

California Cooperative Healthcare Reporting Initiative

2009 HEDIS[®] RESULTS

July 30, 2009
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Marlise Goodwin

AGENDA

1. Opportunities for Improvement
 2. Variation in Performance at Plan, Physician Organization and Physician-levels
 3. Measure Performance and Trends
 - Commercial HMO
 - Commercial PPO
 4. Commercial HMO and PPO Comparisons
 5. Administrative Data Trends
 6. Summary of Observations
- Appendix: Medicare HMO Results

CCHRI 2009

CCHRI Health Plans

- Aetna Health of California, Inc.
- Anthem Blue Cross
- Blue Shield of California
- CIGNA HealthCare of California*
- Health Net of California
- Inter Valley Health Plan**
- Kaiser Permanente – Northern California
- Kaiser Permanente – Southern California
- PacifiCare of California / UnitedHealthcare
- SCAN Health Plan***
- Western Health Advantage

Committees

- Executive Committee – David Hopkins, Pacific Business Group on Health
- Project Committee – Leah Smith, Health Net of California
- Reporting Committee – Sharon Ricciuti, UnitedHealthcare/PacifiCare

EXPANSION IN REPORTING

- Commercial PPO products reported publicly for first time
- Expansion in HEDIS® measure set

CCHRI Publicly Reported Measures/Numerators

HEDIS Year	Commercial			Medicare			PPO
	Hybrid	Admin	Total	Hybrid	Admin	Total	Total
2001	14	7	21	10	3	13	N/A
2009	25	36	65*	12	26	38	45*

Only accreditation measures and administrative only measures are publicly reported for the PPO product. Non-accreditation hybrid measures are not reported. For HEDIS 2009, plans were required to use administrative data only for all PPO reporting.

*Includes 4 survey measures/numerators
Smoking Cessation (3 indicators)
Flu Shots for Adults Ages 50-64

1

OPPORTUNITIES FOR IMPROVEMENT

QUALITY IMPROVEMENT OPPORTUNITIES

Criteria:

1. Low rates (CCHRI average < 60%)
2. Poor performance compared to NCQA 2008 National average and 90th percentile
 - Gap between CCHRI average and 90th percentile > 10%
 - Note: 2009 NCQA National percentiles not yet available
3. Large variation across CCHRI plans (Range > 15%)

Notes

- Tables show measures that met any one of the three criteria
- Grayed cells = measure not applicable to PPO
- Different plans/products in HMO and PPO markets can drive analysis (see next slide)

HEALTH PLAN PRODUCTS/MARKETS

HMO	PPO
Aetna of California	Aetna of California
Anthem Blue Cross	Anthem Blue Cross
Blue Shield of California	Blue Shield of California
CIGNA HealthCare of California	CIGNA HealthCare of California
Health Net of California	Health Net of California
PacifiCare of California	UnitedHealthcare
Kaiser Permanente – Northern California	
Kaiser Permanente – Southern California	
Western Health Advantage	

QUALITY IMPROVEMENT OPPORTUNITIES

Observations

- Few measures met all three criteria for both HMO and PPO
- Measures with averages < 60% consistent across HMO and PPO
- Opportunities in
 - Respiratory
 - Appropriate Testing for Children with Pharyngitis
 - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
 - Mental Health and Chemical Dependency
 - Antidepressant Medication Management
 - Follow Up After Hospitalization for Mental Illness
 - Initiation and Engagement of Alcohol and Other Drug Treatment
 - ADHD
 - Diabetes
 - Control measures (LDL and Blood Pressure)
 - Eye Exam

OPPORTUNITY MEASURES – HMO and PPO

Measure/Numerator	HMO			PPO		
	CCHRI Avg < 60%	Difference CCHRI Avg to National 90th Percentile >10%	CCHRI Range > 15%	CCHRI Avg < 60%	Difference CCHRI Avg to National 90th Percentile >10%	CCHRI Range > 15%
Diabetes						
Comprehensive Diabetes Care, Retinal Exam		✓	✓			
Comprehensive Diabetes Care, LDL-C Level of <100 mg/dL	✓		✓			
Comprehensive Diabetes Care, Medical Attention for Nephropathy					✓	✓
Comprehensive Diabetes Care, Blood Pressure Control < 130/80)	✓		✓			
Comprehensive Diabetes Care, Blood Pressure Control < 140/90)			✓			
Access/Availability of Care						
Call Answer Timeliness			✓			✓
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Initiation of AOD Treatment - Total	✓	✓	✓	✓	✓	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Engagement of AOD Treatment - Total	✓	✓	✓	✓		
Behavioral Health						
Antidepressant Medication Management, Effective Acute Phase Treatment			✓			
Antidepressant Medication Management, Effective Continuation Phase Treatment	✓		✓	✓		
Follow-Up After Hospitalization for Mental Illness, within 30 days of discharge			✓			✓
Follow-Up After Hospitalization for Mental Illness, within 7 days of discharge		✓	✓	✓		✓
Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder, Initiation Phase	✓	✓	✓	✓		

Note: Gray measures are not applicable to the PPO products.

OPPORTUNITY MEASURES – PPO and HMO, cont.

Measure/Numerator	HMO			PPO		
	CCHRI Avg < 60%	Difference CCHRI Avg to National 90th Percentile >10%	CCHRI Range > 15%	CCHRI Avg < 60%	Difference CCHRI Avg to National 90th Percentile >10%	CCHRI Range > 15%
Cardiovascular						
Cholesterol Management for Patients with Cardiovascular Conditions, LDL-C Screening						✓
Persistence of Beta-Blocker Treatment After a Heart Attack			✓			✓
Controlling High Blood Pressure			✓			
Medication Management						
Annual Monitoring for Patients on Persistent Medications, Total		✓				
Annual Monitoring for Patients on Persistent Medications, Digoxin		✓				✓
Annual Monitoring for Patients on Persistent Medications, Diuretics		✓			✓	
Annual Monitoring for Patients on Persistent Medications, Anticonvulsants	✓	✓	✓	✓	✓	
Musculoskeletal						
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis						✓
Prevention & Screening						
Breast Cancer Screening, Total			✓			
Chlamydia Screening in Women, Age 16 – 20	✓		✓	✓		
Chlamydia Screening in Women, Age 21-24	✓		✓	✓		
Colorectal Cancer Screening	✓		✓			
Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis	✓	✓	✓	✓	✓	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	✓		✓	✓		✓

Note: Gray measures are not applicable to the PPO products.

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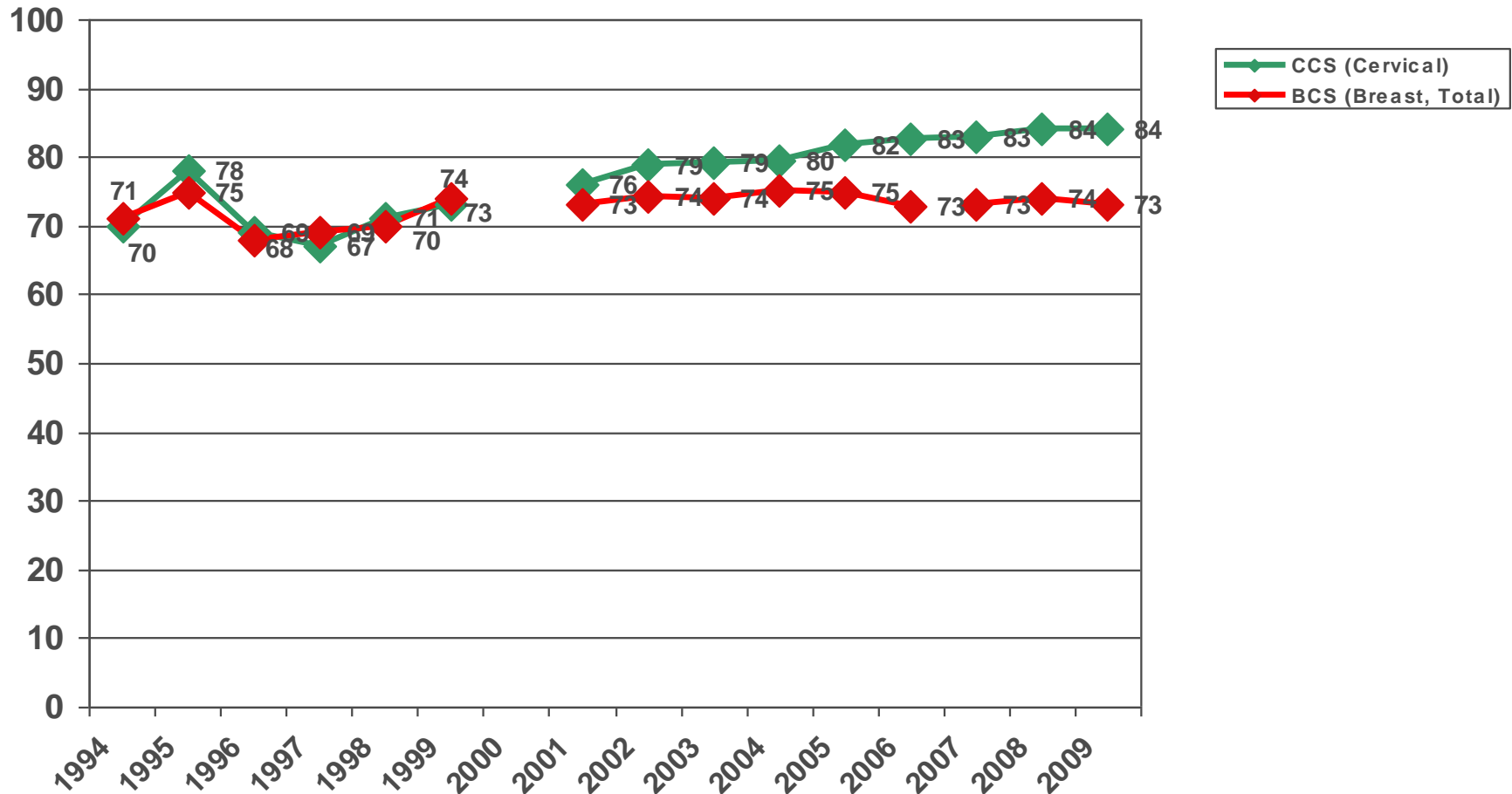
VARIATION IN PERFORMANCE AT PLAN, PO AND PHYSICIAN LEVELS

PLAN vs. PO vs. PHYSICIAN-LEVEL VARIATION

- Quality rates available at following levels for the first time in California
 - Health Plan (CCHRI Health Plan HEDIS project)
 - Physician Organization (IHA P4P program)
 - Physician (CCHRI CPPI project)
- Can examine variation in performance at all three levels to identify opportunity
- Examples: Breast and Cervical Cancer Screening
- The height of the bar is:
 - Health Plans – 1st to 7th plan rates (i.e., all plans)
 - POs and Physicians – 10th to 90th percentile rates
 - Only reliable physician scores used
- Dot is the median rate
- Caveat: variation can be driven by decreasing denominator sizes at more granular levels
- Data Sources:
 - Plan and PO rates based on 7 HMO plans
 - Physician rates based on 3 plans (3 PPO products, 2 HMO products)
 - All rates exclude Kaiser

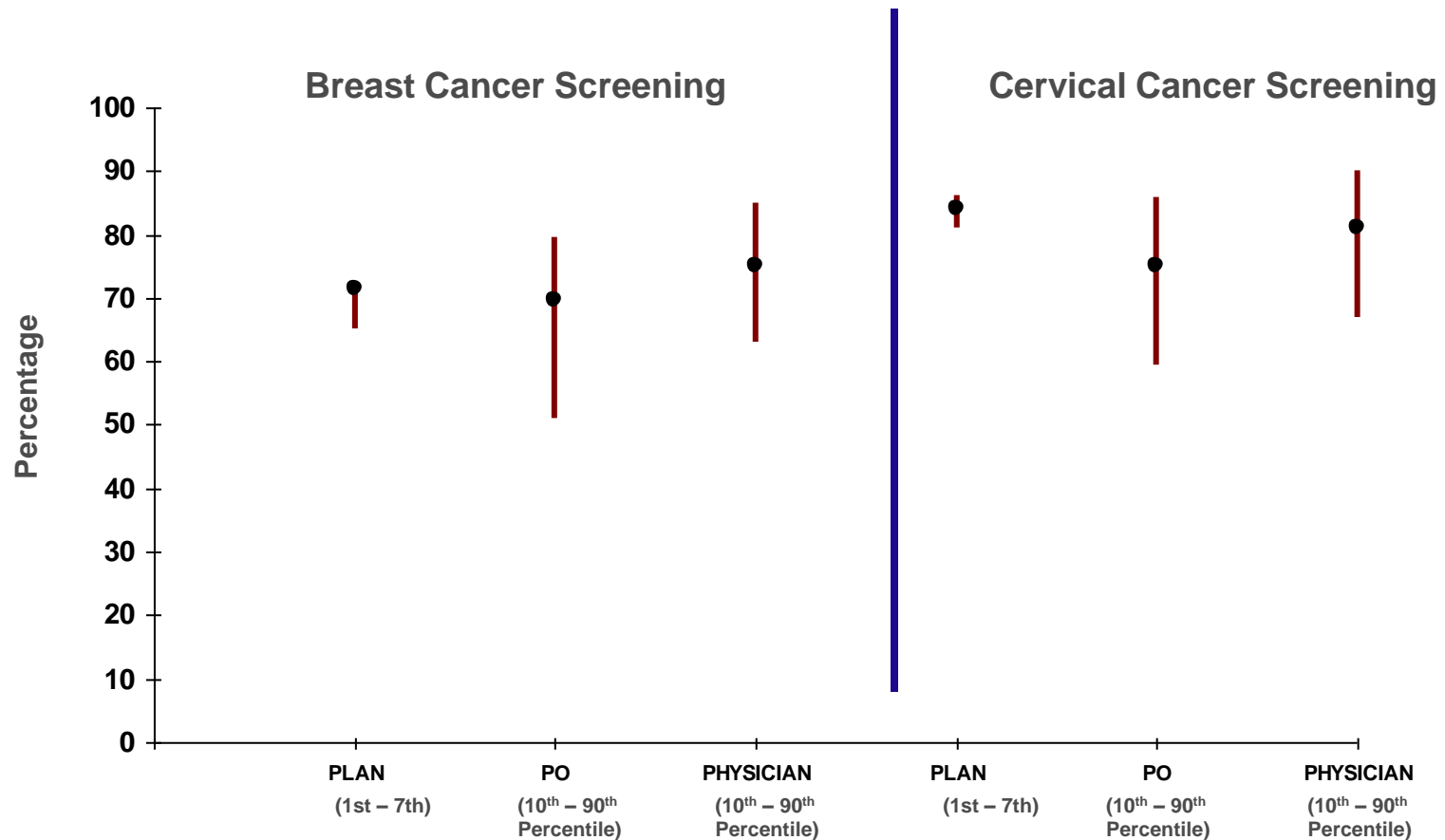
PREVENTION AND SCREENING

Rotated: BCS 2000, 2002, 2004, 2006
 CCS 2000, 2002, 2004, 2006, 2008
 COL 2007, 2009



2006 Specification Change: BCS – retired hybrid method.
 2007 Specification Change: BCS – three age cohorts Age 52-69 numerator included in graph and trended
 2009 Specification Change: BCS – removed age stratifications; only total (Age 42-69) reported in 2009. Previously, Age 52-69 reported.

PLAN vs. PO vs. PHYSICIAN-LEVEL VARIATION



OBSERVATIONS: BREAST AND CERVICAL CANCER SCREENING

Observations

- Plan-level
 - Stagnant rates
 - Little variation
- Increasing variation moving from Plan to PO and Physician-levels
- Median rates similar at all three levels
- Implications:
 - Greater depth of measurement reveals opportunities for improvement
 - Can focus on narrowing variation in performance where it exists

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MEASURE PERFORMANCE AND TRENDS: COMMERCIAL HMO

NCQA DOMAINS 2009 – CCHRI REPORTING

Effectiveness of Care

- Prevention and Screening (8)
 - Two New Measures
 - Adult BMI Assessment
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Cardiovascular (3)
- Diabetes (1)
- Respiratory Conditions (6)
- Behavioral Health (3)
- Musculoskeletal (3)
- Medication Management (4)
- Access/Availability of Care (4)

COMMERCIAL HMO RATE CHANGES

- 61 HEDIS measures publicly reported (excluding 4 survey measures)
- 15 measures > 2% increase
- 44 measures have less than a 2% increase or decrease
- 2 measures > 2% decrease
- Little commonality in improved measures except:
 - Chlamydia Screening
 - Follow Up After Hospitalization for Mental Illness

Note: Pharmacotherapy Management of COPD was a “first year measure in 2008

15 COMMERCIAL MEASURES WITH $\geq 2\%$ INCREASE

Pharmacotherapy Management for COPD, corticosteroid dispensed within 14 days*	11.30%
Pharmacotherapy Management for COPD, bronchodilator dispensed within 30 days*	6.87%
Comprehensive Diabetes Care, LDL-C Level <100 mg/dL	5.39%
Chlamydia Screening in Women, Age 21 – 24*	5.31%
Chlamydia Screening in Women, Age 16 – 20	4.64%
Chlamydia Screening in Women, Total	4.59%
Follow-Up After Hospitalization for Mental Illness, within 7 days of discharge	4.11%
Annual Monitoring for Patients on Persistent Medications, Digoxin	3.95%
Colorectal Cancer Screening	3.35%
Follow-Up Care for Children with ADHD, Initiation	3.23%
Follow-Up After Hospitalization for Mental Illness, within 30 days of discharge	3.13%
Controlling High Blood Pressure	2.91%
Comprehensive Diabetes Care, Medical Attention for Nephropathy	2.90%
Engagement of Alcohol and Other Drug Dependence, Age 13-17	2.61%
Childhood Immunization Status, HiB	2.32%

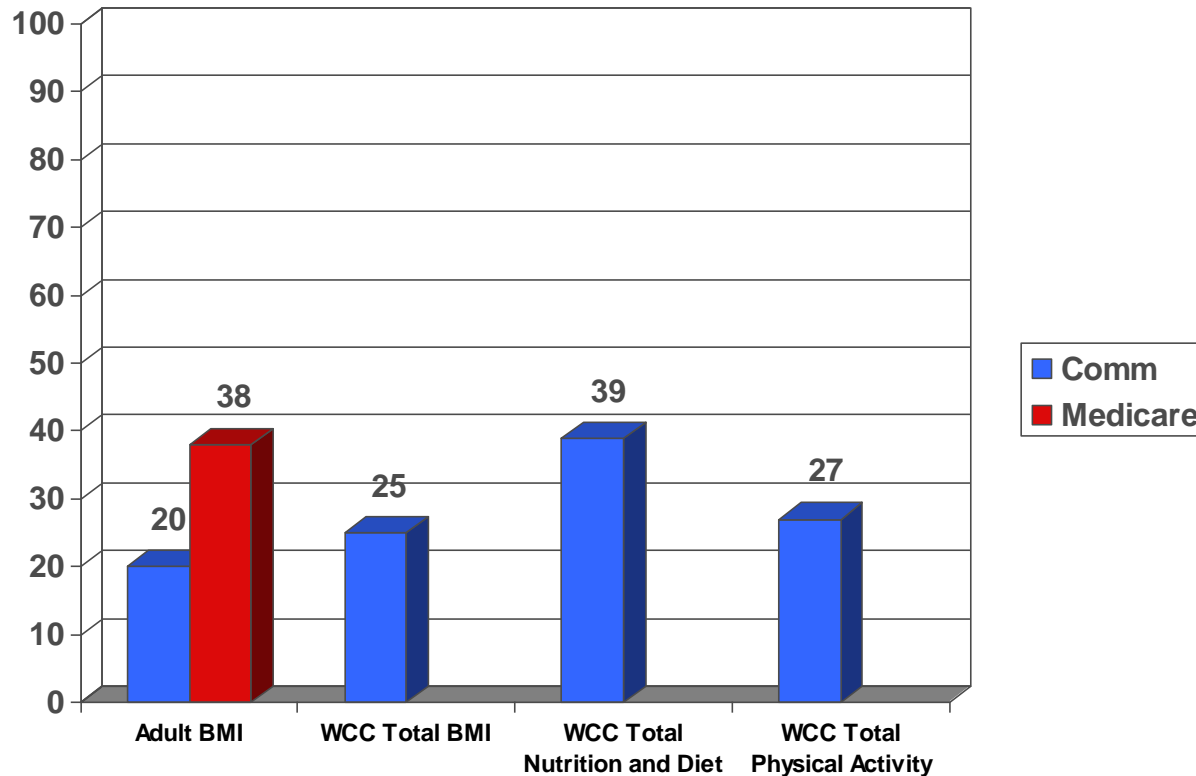
2 COMMERCIAL MEASURES WITH $\geq 2\%$ DECREASE

Initiation of Alcohol and Other Drug Dependence, Total	-3.26%
Initiation of Alcohol and Other Drug Dependence, Age 18+	-3.49%

2009 FIRST YEAR MEASURES

- Measures finally developed for obesity
- Adult BMI
 - Percentage of members 18 – 74 who had an outpatient visit and their body mass index (BMI) documented
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
 - Percentage of members 2 – 17 who had an outpatient visit and who had evidence of:
 - BMI percentile documentation
 - Counseling for nutrition
 - Counseling for physical activity
- Wide variation in plan rates

2009 FIRST YEAR MEASURES: RESULTS

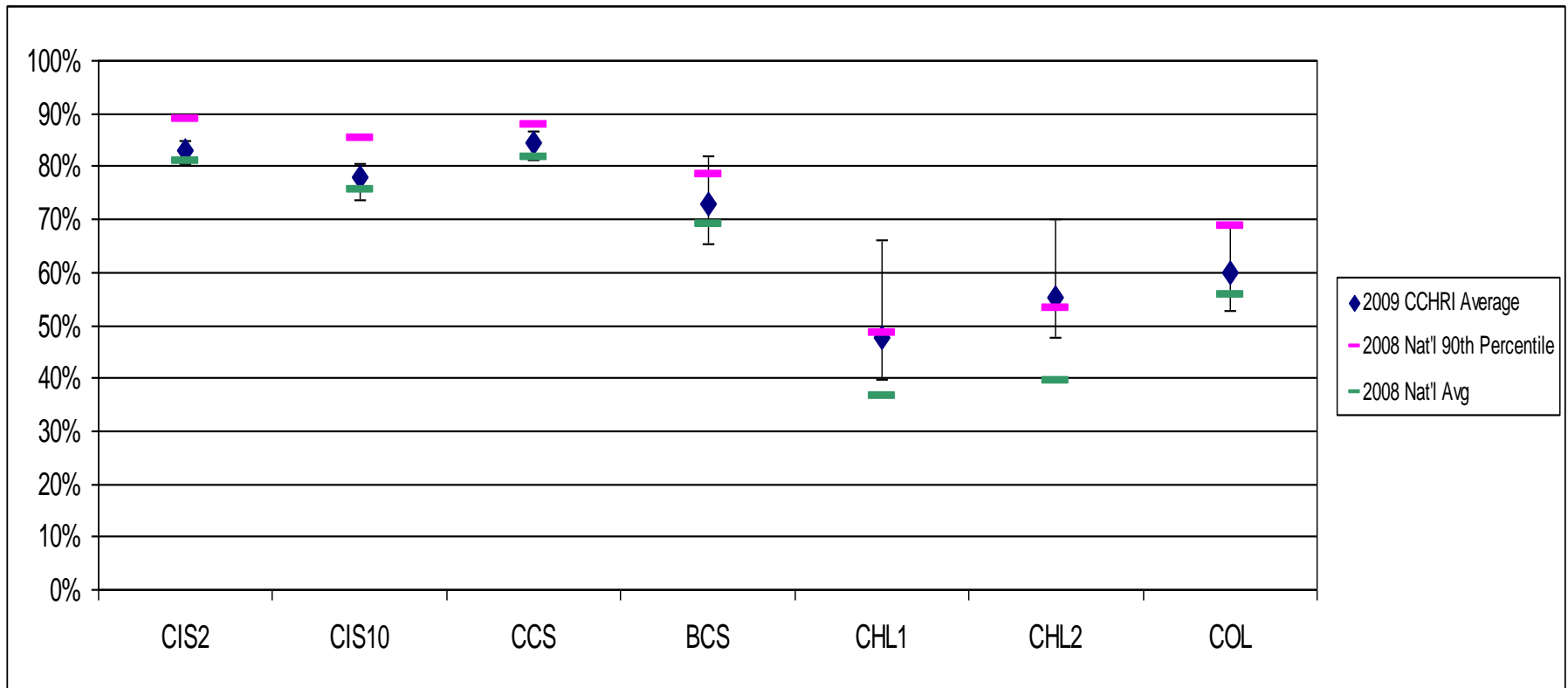


2009 HEDIS MEASURES

Following graphs show:

