CALIFORNIA HEALTH CARE PERFORMANCE RESULTS

2004

REPORT ON

QUALITY

MANAGED CARE IN CALIFORNIA

ABOUT CCHRI

Measuring how well the managed care industry is performing is a challenge. Since 1994, the California Cooperative Healthcare Reporting Initiative (CCHRI) has assumed this challenge. Each year, CCHRI provides the public with important information on how well health plans provide certain preventive and other medical services that managed care members should receive. CCHRI also shares information about members' satisfaction with their HMOs obtained from a statewide member survey of participating health plans.

CCHRI is a collaborative of health care purchasers, plans and providers. It is managed by one of its founding organizations, the Pacific Business Group on Health (PBGH). PBGH is a coalition of large employers that is committed to improving the quality of health care while moderating costs. Ten California health plans participate in a variety of CCHRI-sponsored data collection and reporting projects. Because CCHRI projects are voluntary, plan participation may vary but most plans participate in more than one activity.

CCHRI was created to help employers and consumers make informed health care purchasing decisions. By ensuring the utilization of collaborative, standardized processes, plans can be compared on an apples-to-apples basis using data that is collected in similar ways, following similar guidelines.

The CCHRI yearly report offers these advantages:

- CCHRI promotes comparability of results by providing a single process for collection and analysis of California health plans' quality of care and member satisfaction data. Consistent, standardized data collection makes the results more comparable.
- By using an independent and impartial third party to audit and analyze the data, CCHRI can ensure a greater degree of comparability among health plans. CCHRI believes these audits decrease the uncertainty sometimes associated with data collection and offer consumers additional confidence that CCHRI's publicly reported results are accurate and meaningful.
- Performance reporting definitions are standardized, leading to meaningful rankings and better understanding of the specific measures.

This report does not distinguish between medical groups' and health plans' roles in managing administrative and patient care responsibilities, which often overlap. This is especially true in California, where physician organizations have taken on many functions formerly directed by health plans.

CARE AND SATISFACTION

MEASURES OF EFFECTIVENESS OF CARE AND SATISFACTION

Health plan performance results reported by CCHRI on the following pages are part of HEDIS 2004 (Health Plan Employer Data and Information Set), a set of standardized measures developed and maintained by the National Committee for Quality Assurance, NCQA. NCQA is a not-for-profit organization committed to evaluation and public reporting on the quality of managed care plans in the United States.

NCQA developed the Effectiveness of Care clinical measures and the member satisfaction measures so health plans could use comparable tools and methods to evaluate and report the quality of health care provided to their members. Ninety percent of HMOs nationwide and approximately three-quarters of large employers utilize HEDIS to measure and compare health plan outcomes and make informed health care choices.

CAUTION

Use caution when comparing results from California health plans not listed in this report with results that do appear here. CCHRI cannot ensure other data were collected under similar circumstances or that the results can be fairly and uniformly compared.

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CALIFORNIA HEALTH PLAN **REPORT CARD**

CLINICAL MEASURES

CCHRI'S VOLUNTARY COLLABORATIVE APPROACH TO COLLECTING AND REPORTING IMPORTANT HEALTH CARE INFORMATION HAS HELPED DRIVE QUALITY MEASUREMENT AND IMPROVEMENT IN CALIFORNIA. Health plans are able to use the results for their own quality improvement efforts and, since the start of public reporting in 1994, there have been significant advances in patient care and satisfaction according to CCHRI health plan results. All survey and clinical data are collected using uniform processes and guidelines and undergo a rigorous audit by an independent third party. As a result, the scores listed here are valid and comparisons can be made on an apples-to-apples basis. Results from other, non-CCHRI health plans may not be comparable because of differences in how data were collected or audited.

CLINICAL MEASURES

Findings for the clinical measures listed below were obtained from data collected by CCHRI participating health plans. Results are based on HEDIS Effectiveness of Care measurement and reporting guidelines developed by the National Committee for Quality Assurance (NCQA). HEDIS is the most widely used set of performance measures in the managed care industry and, when used with the NCQA-approved Member Survey, helps identify health plan successes in providing preventive care and other medical services for managed care members. Results were collected in 2004 and reflect the percentage of sampled members who received the specific services during 2003, or in prior years for a few of the measures.

HOW TO INTERPRET THE RESULTS

When reviewing this report card, please compare each plan to the benchmark and not to the other plans. Most ratings are based on a small sample of health plan members. As a result, small differences in the results between plans may not be statistically significant or meaningful.

The information contained in this report pertains only to health maintenance organizations (HMOs). Comparable data about other insurance models, such as fee-for-service and preferred provider organizations, are not readily available because these systems are not designed to manage population-based preventive health care or collect data in the same ways as HMOs. Therefore, results listed are for commercial HMO members only.

CLINICAL MEASURES 1 of 3

CALIFORNIA HEALTH PLANS

	YOUNG FAMILIES					WOMEN'S HEALTH			
	Prenatal and Postpartum Care		Childhood Immunizations		Adolescent Immunizations	Cervical Cancer Screening	Breast Cancer Screening	Chlamydia Screening in Women	
	Timely Initiation of Prenatal Care	Postpartum Care	Combo 1	Combo 2	Combo 1			Ages 16-20	Ages 21-25
Aetna	93[c] ▲	83[c]	77	73	66 ▲	81[c]	75[c]	22 ▼	22 ▼
Blue Cross	95[c] ▲	83[c]	77	75 ▲	68 ▲	79[c]	75[c]	20 ▼	25 ▼
Blue Shield	94[c] ▲	82[c]	74	70	58	80[c]	79[b]	26 ▼	27 ▼
CIGNA HealthCare	90[c]	84[c]	77	76	64 ▲	78[c]	72[c]	17 ▼	18 ▼
Health Net	89[b]	81[b]	77	74	62	82[b]	76[c]	25 ▼	26 ▼
Kaiser Permanente — North	89[c] ▼	76[c] ▼	78 ▲	75 ▲	77 ▲	80[c]	75[c]	57 ▲	56 ▲
Kaiser Permanente — South	91[c]	87[c] ▲	84 ▲	83 ▲	73 ▲	81[c]	75[b]	59 ▲	60 ▲
PacifiCare	93[c] ▲	85[c]	77	75 ▲	66 ▲	82[c]	76[c]	26 ▼	27 ▼
2004 National Mean[a]	**89**	**80**	**74**	**70**	**59**	**75**	**82**	**30**	**29**
2004 National 75th Percentile[a]	**94**	**86**	**80**	**76**	**73**	**79**	**85**	**35**	**34**
2004 National 90th Percentile[a]	**96**	**89**	**85**	**80**	**82**	**83**	**88**	**42**	**41**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Centers for Quality Assurance (NCQA) Quality Compass 2004.

Prenatal & Postpartum Care, Cervical Cancer Screening, Breast Cancer Screening, and Controlling High Blood Pressure data are not collected yearly. Results reflect a health plan's most recently available data, indicated by the following:

b – reported in 2004

c – reported in 2003

CALIFORNIA HEALTH PLANS

	CHRONIC DISEASE								
	Use of Appropriate Medications for People with Asthma			Comprehensive Diabetes Care					
	Ages 5-9	Ages 10-17	Ages 18-56	HbA1c Test	HbA1c Level <9.0%	Retinal Exam	LDL Test	LDL Level of <130 mg/dl	Nephropathy Monitoring
Aetna	70	64	71	85	64	45	87	59	46
Blue Cross	66 ▼	63 ▼	70 ▼	88 ▲	72	57 ▲	92 ▲	58	54 ▲
Blue Shield	68 ▼	64 ▼	67 ▼	85	63 ▼	49	92 ▲	60	57 ▲
CIGNA HealthCare	63 ▼	61 ▼	68 ▼	84	68	51	91	54 ▼	55 ▲
Health Net	71	68	74 ▲	87	67	49	91 ▲	66	52
Kaiser Permanente — North	68 ▼	64 ▼	67 ▼	85 ▲	72 ▲	66 ▲	93 ▲	69 ▲	67 ▲
Kaiser Permanente — South	60 ▼	57 ▼	67 ▼	81	62 ▼	70 ▲	90	64	74 ▲
PacifiCare	65 ▼	63 ▼	69 ▼	84	70	56 ▲	92 ▲	61	54 ▲
2004 National Mean[a]	**72**	**68**	**72**	**85**	**68**	**49**	**88**	**60**	**48**
2004 National 75th Percentile[a]	**78**	**73**	**76**	**89**	**74**	**56**	**92**	**66**	**53**
2004 National 90th Percentile[a]	**82**	**77**	**79**	**91**	**79**	**64**	**93**	**70**	**62**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Centers for Quality Assurance (NCQA) Quality Compass 2004

CALIFORNIA HEALTH PLANS

	MENTAL HEALTH					CARDIOVASCULAR HEALTH			
	Antidepressant Medication Management			Follow-up After Hospitalization for Mental Illness		Beta Blocker After Heart Attack	Controlling High Blood Pressure	Cholesterol Management After Acute Cardiovascular Event	
	Optimal Practitioner Contacts	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 30 Days of Hospital Discharge	Within 7 Days of Hospital Discharge			LDL-C Screening	LDL-C Level of <130 mg/dl
Aetna	15 ▼	54 ▼	38 ▼	72	49 ▼	91	65[c]	82	67
Blue Cross	41 ▲	60	41 ▼	61 ▼	40 ▼	94	67[c]	81	69
Blue Shield	18 ▼	55 ▼	40 ▼	63 ▼	42 ▼	87 ▼	63[c]	80	64
CIGNA HealthCare	23	59	43	74	55	94	62[c]	79	65
Health Net	17 ▼	57 ▼	42 ▼	66 ▼	43 ▼	94	63[b]	78	65
Kaiser Permanente — North	21 ▲	78 ▲	59 ▲	82 ▲	67 ▲	99 ▲	52[b] ▼	86 ▲	79 ▲
Kaiser Permanente — South	30 ▲	83 ▲	70 ▲	79 ▲	63 ▲	96	46[b] ▼	77	67
PacifiCare	19 ▼	57 ▼	41 ▼	76 ▲	56	98 ▲	68[c] ▲	79	66
2004 National Mean[a]	**20**	**61**	**44**	**74**	**54**	**94**	**62**	**80**	**65**
2004 National 75th Percentile[a]	**25**	**66**	**49**	**81**	**63**	**98**	**68**	**84**	**72**
2004 National 90th Percentile[a]	**32**	**71**	**55**	**85**	**68**	**100**	**71**	**87**	**76**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Centers for Quality Assurance (NCQA) Quality Compass 2004

MEMBER SURVEY

ABOUT THE MEMBER SURVEY

The results shown in the following table were collected in a member survey developed by the National Committee for Quality Assurance (NCQA) and administered by the California Cooperative Healthcare Reporting Initiative (CCHRI). Results include the percentage of sampled members who responded favorably to questions about their health plan or medical care and are based on random samples of participating health plan members (minimum sample size per plan = 1100). The survey was conducted during 2004 but reflects information about medical care and services provided to members during 2003.

The survey results contain four rated questions that measure members' overall experience with their medical care. Rated questions use a 0 to 10 scale, where 0 is the worst and 10 is the best score possible.

The Report Card also includes member survey results for composite categories. Composite categories include groups of related questions designed to provide a general idea of how well a health plan meets its members' expectations in specific areas. The categories report the combined results of several questions associated with a similar subject (e.g., Getting Needed Care includes responses to questions about choosing a personal physician, obtaining a referral to a specialist and delays in receiving health care).

All the responses included in a composite category are weighted equally to obtain a single score. For example, for questions with four possible answers, the results used to create a composite score include all responses that fall in the top two favorable categories (i.e., Always or Usually). The results listed are for commercial HMO members only and do not include information for Medicare beneficiaries covered under a managed care plan.

It is possible that health plan members who returned the questionnaire or participated in telephone interviews are more satisfied or less satisfied than members who did not return the questionnaire. In addition, because of differences among health plans in the numbers of members who responded to the survey, outcomes that are statistically significant (above average, average, below average) for one plan may not be statistically significant for another, even when the rates are the same. When reviewing the results, please compare each plan to the average and not to the other plans. Most scores are based on small samples of health plan members and small differences between plans may not be statistically significant or meaningful.

CALIFORNIA HEALTH PLANS

	OVERALL PERFORMANCE (% of replies scoring 8, 9, or 10 on a 10-point scale)				SURVEY MEASURES				
	Health Plan	All Health Care	Personal Doctor or Nurse	Specialist Most Often Seen	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous & Helpful Office Staff	Customer Service
Aetna	53 ▼	65	69	72	67	67	82 ▼	88	NA
Blue Cross	59	67	73	69	69	69	86	86	68
Blue Shield	63	70	73	73	72	72	89	89	75
CIGNA HealthCare	58	68	71	71	68	71	90	88	NA
Health Net	61	70	73	69	70	73	88	89	70
Kaiser Permanente — North	67 ▲	70	75	77 ▲	76 ▲	77 ▲	88	91	76 ▲
Kaiser Permanente — South	67 ▲	69	76	77 ▲	75 ▲	70	87	90	77 ▲
PacifiCare	60	71	71	67	72	72	88	90	71
Universal Care	59	71	71	70	70	67	88	87	71
Western Health Advantage	64	67	71	69	71	75	89	92	76 ▲
CCHRI Average[a]	**61**	**69**	**72**	**71**	**71**	**71**	**88**	**89**	**70**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – This average includes all plans reporting data through CCHRI.

NA – Fewer than 100 responses so the result is not reportable.

CALIFORNIA HEALTH PLAN **REPORT CARD**

MEDICARE

SENIOR POPULATION REPORT

In many locations, Medicare beneficiaries have the option to join an HMO managed health care plan designed exclusively for seniors. Medicare managed care plans coordinate medical services from a specific network of physicians and hospitals. Beneficiaries enrolled in senior health plans are entitled to the same services as those provided under traditional Medicare. Some HMOs also cover additional services for seniors, such as prescription medications, eyeglasses, dental care or hearing aids.

The chart below shows how well CCHRI health plans coordinated important preventive services and medical care for their senior members. Not all California health plans offered a Medicare HMO in 2002; only those that did are listed in the chart below.

Several California health plans provide senior HMO services in many portions of the state while others offer services on a more limited, regional or local basis. Consumers should contact health plans directly to ask whether managed Medicare services are available in their area.

MEDICARE CLINICAL MEASURES *1 of 2*

HEALTH PLANS WITH MEDICARE CONTRACTS

	WOMEN'S HEALTH	CHRONIC DISEASE					
		Comprehensive Diabetes Care					
	Breast Cancer Screening	HbA1c Test	HbA1c level <9.0%	Retinal Exam	LDL Test	LDL Level of <130 mg/dl	Nephropathy Monitoring
Aetna	70	89	81 ▲	72 ▲	92	61 ▼	52
Blue Cross	71	87	78	74 ▲	93	64	53
Blue Shield	73	85	78	71 ▲	94 ▲	66	55
Health Net	80 ▲	90	78	73 ▲	95 ▲	70	49
Kaiser Permanente — North	79 ▲	92 ▲	86 ▲	80 ▲	97 ▲	81 ▲	77 ▲
Kaiser Permanente — South	85 ▲	87	81 ▲	89 ▲	95 ▲	77 ▲	80 ▲
PacifiCare	70	91 ▲	84 ▲	72 ▲	94	61 ▼	60 ▲
2004 National Mean[a]	**73**	**88**	**75**	**64**	**92**	**67**	**53**
2004 National 75th Percentile[a]	**79**	**92**	**83**	**73**	**95**	**74**	**60**
2004 National 90th Percentile[a]	**84**	**94**	**88**	**80**	**96**	**79**	**70**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: Centers for Medicare and Medicaid Services.

HEALTH PLANS WITH MEDICARE CONTRACTS

	MENTAL HEALTH					CARDIOVASCULAR HEALTH			
	Antidepressant Medication Management[f]			Follow-up After Hospitalization for Mental Illness		Beta Blocker After Heart Attack	Controlling High Blood Pressure	Cholesterol Management After Acute Cardiovascular Event[d]	
	Optimal Practitioner Contacts	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 30 Days of Hospital Discharge	Within 7 Days of Hospital Discharge			LDL Screening	LDL-C Level of <130 mg /dl[e]
Aetna	8	51	40	14 ▼	5 ▼	94	60	73	56
Blue Cross	17 ▲	53	32	33 ▼	21 ▼	93	66 ▲	80	66
Blue Shield	11	66 ▲	55 ▲	45 ▼	21 ▼	89	66 ▲	81	69
Health Net	8	55	41 ▲	39 ▼	24 ▼	97 ▲	59	80	63
Kaiser Permanente — North	15 ▲	77 ▲	59 ▲	77 ▲	56 ▲	100 ▲	52 ▼	91 ▲	86 ▲
Kaiser Permanente — South	16 ▲	88 ▲	77 ▲	73 ▲	53 ▲	97 ▲	48 ▼	87 ▲	81 ▲
PacifiCare	7 ▼	55 ▲	40 ▲	39 ▼	22 ▼	99 ▲	69 ▲	81	66
2004 National Mean[a]	**10**	**51**	**37**	**59**	**37**	**92**	**61**	**81**	**66**
2004 National 75th Percentile[a]	**13**	**59**	**44**	**73**	**50**	**97**	**66**	**87**	**76**
2004 National 90th Percentile[a]	**17**	**67**	**55**	**80**	**57**	**99**	**69**	**88**	**80**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: Centers for Medicare and Medicaid Services.

d – Acute cardiovascular events include heart attack, heart bypass surgery and coronary angioplasty.

e – Patients with LDL cholesterol levels less than 130 mg/dL have a lower probability of developing heart disease. Patients with existing heart disease or history of a cardiac event (heart attack, heart bypass surgery, angioplasty) can reduce the likelihood of further illness or complications by lowering cholesterol levels to less than 130 mg.

f – Did adults with a new diagnosis of depression, and who were treated with antidepressant medication:

Column 1: Have at least three follow-up visits with a health care provider during the 12-week period following diagnosis?
Column 2: Remain on antidepressant medication during the entire 12-week period following diagnosis?
Column 3: Remain on antidepressant medication for at least 6 months following diagnosis?

INTRODUCTION

Since 1994, CCHRI health plans, employers and providers have collaborated on the annual collecting and reporting of HEDIS data. While HEDIS results provide useful quality "snapshots", their contribution to better public health from progressive improvements over time may not be obvious. For example:

- Is there any evidence that the collection of HEDIS data by HMO plans over the past nine years has helped to improve health care quality in California?
- What do these year-on-year HEDIS improvements really mean in terms of improved health outcomes for Californians in managed care plans?

These questions are not easily answered when looking only at HEDIS trends from year to year. However, it is possible to offer additional details by translating HEDIS performance improvements into outcomes that patients and consumers understand, such as lives saved, diseases prevented, or costs avoided. Therefore, this section of the CCHRI Report moves beyond displaying rates to presenting assumptions about the actual health benefits these HEDIS improvements represent.

Two key questions are addressed in this section of the State of Managed Care in California:

1. How many deaths or other negative outcomes were prevented by improvements in HEDIS performance over the past several years?
2. How many deaths or other negative outcomes will be prevented if this improved performance is maintained in these patients over the next five years?

The intent is to show how HEDIS improvements can be better explained using some common health conditions as examples. CCHRI selected acute cardiovascular events such as heart attacks, angioplasties, and coronary artery bypass surgery and diabetes to illustrate improvements in health care. Also included are examples of "additional progress" over a projected five-year period, based on the assumption that the same level of progress that has been measured by California HMOs over the past few years will continue in the future. CCHRI thinks this assumption is justified because of health plans' ongoing activities to distinguish their performance from other plans, as well as the California marketplace competition for continuous health care improvement. Consumers actually benefit from this friendly competition as HMO baseline medical care and services annually improve.

CONCLUSION

CCHRI believes the annual HEDIS measurement project is not an end in itself, but rather a means to the end of improved health care outcomes for all Californians. Future CCHRI reports will continue to evaluate and document improvements in HEDIS measures that promote good health and quality medical care.

We used real CCHRI data and the latest medical literature and approved methods of analysis to estimate health benefits and explain what these improvements represent.

NOTE

The number of lives saved and the subsequent heart attacks prevented is much greater for the diabetes measures than for the two heart disease measures. The reason for this is subtle but important to understand. The outcomes for diabetes are based on all CCHRI health plan members who have diabetes, no matter how long ago the condition was diagnosed; this is the "prevalent" population. In contrast, the outcomes for the two heart disease measures are based only on patients who experienced important health problems such as a heart attack, bypass surgery, or angioplasty during a one-year period – the "incident" population. Unlike the diabetes measures, the outcomes for heart disease are not based on the total population of all patients with heart problems. If CCHRI were to estimate outcomes on the total population of people living with heart disease, the number of lives saved and subsequent heart attacks avoided would be very much greater – greater even than the improved outcomes among patients with diabetes.

