



2011 Healthy Families Program Healthcare Effectiveness Data and Information Set (HEDIS) Report

**California Managed Risk Medical Insurance Board
November 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 healthcare services to improve the health of Californians.

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EXECUTIVE SUMMARY

Introduction

The Children's Health Insurance Program (CHIP) is a federal program overseen 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 benefits to approximately one million eligible children each year under the age of 19.

This report for the Healthy Families Program presents information on the quality of care provided by the 25 participating health plans during calendar year 2011. 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>.

As part of the 2012/2013 budget, most children enrolled in MRMIB's Healthy Families Program will be transferred to the Medi-Cal Program administered by the Department of Health Care Services. The move in 2013 will occur in groups, with subscribers who will be able to keep their health plan being in the first group.

In the past, the HEDIS results were provided to subscribers in enrollment materials, including the program handbook, so that families could use the information to compare health plan performance in areas important to them. HEDIS results were also used by MRMIB to monitor plan performance and to inform decision-making regarding quality improvement activities and health plan participation in HFP. All reports are 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.

Key Findings

The Healthy Families Program showed continued and significant improvements in HEDIS rates in 2011 compared to 2010:

- Children's and Adolescents' Access to Primary Care Practitioners and Adolescent Well-Care Visits were up to four percent higher in 2011 than last year.
- Childhood Immunization rates, Combination 3 was 4.8 percent, Combination 10 was 5.7 percent and Immunizations for Adolescents was 15.1 percent higher in 2011 than their respective rates in 2010.
- Similarly, the rate for Use of Appropriate Testing for Children with Pharyngitis was 7.5 percent and Mental Health Utilization was 0.4 percent higher in 2011 than in year 2010.
- Analysis of five years data for Appropriate Testing for Children with Pharyngitis has shown inverse correlation between antibiotic prescription and strep testing. Consistent gains are seen over five years in strep testing from 27 to 46 percent in 2011. As a result about 8,200 fewer children were prescribed antibiotics in 2011 compared to 2007.

HFP HEDIS Measures for 2011

For 2011, MRMIB collected the same measures as in 2010. The HEDIS measures and abbreviations are shown in Table 1 on the next page.

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Members Included in the Measures

For several measures, a member must be enrolled continuously throughout the year, with a single gap of not more than 45 days. Measures requiring two years' continuous enrollment are the Children's and Adolescents' Access to Primary Care Practitioners for 7-11 year-olds and 12-18 year-olds, and the Use of Appropriate Medications for People with Asthma. The measures Appropriate Testing for Children with Pharyngitis and Appropriate Treatment for Children with Upper Respiratory Infection require 30 days of enrollment prior to the episode. Measures that count every member who received a service are Mental Health Utilization and Identification of Alcohol and Other Drug Services.

Trends in HFP Performance

Weighted averages for the Healthy Families Program for each of the last three years are given in Table 1. Measure performance by health plan is given in Appendix B, and significant changes in performance by each health plan are highlighted in Appendix C.

Table 1. HFP Weighted Averages for 2009, 2010 and 2011

HEDIS Measure	HEDIS Abbreviation	HFP Weighted Average		
		2009	2010	2011
Children's Access to Primary Care Practitioners: 12 - 24 Months	CAP_1	97.9%	97.4%	98.1%
Children's Access to Primary Care Practitioners: 25 Mos - 6 Years	CAP_2	91.0%	90.2%	90.4%
Children's Access to Primary Care: 7 - 11 Years	CAP_3	90.8%	90.4%	91.2%
Adolescents' Access to Primary Care: 12 - 18 Years	CAP_4	89.3%	87.5%	91.8%
Childhood Immunization Status, Combination 3	CIS3	77.7%	74.5%	79.3%
Childhood Immunization Status, Combination 10	CIS10	ND	18.1%	23.8%
Immunizations for Adolescents, Combination 1	IMA	ND	54.4%	69.5%
Well-Child Visits in the First 15 Months of Life, 6+ Visits	W15_6	58.1%	60.9%	62.1%
Well-Child Visits in the Third, Fourth, Fifth, & Sixth Years of Life	W34	76.8%	74.0%	74.3%
Adolescent Well-Care Visits	AWC	46.3%	47.3%	58.4%
Chlamydia Screening in Women	CHL	44.4%	47.7%	47.8%
Use of Appropriate Medications for People with Asthma	ASM	93.6%	92.6%	89.0%
Appropriate Testing for Children with Pharyngitis	CWP	34.8%	38.5%	46.0%
Appropriate Treatment for Children with Upper Respiratory Infection	URI	87.2%	88.8%	87.8%
Mental Health Utilization, 13-17 years	MPT	3.7%	3.9%	4.3%
Identification of Alcohol and Other Drug Services, 13-17 years	IAD	0.8%	0.9%	0.9%
Lead Screening in Children	LSC	61.7%	56.6%	56.4%

The Healthy Families Program showed continued and significant improvements in: Children's and Adolescents' Access to Primary Care Practitioners, Adolescent Well-Care Visits, Childhood Immunization Status, Combination 10, Immunizations for Adolescents, Use of Appropriate Testing for Children with Pharyngitis, and Mental Health Utilization.

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HFP's weighted average scores were improved by 15-20% over the 2010 rates for Appropriate Testing for Children with Pharyngitis and Mental Health Utilization measures. However, HFP's weighted average decreased nearly four percentage points from 2010 to 2011 for Use of Appropriate Medications for People with Asthma (ASM), and for the first time, HFP children as a whole received appropriate asthma medication at a rate below the national commercial health maintenance organization (HMO) 10th percentile. It should be noted here that California's Medicaid program dropped ASM from its auto assignment incentive program beginning in January 2011, which may have had an effect on this measure, if the plans reduced their focus on improvement of ASM measure with providers.

Comparison to National Averages

To assess HFP performance relative to other types of insurance coverage, the HFP weighted averages for 2011 are compared with national Medicaid health maintenance organizations (HMO) and national commercial HMO averages in Table 2. Eight HFP HEDIS rates are above both the commercial and Medicaid averages, and three rates are below both averages. The asthma measure has no comparative data grouped for children. Medi-Cal rates for health care services received in 2011 are not yet released.

Table 2: HFP Rates Comparison

HEDIS Measure	2011 HEDIS Averages ¹		
	Healthy Families Program	National Commercial HMOs	National Medicaid HMOs
Childhood Immunization Status, Combination 3	79.3%	75.1%	69.9%
Childhood Immunization Status, Combination 10	23.8%	18.5%	15.2%
Immunizations for Adolescents, Combination 1	69.5%	51.7%	52.2%
Well-Child Visits, First 15 Months of Life, 6+ Visits	62.1%	76.4%	60.2%
Well-Child Visits, 3rd, 4th, 5th, & 6th Years of Life	74.3%	71.7%	71.9%
Adolescent Well-Care Visits	58.4%	42.7%	48.1%
Mental Health Utilization, 13-17 Years of Age	4.3%	8.9%	12.6%
Identification of Alcohol and Other Drug Svcs, 13-17	0.9%	1.0%	2.0%
Use of Appropriate Medications for People with Asthma	89.0%	92.9%	88.4%
Appropriate Treatment for Upper Respiratory Infection	87.8%	85.1%	87.2%
Appropriate Testing for Children with Pharyngitis	46.2%	77.6%	64.9%
Lead Screening in Children	56.4%	NA	66.2%
Chlamydia Screening in Women	47.8%	43.1%	54.6%
Access to Primary Care: 12 - 24 Months	98.1%	97.5%	96.1%
Access to Primary Care: 25 Mos - 6 Yrs	90.4%	91.2%	88.3%
Access to Primary Care: 7 - 11 Years	91.2%	91.7%	90.2%
Access to Primary Care: 12 - 18 Years	91.8%	89.3%	88.1%

¹These averages released by the National Committee for Quality Assurance (NCQA) in 2012 are derived from data collected in calendar year 2010; data for calendar year 2011 will be published in Spring 2013.

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Health Plan Performance

High Performers

For 2011, three health plans had six or more HEDIS rates at or above the national commercial HMO 90th percentile rate with no rates at or below the 10th percentile. Kaiser South had slightly higher rates than Kaiser North for each of the 8 measures.

Kaiser Foundation Health Plan South	8 rates
Kaiser Foundation Health Plan North	8 rates
Community Health Group	6 rates

Improvements in HFP performance are driven by improvements in individual plan performance. For 2011, the plans that improved significantly in the most measures (Appendix C), with no measures with significant decreases were:

Kaiser Foundation Health Plan North	7 rates
Kaiser Foundation Health Plan South	6 rates
Alameda Alliance for Health	6 rates

MRMIB would like to acknowledge the achievement made by Kaiser Foundation Health Plan, Community Health Group, and Alameda Alliance for Health for their efforts on behalf of Healthy Families Program children.

Low Performers

For 2011, three health plans had six or more HEDIS rates at or below the national commercial HMO 10th percentile rate with no rates at or above the 90th percentile.

Blue Shield EPO	10 rates
Community Health Plan	8 rates
Ventura County Health Care Plan	6 rates

Impact of Other Efforts

For 2011, nearly all HFP health plans reported a sharp rise in both adolescent immunizations and adolescent well-care visits (Appendix C). Also for the first time, several HFP plans reported exceeding the national commercial HMO 90th percentile for 12-18 year olds visiting a PCP. Such a widespread phenomenon is most likely explained by a statewide or nationwide policy change. Indeed, the California Department of Public Health recently released a report¹ documenting schools' assessments of immunizations after passage of a new law. Assembly Bill 354 (2010), CA Health and Safety Code 120335 requires, beginning with the 2011/12 school year, that students in 7th-12th grade provide documentation of either having received a booster immunization against pertussis or an exemption to immunization. The booster is known as 'Tdap' and is one of two in the HEDIS Immunizations for Adolescents measure.

Advisory groups across the country recommend that preventive health care such as well-care, screening, and immunizations be offered to adolescents as they appear in the health care setting for any reason. If more adolescents were seeking boosters this year, it appears that physicians across California did indeed use these visits as an opportunity for performing a well-care visit as well.

¹http://www.cdph.ca.gov/programs/immunize/Documents/2011_2012_7th_12th_grade_pertussis_results.pdf

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Improvements in Reporting Using Electronic Records

Six of the HFP HEDIS measures are hybrid measures that use medical chart reviews to supplement data for any child not found in the administrative data record. Not only are such chart reviews costly to perform, but the resulting data represents only a small portion of the population for larger plans, so that demographic information related to equitable care cannot be reliably ascertained. The advantage of the chart review process is that it produces higher scores when the electronic record is incomplete. As health care services are entered more completely into the electronic medical record, it becomes more reasonable to evaluate health care solely from administrative data. In this regard, NCQA now requires that well-care visits for commercial HMOs are scored solely from administrative data.

HFP's health plans' data was analyzed to determine the proportion of services rendered that are found in electronic records, versus how many services are found only by a chart review. As shown in Table 3, HFP's health plans, both large and small, showed improvements in electronic recording of services by 14% over last year. Empty cells indicate no data, while zeros indicate a value.

Table 3: Percent of Services Reported from Electronic Records

LARGE PLANS	W15_6			W34			AWC			CIS3			CIS10		IMA	
	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	2010	2011	2010	2011
Anthem Blue Cross EPO	72.20	66.12	80.65	87.84	95.15	95.17	83.03	84.81	92.47	34.47		62.31		58.82	93.67	94.26
Anthem Blue Cross HMO	53.71	49.76	57.38	78.72		74.76	66.67		75.49	21.63		37.46		55.71		82.67
Health Net	46.74	42.69	40.27	82.33	89.39	94.94	88.72	80.10	92.03	36.14	38.69	39.17	31.82	27.83	78.85	86.55
Average	57.55	52.86	59.43	82.96	92.27	88.29	79.47	82.46	86.66	30.75	38.69	46.31	31.82	47.45	86.26	87.83
% Change from Prior Year		92	112		111	96		104	105		126	120		149		102

Overall Improvement in the Use of Electronic Data	2009 to 2010	8%
	2010 to 2011	14%

Refer to abbreviations for HEDIS measures in Table 1.

LOCAL PLANS	W15_6			W34			AWC			CIS3			CIS10		IMA	
	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	2010	2011	2010	2011
Alameda Alliance for Health	35.70	37.50	33.34	86.90	94.19	94.12	85.95	86.67	90.65	67.80	14.52	73.77	26.67	80.00	35.02	95.47
CalOptima	62.36	72.83	78.57	92.13	94.59	97.35	91.36	94.40	93.36	52.30	37.99	52.35	41.38	52.30	78.37	82.51
Care1st	31.82	66.66	84.62	79.88	76.90	75.69	71.49	72.34	79.76	8.82	14.53	26.50	0.00	26.32	48.95	62.50
CenCal Health	14.28	65.71	68.89			97.25		93.98		46.30	33.33	56.82	14.29	70.37	62.50	92.13
Central CA Alliance for Health	46.51	36.36	65.24	92.31	94.12	96.29	92.24	95.38	97.28	35.04	26.21	52.40	22.73	35.94	67.36	86.58
Community Health Group	42.37	63.89	95.83	91.59	96.94	99.19	91.94	97.42	97.44	70.96	81.85	94.07	76.09	87.95	93.43	96.65
Contra Costa Health Plan	46.15	73.68	66.67	95.13	97.44	98.35	97.19	95.45	94.62	86.42	87.04	85.96	60.00	88.00	95.69	97.79
Health Plan of San Joaquin	0.00	45.95	41.03	90.55	74.35	72.01	83.33	94.52	78.28	6.25	6.99	10.95	0.00	6.25	71.62	77.77
Health Plan of San Mateo	100.0	70.00	70.59	93.70	93.36	98.70	92.97	91.59	94.49	78.33	68.32	68.69	68.09	64.00	80.21	87.38
Inland Empire Health Plan	56.00	46.46	61.06	96.15	96.67	98.48	91.60	94.44	97.68	59.20	53.36	76.03	37.04	33.33	71.86	88.25
Kern	43.75	56.00	55.55	98.69	96.57	94.04	95.07	87.01	96.80	46.15	63.12	69.12	54.76	65.00	90.80	93.63
L.A. Care	40.00	45.45	90.00	74.85	90.77	93.03	69.46	85.78	92.20	33.90	18.52	33.97	31.25	43.14	51.59	64.42
Molina	69.42	51.93	53.61	13.19	94.03	86.23	78.69	87.33	86.56	41.72	54.18	56.67	49.35	56.76	84.78	88.07
San Francisco Health Plan	100	67.74	31.82	91.52	94.21	89.39	89.38	89.04	85.01	66.02	58.49	50.98	75.00	58.00	80.49	93.08
Santa Clara Family Health Plan	56.10	62.96	54.90	91.77	93.54	94.08	89.55	94.57	90.11	41.03	36.19	44.02	32.88	50.65	85.82	90.11
Ventura County Health Care Plan										14.29	89.28	65.96	75.00	66.67	87.80	89.72
Average	49.63	57.54	63.45	84.88	91.98	92.28	87.16	90.66	91.02	47.16	46.50	57.39	41.53	55.29	74.14	86.63
% Change from Prior Year		116	110		108	100		104	100		99	123		133		117

Overall Improvement in the Use of Electronic Data	2009 to 2010	7%
	2010 to 2011	14%

Refer to abbreviations for HEDIS measures in Table 1.