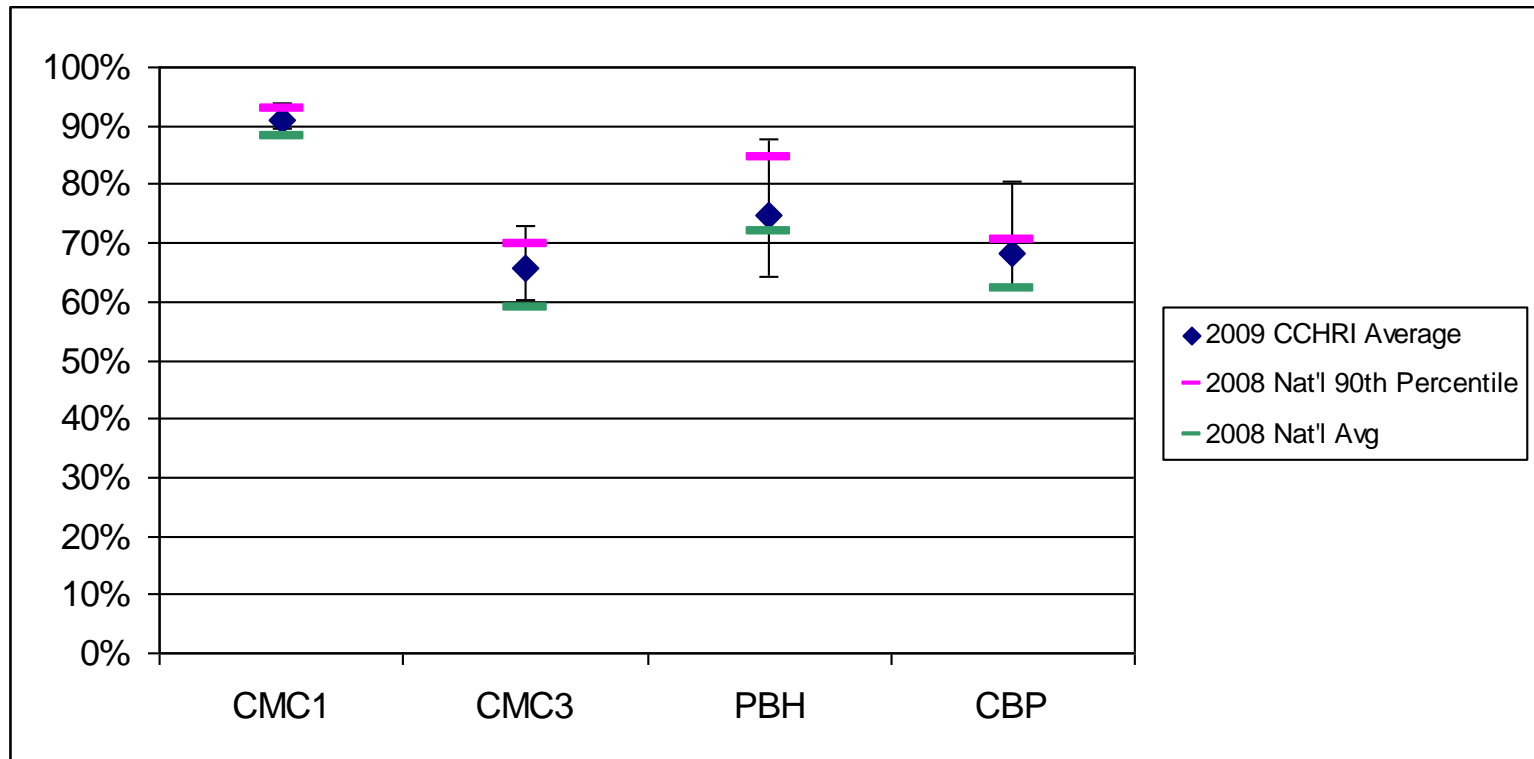
- Variation in performance and comparison to benchmarks
 - High and short vertical bar = lower opportunity for improvement
 - Low and long vertical bar = greater opportunity for improvement
- Trends in performance
- Cross-plan average includes all 9 CCHRI Commercial HMO Plans

PREVENTION AND SCREENING – HMO COMMERCIAL



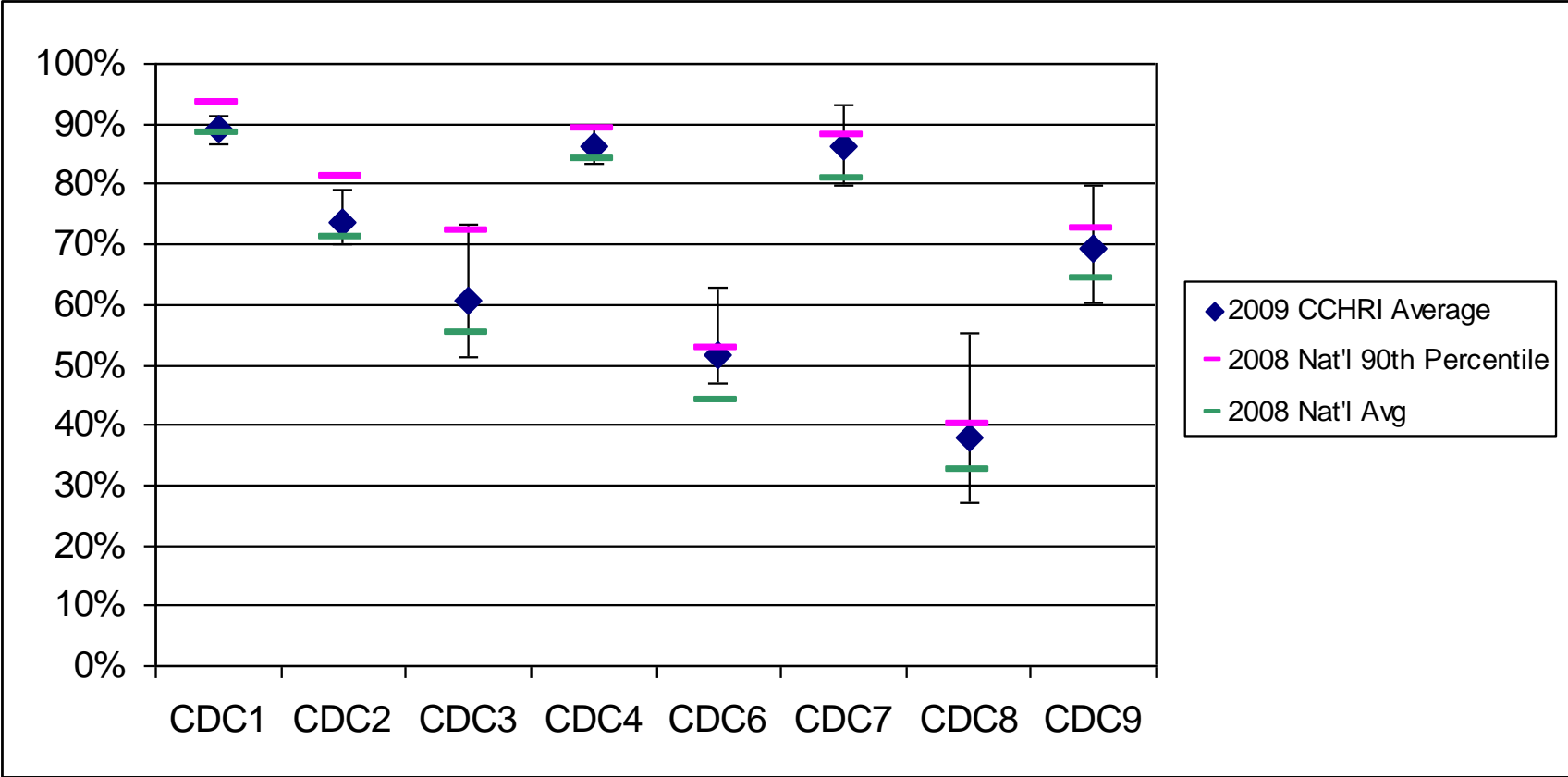
Vertical bar represents CCHRI Health Plan high to low range

CARDIOVASCULAR – HMO COMMERCIAL



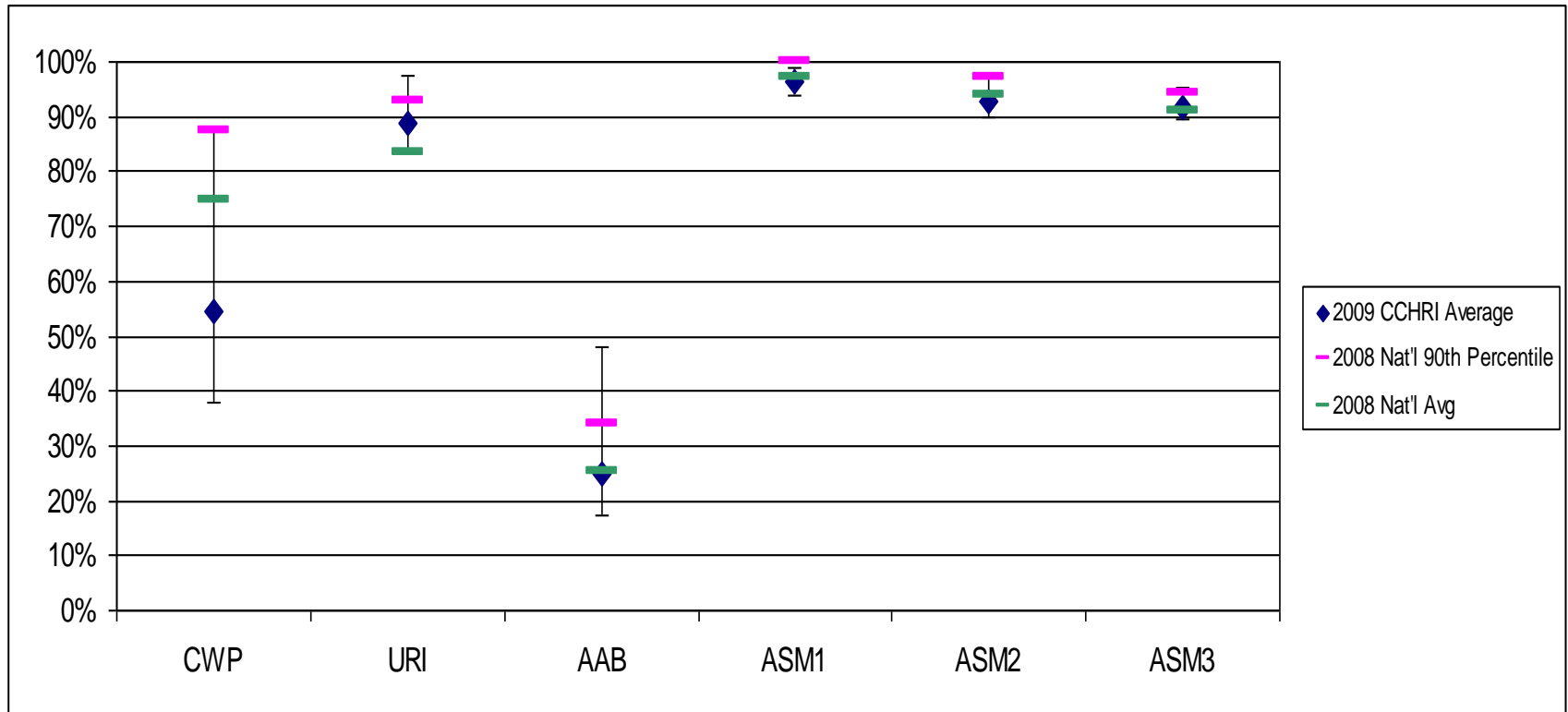
Vertical bar represents CCHRI Health Plan high to low range

DIABETES – HMO COMMERCIAL



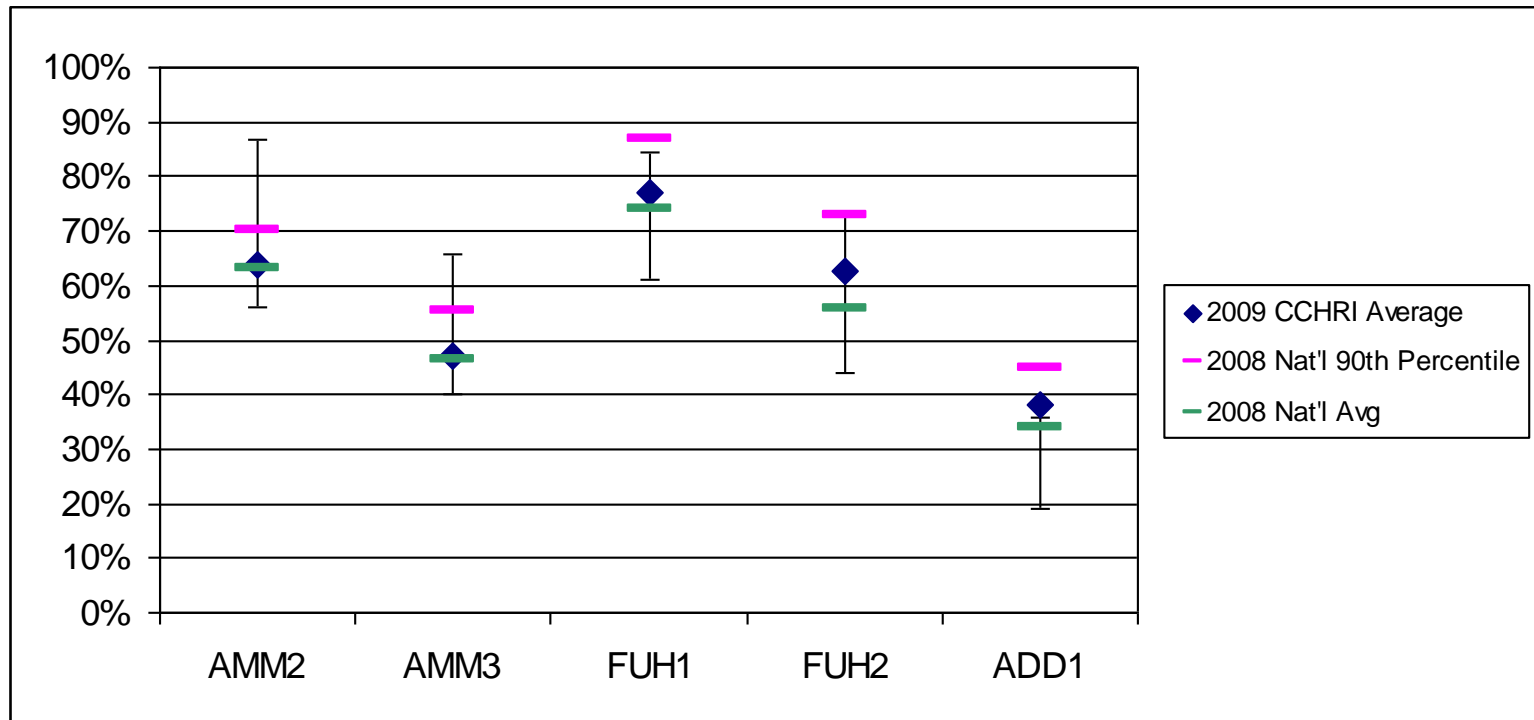
Vertical bar represents CCHRI Health Plan high to low range

RESPIRATORY CONDITIONS – HMO COMMERCIAL



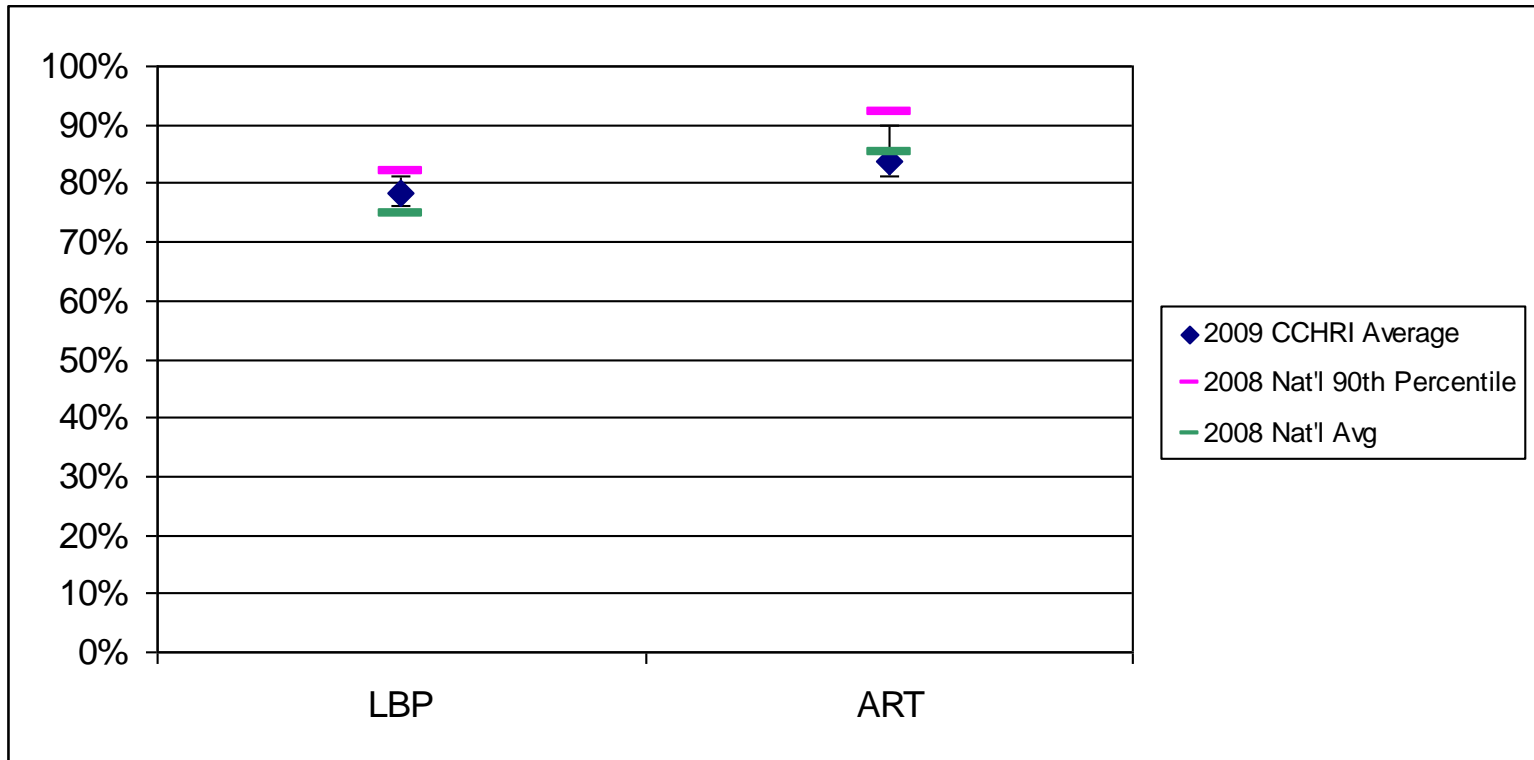
Vertical bar represents CCHRI Health Plan high to low range

BEHAVIORAL HEALTH – HMO COMMERCIAL



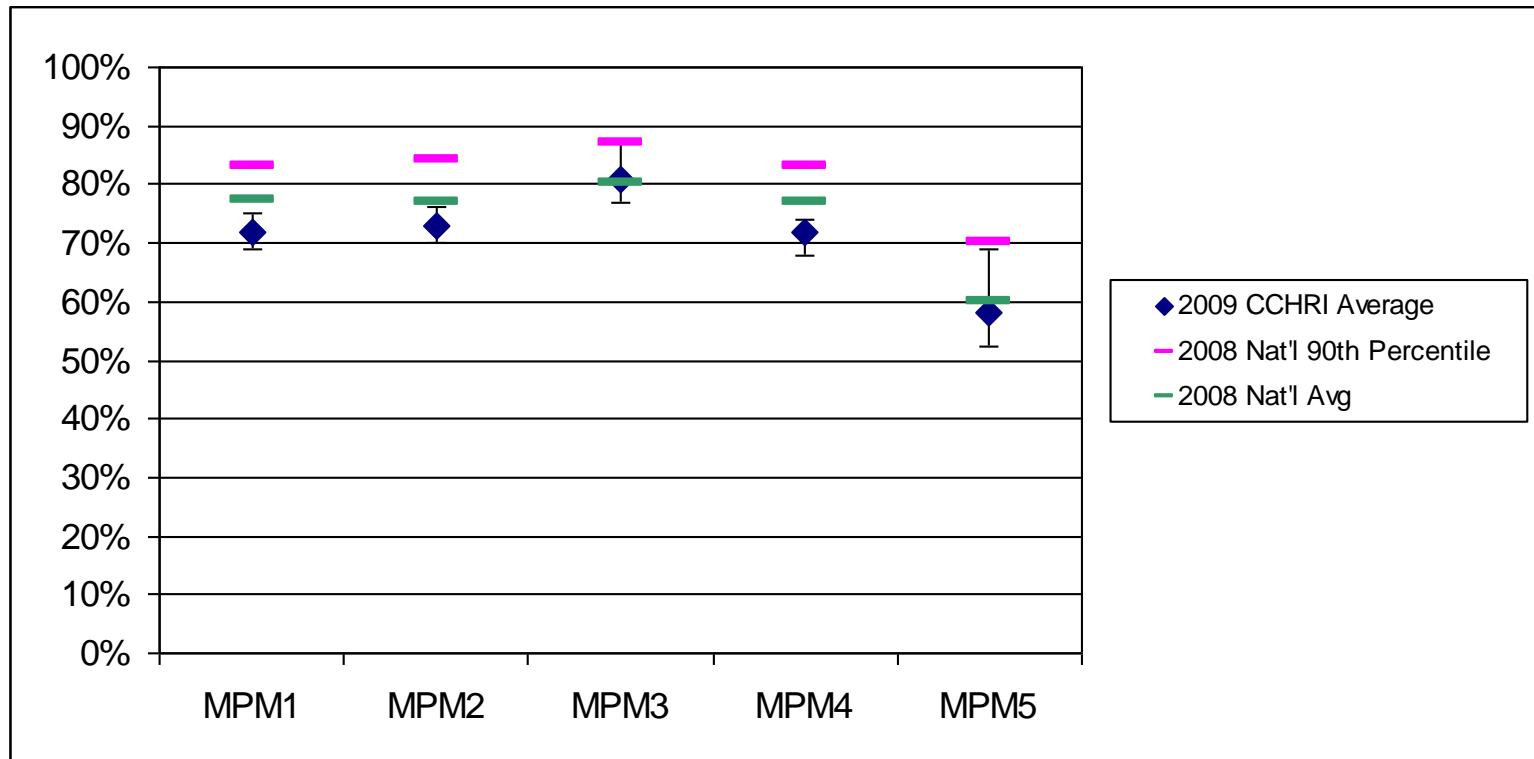
Vertical bar represents CCHRI Health Plan high to low range

