



## 2011 Health Plan Quality Awards

California Managed Risk Medical Insurance Board

Benefits and Quality Monitoring Division



January 2012



# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

---

Janette Casillas  
Executive Director  
Managed Risk Medical  
Insurance Board

Ellen Badley  
Deputy Director  
Benefits & Quality Monitoring  
Division

Muhammad Nawaz  
Research Manager II  
Benefits & Quality Monitoring  
Division

Rachelle Weiss  
Research Program Specialist I  
Benefits & Quality Monitoring  
Division

# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

### Table of Contents

---

<b>Executive Summary</b> .....	2
<b>Table 1. Health Plans Recognized for Superior Performance and Most Improvement</b> .....	3
<b>Analysis Methodology</b> .....	3
Superior Performance for 2010.....	4
Most Improved Plan from 2007 to 2010.....	4
<b>Figure 1 - HEDIS Performance Clusters: 2010</b> .....	5
<b>Table 2. HFP 2010 HEDIS Measures</b> .....	6

# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

---

### Executive Summary

The purpose of this report is to identify and recognize the highest scoring HFP health plans in 2010 and the most improved plan over the last four years, relative to other HFP health plans in Healthcare Effectiveness Data and Information Set (HEDIS) scores. MRMIB recognizes and celebrates the efforts made by health plans to improve the quality of care for California's children enrolled in the Healthy Families Program (HFP).

The HEDIS is the primary data source used by MRMIB to assess the quality of health care provided to HFP subscribers. Health plans report HEDIS data for the period of January 1 through December 31 each year. HEDIS data is uniformly collected by HFP health plans across the State and submitted to MRMIB annually for plan performance evaluation. This process requires substantial effort and cooperation from all participants. MRMIB wishes to thank and recognize ALL plans for their data submission. Each health plan's performance is available to HFP subscriber families to assist them in selecting their Healthy Families health plan.

Using four years of HEDIS data from 2007 through 2010, MRMIB evaluated HFP health plan performance in these areas: Highest Overall Performance in 2010 for composite HEDIS measures; the Most Improvement made from 2007 to 2010; and the Most Improvement achieved in year 2010 compared to year 2009.

In the area of Highest Overall Performance in 2010, eight health plans achieved this distinction. These highest performing plans are presented in Table 1. Six of these eight plans were also recognized for their superior performance in 2009; and three of these plans were recognized for their superior performance in 2008 as well. With regard to the most improved health plans, Community Health Group was most improved in 2009 and 2010, and also made significantly greater improvements in HEDIS measures compared to the other health plans from 2007 and 2010.

# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

**Table 1. Health Plans Recognized for Superior Performance and Most Improvement**

<b>HFP Plans Achieving Superior Performance</b>	
	<b>2010</b>
	CalOptima** Central California Alliance for Health Community Health Group Contra Costa Health Plan* Health Plan of San Mateo* Kaiser Foundation Health Plan North** Kaiser Foundation Health Plan South* San Francisco Health Plan**
<b>Most Improved HFP Health Plan</b>	
	<b>2007 to 2010</b>
	Community Health Group

\*Health plans with superior performance for the second year in a row

\*\*Health plans with superior performance for the third year in a row

# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

---

### **Analysis Methodology**

#### Superior Performance for 2010

MRMIB staff analyzed health plan data for ten HEDIS measures. These ten HEDIS measures are included as Table 2. The average of each plan's ten HEDIS rates is their composite HEDIS performance score. MRMIB conducted a cluster analysis using these composite scores to produce five clusters of performance ranging from low to superior. The resulting HEDIS clusters for 2010 are included as Figure 1.

The purpose of the cluster analysis is to place health plans into groups or "clusters" in which the health plans in a given cluster are similar to each other. The analysis assigns each health plan to a different "cluster" based on the plan's performance. Cluster analysis minimizes differences within each cluster and maximizes differences between clusters. For example, while the 2010 composite HEDIS scores ranged from 48 to 76 percent, the differences in scores within each cluster are approximately the same, between four to six percent.