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Demographic Findings

MRMIB monitors its health plans to ensure that access to quality healthcare is shared by all of its members. Demographic statistical analysis of HEDIS data was performed for measures that use administrative data, that is, measures where all eligible members are counted. Groupings considered by MRMIB for this report are health plan, region, income level, language spoken in the home, ethnicity, and age (Appendix D).

For access to a primary care practitioner, the health plan is the most important determinant, followed by the region or county in which a child receives health care services (Appendix D, Tables D1 and D2).

Young white teens who are sexually active receive the recommended testing for chlamydia at a rate that is 10 percent lower than any other group. Conversely, young black teens who are sexually active are screened at a rate that is 10 percent higher than any other group (Table D3).

Appropriate medications for asthma are received at significantly lower rates in southern California regions. Adolescents with asthma receive appropriate medications at significantly lower rates than younger children (Table D3).

Antibiotics not recommended for an upper respiratory infection (cold) are prescribed at a higher rate in small and rural counties, and for older children. Whether a strep test was performed for a child that received antibiotics for a sore throat is more strongly determined by the region or county of residence than by health plan or any other demographic (See page 23).

Conclusions

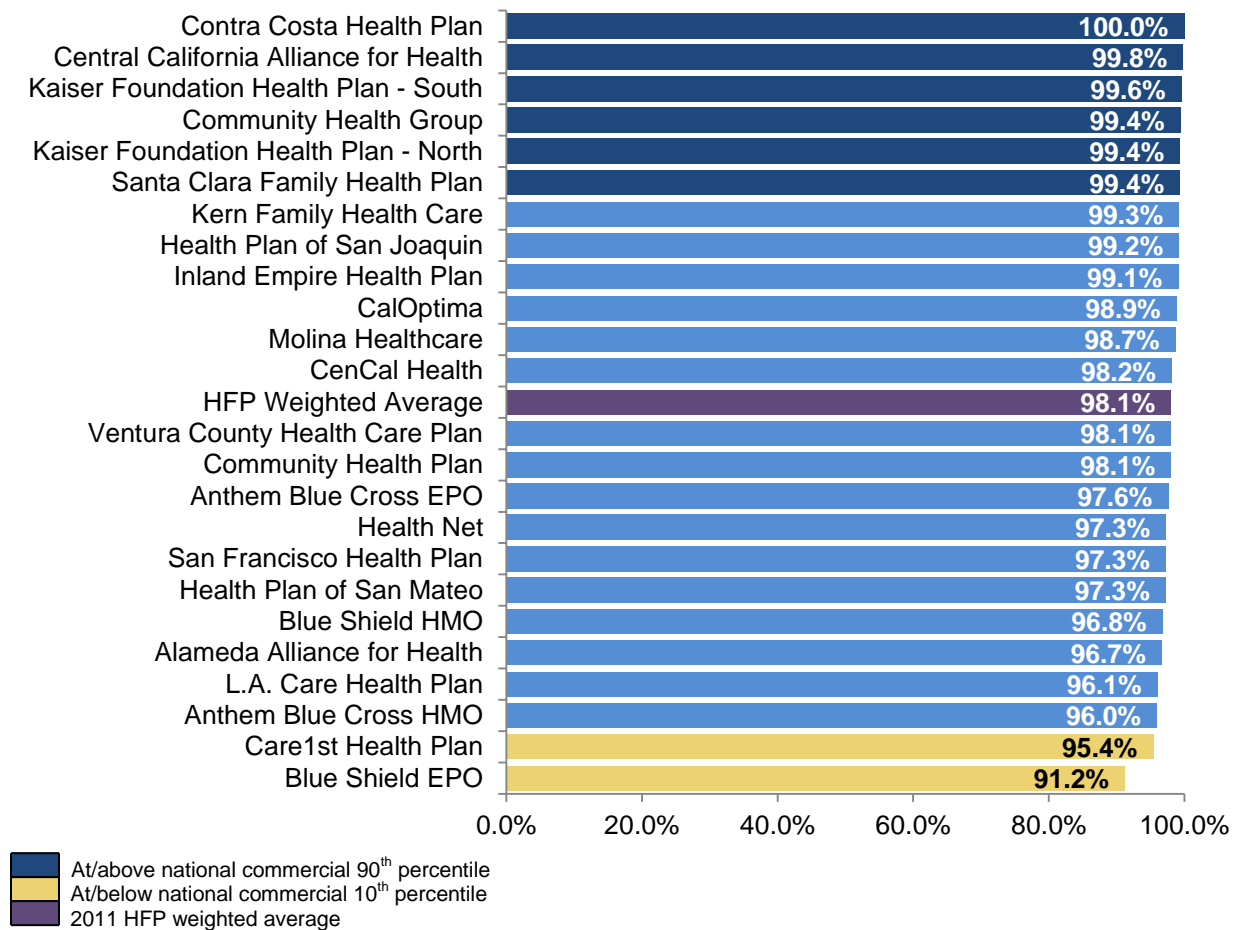
Overall, the 2011 HEDIS results indicate that the HFP did particularly well in measures relating to health care for adolescents, improvements that may be related to new immunization requirements. Consistent gains are also seen in the other immunization measures, and in strep testing and mental health utilization. Considerable improvements in electronic health records should make it possible in the near future to discontinue the use of chart reviews for some measures.

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.

Health Plan Performance For Individual HEDIS Measures

ACCESS TO PRIMARY CARE PRACTITIONERS: 12 to 24 Months Old

Figure 1. 2011 Individual Plan Rates



Access to Primary Care Practitioners 12 to 24 Months counts the percentage of continuously enrolled babies who were 12 to 24 months old on December 31, 2011, and who visited a primary care practitioner (PCP) at least once during 2011.

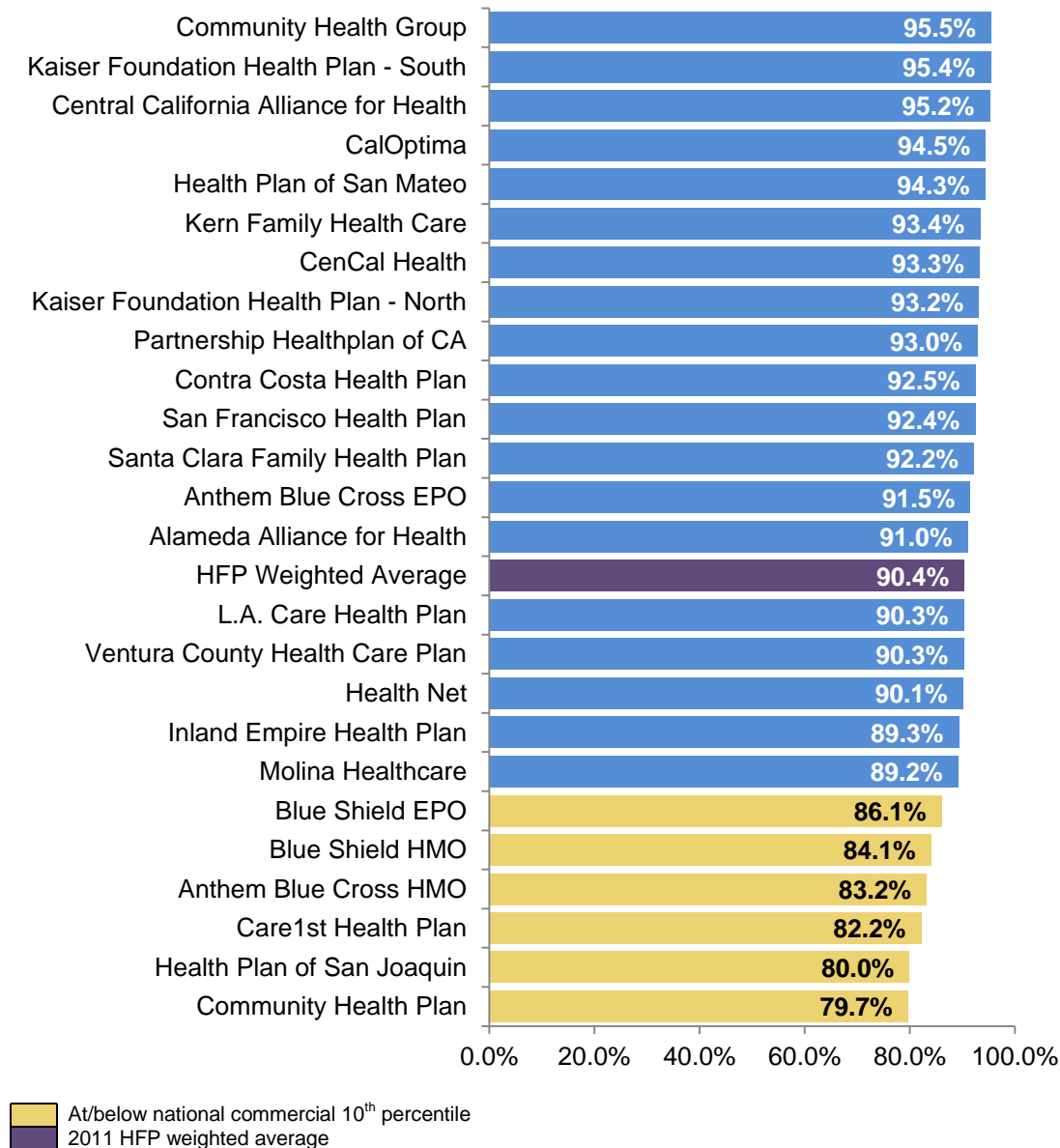
More than 98 percent of infants 12 to 24 months old had at least one primary care visit in 2011. These visits were slightly higher than last year (.6%) and there is not much opportunity for improvement at this point as the rates are very high. Six HFP health plans performed at or above the national commercial 90th percentile (99.4%):

- Contra Costa Health Plan
- Central California Alliance for Health
- Kaiser Foundation Health Plan - South
- Community Health Group
- Kaiser Foundation Health Plan - North
- Santa Clara Family Health Plan

Two plans were at or below the national commercial 10th percentile (95.4%).

ACCESS TO PRIMARY CARE PRACTITIONERS: 25 Months to 6 Years of Age

Figure 2. 2011 Individual Plan Rates

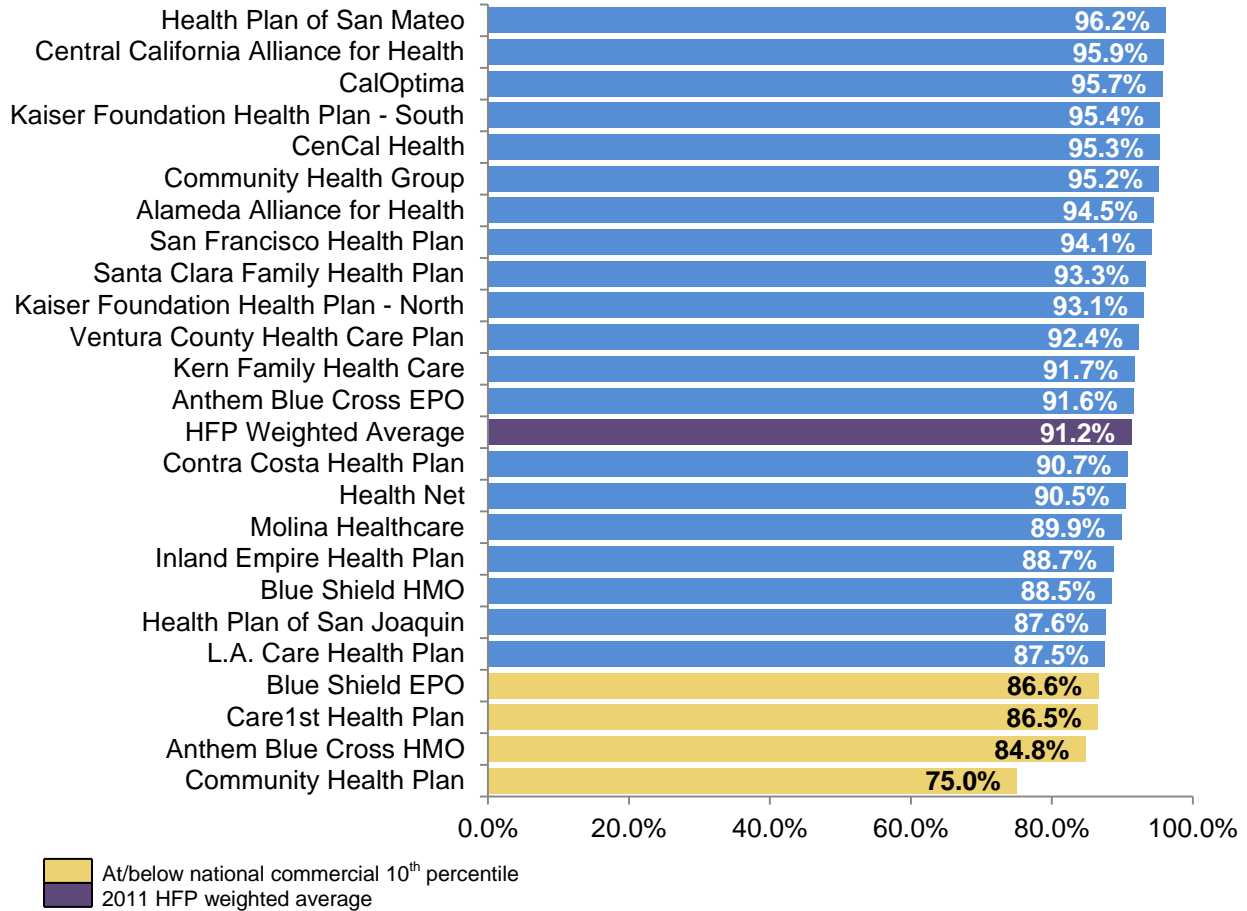


Access to Primary Care Practitioners for 25 Months to 6 Years of Age measures the percentage of continuously enrolled children who saw a primary care practitioner (PCP) at least once during 2011.

Ninety percent of HFP children ages 25 months to 6 years old saw a primary care practitioner in 2011. No health plans achieved the national commercial 90th percentile (95.7%) for this measure while six plans' rates were below the national commercial 10th percentile (86.3%) rate. The numbers are similar to last year.