MUSCULOSKELETAL – HMO COMMERCIAL



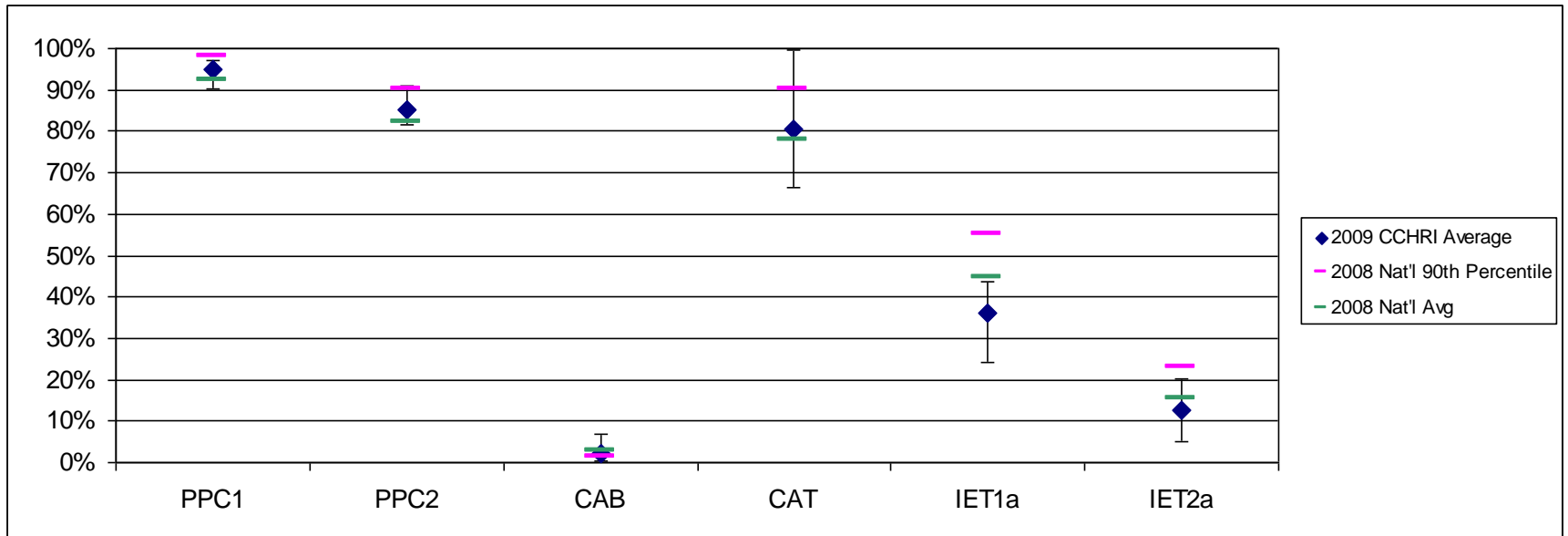
Vertical bar represents CCHRI Health Plan high to low range

MEDICATION MANAGEMENT – HMO COMMERCIAL



Vertical bar represents CCHRI Health Plan high to low range

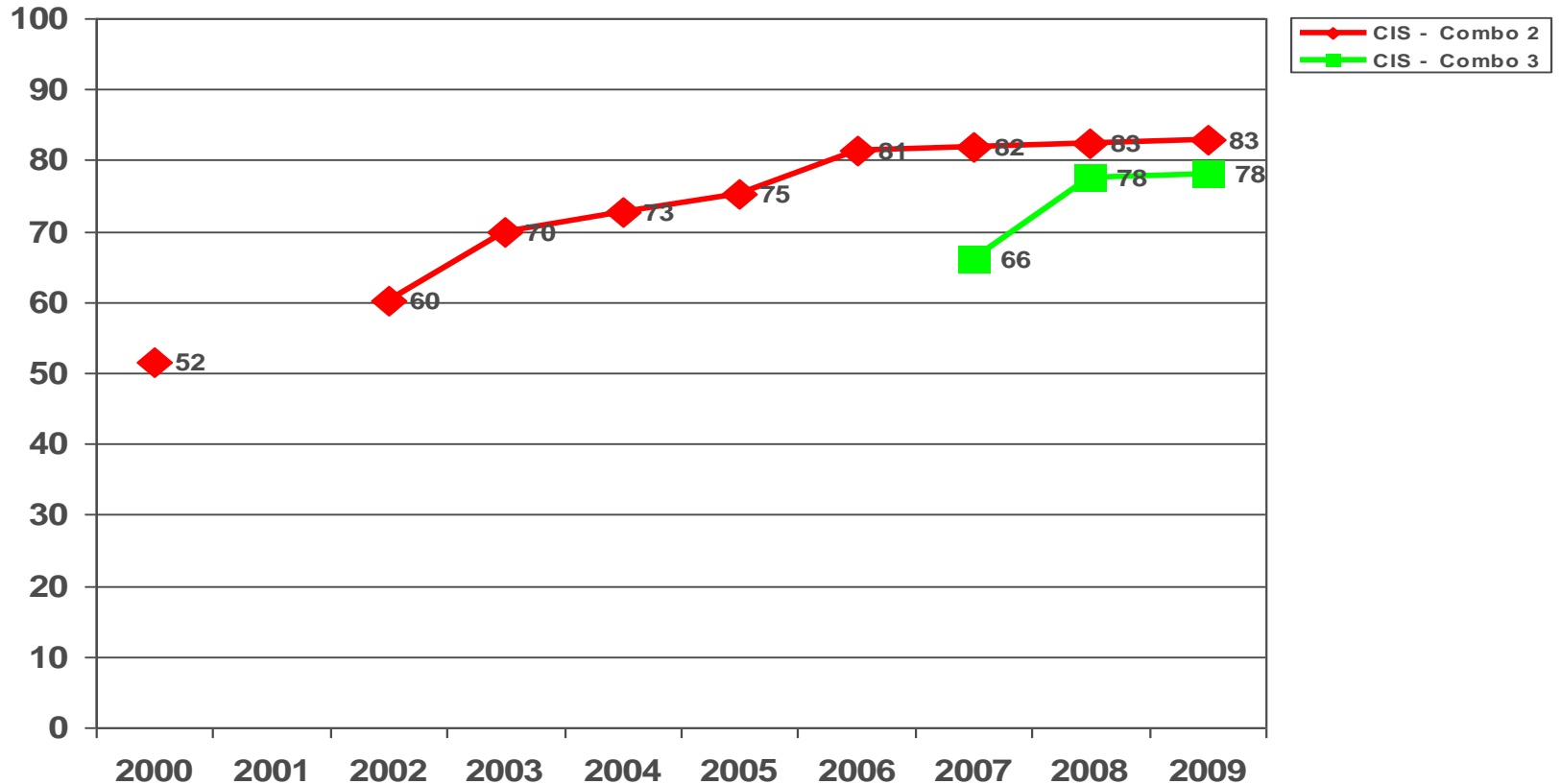
ACCESS/AVAILABILITY TO CARE – HMO COMMERCIAL



Vertical bar represents CCHRI Health Plan high to low range

PREVENTION AND SCREENING – HMO COMMERCIAL

Rotated: 2001, 2002, 2005, 2007, 2009



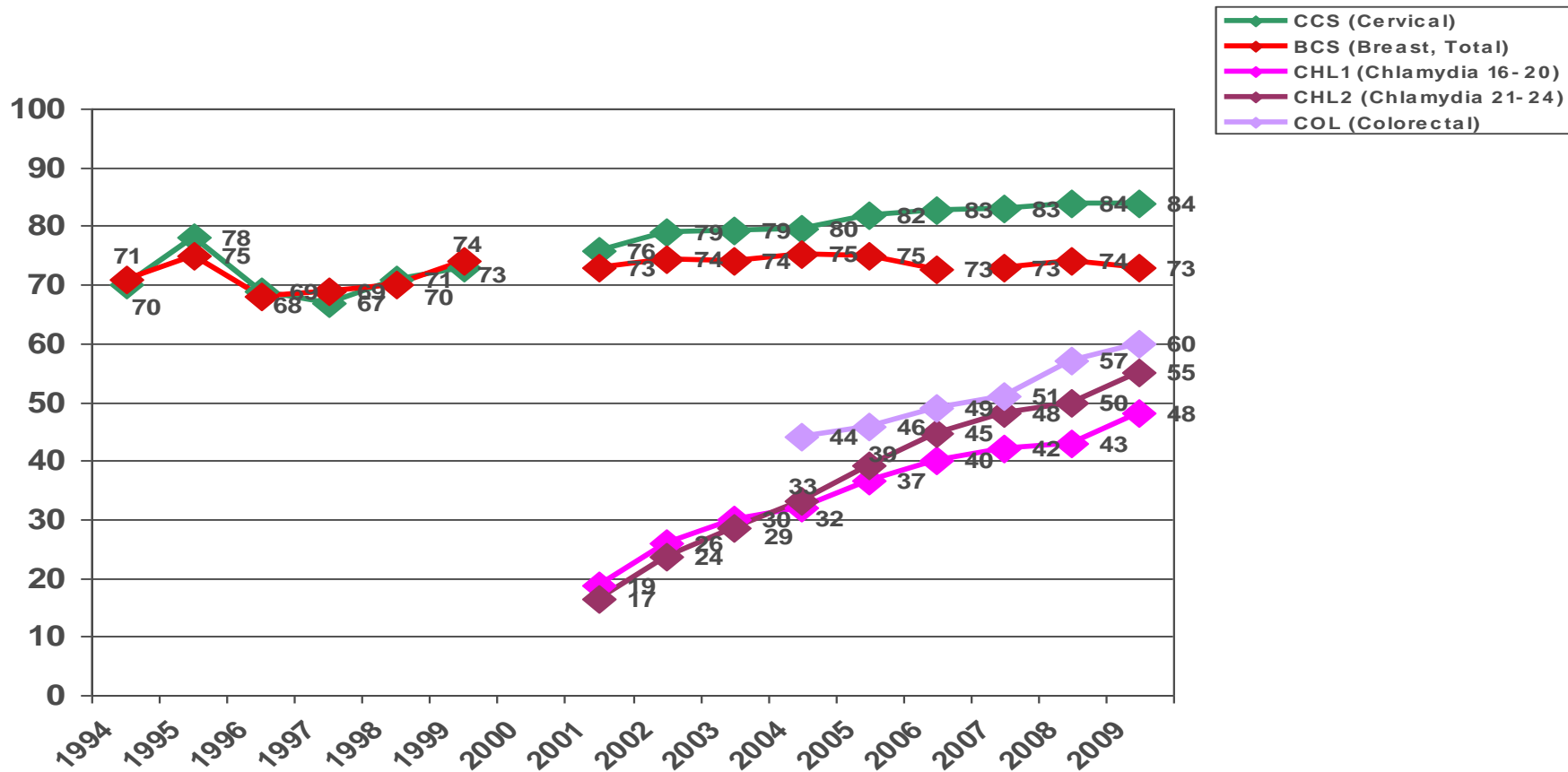
2006 Specification Change: changed timing requirements for MMR, HiB, HepB, and VZV; deleted OPV; added Pneumococcal vaccination to Combo 3

2007 Specification Change: deleted DTP

2008 Specification Change: deleted “documented history of illness” and “seropositive test result” as numerator evidence for DTaP, IPV, HiB, and Pneumococcal conjugate; require four acellular pertussis vaccines for DTaP,

PREVENTION AND SCREENING – HMO COMMERCIAL

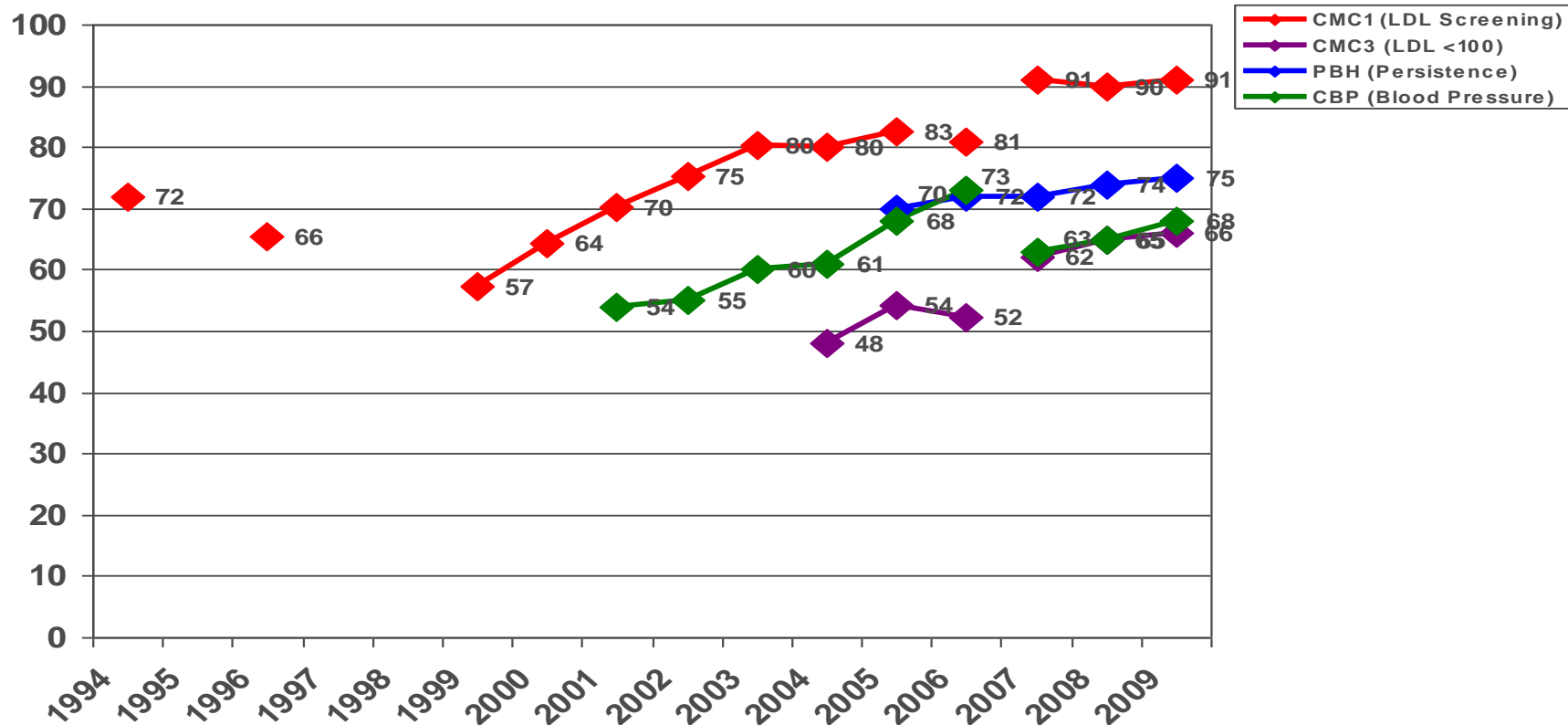
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CARDIOVASCULAR – HMO COMMERCIAL

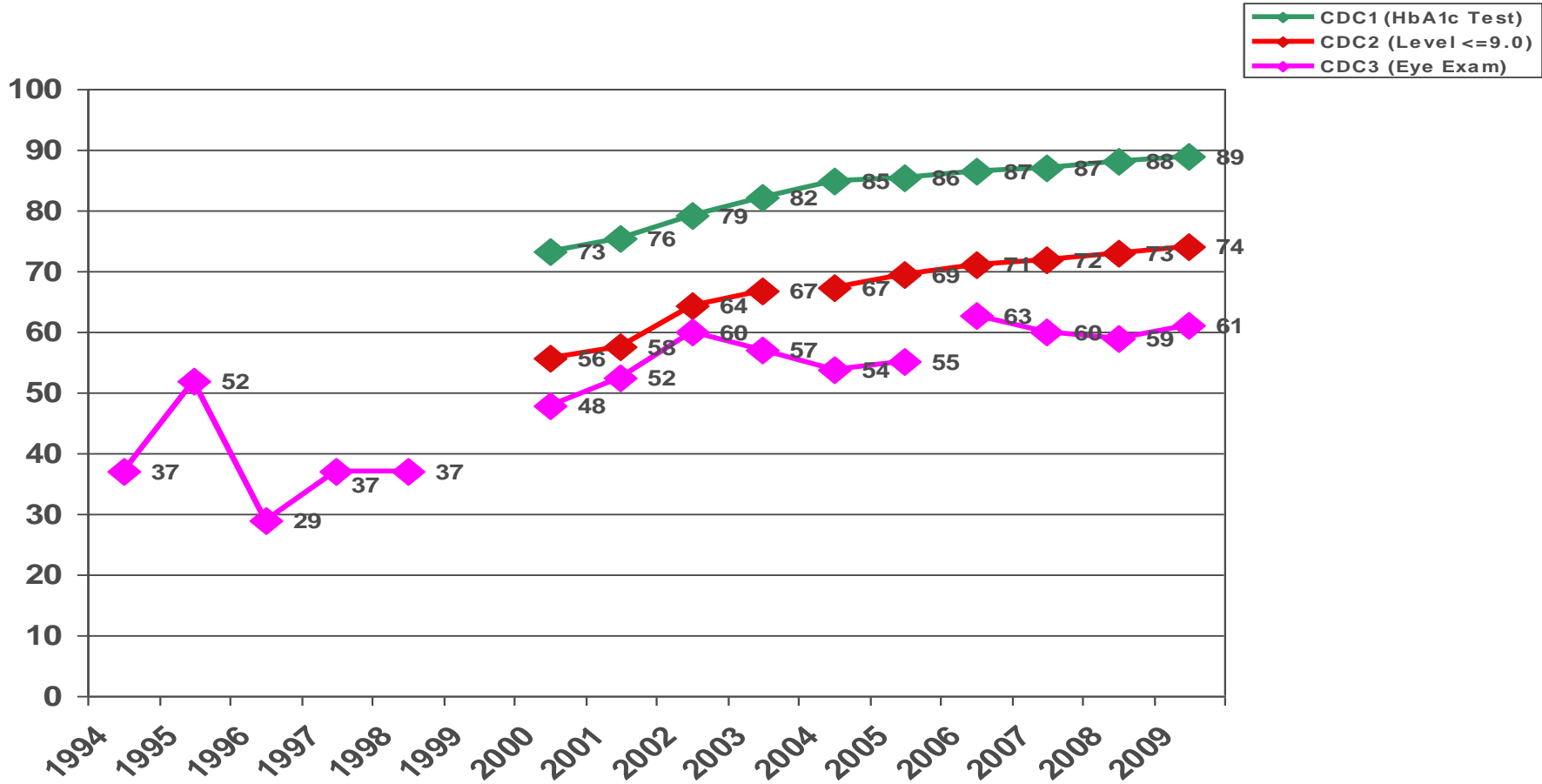
Rotated:
 CMC: 2003, 2005, 2009
 CBP: 2002, 2004, 2006, 2008



CMC Measure not reported in 2006 due to specification problems
 Denominator specifications changed in 2007
 CMC2 retired in 2006
 PBH: Measure was first year in 2005 and not publicly reported
 2007 CBP Specification Changes: Expanded age group, changed numerator criteria

DIABETES – HMO COMMERCIAL

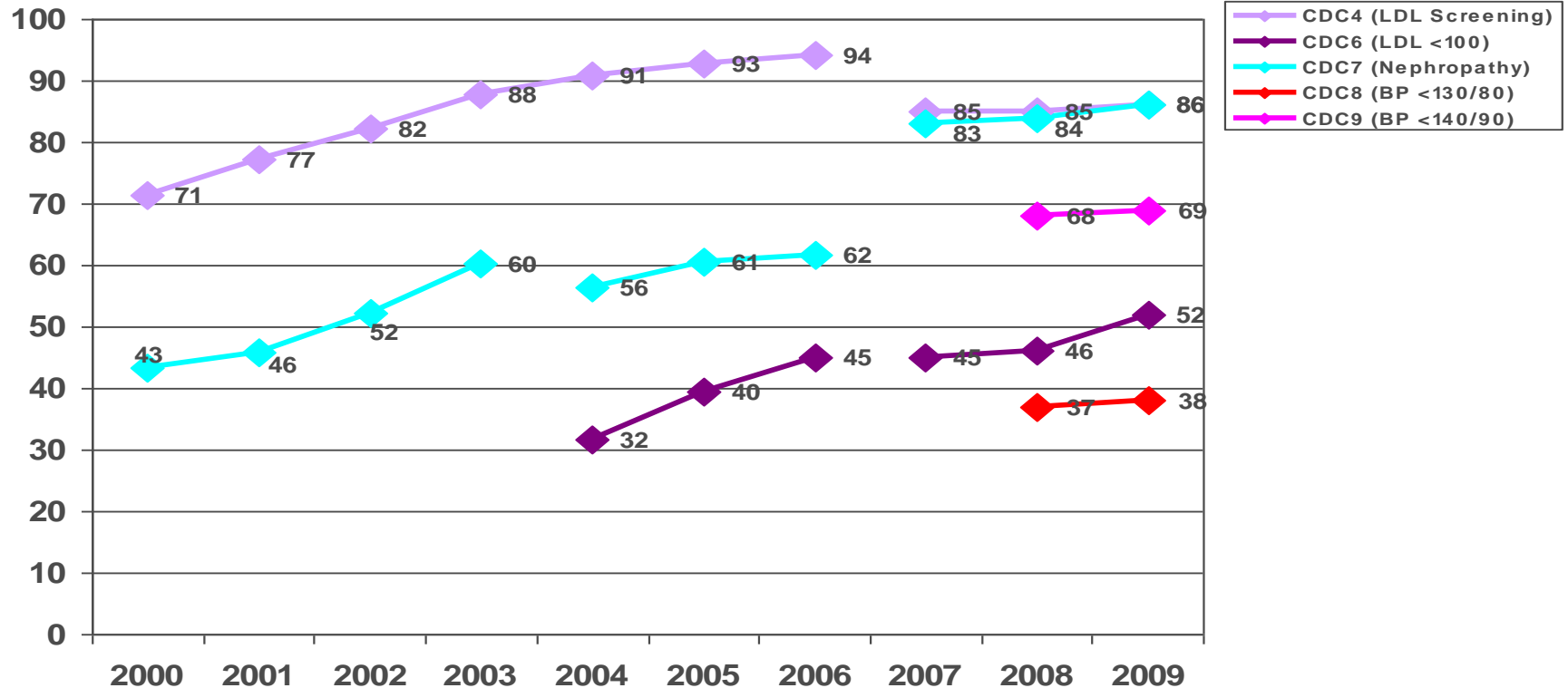
Rotated: 2002, 2006, 2009



Note: 2006 Specification Change: CDC3 – revised eye exam low-risk criteria
 2004 Specification Change: CDC2 – lowered HbA1c threshold from 9.5% to ≤9.0%