Estimates of outcomes provided by Kaiser Permanente's Care Management Institute, from published clinical studies.

CHOLESTEROL CONTROL IN PATIENTS WITH DIABETES

Comparing 1999 and 2003 HEDIS rates, an additional 120,000 diabetics showed improved levels of cholesterol control, preventing almost 500 deaths or subsequent heart attacks in patients with diabetes. If these patients maintain this level of cholesterol control over the next five years, almost 2,500 deaths or nonfatal heart attacks among diabetics will have been prevented in the California managed care population.

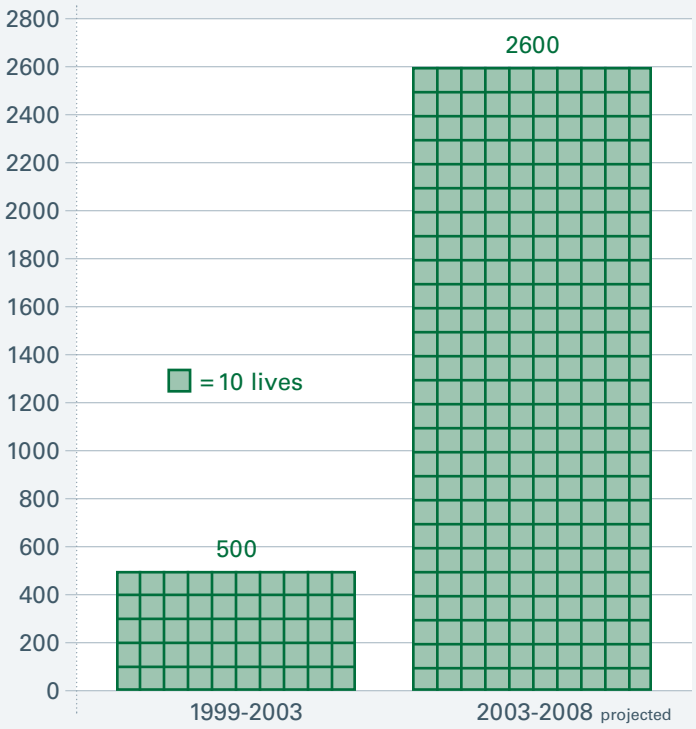
Number of lives saved or heart attacks prevented due to improved cholesterol control

From 1999 to 2003 **120,000** additional patients received better cholesterol control reflected by improved HEDIS rates

BLOOD SUGAR CONTROL IN PATIENTS WITH DIABETES

Blood sugar control is very important in managing diabetes, and HbA1c levels are a key measure of diabetic blood sugar control. Comparing 1999 and 2003 rates, more than 105,000 additional diabetics achieved an HbA1c level less than 9.5% (the lower the percentage of HbA1c, the better the control). This means that more than 500 deaths or nonfatal heart attacks among diabetics were prevented by better blood sugar control over this time period. If these patients maintain this level of blood sugar control over the next five years, over 2,600 deaths or subsequent heart attacks will have been prevented among diabetics enrolled in California HMOs.

Number of lives saved or heart attacks prevented due to better blood sugar control

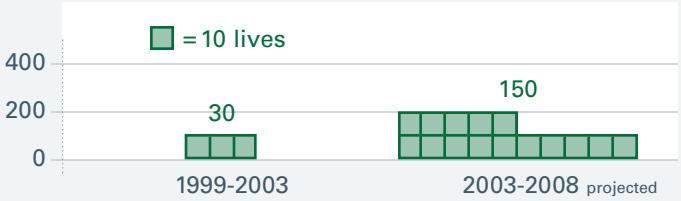


From 1999 to 2003 **105,000** additional patients received better blood sugar control reflected by improved HEDIS rates

CHOLESTEROL CONTROL IN PATIENTS WITH HEART DISEASE

Comparing HEDIS rates from 1999 and 2003, an additional 5,00 people in managed care plans recovering from an acute heart problem demonstrated better levels of cholesterol control. This prevented about 30 deaths or nonfatal heart attacks in these patients over the same time period. If these patients maintain their cholesterol control over the next five years, managed care plans will have helped prevent almost 150 deaths or subsequent heart attacks in this group of patients. If these statistics are applied to the larger number of all patients with heart disease enrolled in HMOs in California, many thousands of deaths and nonfatal heart attacks will be prevented.

Number of lives saved or heart attacks prevented due to improved cholesterol control



From 1999 to 2003 **5,000** additional patients received better cholesterol control reflected by improved HEDIS rates

MEASURES OF EFFECTIVENESS OF CARE

The clinical performance results displayed on the following pages use HEDIS Effectiveness of Care measures to evaluate three important components of quality medical care:

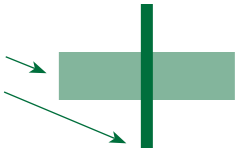
- The use of preventive services and routine screening tests, such as immunizations and mammograms, that help patients stay healthy;
- Utilization of the most up-to-date medical treatment and medication for sudden illnesses such as heart attacks;
- Medical care for patients with chronic conditions, such as asthma and diabetes.

Data for these HEDIS measures are obtained from California health plans, using NCQA specified processes and guidelines that assure the accuracy and comparability of the results.

1. Health plans create lists of randomly selected members who are eligible to receive the recommended HEDIS preventive care or screening services.
2. Health plans supply data on whether or not the selected patients received the recommended service. Information is gathered from administrative (automated or electronic) records, from medical charts, or through a combination of the two methods. Independent auditors verify the accuracy of the information.
3. An independent research firm contracted with CCHRI evaluates and analyzes the data from all the participating health plans.

Ratings may reflect differences in actual clinical practice or differences in the ways plans collect data. Individual plans are scored above average, average or below average using a statistical test that shows differences in plans' results are expected to be true differences, and not random chance differences, at least 95 percent of the time.

HOW TO READ THESE GRAPHS



The horizontal bars show scores for each California health plan. The vertical bar is the best estimate of the plan's true score based on a sample or subset, of health plan members. When the horizontal bars for two plans do not overlap, this means the health plan scores are significantly different from each other. The length of the horizontal bar is related to the size of the health plan sample. A smaller sample results in a longer horizontal bar because the exact score is less certain. The score is more accurate if the sample is larger and the bar is smaller. Plans with longer horizontal bars do not necessarily have better scores than plans with shorter bars.

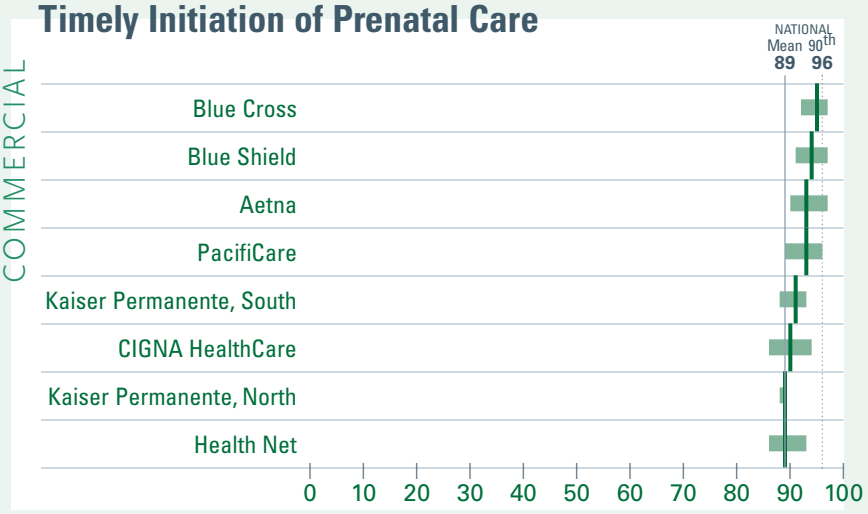
PRENATAL & POSTPARTUM CARE

Prenatal care is important for both mother and baby. Starting prenatal care early in the pregnancy promotes healthy pregnancies and healthy babies. Regular prenatal visits can also help mothers and their physicians or midwives identify potential problems and possible complications early in the pregnancy when they can be prevented or more successfully treated.

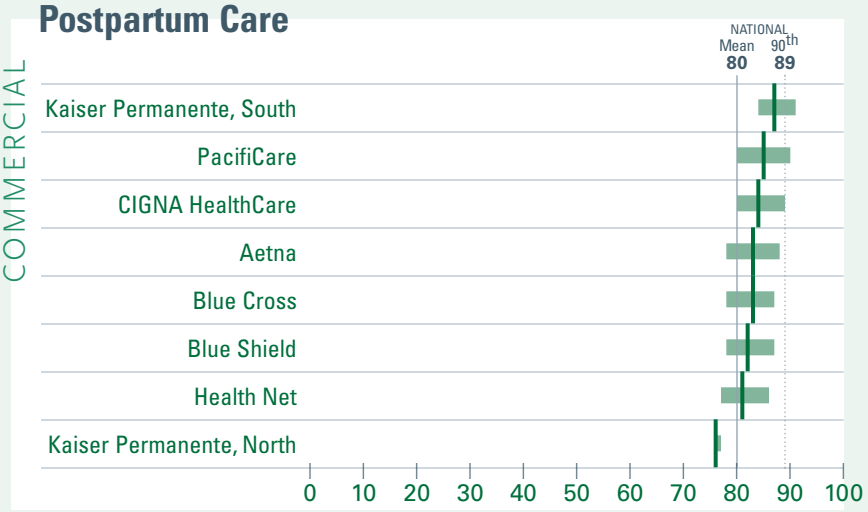
Likewise, it is very important for a new mother to have a postpartum visit with her health care provider within three to eight weeks after delivery. Since the period immediately following birth is a time of many physical and emotional adjustments, practitioners can be helpful in recognizing and discussing problems, even when a woman feels fine.

The charts on this page reflect the care women received in 2002 and 2003 during pregnancy and following the birth of their babies. The first measure reports the percentage of women who received prenatal care during the first 13 weeks of their pregnancy, or within 42 days after enrolling in their health plan if already pregnant. The second chart shows the percentage of women who received timely post-partum care within three to eight weeks after delivery. Health plans promote pregnancy wellness by distributing educational materials in newsletters and maternity programs and by encouraging their network physicians and midwives to provide appropriate and timely pregnancy care.

Timely Initiation of Prenatal Care



Postpartum Care



CHILDHOOD IMMUNIZATIONS

Keeping children up-to-date in their shots helps prevent many childhood diseases and makes others less severe.

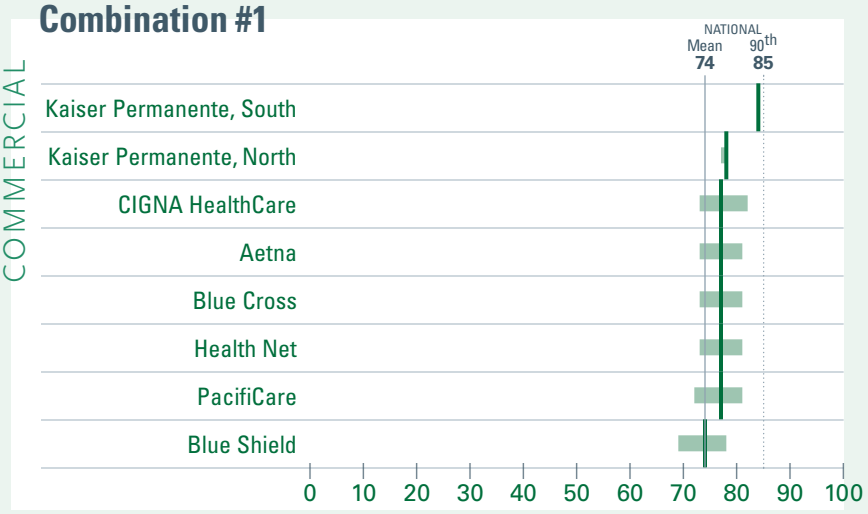
The first chart on this page, Combination #1, shows the performance of California health plans in providing the following series of immunizations to children by their second birthday:

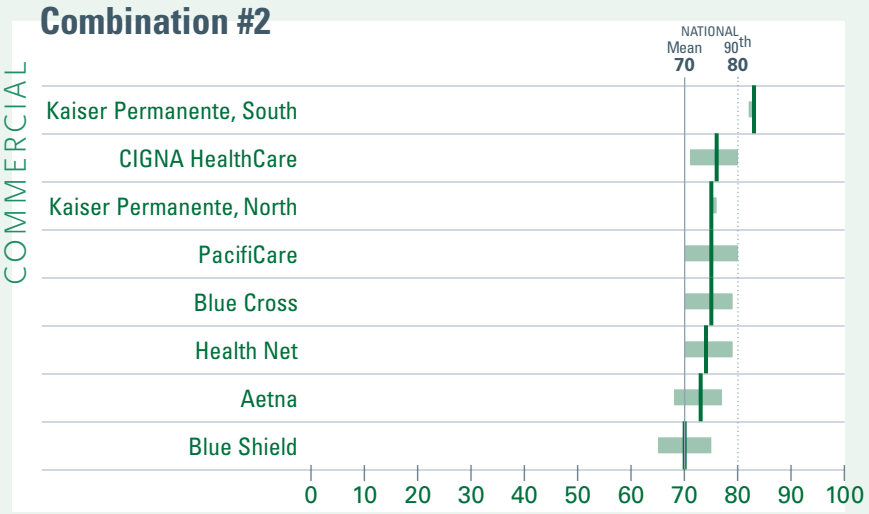
Combination #1

- Four DTP (diphtheria-tetanus-pertussis)
- Three OPV/IPV (oral or inactivated poliovirus) immunizations
- One dose of MMR (measles-mumps-rubella)
- Two Hemophilus influenza type b conjugate vaccine
- Three HepB (hepatitis B)

The second chart on this page, Combination #2, shows the performance of California health plans in providing all of the immunizations included in Combination #1, plus one Varicella Vaccine (V2V) by the second birthday.

HMOs promote childhood immunizations during regular well-child visits with doctors. Some HMOs assist their physicians by following up with families who are late in getting their childhood immunizations.



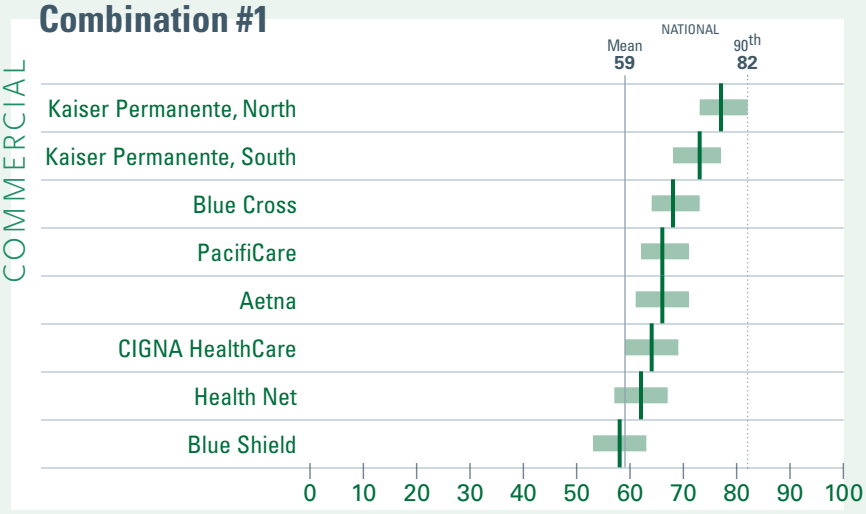


ADOLESCENT IMMUNIZATIONS

Between the ages of four and 13, children need several vaccinations. The measles, mumps and rubella (MMR) vaccine prevents common diseases that can cause serious problems. Many authorities also recommend varicella zoster (chickenpox) and Hepatitis B vaccinations for children in this age group.

The adolescent immunization rate shown on this page measures the percentage of adolescents enrolled in a health plan who received a second dose of MMR between ages four and 13 and three hepatitis B vaccinations prior to their 13th birthday.

HMOs encourage doctors and parents to assess whether adolescents need the MMR and hepatitis vaccines during a visit and, if the doctor or nurse believes it is appropriate, to give the vaccination and any follow-up information. Parents can help keep school-age children healthy by recording the dates and types of shots their children receive. It is helpful to give each new care provider an up-to-date copy of the immunization record.

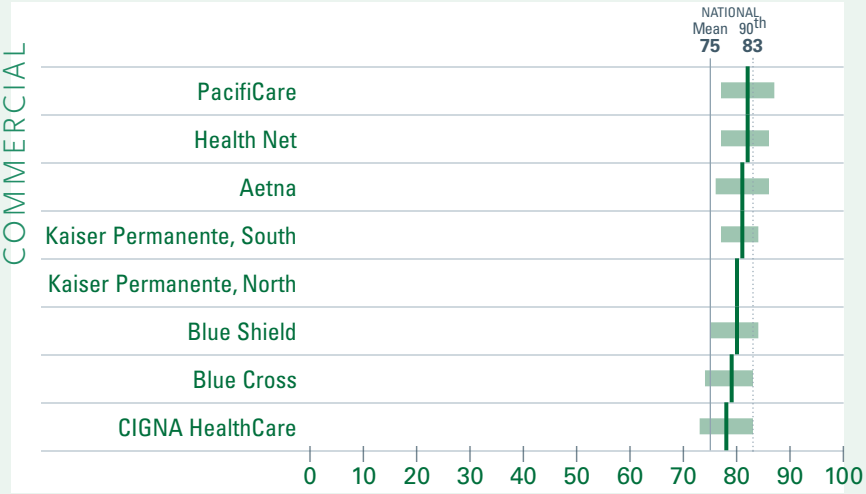


CERVICAL CANCER

CERVICAL CANCER SCREENING

Cervical cancer can be detected early, when it is most treatable, by the use of routine Pap smear tests. Consistent use of this test has reduced the number of deaths caused by cervical cancer by as much as 75 percent. For this reason, all women between the ages of 21 and 64 should have a Pap smear test at least once every three years.

California HMOs provide coverage for regular Pap smear testing. The chart below shows the percent of women between the ages of 21 and 64 who had at least one Pap test for cervical cancer screening during the past three years. Women can help reduce the risk of cervical cancer by getting regular Pap smear tests according to the schedules recommended by their doctors. Most HMOs compare the frequency of Pap smear tests for their members to the recommended schedule for screenings and remind both women and their physicians when appointments or tests should be scheduled.



BREAST CANCER

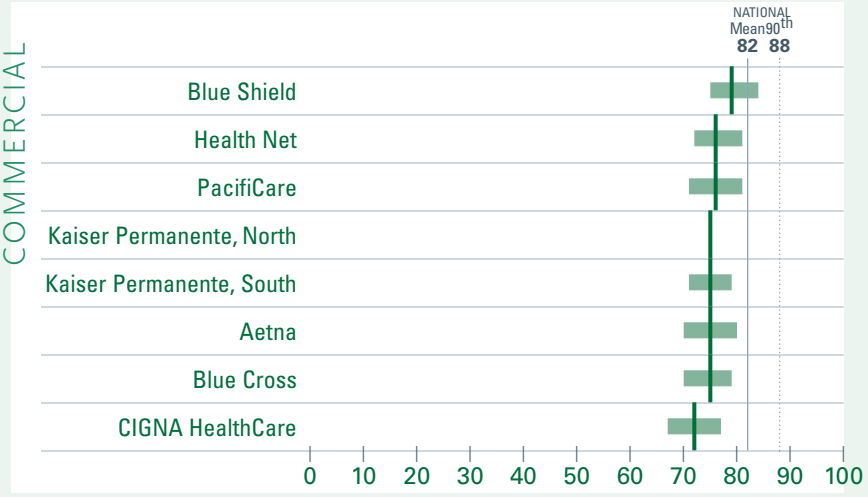
BREAST CANCER SCREENING

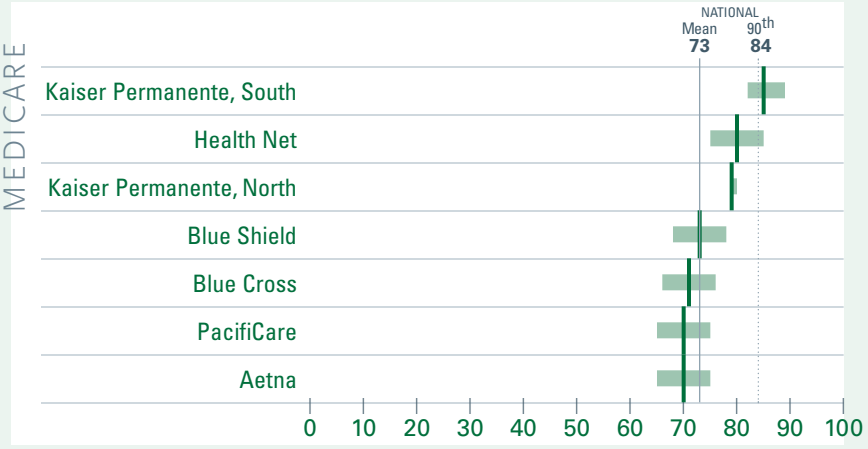
Breast cancer develops in one out of every nine American women. About 4,000 women in California (44,000 women in the U.S.) die each year from this condition. Mammograms can detect breast cancer early, when it is most treatable, increasing chances for survival and cure. Mammography screening has been shown to reduce mortality by 20 to 40% among women aged 50 and older.