ACCESS TO PRIMARY CARE PRACTITIONERS: 7 to 11 Years of Age

Figure 3. 2011 Individual Plan Rates

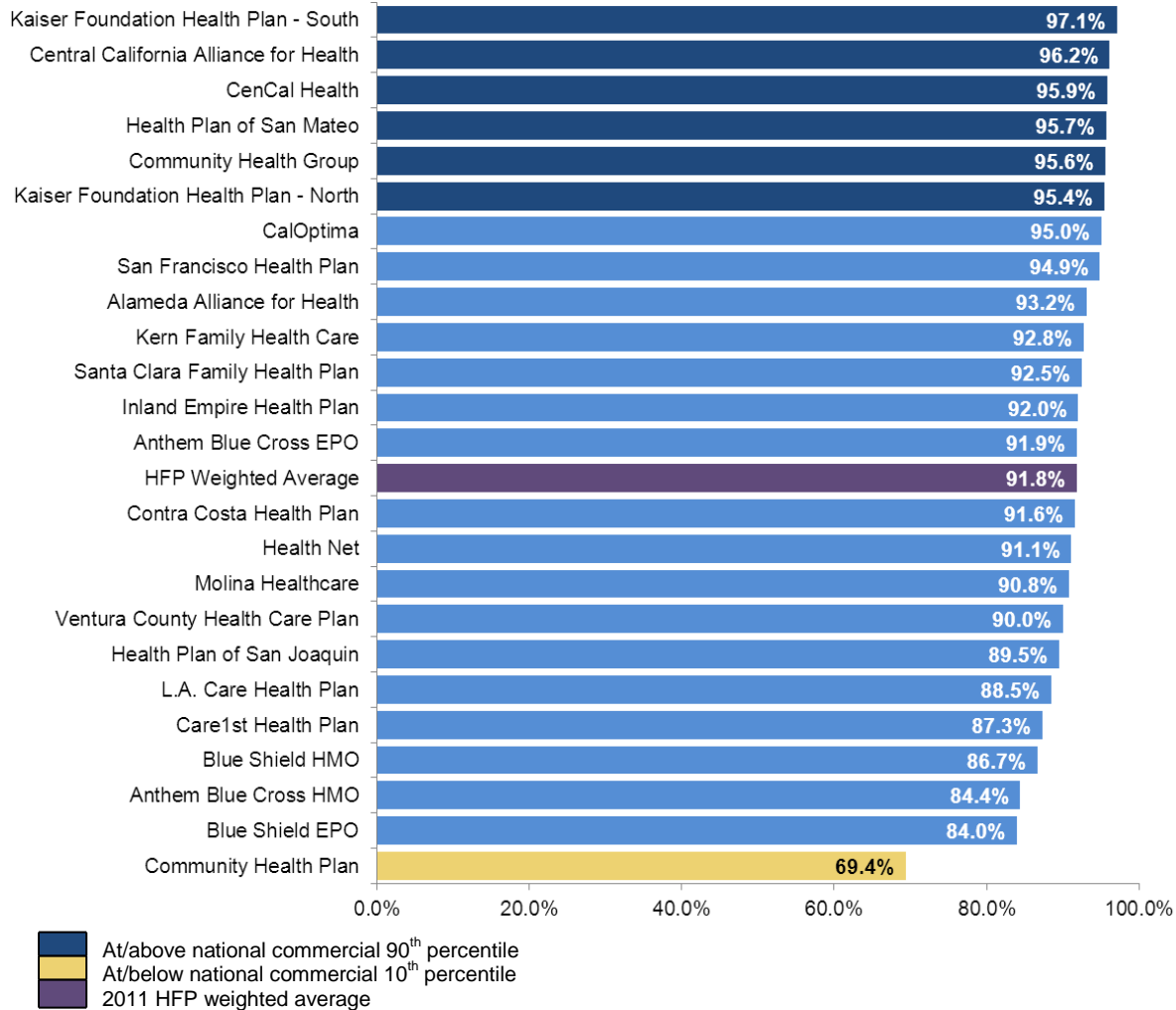


Access to Primary Care Practitioners for 7 to 11 Years of Age counts members only if they have been continuously enrolled for two years. The percentage is given for those who visited a PCP at least once during 2010 or 2011.

Individual health plan rates varied from 75 to 96 percent, with HFP's weighted average at 91.2 percent. No health plan was at or above the national commercial 90th percentile rate (96.7%). Four health plans had rates below the national commercial 10th percentile (86.8%). The overall average increased slightly from last year by 0.8 percent.

ACCESS TO PRIMARY CARE PRACTITIONERS: 12 to 18 Years of Age

Figure 4. 2011 Individual Plan Rates



Access to Primary Care Practitioners for 12 to 18 Years of Age counts members only if they have been continuously enrolled for two years. The percentage is given for those who visited a PCP at least once during 2010 or 2011.

The 2011 HFP weighted average for 12 to 18 year olds, at 91.8 percent, is higher than for any other age group except for the infant. Improvement for this measure was significant (4.3%) in 2011 over previous year. In 2010, no health plan exceeded the national commercial HMO 90th percentile. This year, six plans achieved rates above the national commercial 90th percentile rate (95.2%):

- Kaiser Foundation Health Plan - South
- Central California Alliance for Health
- CenCal Health
- Health Plan of San Mateo
- Community Health Group
- Kaiser Foundation Health Plan – North

Only one health plan's members received primary care visits at a rate below the national commercial 10th percentile (83.6%).

CHILDHOOD IMMUNIZATION STATUS

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

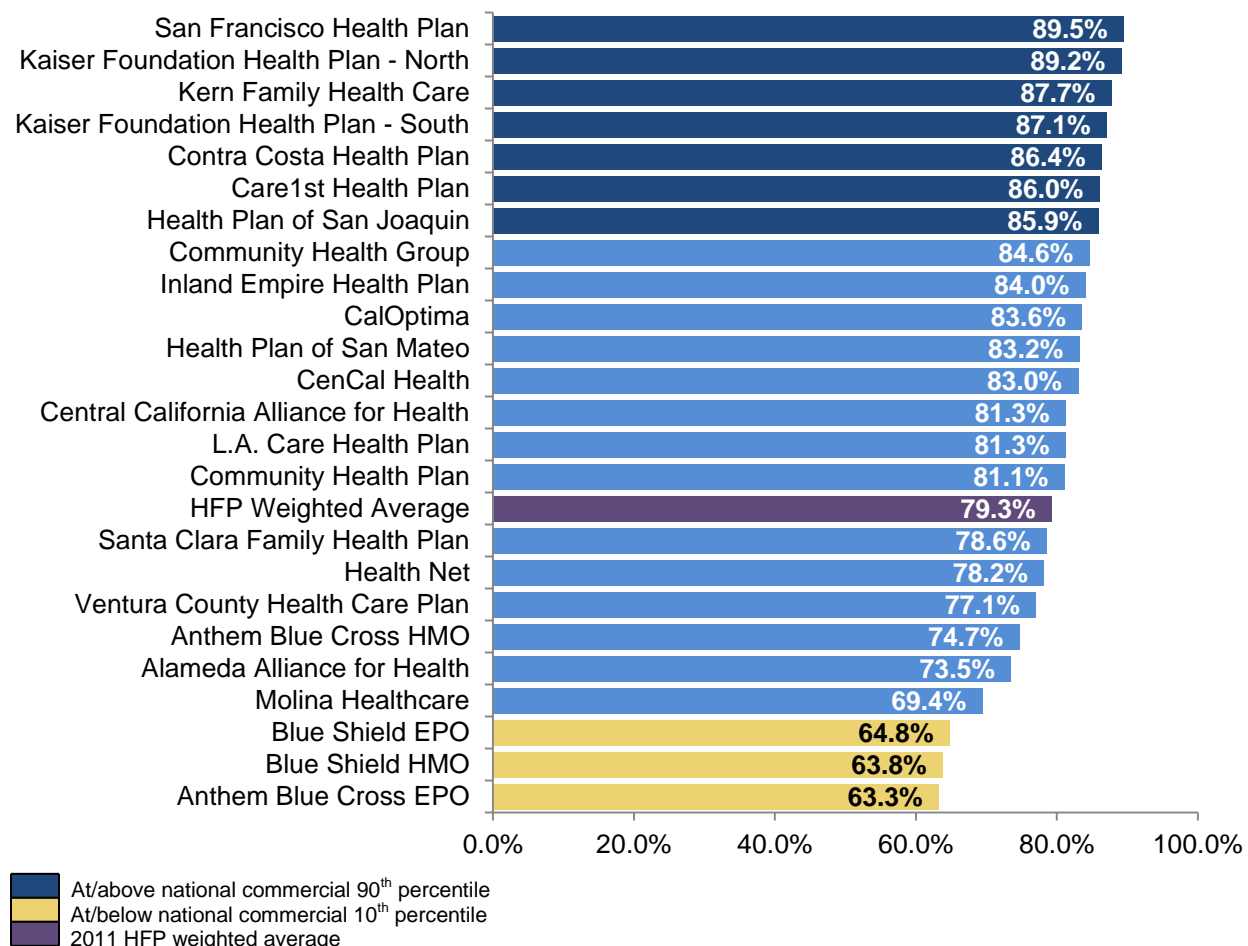
These three vaccines have been recommended by the CDC since 2007.

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. 2011 Individual Plan Rates



In 2011, 79.3 percent of HFP members under two years old received the vaccinations specified in **Childhood Immunization Status, Combination 3**. This is about five percent higher than 2010. Seven plans had rates above the national commercial 90th percentile rate (84.9%):

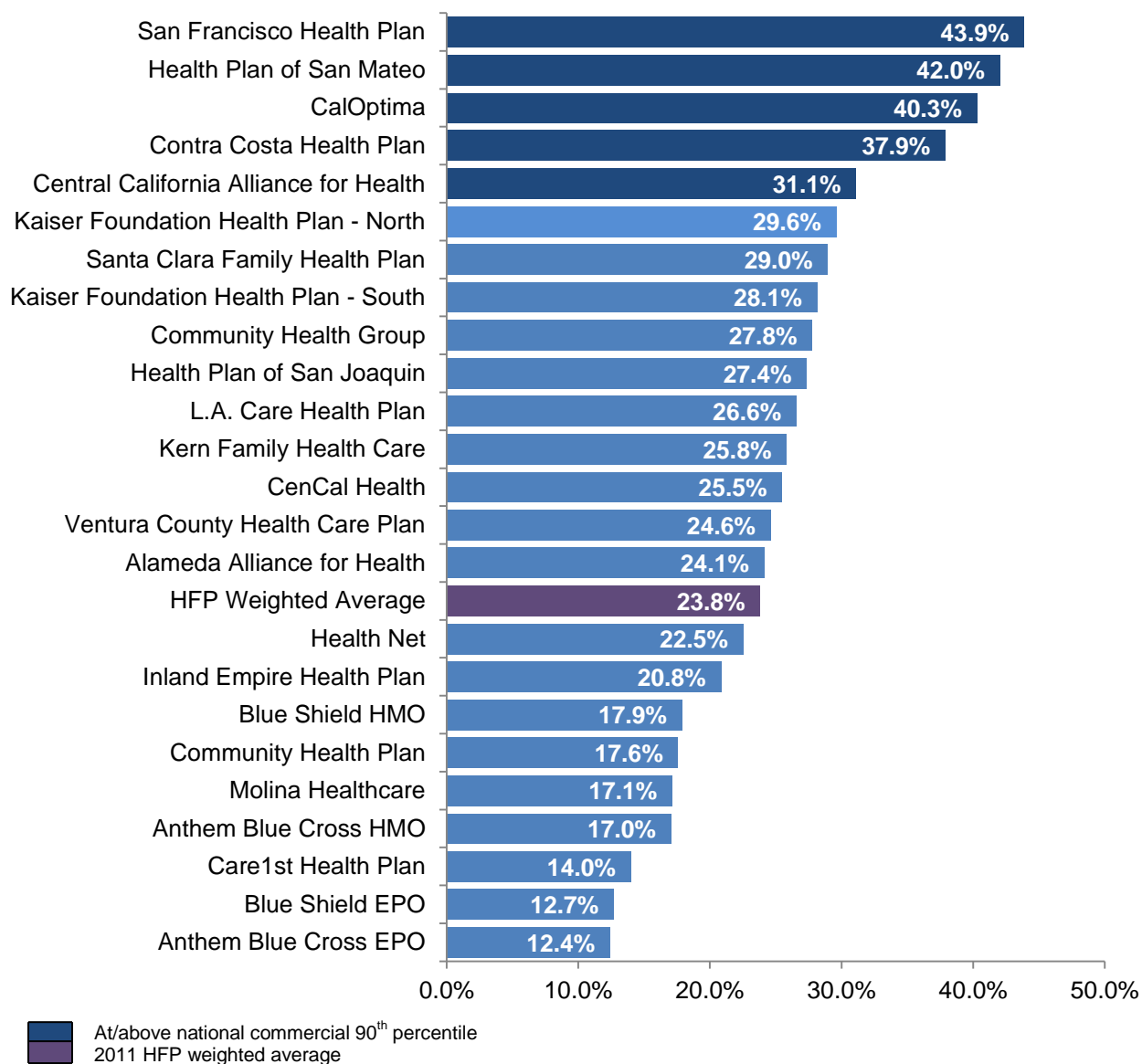
- San Francisco Health Plan
- Kaiser Foundation Health Plan - North
- Kern Family Health Care
- Kaiser Foundation Health Plan - South
- Contra Costa Health Plan
- Care1st Health Plan
- Health Plan of San Joaquin

Three health plans had rates below the national commercial 10th percentile rate (65.1%).

The rate of completed vaccinations reported by HFP health plans has increased by about one percent a year over the past three years.

