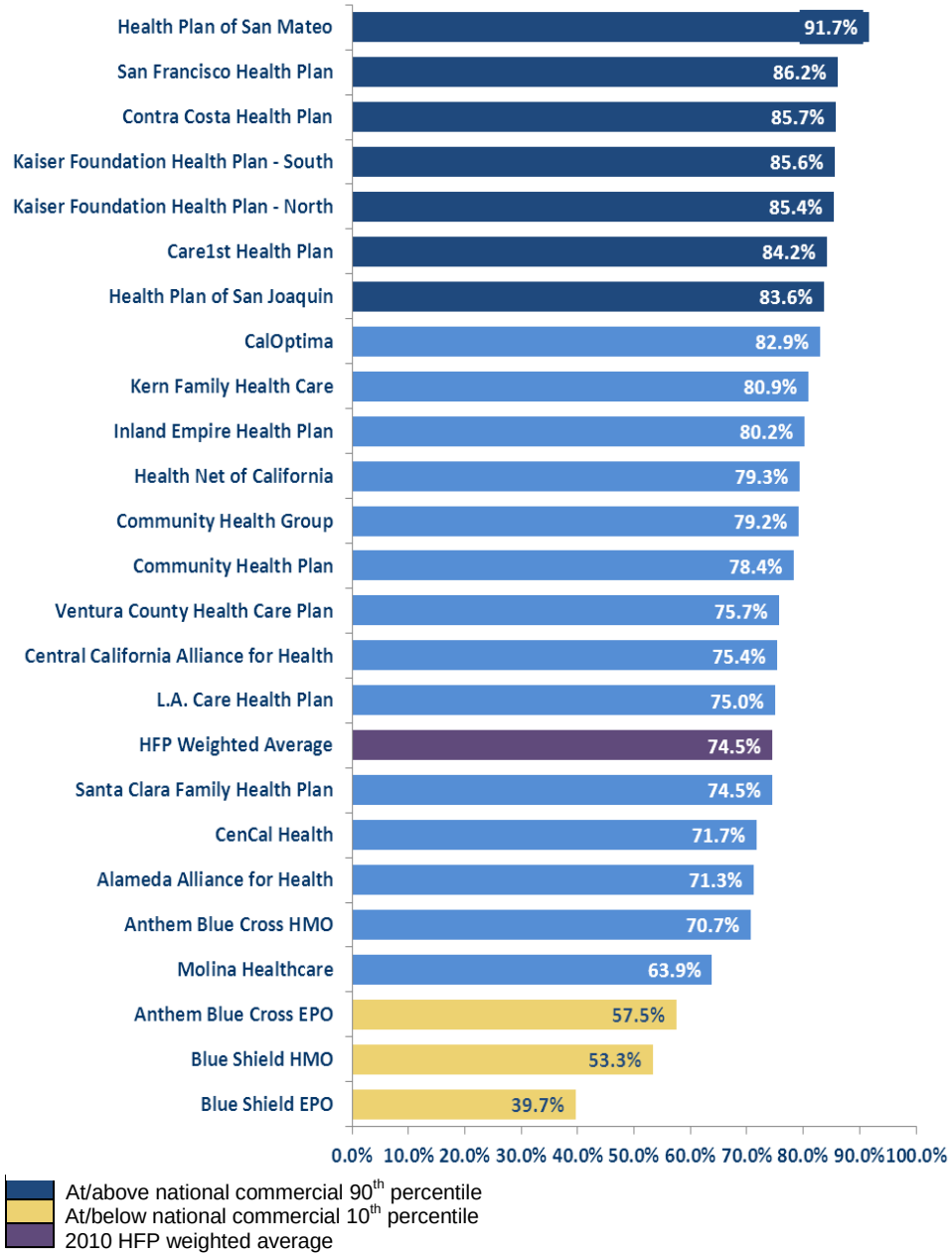
Although Combination 10 was new to HFP measures in 2010, these vaccines have been recommended by the CDC since 2007.

Importance of the Measure

Vaccinations are very important for a variety of reasons. For children, vaccines are particularly important because younger children are vulnerable to disease germs and their bodies may not yet have the strength to fight diseases. Secondly, vaccinations protect the health of the entire community - if many are immunized, those who cannot be vaccinated will be exposed to less disease. For instance, infants cannot be vaccinated for certain diseases such as measles, but are still susceptible to contracting measles. If older children have been vaccinated, infants will be less likely to be exposed to measles. Finally, vaccinations are critical to slowing or stopping the spread of diseases and preventing outbreaks. For these reasons, children's health is protected through immunization.

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 3

Figure 5. 2010 Individual Plan Rates



Plans Above the National Commercial HMO 90th Percentile

- Health Plan of San Mateo
- San Francisco Health Plan
- Contra Costa Health Plan
- Kaiser Foundation Health Plan, South
- Kaiser Foundation Health Plan, North
- Care1st Health Plan
- Health Plan of San Joaquin

Overall Results

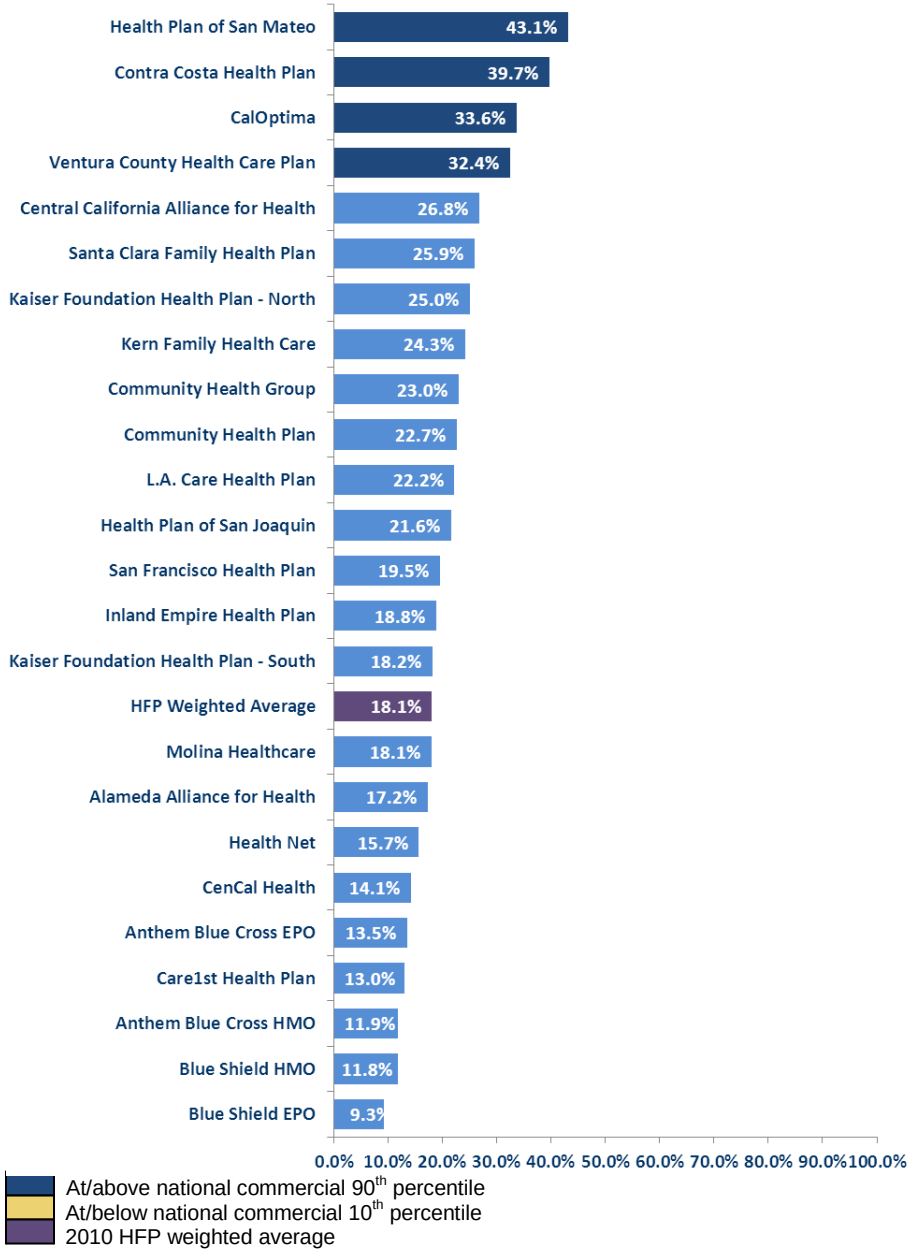
In 2010, 74.5 percent of HFP members under 2 years old received the combination 3 vaccination. Seven plans had rates above the national commercial 90th percentile rate (83.2%), and three health plans had rates below the national commercial 10th percentile rate (63.6%).

Demographic Findings

- Spanish speakers had statistically higher rates ($p<0.5$) than any other primary language group.
- African American and Hispanic/Latino HFP members had the highest rates of Combination 3 immunizations among the ethnic groups.
- HFP members in the Bay Area region received immunizations at higher rates than members in other regions.

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 10

Figure 6. 2010 Individual Plan Rates



Plans Above the National Commercial HMO 90th Percentile

- Health Plan of San Mateo
- Contra Costa Health Plan
- CalOptima
- Ventura County Health Care Plan

Overall Results

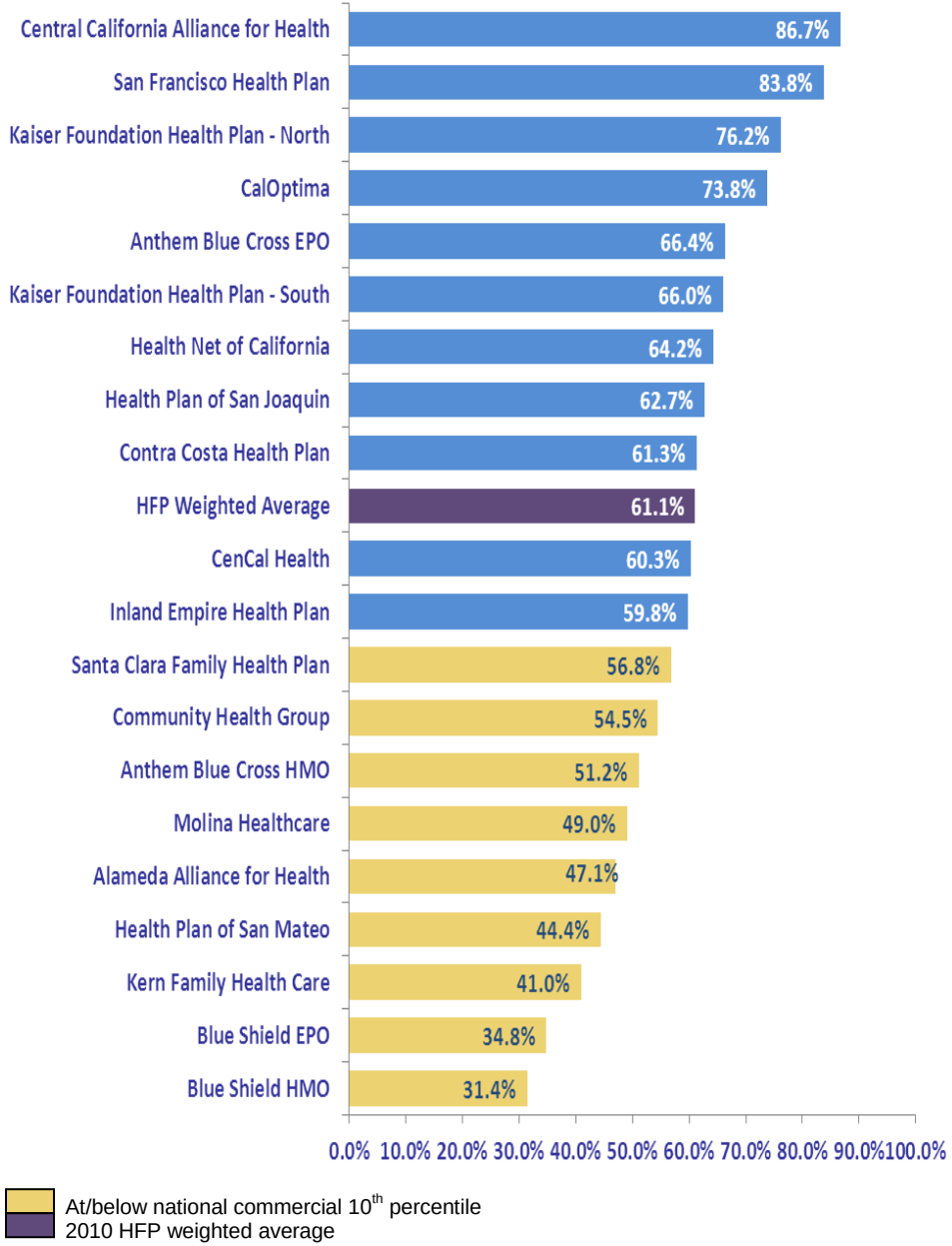
Eighteen percent (18.1%) of HFP members under 2 years old received the three additional vaccines in *Childhood Immunization Status, Combination 10*, measured for the first time this year. Four plans had rates above the national commercial 90th percentile (27.5%). No plans had rates below the national commercial 10th percentile (7.3%).

Demographic Findings

- The highest rate of Combination 10 immunizations by primary language was for Spanish speaking members.
- Hispanic/Latino and Asian/Pacific Islander members had significantly higher rates of combination 10 immunizations than members in other ethnic groups.
- Members in the Bay Area had significantly higher rates of these immunizations than members in other regions.

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

Figure 7. 2010 Individual Plan Rates



Measure Definition

Well-Child Visits in the First 15 Months of Life, 6 or More Visits is used to track the percentage of members who turned 15 months old during 2010, and who had 6 or more well-child visits.

Importance of this Measure

Well-child visits are important during the early months of a child's life to assess growth and development and identify and address any problems early. This measure is based on the CMS and American Academy of Pediatrics (AAP) guidelines for at least 6 well-child visits from birth to 15 months of age.