The breast cancer screening rate measures the percentage of women in the HMO population, between the ages of 52 and 69, who were continuously enrolled in their health plan during 2001 and 2002, and who had at least one mammogram during that two-year period.

Screening the Medicare population is especially important because some women in this age group are very reluctant to have a mammogram and need additional encouragement to do so. Early detection leads to earlier treatment of breast cancer, and the potential for better outcomes, for women of all ages.

The charts on this page shows the relative performance of HMOs in providing mammograms to their commercial and Medicare enrollees. HMOs can encourage regular breast cancer screenings by promoting routine physical health exams and providing members with cancer awareness materials. Health plans also send women and their physicians reminders to schedule a mammogram.





NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

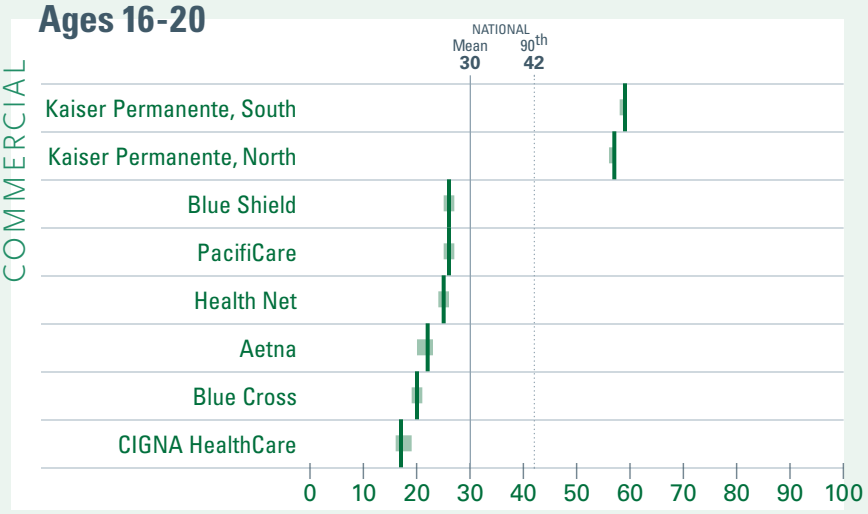
CHLAMYDIA SCREENING

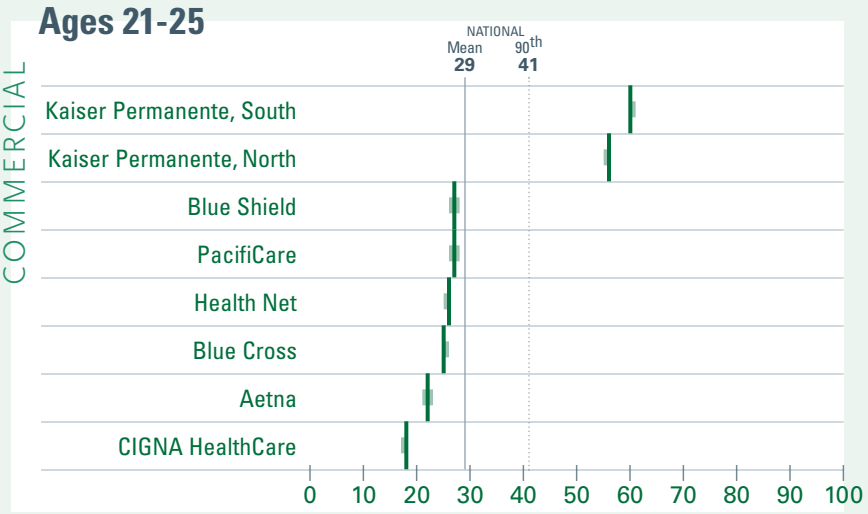
CHLAMYDIA SCREENING IN WOMEN

Chlamydia is a sexually transmitted disease that is especially common in teenagers and young adults. Untreated infections are easily spread between sexual partners and can cause serious health complications. Chlamydia is currently the most commonly reported infectious disease in the United States with an estimated three million cases occurring each year.

Chlamydia is frequently called a "hidden" disease. Approximately 75% of women and 50% of men with Chlamydia have no symptoms. Therefore, routine screening tests are very important in limiting the complications of an infection. Chlamydia can cause pelvic inflammatory disease, infertility, and tubal or ectopic pregnancies and some of these complications may be life threatening. Chlamydia infections can also cause health problems in newborns whose mothers have an undetected or untreated infection during pregnancy.

Simple, routine-screening tests identify the presence of Chlamydia infections. Treatment with antibiotics is usually successful in preventing further transmission of the disease and limiting future complications. The screening rates reported on this page are intended to measure the percentage of sexually active young women who received a routine screening test for Chlamydia during 2003. Health plans can successfully improve Chlamydia screening rates through distribution of educational materials to both physicians and HMO members.





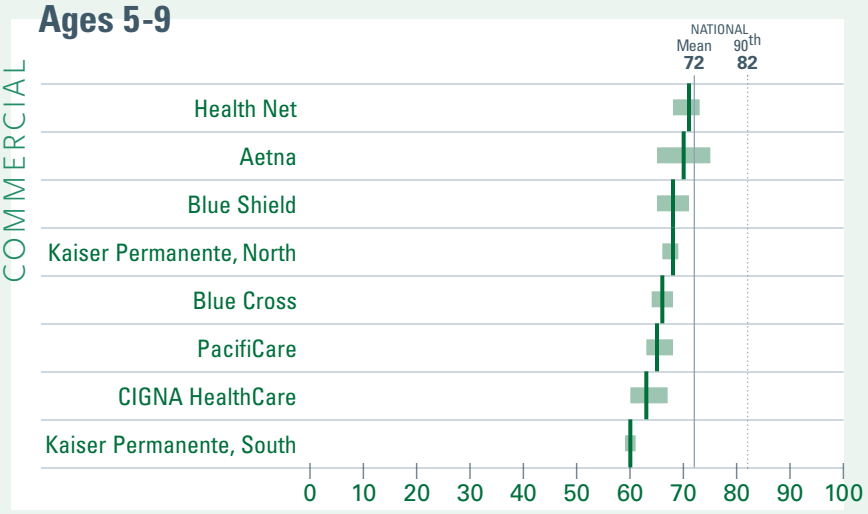
ASTHMA

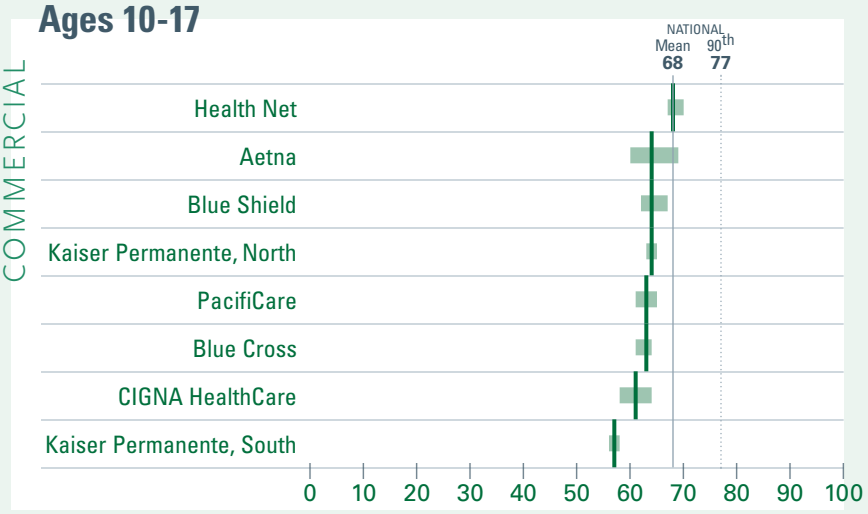
APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

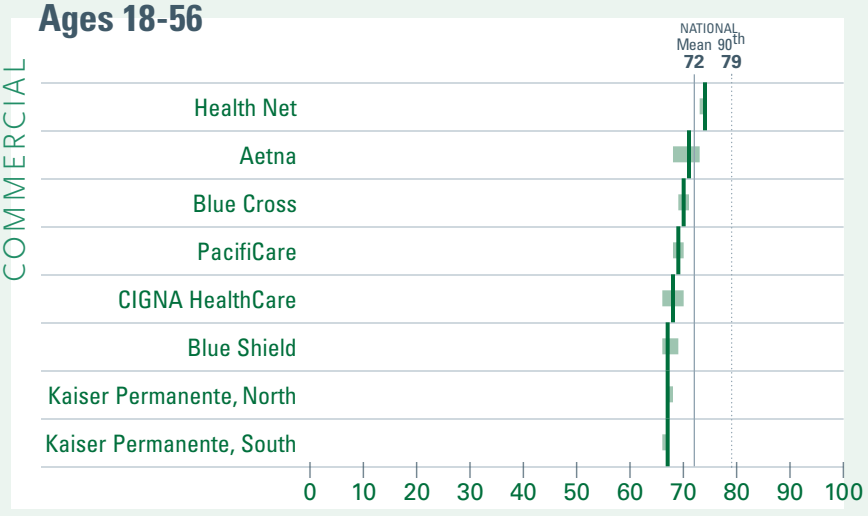
Asthma is a chronic disease that causes airways to become inflamed and swollen, resulting in wheezing, coughing, and reduced airflow to the lungs. Unfortunately, asthma is becoming more common and currently affects more than 15 million Americans, including almost five million children. In fact, it is the most common chronic disease in children (approximately one in ten children have asthma) and can result in life-threatening episodes of illness for both adults and children.

The recommended treatment for most patients with persistent asthma emphasizes daily, long-term prevention therapy that improves the underlying airway inflammation. Appropriate preventive treatment can result in fewer episodes of wheezing and coughing and a decrease in the use of medications needed to treat these break-through symptoms. Commonly used preventive medications include anti-inflammatory prescriptions such as inhaled corticosteroids, Cromolyn Sodium and Nedocromil as well as other alternative oral medications.

Measuring whether HMO members with persistent asthma receive the recommended medications for long-term control of their asthma is very important. Because the challenges in accurately diagnosing and caring for children with persistent asthma are very different from the identification and treatment of asthma in adults, separate measures were obtained in those age groups. This measure reports the percentage of members diagnosed with asthma who received appropriate medication management during 2003.







COMPREHENSIVE DIABETES CARE *1 of 4*

Diabetes is a leading cause of illness and disability in the United States because of its chronic medical complications such as heart disease, kidney problems, and blindness. Approximately 800,000 new cases of diabetes are diagnosed every year and almost 11 million Americans have diabetes. It is also estimated that another five to six million Americans have diabetes but have not yet been diagnosed or treated.

HEMOGLOBIN A1c TEST & LEVELS

High levels of sugar in the blood are one common finding in patients with diabetes. Frequent testing for glycated hemoglobin, also known as hemoglobin A1c (HbA1c), measures a patient's average blood sugar level for the 2-3 month period before the test.

People with poorly controlled diabetes as shown by high blood sugar levels are more likely to develop high blood pressure, high cholesterol and fat levels, heart disease, eye and nerve problems, and kidney problems.

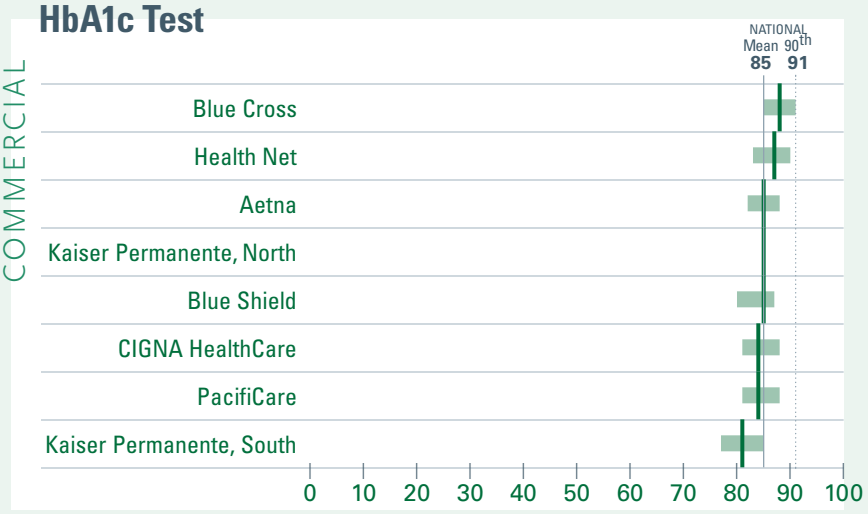
Although HbA1c test results mean different things for different patients depending upon their over-all health status and age, most physicians believe, based on current medical evidence, that levels above 9.0 mean poor over-all diabetes control.

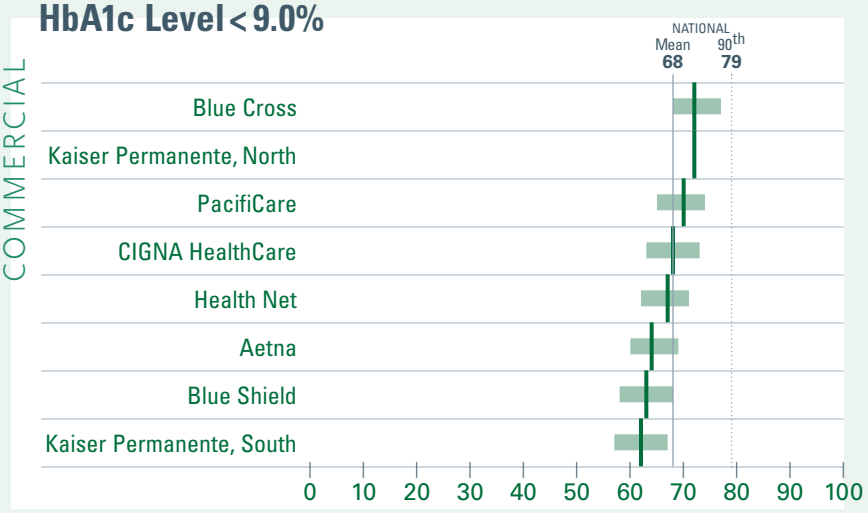
The first table displayed on this page measures the percent of patients with diabetes who received at least one screening test for HbA1c during 2003. A higher screening rate can suggest that a health plan works with its provider network to promote more frequent and appropriate blood tests for patients. The next table displays the percentage of patients with results less than 9.0, the cut-off level for this report.

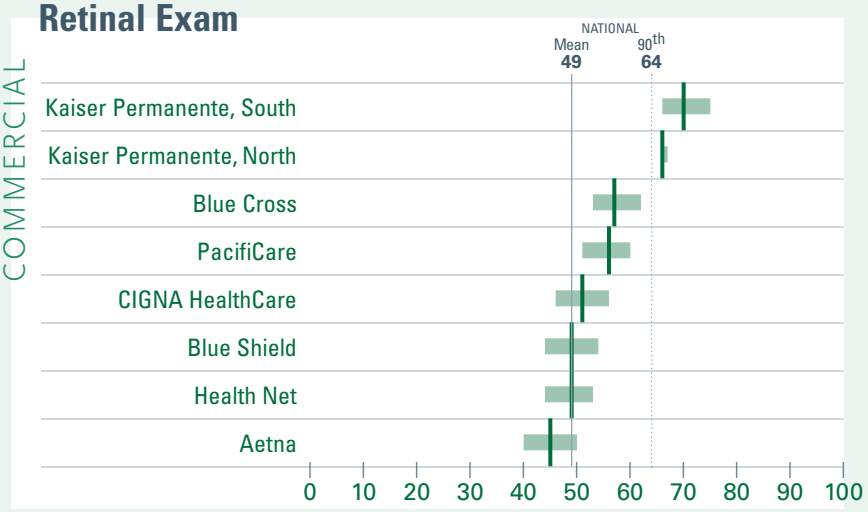
RETINAL EXAM

Diabetes can cause blindness. Experts recommend that people with diabetes have an examination of their retina every year because diabetes-related eye disease can be present even if a person has no problem seeing. When doctors find eye disease in diabetic patients early, they can start treatment in time to save vision for most people.

Continued on page 24





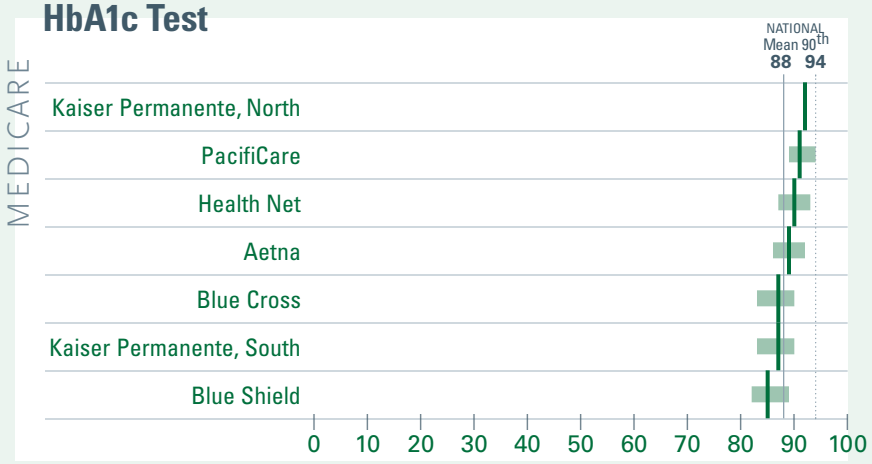


COMPREHENSIVE DIABETES CARE *2 of 4*

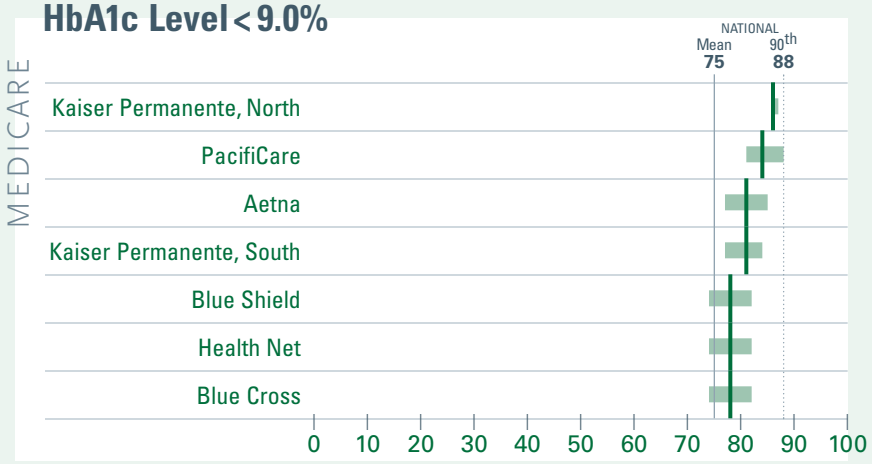
Continued frompage 23

CCHRI measured how many people with diabetes had an examination by an eye care professional during 2003. For some patients, depending upon their over-all health status and how well their diabetes is controlled, an eye exam performed during 2002 was also counted in the results for this measure. A higher rate could mean the health plan works harder to promote regular exams or makes exams easier to obtain. More exams mean earlier medical treatment and less blindness in the diabetic population.