CHILDHOOD IMMUNIZATION STATUS, COMBINATION 10

Figure 6. 2011 Individual Plan Rates



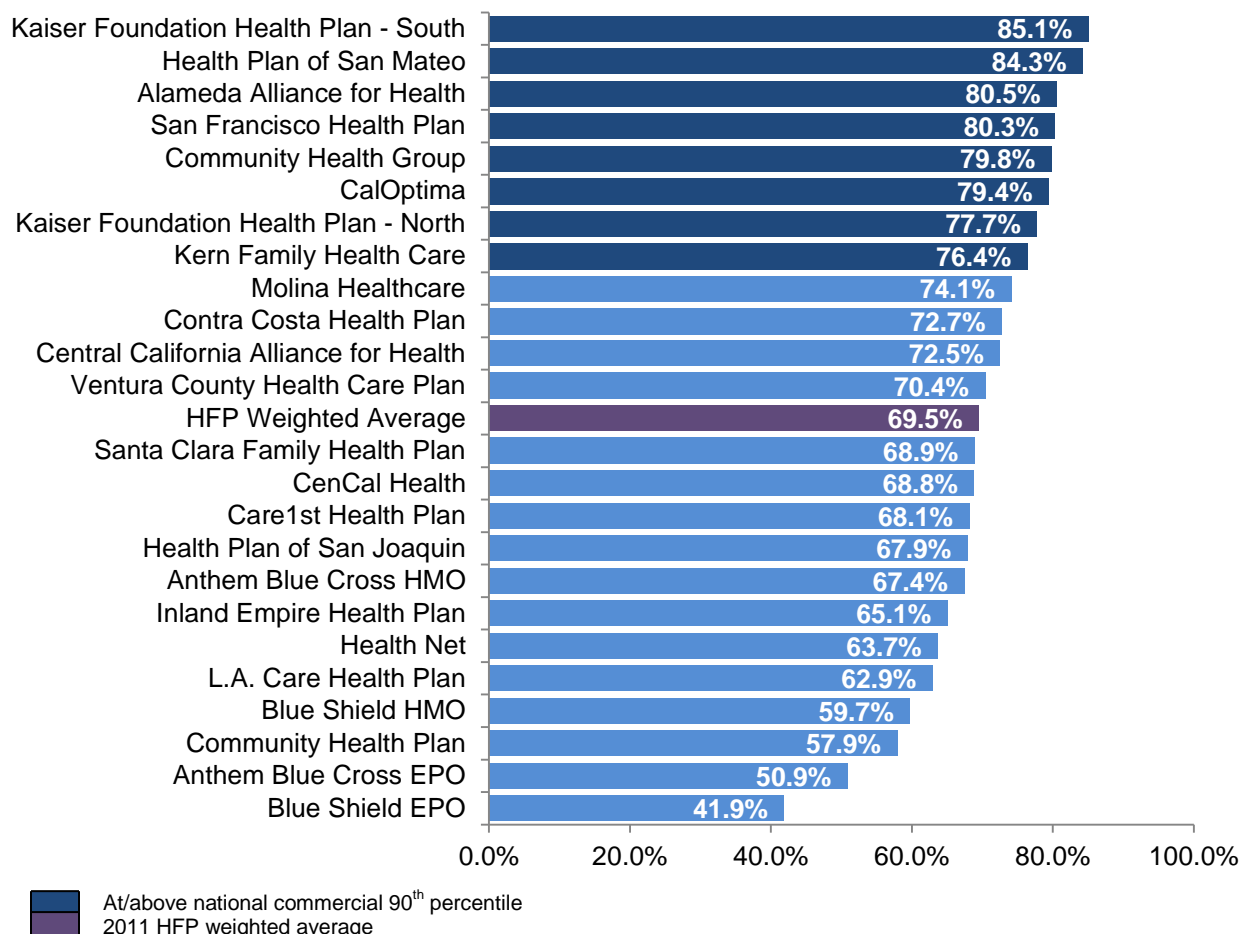
Twenty-four percent (23.8%) of HFP members under two years old received the three additional vaccines in **Childhood Immunization Status, Combination 10** that are not counted in Combination 3. HFP weighted average for this measure improved by 5.7 percent from year 2010. Four plans had rates above the national commercial 90th percentile (30.9%):

- San Francisco Health Plan
- Health Plan of San Mateo
- CalOptima
- Contra Costa Health Plan
- Central California Alliance for Health

No plans had rates below the national commercial 10th percentile (8.3%).

IMMUNIZATIONS FOR ADOLESCENTS

Figure 7. 2011 Individual Plan Rates



Immunizations for Adolescents is counted for meningococcal vaccine received 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 2011.

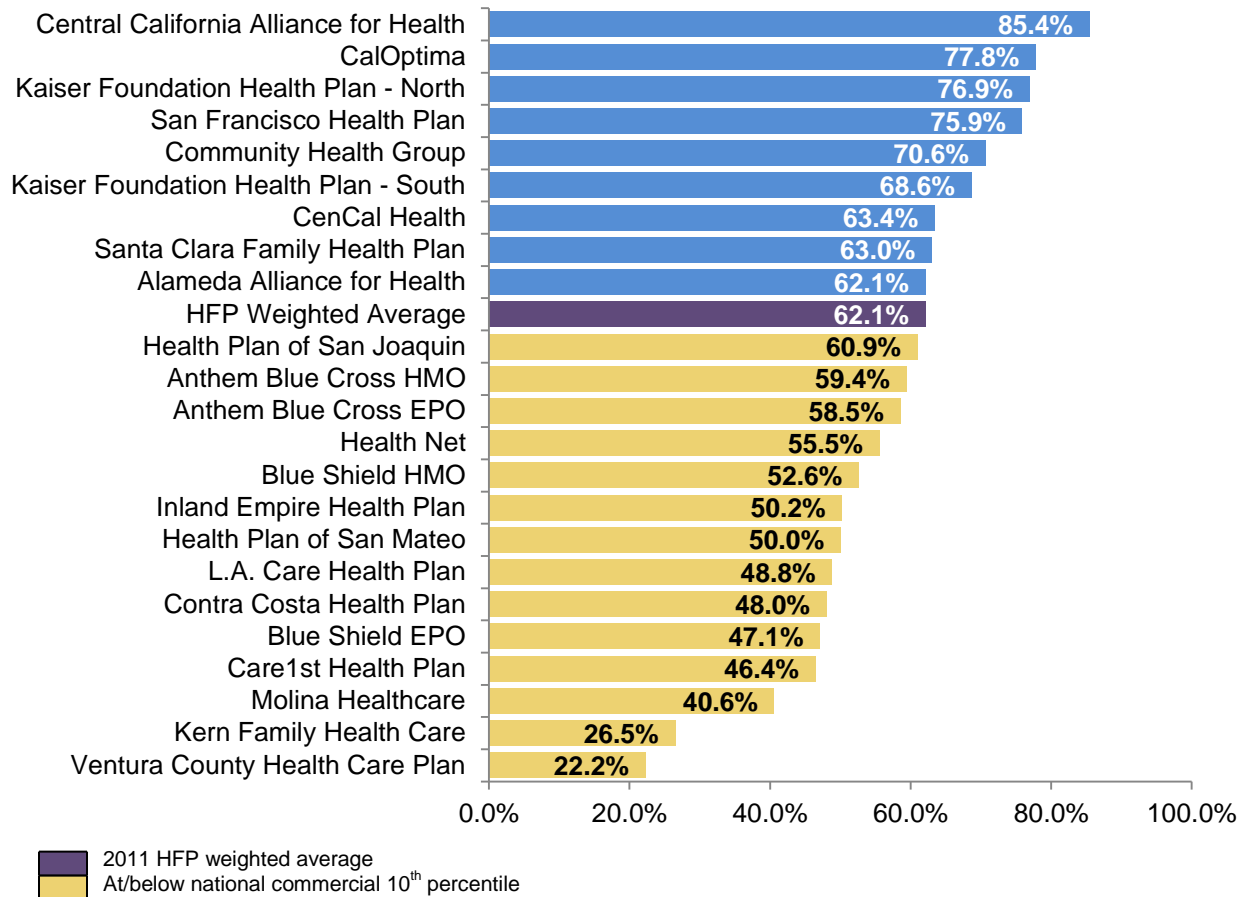
In 2011, nearly seventy percent (69.5%) of HFP members 13 years old received the Combination 1 vaccination for adolescents. Significant improvement of 15 percent was observed in 2011 compared to 2010. Eight health plans had rates at or above the national commercial 90th percentile (75.2%):

- Kaiser Foundation Health Plan – South
- Health Plan of San Mateo
- Alameda Alliance for Health
- San Francisco Health Plan
- Community Health Group
- CalOptima
- Kaiser Foundation Health Plan – North
- Kern Family Health Care

No plans had rates below the national commercial 10th percentile (30.4%).

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

Figure 8. 2011 Individual Plan Rates



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 2011, and who had 6 or more well-child visits.

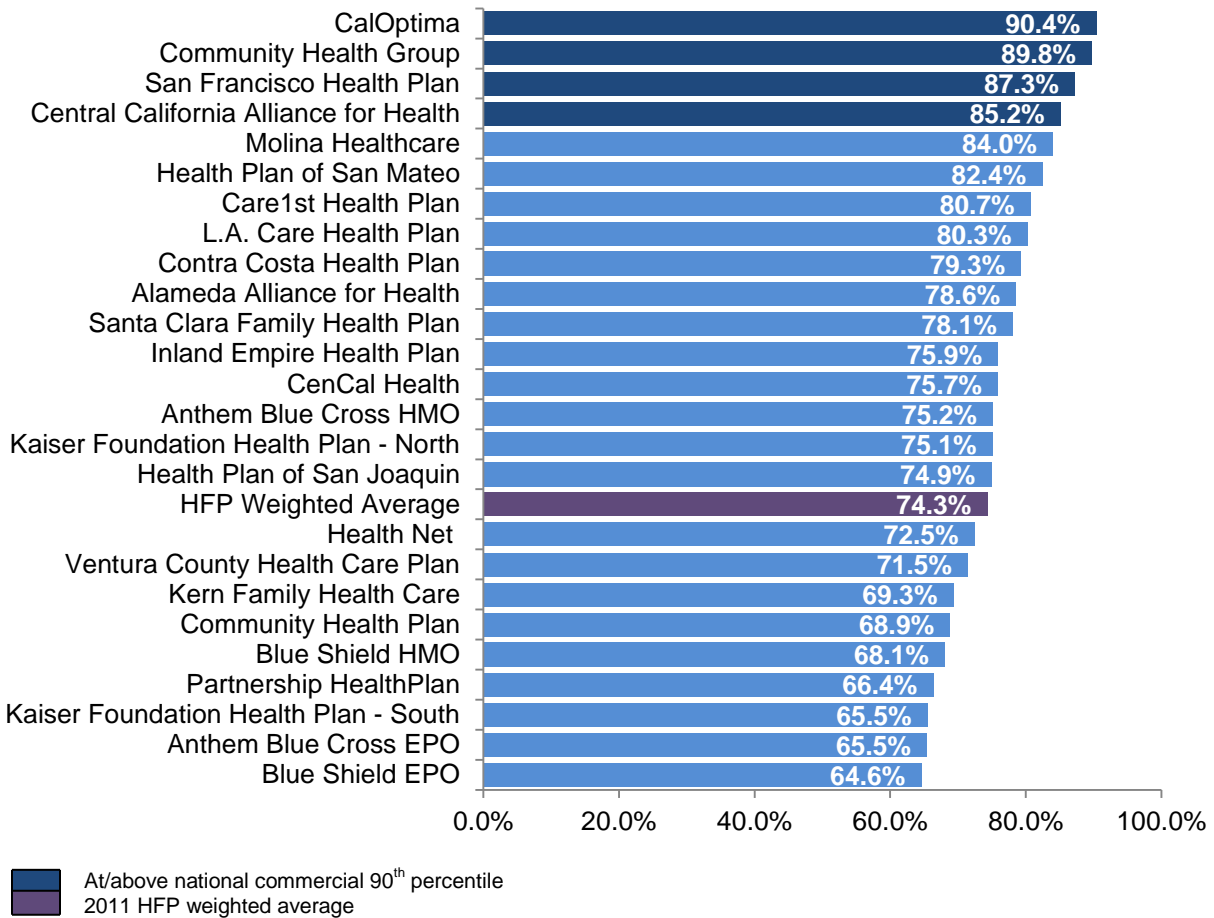
Well-child visits are important during the early months of a child's life to assess growth and development and identify and address any problems early. This measure is based on the CMS and American Academy of Pediatrics (AAP) guidelines for at least 6 well-child visits from birth to 15 months of age.

During 2011, sixty-two percent (62.1%) of eligible HFP infants received the recommended number of six well child visits. This is slightly higher than last year where 61.1 percent of infants received one recommended visit. The HFP weighted average for children receiving five or six well-child visits in the first 15 months is eighty-four percent (83.7%).

No plans scored at the national commercial 90th percentile rate for six visits (89.6%). Fourteen plans had rates below the national commercial 10th percentile rate for six visits (61.1%).

WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH AND 6TH YEARS OF LIFE

Figure 9. 2011 Individual Plan Rates



Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measures the percentage of children ages 3 to 6 years, who had one or more well child visits with a primary care practitioner in 2011. 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.²

In 2011, 74.3 percent of eligible HFP members received the recommended well child visits. This is similar to 2010. Four health plans achieved rates above the national commercial 90th percentile (84.5%):

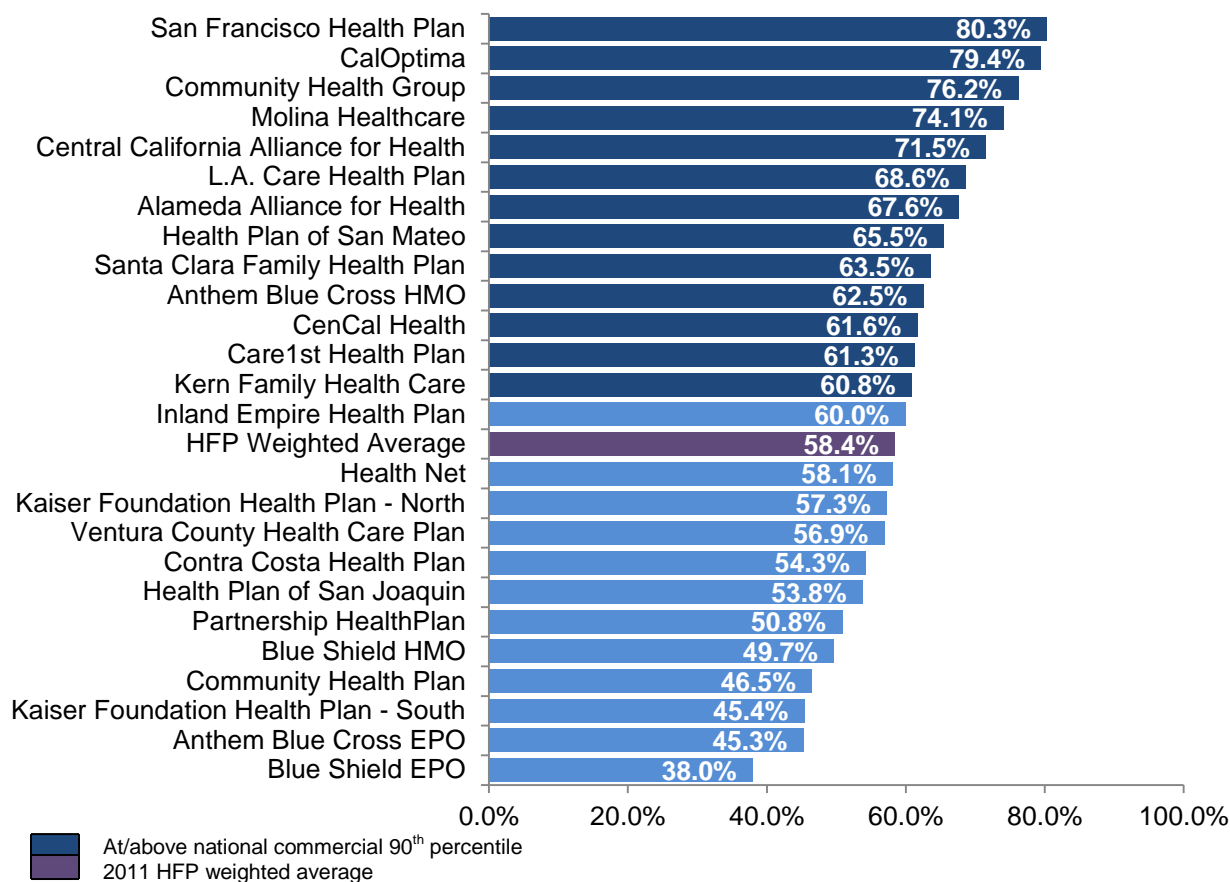
- CalOptima
- Community Health Group
- San Francisco Health Plan
- Central California Alliance for Health

No health plans had rates below the commercial 10th percentile (56.5%).