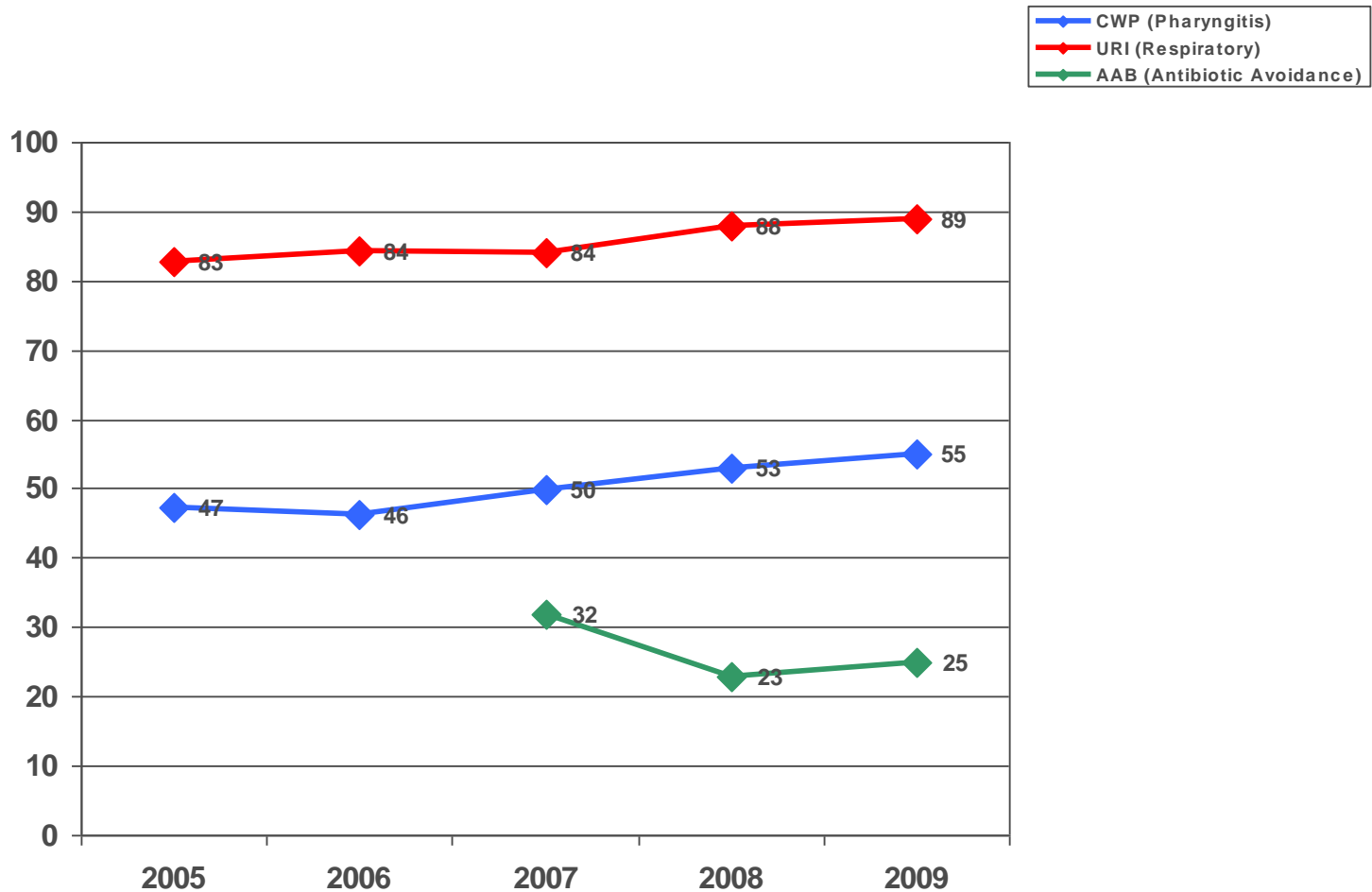
DIABETES – HMO COMMERCIAL, cont.

Rotated: 2002, 2006, 2009



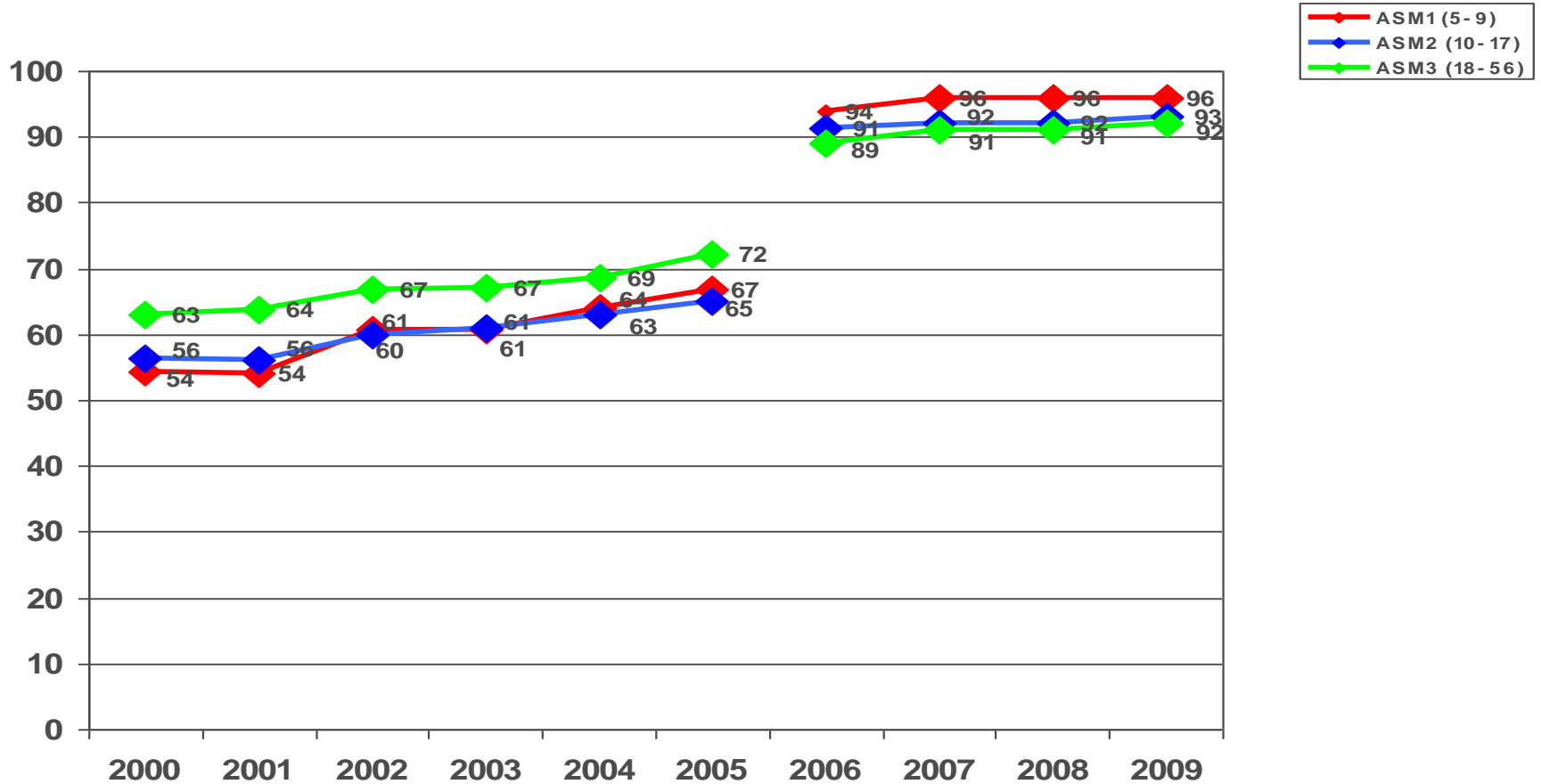
2004 Specification Change: CDC7 – nephropathy monitoring must occur in MY
 2007 Specification Change: CDC 5,6: LDL-C test must be in MY;
 CDC7: Added ACE inhibitors/ARBs as numerator compliant, retired CDC5
 2008 CDC8 and CDC9 publicly reported for the first time in 2008

RESPIRATORY CONDITIONS – HMO COMMERCIAL



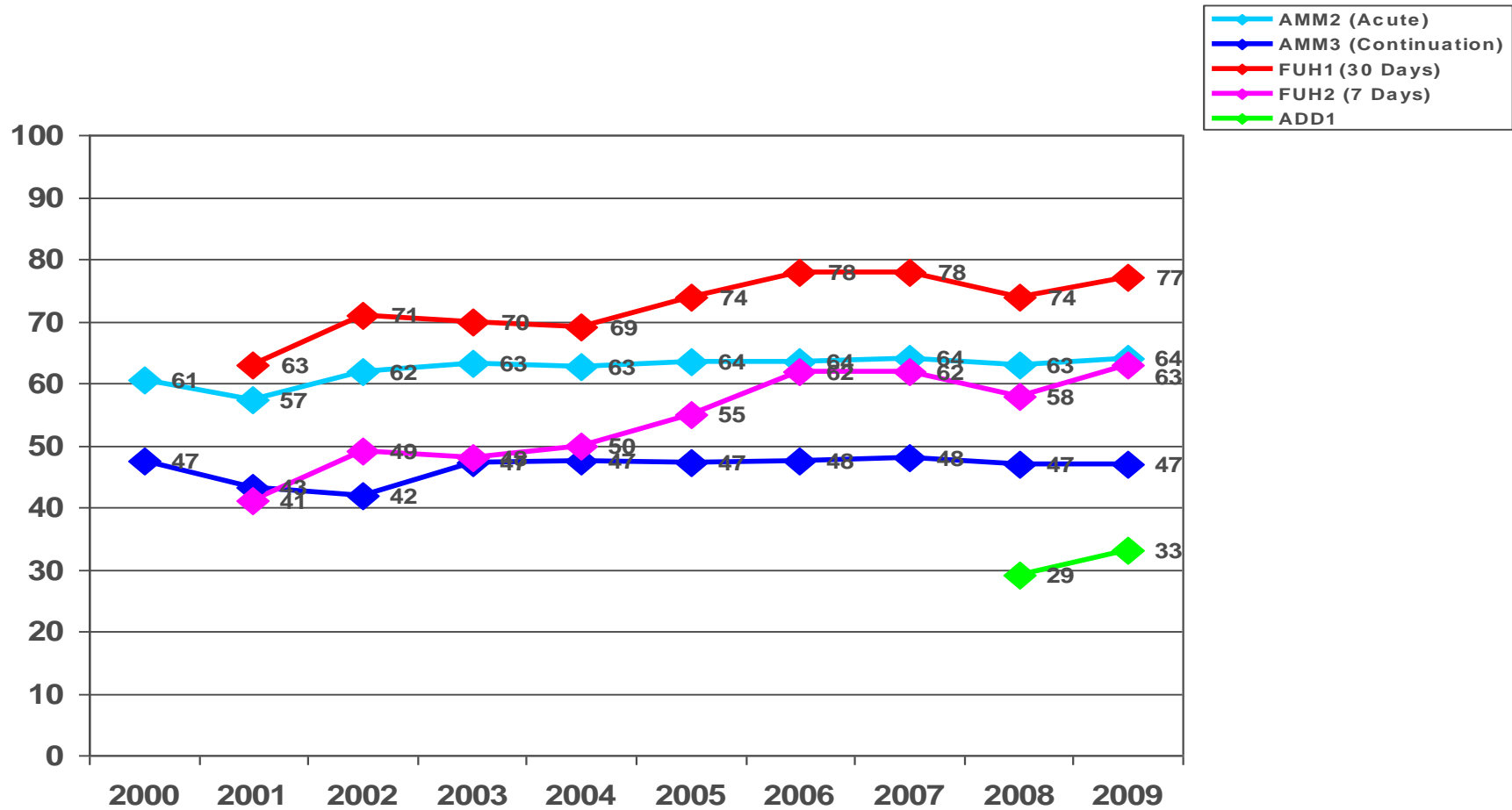
2006 Specification Change: CWP – Strep test codes removed
AAB decrease may be due to anomalous 2007 rate