Overall Results

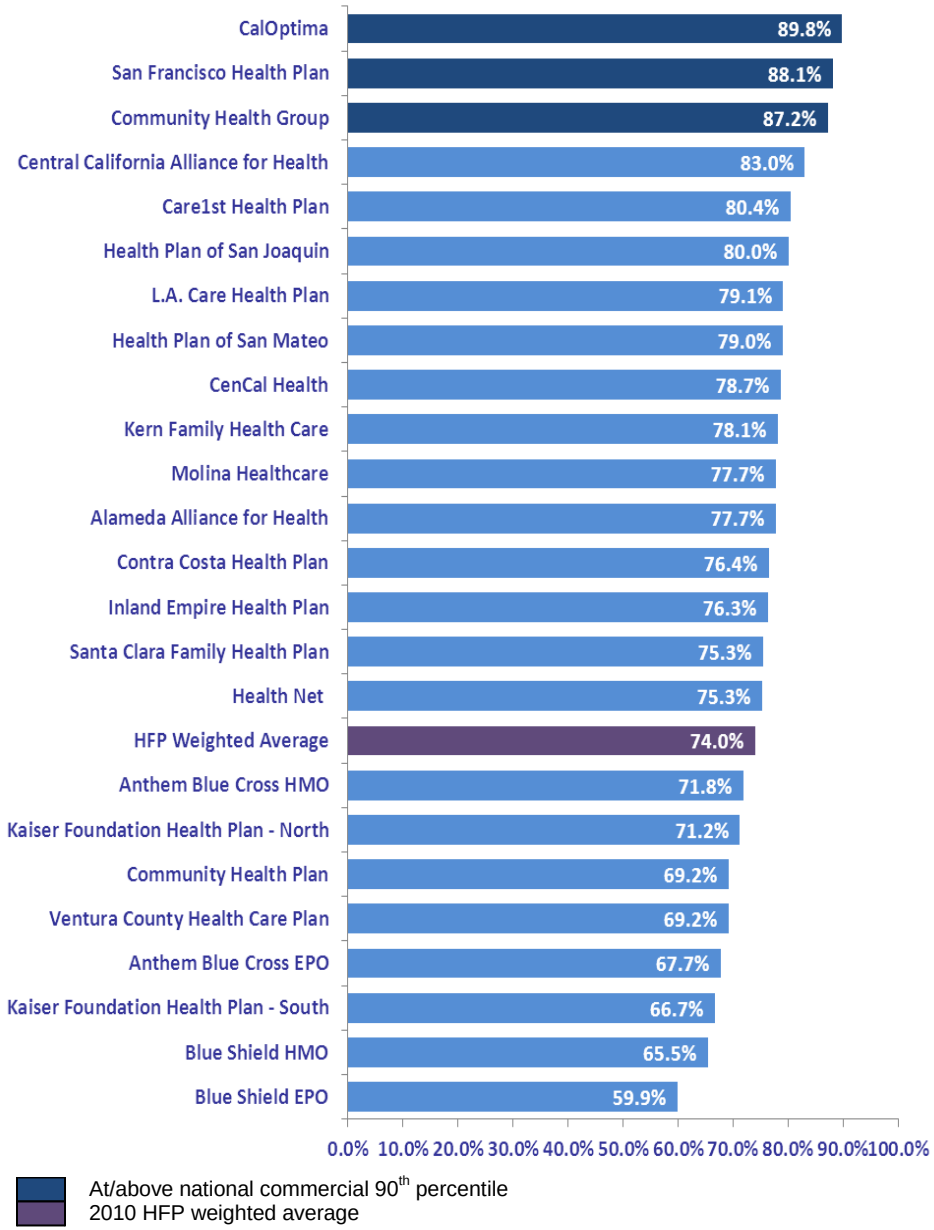
Of the 24 HFP participating health plans, four had sample sizes too small to report (30 or less) for this measure. Therefore, the HFP weighted average is based on the 20 health plans with adequate sample sizes for this measure. During 2010, just over 60 percent (61.1%) of eligible HFP infants received the recommended number of well child visits. Nine plans had rates below the national commercial 10th percentile rate (59.5%).

Demographic Findings

- Korean and Vietnamese speakers had significantly higher rates of well child visits in the first 15 months of life than members who speak other languages.
- Members in the Northern region had significantly higher rates than members in the other regions.

WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE

Figure 8. 2010 Individual Plan Rates



Measure Definition

Well-Child Visits in the 3rd, 4th, 5th, and 6th, Years of Life measures the percentage of members ages 3 to 6 years, who had one or more well child visits with a primary care practitioner in 2010.

Importance of this Measure

Well child visits are important during early and middle childhood to assess growth and development and identify any problems early. The American Academy of Pediatrics (AAP) recommends that children receive annual well-child visits.[1]

Plans Above the National Commercial HMO 90th Percentile

- CalOptima
- San Francisco Health Plan
- Community Health Group

Overall Results

In 2010, 74.0 percent of eligible HFP members received the recommended well child visits. Three health plans achieved rates above the national commercial 90th percentile (84.5%). No health plans had rates below the commercial 10th percentile (56.5%).

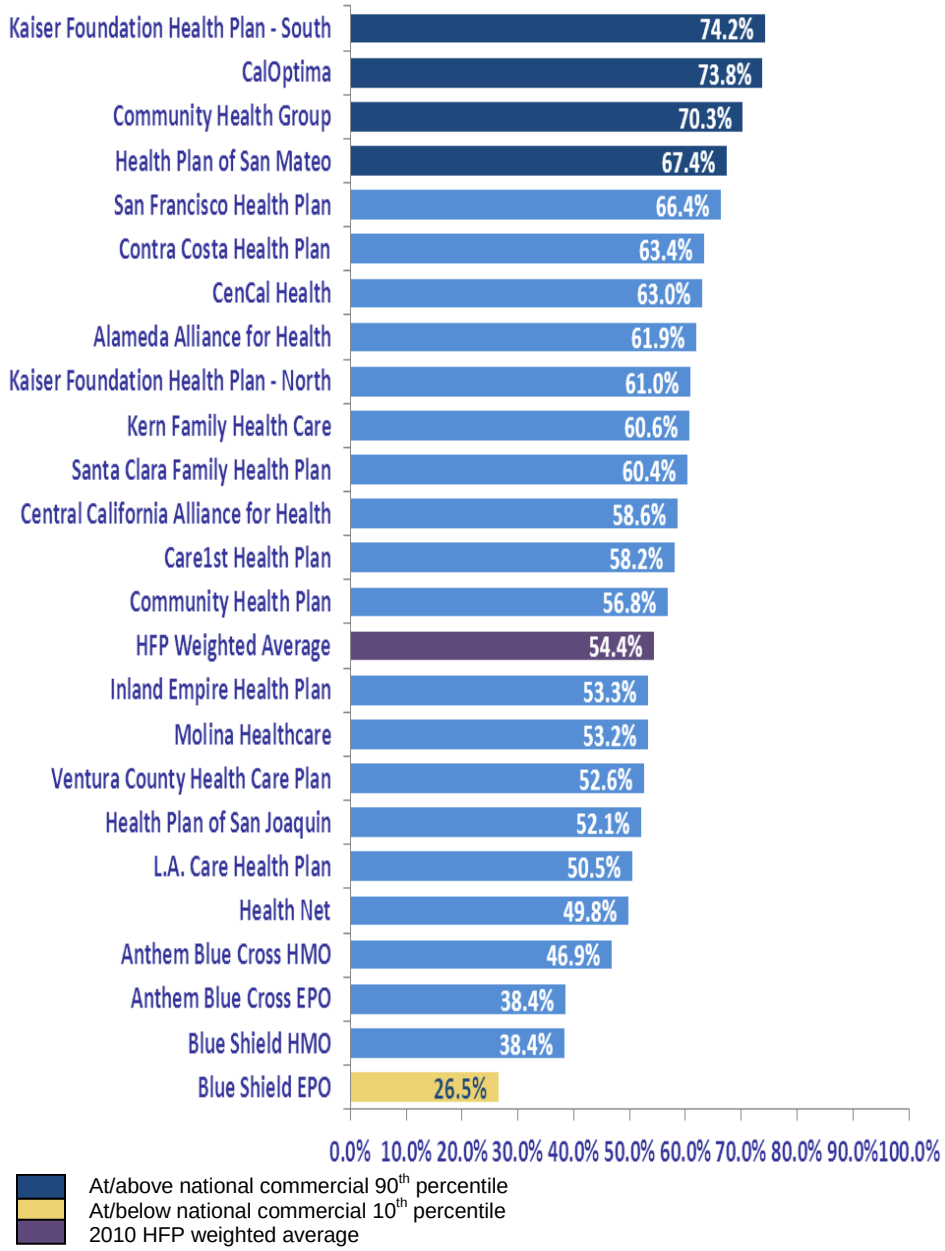
Demographic Findings

Hispanic/Latino members had the highest rate of well child visits. HFP members who live in the Bay Area and South Coast regions had significantly higher rates for these visits than members in other regions. Five year olds had significantly higher rates for well- child visits in this measure.

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

IMMUNIZATIONS FOR ADOLESCENTS

Figure 9. 2010 Individual Plan Rates



Measure Definition

Immunizations in Adolescents is collected for meningococcal vaccine on or between the 11th and 13th birthdays, and for a Tdap booster (tetanus, diphtheria, and acellular pertussis) on or between the 10th and 13th birthdays, for adolescents who turned 13 in 2010.

Plans Above the National Commercial HMO 90th Percentile

- Kaiser Foundation Health Plan, South
- CalOptima
- Community Health Group
- Health Plan of San Mateo

Overall Results

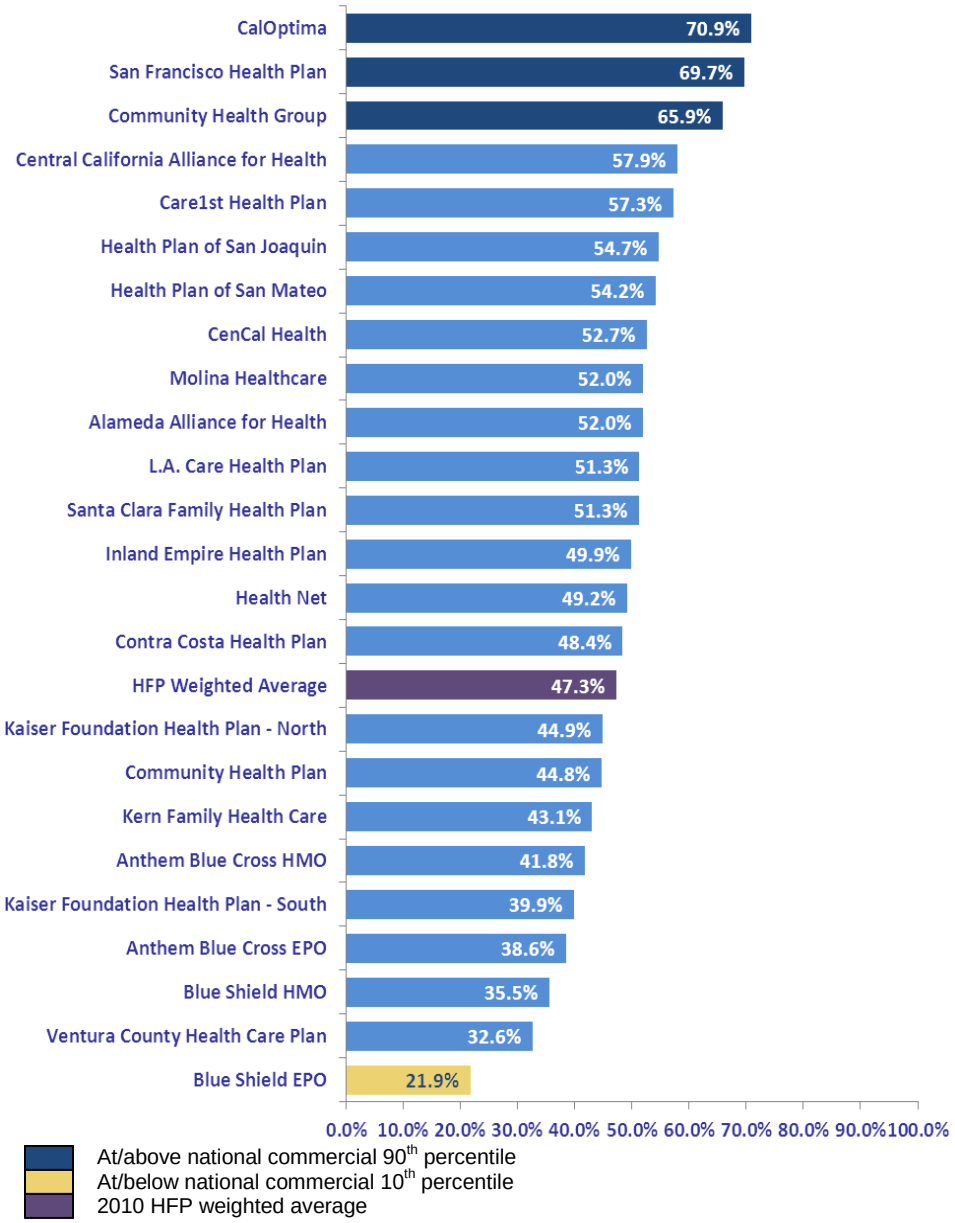
In 2010, more than half (54.4%) of HFP members 13 to 14 years old received the Combination 1 vaccination for adolescents. Fourteen health plans exceeded this rate and four health plans had rates at or above the national commercial 90th percentile (66.9%).

Demographic Findings

- Members who speak Spanish had the highest rate of adolescent immunizations, while Chinese and Vietnamese speakers had the lowest rates.
- Hispanic/Latino and African American HFP adolescents had the highest rate of immunizations in 2010.
- HFP members in the South Coast region had the highest rate of adolescents who were immunized, while members in the Northern region had the lowest rate.

ADOLESCENT WELL-CARE VISITS

Figure 10. 2010 Individual Plan Rates



Measure Definition

Adolescent Well-Care Visits measures the percentage of members who were 12 to 18 years old on or before December 31, 2010, who had at least one well-care visit with a primary care or OB/GYN practitioner in 2010 that included *all* of the following:

- A health and developmental history
- A physical exam, and
- Health education/anticipatory guidance.

Importance of this Measure

Adolescents face a variety of health risks and health problems including unintended pregnancies, sexually transmitted diseases, substance use disorders, and depression, among others.

Plans Above the National Commercial HMO 90th Percentile

- CalOptima
- San Francisco Health Plan
- Community Health Group

Overall Results

Less than half (47.3%) of HFP adolescents had a well-care visit in the last two years. Three plans achieved rates above the national commercial 90th percentile (60.5%).