² American Academy of Pediatrics. (2010.) Recommendations for Preventive Pediatric Health Care. <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

ADOLESCENT WELL-CARE VISITS

Figure 10. 2011 Individual Plan Rates



Adolescent Well-Care Visits measures the percentage of members 12 to 18 years old 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.

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

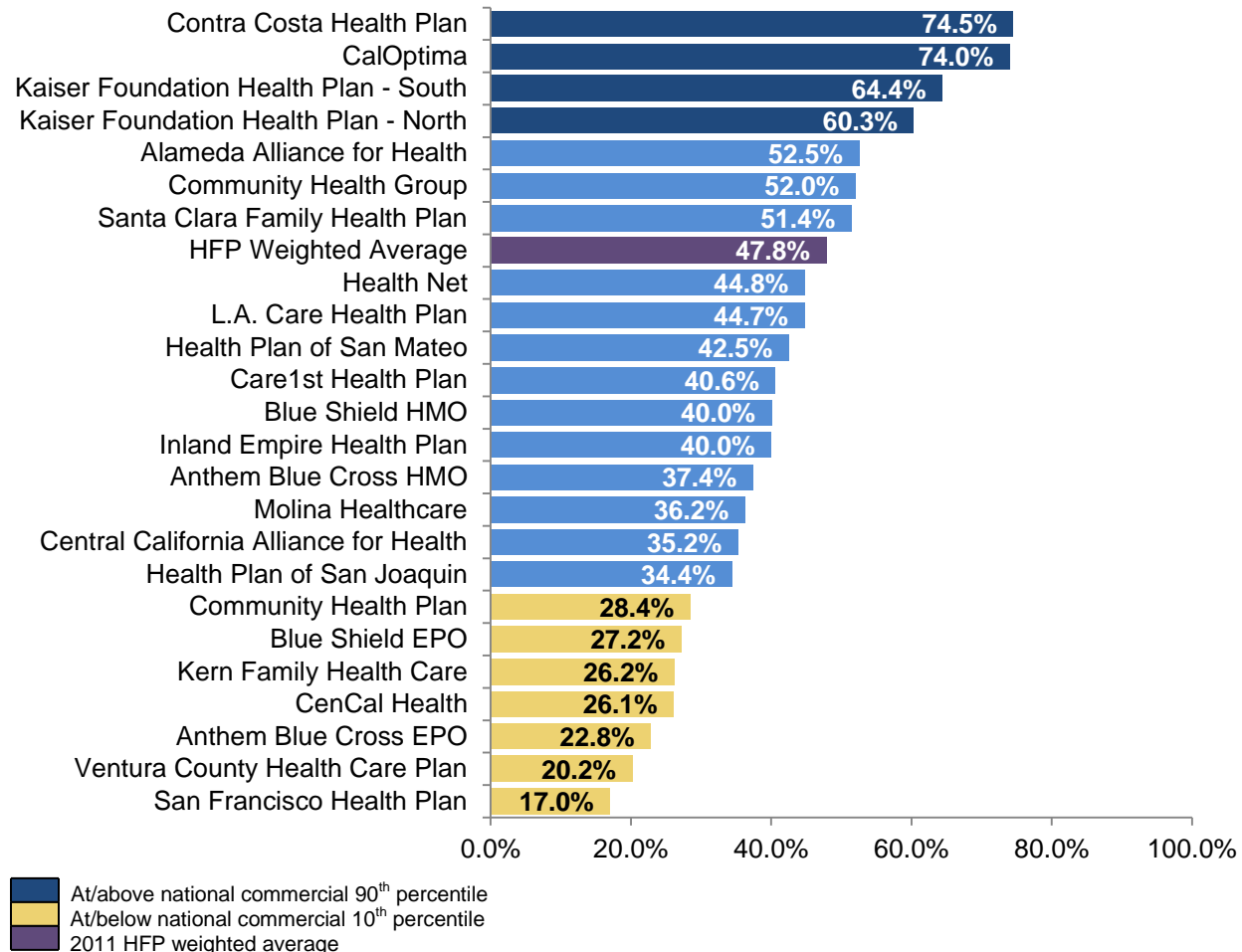
The rate of preventive health care visits for HFP adolescents rose more than ten percent in 2011 compared to 2010. Thirteen HFP health plans scored at or above the commercial HMO 90th percentile (60.2%) for adolescent well-care visits in 2011:

- San Francisco Health Plan
- CalOptima
- Community Health Group
- Molina Healthcare
- Central California Alliance for Health
- L.A. Care Health Plan
- Alameda Alliance for Health
- Health Plan of San Mateo
- Santa Clara Family Health Plan
- Anthem Blue Cross HMO
- CenCal Health
- Care1st Health Plan
- Kern Family Health Care

No plans scored below the commercial HMO 10th percentile (28.5%).

CHLAMYDIA SCREENING IN WOMEN

Figure 11. 2011 Individual Plan Rates



Chlamydia Screening in Women monitors the percentage of young women 16 years of age and older who are identified as sexually active and received a test for Chlamydia during 2011.

Less than half the HFP teens who were eligible based on age and sexual activity for Chlamydia screening received this recommended screening in 2011 (47.8%), similar to 2010 rates. Four health plans exceeded the national commercial 90th percentile (53.9%):

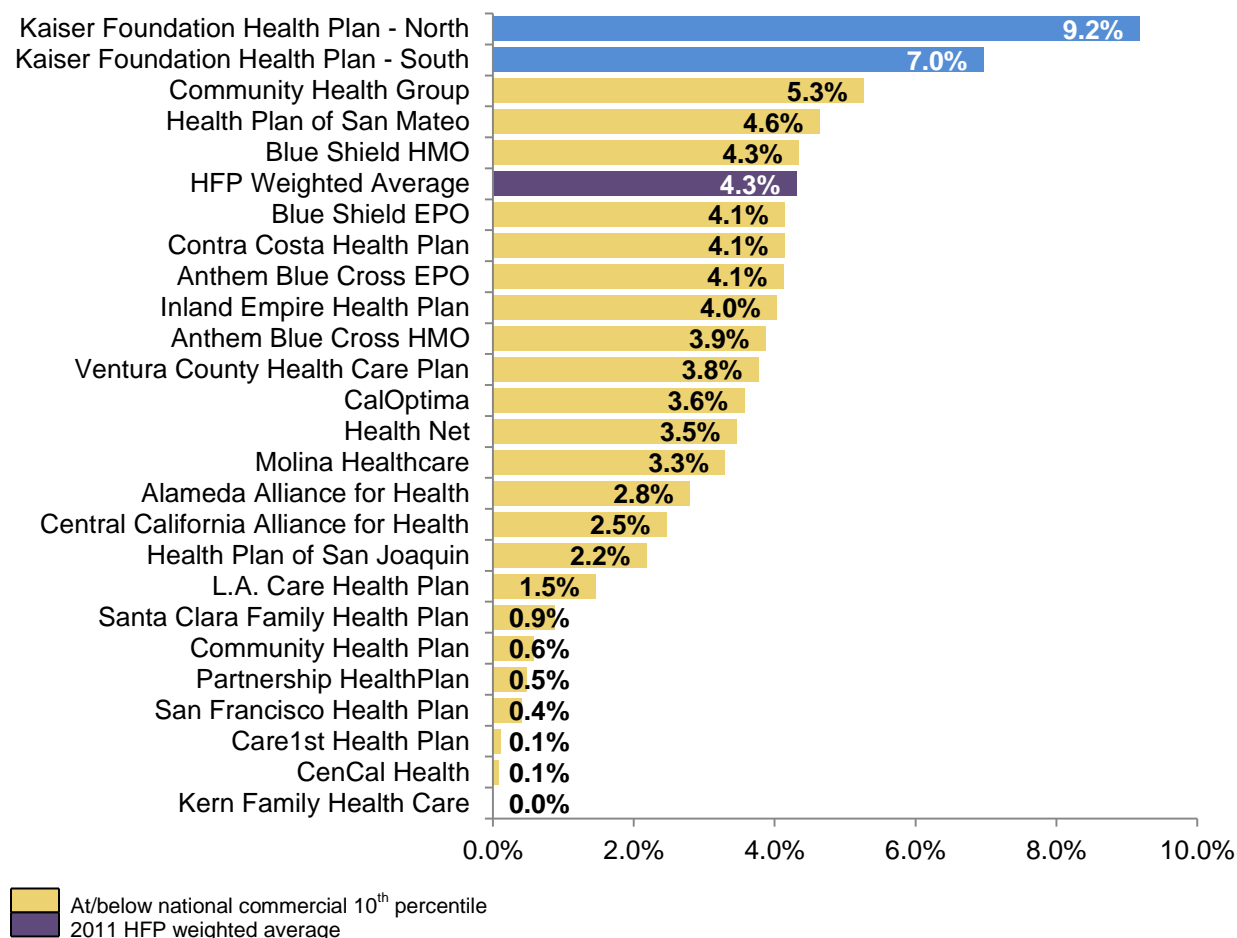
- Contra Costa Health Plan
- CalOptima
- Kaiser Foundation Health Plan - South
- Kaiser Foundation Health Plan – North

Seven health plans had rates below the national commercial 10th percentile (29.3%), including two local plans serving Kern and San Francisco counties. According to recently released data from the CA Department of Public Health³, the highest reported rates for females 15-24 years of age in 2011 are in Sacramento, San Francisco, Fresno and Kern counties.

³ <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Chlamydia-Provisional-Tables.pdf>

MENTAL HEALTH UTILIZATION, Ages 13 to 17

Figure 12. 2011 Individual Plan Rates

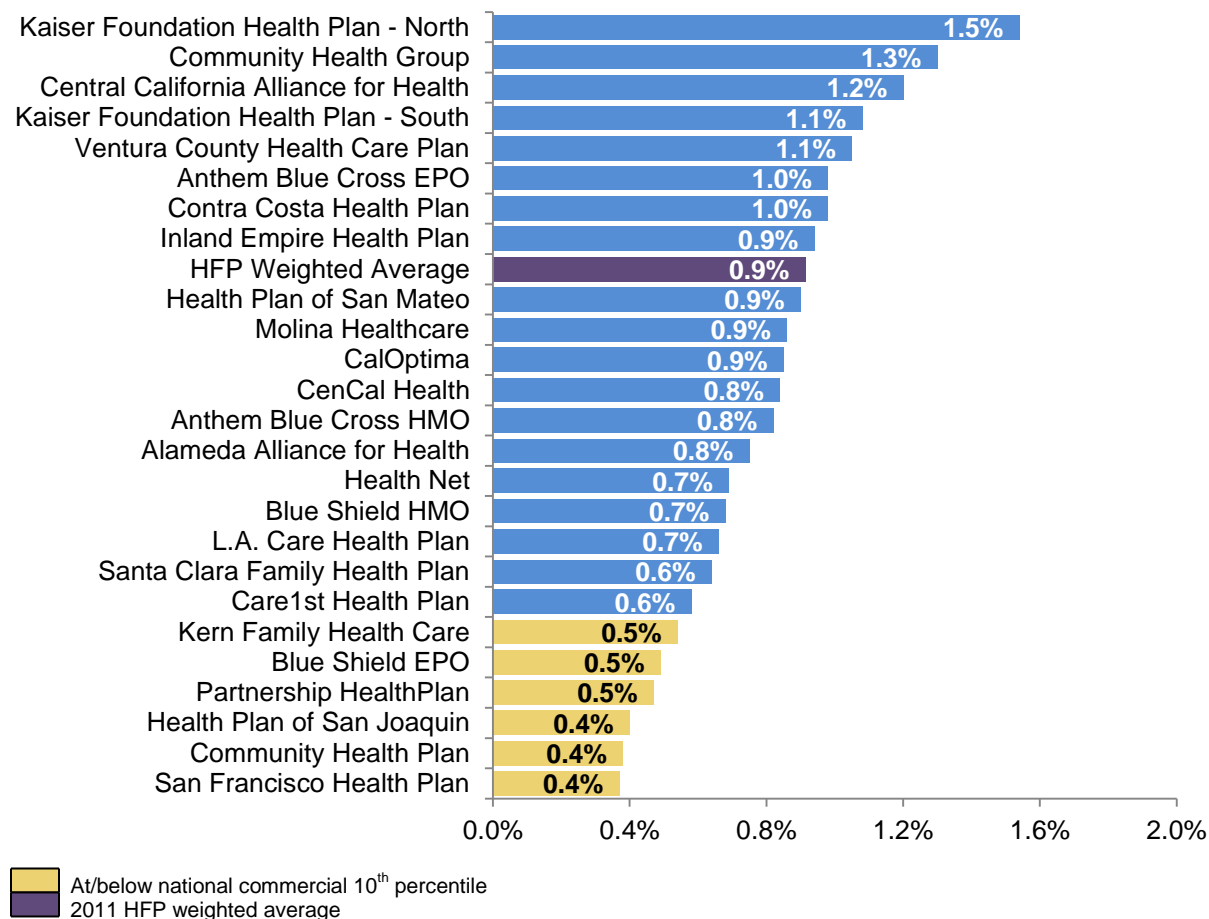


Mental Health Utilization evaluates the percentage of members who received at least one of the following mental health services: inpatient treatment, intensive outpatient treatment, or outpatient treatment, including emergency department visits. HEDIS specifies grouping by ages, and for HFP the relevant 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.