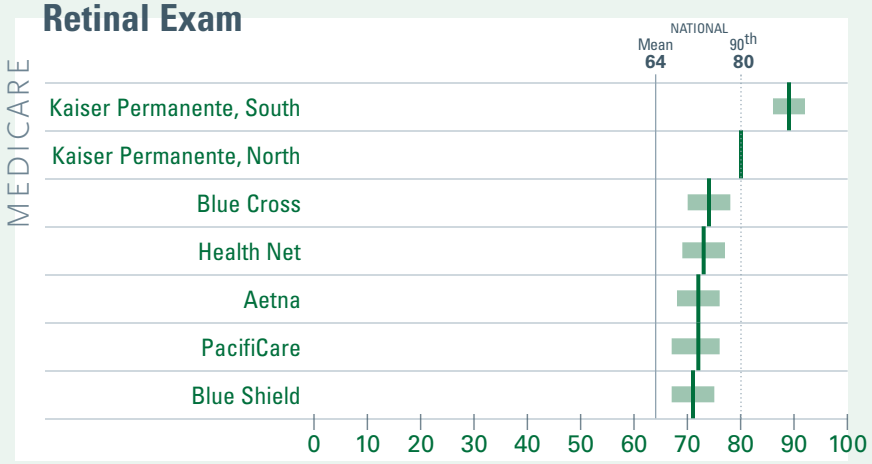
HbA1c Test



HbA1c Level < 9.0%



Retinal Exam



NOTES

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COMPREHENSIVE DIABETES CARE *3 of 4*

CHOLESTEROL MANAGEMENT
LDL Test

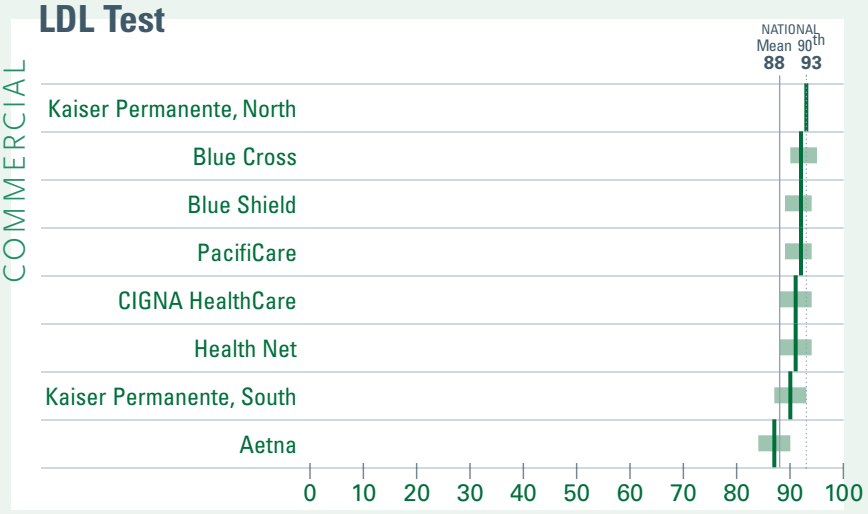
Heart disease is one of the most common and important medical complications of diabetes. Higher levels of cholesterol and fat in the blood greatly contribute to the increased incidence of coronary artery disease and heart disease. Unfortunately, patients with diabetes have much higher rates than the general population of high blood cholesterol levels and develop heart problems much more frequently than people without diabetes.

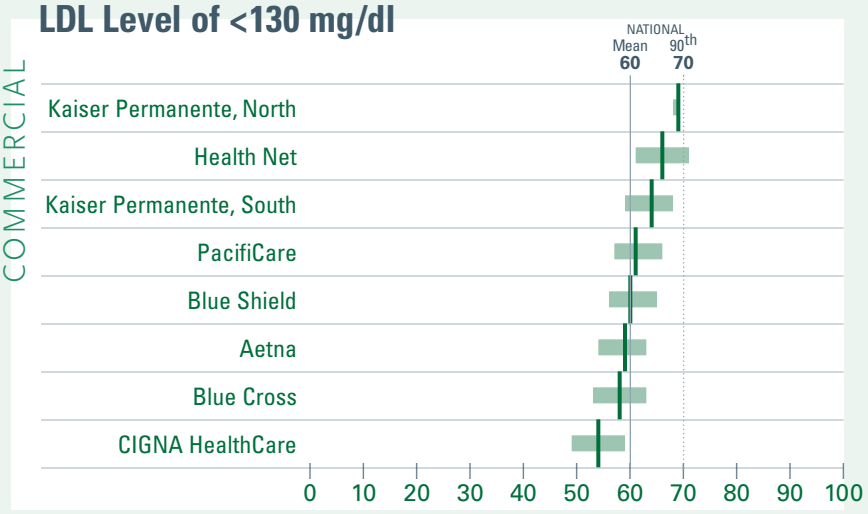
It is very important that LDL cholesterol levels be measured at least yearly in patients with diabetes. Efforts should be made, depending upon the patient, to maintain LDL cholesterol at levels lower than 130 mg/dl. CCHRI calculated the percentage of patients with diabetes who received an LDL cholesterol screening test during 2001 and the percentage of those who had cholesterol levels below 130 mg/dl. A higher screening rate of LDL cholesterol could indicate that a health plan is working hard to promote regular medical exams for patients with diabetes.

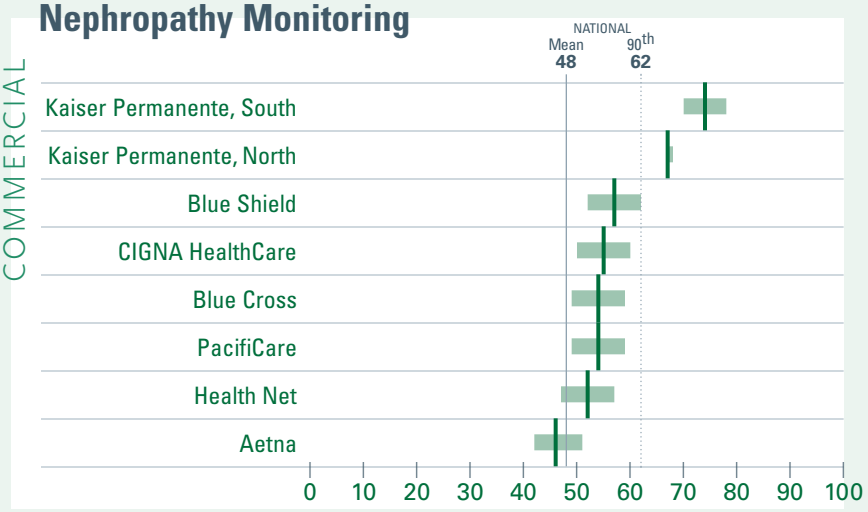
KIDNEY DISEASE MONITORING
Nephropathy Monitoring

People with diabetes are much more likely than the general population to develop acute and chronic kidney problems, such as renal insufficiency, end-stage renal disease and diabetic nephropathy. These serious complications can require long-term kidney dialysis or kidney transplant. Importantly, early detection of kidney disorders can lead to earlier treatment, and slow or prevent further deterioration of the kidneys and help avoid dialysis or transplant.

One of the first signs of kidney problems is protein in the urine. It is therefore very important that patients with diabetes have a test at least once a year that measures microalbuminuria. CCHRI reports the percentage of HMO patients with diabetes who received this test during 2002. For some patients, depending upon their overall health status and how well their diabetes is controlled, a microalbuminuria test performed during 2002 was also counted in the results for this measure.

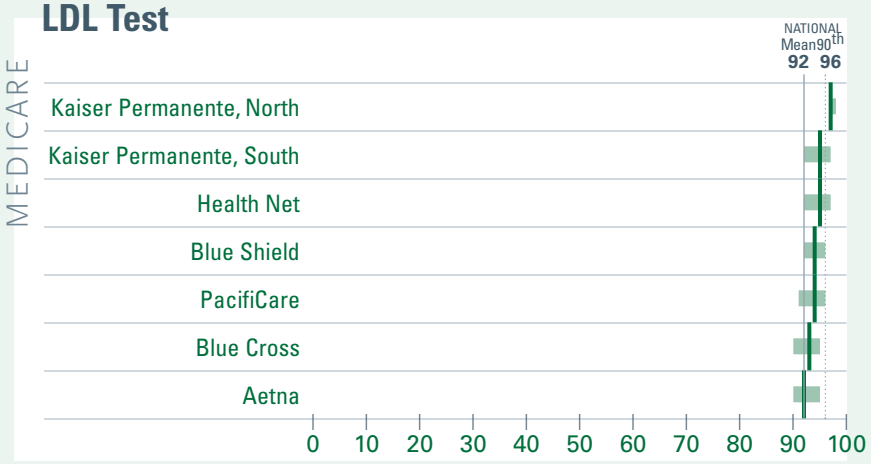




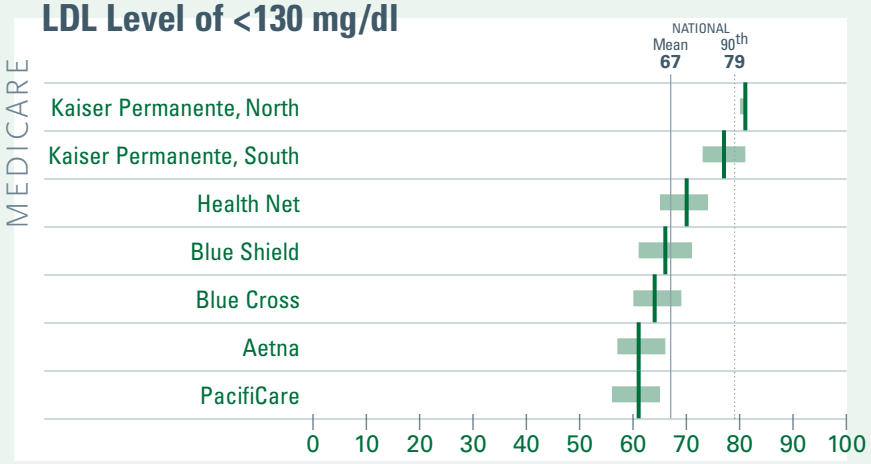


COMPREHENSIVE DIABETES CARE *4 of 4*

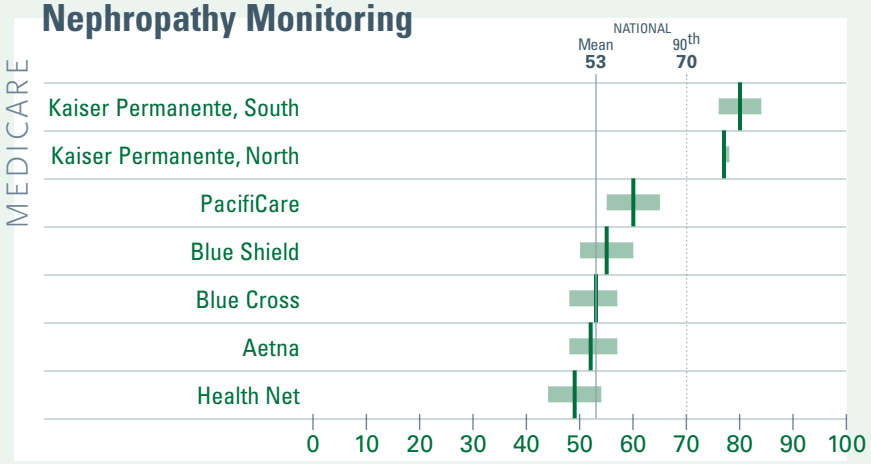
LDL Test



LDL Level of <130 mg/dl



Nephropathy Monitoring



NOTES

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ANTIDEPRESSANT MEDICATION *1 of 2*

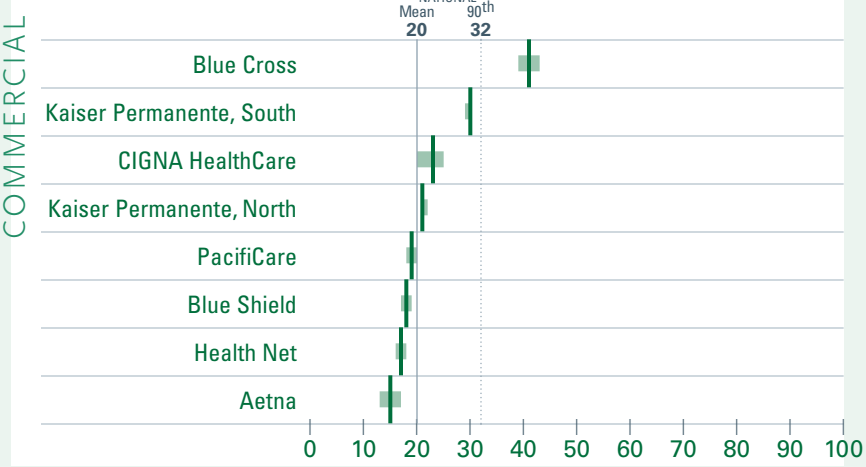
ANTIDEPRESSANT MEDICATION MANAGEMENT

Depression is a common mental health condition that affects approximately 3 to 5% of the adult population in the United States. If not properly treated with counseling and medications, patients can sometimes experience serious complications. Approximately 70% of patients who are diagnosed with severe depression respond favorably to antidepressant medications.

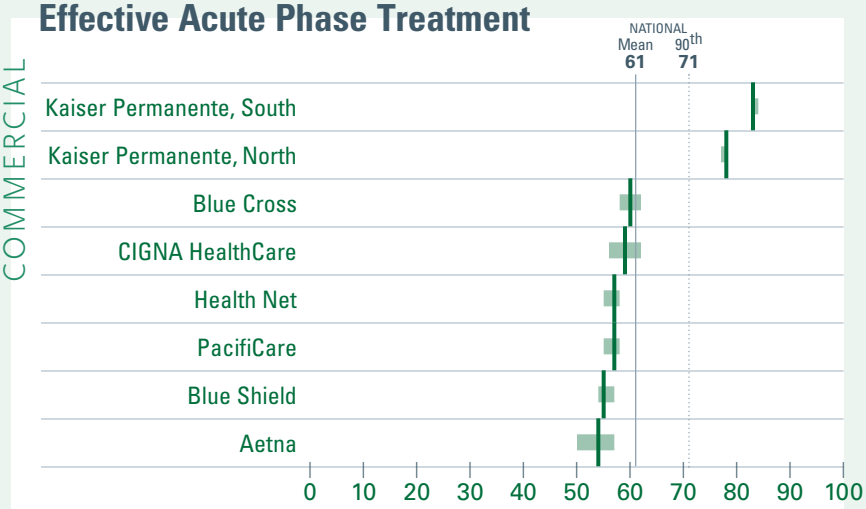
These charts display a three-part measure that examines whether California HMO patients who are treated with medication for a new episode of depression receive good care. Specifically, the first measure looks at whether follow-up visits occur frequently enough for physicians to monitor and adjust medication dosages (at least three visits with the PCP or mental health provider in the first 12 weeks following diagnosis). The second measure shows the percent of patients who remain on antidepressant medications for 12 weeks following diagnosis, and the third measure is the percent who remain on their medication for six months following diagnosis.

Nationally, only about half of all patients treated with antidepressant medications receive care for the recommended period of time, four to nine months. Better treatment rates suggest fewer patients are likely to experience a relapse of their depression symptoms. Health plans can improve clinical outcomes for their members by working in partnership with physicians to encourage appropriate treatment and improved medication management for patients with new episodes of depression.

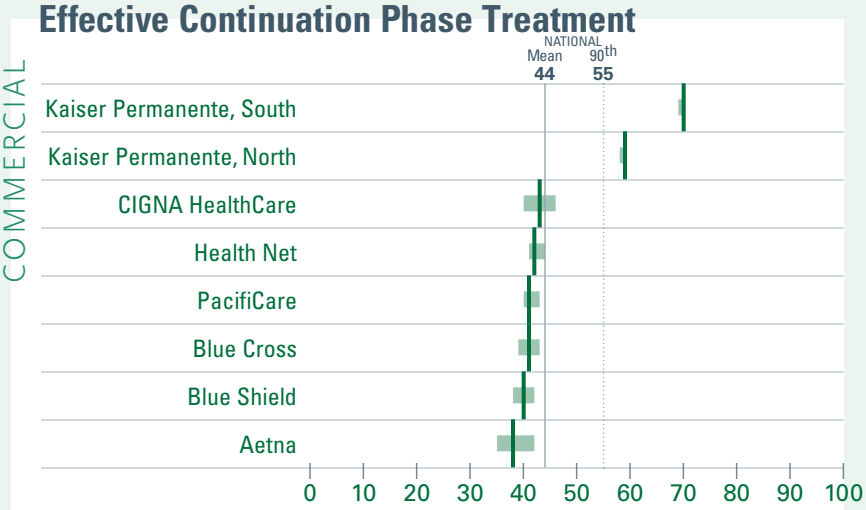
Optimal Practitioner Contacts



Effective Acute Phase Treatment

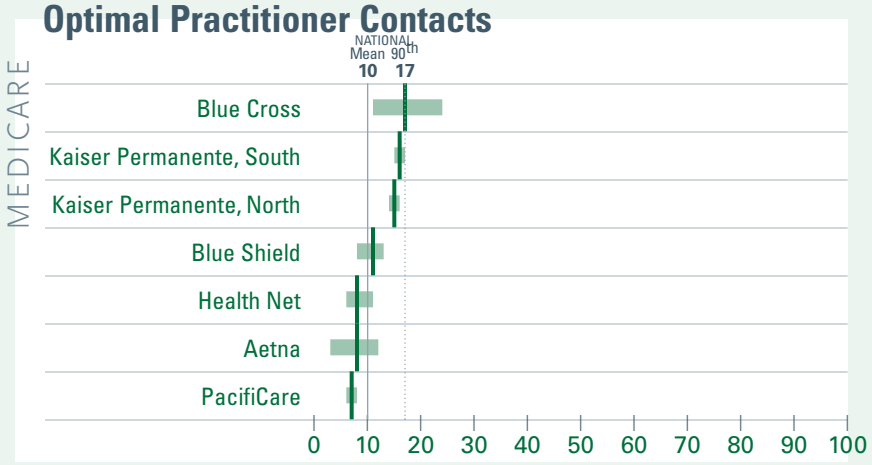


Effective Continuation Phase Treatment

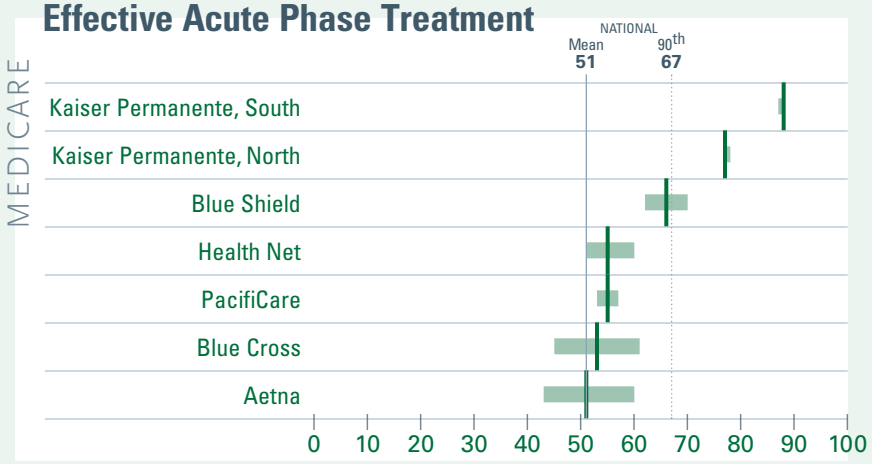


ANTIDEPRESSANT MEDICATION *2 of 2*

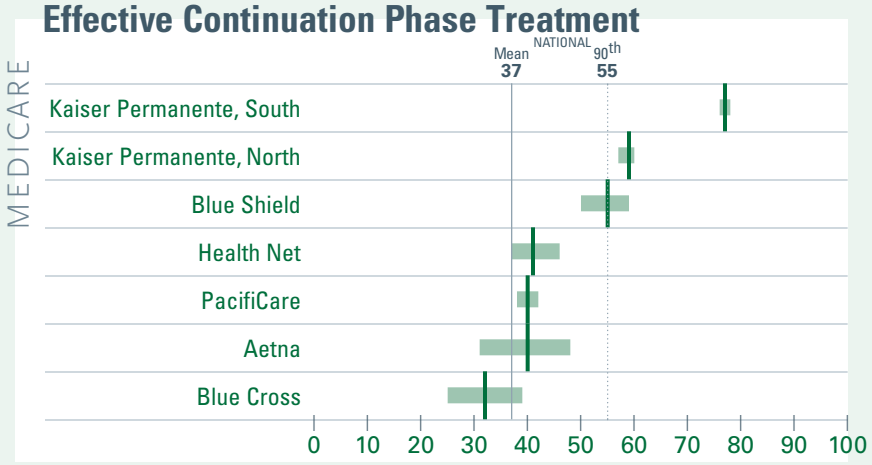
Optimal Practitioner Contacts



Effective Acute Phase Treatment



Effective Continuation Phase Treatment



NOTES

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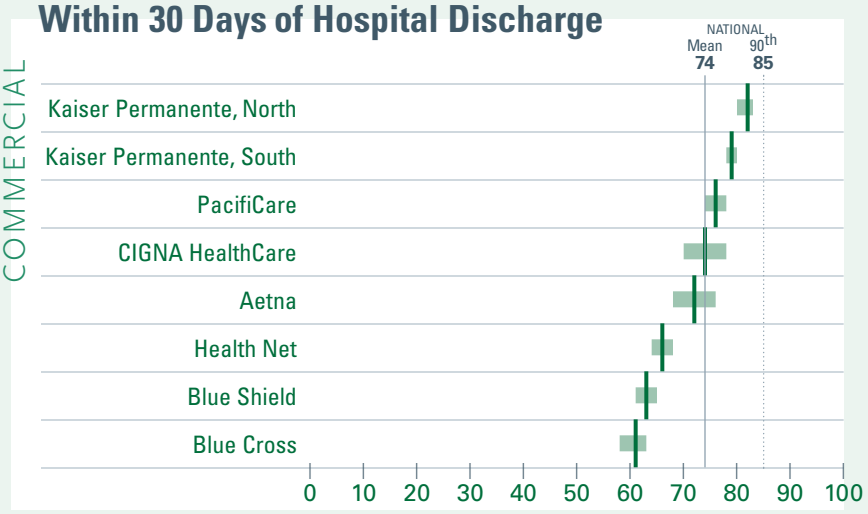
MENTAL ILLNESS *1 of 2*