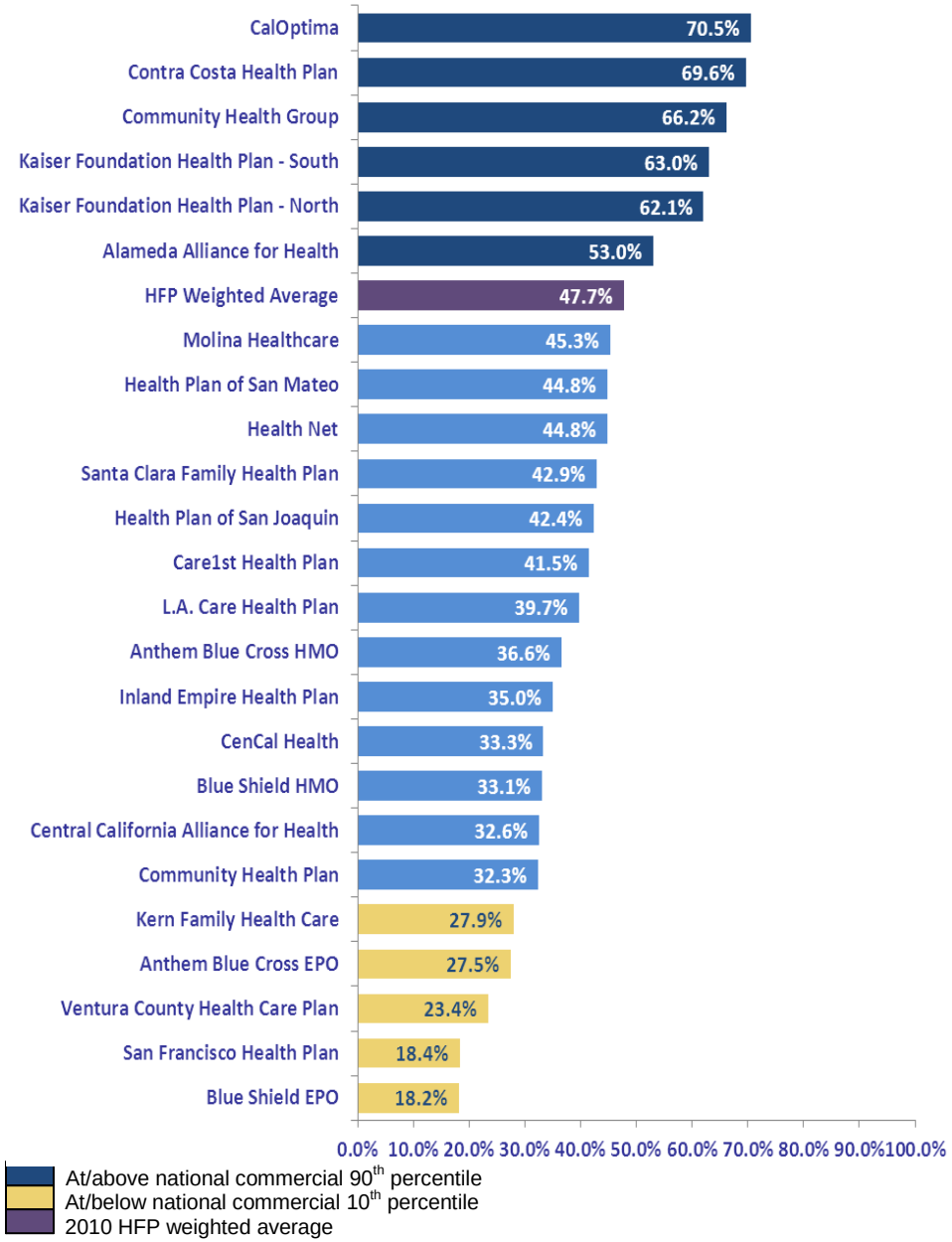
Demographic Findings

- African American HFP adolescents and those who speak Vietnamese had the highest rate of well-care visits, while White members had the lowest rate.

- Fourteen year-olds and adolescents in the Bay Area received well-care visits at the highest rates.

CHLAMYDIA SCREENING IN WOMEN

Figure 11. 2010 Individual Plan Rates



Measure Definition

This measure monitors the percentage of young HFP women 16 years of age and older who are identified as sexually active and received a test for Chlamydia during 2010.

Plans Above the National Commercial HMO 90th Percentile

- CalOptima
- Contra Costa Health Plan
- Community Health Group
- Kaiser Foundation Health Plan, South
- Kaiser Foundation Health Plan, North
- Alameda Alliance for Health

Overall Results

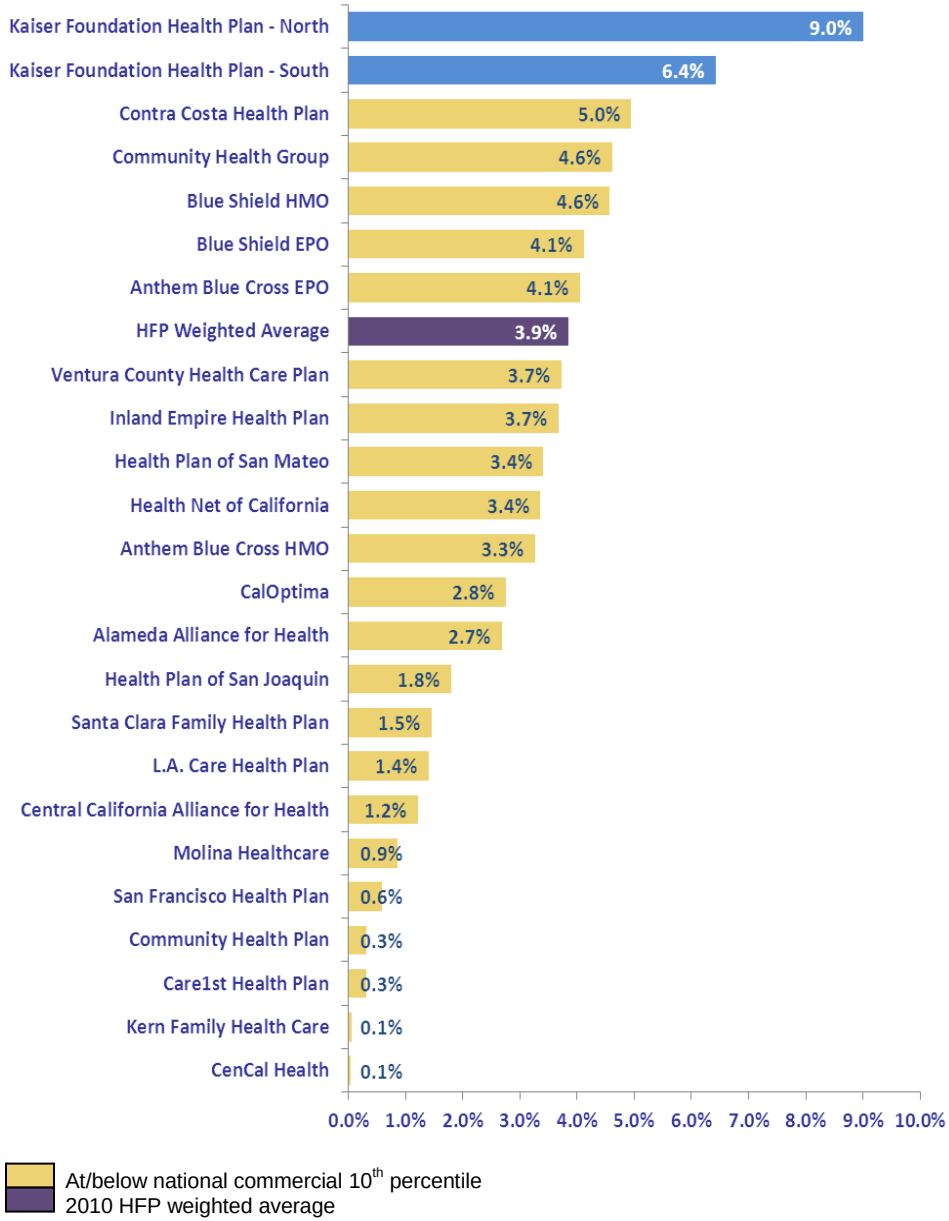
Less than half the HFP teens who were eligible for Chlamydia screening received this recommended screening in 2010 (47.7%). Six health plans exceeded the national commercial 90th percentile (51.5%) for this measure. Five health plans had rates below the national commercial 10th percentile (30.1%).

Demographic Findings

- Young women who are African American were screened for Chlamydia at the highest rate compared to other ethnic groups.
- Members who speak Vietnamese had the highest rate for Chlamydia screening of the primary language groups.
- Young women in the South Coast had the highest rate for Chlamydia screening, with those in the Northern region at a significantly lower rate.

MENTAL HEALTH UTILIZATION for Ages 13 to 17

Figure 12. 2010 Individual Plan Rates



Measure Definition

Mental Health Utilization evaluates the percentage of members who received one of the following mental health services: inpatient treatment, intensive outpatient treatment, or outpatient treatment, including emergency department visits. HEDIS specifies grouping by ages, and for HFP the relevant groups are birth to 12 years, and 13 to 17 years of age. This report displays the utilization percentages for the 13 to 17 year-old age group.

Overall Results

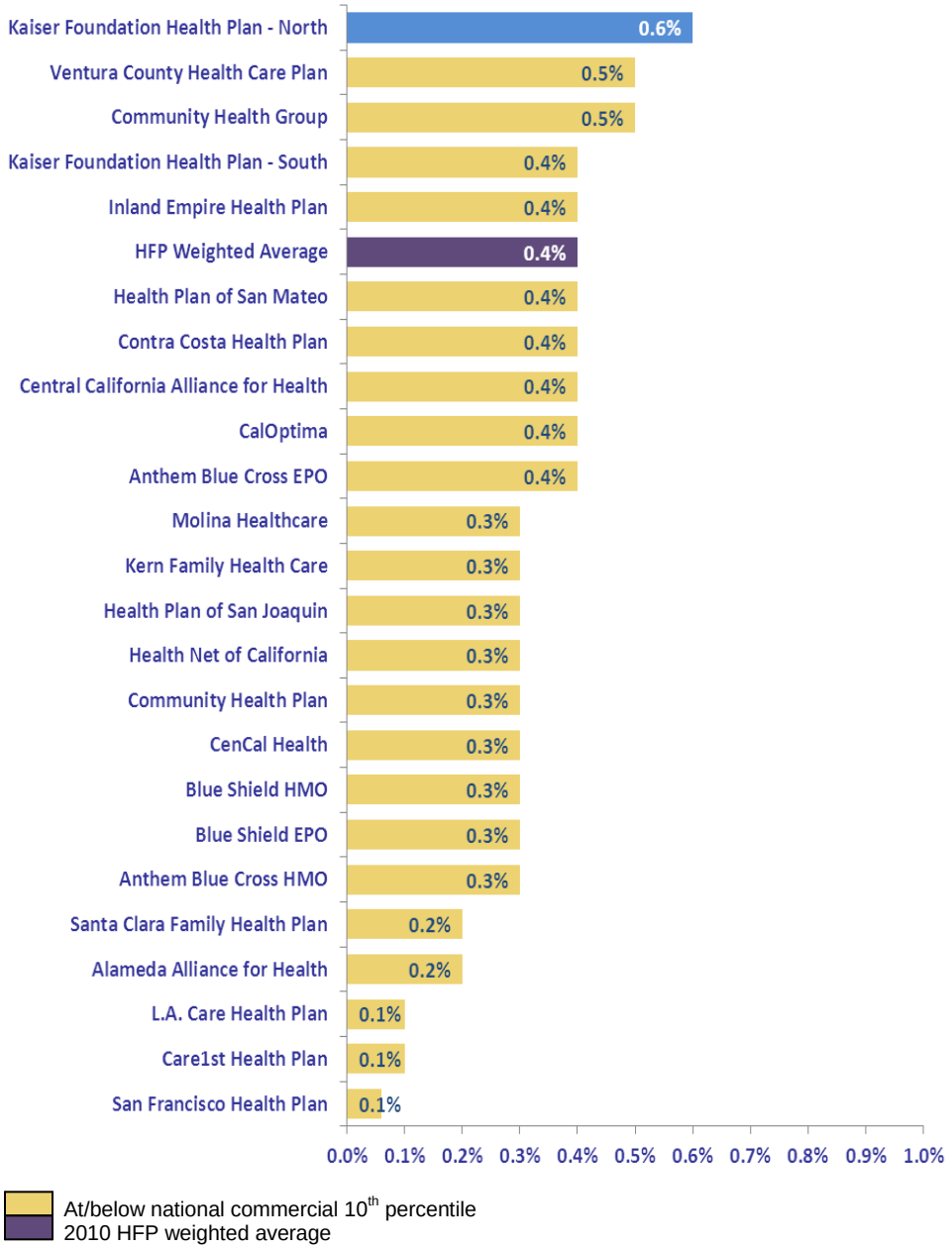
In California, children who meet certain severity criteria qualify for provision of mental health services through County Mental Health Departments. The 2010 HFP weighted average for mental health utilization is low (3.9%), partly because the number of Healthy Families members that receive services through their plans is reduced by the number receiving services through County Mental Health. Only Kaiser Foundation Health Plan, who unlike other HFP plans, provides comprehensive mental health services for its members, performed above the 10th percentile of national commercial plans (5.3%). MRMIB estimates that addition of those receiving county mental health services would bring the weighted average for all mental health services provided to HFP members to 5.6 percent.

Demographic Findings

- Mental health service utilization was significantly higher among English speaking members, and differed significantly by ethnic group, with White members using these services at the highest rate.
- Members in the Southern region had significantly higher rates than members in other regions, while members in the Los Angeles region had significantly lower rates of mental health services.
- The highest rate of mental health services was also found among the lowest income category and members who are male.

IDENTIFICATION OF ALCOHOL AND OTHER DRUG SERVICES for Ages 13 to 17

Figure 13. 2010 HFP Plan Rates



Measure Definition

Identification of Alcohol and Other Drug Services tracks the percentage of members who received alcohol and other drug (AOD) services. This measure includes members who had inpatient treatment *or* intensive outpatient treatment *or* outpatient treatment, including emergency department visits. HEDIS specifies grouping by ages, and for HFP the relevant groups are birth to 12 years, and 13 to 17 years of age. This report displays the utilization percentages for the 13 to 17 year-old age group.

Importance of this Measure

According to estimates from the National Survey on Drug Use and Health[2], 11 percent of adolescents in California ages 12 to 17 reported use of an illicit drug in the month prior to the 2008-09 survey, while 4.75 percent of these children said they needed but did not receive treatment for illicit drug use. Past month alcohol use in this age group for California is 14 percent, and 8.5 percent of children ages 12 to 17 report binge drinking in the month prior to the survey. Nearly 5 percent of these 12 to 17 year-olds report needing, but not receiving, treatment for alcohol use.

Overall Results

No plans reached the national commercial 90th percentile rate (1.6%) and 23 plans were at or lower than the national commercial 10th percentile rate (0.5%).