In California, children who meet certain severity criteria qualify for provision of mental health services through County Mental Health Departments. The 2011 HFP weighted average for mental health utilization is 4.3 percent compared to 3.9 percent in 2010. Relatively HFP lower mental health utilization is partly because those receiving services through their plans are reduced by the number receiving services through County Mental Health. This year all health plans except Kaiser performed at or below the 10th percentile of national commercial plans (5.3%). Kaiser North provided services at a rate slightly above the national commercial HMO 50th percentile (8.7%). Kaiser North and South both performed best in year 2011 and 2010 and improved in 2011. Kaiser Foundation Health Plan appears to provide one of the highest numbers of mental health services, but did not refer any children to the county for a SED assessment or treatment of a SED condition. Kaiser has an integrated structure in which its members receive treatment for SED conditions within the Kaiser system.

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

Figure 13. 2011 HFP Plan Rates



Identification of Alcohol and Other Drug Services tracks the percentage of members who received alcohol and other drug (AOD) services, including inpatient treatment, intensive outpatient treatment, outpatient treatment or 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.

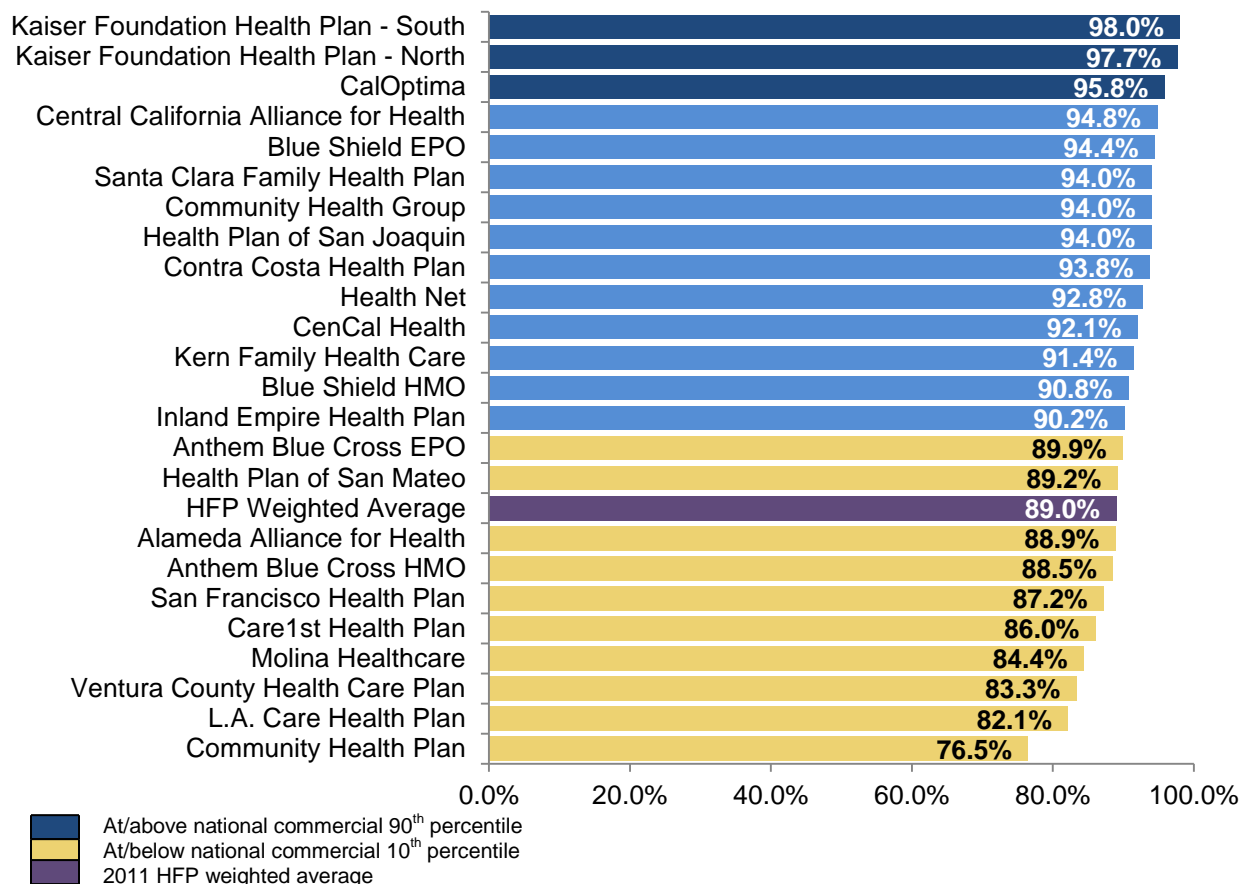
According to estimates from the National Survey on Drug Use and Health⁴, 11 percent of adolescents in California ages 12 to 17 reported use of an illicit drug in the month prior to the 2008-09 survey, while 4.75 percent of these children said they needed but did not receive treatment for illicit drug 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.

The 2011 HFP weighted average for members who received alcohol and other drug services is 0.9 percent compared to 0.4 percent in 2010. No plans reached the national commercial 90th percentile rate (1.6%) and six plans were at or below the national commercial 10th percentile rate (0.5%).

⁴ Table 20 in <http://oas.samhsa.gov/2k9State/WebOnlyTables/CA.pdf>

USE OF APPROPRIATE MEDICATION FOR PEOPLE WITH ASTHMA

Figure 14. 2011 Individual Plan Rates



Use of Appropriate Medication for People with Asthma tracks the percentage of members five years of age or older who were identified as having asthma and were appropriately prescribed medication in 2011. This measure requires two years of continuous enrollment.

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 among children varies from 6 percent in Monterey County to 17 percent in Fresno County.⁵ It is very important to ensure children with asthma are identified early and receive appropriate medications and adequate instruction.

During 2011, 89 percent of HFP members with asthma were prescribed appropriate medication. This represents a decrease of nearly four percent from 2010. Three plans' rates were above the commercial HMO 90th percentile (95.7%):

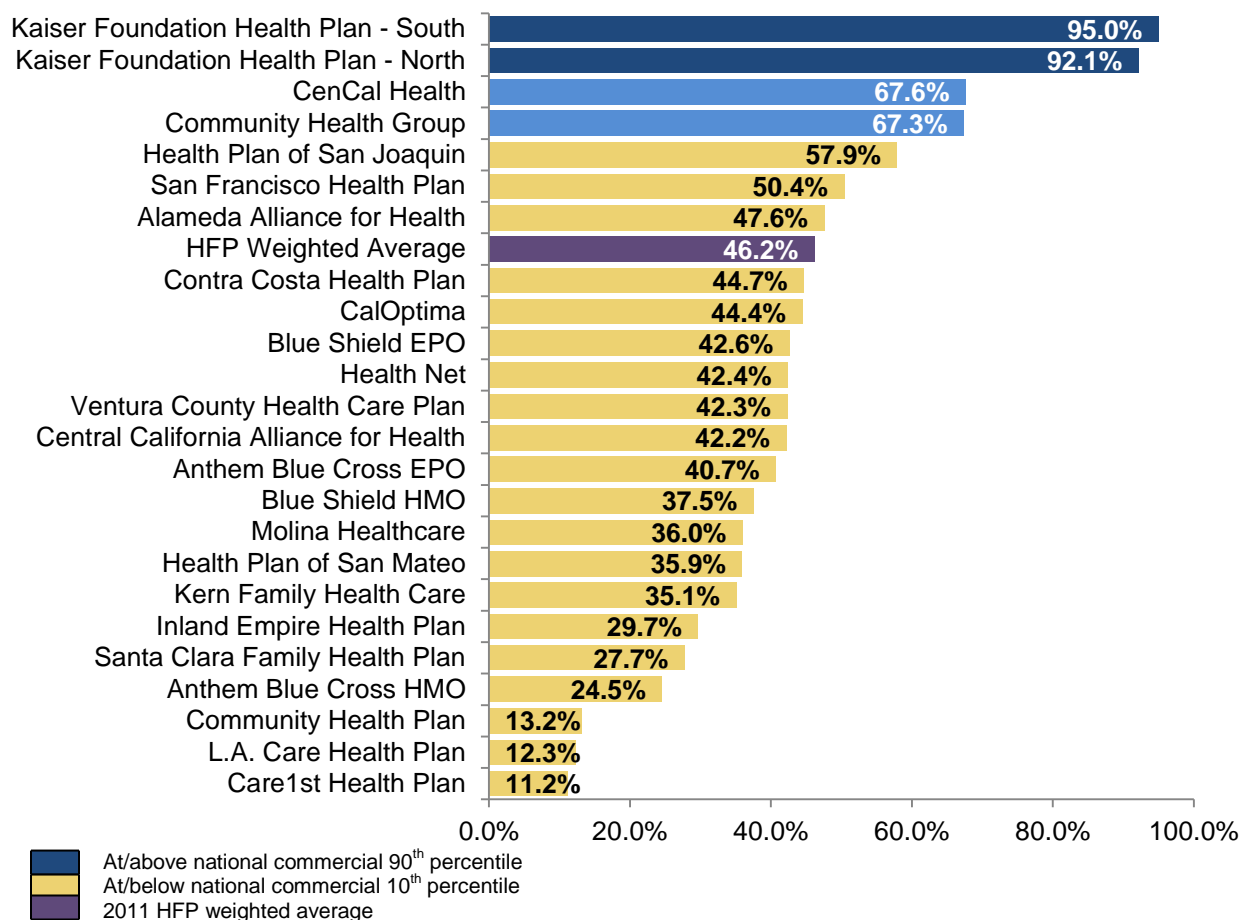
- Kaiser Foundation Health Plan - South
- Kaiser Foundation Health Plan – North
- CalOptima

Ten plans' rates were at or below the commercial 10th percentile (89.9%). Use of appropriate medication for asthma was significantly higher in 5-11 year olds compared to adolescents and young adults.

⁵ 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



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. The 2011 HFP weighted average for this measure indicates that more than half 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 84 percentage points between the highest and lowest performing plan.

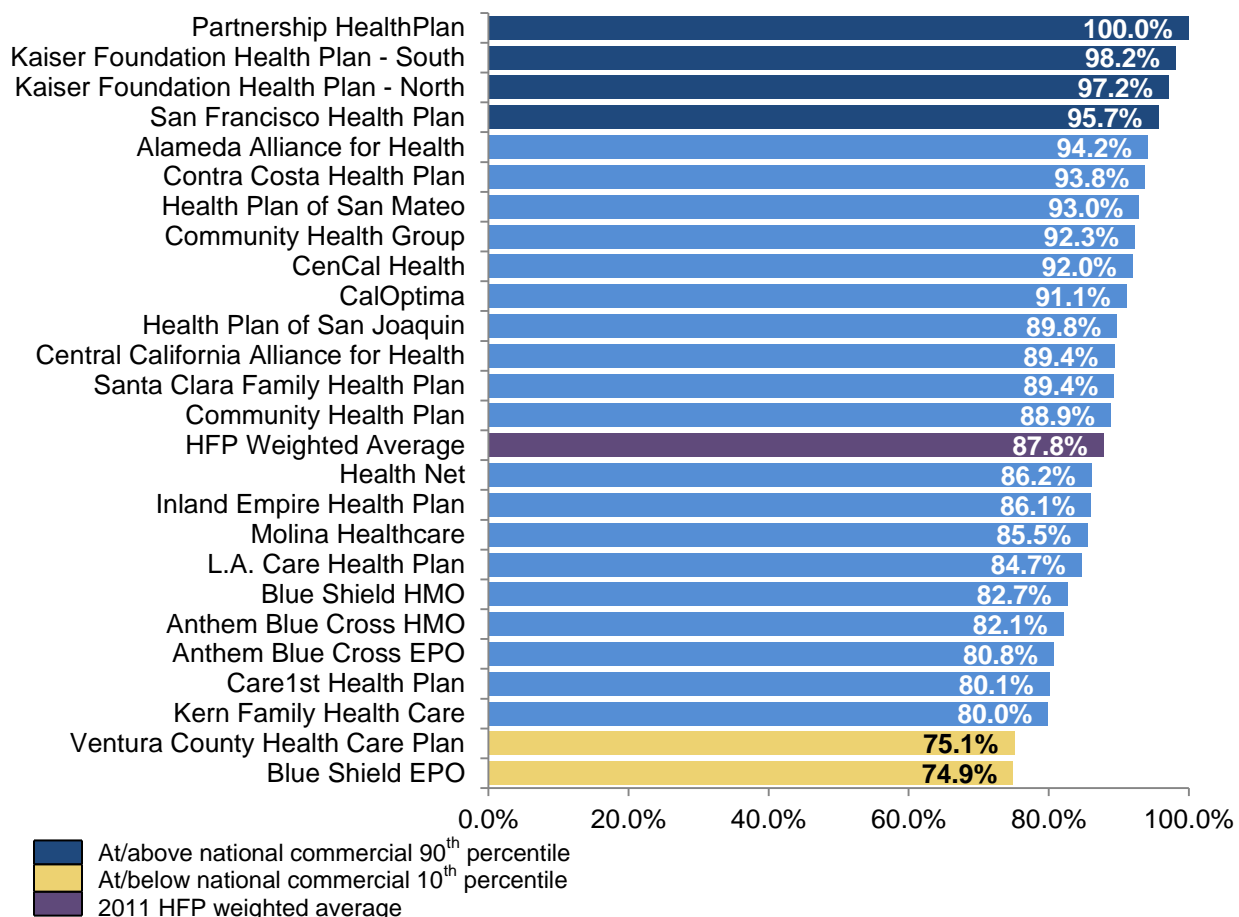
Kaiser plans provided this service at a rate above the national commercial 90th percentile (90.5%) while all but two of the remaining plans fell below the national commercial 10th percentile (62.8%).

A modest gain has been made over the last five years. About 8,200 fewer children were prescribed antibiotics in 2011 than would have been prescribed at the 2007 rate. Accompanying this decrease was an 18.6 percent increase in testing (5,700 additional strep tests).

	2007	2008	2009	2010	2011
Number of Enrollees Prescribed Antibiotics for Pharyngitis	37,506	33,802	32,851	31,469	30,557
Number of HFP Enrolled Yearly	1,062,501	1,134,650	1,109,723	1,113,865	1,101,260
% of HFP Enrolled Receiving Antibiotics for Pharyngitis	3.53%	2.98%	2.96%	2.83%	2.77%
% Given Strep Tests (CWP score)	27.2%	31.1%	32.7%	37.6%	45.8%

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION

Figure 16. 2011 Individual Plan Rates



Appropriate Treatment for Children with Upper Respiratory Infection measures children who were identified as having upper respiratory infection and were not dispensed an antibiotic prescription. This measure includes episodes that occurred between July 2010 to June 2011.