RESPIRATORY CONDITIONS – HMO COMMERCIAL

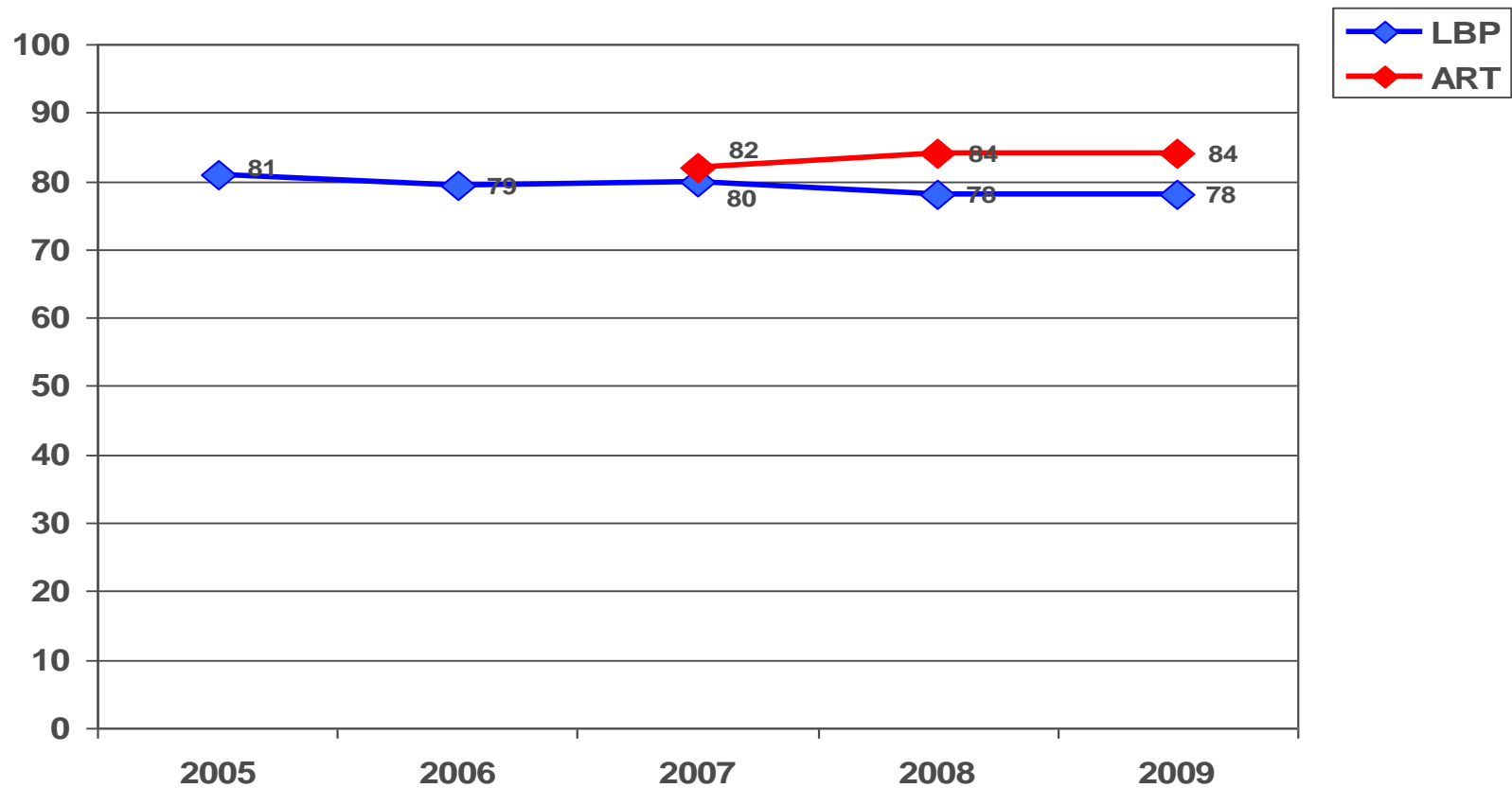


2006 Specification Change: Changed definition of persistent asthma

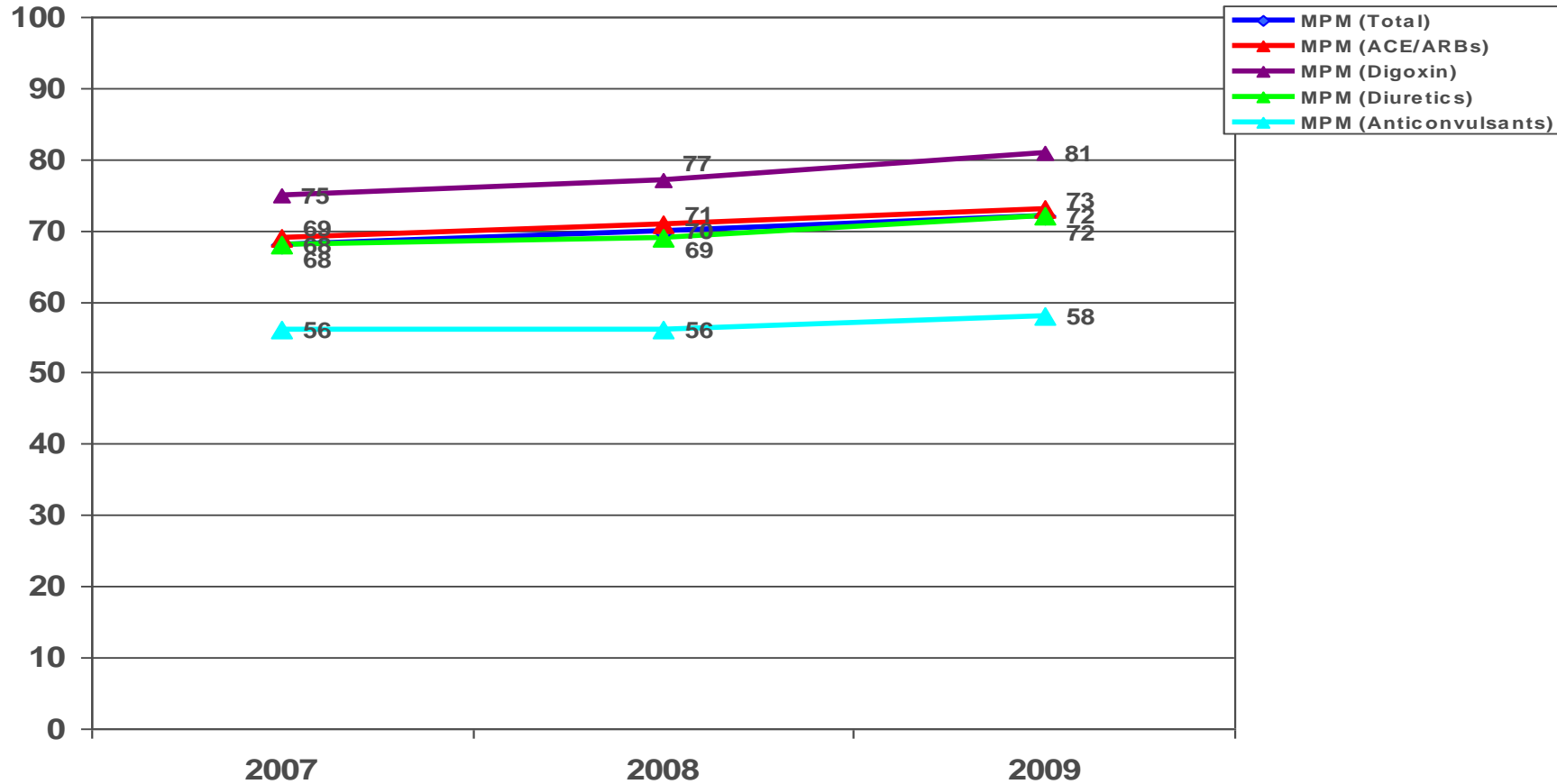
BEHAVIORAL HEALTH – HMO COMMERCIAL



MUSCULOSKELETAL – HMO COMMERCIAL

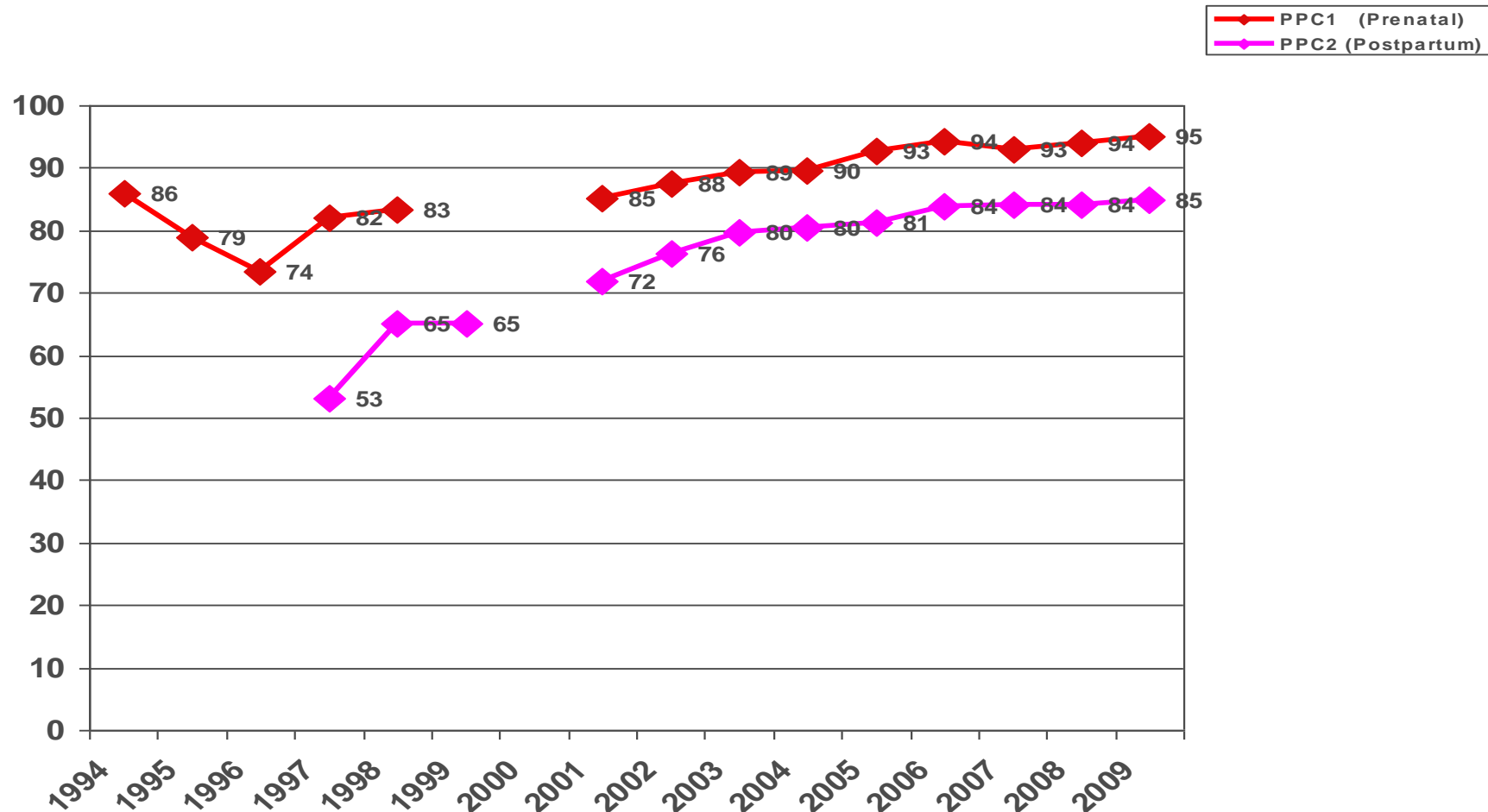


MEDICATION MANAGEMENT – HMO COMMERCIAL

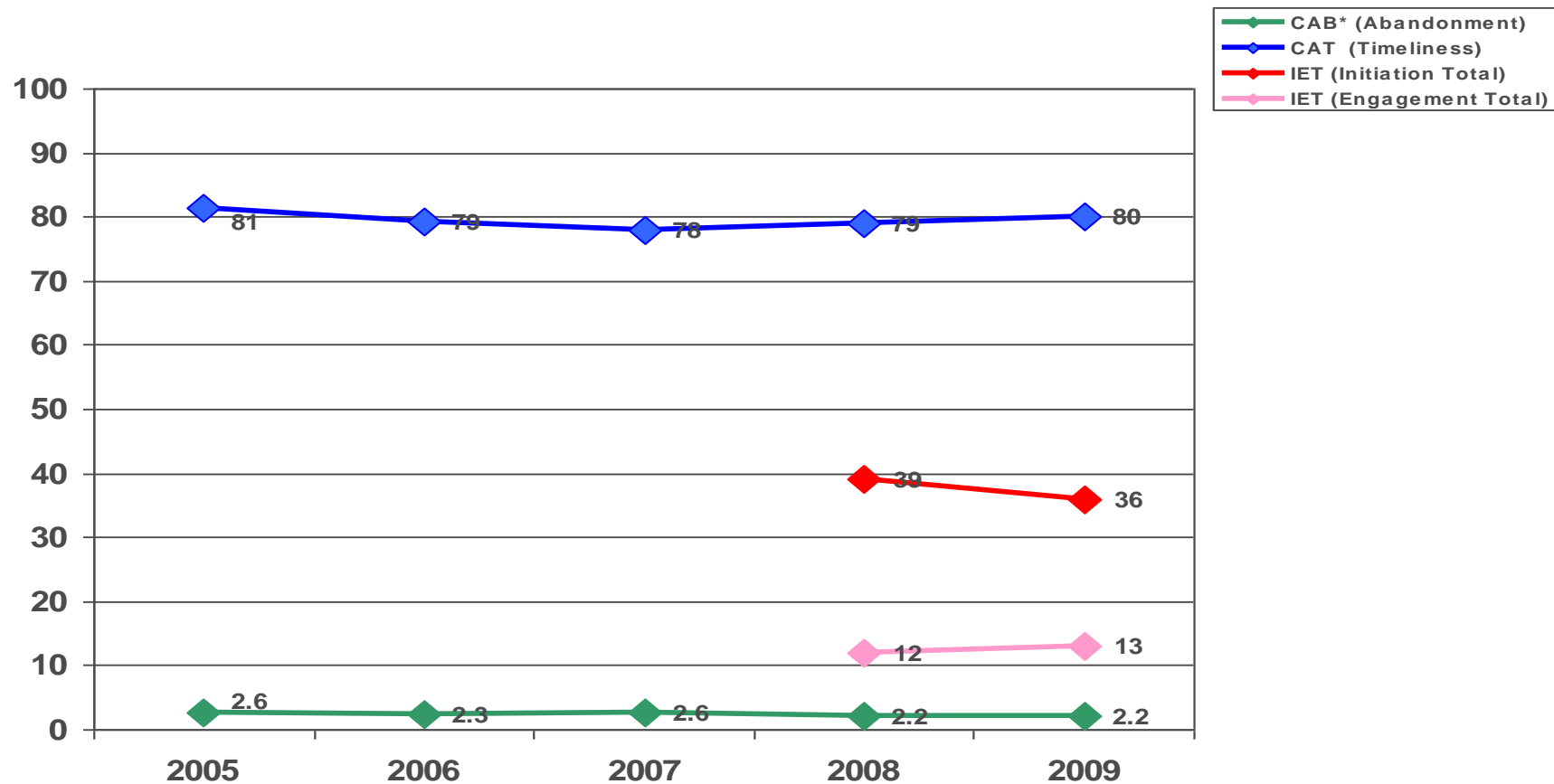


ACCESS/AVAILABILITY OF CARE – HMO COMMERCIAL

Rotated: 2002, 2004, 2006, 2008



ACCESS/AVAILABILITY TO CARE – HMO COMMERCIAL



*A lower rate for this measure indicates better performance

3

MEASURE PERFORMANCE AND TRENDS: COMMERCIAL PPO

COMMERCIAL PPO RATE CHANGES

- 41 HEDIS measures publicly reported (excluding 4 survey measures)
- Caveat: 2008 rates were “first year” for PPO products
- 13 measures > 2% increase
- 27 measures has less than a 2% increase or decrease
- 1 measure > 2% decrease
- Little commonality in improved measures except:
 - Chlamydia Screening
 - Follow Up After Hospitalization for Mental Illness
- Note: Pharmacotherapy Management of COPD was a “first year” measure in 2008
- Very similar to HMO 2008 vs. 2009 trends
 - 9 of 13 measures with >2% increase also on Commercial HMO list

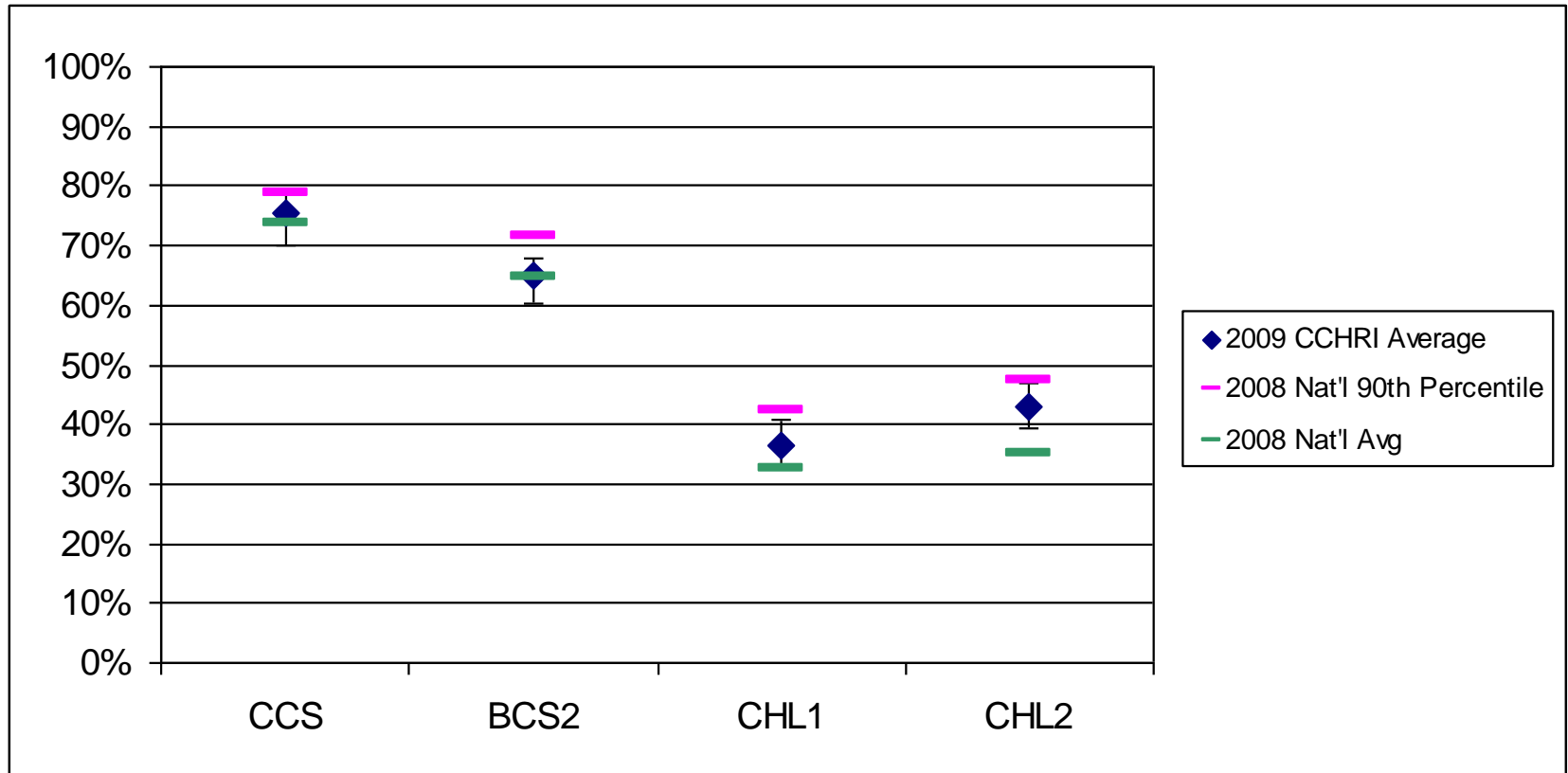
13 PPO MEASURES WITH $\geq 2\%$ INCREASE

Pharmacotherapy Management of COPD, corticosteroid dispensed within 14 days	9.33%
Pharmacotherapy Management of COPD, bronchodilator dispensed within 30 days	5.92%
Follow-up After Hospitalization for Mental Illness, within 7 days of discharge	5.02%
Follow-up After Hospitalization for Mental Illness, within 30 days of discharge	4.87%
Initiation and Engagement of AOD Treatment, Engagement Age 13-17	3.42%
Chlamydia Screening in Women, Age 16-20	3.33%
Persistence of Beta-Blocker Treatment After a Heart Attack	3.10%
Comprehensive Diabetes Care, Medical Attention for Nephropathy	2.91%
Chlamydia Screening in Women, Age 21-24	2.59%
Chlamydia Screening in Women, Total	2.54%
Initiation and Engagement of AOD Treatment, Engagement Total	2.29%
Initiation and Engagement of AOD Treatment, Engagement Age 18+	2.16%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	2.08%

1 PPO MEASURE WITH \geq 2% DECREASE

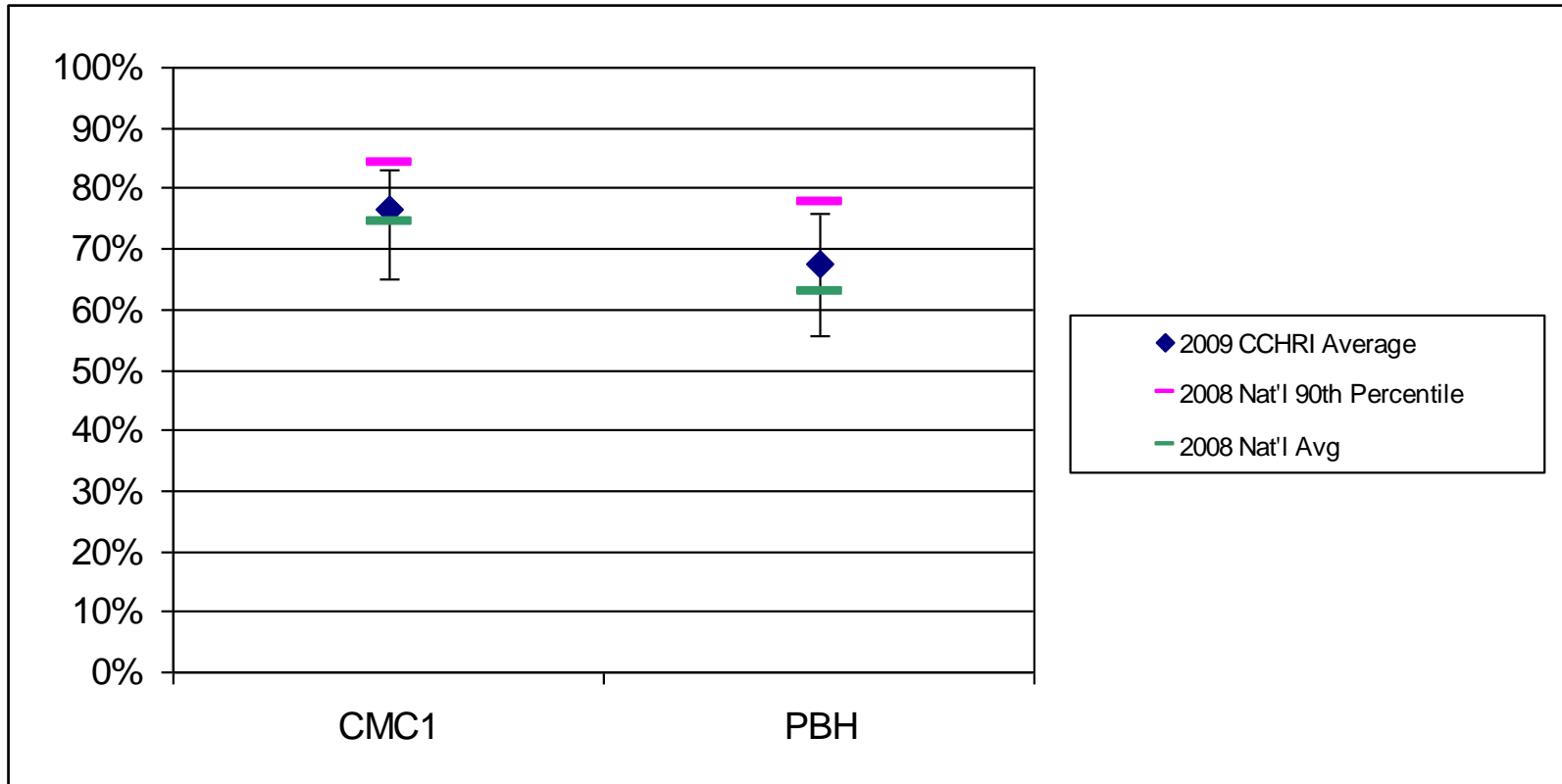
Follow-up Care for Children Prescribed ADHD Medication, Continuation and Maintenance Phase	-8.43
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PREVENTION AND SCREENING - PPO



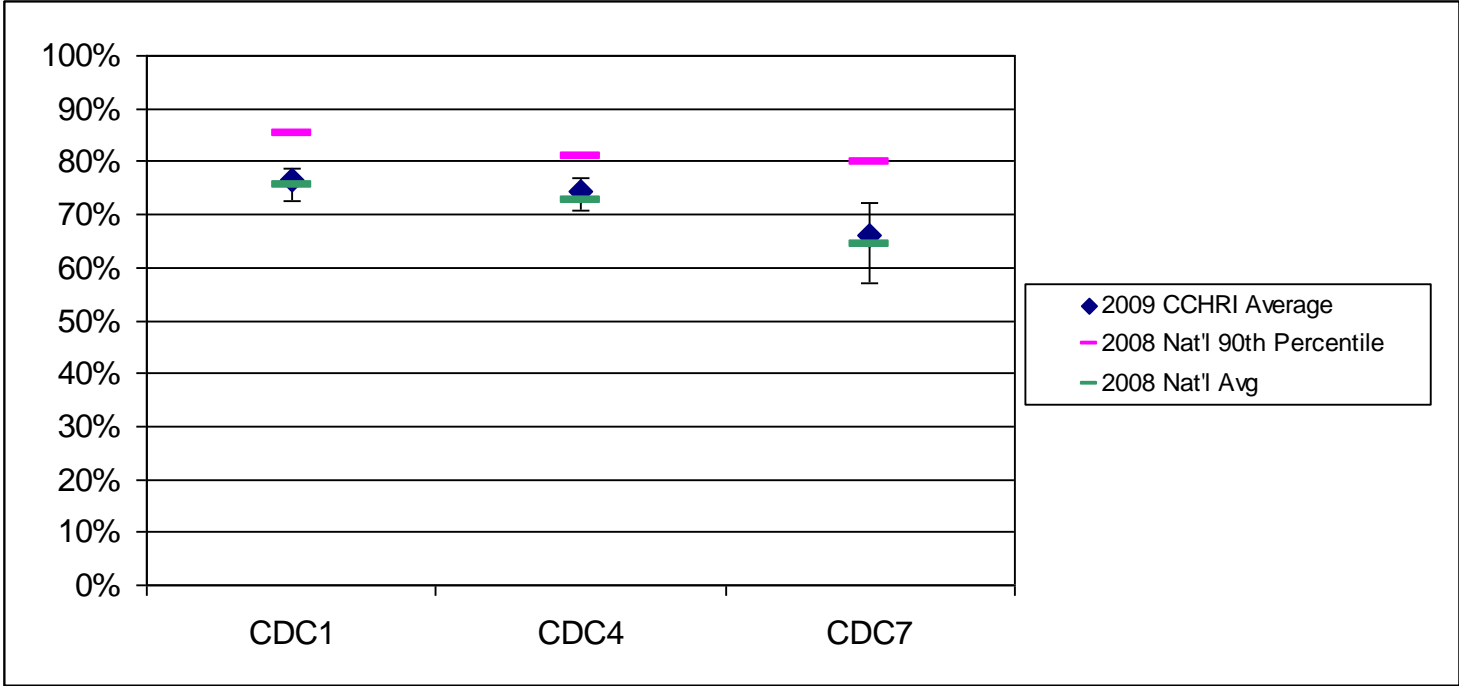
Vertical bar represents CCHRI Health Plan high to low range

CARDIOVASCULAR - PPO



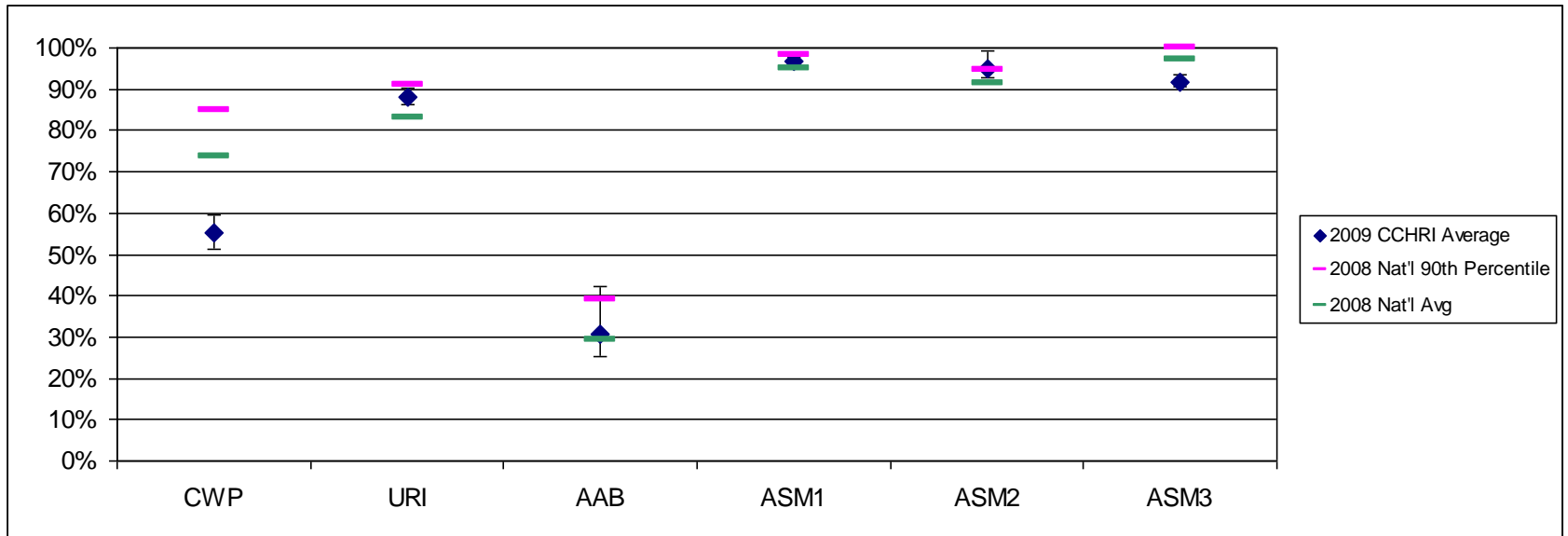
Vertical bar represents CCHRI Health Plan high to low range

DIABETES - PPO



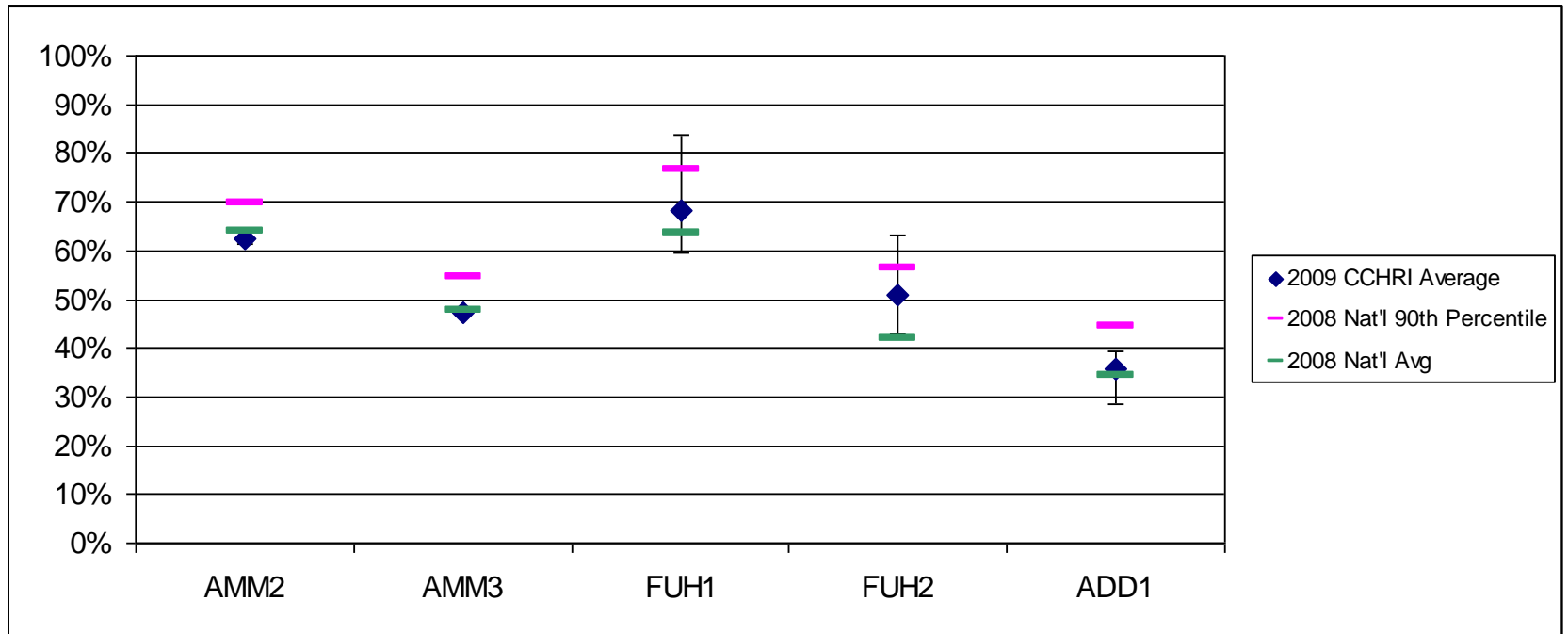
Vertical bar represents CCHRI Health Plan high to low range