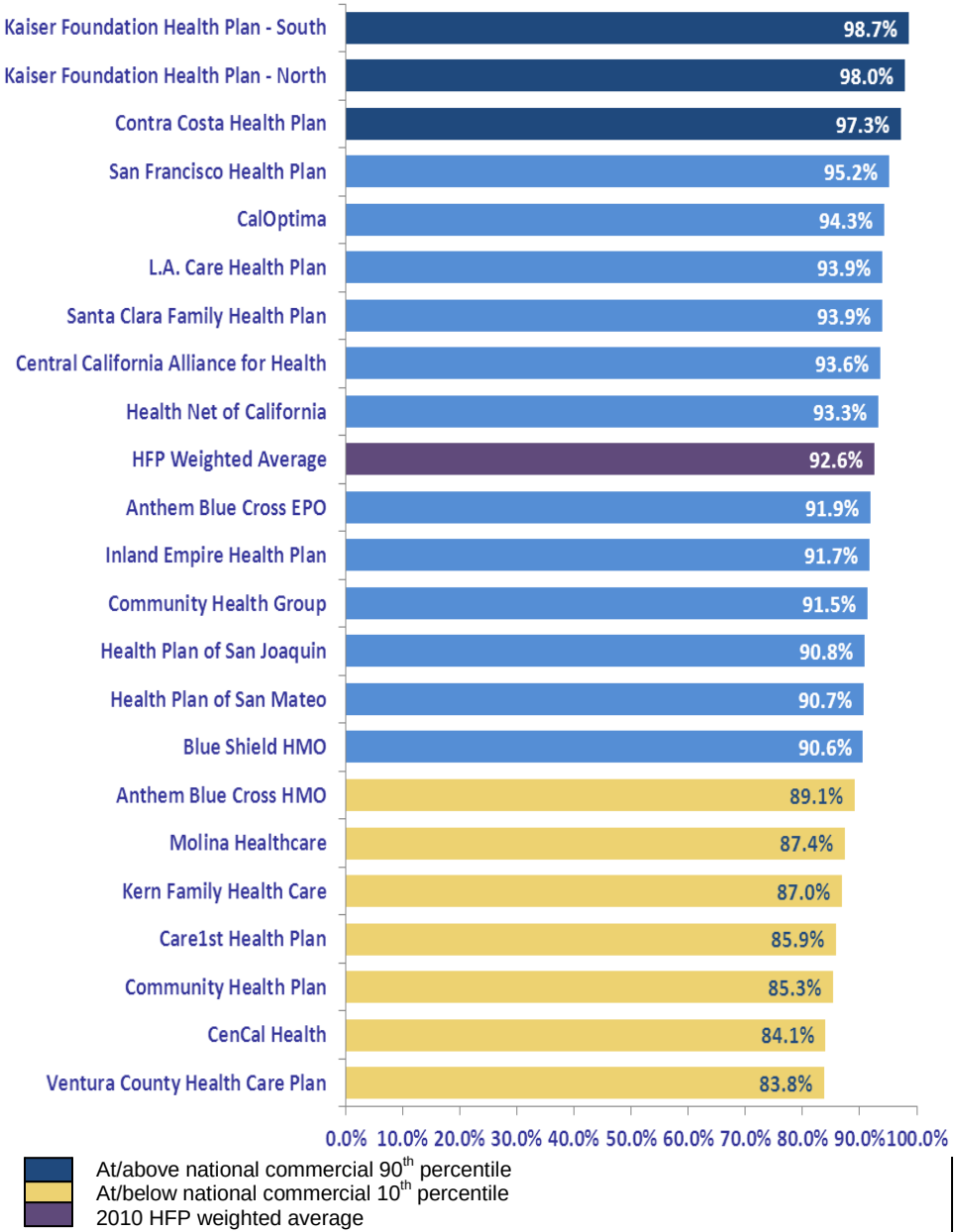
Demographic Findings

White HFP members used AOD services at the highest rate, while Asians/Pacific Islanders had the lowest rate. HFP members in the Los Angeles region used AOD services at the lowest rate. The highest rate of AOD services was found for the lowest income category, and for members who are male and members who are older.

[2] Table 20 in http://oas.samhsa.gov/2k9State/WebOnlyTables/CA.pdf

USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Figure 14. 2010 Individual Plan Rates



Measure Definition

Use of Appropriate Medication for People with Asthma tracks the percentage of members 5 to 18 years old who were identified as having asthma and were appropriately prescribed medication in 2010.

Importance of the Measure

Asthma is a chronic condition that disproportionately affects low-income Californians. These children miss more than twice as many days of school due to asthma as higher income children. Current asthma prevalence varies in California from 6 percent in San Francisco County to 12.9 percent in Fresno County.[3] It is very important to ensure children with asthma are identified early and receive appropriate medications and adequate instruction.

Overall Results

During 2010, nearly 93 percent (92.6%) of HFP members with asthma were prescribed appropriate medication. The weighted average for this measure is based on 22 plans because Alameda Alliance for Health and Blue Shield EPO reported sample sizes smaller than 31. Three plans' rates were above the national commercial 90th percentile (95.5%) and 7 plans' rates were below the national 10th percentile (89.4%).

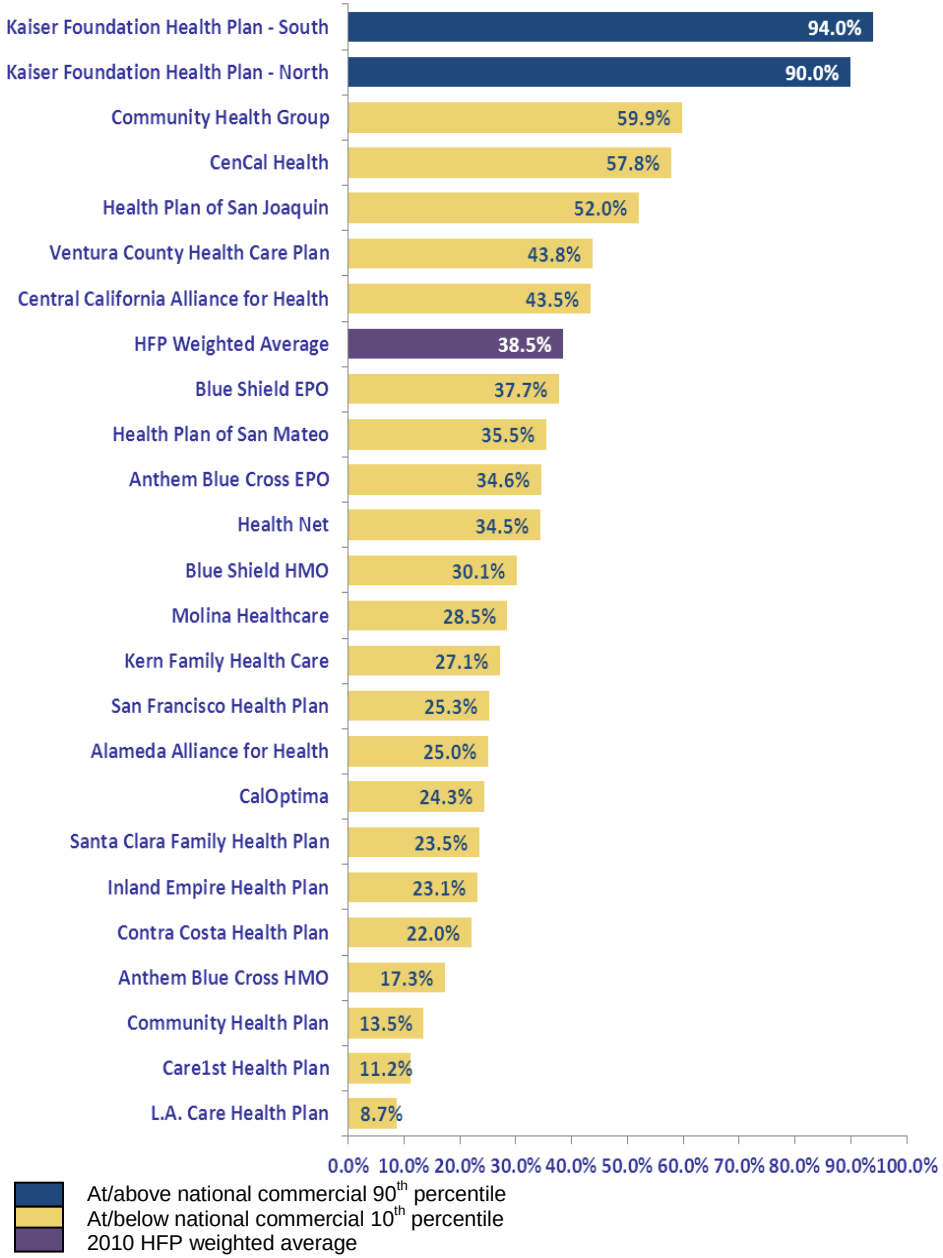
Demographic Findings

- Over 95 percent of Chinese and "other" speaking members received appropriate medication for asthma.
- Asian/Pacific Islander HFP members received appropriate asthma medication at significantly higher rates than members in other ethnic groups. White HFP members received this medication at significantly lower rates than other ethnic groups.

[3] Income Disparities in Asthma Burden and Care in California, UCLA Center for Health Policy and Research, December 2010, http://www.healthpolicy.ucla.edu/pubs/files/asthma-burden-report-1210.pdf

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Figure 15. 2010 Individual Plan Rates



Measure Definition

Appropriate Testing for Children with Pharyngitis measures children 2½ years of age or older who were diagnosed with pharyngitis, dispensed an antibiotic, and given a group A streptococcus (strep) test. A higher rate represents better performance (i.e., appropriate testing).

Plans Above the National Commercial HMO 90th Percentile

- Kaiser Foundation Health Plan, South
- Kaiser Foundation Health Plan, North

Overall Results

The 2010 HFP weighted average for this measure is 38.5 percent, indicating that more than 60 percent of HFP children who have a sore throat and receive antibiotics get them without having the recommended testing. There is tremendous variability in plan rates for this measure with a difference of 85 percentage points between the highest performing plans and lowest performing plans.

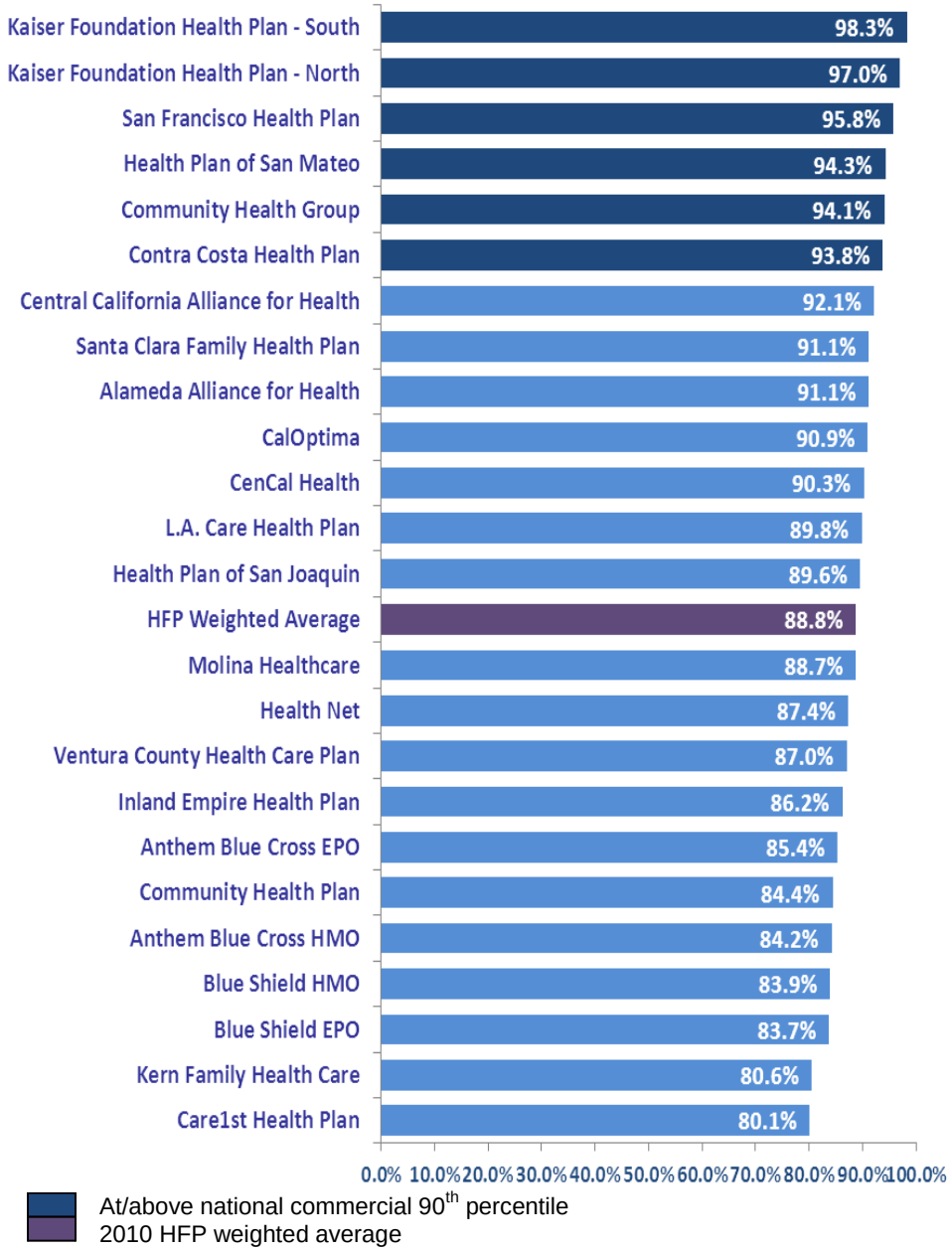
Two health plans provided this service above the national commercial 90th percentile (89.4%) while all remaining plans fell below the national commercial 10th percentile (63.3%).

Demographic Findings

- English speakers had the highest rate of appropriate testing for pharyngitis while Chinese speakers had the lowest rate.
- The rate of appropriate testing for pharyngitis was highest for African American and White HFP members.
- Bay Area HFP members received appropriate testing for pharyngitis at the highest rate and HFP members in the Los Angeles region received appropriate testing at the lowest rate.

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Figure 16. 2010 Individual Plan Rates



Measure Definition

Appropriate Treatment for Children with Upper Respiratory Infection measures continuously enrolled children who were identified as having upper respiratory infection and were not dispensed an antibiotic prescription.

Importance of the Measure

Upper respiratory infection, more commonly known as the common cold, is caused by a virus and is not affected by antibiotics. A rapidly growing public health concern is that several strains of bacteria have become resistant to antibiotics due to overuse and improper use of antibiotics, thus reducing the arsenal of effective antibiotics doctors have to work with when they are most needed.