Upper respiratory infections (colds) are caused by a virus and are not affected by antibiotics. Overuse and improper use of antibiotics is a serious public health concern because several strains of bacteria have become resistant to antibiotics, thus reducing the arsenal of effective antibiotics available when they are most needed.

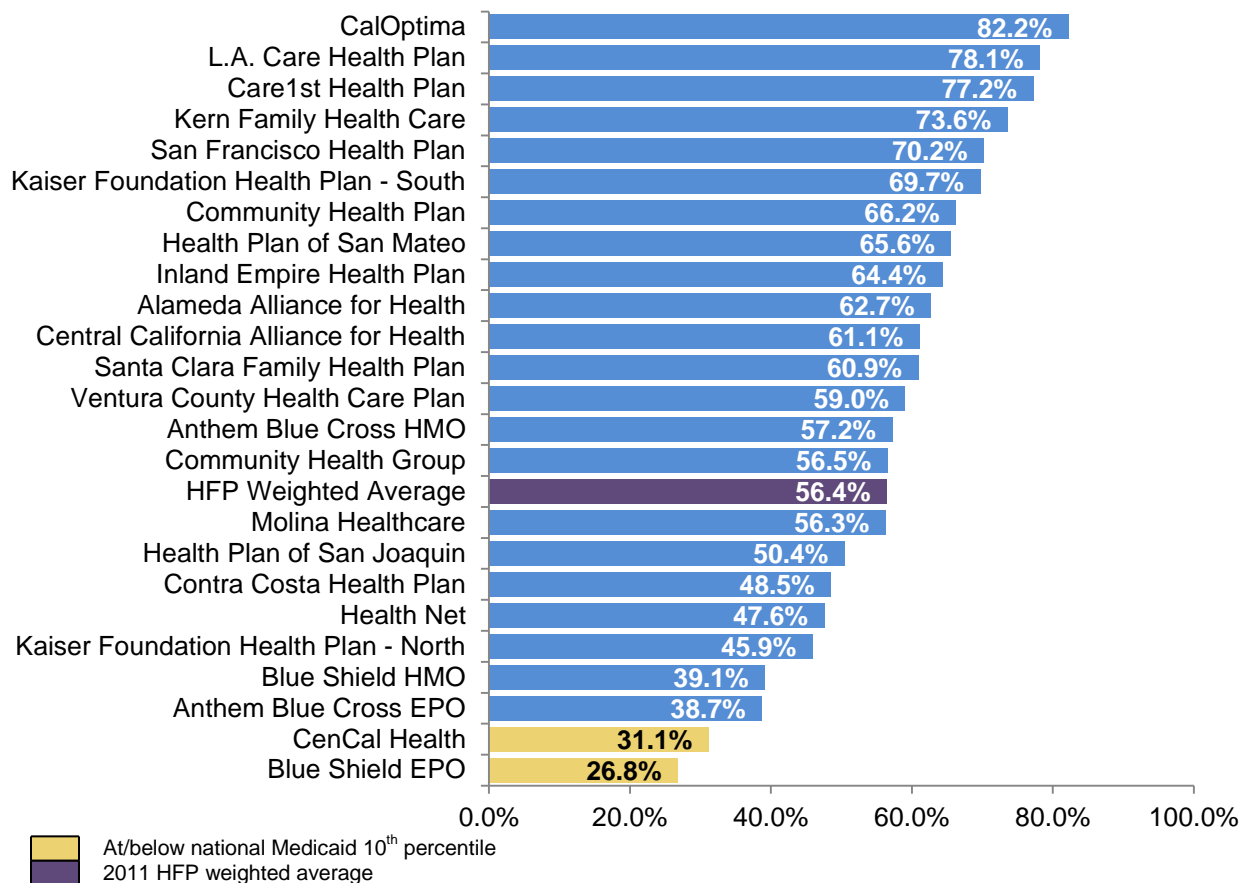
Nearly 88 percent (87.8%) of HFP members were appropriately treated for the common cold in 2011. This rate is slightly lower than 2010. Four health plans performed at or above the national commercial 90th percentile (94.5%):

- Partnership Health Plan
- Kaiser Foundation Health Plan - South
- Kaiser Foundation Health Plan – North
- San Francisco Health Plan

There were two plans that performed below the national commercial 10th percentile (75.4%).

LEAD SCREENING IN CHILDREN

Figure 17. 2011 Individual Plan Rates



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. The American Academy of Pediatrics recommends routine lead screening for children who live in communities where lead contamination risk factors are present, or in accordance with state law, where applicable.⁶

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.⁷ 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 other common sources of lead.

In 2011, 56.4 percent of HFP members under two years old were screened for elevated blood lead levels. The 2011 lead screening rate is similar to that of the 2010 rate. None of the health plans achieved the national Medicaid 90th percentile rate (87.6%) and two health plans had rates below the national Medicaid 10th percentile rate (34.6%).

⁶ <http://www.cdph.ca.gov/programs/CLPPB/Pages/FAQ-CLPPB.aspx>

⁷ American Academy of Pediatrics. (2010.) Recommendations for Preventive Pediatric Health Care <http://brighfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Scheduled%20101107.PDF>

DATA COLLECTION & REPORTING METHODOLOGY

Health Plan Data Collection

Most of the information in this report is based on HEDIS data collected by the 25 HFP health plans for members continuously enrolled from January 1 through December 31, 2011. 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, and then patient charts, for children 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.

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.

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 national percentile rates and averages obtained from NCQA's HEDIS 2011 (for calendar year 2010) are used for comparison throughout this report.

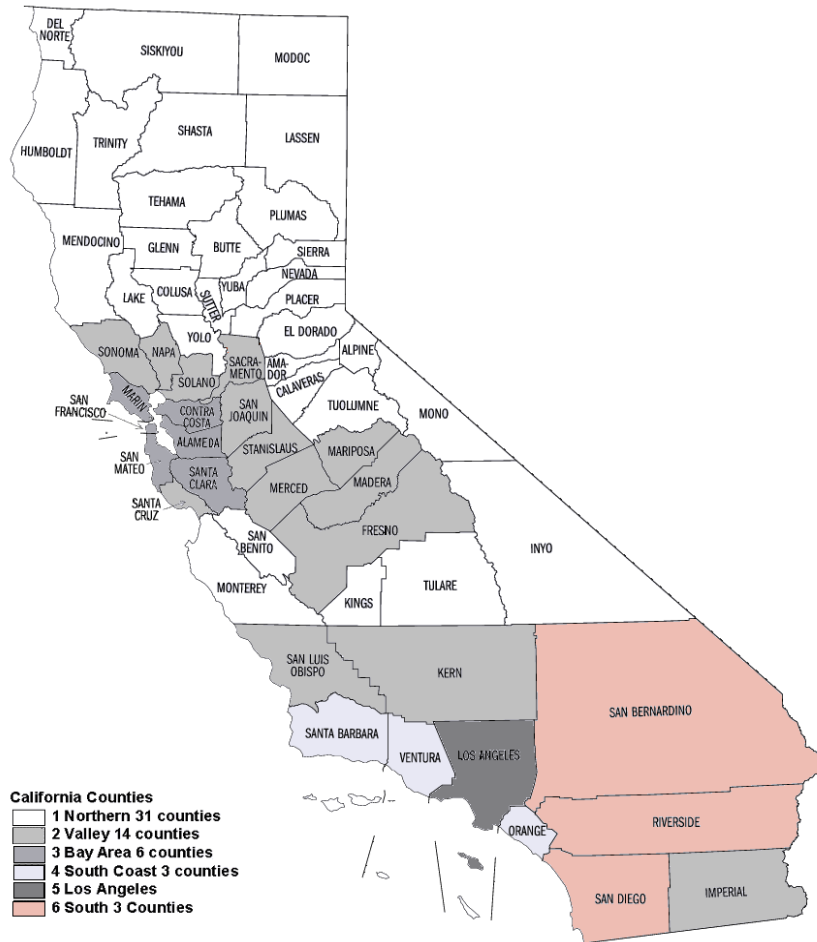
Testing for Statistical Differences in Services to Demographic Groups

Significance testing was conducted only for measures that are derived from administrative data. Analysis of the immunization measures and the well-care measures by chi-square testing showed that they did not well-represent the diversity of the Healthy Families population, and so no demographic analysis was performed on these measures.

Logistic regression under the General Linear Model (GLM) in SAS was used to determine statistical differences ($p < .01$) among HEDIS rates for different groups. Independent variables included in the model were home language (English, Spanish, Chinese, Vietnamese, Korean, Other), ethnicity (Hispanic/Latino, Other, White, Asian/Pacific Islander, Black/African/American), region, income, and sometimes age and gender.

APPENDIX A. CALIFORNIA REGIONS

Map of California Regions



Region	Counties	HFP Continuous Enrollment for 2011	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%
Central 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%
Southern	Riverside, San Bernardino, San Diego	129,454	22.4%

APPENDIX B. 2011 HEDIS RATES BY HEALTH PLAN

Health Plan	CAP1	CAP2	CAP3	CAP4	CIS3	CIS10	IMA	W15	W34	AWC	CHL	MPT	IAD	ASM	CWP	URI	LSC
Alameda Alliance for Health	96.7	91.0	94.5	93.2	73.5	24.1	80.5		78.6	67.6	52.5	2.8	0.8	88.9	47.6	94.2	62.7
Anthem Blue Cross EPO	97.6	91.5	91.6	91.9	63.3	12.4	50.9	58.5	65.5	45.3	22.8	4.1	1.0	89.9	40.7	80.8	38.7
Anthem Blue Cross HMO	96.0	83.2	84.8	84.4	74.7	17.0	67.4	59.4	75.2	62.5	37.4	3.9	0.8	88.5	24.5	82.1	57.2
Blue Shield EPO	91.2	86.1	86.6	84.0	64.8	12.7	41.9	47.1	64.6	38.0	27.2	4.1	0.5	94.4	42.6	74.9	26.8
Blue Shield HMO	96.8	84.1	88.5	86.7	63.8	17.9	59.7	52.6	68.1	49.7	40.0	4.4	0.7	90.8	37.5	82.7	39.1
CalOptima	98.9	94.5	95.7	95.0	83.6	40.3	79.4	77.8	90.4	79.4	74.0	3.6	0.9	95.8	44.4	91.1	82.2
Care1st Health Plan	95.4	82.2	86.5	87.3	86.0	14.0	68.1		80.7	61.3	40.6	0.1	0.6	86.0	11.2	80.1	77.2
CenCal Health	98.2	93.3	95.3	95.9	83.0	25.5	68.8	63.4	75.7	61.6	26.1	0.1	0.8	92.1	67.6	92.0	31.1
Central California Alliance for Health	99.8	95.2	95.9	96.2	81.3	31.1	72.5	85.4	85.2	71.5	35.2	2.5	1.2	94.8	42.2	89.4	61.1
Community Health Group	99.4	95.5	95.2	95.6	84.6	27.8	79.8	70.6	89.8	76.2	52.0	5.3	1.3	94.0	67.3	92.3	56.5
Community Health Plan	98.1	79.7	75.0	69.4	81.1	17.6	57.9		68.9	46.5	28.4	0.6	0.4	76.5	13.2	88.9	66.2
Contra Costa Health Plan	100.0	92.5	90.7	91.6	86.4	37.9	72.7		79.3	54.3	74.5	4.1	1.0	93.8	44.7	93.8	48.5
Health Net of California	97.3	90.1	90.5	91.1	78.2	22.5	63.7	55.5	72.5	58.1	44.8	3.5	0.7	92.8	42.4	86.2	47.6
Health Plan of San Joaquin	99.2	80.0	87.6	89.5	85.9	27.4	67.9	60.9	74.9	53.8	34.4	2.2	0.4	94.0	57.9	89.8	50.4
Health Plan of San Mateo	97.3	94.3	96.2	95.7	83.2	42.0	84.3	50.0	82.4	65.5	42.5	4.6	0.9	89.2	35.9	93.0	65.6
Inland Empire Health Plan	99.1	89.3	88.7	92.0	84.0	20.8	65.1	50.2	75.9	60.0	40.0	4.0	0.9	90.2	29.7	86.1	64.4
Kaiser Foundation Health Plan - North	99.4	93.2	93.1	95.4	89.2	29.6	77.7	76.9	75.1	57.3	60.3	9.2	1.5	97.7	92.1	97.2	45.9
Kaiser Foundation Health Plan - South	99.6	95.4	95.4	97.1	87.1	28.1	85.1	68.6	65.5	45.4	64.4	7.0	1.1	98.0	95.0	98.2	69.7
Kern Family Health Care	99.3	93.4	91.7	92.8	87.7	25.8	76.4	26.5	69.3	60.8	26.2	0.0	0.5	91.4	35.1	80.0	73.6
L.A. Care Health Plan	96.1	90.3	87.5	88.5	81.3	26.6	62.9	48.8	80.3	68.6	44.7	1.5	0.7	82.1	12.3	84.7	78.1
Molina Healthcare	98.7	89.2	89.9	90.8	69.4	17.1	74.1	40.6	84.0	74.1	36.2	3.3	0.9	84.4	36.0	85.5	56.3
Partnership HealthPlan of California		93.0							66.4	50.8	55.6						
San Francisco Health Plan	97.3	92.4	94.1	94.9	89.5	43.9	80.3		87.3	80.3	17.0	0.4	0.4	87.2	50.4	95.7	70.2
Santa Clara Family Health Plan	99.4	92.2	93.3	92.5	78.6	29.0	68.9	63.0	78.1	63.5	51.4	0.9	0.6	94.0	27.7	89.4	60.9
Ventura County Healthcare Plan	98.1	90.3	92.4	90.0	77.1	24.6	70.4	22.2	71.5	56.9	20.2	3.8	1.1	83.3	42.3	75.1	59.0
2011 HFP Weighted Average	98.1	90.4	91.2	91.8	79.3	23.8	69.5	62.1	74.3	58.4	47.8	4.3	0.9	89.0	46.0	87.8	56.4

Note: Empty cells indicate less than 30 records for the measures. Therefore, rates are not reported due to small sample size.