RESPIRATORY CONDITIONS - PPO



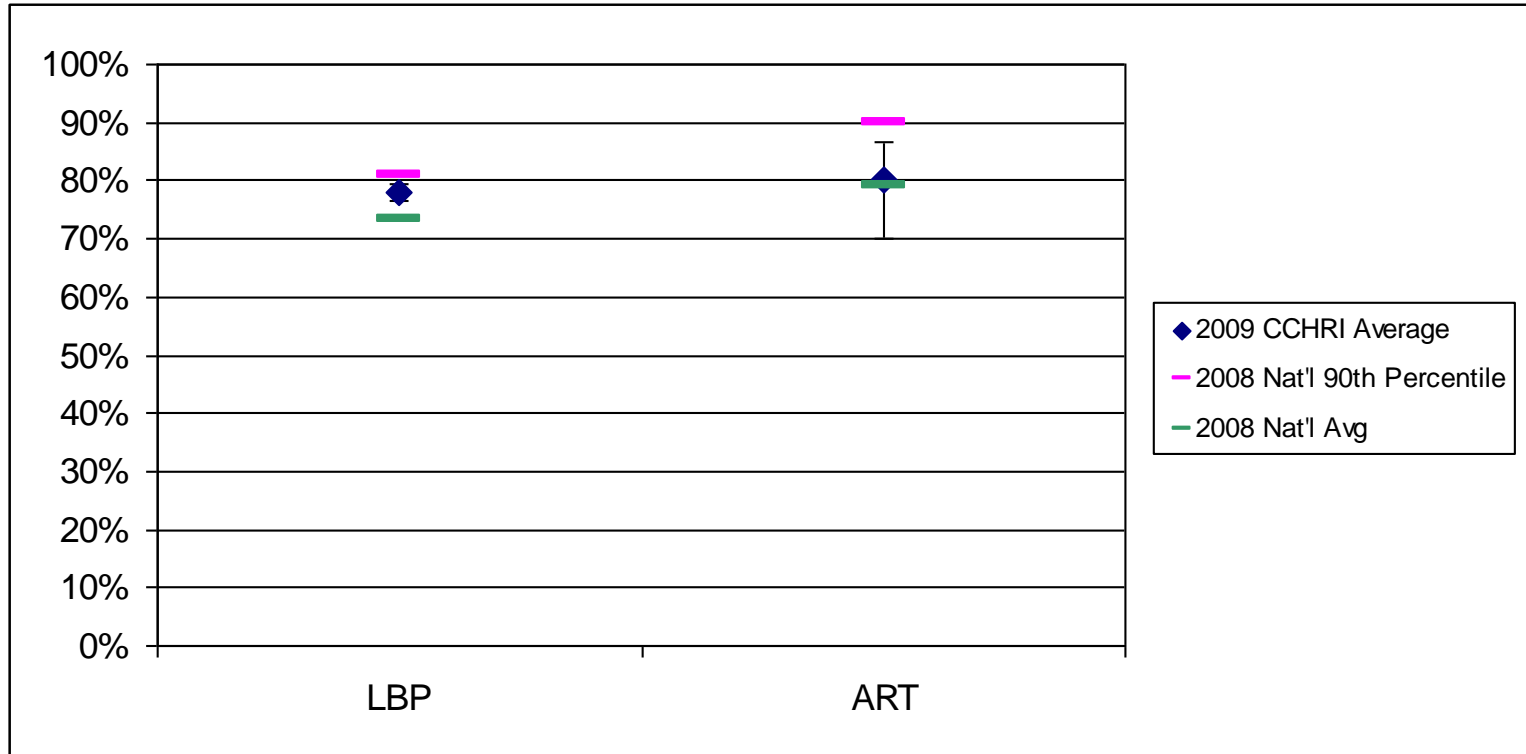
Vertical bar represents CCHRI Health Plan high to low range

BEHAVIORAL HEALTH - PPO



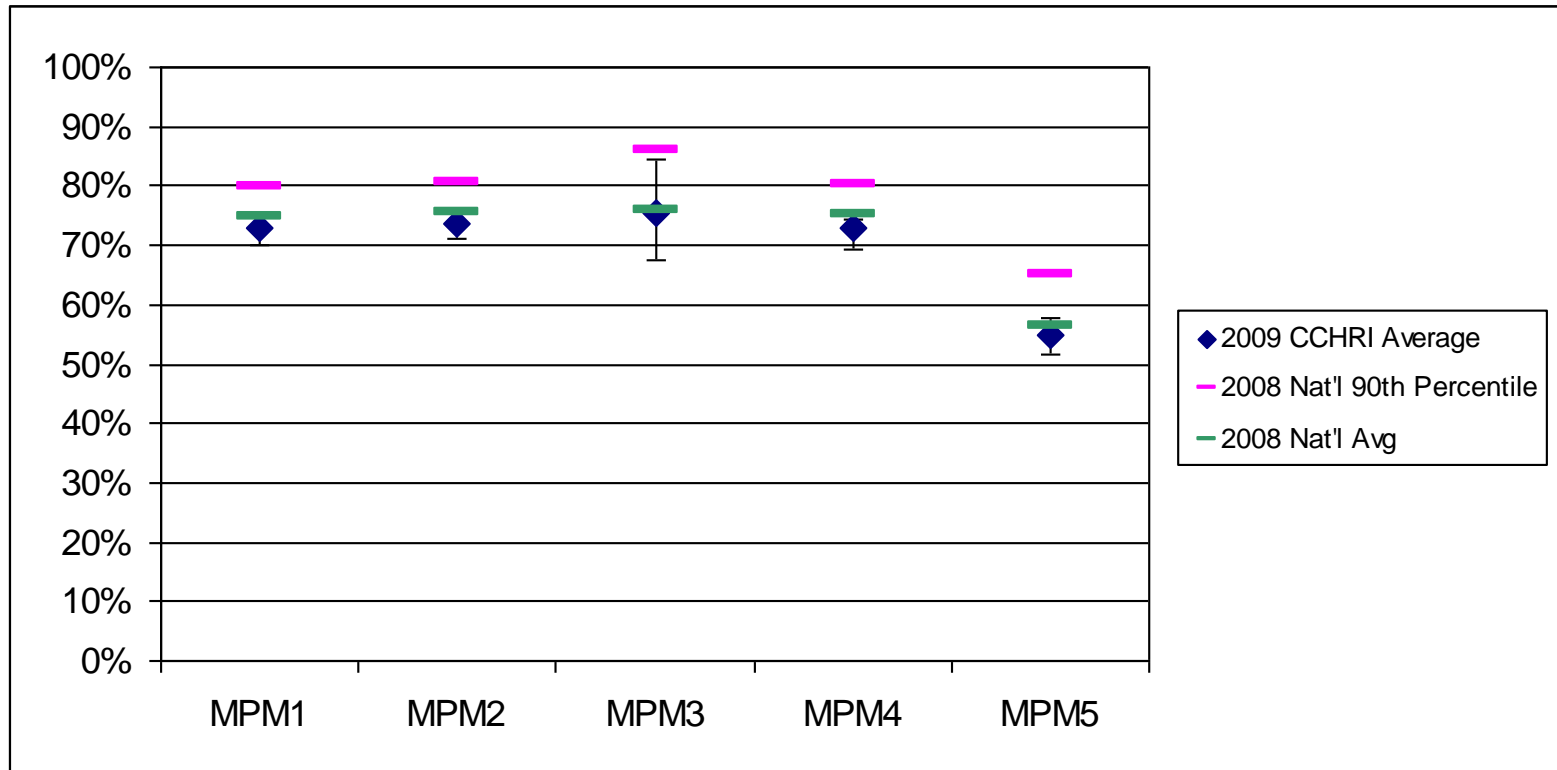
Vertical bar represents CCHRI Health Plan high to low range

MUSCULOSKELETAL - PPO



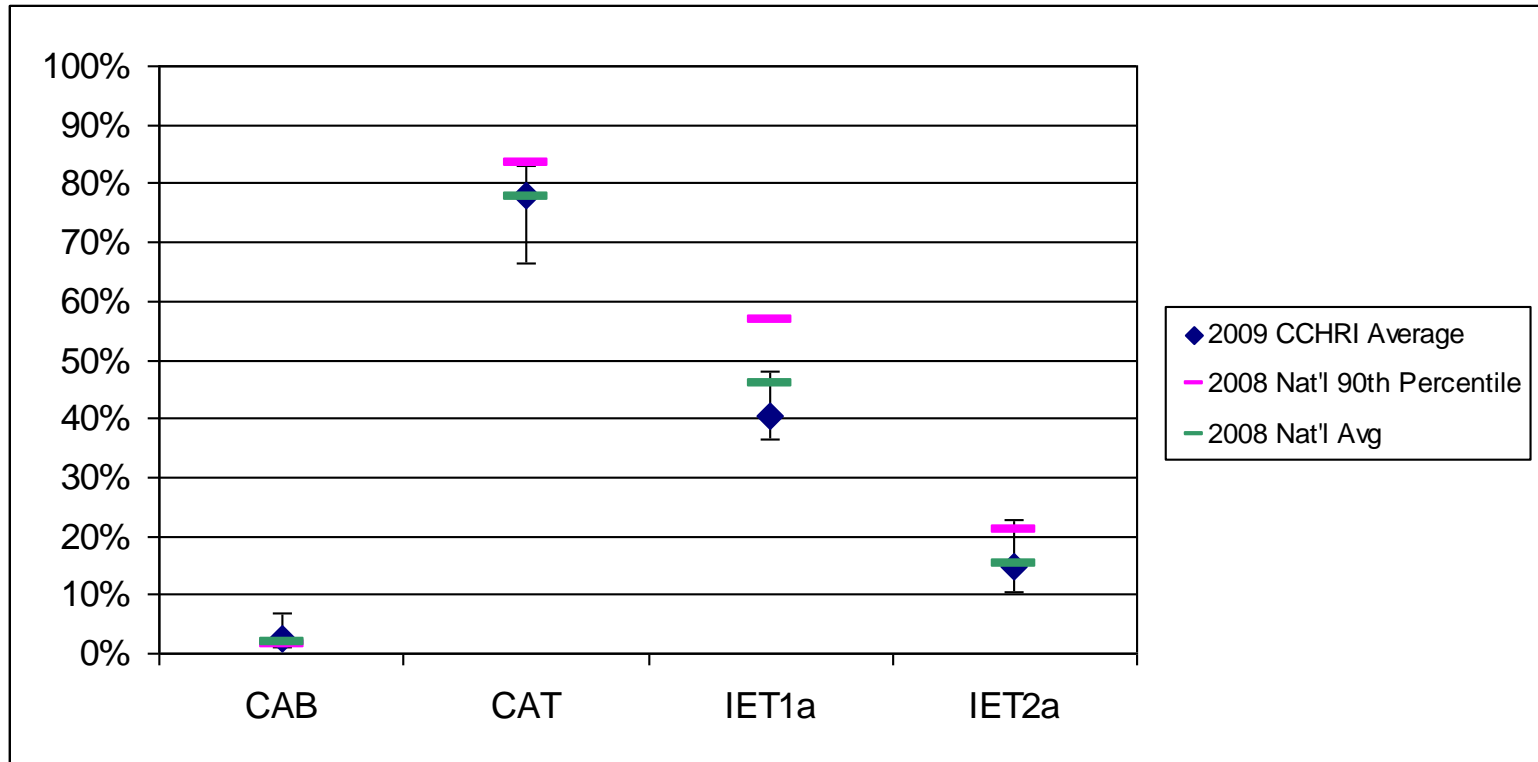
Vertical bar represents CCHRI Health Plan high to low range

MEDICATION MANAGEMENT - PPO



Vertical bar represents CCHRI Health Plan high to low range

ACCESS/AVAILABILITY TO CARE - PPO



Vertical bar represents CCHRI Health Plan high to low range

4

COMMERCIAL HMO VS PPO COMPARISONS



Health Plan Products/Markets

HMO	PPO	Medicare
Aetna of California	Aetna of California	Aetna of California
Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Blue Shield of California	Blue Shield of California	Blue Shield of California
CIGNA HealthCare of California	CIGNA HealthCare of California	
Health Net of California	Health Net of California	Health Net of California
PacifiCare of California	UnitedHealthcare	PacifiCare of California
Kaiser Permanente – Northern California		Kaiser Permanente – Northern California
Kaiser Permanente – Southern California		Kaiser Permanente – Southern California
Western Health Advantage		Western Health Advantage
		Inter Valley Health Plan
		SCAN Health Plan

HMO and PPO COMPARISONS: CROSS-PLAN AVERAGES

- Cross-plan averages based on the common set of plans (Aetna, Anthem, Blue Shield, CIGNA, Health Net, United/Pacificare)
- Caveats
 - PPO benefit design may impact rates and comparisons
 - HMO plans can use hybrid methodology for relevant measures; PPO plans cannot
 - No firm conclusions should be drawn from this information regarding the relative performance of HMO and PPO products

Observations:

- 41 common measures
- PPO greater than HMO by more than 2% for 14 measures
- Difference between HMO and PPO < 2% for 12 measures
- HMO greater than PPO by more than 2% for 15 measures

2009 HMO COMMERCIAL vs. PPO RATE COMPARISON

	HEDISM	Measure	Description	Commercial PPO	Commercial HMO	DIFF PPO-HMO
1	CWP	Appropriate Testing for Children with Pharyngitis		55.1%	41.3%	13.9%
2	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		33.9%	26.3%	7.6%
3	AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		30.7%	23.1%	7.6%
4	AMM2	Antidepressant Medication Management	Effective Acute Phase Treatment	62.5%	57.0%	5.5%
5	AMM3	Antidepressant Medication Management	Effective Continuation Phase Treatment	47.1%	42.2%	5.0%
6	IET1b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation of AOD Treatment - Age 13-17	38.6%	34.4%	4.1%
7	ADD1	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder	Initiation Phase	35.6%	31.9%	3.7%
8	IET1a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation of AOD Treatment - Total	40.4%	36.9%	3.5%
9	IET1c	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation of AOD Treatment - Age 18+	40.4%	37.1%	3.3%
10	ASM2	Use of Appropriate Medications for People with Asthma	Age 10-17	95.0%	91.9%	3.1%
11	IET2c	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Engagement of AOD Treatment - Age 18+	14.6%	11.5%	3.1%
12	IET2a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Engagement of AOD Treatment - Total	14.8%	11.8%	3.0%
13	URI	Appropriate Treatment for Children with Upper Respiratory Infection		88.3%	86.2%	2.0%
14	CAT	Call Answer Timeliness		77.8%	75.9%	2.0%

2009 HMO COMMERCIAL vs. PPO RATE COMPARISON, cont.

	HEDISM	Measure	Description	Commercial PPO	Commercial HMO	DIFF PPO-HMO
15	IET2b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Engagement of AOD Treatment - Age 13-17	16.8%	15.0%	1.8%
16	ADD2	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder	Continuation and Maintenance (C&M) Phase	37.4%	35.6%	1.8%
17	ASM4	Use of Appropriate Medications for People with Asthma	Total	92.8%	91.5%	1.3%
18	MPM2	Annual Monitoring for Patients on Persistent Medications	ACE Inhibitors or ARBs	73.8%	72.7%	1.1%
19	MPM4	Annual Monitoring for Patients on Persistent Medications	Diuretics	72.9%	71.9%	1.0%
20	ASM3	Use of Appropriate Medications for People with Asthma	Age 18-56	91.7%	90.7%	1.0%
21	MPM1	Annual Monitoring for Patients on Persistent Medications	Total	73.0%	72.0%	0.9%
22	ASM1	Use of Appropriate Medications for People with Asthma	Age 5-9	96.6%	96.2%	0.4%
23	LBP	Use of Imaging Studies for Low Back Pain		77.8%	77.7%	0.1%
24	CAB	Call Abandonment		2.6%	2.9%	-0.3%
25	MPM5	Annual Monitoring for Patients on Persistent Medications	Anticonvulsants	54.7%	55.3%	-0.6%
26	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack		67.6%	69.4%	-1.8%
27	ART	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis		80.0%	82.9%	-2.9%
28	MPM3	Annual Monitoring for Patients on Persistent Medications	Digoxin	75.3%	79.7%	-4.3%

2009 HMO COMMERCIAL vs. PPO RATE COMPARISON, cont.

	HEDISM	Measure	Description	Commercial PPO	Commercial HMO	DIFF PPO-HMO
29	BCS	Breast Cancer Screening	Total	64.8%	70.1%	-5.3%
30	FUH1	Follow-up After Hospitalization for Mental Illness	Follow-up within 30 days of hospital discharge	68.4%	74.0%	-5.7%
31	CHL1	Chlamydia Screening in Women	Age 16-20	36.4%	42.6%	-6.2%
32	CHL3	Chlamydia Screening in Women	Total	39.9%	46.2%	-6.3%
33	CHL2	Chlamydia Screening in Women	Age 21-24	43.1%	49.8%	-6.7%
34	FUH2	Follow-up After Hospitalization for Mental Illness	Follow-up within 7 days of hospital discharge	51.0%	57.9%	-6.9%
35	CCS	Cervical Cancer Screening		75.6%	83.9%	-8.3%
36	PCE2	Pharmacotherapy Mangement of COPD Exacerbation	Dispensed a bronchodilator with 30 days of event	71.0%	81.8%	-10.8%
37	CDC4	Comprehensive Diabetes Care	LDL-C Screening	74.3%	86.0%	-11.7%
38	PCE1	Pharmacotherapy Mangement of COPD Exacerbation	Dispensed systemic corticosteroid within 14 days of event	57.0%	68.9%	-11.9%
39	CDC1	Comprehensive Diabetes Care	HbA1c Test	76.5%	89.0%	-12.4%
40	CMC1	Cholesterol Management for Patients with Cardiovascular Conditions	LDL-C Screening	76.4%	90.4%	-14.0%
41	CDC7	Comprehensive Diabetes Care	Medical Attention for Nephropathy	66.1%	85.4%	-19.3%

5

2009 ADMINISTRATIVE DATA ANALYSES/TRENDS

ANALYSIS OF COMPLETENESS OF ADMINISTRATIVE DATA FOR HYBRID MEASURES

Purpose of Analysis

- Compare current hybrid rates to administrative rates to assess the value of medical record review
- Examine changes in administrative data submission

Statistic Used For Analysis

Administrative Positive Rate =

$$\frac{\text{Numerator From Administrative Data}}{\text{Denominator}}$$

Administrative positive rates based on the 7 P4P plans only (excludes Kaiser Permanente)

OBSERVATIONS ON ADMINISTRATIVE POSITIVE TRENDS

Observations

- Administrative data varies by source:
 - Medical claims/encounters
 - Lab tests
 - Lab values
 - Immunizations
 - Perinatal
- Medical claims/encounters: 2.3% COL increase
- Lab test increases by 1% - 4%: CDC HbA1c and LDL, CMC LDL
- Lab value increases by 4% - 6%: CDC LDL, CMC LDL
- Immunizations: little change
- Substantial gaps remain between hybrid and administrative rates
 - Lab value, immunization, peri-natal, vision

Note: Cervical Cancer Screening moving to administrative data only in 2010

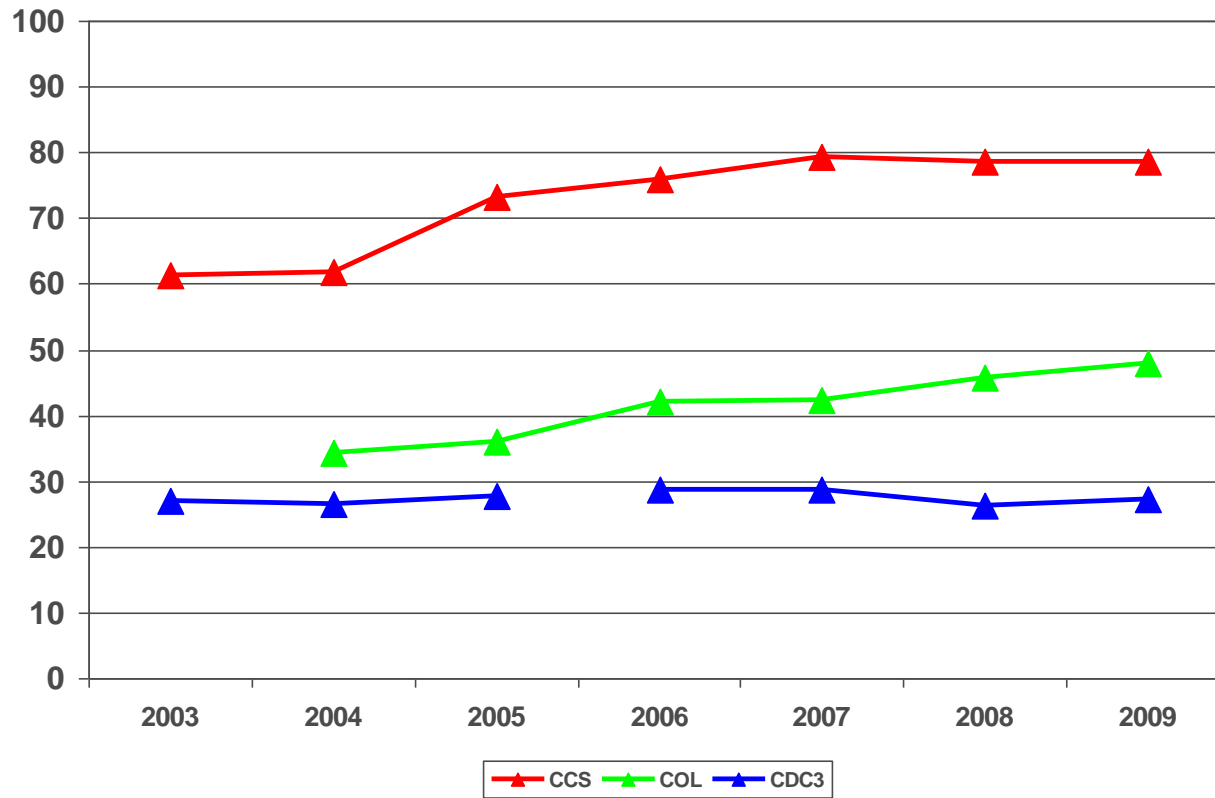
DIFFERENCE BETWEEN HYBRID and ADMINISTRATIVE RATES

	A	B	C	D
	Measure	Description	Difference 2009 Hybrid - 2009 Admin	Difference Admin Positives 2009 - 2008
Medical Claims/Encounter Related Measures				
1	Cervical Cancer Screening		5.31%	-0.01%
2	Colorectal Cancer Screening		10.08%	2.32%
3	Comprehensive Diabetes Care	Retinal Exam	30.45%	0.94%
Lab Test Related Measures				
4	Comprehensive Diabetes Care	Medical Attention for Nephropathy	9.70%	0.14%
5	Cholesterol Management for Patients with Cardiovascular Conditions	LDL-C Screening	12.58%	1.10%
6	Comprehensive Diabetes Care	HbA1c Test	15.45%	2.85%
7	Comprehensive Diabetes Care	LDL-C Screening	14.83%	3.80%
Lab Value Related Measures				
8	Comprehensive Diabetes Care	LDL-C Level of <100 mg/dL	27.06%	5.68%
9	Cholesterol Management for Patients with Cardiovascular Conditions	LDL-C Level of <100 mg/dL	36.71%	3.65%
10	Comprehensive Diabetes Care	HbA1c level <=9.0 percent	57.87%	0.68%

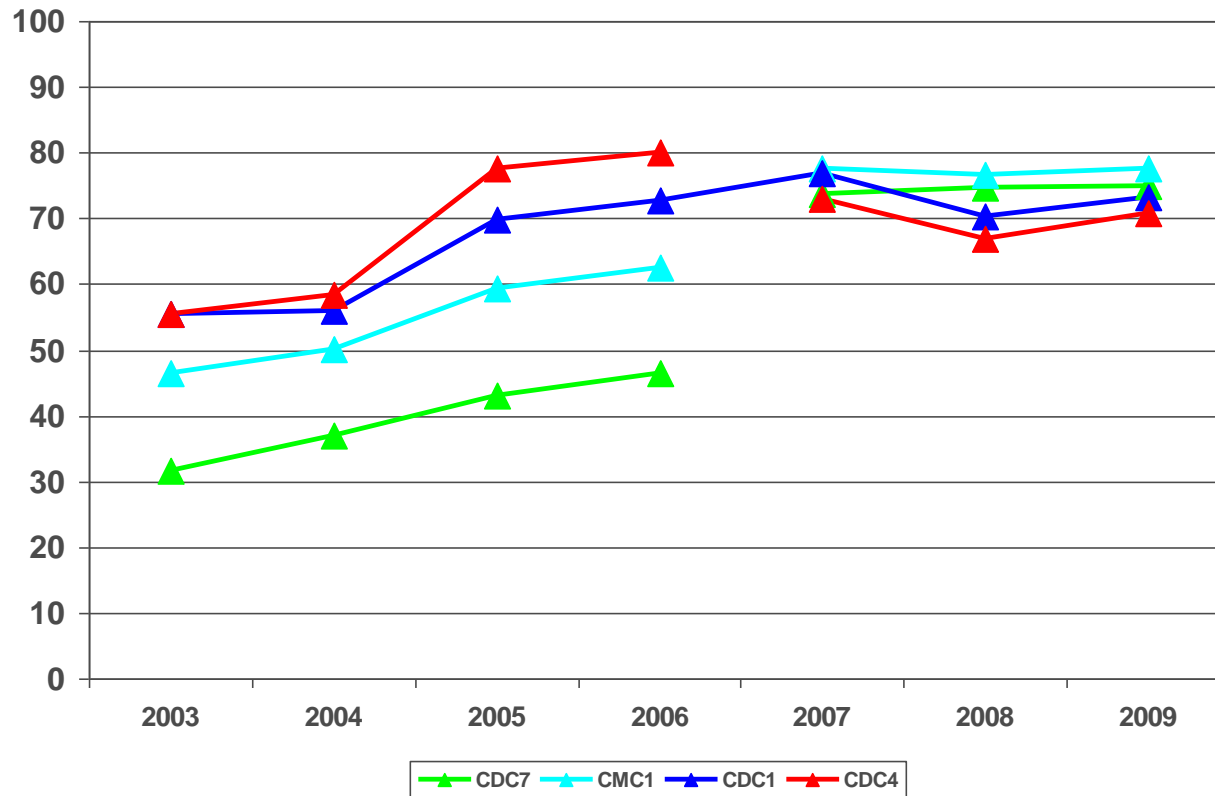
DIFFERENCE BETWEEN HYBRID and ADMINISTRATIVE RATES, cont.