Overall Results

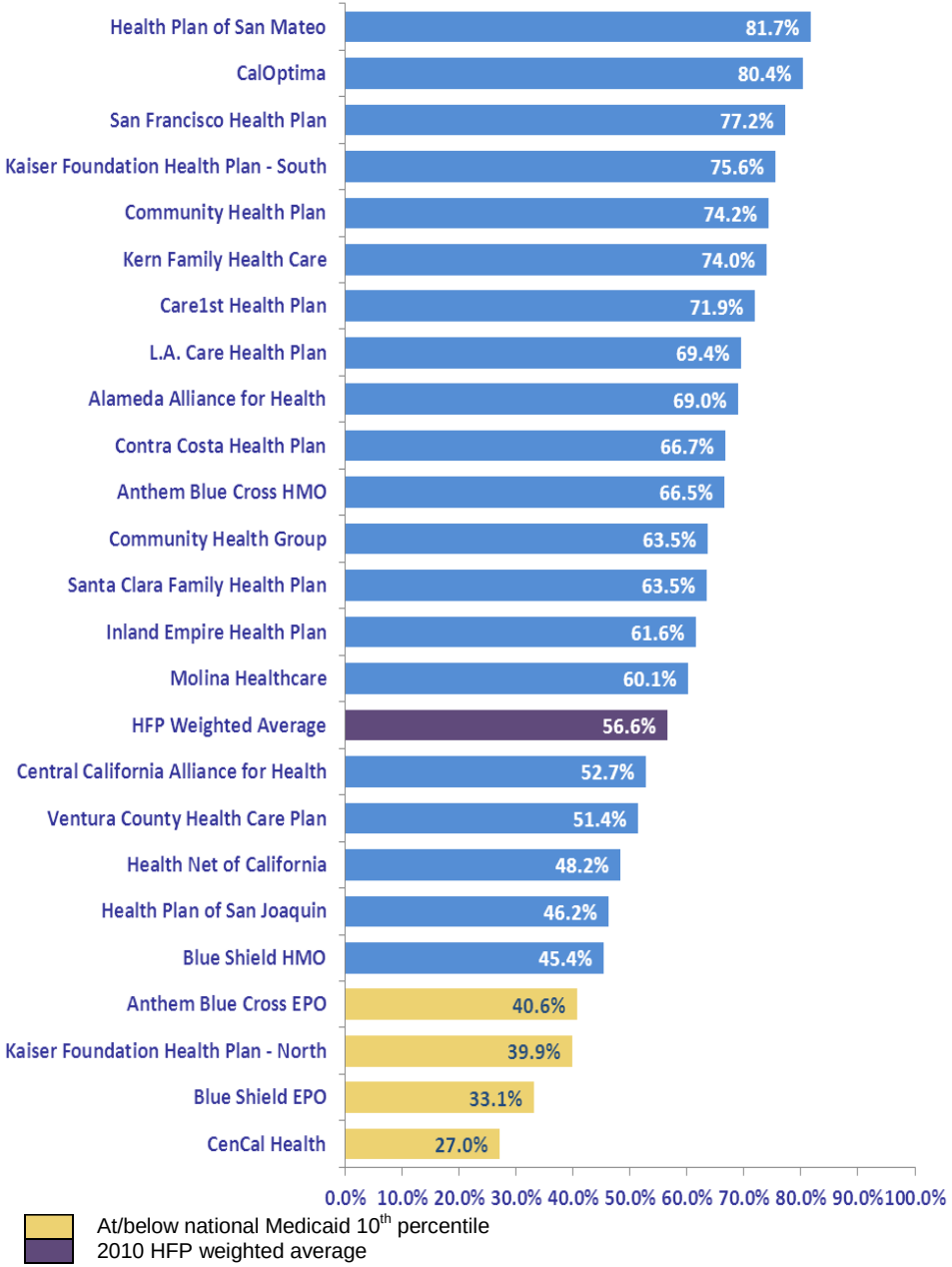
Nearly 90 percent (88.8%) of HFP members were appropriately treated for the common cold in 2010. Six health plans performed at or above the national commercial 90th percentile (93.4%) and there were not any plans that performed below the national commercial 10th percentile (73.9%).

Demographic Findings

- Korean speakers had the highest rate of members to receive appropriate treatment for a URI among the primary language groups.
- The rate of appropriate treatment for URI for African American members was significantly higher than all other ethnic groups.
- Nearly all members (94.5%) in the Bay Area region received the appropriate treatment for a URI.
- The youngest age group had a significantly higher rate for appropriate treatment for URI than the other age groups.

LEAD SCREENING IN CHILDREN

Figure 17. 2010 Individual Plan Rates



Measure Definition

Lead Screening in Children assesses the percentage of members who received one or more capillary or venous blood tests for lead toxicity by their second birthday.

Importance of this Measure

Lead poisoning occurs when small amounts of lead build up in the body and cause lifelong learning and behavior problems. It is the most common environmental illness in California children.[4] Children under six years old are at greatest risk of harmful health effects from lead poisoning because their brains and nervous systems are still forming, and they frequently crawl or play on floors or furniture contaminated with lead dust and put their hands or other objects in their mouths. Paint manufactured before 1978 contained lead, and soil on sites near busy roadways and factories are common sources of lead.

Overall Results

In 2010, 56.6 percent of HFP members under 2 years old were screened for elevated blood lead levels. None of the health plans achieved the national Medicaid 90th percentile rate (88.4%) and four health plans had rates below the national Medicaid 10th percentile rate (42.3%).

Demographic Findings

- Hispanic/Latino children had significantly higher rates than other ethnic groups.
- Children in the Los Angeles regions were screened for elevated blood lead levels at a significantly higher rate than children in other regions. Children in the Northern region had the lowest rate of lead screening, as did the highest income group.

[4] http://www.cdph.ca.gov/programs/CLPPB/Pages/FAQ-CLPPB.aspx

DATA COLLECTION & REPORTING METHODOLOGY

Health Plan Data Collection

The information in this report is based on HEDIS data collected by the 24 HFP health plans for members continuously enrolled from January 1, 2010 through December 31, 2010. Two methods are used to collect data:

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

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

The hybrid method of data collection is much more labor intensive and costly compared to the administrative method. Most HFP plans use the hybrid method for measures of immunizations and well visits.

Data Processing and Quality Review

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

Each health plan's raw data files are processed using SAS, which is software used for statistical analysis. MRMIB uses SAS to perform data quality checks, standardize data for reporting, produce frequencies and rates, and perform statistical analyses. Discrepancies between frequencies and rates generated using SAS and those reported in the health plan's matrix are identified, communicated to the health plan, and resolved.

After all health plans' data have been processed, the data are then merged with enrollment data from the same year. HFP member records from health plans are merged with corresponding member records in the enrollment file using a non-intelligent unique identification number. Records submitted by the plan for which there is not a corresponding match in the enrollment file are not included in the final data set used for analysis.

MRMIB performs data quality checks and corrects reporting errors such as miscoded data or missing values for demographic data.

If for a particular measure, a health plan reports a sample size of 30 or fewer members, the health plan's rates are not reported and the reported HFP weighted averages include data only from plans with sample sizes of 31 or more.

Weighted Average

The weighted average is preferred because it considers the variations in enrollment across HFP plans which a simple average of plan rates would not. Therefore, it is a better estimate of the true proportion of HFP members that receive a given service.

For the measures where all eligible members are counted, the HFP weighted average is simply the number of enrollees who received a particular service divided by the number of eligible enrollees, expressed as a percent.

For hybrid measures performed by sampling and chart review, *Childhood Immunization Status, Immunizations for Adolescents, Well-Child Visits, Adolescent Well Care Visits* and *Lead Screening in Children,* the following weighted average calculation is performed:

1) Each plan's calculated rate is multiplied by the number of members eligible for a given service in the plan, generating the predicted number of members who received the service.
2) The predicted number of service recipients from each plan is summed, generating the total number of predicted service recipients.
3) The total number of predicted service recipients is divided by the sum of all plan members eligible, generating the HFP weighted average.

DATA COLLECTION & REPORTING METHODOLOGY

Benchmarks

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

National 90th and 10th percentiles for Medicaid are also considered in comparing HFP performance for a given measure. The national averages for commercial and Medicaid plans are based on the most recent available data from NCQA. The 2010 national percentile rates and averages from NCQA are used for comparison throughout this report.

Testing for Statistical Differences

Analysis of variance (ANOVA) and Newman Keuls tests were used under the General Linear Model (GLM) to determine statistical difference ($p<.05$) among HEDIS rates for different groups; the probability of obtaining the observed value by chance or error is less than 5 percent, or 0.05 (expressed as $p<.05$).

MRMIB first performed ANOVA on each demographic data measure and on health plan rates. If statistically significant differences were found, a Newman Keuls test was performed to determine rank orders for rates within each demographic measure and by health plan. Newman Keuls tests were not used for demographic measures or health plan rates if ANOVA determined differences were not statistically significant ($p>.05$).

Results of significance testing for demographic measures can be found in Appendix D. Rates that are statistically different within each demographic measure are indicated as such with different letters. Statistically similar rates have the same letter and statistically different rates have a different letter. If ANOVA testing determined rates were statistically different, but the Newman Keuls test did not, rank letters are not displayed for that demographic.

Demographic Analysis

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

Primary Language:
- English
- Spanish
- Chinese
- Korean
- Vietnamese
- Other (all other languages)

Ethnicity:
- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Other
- White

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

Gender:
- Female
- Male

Age and Age Groups:
For HEDIS measures that cover all ages, differences in age groups analyzed were:
- 0 – 4
- 5 – 9
- 10 – 14
- 15 – 19

DATA COLLECTION & REPORTING METHODOLOGY

HFP members are disenrolled from the program at the end of the month in which they turn 19. The anchor date for inclusion of members in HEDIS measures is December 31 of the measurement year. Therefore, some measures include 19 year olds.

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

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

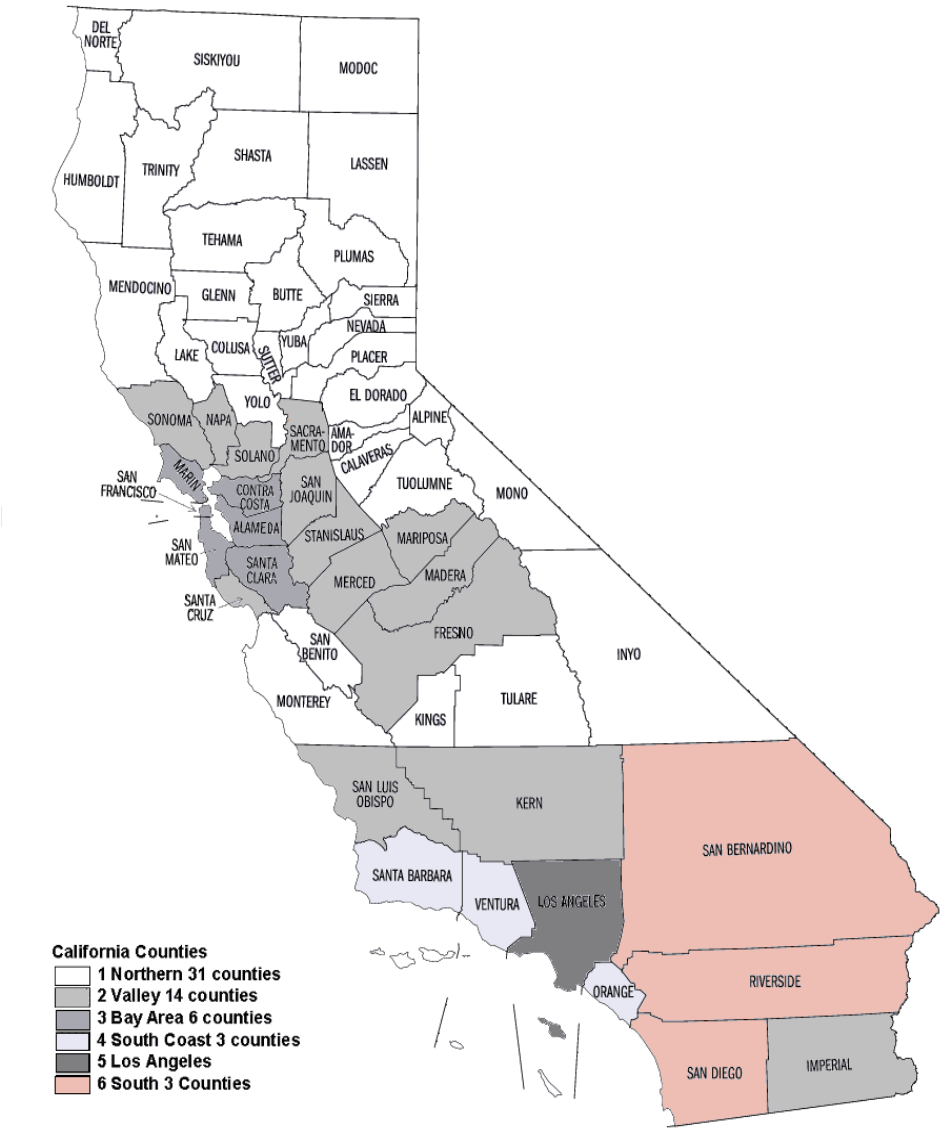
Demographic data are self-reported and therefore are subject to some error and missing data. When possible, reporting errors are corrected. Records with missing or unknown values were not included in the final data set used for analysis.

Significance testing was not conducted for health plan rates for *Identification of Alcohol and Other Drug Services* (IAD) or *Mental Health Utilization* (MPT) because the plan rates for these measures are based on member months not the number of members eligible. However, significance testing was conducted on rates for demographics for these measures.

Historically MRMIB has reported the percent of members for each demographic level for IAD and MPT using the total number of members who received these services as a denominator. For 2010, rates were calculated for demographic variables for IAD and MPT in the same manner used for other HEDIS measures, reporting percent of service recipients for each level within a demographic variable.