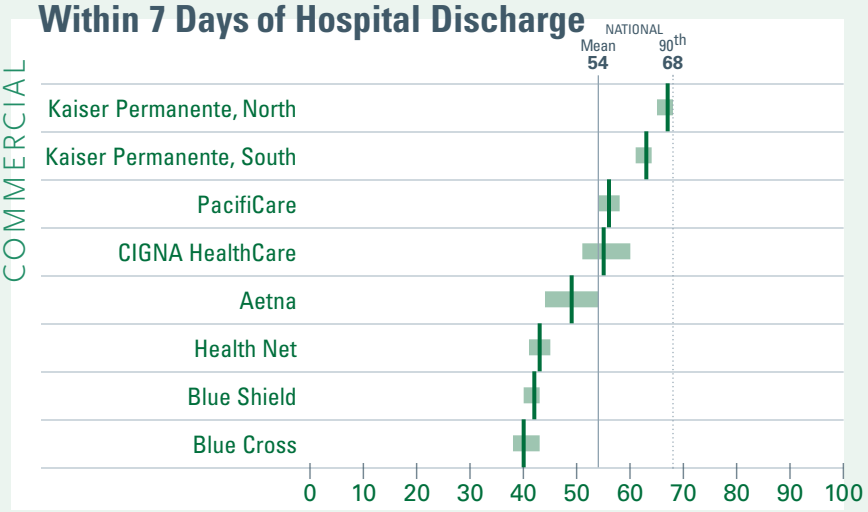
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Mental illnesses such as depression, schizophrenia, and anxiety are real health conditions that, if untreated, can be as disabling and serious as cancer and heart disease. Fortunately, advances in mental health research and the availability of newer, more effective medication have broadened the treatment options for mental health problems and improved the overall level of mental health care.

Hospitalization is sometimes the most appropriate treatment for serious mental illness. When patients are discharged from the hospital, ongoing medical care and emotional support is essential to continued recovery. Patients who receive regular follow-up therapy with a mental health provider usually experience a smoother transition back to their regular routines at home and work. They also have lower rates of relapse and re-hospitalization.

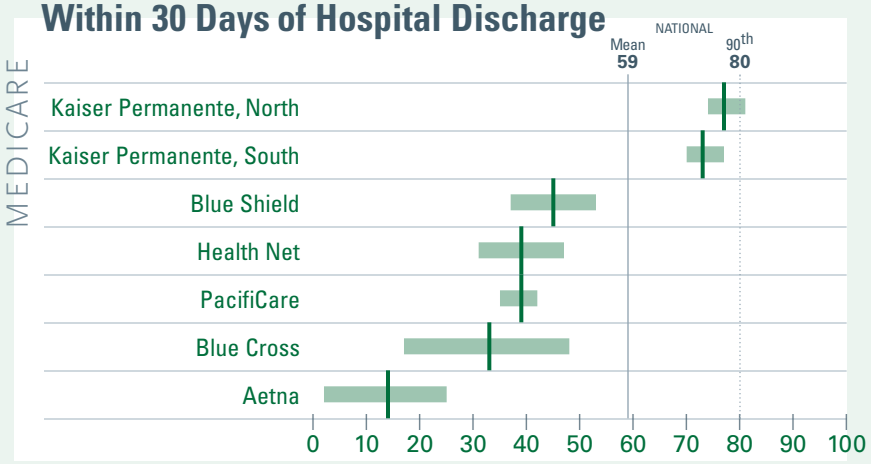
This HEDIS indicator measures the percentage of HMO members who were seen on an outpatient basis by a mental health provider within seven days, and within 30 days, after hospitalization for a mental health disorder. HMOs can encourage appropriate follow-up treatment by educating members and physicians regarding the benefits of continued therapy and support in the immediate post-hospitalization period and about the various treatment options available to them.



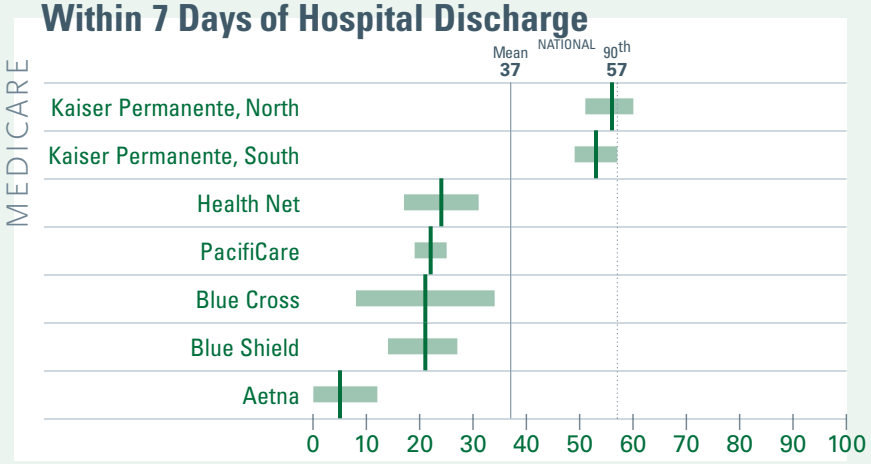


MENTAL ILLNESS *2 of 2*

Within 30 Days of Hospital Discharge



Within 7 Days of Hospital Discharge



NOTES

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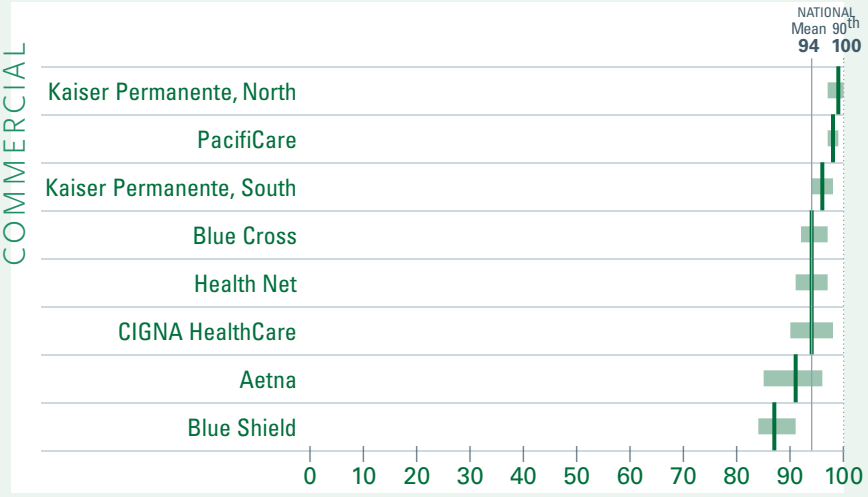
BETA BLOCKER TREATMENT

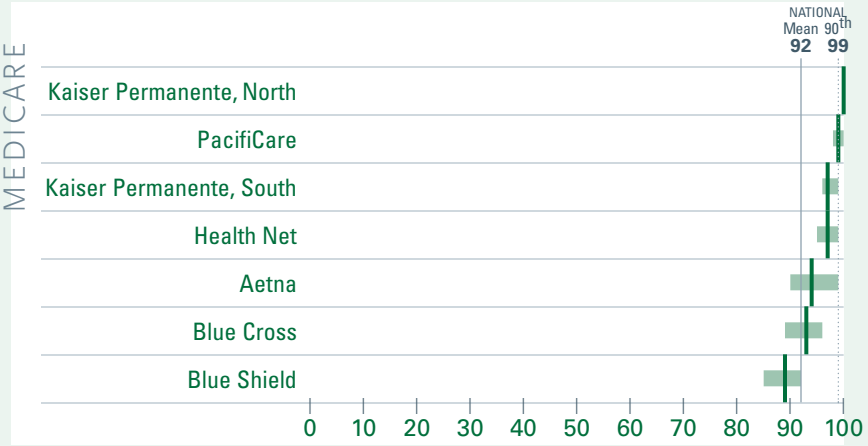
BETA BLOCKER TREATMENT AFTER HEART ATTACK

Heart attacks, also known as acute myocardial infarctions or AMI, occur in approximately 1.5 million Americans each year. Unfortunately, patients who have had a heart attack are at higher risk than the general public to have another one.

Medications called beta blockers are an important part of follow-up treatment after a heart attack. When taken shortly after a heart attack by patients without other heart problems, beta blockers can help prevent another heart attack by lowering blood pressure and decreasing how hard the heart has to work.

This measure calculates the percentage of HMO patients who had a heart attack and subsequently received a prescription for beta blocker medication. HMOs improve beta blocker treatment rates by encouraging physicians to evaluate clinical options, including the use of medications, for patients with heart disease and especially for those who have suffered a heart attack. Health plans also provide educational materials about the appropriate use of beta blockers to physicians and members.





NOTES

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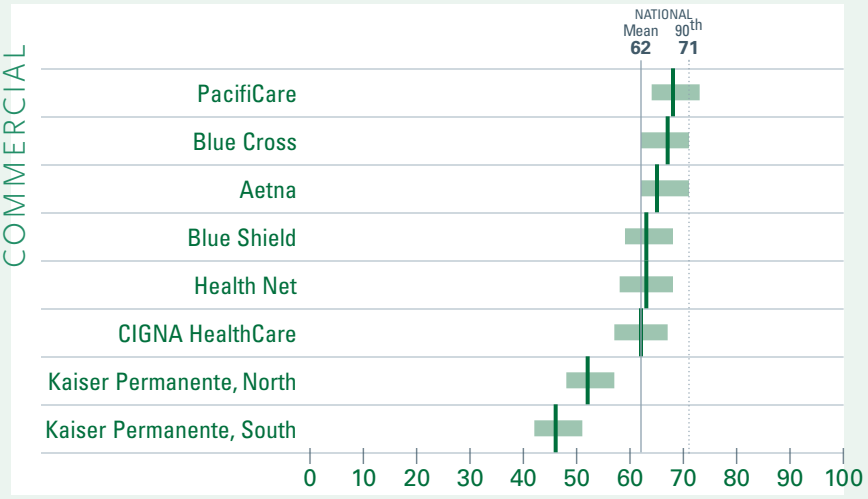
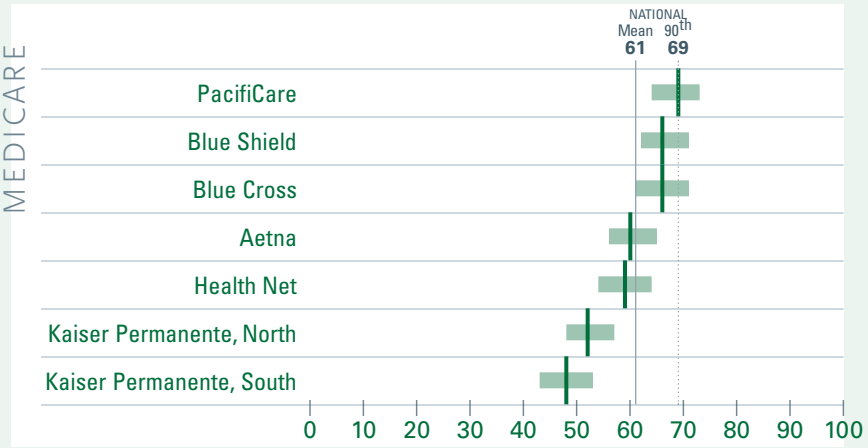
HIGH BLOOD PRESSURE

CONTROLLING HIGH BLOOD PRESSURE

Approximately 50 million Americans (30 percent of the adult population) have high blood pressure, also known as hypertension. High blood pressure contributes significantly to the development of serious medical conditions such as coronary heart disease, congestive heart failure, kidney disease and stroke. Lowering blood pressure, even in amounts as small as 5-6mm, has many benefits, including decreased overall risk of developing serious medical problems. In elderly patients where the incidence of congestive heart failure is common, aggressively treating hypertension can reduce coronary heart disease and deaths from stroke.

Hypertension is defined as blood pressure readings consistently higher than 140/90. This measure looks at whether adults in the Medicare population, diagnosed with hypertension, had blood pressure readings below 140/90 during 2003. Hypertension can improve with changes in diet and lifestyle, including increased exercise and the appropriate use and monitoring of medications. With careful, individualized treatment, up to three-quarters of patients diagnosed with hypertension can achieve and maintain adequate blood pressure control. HMOs can use educational programs and newsletters to increase provider and patient awareness of the benefits of controlling high blood pressure.





NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

CHOLESTEROL MANAGEMENT *1 of 2*

CHOLESTEROL MANAGEMENT AFTER ACUTE CARDIOVASCULAR EVENTS

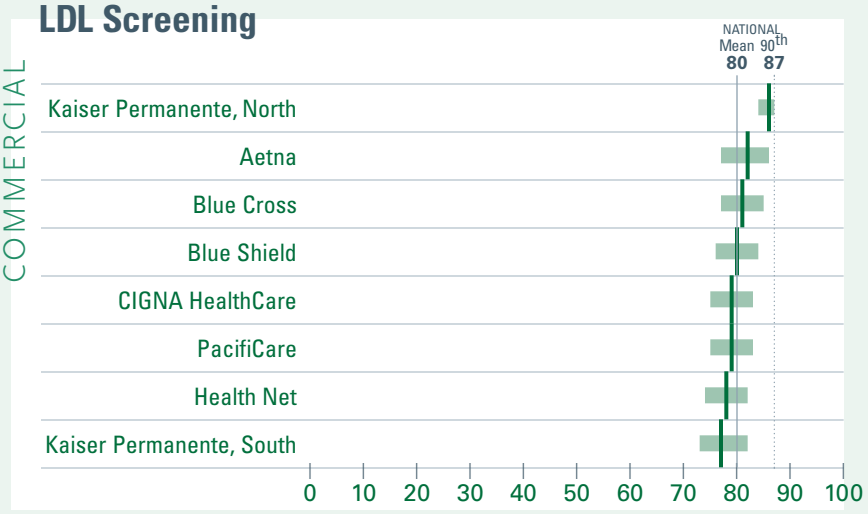
Cholesterol management is very important in the prevention and control of coronary artery disease, the leading cause of death in the United States. Approximately 490,000 deaths occur each year because of complications of this disease and many clinical studies have shown that high blood cholesterol levels are directly related to the development of coronary artery disease. However, only about one out of every four of the 50 million Americans with high cholesterol has the condition under adequate control.

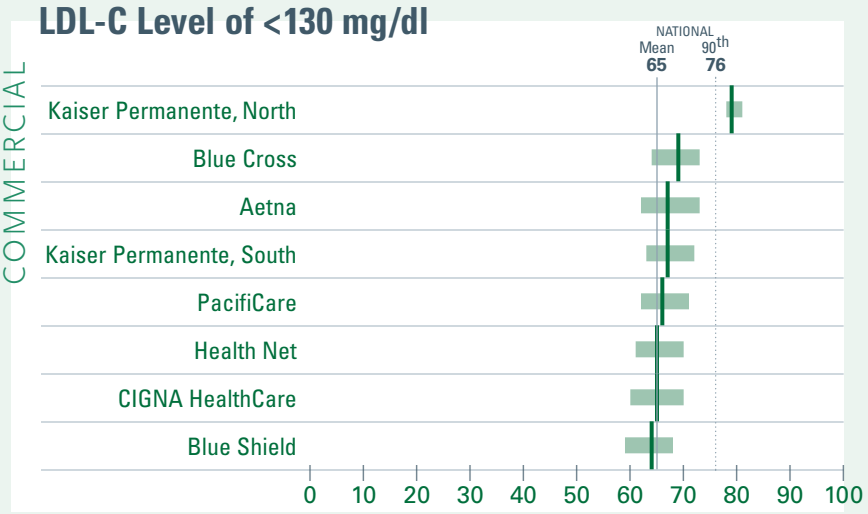
Elevated cholesterol levels can be lowered through a combination of lifestyle changes including a low-fat diet, increased physical activity and, when appropriate, treatment with cholesterol-lowering medications. Physicians routinely screen patients for high cholesterol. It is especially important for those who have already had a cardiac event such as a heart attack, bypass surgery, or coronary angiography to ask their doctors about treatment choices.

The first of the measures shown on these pages reports the percentage of California adult HMO members discharged from the hospital following a heart attack, bypass surgery, or coronary angioplasty, who were then screened for high cholesterol (LDL cholesterol) during the year after their hospital discharge.

The second measure reflects the percentage of patients with known heart disease who have their cholesterol levels under control. Control for this measure means an LDL cholesterol level less than 130 mg/dl. Controlling LDL cholesterol levels is very important in patients with existing heart disease and can help reduce the risk of a second heart attack by as much as 40 percent.

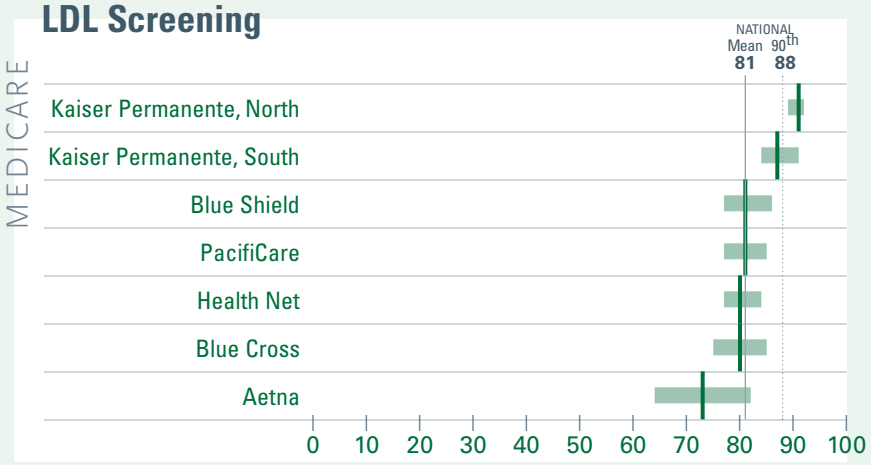
Separate charts display results for both commercial and Medicare members.