	A	B	C	D
	Measure	Description	Difference 2009 Hybrid - 2009 Admin	Difference Admin Positives 2009 - 2008
	Immunizations			
11	Childhood Immunizations	Combo 3	53.59%	1.22%
12	Childhood Immunizations	Combo 2	56.52%	1.02%
	Prenatal/Postpartum Care			
13	Prenatal and Postpartum Care	Postpartum Care	51.33%	-3.46%
14	Prenatal and Postpartum Care	Timely Initiation of Prenatal Care	49.22%	6.24%

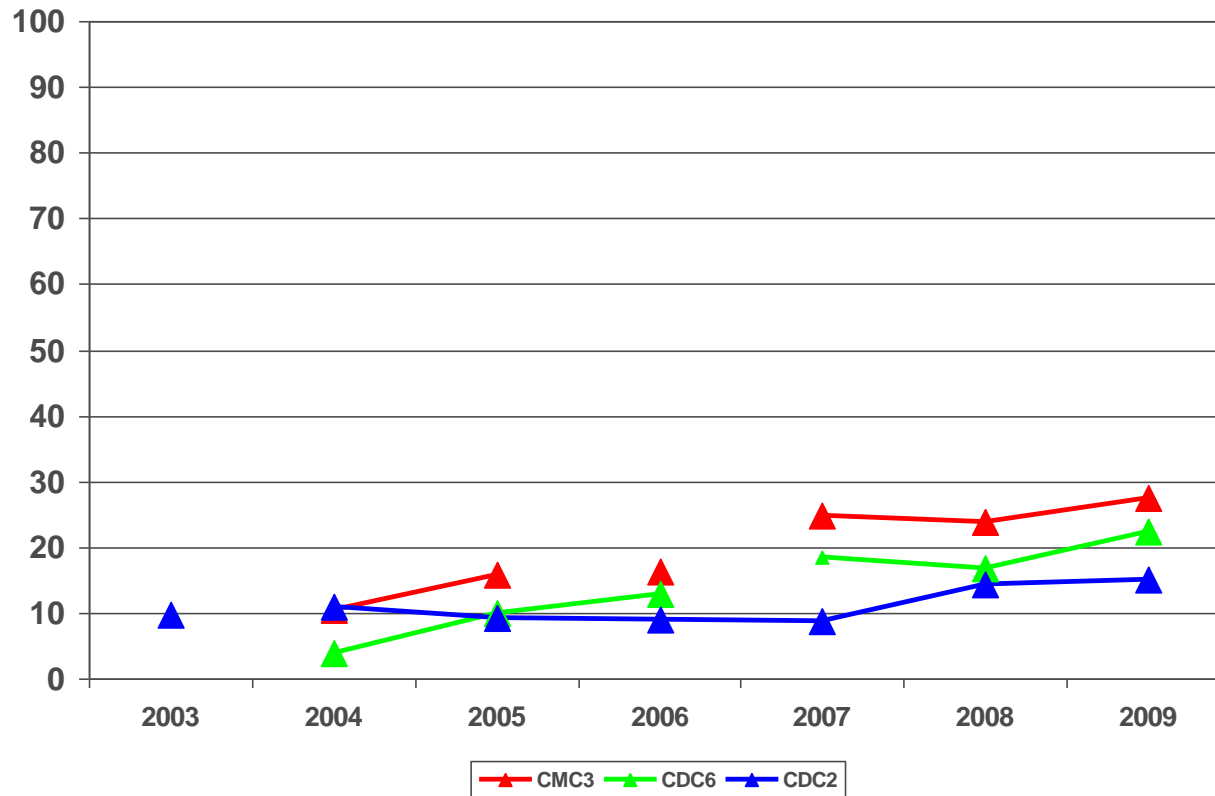
ADMINISTRATIVE RATES COMPARISON 2003 – 2009 MEDICAL CLAIMS/ENCOUNTER RELATED



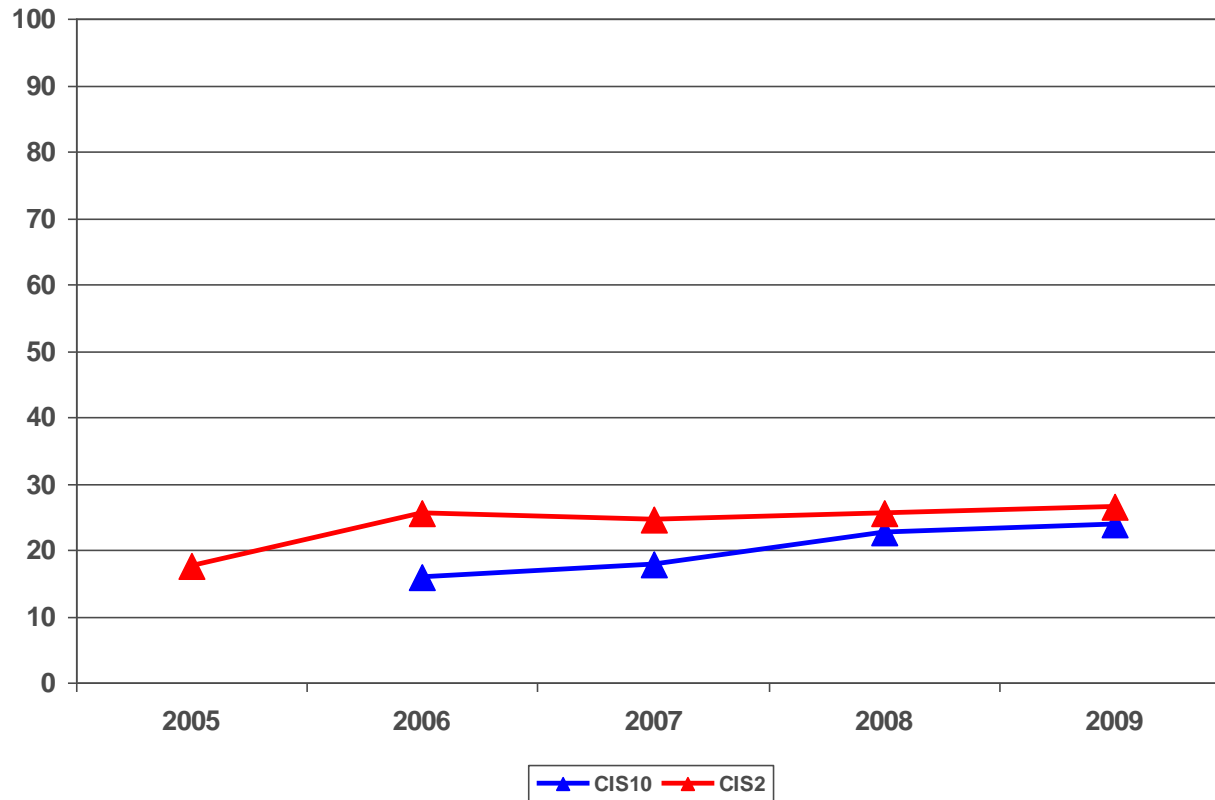
ADMINISTRATIVE RATES COMPARISON 2003 – 2009 LAB TEST RELATED



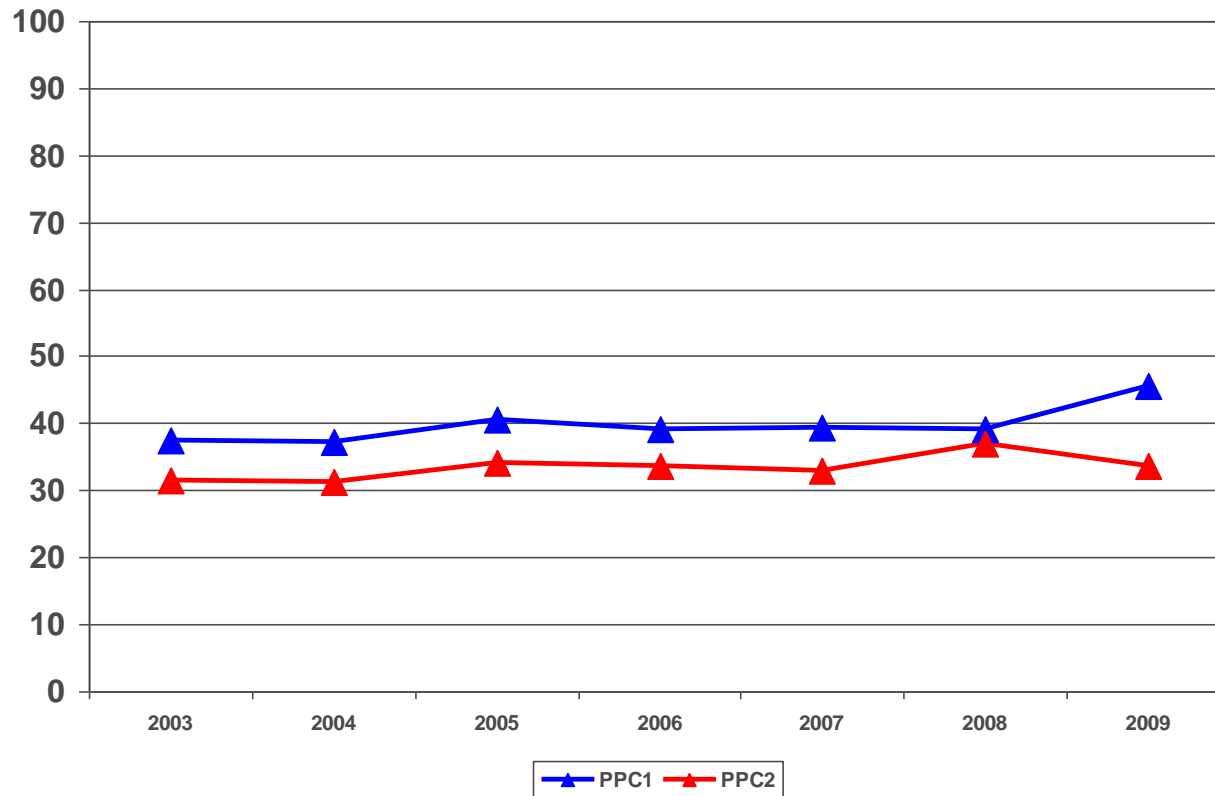
ADMINISTRATIVE RATES COMPARISON 2003 – 2009 LAB VALUE RELATED



ADMINISTRATIVE RATES COMPARISON 2003 – 2009 IMMUNIZATIONS



ADMINISTRATIVE RATES COMPARISON 2003 – 2009 PRENATAL/POSTPARTUM CARE



6

SUMMARY OF OBSERVATIONS

SUMMARY OF OBSERVATIONS

- Expansion in reporting (PPO) and HEDIS measure set
- HMO HEDIS measure rates increasing slowly
- Opportunity left in several measures HEDIS measures
- Deeper levels of measurement (P4P PO level and CPPI physician level) reveal greater opportunity
- HMO vs. PPO comparative performance mixed: some measures higher in PPO, some higher in HMO, some similar
- Lab test and lab value administrative data increasing

APPENDIX: MEDICARE RESULTS

MEDICARE RESULTS

- CCHRI Medicare Plans included in cross-plan average are: Aetna, Anthem, Blue Shield, HealthNet, InterValley, Kaiser North, Kaiser South, PacifiCare and SCAN
- SCAN joined CCHRI in 2009 and its rates are included in the 2009 cross-plan average for the first time
- Rates for 2008 and prior do not include SCAN
- This should be considered when examining 2008 to 2009 changes

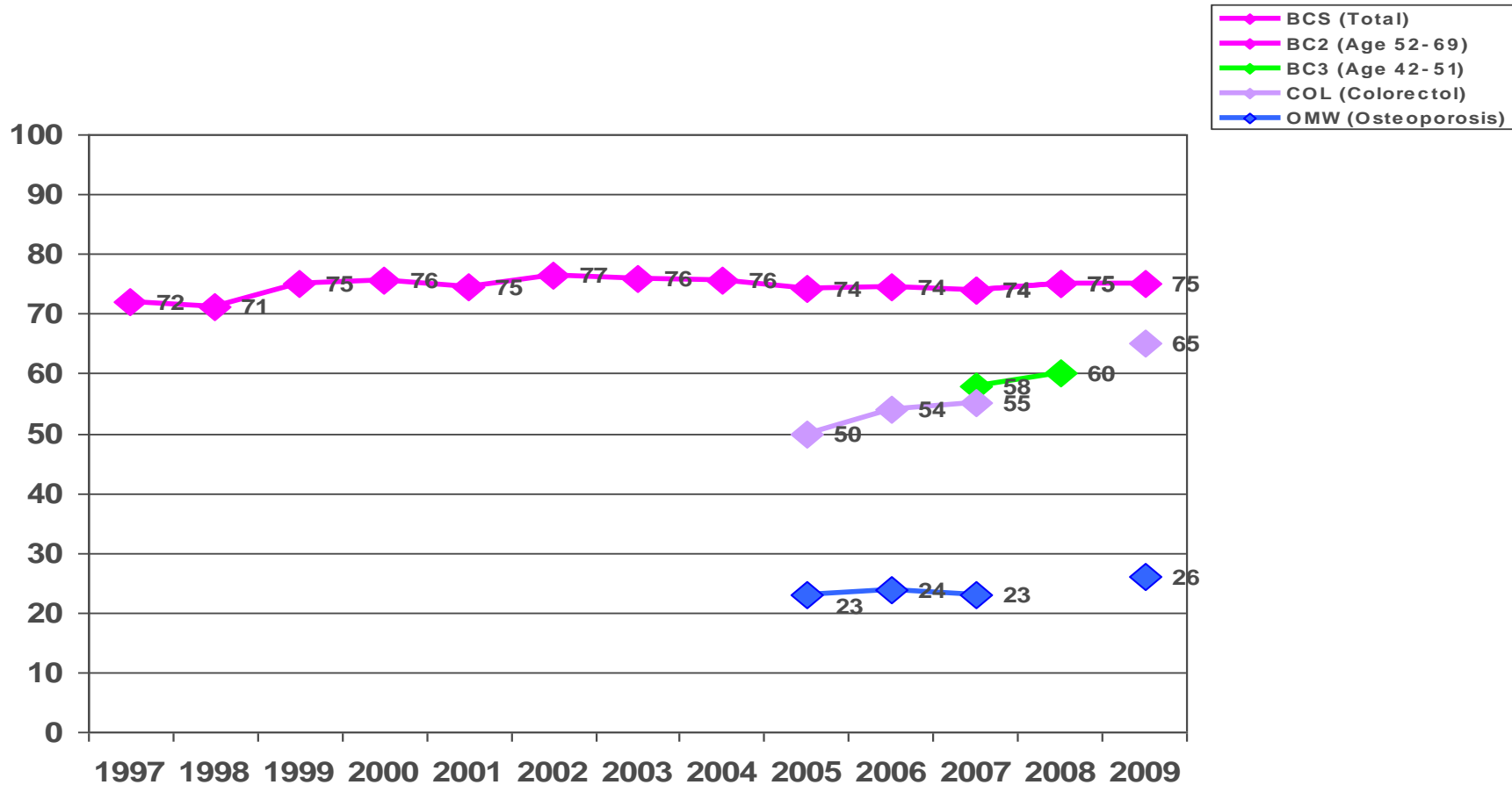
13 MEDICARE MEASURES WITH \geq 2% INCREASE

Pharmacotherapy Management, corticosteroid dispensed within 14 days	16.16%
Pharmacotherapy Management, bronchodilator dispensed within 30 days	6.21%
Colorectal Cancer Screening	5.16%
Annual Monitoring for Patients on Persistent Medications, Diuretics	3.26%
Controlling High Blood Pressure	3.24%
Annual Monitoring for Patients on Persistent Medications, Total	3.03%
Osteoporosis Management in Women who had a Fracture	3.02%
Annual Monitoring for Patients on Persistent Medications, ACE/ARBs	3.02%
Antidepressant Medication Management, Effective Continuation Phase	2.93%
Comprehensive Diabetes Care, LDL-C Level <100 mg/dL	2.64%
Antidepressant Medication Management, Effective Acute Phase	2.48%
Annual Monitoring for Patients on Persistent Medications, Digoxin	2.10%
Cholesterol Management, LDL-C Level <100 mg/dL	2.00%

4 MEDICARE MEASURES WITH $\geq 2\%$ DECREASE

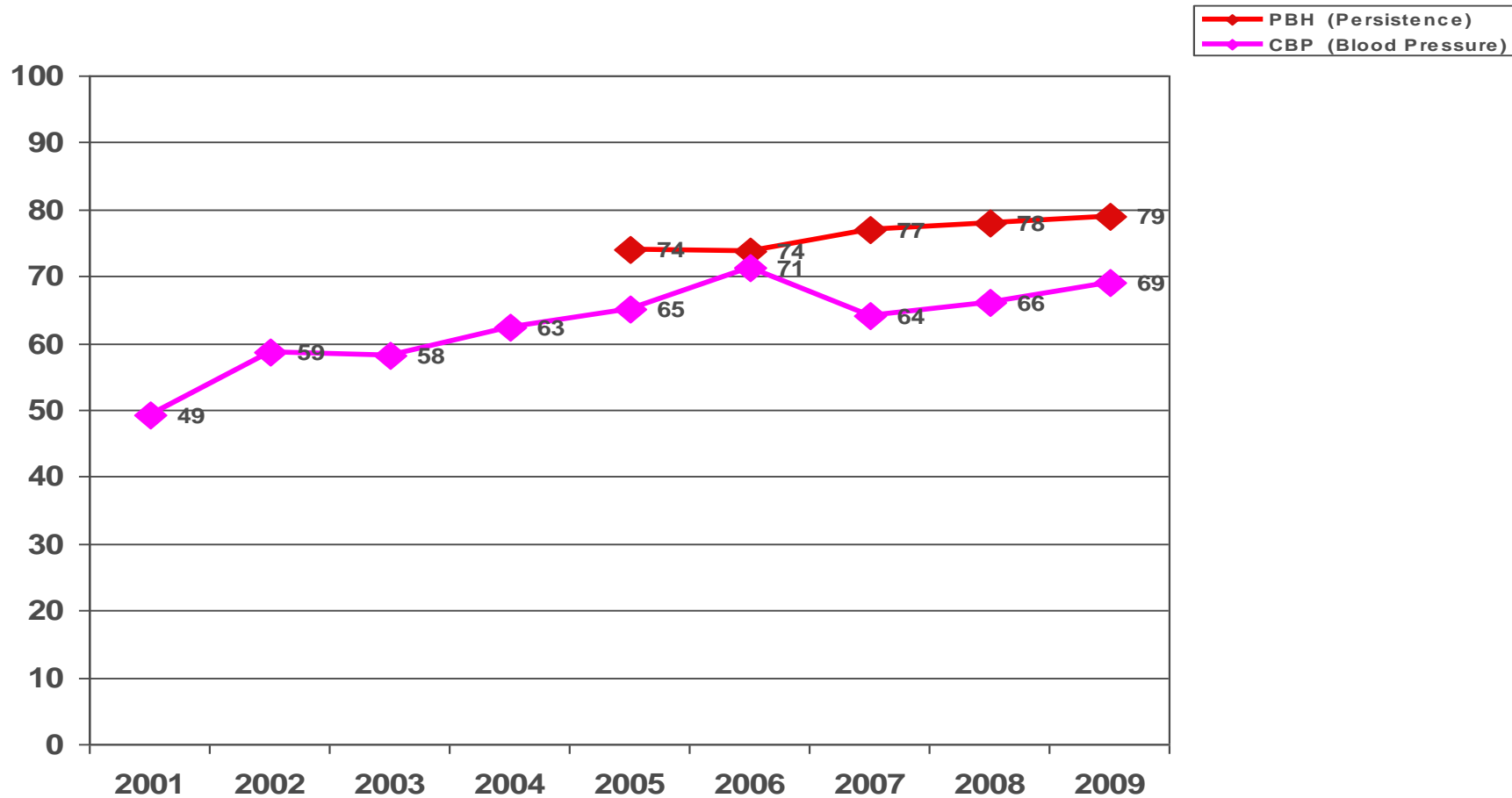
Follow-up After Hospitalization for Mental Illness, 30 days of discharge	-2.90%
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	-3.74%
Follow-up After Hospitalization for Mental Illness, 7 days of discharge	-4.40%
Initiation and Engagement of AOD Treatment, Initiation Total (same variation for Age 18+)	-7.97%