APPENDIX A. CALIFORNIA REGIONS

Map of California Regions



California's 6 Regions

Region	Counties	Total HFP Enrollment for 2010	Percentage of Total Enrollment
Northern	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolomne, Yolo, Yuba	52,560	9.1%
Valley	Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, Stanislaus	100,027	17.3%
Bay Area	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara	61,875	9.7%
South Coast	Orange, Santa Barbara, Ventura	65,576	10.7%
Los Angeles	Los Angeles	168,684	29.2%
South	Riverside, San Bernardino, San Diego	129,454	22.4%

APPENDIX B. 2010 HEDIS RATES BY HEALTH PLAN

Health Plan	CAP1	CAP2	CAP3	CAP4	CWP	URI	CIS3	CIS10	CHL	IMA	LSC	ASM	AWC	IAD	MPT	W15_6	W34
Alameda Alliance for Health	90.9	73.0	77.0	75.1	25.0	91.1	71.3	17.2	53.0	61.9	69.0		52.0	0.2	2.1	47.1	77.7
Anthem Blue Cross EPO	97.8	92.2	92.4	89.5	34.6	85.4	57.5[1]	13.5[1]	27.5	38.3	40.6	91.9	38.6	0.4	2.6	66.4	67.7
Anthem Blue Cross HMO	93.4	83.0	83.3	78.8	17.3	84.2	70.7[1]	11.9[1]	36.6	46.9[1]	66.5	89.1	41.8[1]	0.3	2.1	51.2	71.8[1]
Blue Shield EPO	96.7	86.5	84.5	84.3	37.7	83.7	39.7	9.3	18.2	26.5	33.1		21.9	0.3	2.8	34.8	59.9
Blue Shield HMO	95.0	87.5	89.8	85.1	30.1	83.9	53.3	11.8	33.1	38.4	45.4	90.6	35.5	0.3	3.0	31.4	65.5
CalOptima	99.0	94.8	95.7	93.2	24.3	90.9	82.9	33.6	70.5	73.8	80.4	94.3	70.9	0.4	1.8	73.8	89.8
Care1st Health Plan	93.3	80.3	87.4	83.5	11.2	80.1	84.2	13.0	41.5	58.2	71.9	85.9	57.3	0.1	0.1		80.4
CenCal Health	98.8	94.6	94.3	92.2	57.8	90.3	71.7	14.1	33.3	63.0	27.0	84.1	52.7	0.3	0.0	60.3	78.7
Central California Alliance for Health	100.0	95.2	95.3	93.0	43.5	92.1	75.4	26.8	32.6	58.6	52.7	93.6	57.9	0.4	1.1	86.7	83.0
Community Health Group	100.0	92.2	93.1	91.2	59.9	94.1	79.2	23.0	66.2	70.3	63.5	91.5	65.9	0.5	3.2	54.5	87.2
Community Health Plan	91.9	70.0	75.8	71.0	13.5	84.4	78.4	22.7	32.3	56.8	74.2	85.3	44.8	0.3	0.3		69.2
Contra Costa Health Plan	96.6	88.1	86.6	86.2	22.0	93.8	85.7	39.7	69.6	63.4	66.7	97.3	48.4	0.4	2.6	61.3	76.4
Health Net of California	97.0	89.4	90.4	87.5	34.5	87.4	79.3	15.7	44.8	49.8	48.2	93.3	49.2	0.3	2.2	64.2	75.3
Health Plan of San Joaquin	98.2	91.3	90.5	88.4	52.0	89.6	83.6	21.6	42.4	52.1	46.2	90.8	54.7	0.3	1.1	62.7	80.0
Health Plan of San Mateo	100.0	94.0	95.1	92.5	35.5	94.3	91.7	43.1	44.8	67.4	81.7	90.7	54.2	0.4	2.4	44.4	79.0
Inland Empire Health Plan	98.1	89.3	87.9	86.1	23.1	86.2	80.2	18.8	47.7	53.3	61.6	91.7	49.9	0.4	2.5	59.8	76.3
Kaiser Foundation Health Plan - North	99.6	93.8	92.9	92.4	90.0	97.0	85.4	25.0	35.0	61.0	39.9	98.0	44.9	0.6	6.2	76.2	71.2
Kaiser Foundation Health Plan - South	99.9	95.0	95.4	94.2	94.0	98.3	85.6	18.2	62.1	74.2	75.6	98.7	39.9	0.4	4.3	66.0	66.7
Kern Family Health Care	98.5	93.4	91.4	89.2	27.1	80.6	80.9	24.3	63.0	60.6	74.0	87.0	43.1	0.3	0.0	41.0	78.1
L.A. Care Health Plan	96.8	84.9	84.6	81.6	8.7	89.8	75.0	22.2	27.9	50.5	69.4	93.9	51.3	0.1	0.8		79.1
Molina Healthcare	97.4	87.6	88.3	85.4	28.5	88.7	63.9	18.1	39.7	53.3	60.1	87.4	52.0	0.3	0.5	49.0	77.7
San Francisco Health Plan	96.2	94.2	96.1	94.0	25.3	95.8	86.2	19.5	45.3	66.4	77.2	95.2	69.7	0.1	0.4	83.8	88.1
Santa Clara Family Health Plan	99.5	91.2	92.6	87.5	23.5	91.1	74.5	25.9	18.4	60.4	63.5	93.9	51.3	0.2	0.8	56.8	75.3
Ventura County Health Care Plan	100.0	89.3	88.3	85.6	43.8	87.0	75.7	32.4	42.9	52.6	51.4	83.8	32.6	0.5	2.4		69.2
2010 HFP Weighted Average	**97.5**	**90.2**	**90.4**	**87.5**	**38.5**	**88.8**	**74.5**[1]	**18.1**[1]	**47.7**	**54.4**[1]	**56.6**	**92.6**	**47.3**[1]	**0.4**	**2.6**	**61.1**	**74.0**[1]

[1]Changed from 2010 HEDIS Report published in December 2011; see paragraph preceding Introduction.

Childhood Immunization Status, Combinations 3 (CIS3) and 10 (CIS10)
Immunizations in Adolescents (IMA)
Lead Screening in Children (LSC)
Well Child Visits in the First 15 Months of Life, 6 or More (W15_6)
Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)
Adolescent Well Care Visits (AWC)
Children's Access to Primary Care Practitioners: 12 - 24 Mos. (CAP1)
Children's Access to Primary Care Pract.: 25 Mos. - 6 Yrs. (CAP2)
Children's Access to Primary Care Practitioners: 7 - 11 Years (CAP3)
Children's Access to Primary Care Practitioners: 12 - 18 Years (CAP4)
Use of Appropriate Medication for People with Asthma (ASM)
Appropriate Testing for Children with Upper Respiratory Infection (URI)
Appropriate Treatment for Children with Pharyngitis (CWP)
Chlamydia Screening in Women (CHL)
Mental Health Utilization (MPT)
Identification of Alcohol and Other Drug Services (IAD)

APPENDIX C. 2010 PLAN PERFORMANCE RELATIVE TO NATIONAL COMMERCIAL BENCHMARKS

Health Plan	Total Above	Total Below	CAP1	CAP2	CAP3	CAP4	CWP	URI	CIS3	CIS10	CHL	IMA	LSC	ASM	AWC	IAD	MPT	W15_6	W34
Alameda Alliance for Health	1	8	▼	▼	▼	▼	▼				▲					▼	▼	▼	
Anthem Blue Cross - EPO	0	7					▼		▼		▼		▼			▼	▼		
Anthem Blue Cross - HMO	0	11	▼	▼	▼	▼	▼							▼		▼	▼	▼	
Blue Shield - EPO	0	10			▼		▼		▼		▼	▼	▼		▼	▼	▼	▼	
Blue Shield - HMO	0	5	▼				▼		▼							▼	▼		
CalOptima	5	3					▼			▲	▲	▲			▲	▼	▼		▲
Care 1st Health Plan	1	7	▼	▼		▼	▼		▲					▼		▼	▼		
CenCal Health	0	5					▼						▼	▼		▼	▼		
Central California Alliance for Health	2	3	▲				▼		▲							▼	▼		
Community Health Group	6	4	▲				▼	▲			▲	▲			▲	▼	▼	▼	▲
Community Health Plan	0	8	▼	▼	▼	▼	▼							▼		▼	▼		
Contra Costa Health Plan	5	3					▼	▲	▲	▲	▲			▲		▼	▼		
Health Net of California	0	3					▼									▼	▼		
Health Plan of San Joaquin	1	3					▼		▲							▼	▼		
Health Plan of San Mateo	5	4	▲				▼	▲	▲	▲		▲				▼	▼	▼	
Inland Empire Health Plan	0	3					▼									▼	▼		
Kaiser Foundation Health Plan - North	6	0	▲				▲	▲	▲		▲			▲					
Kaiser Foundation Health Plan - South	7	3	▲				▲	▲	▲		▲	▲	▼	▲		▼	▼		
Kern Family Health Care	0	6					▼				▼			▼		▼	▼	▼	
L.A. Care Health Plan	0	6		▼	▼	▼	▼									▼	▼		
Molina Healthcare	0	4					▼									▼	▼	▼	
San Francisco Health Plan	4	4					▼	▲	▲		▼				▲	▼	▼		▲
Santa Clara Family Health Plan	1	4	▲				▼									▼	▼	▼	
Ventura County Healthcare Plan	2	4	▲				▼			▲				▼		▼	▼		

Blue triangle = rate at/above 2010 national commercial 90th percentile; Orange = rate at/below national commercial 10th percentile.
Lead screening rates are compared against national Medicaid 90th and 10th percentiles for 2010.

Childhood Immunization Status, Combinations 3 (CIS3) and 10 (CIS10)
Immunizations in Adolescents (IMA)
Lead Screening in Children (LSC)
Well Child Visits in the First 15 Months of Life, 6 or More (W15_6)
Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)
Adolescent Well Care Visits (AWC)
Children's Access to Primary Care Practitioners: 12 - 24 Mos. (CAP1)
Children's Access to Primary Care Pract.: 25 Mos. - 6 Yrs. (CAP2)
Children's Access to Primary Care Practitioners: 7 - 11 Years (CAP3)
Children's Access to Primary Care Practitioners: 12 - 18 Years (CAP4)
Use of Appropriate Medication for People with Asthma (ASM)
Appropriate Testing for Children with Upper Respiratory Infection (URI)
Appropriate Treatment for Children with Pharyngitis (CWP)
Chlamydia Screening in Women (CHL)
Mental Health Utilization (MPT)
Identification of Alcohol and Other Drug Services (IAD)

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Significance was determined using a risk, or alpha, level of 0.05 for both one way analysis of variance (ANOVA) and Newman Keuls tests. Rates are determined statistically different when the probability of obtaining the observed value by chance or error is less than 5 percent, expressed as p<.05, also known as p value.

MRMIB first performed one way ANOVA on each demographic data measure. If statistically significant differences were found, a Newman Keuls test was performed to determine rank orders for rates within each demographic measure. Newman Keuls tests were not used for demographic measures if ANOVA determined differences were not statistically significant (p>.05).

Rates that are statistically different within each demographic measure are indicated as such with different letters. Statistically similar rates have the same letter and statistically different rates have a different letter. If ANOVA testing determined rates were statistically different, but the Newman Keuls test did not, rank letters are not displayed for that demographic.

p<.05	p<.05	A	English	289	3,237	3,526	91.8%
		A	Spanish	215	2,838	3,053	93.0%
		A	Vietnamese	5	158	163	96.9%
		A	Chinese	2	67	69	97.1%
		A	Other	5	170	175	97.1%
		A	Korean	2	24	26	-
			Total	**518**	**6,494**	**7,012**	**92.6%**
p<.05	p<.05	C	White	75	676	751	90.0%
		BC	African American	20	202	222	91.0%
		BAC	Hispanic/Latino	297	3,535	3,832	92.2%
		BA	Other	94	1,432	1,526	93.8%
		A	Asian/Pacific Islander	32	649	681	95.3%
			Total	**518**	**6,494**	**7,012**	**92.6%**
p<.05	p>.05	B	Southern	122	1,241	1,363	91.0%
		B	South Coast	62	701	763	91.9%
		B	Los Angeles	165	1,901	2,066	92.0%
		BA	Northern	48	643	691	93.1%
		BA	Valley	89	1,306	1,395	93.6%
		A	Bay Area	32	702	734	95.6%
			Total	**518**	**6,494**	**7,012**	**92.6%**
p>.05		-	Female	197	2,360	2,557	92.3%
		-	Male	321	4,134	4,455	92.8%
			Total	**518**	**6,494**	**7,012**	**92.6%**
p<.05	p<.05	A	Ages 5 - 9	143	2,605	2,748	94.8%
		B	Ages 10 - 14	211	2,658	2,869	92.6%
		C	Ages 15 - 19	164	1,231	1,395	88.2%
			Total	**518**	**6,494**	**7,012**	**92.6%**
p>.05		-	100 - 150%	200	2,454	2,654	92.5%
		-	151 - 200%	211	2,579	2,790	92.4%
		-	201 - 250%	107	1,461	1,568	93.2%
			Total	**518**	**6,494**	**7,012**	**92.6%**

Use of Appropriate Medication for People with Asthma

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	**Newman Keuls**		**Primary Language**				
p<.05	p<.05	A	English	289	3,237	3,526	91.8%
		A	Spanish	215	2,838	3,053	93.0%
		A	Vietnamese	5	158	163	96.9%
		A	Chinese	2	67	69	97.1%
		A	Other	5	170	175	97.1%
		A	Korean	2	24	26	-
			Total	**518**	**6,494**	**7,012**	**92.6%**
ANOVA	**Newman Keuls**		**Ethnicity**				
p<.05	p<.05	C	White	75	676	751	90.0%
		BC	African American	20	202	222	91.0%
		BAC	Hispanic/Latino	297	3,535	3,832	92.2%
		BA	Other	94	1,432	1,526	93.8%
		A	Asian/Pacific Islander	32	649	681	95.3%
			Total	**518**	**6,494**	**7,012**	**92.6%**
ANOVA	**Newman Keuls**		**Region**				
p<.05	p>.05	B	Southern	122	1,241	1,363	91.0%
		B	South Coast	62	701	763	91.9%
		B	Los Angeles	165	1,901	2,066	92.0%
		BA	Northern	48	643	691	93.1%
		BA	Valley	89	1,306	1,395	93.6%
		A	Bay Area	32	702	734	95.6%
			Total	**518**	**6,494**	**7,012**	**92.6%**
ANOVA	**Newman Keuls**		**Gender**				
p>.05		-	Female	197	2,360	2,557	92.3%
		-	Male	321	4,134	4,455	92.8%
			Total	**518**	**6,494**	**7,012**	**92.6%**
ANOVA	**Newman Keuls**		**Age Group**				
p<.05	p<.05	A	Ages 5 - 9	143	2,605	2,748	94.8%
		B	Ages 10 - 14	211	2,658	2,869	92.6%
		C	Ages 15 - 19	164	1,231	1,395	88.2%
			Total	**518**	**6,494**	**7,012**	**92.6%**
ANOVA	**Newman Keuls**		**Federal Poverty Level**				
p>.05		-	100 - 150%	200	2,454	2,654	92.5%
		-	151 - 200%	211	2,579	2,790	92.4%
		-	201 - 250%	107	1,461	1,568	93.2%
			Total	**518**	**6,494**	**7,012**	**92.6%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Children's Access to Primary Care Practitioner: 12 - 24 Months							
Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p>.05	-	Korean	12	214	226	94.7%
		-	Other	19	370	389	95.1%
		-	English	193	7,263	7,456	97.4%
		-	Chinese	5	205	210	97.6%
		-	Spanish	74	3,702	3,776	98.0%
		-	Vietnamese	6	313	319	98.1%
			Total	**309**	**12,067**	**12,376**	**97.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p>.05	-	White	27	654	681	96.0%
		-	Other	223	8,191	8,414	97.3%
		-	Asian/Pacific Islander	17	662	679	97.5%
		-	Hispanic/Latino	42	2,460	2,502	98.3%
		-	African American	0	100	100	100.0%
			Total	**309**	**12,067**	**12,376**	**97.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	B	Los Angeles	158	3,172	3,330	95.3%
		A	Southern	62	2,966	3,028	98.0%
		A	Valley	32	1,848	1,880	98.3%
		A	Bay Area	21	1,246	1,267	98.3%
		A	Northern	19	1,496	1,515	98.7%
		A	South Coast	17	1,339	1,356	98.7%
			Total	**309**	**12,067**	**12,376**	**97.5%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Female	158	5,763	5,921	97.3%
		-	Male	151	6,304	6,455	97.7%
			Total	**309**	**12,067**	**12,376**	**97.5%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	23	1,198	1,221	98.1%
		-	151 - 200%	60	2,783	2,843	97.9%
		-	201 - 250%	226	8,086	8,312	97.3%
			Total	**309**	**12,067**	**12,376**	**97.5%**