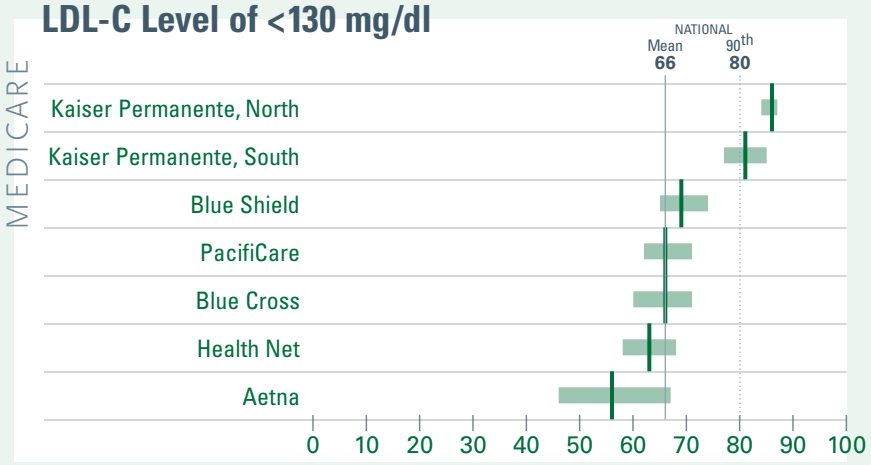


CHOLESTEROL MANAGEMENT *2 of 2*

LDL Screening



LDL-C Level of <130 mg/dl



NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

ABOUT THE MEMBER SURVEYS

Another important part of the HEDIS measurement set is a standardized member survey used by HMOs to evaluate patients' experience and satisfaction with their health plan. Information obtained from these surveys helps plans improve the quality of their services. Consumers use the comparative results to learn more about CCHRI health plans.

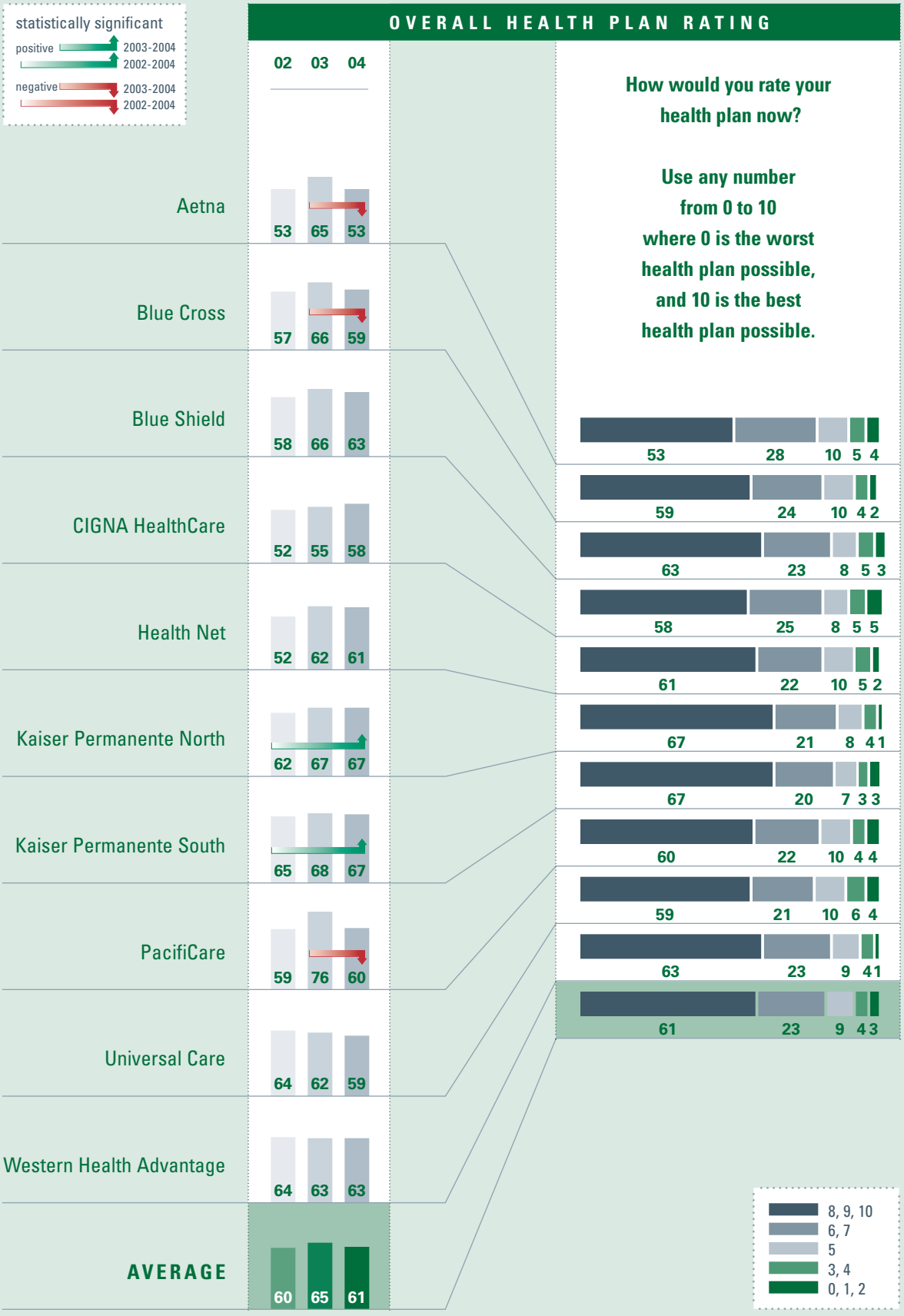
An independent research firm, using a uniform process that produces accurate and comparable results about specific plans, administered the NCQA-approved member survey for CCHRI. The survey was mailed to a randomly selected sub-set of members from each health plan and follow-up telephone calls were conducted for those members who didn't respond to the initial questionnaire.

In early 2004, approximately 25,000 members received questionnaires asking them to evaluate their experiences with their health plan during 2003. The research firm tabulated and reported the results based on answers from members who replied to the survey. Findings shown in this report include responses to individual questions as well as combined responses from several similar questions that are summarized into composite categories.

It is possible that members who participated in this survey are more satisfied or less satisfied than members who did not receive questionnaires or participate in the survey.

HEALTH PLAN *1 of 2*

MEMBER SURVEY



MEMBER SURVEY

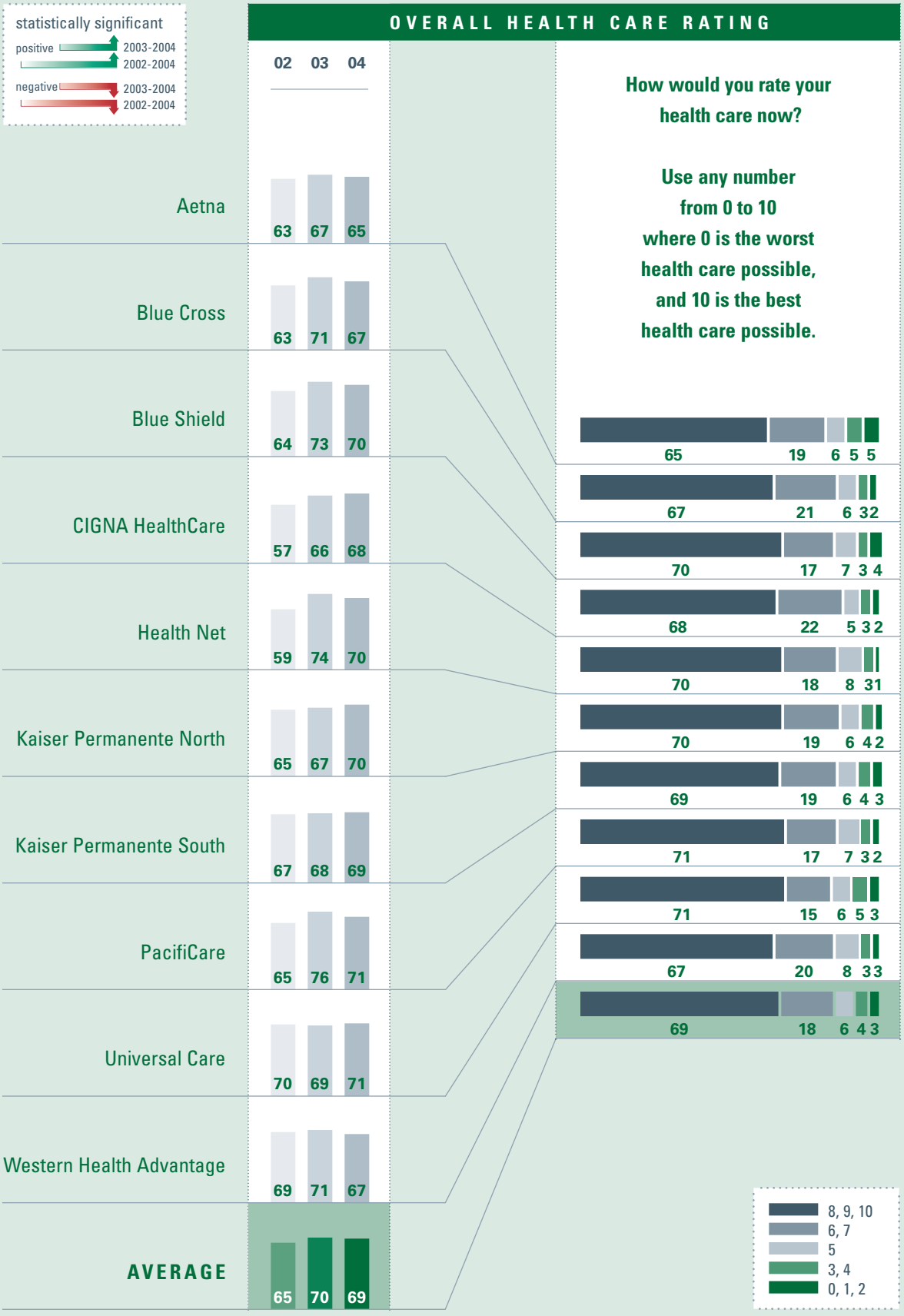
HEALTH PLAN 2 of 2

	IN THE LAST 12 MONTHS, HOW MUCH OF A PROBLEM, IF ANY, WAS IT TO GET...		
	the help you needed when you called your health plan's customer service?	the care you or a doctor believed necessary?	a referral to a specialist you needed to see?
Aetna	47 / 40 / 14	73 / 20 / 8	64 / 20 / 18
Blue Cross	55 / 28 / 17	72 / 21 / 7	61 / 25 / 14
Blue Shield	70 / 17 / 14	76 / 16 / 9	69 / 15 / 17
CIGNA HealthCare	48 / 26 / 27	77 / 15 / 9	60 / 25 / 16
Health Net	60 / 24 / 16	74 / 19 / 7	65 / 18 / 16
Kaiser Permanente North	62 / 26 / 12	76 / 17 / 7	67 / 20 / 13
Kaiser Permanente South	67 / 19 / 14	74 / 19 / 7	65 / 22 / 13
PacifiCare	60 / 26 / 14	74 / 18 / 8	65 / 22 / 13
Universal Care	56 / 28 / 16	71 / 17 / 12	56 / 24 / 20
Western Health Advantage	61 / 26 / 13	75 / 18 / 7	64 / 22 / 15
AVERAGE	58 / 26 / 16	74 / 18 / 8	63 / 21 / 15

Not a problem | A small problem | A big problem

HEALTH CARE *1 of 2*

MEMBER SURVEY



MEMBER SURVEY

TREND DATA INTRODUCTION

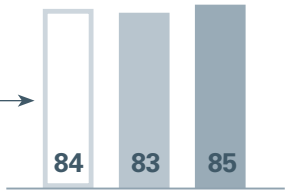
MEASURES OF EFFECTIVENESS OF CARE

Looking at results obtained over a period of several years can help evaluate whether plans are improving the way they provide care in certain clinical areas.

This chart compares health plan performance for fourteen clinical measures in the commercial population. Several of the measures are composed of more than one rating. Depending on the availability of comparable data, results are trended over two or three years. NCQA continuously improves the way performance measures are collected, and occasionally adds new measures, making it difficult to compare ratings for more than three years for specific measures.

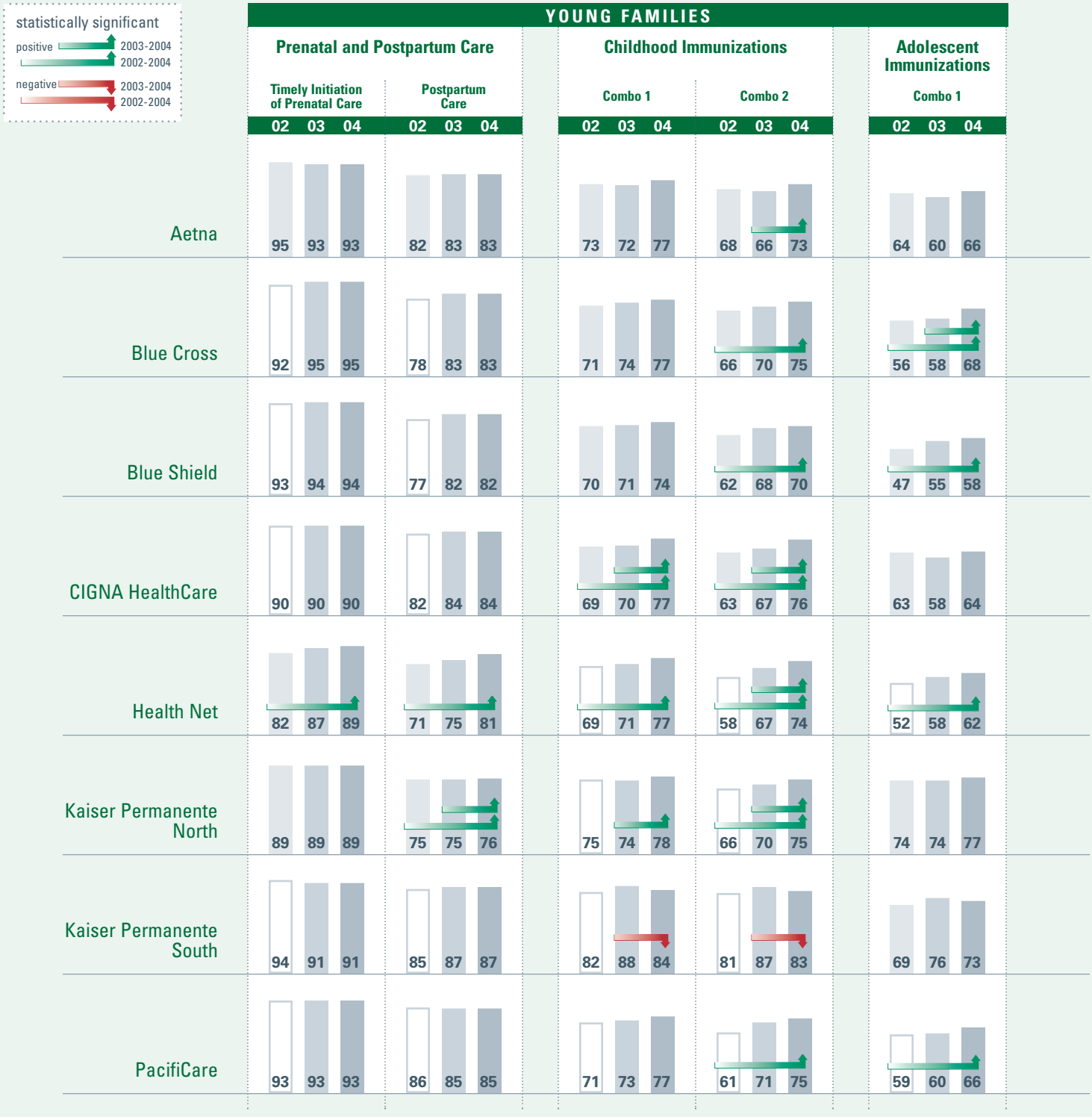
Many year-to-year changes are small and may not be meaningful. Changes that are statistically significant are noted with a blue or grey arrow crossing this year's and last year's rates. In addition, longer-term meaningful changes are noted where the arrow crosses all three years of trend data and compares this year's results to the 2002 results. Changes not noted with an arrow are not meaningful and may be due to random chance.

HOW TO READ THESE GRAPHS



Not all data are required to be collected yearly. Therefore, the hollow bars in the graphs on the following pages indicate that the health plan elected to honor the NCQA rotation strategy for that measurement year and therefore the most recently available data reported by the health plan is from the prior measurement year.