#### Most Improved Plan from 2007 to 2010

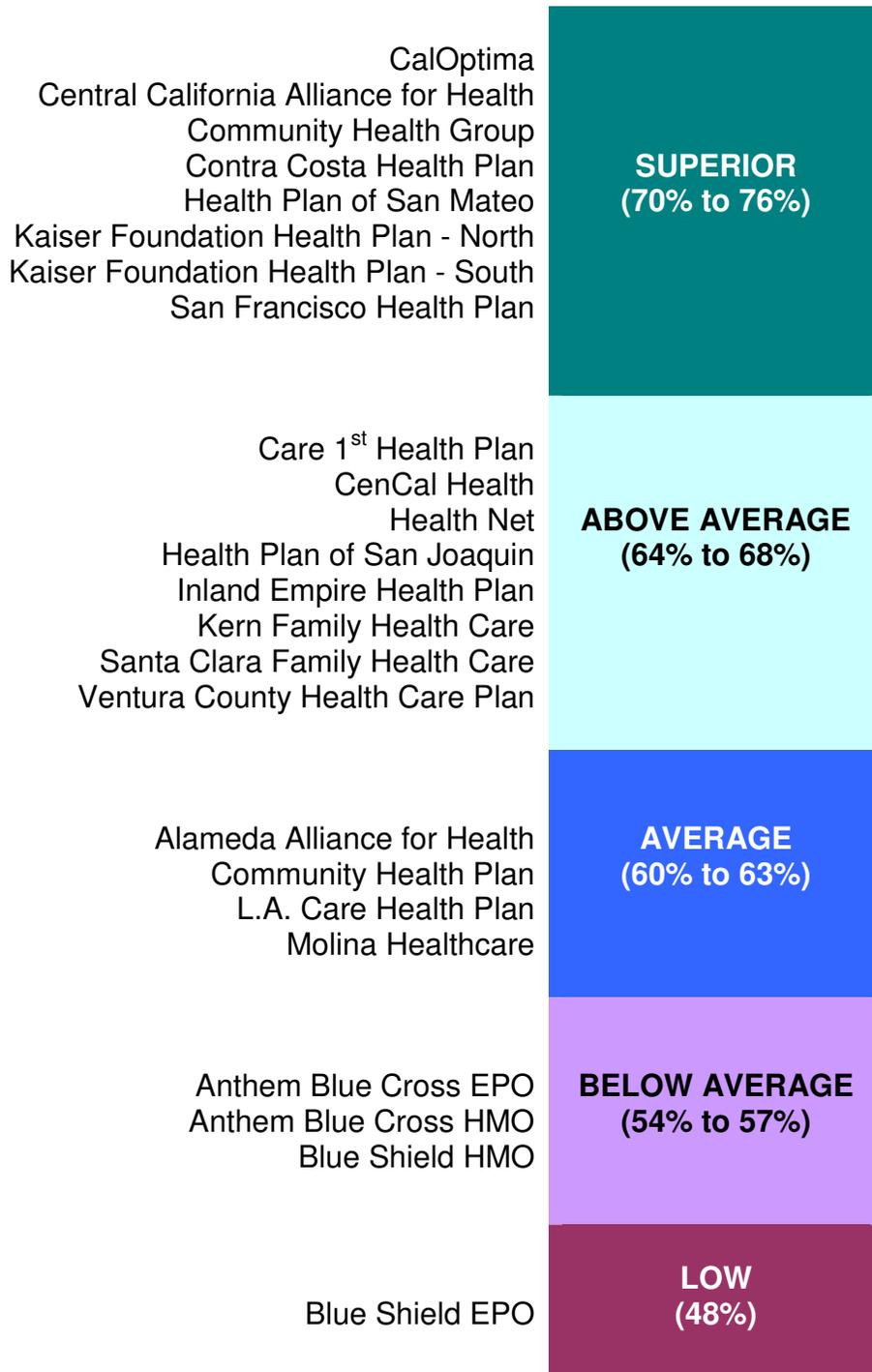
Another analysis was conducted which grouped health plans based on improvement in HEDIS rates from 2007 to 2010. For this analysis, MRMIB staff calculated improvement between each plan's 2007 and 2008 rates, 2008 and 2009, and 2009 and 2010 rates. This computation resulted in one total improvement score for 2008, one total improvement score for 2009, and one total improvement score for 2010 for each HFP plan. Combining improvements for 2008, 2009 and 2010 into a single aggregate improvement measure for each plan was created for cluster analysis. Subsequently, the health plans aggregate improvement variable was subjected to cluster analysis to create five clusters ranging from 38 to 197 aggregate improvement points.

All health plans show improvements of at least one percent in at least one HEDIS measure from year to year. However, some plans show significant improvements (greater than one percent) between years. A high total improvement score indicates significant improvements between years in several measures. In contrast, a lower total improvement score indicates minimal improvements between years in fewer measures. The results for most improved plan in 2010 and most improved plan for an aggregate improvement for 2008, 2009 and 2010 is included in Table 1.

# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

Figure 1. HEDIS Performance Clusters: 2010



# HEALTHY FAMILIES PROGRAM

## 2011 Health Plan Quality Awards

**Table 2. HFP 2010 HEDIS Measures**

Measure	Definition
Childhood Immunization Status, Combination 3	The percentage of children under the age of 2 who received the recommended immunizations by their second birthday.
Lead Screening in Children <sup>1</sup>	The percentage of children who receive one or more blood tests for lead toxicity by their second birthday.
Well-Child Visits in the First 15 Months of Life	The percentage of children who had 6 or more well-child visits during the first 15 months of life.
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> and 6 <sup>th</sup> Years of Life	The percentage of children ages 3 to 6 years old who received at least one well-child visit with a PCP.
Adolescent Well-Care Visits	The percentage of adolescents ages 12 to 18 years of age who had one or more well-care visits with a PCP or OB/GYN.
Children and Adolescents' Access to Primary Care Practitioners	The percentage of children ages 12 months to 18 years who had a visit with a PCP during the measurement year. Five rates are calculated for this measure: cohort 1 (12 – 24 months), cohort 2 (25 months – 6 years), cohort 3 (7 – 11 years), cohort 4 (12 – 18 years), and total (rate for 12 months to 18 years of age). The total of all rates was used for the cluster analyses.
Use of Appropriate Medications for People with Asthma	The percentage of children ages 5 to 18 years who were identified as having persistent asthma, and received a medication that is considered appropriate for the long-term control of asthma.
Appropriate Treatment for Children with Upper Respiratory Infections	The percentage of children ages 3 months to 18 years who had an upper respiratory infection and were not prescribed an antibiotic.
Appropriate Testing for Children with Pharyngitis	The percentage of children ages 2 to 18 years who were diagnosed with pharyngitis and received a Group A streptococcus test prior to being dispensed an antibiotic.
Chlamydia Screening	The percentage of sexually active young women ages 16 to 18 years who were screened for Chlamydia.

<sup>1</sup> *Lead Screening in Children* was not reported in 2007; reporting of this measure began in 2008.