PREVENTION AND SCREENING - MEDICARE



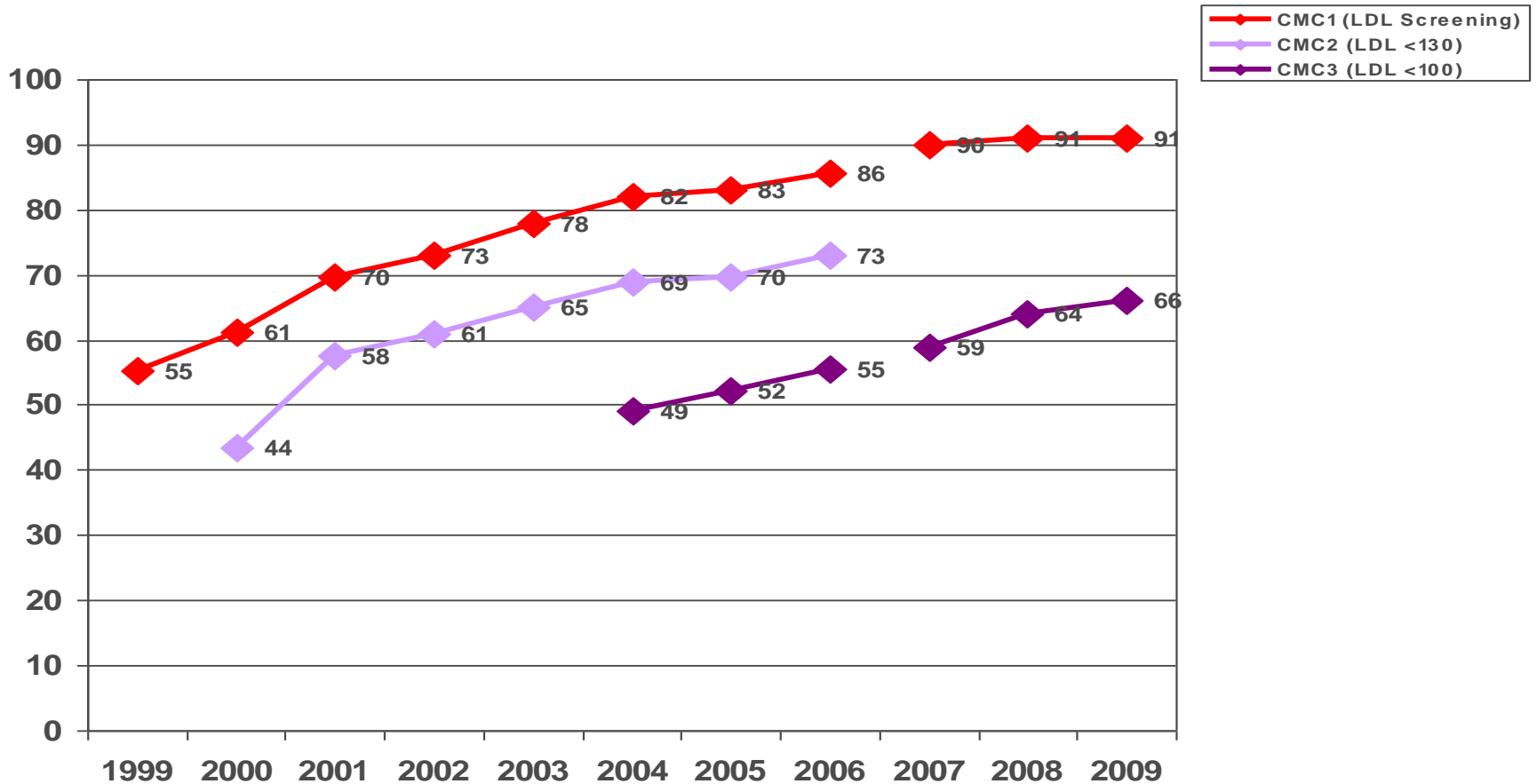
Note: OSW measure was first year in 2005 and not publicly reported
 2006 Specification Change: BCS – retired hybrid method. Measure will not be trended.
 2007 Specification Change: BCS – three age cohorts
 2009 Specification Change: BCS – total only reported

CARDIOVASCULAR - MEDICARE



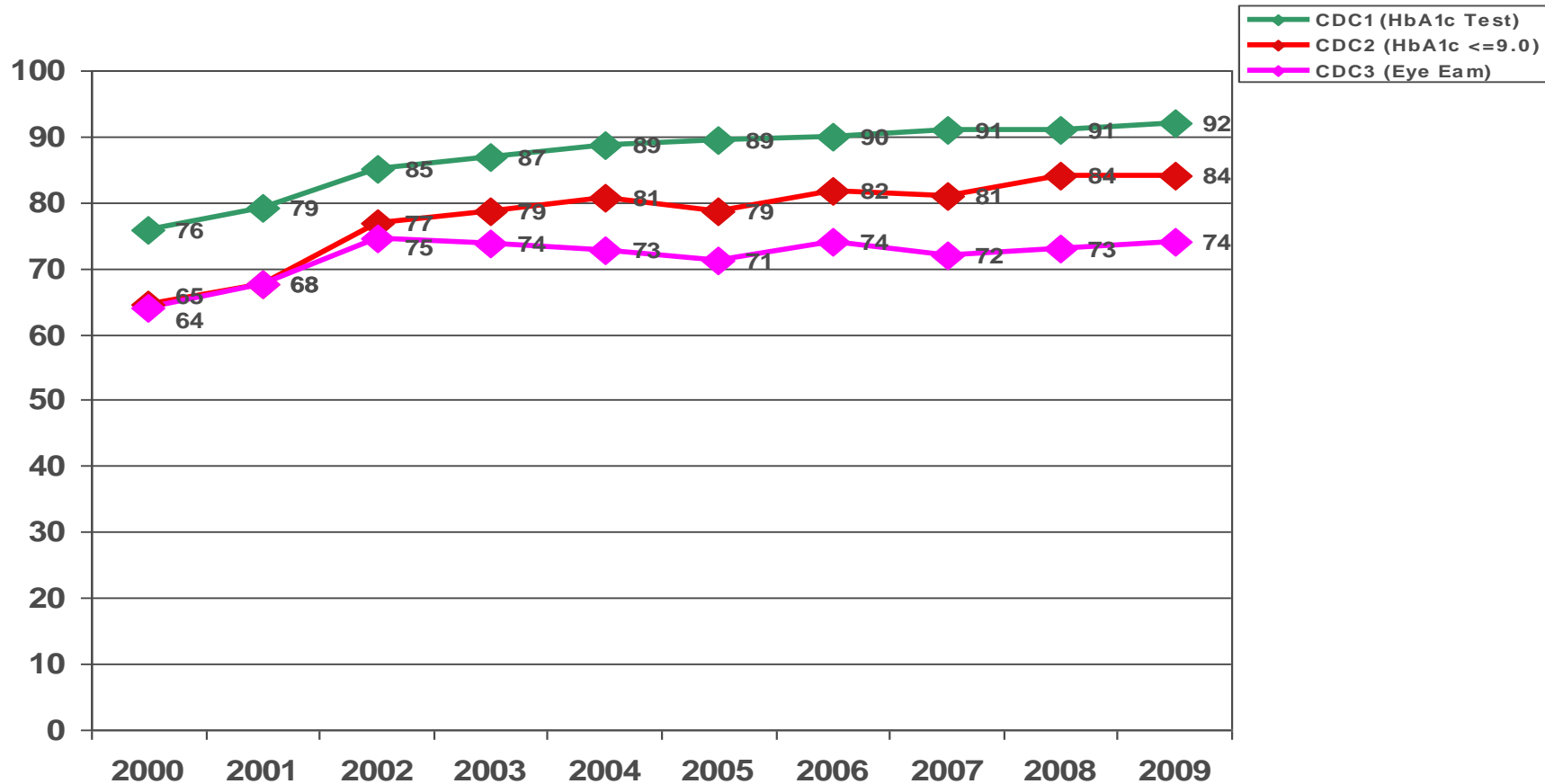
Note: PBH: Measure was first year in 2005 and not publicly reported
2007 CBP Specification Changes: Expanded age group, changed numerator criteria

CARDIOVASCULAR - MEDICARE



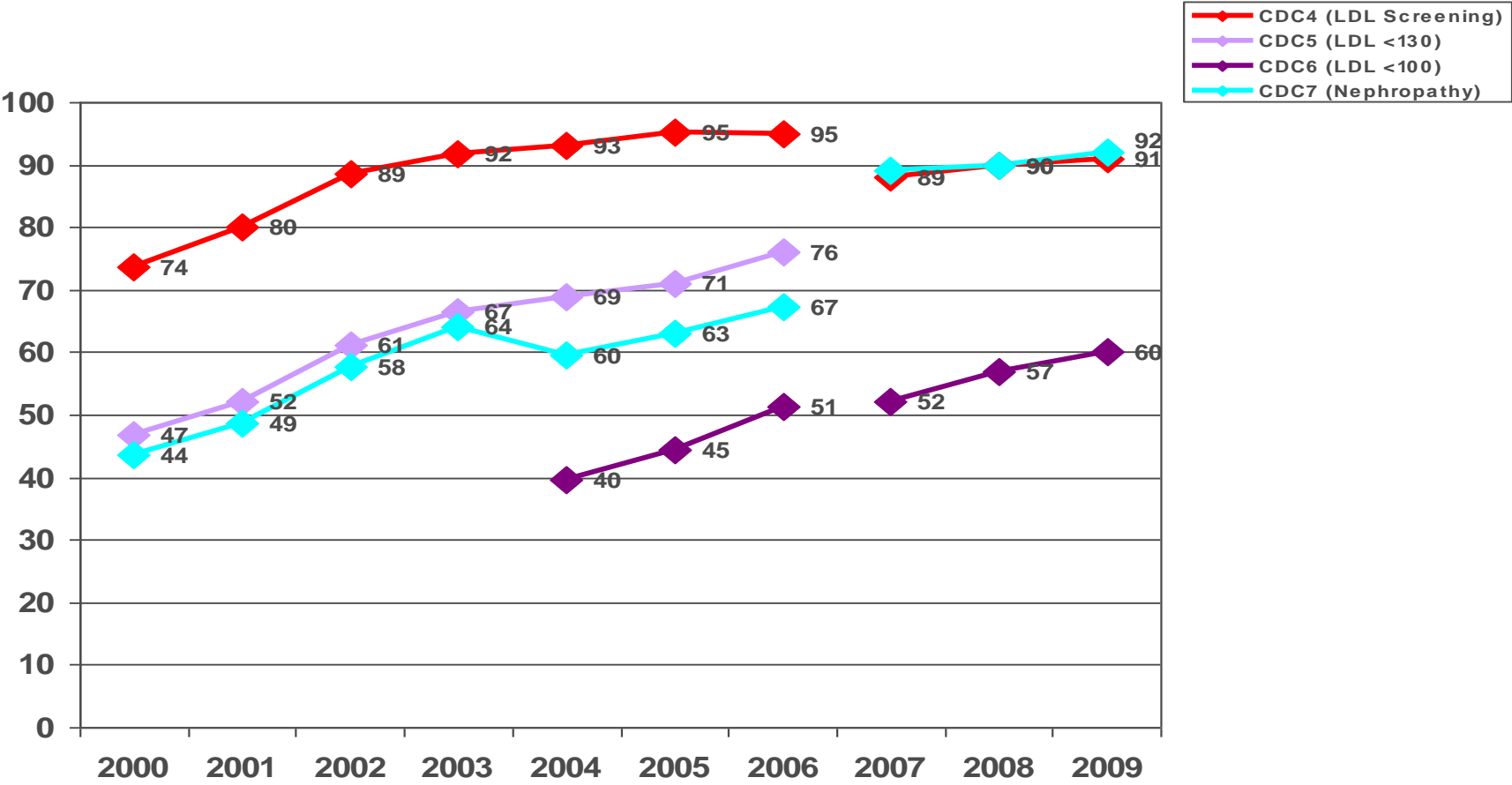
Measure not reported in 2006 due to specification problems
 Denominator specifications changed in 2007
 CMC2 retired in 2006

DIABETES - MEDICARE



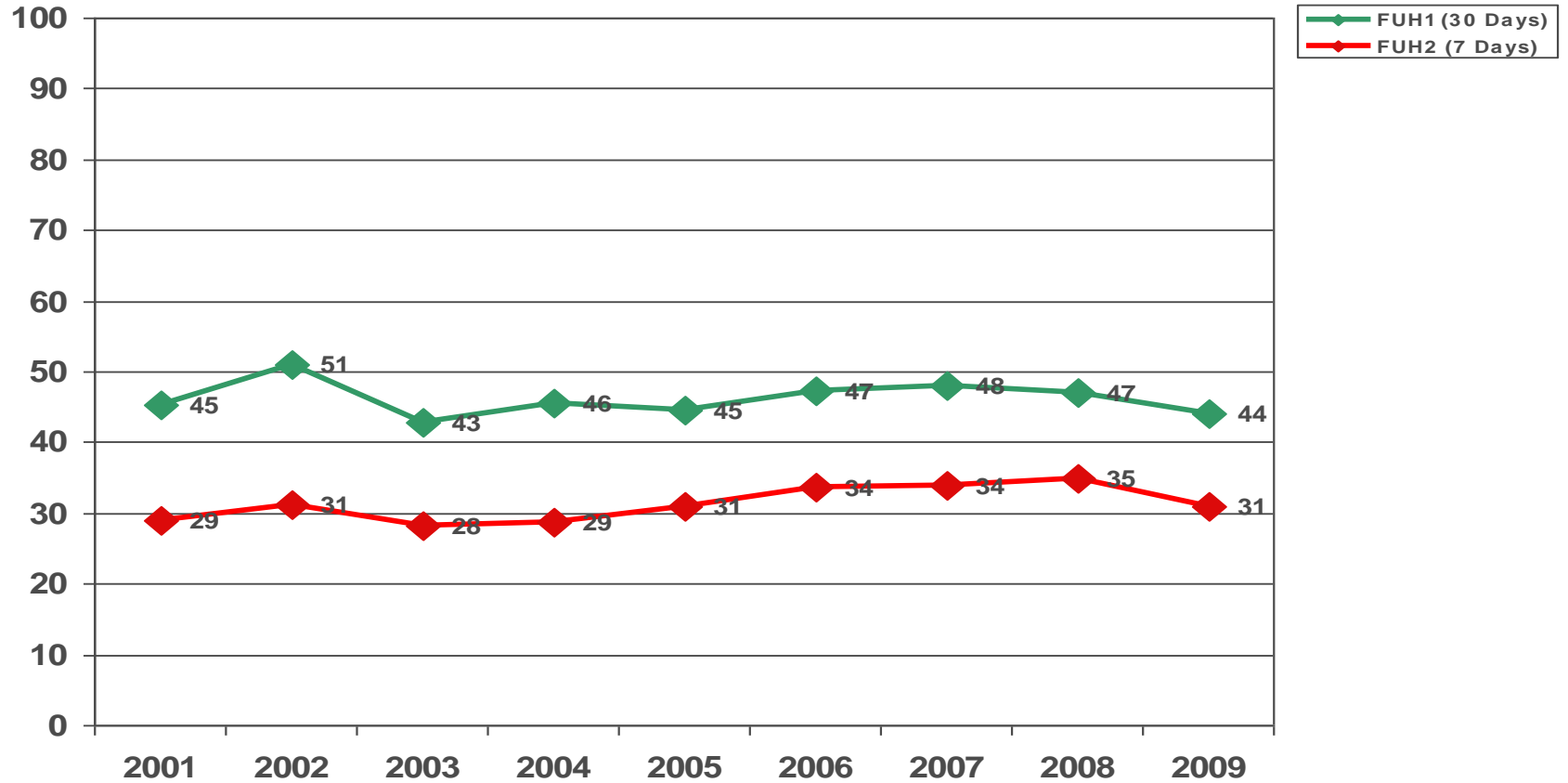
Note: 2006 Specification Change: CDC3 – revised eye exam low-risk criteria
 2004 Specification Change: CDC2 – lowered HbA1c threshold from 9.5% to 9.0%

DIABETES – MEDICARE, cont.

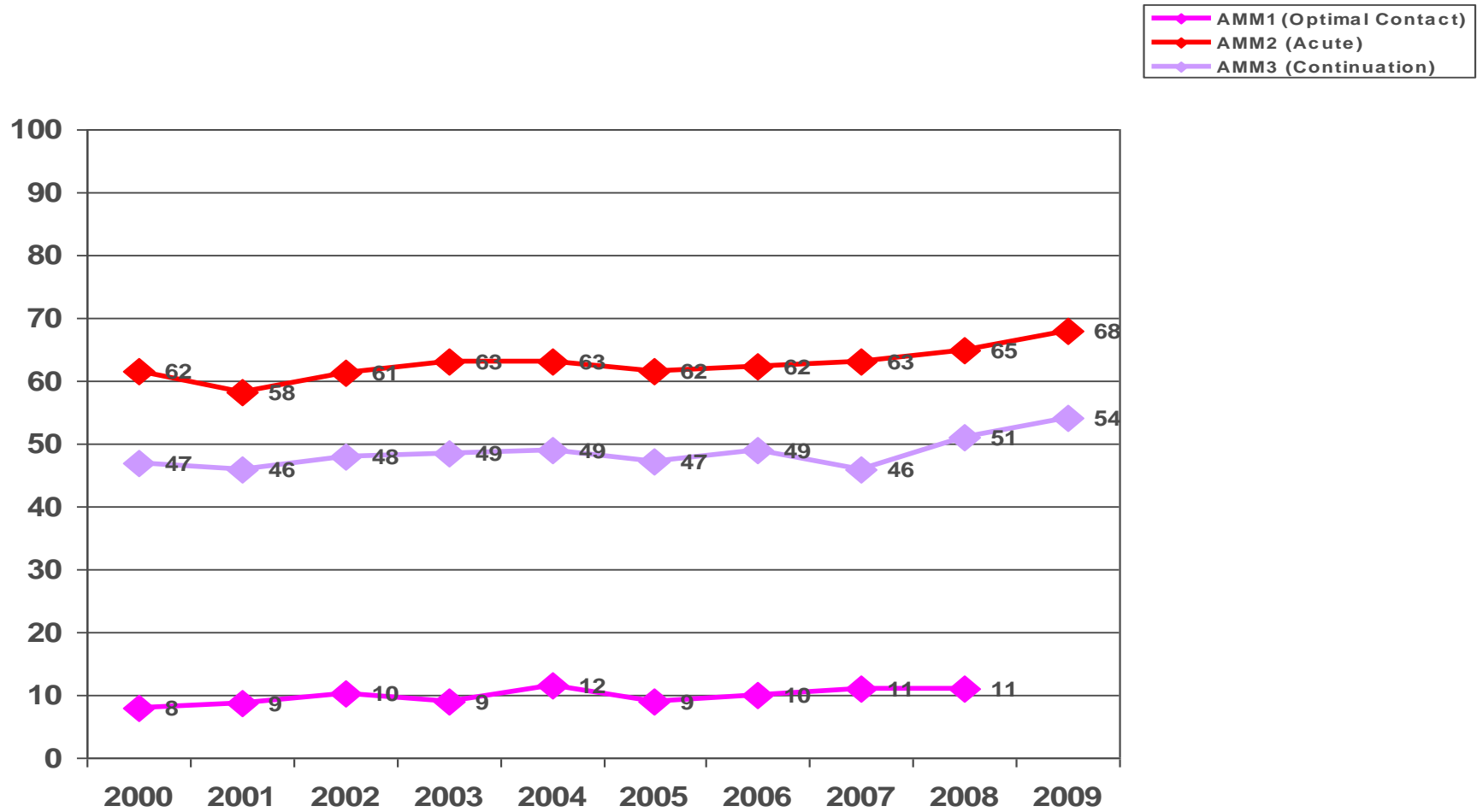


2004 Specification Change: CDC7 – nephropathy monitoring must occur in MY
 2007 Specification Change: CDC 5,6: LDL-C test must be in MY,
 CDC7: Added ACE inhibitors/ARBs as numerator compliant, retired CDC5

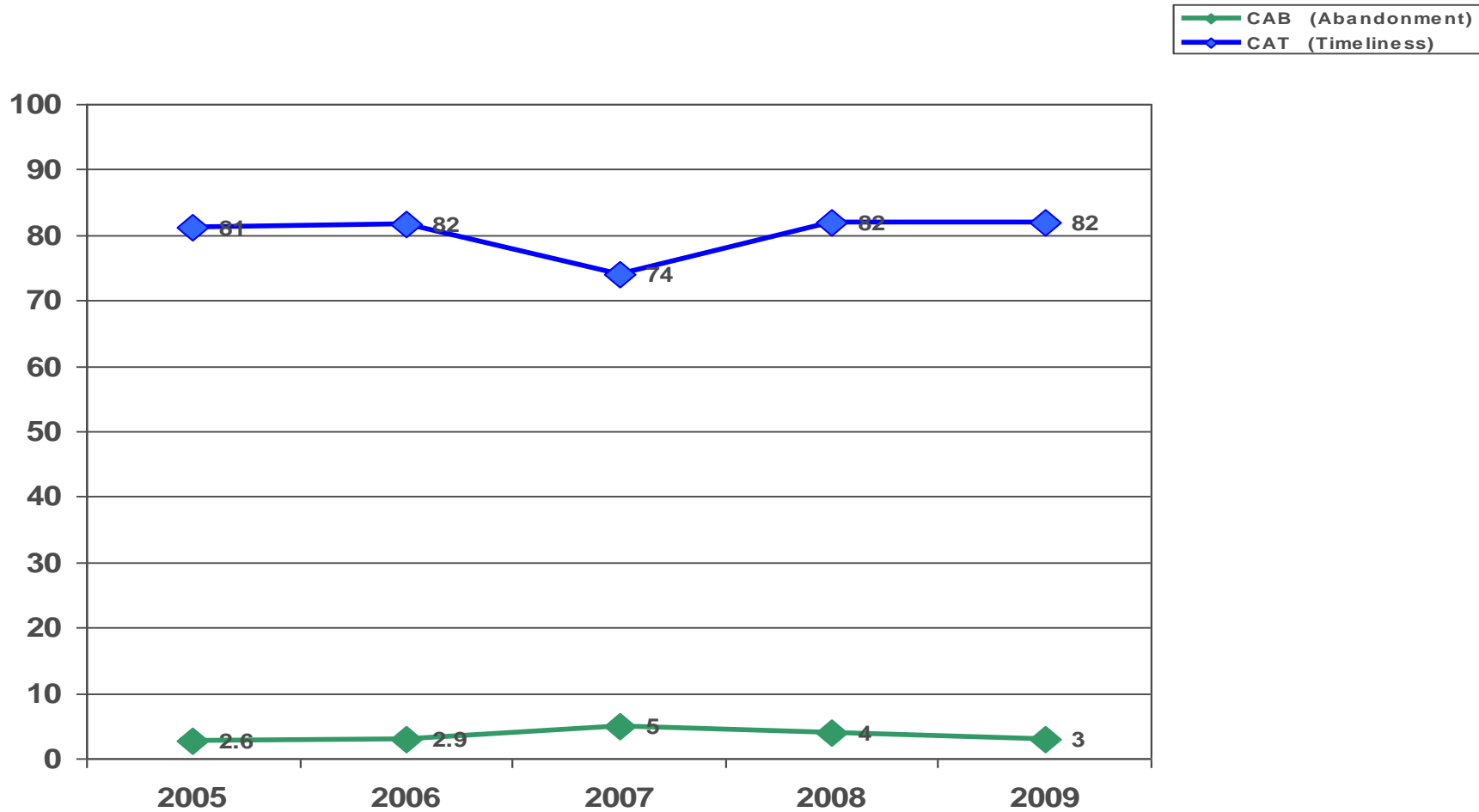
BEHAVIORAL HEALTH - MEDICARE



BEHAVIORAL HEALTH - MEDICARE



ACCESS/AVAILABILITY OF CARE - MEDICARE



*A lower rate for this measure indicates better performance
Note: Measures were first year in 2005 and not publicly reported