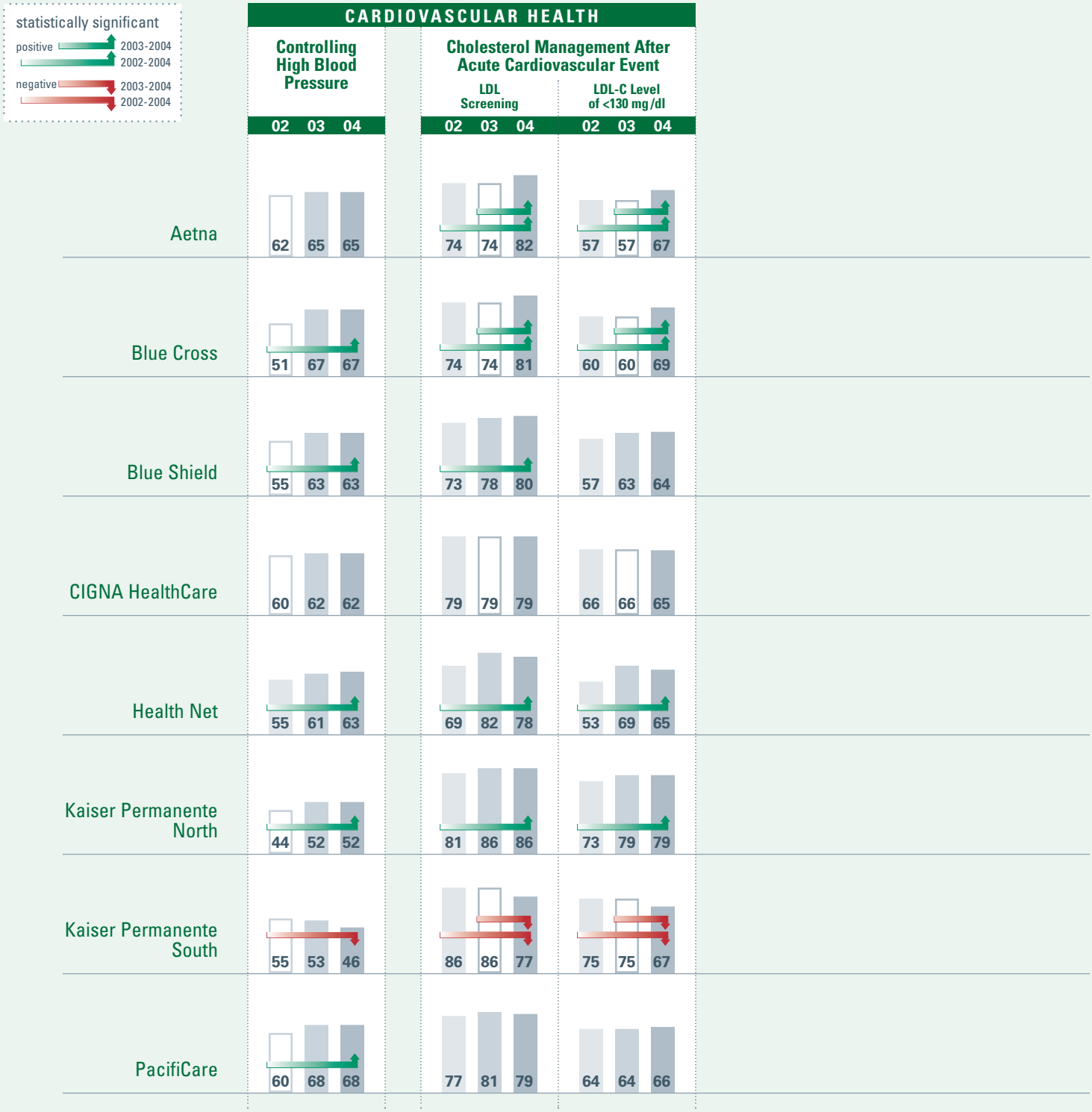
TREND DATA COMMERCIAL *1 of 4*



TREND DATA COMMERCIAL *2 of 4*

TREND DATA COMMERCIAL *3 of 4*

TREND DATA COMMERCIAL *4 of 4*

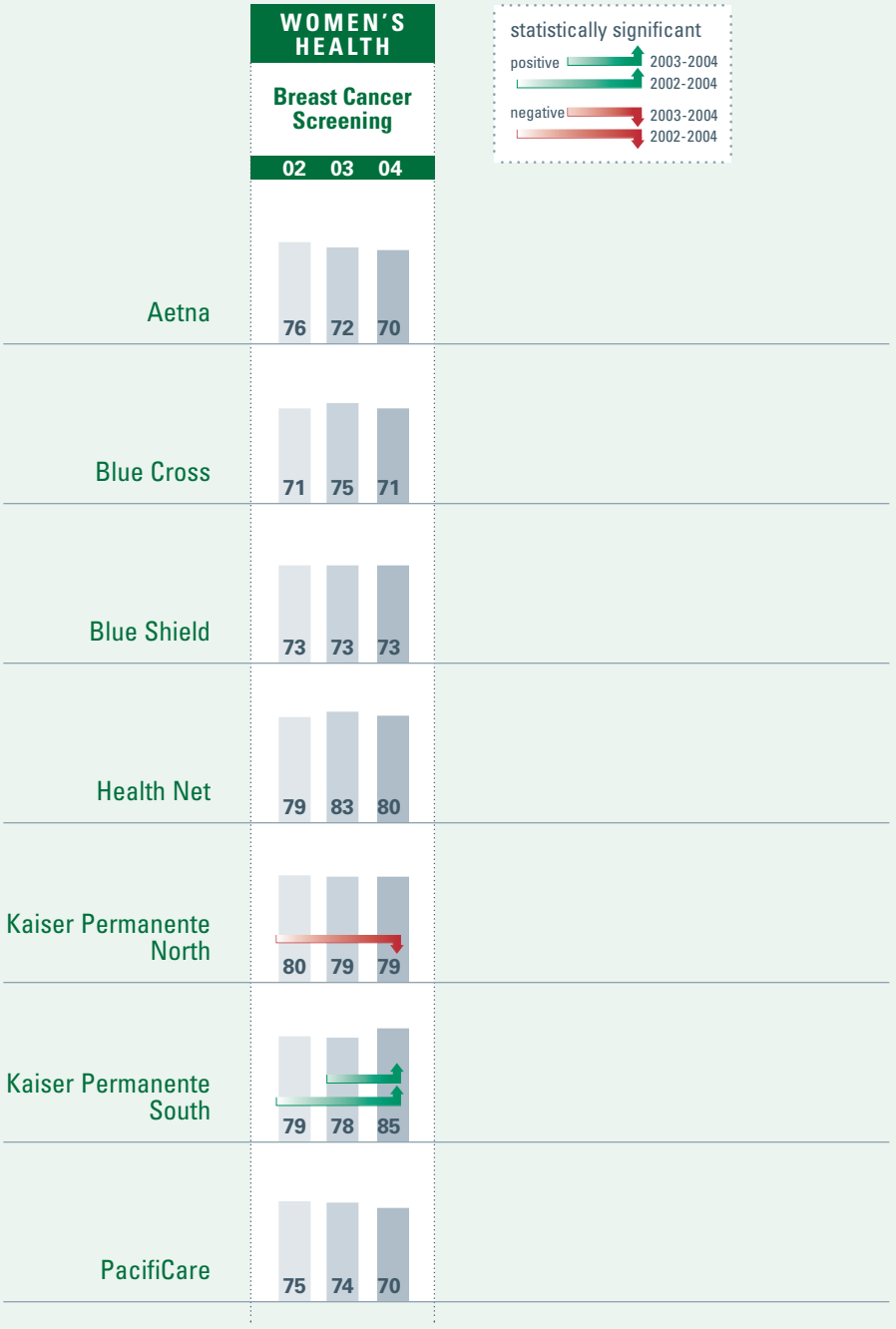


TREND DATA MEDICARE *1 of 4*

Looking at performance results obtained over a period of several years can help evaluate whether plans are improving the way they provide care in certain clinical areas.

The trend charts on the next few pages compare health plan performance for eleven clinical measures for the Medicare population. Several of the measures are composed of more than one rating. Depending on the availability of comparable data, results are trended over two or three years. NCQA continuously improves the way performance measures are collected, and occasionally adds new measures, making it difficult to compare ratings for more than three years for specific measures.

Many year-to-year changes are small and may not be meaningful. Changes that are statistically significant are noted with a red or green arrow crossing this year's and last year's rates. In addition, longer-term meaningful changes are noted where the arrow crosses all three years of trend data and compares this year's results to the 2002 results. Changes not noted with an arrow are not meaningful and may be due to random chance.



TREND DATA MEDICARE *2 of 4*

TREND DATA MEDICARE *3 of 4*

NOTES

ϕ – No rate reported; denominator was less than 30.

TREND DATA MEDICARE *4 of 4*

ABOUT THE SURVEYS

Other sections of this Report help consumers understand the role of health plans in assuring that patients receive good medical care. However, it is also important for consumers to know whether their local medical groups and IPAs provide readily accessible medical treatment and other important health care services for their patients.

For the fourth year in a row, CCHRI administered the Consumer Assessment Survey (CAS), a nationally recognized and standardized questionnaire used to evaluate and publicly report patient satisfaction with their provider group. This survey is different from the member survey used by health plans because it attempts to evaluate the care received from physicians and other providers who belong to specific medical groups and IPAs in California.

This Report summarizes the findings of the Consumer Assessment Survey and the supplemental after-hours phone calls. Most of the questions from the CAS are grouped with similar questions that share common interest and are reported as composite scores. For example, the "Timely Care and Service" composite measure includes questions about getting an appointment, getting help or advice during regular office hours, after hours care, and timeliness of care. For more information about particular questions included in each CAS composite category, and for results to specific questions, please see www.healthscope.org where more detailed responses are available.

CCHRI was able to implement the 2004 Consumer Assessment Survey because of the financial support and assistance from the following health plans:

- **Aetna Health of California, Inc.**
- **Blue Cross of California**
- **Blue Shield of California**
- **CIGNA HealthCare**
- **Health Net**
- **Kaiser Foundation Health Plan**
- **PacifiCare of California**
- **Universal Care**
- **Western Health Advantage**

CONSUMER ASSESSMENT SURVEY

The 2004 Consumer Assessment Survey evaluated patients' experience and the care they received from 155 medical groups or IPAs in northern and southern California. These provider groups ranged in size from 2,500 to 2.8 million members. The results were calculated from over 70,000 individual patients who responded to the survey. Significantly, the participating medical groups and IPAs agreed to publicly report the results from the survey.

Because the California health care delivery system covers such a large geographic area and is so diverse, CCHRI tried to obtain specific information from the Consumer Assessment Survey that is helpful to members in making important health care decisions. Consumers frequently ask the following kinds of questions when weighing decisions about where to receive their health care: "Is my primary care physician available after-hours? Can I get an appointment with my doctor when I need one? Will I receive the important preventive health care services that are recommended for me?" The Consumer Assessment Survey attempts to help answer these questions.

HMO and POS patients enrolled in the selected medical groups and IPAs participating in the survey, were asked to evaluate the following features of the medical care they receive:

- Overall ratings of their care;
- Communication between doctor and patient;
- Counseling on preventive care topics such as diet, exercise and smoking;
- Access to primary and specialist care for urgent and non-urgent situations.

Nine hundred adults (over age 18) were randomly selected from each medical group or IPA to participate in the survey. The CAS questionnaire was mailed directly to them from an independent research organization and all responses were confidential. The results shown on the following pages were tabulated from the mailed survey responses or from follow-up telephone calls to those patients who did not return the mailed questionnaire.

AFTER HOURS ACCESS SURVEY

In order to supplement important access information obtained from the Consumer Assessment Survey, such as appointment availability and access to care information, CCHRI also conducted an after-hours telephone survey of physicians' offices. This Provider Telephone Access Survey focused on the same primary care physicians associated with the eighty-two medical groups and IPAs participating in the CAS. An impartial research firm used a CCHRI-developed telephone interview survey to assess whether PCPs are available after-hours to speak with their patients. They also evaluated whether office recordings and answering services offer appropriate information to after-hours callers experiencing a medical emergency.

CCHRI asked participating medical groups and IPAs to assist with the provider survey by supplying contact information and telephone numbers for their primary care physicians. Fifty PCP offices were randomly selected from each provider organization. Results obtained from these phone calls are included, side-by-side, in the same tables that contain results for the access to care and appointment availability questions from the Consumer Assessment Survey.

Results for the after-hours phone calls are shown as percentage scores. Calculations were made based on the total number of interviews completed and the total number of appropriate responses.

HOW TO READ THESE GRAPHS

Responses included in a composite category are combined to obtain a single score. For example, for questions with four possible answers, the results used to create a composite score include the total percent of responses that fall in the top two favorable categories (i.e., Always or Usually).

In addition, the Consumer Assessment Survey used a 0-10 rating for measuring overall experience with care from a doctor's office or clinic, care from a personal doctor or nurse, and care from specialists. The scores reported here show the percentage of responses with the most favorable ratings—8, 9, or 10 on a 10-point scale.

The After Hours results are the percentage of PCP offices in each medical group or IPA that offered appropriate information during the after-hours telephone access survey.

Each group's score is compared to the overall regional average score and statistically significant results above or below the regional average are displayed by arrows.

When reviewing the results, please compare each group to the regional average and not to the other groups. Results are based on a relatively small number of a group's members and differences between groups may not be significant or meaningful.

An average for all the groups located in either northern or southern California was also calculated and specific group results can be compared to their regional average. Comparative group scores that are significantly above or below the regional average are indicated by arrows. ▲ ▼

NORTHERN CALIFORNIA *1 of 2*

MEDICAL GROUP RESULTS

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY					
	Rating Overall Health Care	Rating of Personal Doctor or Nurse	Rating of Specialist Most Often Seen	Timely Care & Service	Getting Treatment & Specialty Care	Communicating with Patients
Affinity Medical Group	78	84	74	78	75	88
AllCare Medical Group	71	82	73	73 ▼	73	85
Alta Bates Medical Group	66 ▼	75 ▼	73	73 ▼	68	86
Bakersfield Family Medical Center / Heritage Physicians Network	69	81	69	73 ▼	68	86
Bay Va lley Medical Group	68	82	72	79	68	87
Brown & Toland Medical Group	71	77	70	75	71	86
Camino Medical Group	79 ▲	87 ▲	84 ▲	78	80 ▲	91 ▲
Central Valley Medical Group	68	80	80	74 ▼	70	88
Chinese Community Health Care Association	69	79	69	65 ▼	66	87
Delta IPA	73	81	77	77	71	87
GEMCare	73	88 ▲	63 ▼	79	68	90
Hill Physicians Medical Group-East Bay	80 ▲	85	68	83 ▲	73	89
Hill Physicians Medical Group-Sacramento	74	82	79	80	73	87
Hill Physicians Medical Group-San Francisco	78	86	72	84 ▲	78 ▲	91 ▲
Hill Physicians Medical Group-Solano	76	86	71	77	71	91
Humboldt-Del Norte IPA	82 ▲	86 ▲	74	85 ▲	78 ▲	93 ▲
John Muir/Mt. Diablo Health Network	74	81	72	78	73	89
Key Medical Group, Inc	65 ▼	77	77	73	70	86
Marin IPA	73	79	77	79	74	89
MedClinic Medical Group	65 ▼	73 ▼	72	68 ▼	65 ▼	83 ▼
Medcore Medical Group	66 ▼	78	65 ▼	73	58 ▼	84 ▼
Mills Peninsula Medical Group	77	83	81	81 ▲	76	90
Palo Alto Medical Foundation	82 ▲	86 ▲	80	84 ▲	76	92 ▲
Physicians Medical Group of San Jose	73	78	74	80	76	88
Physicians Medical Group of Santa Cruz County	77	85	80	77	73	90
San Jose Medical Group	68 ▼	75 ▼	71	70 ▼	70	86
Sant, Community Physicians	74	82	74	75	74	91 ▲
Santa Clara County IPA	74	82	79	79	77 ▲	90
Santa Cruz Medical Foundation	73	83	74	69 ▼	71	90
Solano Regional Medical Group	68 ▼	78	71	69 ▼	65 ▼	83 ▼
Sonoma County Primary Care IPA	84 ▲	89 ▲	72	86 ▲	67	92 ▲
Sutter Gould Medical Foundation	72	79	70	74	68	88
Sutter Independent Physicians	71	74 ▼	77	80	70	86
Sutter Medical Group	77	82	79	78	72	88
Sutter Medical Group of the Redwoods	77	84	75	83 ▲	74	89
Sutter West Medical Group	80 ▲	90 ▲	72	81 ▲	69	91 ▲
The Permanente Medical Group (Sacramento area)	70	77	74	77	66 ▼	85 ▼
The Permanente Medical Group (San Francisco Bay area)	72	81	81 ▲	80	75	86
University of California Davis Medical Group	79 ▲	86 ▲	77	78	68	90
Valley of the Moon Medical Gro up	73	80	76	78	72	88
Woodland Clinic Medical Group	73	81	73	78	73	90
NORTHERN CALIFORNIA AVERAGE	74	82	75	77	71	88

NORTHERN CALIFORNIA *2 of 2*

MEDICAL GROUP RESULTS

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY						
	ACCESS TO YOUR PCP			ACCESS TO SPECIALISTS		AFTER HOURS	
	Routine Care	Urgent Care	Preventive Care	Routine Care	Urgent Care	Appropriate Emergency Instructions	Physician Availability
Affinity Medical Group	86	80	85	85	83	82	68
AllCare Medical Group	86	81	84	82	79	74	86 ▲
Alta Bates Medical Group	81	82	80	74	77	70 ▼	65
Bakersfield Family Medical Center / Heritage Physicians Network	84	80	84	86	78	48 ▼	70
Bay Va lley Medical Group	87	82	89	77	76	73	86 ▲
Brown & Toland Medical Group	80 ▼	86	79 ▼	79	81	76	94 ▲
Camino Medical Group	86	83	83	85	86	61 ▼	39 ▼
Central Valley Medical Group	82	78	83	83	71	81	98 ▲
Chinese Community Health Care Association	77 ▼	48 ▼	64 ▼	62 ▼	49 ▼	68 ▼	88
Delta IPA	89	84	89	87 ▲	81	64 ▼	55 ▼
GEMCare	91 ▲	89 ▲	91 ▲	79	78	ϕ	ϕ
Hill Physicians Medical Group-East Bay	94 ▲	88 ▲	94 ▲	85	74	80	69
Hill Physicians Medical Group-Sacramento	90 ▲	86	87	78	79	93 ▲	80
Hill Physicians Medical Group-San Francisco	91 ▲	87	90 ▲	88 ▲	88 ▲	67 ▼	87 ▲
Hill Physicians Medical Group-Solano	88	84	91 ▲	80	78	86 ▲	94 ▲
Humboldt-Del Norte IPA	91 ▲	89 ▲	94 ▲	84	87 ▲	86 ▲	96 ▲
John Muir/Mt. Diablo Health Network	85	82	83	82	78	66 ▼	70
Key Medical Group, Inc	88	82	84	84	75	70 ▼	92 ▲
Marin IPA	88	85	88	82	80	79	82 ▲
MedClinic Medical Group	74 ▼	71 ▼	80 ▼	75	75	0 ▼	100 ▲
Medcore Medical Group	84	86	84	70 ▼	73	ϕ	ϕ
Mills Peninsula Medical Group	89	83	87	86 ▲	79	80	62
Palo Alto Medical Foundation	87	85	87	82	85	29 ▼	24 ▼
Physicians Medical Group of San Jose	82	83	86	83	73	73	59 ▼
Physicians Medical Group of Santa Cruz County	85	82	83	84	70	68 ▼	89 ▲
San Jose Medical Group	78 ▼	76	82	81	75	96 ▲	96 ▲
Sant, Community Physicians	88	84	87	81	77	58 ▼	62
Santa Clara County IPA	88	86	84	87 ▲	78	80	68
Santa Cruz Medical Foundation	75 ▼	70 ▼	79 ▼	80	78	ϕ	ϕ
Solano Regional Medical Group	77 ▼	73 ▼	82	74	69	ϕ	ϕ
Sonoma County Primary Care IPA	92 ▲	92 ▲	90 ▲	82	74	50 ▼	100 ▲
Sutter Gould Medical Foundation	80 ▼	79	83	73 ▼	78	85	81 ▲
Sutter Independent Physicians	91 ▲	84	85	76	79	55 ▼	45 ▼
Sutter Medical Group	87	85	86	83	82	89 ▲	41 ▼
Sutter Medical Group of the Redwoods	89 ▲	86	90 ▲	85	84	41 ▼	62
Sutter West Medical Group	88	86	85	75	70	100 ▲	33 ▼
The Permanente Medical Group (Sacramento area)	82	80	77 ▼	77	80	100 ▲	100 ▲
The Permanente Medical Group (San Francisco Bay area)	84	83	90 ▲	87 ▲	88 ▲	100 ▲	100 ▲
University of California Davis Medical Group	86	85	86	73 ▼	72	96 ▲	46 ▼
Valley of the Moon Medical Gro up	89 ▲	83	89 ▲	83	74	100 ▲	71
Woodland Clinic Medical Group	84	83	84	78	80	100 ▲	100 ▲
NORTHERN CALIFORNIA AVERAGE	**85**	**82**	**85**	**80**	**77**	**74**	**75**

NOTES

ϕ – Medical group declined to participate in After Hours Survey.

SOUTHERN CALIFORNIA *1 of 6*

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY					
	Rating Overall Health Care	Rating of Personal Doctor or Nurse	Rating of Specialist Most Often Seen	Timely Care & Service	Getting Treatment & Specialty Care	Communicating with Patients
Affiliated Doctors of Orange County (ADOC)	70	81	68	75	70	82
Alamitos IPA	68	80	58 ▼	73	63	86
All Care Medical Group, Inc	∉	∉	∉	∉	∉	∉
Alliance/Unified a Division of HealthCare Partners	71	78	69	74	67	87
AMVI Medical Group	67	79	76	73	84 ▲	77 ▼
Anaheim Memorial IPA	74	80	69	77 ▲	69	88
Antelope Valley Medical Associates	57 ▼	63 ▼	77 ▲	76 ▲	66	74 ▼
Antelope Valley Medical Associates/Pegasus Medical Group	58 ▼	66 ▼	78 ▲	73	66	76 ▼
Arta Health Network	∉	∉	∉	∉	∉	∉
Beaver Medical Group	72	80	78 ▲	68 ▼	65	86
Bright Medical Associates	71	83	72	73	65	88
Bristol Park Medical Group	73	86 ▲	74	79 ▲	71	88
Buenaventura Medical Group, Inc	65	76	68	71	66	85
Cedars-Sinai Health Associates	73	79	74	76 ▲	72	90 ▲
Cedars-Sinai Medical Group	74 ▲	85 ▲	73	74	72 ▲	89 ▲
Centinela IPA	66	73	69	73	60 ▼	87
Centre for Health Care	70	78	73	71	71	86
Community Medical Group	62 ▼	74 ▼	65	66 ▼	65	81 ▼
Desert Medical Group	73	85 ▲	66	74	62	88
Downey Alliance Medical Group	74	90 ▲	80	73	62	90
Downey Select IPA Medical Group	72	79	65	73	70	86
Empire Physicians Medical Group	68	80	75	76 ▲	66	88
Facey Medical Foundation	65 ▼	82	67	68 ▼	68	85
Facey Medical Group-San Fernando Valley	67	84	72	69	73	86
Facey Medical Group-San Gabriel Valley	78 ▲	89 ▲	73	77 ▲	77 ▲	91 ▲
Facey Medical Group-Santa Clarita Valley	62 ▼	78	63	66 ▼	63	85
Family Care Specialists Medical Group, Inc	67	84	68	64 ▼	66	88
Family/Seniors Medical Group	76 ▲	79	64	77 ▲	63	85
Glendale Memorial Medical Group	66	78	72	72	63	83
Greater Newport Physicians	74	82	71	74	76 ▲	87
Greater Tri-Cities IPA	70	79	61	75	59 ▼	88
Greater Valley Medical Group	73	83	78 ▲	77 ▲	75 ▲	88
Harriman Jones Medical Group	69	75	79 ▲	65 ▼	60 ▼	85
HealthCare Partners Medical Group	73 ▲	83	76 ▲	79 ▲	72 ▲	87
HealthCare Partners Medical Group (Memorial Medical Group)	73	83	76	79 ▲	72	87
Heritage Victor Valley	61 ▼	69 ▼	65	68	50 ▼	80 ▼
High Desert Medical Group	48 ▼	74 ▼	59 ▼	57 ▼	54 ▼	73 ▼
Hollywood Presbyterian Medical Group	∉	∉	∉	∉	∉	∉
Imperial County Physicians Medical Group	66	75	66	68 ▼	66	84
Korean American Medical Group	59 ▼	68 ▼	63	79 ▲	58 ▼	83
SOUTHERN CALIFORNIA AVERAGE	69	80	70	72	67	86