Children's Access to Primary Care Practitioner: 25 Months - 6 Years							
Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	D	Korean	250	1,442	1,692	85.2%
		C	Chinese	256	1,790	2,046	87.5%
		C	Other	539	4,102	4,641	88.4%
		B	English	7,244	64,766	72,010	89.9%
		BA	Spanish	4,718	46,611	51,329	90.8%
		A	Vietnamese	269	3,064	3,333	91.9%
			Total	**13,276**	**121,775**	**135,051**	**90.2%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	African American	230	1,652	1,882	87.8%
		CB	White	1,315	9,935	11,250	88.3%
		B	Asian/Pacific Islander	1,272	10,478	11,750	89.2%
		A	Hispanic/Latino	5,583	51,886	57,469	90.3%
		A	Other	4,876	47,824	52,700	90.7%
			Total	**13,276**	**121,775**	**135,051**	**90.2%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	4,858	30,394	35,252	86.2%
		D	Southern	3,173	28,966	32,139	90.1%
		C	Valley	2,010	21,489	23,499	91.4%
		C	Bay Area	1,199	12,840	14,039	91.5%
		B	Northern	990	12,913	13,903	92.9%
		A	South Coast	1,046	15,173	16,219	93.6%
			Total	**13,276**	**121,775**	**135,051**	**90.2%**
ANOVA	Newman Keuls		Gender				
p<.05	p<.05	A	Female	6,623	58,866	65,489	89.9%
		B	Male	6,653	62,909	69,562	90.4%
			Total	**13,276**	**121,775**	**135,051**	**90.2%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	C	100 - 150%	3,457	27,353	30,810	88.8%
		B	151 - 200%	5,949	55,195	61,144	90.3%
		A	201 - 250%	3,870	39,227	43,097	91.0%
			Total	**13,276**	**121,775**	**135,051**	**90.2%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Children's Access to Primary Care Practitioner: 7 - 11 Years							
Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Korean	247	1,412	1,659	85.1%
		B	Other	668	4,597	5,265	87.3%
		B	Chinese	325	2,434	2,759	88.2%
		A	English	6,255	56,455	62,710	90.0%
		A	Vietnamese	388	3,706	4,094	90.5%
		A	Spanish	5,812	59,860	65,672	91.1%
			Total	**13,695**	**128,464**	**142,159**	**90.4%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	D	African American	324	2,233	2,557	87.3%
		C	Asian/Pacific Islander	1,917	15,348	17,265	88.9%
		C	White	1,459	11,811	13,270	89.0%
		B	Other	2,998	27,196	30,194	90.1%
		A	Hispanic/Latino	6,997	71,876	78,873	91.1%
			Total	**13,695**	**128,464**	**142,159**	**90.4%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	5,484	36,504	41,988	86.9%
		D	Southern	2,874	27,582	30,456	90.6%
		C	Valley	2,175	23,087	25,262	91.4%
		C	Bay Area	1,398	15,195	16,593	91.6%
		B	Northern	939	12,051	12,990	92.8%
		A	South Coast	825	14,045	14,870	94.5%
			Total	**13,695**	**128,464**	**142,159**	**90.4%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Female	6,665	62,302	68,967	90.3%
		-	Male	7,030	66,162	73,192	90.4%
			Total	**13,695**	**128,464**	**142,159**	**90.4%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	C	100 - 150%	5,855	49,846	55,701	89.5%
		B	151 - 200%	5,228	51,380	56,608	90.8%
		A	201 - 250%	2,612	27,238	29,850	91.2%
			Total	**13,695**	**128,464**	**142,159**	**90.4%**

Children's Access to Primary Care Practitioner: 12 - 18 Years							
Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	D	Korean	540	2,093	2,633	79.5%
		C	Chinese	891	4,196	5,087	82.5%
		B	Other	1,611	8,535	10,146	84.1%
		B	Vietnamese	659	3,713	4,372	84.9%
		A	Spanish	12,648	91,785	104,433	87.9%
		A	English	9,990	73,328	83,318	88.0%
			Total	**26,339**	**183,650**	**209,989**	**87.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	Asian/Pacific Islander	4,051	22,362	26,413	84.7%
		B	African American	535	3,607	4,142	87.1%
		BA	Other	4,914	33,410	38,324	87.2%
		BA	White	2,428	17,597	20,025	87.9%
		A	Hispanic/Latino	14,411	106,674	121,085	88.1%
			Total	**26,339**	**183,650**	**209,989**	**87.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	11,771	58,259	70,030	83.2%
		D	Southern	4,840	37,880	42,720	88.7%
		D	Valley	4,072	32,028	36,100	88.7%
		C	Bay Area	2,284	19,483	21,767	89.5%
		B	Northern	1,689	16,637	18,326	90.8%
		A	South Coast	1,683	19,363	21,046	92.0%
			Total	**26,339**	**183,650**	**209,989**	**87.5%**
ANOVA	Newman Keuls		Gender				
p<.05	p<.05	A	Female	11,923	90,221	102,144	88.3%
		B	Male	14,416	93,429	107,845	86.6%
			Total	**26,339**	**183,650**	**209,989**	**87.5%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	C	100 - 150%	12,296	79,662	91,958	86.6%
		B	151 - 200%	9,437	69,036	78,473	88.0%
		A	201 - 250%	4,606	34,952	39,558	88.4%
			Total	**26,339**	**183,650**	**209,989**	**87.5%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Childhood Immunization Status, Combination 3

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Korean	132	89	221	40.3%
		C	Chinese	115	95	210	45.2%
		B	Other	153	217	370	58.6%
		B	English	2,844	4,219	7,063	59.7%
		B	Vietnamese	111	187	298	62.8%
		A	Spanish	1,226	2,701	3,927	68.8%
			Total	**4,581**	**7,508**	**12,089**	**62.1%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	446	407	853	47.7%
		B	Other	2,832	4,103	6,935	59.2%
		B	Asian/Pacific Islander	303	531	834	63.7%
		A	Hispanic/Latino	960	2,362	3,322	71.1%
		A	African American	40	105	145	72.4%
			Total	**4,581**	**7,508**	**12,089**	**62.1%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	D	Northern	682	706	1,388	50.9%
		C	Los Angeles	1,349	1,769	3,118	56.7%
		B	Valley	740	1,216	1,956	62.2%
		B	Southern	1,010	1,811	2,821	64.2%
		B	South Coast	454	835	1,289	64.8%
		A	Bay Area	346	1,171	1,517	77.2%
			Total	**4,581**	**7,508**	**12,089**	**62.1%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Female	2,202	3,602	5,804	62.1%
		-	Male	2,379	3,906	6,285	62.1%
			Total	**4,581**	**7,508**	**12,089**	**62.1%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p>.05	A	100 - 150%	565	1,145	1,710	67.0%
		B	151 - 200%	1,525	2,755	4,280	64.4%
		C	201 - 250%	2,491	3,608	6,099	59.2%
			Total	**4,581**	**7,508**	**12,089**	**62.1%**

Childhood Immunization Status, Combination 10

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Korean	202	19	221	8.6%
		C	Chinese	189	21	210	10.0%
		BC	English	6,065	976	7,041	13.9%
		BA	Other	313	55	368	14.9%
		BA	Vietnamese	239	58	297	19.5%
		A	Spanish	3,099	820	3,919	20.9%
			Total	**10,107**	**1,949**	**12,056**	**16.2%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	769	80	849	9.4%
		BC	African American	128	17	145	11.7%
		BA	Other	5,885	1,032	6,917	14.9%
		A	Asian/Pacific Islander	674	157	831	18.9%
		A	Hispanic/Latino	2,651	663	3,314	20.0%
			Total	**10,107**	**1,949**	**12,056**	**16.2%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	D	Northern	1,214	172	1,386	12.4%
		D	Los Angeles	2,703	415	3,118	13.3%
		D	Southern	2,418	403	2,821	14.3%
		C	Valley	1,620	325	1,945	16.7%
		B	South Coast	1,031	258	1,289	20.0%
		A	Bay Area	1,121	376	1,497	25.1%
			Total	**10,107**	**1,949**	**12,056**	**16.2%**
ANOVA	Newman Keuls		Gender				
p<.05	p>.05	-	Female	4,897	894	5,791	15.4%
		-	Male	5,210	1,055	6,265	16.8%
			Total	**10,107**	**1,949**	**12,056**	**16.2%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p>.05	-	100 - 150%	1,392	311	1,703	18.3%
		-	151 - 200%	3,520	753	4,273	17.6%
		-	201 - 250%	5,195	885	6,080	14.6%
			Total	**10,107**	**1,949**	**12,056**	**16.2%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Well-Child Visits in First 15 Months, 6 or More

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	B	Chinese	36	43	79	54.4%
		BA	English	1,134	1,866	3,000	62.2%
		BA	Other	56	93	149	62.4%
		BA	Spanish	588	981	1,569	62.5%
		A	Vietnamese	44	105	149	70.5%
		A	Korean	17	49	66	74.2%
			Total	**1,875**	**3,137**	**5,012**	**62.6%**
ANOVA	Newman Keuls		Ethnicity				
p>.05		-	Other	1,362	2,200	3,562	61.8%
		-	White	93	158	251	62.9%
		-	Hispanic/Latino	325	561	886	63.3%
		-	Asian/Pacific Islander	85	191	276	69.2%
		-	African American	10	27	37	73.0%
			Total	**1,875**	**3,137**	**5,012**	**62.6%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	D	Los Angeles	453	547	1,000	54.7%
		DC	Southern	543	774	1,317	58.8%
		C	Valley	300	471	771	61.1%
		C	South Coast	220	365	585	62.4%
		B	Bay Area	216	485	701	69.2%
		A	Northern	143	495	638	77.6%
			Total	**1,875**	**3,137**	**5,012**	**62.6%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Female	928	1,511	2,439	62.0%
		-	Male	947	1,626	2,573	63.2%
			Total	**1,875**	**3,137**	**5,012**	**62.6%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	184	271	455	59.6%
		-	151 - 200%	457	757	1,214	62.4%
		-	201 - 250%	1,234	2,109	3,343	63.1%
			Total	**1,875**	**3,137**	**5,012**	**62.6%**

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

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	D	Korean	356	459	815	56.3%
		C	English	8,972	16,811	25,783	65.2%
		BC	Other	627	1,258	1,885	66.7%
		BAC	Chinese	240	528	768	68.8%
		BA	Vietnamese	216	512	728	70.3%
		A	Spanish	4,350	11,124	15,474	71.9%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	1,575	2,291	3,866	59.3%
		B	African American	320	622	942	66.0%
		BA	Other	5,713	11,803	17,516	67.4%
		BA	Asian/Pacific Islander	1,407	2,946	4,353	67.7%
		A	Hispanic/Latino	5,746	13,030	18,776	69.4%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	D	Los Angeles	6,324	10,640	16,964	62.7%
		C	Southern	3,072	5,878	8,950	65.7%
		B	Valley	2,341	5,040	7,381	68.3%
		B	Northern	399	870	1,269	68.6%
		A	South Coast	898	2,707	3,605	75.1%
		A	Bay Area	1,727	5,557	7,284	76.3%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Male	7,642	15,717	23,359	67.3%
		-	Female	7,119	14,975	22,094	67.8%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**
ANOVA	Newman Keuls		Age				
p<.05	p<.05	C	3 years	3,118	7,080	10,198	69.4%
		B	4 years	2,949	8,294	11,243	73.8%
		A	5 years	2,738	8,548	11,286	75.7%
		D	6 years	5,956	6,770	12,726	53.2%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	3,396	6,809	10,205	66.7%
		-	151 - 200%	6,713	14,143	20,856	67.8%
		-	201 - 250%	4,652	9,740	14,392	67.7%
			Total	**14,761**	**30,692**	**45,453**	**67.5%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Immunizations in Adolescents

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Chinese	257	206	463	44.5%
		C	Vietnamese	213	178	391	45.5%
		CB	Other	552	510	1,062	48.0%
		CB	Korean	141	139	280	49.6%
		B	English	4,124	4,757	8,881	53.6%
		A	Spanish	3,511	5,651	9,162	61.7%
			Total	**8,798**	**11,441**	**20,239**	**56.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	944	821	1,765	46.5%
		B	Asian/Pacific Islander	1,338	1,395	2,733	51.0%
		B	Other	2,030	2,340	4,370	53.5%
		A	African American	201	281	482	58.3%
		A	Hispanic/Latino	4,285	6,604	10,889	60.6%
			Total	**8,798**	**11,441**	**20,239**	**56.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Northern	455	382	837	45.6%
		D	Los Angeles	3,649	4,009	7,658	52.4%
		C	Valley	1,434	1,806	3,240	55.7%
		B	Southern	1,367	2,090	3,457	60.5%
		B	Bay Area	1,311	2,074	3,385	61.3%
		A	South Coast	582	1,080	1,662	65.0%
			Total	**8,798**	**11,441**	**20,239**	**56.5%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Female	4353	5607	9960	56.3%
		-	Male	4445	5834	10279	56.8%
			Total	**8,798**	**11,441**	**20,239**	**56.5%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	3,821	5,001	8,822	56.7%
		-	151 - 200%	3,295	4,243	7,538	56.3%
		-	201 - 250%	1,682	2,197	3,879	56.6%
			Total	**8,798**	**11,441**	**20,239**	**56.5%**

Adolescent Well-Care Visits

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Korean	1,163	665	1,828	36.4%
		C	Chinese	1,412	817	2,229	36.7%
		C	Other	2,975	1,783	4,758	37.5%
		BC	English	28,277	17,988	46,265	38.9%
		BA	Spanish	23,456	16,392	39,848	41.1%
		A	Vietnamese	745	571	1,316	43.4%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	6,237	3,308	9,545	34.7%
		B	Other	14,135	8,999	23,134	38.9%
		A	Asian/Pacific Islander	7,267	4,954	12,221	40.5%
		A	Hispanic/Latino	28,659	19,699	48,358	40.7%
		A	African American	1,730	1,256	2,986	42.1%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	D	Los Angeles	27,506	15,800	43,306	36.5%
		C	Southern	10,605	6,689	17,294	38.7%
		B	Northern	1,046	724	1,770	40.9%
		B	Valley	8,524	5,978	14,502	41.2%
		B	South Coast	3,542	2,557	6,099	41.9%
		A	Bay Area	6,805	6,468	13,273	48.7%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**
ANOVA	Newman Keuls		Gender				
p<.05	p<.05	B	Male	30,325	19,382	49,707	39.0%
		A	Female	27,703	18,834	46,537	40.5%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**
ANOVA	Newman Keuls		Age				
p<.05	p<.05	D	19 years	1,019	438	1,457	30.1%
		D	18 years	8,413	3,735	12,148	30.7%
		C	17 years	8,012	5,083	13,095	38.8%
		B	16 years	8,131	5,616	13,747	40.9%
		BA	15 years	8,069	6,022	14,091	42.7%
		A	14 years	7,908	6,135	14,043	43.7%
		C	13 years	8,547	5,430	13,977	38.8%
		BA	12 years	7,929	5,757	13,686	42.1%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	25,330	16,601	41,931	39.6%
		-	151 - 200%	21,433	14,082	35,515	39.7%
		-	201 - 250%	11,265	7,533	18,798	40.1%
			Total	**58,028**	**38,216**	**96,244**	**39.7%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Chlamydia Screening in Women