CAP1 = Children's Access to Primary Care: 12 - 24 Months
 CAP2 = Children's Access to Primary Care: 25 Months - 6 Years
 CAP3 = Children's Access to Primary Care: 7 - 11 Years
 CAP4 = Children's Access to Primary Care: 12 - 18 Years
 CIS3 = Childhood Immunization Status, Combo 3
 CIS10 = Childhood Immunization Status, Combo 10

IMA = Immunizations in Adolescents
 W15_6 = Well Child Visits, 1st 15 Months, 6 or More
 W34 = Well Child Visits in the 3rd - 6th Years
 AWC = Adolescent Well Care Visits
 CHL = Chlamydia Screening in Women

MPT = Mental Health Utilization
 IAD = Identification of Alcohol and Other Drugs
 ASM = Appropriate Medication for People with Asthma
 CWP = Appropriate Testing for Children with Pharyngitis
 URI = Appropriate Treatment for Upper Respiratory Infection
 LSC = Lead Screening in Children

APPENDIX C. SIGNIFICANT CHANGES FROM LAST YEAR TO THIS YEAR

Table C1. Changes in Performance for 2011 Compared to 2010

MEASURE	CIS3	CIS10	IMA	LSC	W15_6	W34	AWC	CAP_1	CAP_2	CAP_3	CAP_4	ASM	URI	CWP	CHL
Healthy Families Program	▲	▲	▲			▲	▲	▲	▲	▲	▲	▼	▼	▲	
Alameda Alliance for Health			▲				▲	▲	▲	▲	▲				
Anthem Blue Cross EPO			▲		▼		▲				▲		▼	▲	▼
Anthem Blue Cross HMO				▼	▲			▲		▲	▲		▼	▲	
Blue Shield EPO	▲		▲				▲						▼		
Blue Shield HMO	▲	▲	▲		▲		▲		▼	▼	▲			▲	▲
CalOptima		▲					▲				▲	▼		▲	
Care 1st Health Plan			▲								▲				
CenCal Health		▲					▲				▲			▲	
Central CA Alliance for Health	▲		▲	▲			▲				▲		▼		
Community Health Group	▲		▲		▲		▲		▲	▲	▲		▼	▲	▼
Community Health Plan								▲	▲				▼		
Contra Costa Health Plan				▼				▲	▲	▲	▲			▲	
Health Net		▲	▲		▼		▲		▲		▲	▼	▼	▲	
Health Plan of San Joaquin			▲						▼	▼					▼
Health Plan of San Mateo	▼		▲	▼			▲				▲				
Inland Empire Health Plan			▲				▲				▲	▼		▲	▲
Kaiser Foundation HP - N	▲	▲	▲			▲	▲				▲				▲
Kaiser Foundation HP - S		▲	▲				▲	▲	▲		▲				
Kern Family Health Care			▲				▲				▲			▲	
L.A. Care Health Plan			▲				▲		▲	▲	▲		▼		
Molina Healthcare			▲		▼	▲	▲		▲	▲	▲	▼	▼	▲	▼
San Francisco Health Plan		▲	▲				▲			▼				▲	
Santa Clara Family Health Plan			▲				▲				▲				
Ventura County Health Care Plan			▲				▲			▲	▲		▼		

Chi-Square Test significance for p<0.05	▲	an increase that is statistically significant
	▼	a decrease that is statistically significant
		change is not statistically significant

APPENDIX D. DEMOGRAPHICS FOR MEASURES FROM ADMINISTRATIVE DATA

Table D1. Access to Primary Care Practitioners (PCPs) by Various Groups in Large Plans

Access to PCPs - Kaiser					Access to PCPs - Large HMOs				
	Ages 0 to 6		Ages 7 to 18			Ages 0 to 6		Ages 7 to 18	
	Children Enrolled 11/12 Mos	% PCP Visit	Children Enrolled 11/12 Mos	% PCP Visit		Children Enrolled 11/12 Mos	% PCP Visit	Children Enrolled 11/12 Mos	% PCP Visit
HEALTH PLAN					HEALTH PLAN				
Kaiser North	14,405	93.77	32,650	94.44	Anthem Blue Cross	19,380	84.79	38,595	84.56
Kaiser South	20,732	95.81	47,810	96.43	Blue Shield	5,334	84.91	17,542	87.41
					Health Net	24,576	90.76	61,243	90.88
LANGUAGE					LANGUAGE				
Chinese	234	94.44	764	92.93	Chinese	1,462	86.73	4,792	82.64
English	24,043	94.68	46,345	95.51	English	30,492	88.12	55,198	89.12
Korean	114	93.86	307	93.81	Korean	1,535	89.58	3,459	85.81
Other	822	93.19	2,598	91.19	Other	2,341	86.80	6,924	85.18
Spanish	9,599	95.91	29,719	96.29	Spanish	12,201	87.03	43,800	88.80
Vietnamese	325	93.85	727	95.05	Vietnamese	1,259	87.77	3,207	84.69
RACE/ETHNICITY					RACE/ETHNICITY				
Asian/Pacific Islander	2,296	94.16	7,441	93.76	Asian/Pacific Islander	5,029	86.88	20,413	85.90
Black/African American	864	94.44	3,013	95.15	Black/African American	510	85.88	1,895	84.49
Hispanic/Latino	12,744	95.39	39,305	96.29	Hispanic/Latino	14,740	86.77	56,755	89.41
Other	16,285	95.37	22,271	95.42	Other	24,656	88.83	26,156	88.11
White	2,948	91.76	8,430	94.86	White	4,355	86.52	12,161	88.02
REGION					REGION				
Northern	648	90.90	1,350	93.70	Northern	1,681	90.96	3,122	90.36
Bay Area	6,869	95.08	15,476	95.57	Bay Area	1,252	90.10	2,707	89.95
Valley	7,760	93.09	17,750	93.77	Valley	6,896	88.98	16,710	90.43
South Coast	2,800	95.43	5,503	96.13	South Coast	7,085	90.77	12,730	93.36
Los Angeles	8,931	96.31	22,300	96.43	Los Angeles	21,654	87.42	62,849	86.73
Southern	8,129	95.37	18,081	96.47	Southern	10,722	84.98	19,262	87.56
INCOME					INCOME				
100 - 150%	6,397	94.33	30,189	95.59	100 - 150%	8,450	86.20	45,736	87.80
151 - 200%	15,301	94.68	31,623	95.57	151 - 200%	20,055	86.83	46,284	88.47
201 - 250%	13,439	95.61	18,648	95.75	201 - 250%	20,785	89.34	25,360	88.82

APPENDIX D. DEMOGRAPHICS FOR MEASURES FROM ADMINISTRATIVE DATA

Table D2. Access to Primary Care Practitioners (PCPs) by Various Groups in Local Plans

Access to PCPs - Local Plans				
	Ages 0 to 6		Ages 7 to 18	
	Children Enrolled 11/12 Mos	% PCP Visit	Children Enrolled 11/12 Mos	% PCP Visit
HEALTH PLAN				
Alameda Alliance for Health	1,690	92.01	3,942	93.71
Central CA Alliance for Health	5,301	95.74	9,614	96.13
Community Health Group	3,455	95.75	11,406	95.45
Community Health Plan	948	80.70	4,142	71.27
CalOptima	6,959	94.74	19,635	95.31
Care1st Health Plan	1,741	82.83	4,865	87.07
CenCal Health	1,626	93.73	3,509	95.64
Contra Costa Health Plan	874	93.02	1,743	91.14
Health Plan of San Joaquin	3,938	81.18	7,838	88.71
Health Plan of San Mateo	1,120	94.46	2,718	95.95
Inland Empire Health Plan	8,980	89.98	25,272	90.63
Kern Family Health Care	1,835	93.79	5,307	92.35
L.A. Care Health Plan	1,900	90.79	2,807	88.07
Molina Healthcare	5,305	90.07	16,495	90.68
Partnership HealthPlan	148	93.24	na	na
San Francisco Health Plan	1,184	92.82	4,454	94.63
Santa Clara Family Health Plan	3,128	92.65	8,137	92.85
Ventura Co Health Care Plan	1,706	90.74	1,534	90.94
LANGUAGE				
Chinese	532	93.23	2,055	92.90
English	23,083	90.02	40,391	90.47
Korean	354	92.09	841	89.06
Other	1,434	91.91	4,991	91.56
Spanish	24,339	91.98	79,499	92.50
Vietnamese	2,096	95.94	5,681	94.35
RACE/ETHNICITY				
Asian/Pacific Islander	4,033	93.08	15,215	92.36
Black/African American	441	86.39	1,456	87.71
Hispanic/Latino	22,756	91.11	84,241	92.30
Other	22,062	91.70	26,175	91.15
White	2,546	87.12	6,371	89.83
REGION				
Northern	4,548	96.09	8,487	96.03
Bay Area	7,977	92.84	21,007	93.64
Valley	7,149	86.31	15,416	90.28
South Coast	10,030	93.96	24,438	95.09
Los Angeles	5,554	86.19	15,283	83.22
Southern	16,580	91.44	48,827	92.11
INCOME				
100 - 150%	12,118	90.30	60,001	91.42
151 - 200%	23,340	91.34	49,623	92.11
201 - 250%	16,380	91.92	23,834	92.75

APPENDIX D. DEMOGRAPHICS FOR MEASURES FROM ADMINISTRATIVE DATA

Table D3. Services to Various Groups - All Plans

Chlamydia Testing			Appropriate Medications for Asthma		
	Ages 16-19 and Enrolled 11/12 Mos	% Tested		Ages 5-18 and Enrolled 2 Years	% Appropriate Medications
LANGUAGE			LANGUAGE		
Chinese	91	42.86	Chinese	74	89.19
English	7,178	46.03	English	3,783	88.42
Korean	63	31.75	Korean	30	90.00
Other	304	41.78	Other	192	92.71
Spanish	6,322	50.32	Spanish	2,810	88.93
Vietnamese	202	51.49	Vietnamese	203	95.57
RACE/ETHNICITY			RACE/ETHNICITY		
Asian/Pacific Islander	837	48.51	Asian/Pacific Islander	684	91.81
Black/African American	379	58.05	Black/African American	235	91.91
Hispanic/Latino	7,609	50.19	Hispanic/Latino	3,590	88.61
Other	3,382	47.63	Other	1,825	88.33
White	1,953	36.82	White	758	88.65
REGION			REGION		
Northern	1,429	25.75	Northern	786	92.11
Bay Area	1,347	55.75	Bay Area	775	93.81
Valley	2,619	46.05	Valley	1,371	92.12
South Coast	2,120	59.48	South Coast	682	88.44
Los Angeles	3,284	48.45	Los Angeles	1,822	86.50
Southern	3,359	47.54	Southern	1,453	85.07
INCOME			INCOME		
100 - 150%	6,239	48.29	100 - 150%	2,671	88.54
151 - 200%	5,141	47.93	151 - 200%	2,746	89.33
201 - 250%	2,780	46.69	201 - 250%	1,675	89.01
			AGE		
			5 to 11 Years	4,163	90.32
			12 to 18 Years	2,929	87.03

APPENDIX D. DEMOGRAPHICS FOR MEASURES FROM ADMINISTRATIVE DATA

Table D4. Services to Various Groups - All Plans

Appropriate Treatment for Upper Respiratory Infection			Strep Test if Antibiotics for Pharyngitis		
	3 Months to 18 Years Old	% No Antibiotics		Ages 2-18	% Tested
LANGUAGE			LANGUAGE		
Chinese	1,524	81.82	Chinese	435	18.39
English	31,629	88.71	English	14,638	53.35
Korean	891	88.44	Korean	194	30.41
Other	2,875	87.76	Other	769	33.29
Spanish	26,827	86.92	Spanish	13,331	40.81
Vietnamese	1,978	85.14	Vietnamese	575	21.91
RACE/ETHNICITY			RACE/ETHNICITY		
Asian/Pacific Islander	7,367	86.25	Asian/Pacific Islander	2,165	30.81
Black/African American	656	90.55	Black/African American	347	61.67
Hispanic/Latino	30,414	87.14	Hispanic/Latino	15,800	43.63
Other	22,219	88.69	Other	8,372	48.08
White	5,068	88.00	White	3,258	60.53
REGION			REGION		
Northern	6,295	83.38	Northern	3,773	42.01
Bay Area	7,035	93.72	Bay Area	2,209	52.60
Valley	9,521	86.99	Valley	4,917	54.20
South Coast	9,660	88.67	South Coast	3,593	51.82
Los Angeles	18,823	85.58	Los Angeles	8,476	33.77
Southern	14,322	89.09	Southern	6,959	52.08
INCOME			INCOME		
100 - 150%	21,286	86.58	100 - 150%	11,333	44.45
151 - 200%	26,149	87.88	151 - 200%	11,737	45.71
201 - 250%	18,289	88.63	201 - 250%	6,872	49.03
AGE			AGE		
0 - 4 Years	17,980	90.22	2 - 4 Years	2,380	38.03
5 - 9 Years	23,459	88.19	5 - 9 Years	11,920	47.53
10 - 14 Years	15,653	86.09	10 - 14 Years	9,532	46.77
15 - 19 Years	8,631	83.77	15 - 19 Years	6,110	44.91

APPENDIX D. DEMOGRAPHICS FOR MEASURES FROM ADMINISTRATIVE DATA

Table D5. Services to Various Groups - All Plans

Mental Health Utilization, 13 to 17 Years				Services for Alcohol and Other Drug Use, 13 to 17 Years			
	Receiving Services	Enrolled	Per 10,000		Receiving Services	Enrolled	Per 10,000
LANGUAGE				LANGUAGE			
Chinese	60	5,657	106	Chinese	4	5,657	7
English	7,487	153,380	488	English	1,109	153,380	72
Korean	42	3,404	123	Korean	9	3,404	26
Other	150	11,485	131	Other	29	11,485	25
Spanish	3,326	139,499	238	Spanish	867	139,499	62
Vietnamese	35	5,657	62	Vietnamese	3	5,657	5
RACE/ETHNICITY				RACE/ETHNICITY			
Asian/Pacific Islander	449	31,866	141	Asian/Pacific Islander	65	31,866	20
Black/African American	316	7,234	437	Black/African American	39	7,234	54
Hispanic/Latino	4,880	165,817	294	Hispanic/Latino	1,110	165,817	67
Other	3,123	82,527	378	Other	503	82,527	61
White	2,332	31,638	737	White	304	31,638	96
REGION				REGION			
Northern	805	27,450	293	Northern	190	27,450	69
Bay Area	1,317	32,069	411	Bay Area	222	32,069	69
Valley	1,898	55,875	340	Valley	350	55,875	63
South Coast	1,450	39,835	364	South Coast	289	39,835	73
Los Angeles	2,260	85,728	264	Los Angeles	429	85,728	50
Southern	3,363	77,901	432	Southern	541	77,901	69
INCOME				INCOME			
100 - 150%	4,684	145,868	321	100 - 150%	917	145,868	63
151 - 200%	4,077	112,868	361	151 - 200%	752	112,868	67
201 - 250%	2,339	60,346	388	201 - 250%	352	60,346	58
GENDER				GENDER			
M	5,530	163,556	338	M	1,160	163,556	71
F	5,570	155,526	358	F	861	155,526	55