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

SOUTHERN CALIFORNIA *2 of 6*

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY					
	Rating Overall Health Care	Rating of Personal Doctor or Nurse	Rating of Specialist Most Often Seen	Timely Care & Service	Getting Treatment & Specialty Care	Communicating with Patients
La Vida Glendale/Burbank	57 ▼	67 ▼	74	62 ▼	59 ▼	78 ▼
La Vida Multi-Specialty Medical Centers	61 ▼	81	69	70	66	84
Lakeside Medical Group, Inc	68	80	58 ▼	74	70	85
Lakewood Health Plan, Inc	68	76	72	70	68	83
Loma Linda University Health Care	75 ▲	86 ▲	80 ▲	67 ▼	68	88
Memorial HealthCare IPA	73 ▲	83	76 ▲	73	72 ▲	89 ▲
Memorial HealthCare IPA (Long Beach)	73	84	78 ▲	72	73 ▲	89
Mercy Physicians Medical Group	75 ▲	79	66	80 ▲	73	88
Midcoast Care IPA	70	80	78 ▲	75 ▲	70	88
Monarch HealthCare	70	77	72	78 ▲	69	88
Network Medical Management/Allied Physicians of California	66	82	59 ▼	69	64	85
Network Medical Management/Arcadia Health City	68	79	73	72	59	85
Network Medical Management/Verdugo Hills Medical Group	73	82	64	71	63	87
Noble Community Medical Associates	65	73 ▼	64	68	53 ▼	82
Northridge Medical Group	66	81	72	70	67	84
Nuestra Familia Medical Group	∉	∉	∉	∉	∉	∉
Oasis IPA	62 ▼	78	70	68	58 ▼	83
Ojai Valley Community Medical Group	80 ▲	86 ▲	73	82 ▲	70	91 ▲
Orange Coast Memorial IPA	74	81	67	74	67	88
Pegasus Medical Group	65	83	83 ▲	57 ▼	64	89
Penn Elm Medical Group	74 ▲	82	70	76 ▲	71	88
Physician Associates of the Greater San Gabriel Valley	64	78	66	74	69	87
Physicians of Greater Long Beach	68	74 ▼	65	71	64	85
Pioneer Medical Group	76 ▲	82	76	79 ▲	72	88
Primary Care Associates Medical Group, Inc	66	81	75	75	68	88
PrimeCare of Chino IPA	63	77	57 ▼	72	67	79 ▼
PrimeCare of Corona IPA	65	81	69	70	68	83
PrimeCare of Hemet IPA	56 ▼	69 ▼	71	67 ▼	65	77 ▼
PrimeCare of Inland Valley IPA	69	82	67	67 ▼	64	83
PrimeCare of Moreno Valley IPA	58 ▼	71 ▼	67	63 ▼	57 ▼	79 ▼
PrimeCare of Redlands IPA	73	87 ▲	73	71	66	89
PrimeCare of Riverside IPA	63	75	51 ▼	70	64	84
PrimeCare of Sun City IPA	64	80	61 ▼	67 ▼	69	85
PrimeCare of Temecula IPA	60 ▼	71 ▼	67	67 ▼	66	82
Professional Care Medical Group	68	80	58 ▼	73	62	88
ProMed Health Network of Pomona	69	82	62	73	67	87
Prospect / Health Source Medical Group	59 ▼	69 ▼	63	71	58 ▼	79 ▼
Prospect Medical Group / Corona	63	77	67	76	61	82
Prospect Medical Group / Orange County	67	81	64	76 ▲	61	87
Prospect Medical Group / Sherman Oaks	55	66	64	70	55	83
SOUTHERN CALIFORNIA AVERAGE	**69**	**80**	**70**	**72**	**67**	**86**

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

SOUTHERN CALIFORNIA *3 of 6*

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY					
	Rating Overall Health Care	Rating of Personal Doctor or Nurse	Rating of Specialist Most Often Seen	Timely Care & Service	Getting Treatment & Specialty Care	Communicating with Patients
Regal Medical Group	69	81	70	71	58 ▼	85
Riverside Medical Clinic	65	79	66	67 ▼	70	84
Riverside Physician Network (RPN)	71	86 ▲	65	75	70	87
San Bernardino Medical Group, Inc	79 ▲	87 ▲	75	75	78 ▲	90 ▲
San Diego Physicians Medical Group	66	73 ▼	72	74	71	82
San Luis Obispo Select IPA	60 ▼	73 ▼	72	62 ▼	54 ▼	81 ▼
Sansum-Santa Barbara Medical Foundation Clinic	71	86 ▲	74	73	76 ▲	89 ▲
Santa Barbara Select IPA Medical Group	70	75	74	80 ▲	69	87
Scripps Clinic Medical Group	70	82	75	75	76 ▲	89 ▲
Scripps Mercy Medical Group	81 ▲	90 ▲	80 ▲	81 ▲	75 ▲	94 ▲
SeaView IPA	70	75	75	74	68	85
Sharp Community Medical Group	75 ▲	83 ▲	73	76 ▲	74 ▲	88 ▲
Sharp Community Medical Group-Chula Vista	72	82	74	72	76 ▲	87
Sharp Community Medical Group-Coronado	79 ▲	84	75	78 ▲	72	90 ▲
Sharp Community Medical Group-Graybill	70	82	70	71	69	86
Sharp Community Medical Group-Grossmont	77 ▲	83	71	79 ▲	74 ▲	90 ▲
Sharp Community Medical Group-Inland North	77 ▲	86 ▲	78 ▲	78 ▲	75 ▲	90 ▲
Sharp Community Medical Group-San Diego Metro	74	83	71	76 ▲	73	88
Sharp Mission Park	74 ▲	84 ▲	77	76 ▲	66	90 ▲
Sharp Rees-Stealy	74 ▲	83	76	72	73 ▲	89 ▲
Sierra Primary Care Medical Group	62 ▼	75	70	68 ▼	64	81 ▼
Southern California Permanente Medical Group (Greater LA metro area)	70	78	72	69	69	87
Southern California Permanente Medical Group (San Diego area)	68	77	75	74	69	87
St. Francis IPA Medical Group	∉	∉ ▼	∉	∉	∉	∉
St. Joseph Heritage Medical Group	77 ▲	86 ▲	80 ▲	75	72	90 ▲
St. Joseph Hospital Affiliated Physicians	71	82	76	73	72	88
St. Jude Affiliated Providers	73	77	71	76 ▲	70	87
St. Jude Heritage Medical Group	80 ▲	88 ▲	79 ▲	76 ▲	76 ▲	92 ▲
St. Mary Choice Medical Group	60 ▼	73 ▼	60 ▼	62 ▼	45 ▼	81 ▼
St. Vincent IPA	73	78	67	73	63	87
StarCare Medical Group, Inc. d/b/a Gateway Medical Group, Inc	68	76	61 ▼	68 ▼	68	86
Talbert Medical Group	70	80	70	74	63	85
The Industry Health Network	78 ▲	91 ▲	74	77 ▲	81 ▲	89 ▲
Torrance Hospital IPA	74	87 ▲	71	76 ▲	75 ▲	87
UCLA Medical Group	72	84	69	73	65	88
UCSD Medical Group	70	83	72	63 ▼	67	88
United FamilyCare, Inc	57 ▼	79	68	58 ▼	65	79 ▼
Upland Medical Group	59 ▼	71 ▼	60 ▼	71	67	83
Valley Care IPA	78 ▲	87 ▲	69	81 ▲	70	90 ▲
SOUTHERN CALIFORNIA AVERAGE	**69**	**80**	**70**	**72**	**67**	**86**

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

SOUTHERN CALIFORNIA *4 of 6*

MEDICAL GROUP RESULTS

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY						
	ACCESS TO YOUR PCP			ACCESS TO SPECIALISTS		AFTER HOURS	
	Routine Care	Urgent Care	Preventive Care	Routine Care	Urgent Care	Appropriate Emergency Instructions	Physician Availability
Affiliated Doctors of Orange County (ADOC)	86	83	88	70	74	80	61
Alamitos IPA	85	76	86	78	65	92 ▲	78
All Care Medical Group, Inc	∉	∉	∉ ▼	∉	∉	0 ▼	0 ▼
Alliance/Unified a Division of HealthCare Partners	85	86 ▲	85	74	66	ϕ	ϕ
AMVI Medical Group	81	85	89	88 ▲	83	ϕ	ϕ
Anaheim Memorial IPA	88 ▲	84	90 ▲	79	68	ϕ	ϕ
Antelope Valley Medical Associates	89 ▲	75	87	83	79	ϕ	ϕ
Antelope Valley Medical Associates/Pegasus Medical Group	87 ▲	74	86	83	78	ϕ	ϕ
Arta Health Network	∉	∉	∉	∉	∉	82	69
Beaver Medical Group	75 ▼	67 ▼	78 ▼	75	74	23 ▼	42 ▼
Bright Medical Associates	85	79	85	78	79	98 ▲	100 ▲
Bristol Park Medical Group	88 ▲	77	87	86 ▲	73	100 ▲	32 ▼
Buenaventura Medical Group, Inc	79	72	86	76	66	0 ▼	19 ▼
Cedars-Sinai Health Associates	86	87 ▲	87	80	73	88 ▲	67
Cedars-Sinai Medical Group	82	83	81	79	78	100 ▲	41 ▼
Centinela IPA	87	76	91 ▲	67 ▼	56 ▼	ϕ	ϕ
Centre for Health Care	75 ▼	77	81	80	83 ▲	82	62
Community Medical Group	75 ▼	66 ▼	77 ▼	76	75	62 ▼	70
Desert Medical Group	87	77	86	68 ▼	65	67 ▼	0 ▼
Downey Alliance Medical Group	84	78	90	63 ▼	60	84	82 ▲
Downey Select IPA Medical Group	85	83	86	83	70	60 ▼	96 ▲
Empire Physicians Medical Group	89 ▲	84	89 ▲	78	72	79	56 ▼
Facey Medical Foundation	74 ▼	75	79 ▼	∉	69	ϕ	ϕ
Facey Medical Group-San Fernando Valley	74 ▼	74	82	81	72	100 ▲	100 ▲
Facey Medical Group-San Gabriel Valley	89 ▲	80	90 ▲	86 ▲	78	100 ▲	100 ▲
Facey Medical Group-Santa Clarita Valley	72 ▼	76	76 ▼	67 ▼	66	100 ▲	100 ▲
Family Care Specialists Medical Group, Inc	80	75	82	79	68	63 ▼	100 ▲
Family/Seniors Medical Group	84	82	86	77	76	ϕ	ϕ
Glendale Memorial Medical Group	86	75	81	80	73	92 ▲	66
Greater Newport Physicians	81	81	80	86 ▲	85 ▲	88 ▲	76
Greater Tri-Cities IPA	82	86 ▲	77	72	76	85	91 ▲
Greater Valley Medical Group	89 ▲	88 ▲	89 ▲	83	80	ϕ	ϕ
Harriman Jones Medical Group	69 ▼	71 ▼	75 ▼	73	75	100 ▲	100 ▲
HealthCare Partners Medical Group	87 ▲	81	87 ▲	78	78	ϕ	ϕ
HealthCare Partners Medical Group (Memorial Medical Group)	87 ▲	81	87	77	78	56 ▼	66
Heritage Victor Valley	82	74	84	65 ▼	55 ▼	ϕ	ϕ
High Desert Medical Group	67 ▼	62 ▼	73 ▼	69 ▼	61 ▼	56 ▼	100 ▲
Hollywood Presbyterian Medical Group	∉	∉	∉	∉	∉ ▲	ϕ	ϕ
Imperial County Physicians Medical Group	84	80	85	76	69	5 ▼	45 ▼
Korean American Medical Group	88	85	80	84	67	66 ▼	41 ▼
SOUTHERN CALIFORNIA AVERAGE	**82**	**78**	**83**	**78**	**73**	**79**	**69**

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

ϕ – Medical group declined to participate in After Hours Survey.

SOUTHERN CALIFORNIA 5 of 6

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY						
	ACCESS TO YOUR PCP			ACCESS TO SPECIALISTS		AFTER HOURS	
	Routine Care	Urgent Care	Preventive Care	Routine Care	Urgent Care	Appropriate Emergency Instructions	Physician Availability
La Vida Glendale/Burbank	74 ▼	66 ▼	77	74	56 ▼	74	60 ▼
La Vida Multi-Specialty Medical Centers	86	72	87	80	71	100 ▲	74
Lakeside Medical Group, Inc	85	75	83	79	71	88 ▲	63
Lakewood Health Plan, Inc	77	71	84	78	65	98 ▲	44 ▼
Loma Linda University Health Care	76 ▼	66 ▼	82	73	71	93 ▲	96 ▲
Memorial HealthCare IPA	82	75	85	80	75	88 ▲	84 ▲
Memorial HealthCare IPA (Long Beach)	82	75	85	81	76	ϕ	ϕ
Mercy Physicians Medical Group	88 ▲	85 ▲	91 ▲	81	75	89 ▲	85 ▲
Midcoast Care IPA	86 ▲	84 ▲	82	80	83 ▲	70 ▼	61 ▼
Monarch HealthCare	88 ▲	85 ▲	86	78	75	61 ▼	55 ▼
Network Medical Management/Allied Physicians of California	86	68 ▼	79	78	64	ϕ	ϕ
Network Medical Management/Arcadia Health City	85	85	91	60 ▼	60	ϕ	ϕ
Network Medical Management/Verdugo Hills Medical Group	84	73	79	77	65	ϕ	ϕ
Noble Community Medical Associates	77	75	80	67 ▼	58 ▼	95 ▲	85 ▲
Northridge Medical Group	86	75	83	81	69	79	66
Nuestra Familia Medical Group	∉	∉	∉	∉	∉	ϕ	ϕ
Oasis IPA	83	80	82	75	72	59 ▼	52 ▼
Ojai Valley Community Medical Group	87 ▲	87 ▲	89 ▲	80	77	57 ▼	100 ▲
Orange Coast Memorial IPA	81	72	79	79	69	ϕ	ϕ
Pegasus Medical Group	75	68	78	83	72	ϕ	ϕ
Penn Elm Medical Group	80	81	85	79	79	38 ▼	88 ▲
Physician Associates of the Greater San Gabriel Valley	85	84	88 ▲	84	78	68 ▼	93 ▲
Physicians of Greater Long Beach	80	80	84	76	78	88 ▲	86 ▲
Pioneer Medical Group	84	83	91 ▲	83	81	100 ▲	100 ▲
Primary Care Associates Medical Group, Inc	85	77	83	82	76	84	84 ▲
PrimeCare of Chino IPA	88 ▲	79	83	79	71	88 ▲	71
PrimeCare of Corona IPA	84	76	84	80	75	90 ▲	56 ▼
PrimeCare of Hemet IPA	81	74	79	76	59 ▼	83	100 ▲
PrimeCare of Inland Valley IPA	79	78	81	73	74	86 ▲	78
PrimeCare of Moreno Valley IPA	77	72	74 ▼	71	56 ▼	68 ▼	58 ▼
PrimeCare of Redlands IPA	83	70 ▼	80	78	67	100 ▲	100 ▲
PrimeCare of Riverside IPA	81	74	80	76	63	72	81 ▲
PrimeCare of Sun City IPA	77	80	73 ▼	75	77	70 ▼	60 ▼
PrimeCare of Temecula IPA	86	81	81	79	67	93 ▲	80
Professional Care Medical Group	86	80	88	75	78	82	90 ▲
ProMed Health Network of Pomona	83	84 ▲	88	71	78	84	74
Prospect / Health Source Medical Group	79	75	75 ▼	66 ▼	69	87 ▲	73
Prospect Medical Group / Corona	88	79	87	77	63	100 ▲	100 ▲
Prospect Medical Group / Orange County	89 ▲	83	87	72	69	80	80
Prospect Medical Group / Sherman Oaks	89	83	88	91	78	76	76
SOUTHERN CALIFORNIA AVERAGE	**82**	**78**	**83**	**78**	**73**	**79**	**69**

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

ϕ – Medical group declined to participate in After Hours Survey.

SOUTHERN CALIFORNIA *6 of 6*

MEDICAL GROUP RESULTS

▲ significantly above average
▼ significantly below average

	CONSUMER ASSESSMENT SURVEY						
	ACCESS TO YOUR PCP			ACCESS TO SPECIALISTS		AFTER HOURS	
	Routine Care	Urgent Care	Preventive Care	Routine Care	Urgent Care	Appropriate Emergency Instructions	Physician Availability
Regal Medical Group	87	79	85	75	68	78	91 ▲
Riverside Medical Clinic	74 ▼	71 ▼	83	78	78	96 ▲	44 ▼
Riverside Physician Network (RPN)	85	86 ▲	87	81	78	72	77
San Bernardino Medical Group, Inc	84	77	86	85 ▲	80 ▲	ϕ	ϕ
San Diego Physicians Medical Group	84	84 ▲	80	80	74	77	84 ▲
San Luis Obispo Select IPA	76 ▼	75	80	71	62 ▼	ϕ	ϕ
Sansum-Santa Barbara Medical Foundation Clinic	81	78	83	79	77	98 ▲	98 ▲
Santa Barbara Select IPA Medical Group	89 ▲	88 ▲	89 ▲	81	85 ▲	60 ▼	77
Scripps Clinic Medical Group	81	82	82	82	82 ▲	100 ▲	100 ▲
Scripps Mercy Medical Group	90 ▲	83 ▲	91 ▲	83	73	100 ▲	0 ▼
SeaView IPA	84	73	88 ▲	81	69	46 ▼	74
Sharp Community Medical Group	86 ▲	83 ▲	85	81 ▲	74	ϕ	ϕ
Sharp Community Medical Group-Chula Vista	86	84	87	85 ▲	79	93 ▲	78
Sharp Community Medical Group-Coronado	88 ▲	83	87	80	70	100 ▲	88 ▲
Sharp Community Medical Group-Graybill	76	72	80	80	75	92 ▲	85 ▲
Sharp Community Medical Group-Grossmont	89 ▲	87 ▲	89 ▲	80	70	64 ▼	88 ▲
Sharp Community Medical Group-Inland North	89 ▲	82	85	83	72	80	100 ▲
Sharp Community Medical Group-San Diego Metro	83	84 ▲	83	81	78	63 ▼	58 ▼
Sharp Mission Park	85	77	86	83	78	70 ▼	28 ▼
Sharp Rees-Stealy	71 ▼	78	76 ▼	77	81 ▲	27 ▼	45 ▼
Sierra Primary Care Medical Group	80	71 ▼	81	71	66	79	92 ▲
Southern California Permanente Medical Group (Greater LA metro area)	72 ▼	73	77 ▼	78	83 ▲	100 ▲	100 ▲
Southern California Permanente Medical Group (San Diego area)	72 ▼	75	71 ▼	76	79	100 ▲	100 ▲
St. Francis IPA Medical Group	∉	∉	∉	∉	∉	82	71
St. Joseph Heritage Medical Group	81	84 ▲	88	81	80	50 ▼	0 ▼
St. Joseph Hospital Affiliated Physicians	82	81	79	85 ▲	80	77	61 ▼
St. Jude Affiliated Providers	86	84	86	76	79	95 ▲	68
St. Jude Heritage Medical Group	87 ▲	79	84	87 ▲	78	61 ▼	28 ▼
St. Mary Choice Medical Group	77	71	76 ▼	53 ▼	58 ▼	78	94 ▲
St. Vincent IPA	85	82	86	71	68	73	45 ▼
StarCare Medical Group, Inc. d/b/a Gateway Medical Group, Inc	79	77	85	78	67	68 ▼	68
Talbert Medical Group	81	79	84	74	67	42 ▼	10 ▼
The Industry Health Network	84	82	90 ▲	83	83	88 ▲	63
Torrance Hospital IPA	88 ▲	86 ▲	88 ▲	85 ▲	83 ▲	96 ▲	88 ▲
UCLA Medical Group	83	79	87	73	74	100 ▲	59 ▼
UCSD Medical Group	70 ▼	68 ▼	70 ▼	78	69	95 ▲	37 ▼
United FamilyCare, Inc	67 ▼	71	80	76	70	100 ▲	100 ▲
Upland Medical Group	82	73	77 ▼	73	72	ϕ	ϕ
Valley Care IPA	90 ▲	89 ▲	92 ▲	79	77	83	100 ▲
SOUTHERN CALIFORNIA AVERAGE	**82**	**78**	**83**	**78**	**73**	**79**	**69**

NOTES

∉ – Denominator population size too small to allow reporting for this measure.

ϕ – Medical group declined to participate in After Hours Survey.

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THE MEMBER SURVEY PROJECT COMMITTEE, *for providing guidance and input to the CAHPS survey and reporting process;*

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