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	C	Korean	40	18	58	31.0%
		BC	Other	183	107	290	36.9%
		BAC	Chinese	68	49	117	41.9%
		BA	English	3,572	3,106	6,678	46.5%
		BA	Spanish	3,103	3,065	6,168	49.7%
		A	Vietnamese	74	79	153	51.6%
			Total	**7,040**	**6,424**	**13,464**	**47.7%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	1,118	718	1,836	39.1%
		B	Asian/Pacific Islander	453	379	832	45.6%
		B	Other	1,543	1,462	3,005	48.7%
		B	Hispanic/Latino	3,762	3,593	7,355	48.9%
		A	African American	164	272	436	62.4%
			Total	**7,040**	**6,424**	**13,464**	**47.7%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Northern	975	358	1,333	26.9%
		D	Los Angeles	1,812	1,558	3,370	46.2%
		CD	Valley	1,284	1,178	2,462	47.8%
		CB	Southern	1,563	1,607	3,170	50.7%
		B	Bay Area	622	661	1,283	51.5%
		A	South Coast	784	1,062	1,846	57.5%
			Total	**7,040**	**6,424**	**13,464**	**47.7%**
ANOVA	Newman Keuls		Age				
p<.05	p<.05	B	16 Years	1,361	1,056	2,417	43.7%
		A	17 Years	2,262	2,047	4,309	47.5%
		A	18 Years	2,394	2,321	4,715	49.2%
		A	19 Years	1,023	1,000	2,023	49.4%
			Total	**7,040**	**6,424**	**13,464**	**47.7%**
ANOVA	Newman Keuls		Federal Poverty Level				
p>.05		-	100 - 150%	3,144	2,918	6,062	48.1%
		-	151 - 200%	2,539	2,335	4,874	47.9%
		-	201 - 250%	1,357	1,171	2,528	46.3%
			Total	**7,040**	**6,424**	**13,464**	**47.7%**

Lead Screening in Children

Statistical Testing: Type of Test and Results				Not Received	Received	Total	%Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	B	English	2,367	2,706	5,073	53.3%
		B	Korean	42	57	99	57.6%
		BA	Other	98	147	245	60.0%
		BA	Vietnamese	91	146	237	61.6%
		BA	Chinese	46	85	131	64.9%
		A	Spanish	872	2,063	2,935	70.3%
			Total	**3,516**	**5,204**	**8,720**	**59.7%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	C	White	365	212	577	36.7%
		B	Other	2,024	2,698	4,722	57.1%
		B	Asian/Pacific Islander	258	391	649	60.2%
		B	African American	45	72	117	61.5%
		A	Hispanic/Latino	824	1,831	2,655	69.0%
			Total	**3,516**	**5,204**	**8,720**	**59.7%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Northern	437	310	747	41.5%
		D	Valley	784	668	1,452	46.0%
		C	Bay Area	608	791	1,399	56.5%
		B	Southern	800	1,438	2,238	64.3%
		B	South Coast	332	646	978	66.1%
		A	Los Angeles	555	1,351	1,906	70.9%
			Total	**3,516**	**5,204**	**8,720**	**59.7%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Male	1850	2720	4570	59.5%
		-	Female	1666	2484	4150	59.9%
			Total	**3,516**	**5,204**	**8,720**	**59.7%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	A	100 - 150%	463	873	1,336	65.3%
		A	151 - 200%	1,203	2,026	3,229	62.7%
		B	201 - 250%	1,850	2,305	4,155	55.5%
			Total	**3,516**	**5,204**	**8,720**	**59.7%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Mental Health Utilization

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	D	Vietnamese	13,293	100	13,393	0.7%
		C	Korean	6,950	84	7,034	1.2%
		C	Chinese	10,962	147	11,109	1.3%
		C	Other	22,154	364	22,518	1.6%
		B	Spanish	249,640	6,393	256,033	2.5%
		A	English	252,698	15,391	268,089	5.7%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	E	Asian/Pacific Islander	61,087	970	62,057	1.6%
		D	Hispanic	287,211	9,485	296,696	3.2%
		C	Other	148,924	6,619	155,543	4.3%
		B	African American	9,693	657	10,350	6.3%
		A	White	48,782	4,748	53,530	8.9%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	164,120	4,564	168,684	2.7%
		D	Northern	50,838	1,722	52,560	3.3%
		C	Valley	95,867	4,160	100,027	4.2%
		C	South Coast	62,750	2,826	65,576	4.3%
		B	Bay Area	58,978	2,897	61,875	4.7%
		A	Southern	123,144	6,310	129,454	4.9%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**
ANOVA	Newman Keuls		Gender				
p<.05	p<.05	B	Female	271,978	9,800	281,778	3.5%
		A	Male	283,719	12,679	296,398	4.3%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**
ANOVA	Newman Keuls		Age Group				
p<.05	p<.05	D	Ages 0 - 4	85,567	576	86,143	0.7%
		C	Ages 5 - 9	154,903	4,618	159,521	2.9%
		B	Ages 10 - 14	169,477	8,214	177,691	4.6%
		A	Ages 15 - 19	145,720	9,071	154,791	5.9%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	A	100 - 150%	203,367	9,253	212,620	4.4%
		B	151 - 200%	219,016	8,322	227,338	3.7%
		B	201 - 250%	133,314	4,904	138,218	3.5%
			Total	**555,697**	**22,479**	**578,176**	**3.9%**

Identification of Alcohol and Other Drug Services

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	B	Korean	7,022	12	578,176	0.5%
		B	Chinese	11,102	7	578,176	0.5%
		B	Vietnamese	13,381	12	578,176	0.5%
		B	Other	22,476	42	578,176	0.5%
		A	Spanish	254,656	1,377	578,176	0.5%
		A	English	266,442	1,647	578,176	0.5%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	D	Asian/Pacific Islander	61,957	100	62,057	0.2%
		C	Other	154,802	741	155,543	0.5%
		CB	Hispanic	294,993	1,703	296,696	0.6%
		B	African American	10,283	67	10,350	0.6%
		A	White	53,044	486	53,530	0.9%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	C	Los Angeles	168,019	665	168,684	0.4%
		B	Bay Area	61,573	302	61,875	0.5%
		A	Northern	52,259	301	52,560	0.6%
		A	Valley	99,451	576	100,027	0.6%
		A	Southern	128,630	824	129,454	0.6%
		A	South Coast	65,147	429	65,576	0.7%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**
ANOVA	Newman Keuls		Gender				
p<.05	p<.05	B	Female	280,540	1,238	281,778	0.4%
		A	Male	294,539	1,859	296,398	0.6%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**
ANOVA	Newman Keuls		Age Group				
p<.05	p<.05	C	Ages 0 - 4	86,135	8	86,143	0.0%
		C	Ages 5 - 9	159,500	21	159,521	0.0%
		B	Ages 10 - 14	177,325	366	177,691	0.2%
		A	Ages 15 - 19	152,089	2,702	154,791	1.7%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	A	100 - 150%	211,202	1,418	212,620	0.7%
		B	151 - 200%	226,195	1,143	227,338	0.5%
		C	201 - 250%	137,682	536	138,218	0.4%
			Total	**575,079**	**3,097**	**578,176**	**0.5%**

APPENDIX D. 2010 DEMOGRAPHICS BY HEDIS MEASURE

Appropriate Treatment for Upper Respiratory Infection

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	D	Chinese	359	1,481	1,840	80.5%
		C	Other	419	2,928	3,347	87.5%
		CB	Vietnamese	250	1,880	2,130	88.3%
		CB	Spanish	4,200	32,038	36,238	88.4%
		B	English	3,803	32,900	36,703	89.6%
		A	Korean	102	1,202	1,304	92.2%
			Total	**9,133**	**72,429**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	B	Asian/Pacific Islander	1,136	8,001	9,137	87.6%
		B	Hispanic/Latino	4,656	36,302	40,958	88.6%
		B	Other	2,606	21,764	24,370	89.3%
		B	White	662	5,536	6,198	89.3%
		A	African American	73	826	899	91.9%
			Total	**9,133**	**72,429**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	3,167	19,248	22,415	85.9%
		D	Northern	948	7,102	8,050	88.2%
		D	Valley	1,613	12,102	13,715	88.2%
		C	South Coast	1,268	10,644	11,912	89.4%
		B	Southern	1,709	15,999	17,708	90.3%
		A	Bay Area	428	7,334	7,762	94.5%
			Total	**9,133**	**72,429**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Male	4,727	36,813	41,540	88.6%
		-	Female	4,406	35,616	40,022	89.0%
			Total	**9,133**	**72,429**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Age Group				
p<.05	p<.05	A	Ages 0 - 4	1,728	17,596	19,324	91.1%
		B	Ages 5 - 9	3,151	25,638	28,789	89.1%
		C	Ages 10 - 14	1,746	10,747	12,493	86.0%
		D	Ages 15 - 19	2,520	18,436	20,956	88.0%
			Total	**9,145**	**72,417**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	B	100 - 150%	3,188	24,480	27,668	88.5%
		B	151 - 200%	3,676	28,622	32,298	88.6%
		A	201 - 250%	2,269	19,327	21,596	89.5%
			Total	**9,133**	**72,429**	**81,562**	**88.8%**

Appropriate Testing for Children with Pharyngitis

Statistical Testing: Type of Test and Results				Not Received	Received	Total	% Who Received Service
ANOVA	Newman Keuls		Primary Language				
p<.05	p<.05	E	Chinese	513	48	561	8.6%
		D	Vietnamese	554	110	664	16.6%
		DC	Korean	201	51	252	20.2%
		C	Other	739	230	969	23.7%
		B	Spanish	9,545	4,991	14,536	34.3%
		A	English	7,591	6,573	14,164	46.4%
			Total	**19,143**	**12,003**	**31,146**	**38.5%**
ANOVA	Newman Keuls		Ethnicity				
p<.05	p<.05	D	Asian/Pacific Islander	2,163	564	2,727	20.7%
		C	Hispanic/Latino	10,731	6,338	17,069	37.1%
		B	Other	4,637	3,191	7,828	40.8%
		A	White	1,456	1,721	3,177	54.2%
		A	African American	156	189	345	54.8%
			Total	**19,143**	**12,003**	**31,146**	**38.5%**
ANOVA	Newman Keuls		Region				
p<.05	p<.05	E	Los Angeles	6,508	2,625	9,133	28.7%
		D	Northern	2,138	1,263	3,401	37.1%
		C	South Coast	2,215	1,579	3,794	41.6%
		C	Southern	4,489	3,317	7,806	42.5%
		B	Valley	2,767	2,300	5,067	45.4%
		A	Bay Area	1,026	919	1,945	47.2%
			Total	**19,143**	**12,003**	**31,146**	**38.5%**
ANOVA	Newman Keuls		Gender				
p>.05		-	Male	9,214	5,759	14,973	38.5%
		-	Female	9,929	6,244	16,173	38.6%
			Total	**19,143**	**12,003**	**31,146**	**38.5%**
ANOVA	Newman Keuls		Age Group				
p<.05	p<.05	C	Ages 0 - 4	1,728	17,596	19,324	91.1%
		A	Ages 5 - 9	3,151	25,638	28,789	89.1%
		B	Ages 10 - 14	2,520	18,436	20,956	88.0%
		B	Ages 15 - 19	1,746	10,747	12,493	86.0%
			Total	**9,145**	**72,417**	**81,562**	**88.8%**
ANOVA	Newman Keuls		Federal Poverty Level				
p<.05	p<.05	C	100 - 150%	7,641	4,460	12,101	36.9%
		B	151 - 200%	7,526	4,734	12,260	38.6%
		A	201 - 250%	3,976	2,809	6,785	41.4%
			Total	**19,143**	**12,003**	**31,146**	**38.5%**

APPENDIX E. BASIS FOR REVISIONS TO REPORT

This report has been revised from the report presented to the public in December for two reasons. First, in Table 2, HFP Rates Comparison was revised to include the measures released in December 2011 for children in Medi-Cal.

Second, we have revised our rates for five measures that were impacted by a data sampling error by Anthem Blue Cross. that involves use of medical records review to find evidence that a service was provided when it is not found in the plan's administrative record.

The significant decrease in 2010 performance for *Childhood Immunization Status, Combination 3* was impacted by a data sampling error in the use of the hybrid method by Anthem Blue Cross (HMO and EPO), HFP's largest health plan partner. For this reason, only administrative rates for Anthem Blue Cross (HMO and EPO) were reported for this measure. Similarly, Anthem Blue Cross HMO reported only administrative data for *Well Child Visits in the 3rd to 6th Years of Life, Childhood Immunization Status, Combination 10, Immunizations for Adolescents*, and *Adolescent Well-Care Visits*.

Anthem Blue Cross has provided MRMIB and HFP with evidence that the sample size of the medical records review is sufficient to provide a far better estimate of their performance than the administrative data submitted adhering strictly to NCQA guidelines. MRMIB is satisfied with this response and is allowing a once-only re-do for this error. Anthem Blue Cross has assured MRMIB that their data process has been corrected and hybrid rates will be reported for these measures in 2012.

The Anthem Blue Cross rates given below, as well as changes to HFP's weighted averages, are reported in the relevant sections in this revised report. Text containing explanations for Anthem Blue Cross' low scores due to administrative reporting have been removed. Changes were made to Tables 1, 2 and 3; Figures 5, 6, 8, 9 and 10; and Appendices B and C.

Anthem HMO data replacing the administrative data reported for the 2010 HFP HEDIS Report:

Measure	Req'd by NCQA[1]	Sample Size	Portion of NCQA-Required Sampling	Reported Rate
Childhood Immunization Status, Combination 3	328	345	1.052	70.73
Childhood Immunization Status, Combination 10	411	345	0.839	11.89
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	360	316	0.878	71.84
Immunizations for Adolescents	411	384	0.934	46.88
Adolescent Well-Care Visits	411	370	0.900	41.83

[1] Number is based on Table 2, HEDIS 2011 Volume 2, using Anthem Blue Cross' prior year's reported rate.

Similarly, **Anthem EPO** scores reported originally using administrative rates were re-submitted and entered for Childhood Immunization Status, Combination 3 (57.47%) and Combination 10 (13.51%).

Measure	Req'd by NCQA[1]	Sample Size	Portion of NCQA-Required Sampling	Reported Rate
Childhood Immunization Status, Combination 3	328	345	1.052	70.73
Childhood Immunization Status, Combination 10	411	345	0.839	11.89
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	360	316	0.878	71.84
Immunizations for Adolescents	411	384	0.934	46.88
Adolescent Well-Care Visits	411	370	0.900	41.83