CALIFORNIA HEALTH CARE PERFORMANCE RESULTS

2006 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 met this challenge. Each year, CCHRI provides the public with important information on how well health plans provide certain preventive care and other medical services that managed care members should receive. CCHRI also shares information about members' experience with their HMOs obtained from a statewide member survey of participating health plans as well as information about members' experience with their physician groups obtained from a similar survey of participating physician group members.

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 purchasers that is committed to improving the quality of health care while moderating costs. Eight California health plans participate in a variety of CCHRI-sponsored data collection and reporting projects; because CCHRI projects are voluntary, 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 and groups 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 the collection and analysis of California quality of care and member experience data. Consistent, standardized data collection makes the results more comparable.
- Performance reporting definitions are standardized, leading to meaningful rankings and better understanding of the specific measures.

This report does not distinguish between physician 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 MEMBER EXPERIENCE

MEASURES OF HEALTH PLAN PERFORMANCE AND MEMBER EXPERIENCE

Health plan performance results reported by CCHRI on the following pages are part of HEDIS 2006 (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, access and member experience 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**

COMMERCIAL 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 AND SERVICE MEASURES

Findings for the clinical and service measures listed below were obtained from data collected by CCHRI participating health plans. Results are based on HEDIS Effectiveness of Care and Access/Availability 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 2006 and reflect the percentage of sampled members who received the specific services during 2005, 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.

CALIFORNIA HEALTH PLANS

	YOUNG FAMILIES					
	Prenatal and Postpartum Care		Childhood Immunizations	Adolescent Immunizations	Testing for Children with Pharyngitis	Treatment for Children with URI
	Timely Initiation of Prenatal Care	Postpartum Care	Combo 2	Combo 2		
Aetna	94	84[b]	81	56	30 ▼	77 ▼
Blue Cross	95[b] ▲	83[b]	83 ▲	64 ▲	34 ▼	82 ▼
Blue Shield	96[b] ▲	83[b]	79	52	34 ▼	80 ▼
CIGNA HealthCare	96[b] ▲	88[b] ▲	82 ▲	59	34 ▼	84 ▲
Health Net	94	86 ▲	77	55	40 ▼	79 ▼
Kaiser – North	97 ▲	82	86 ▲	71 ▲	87 ▲	95 ▲
Kaiser – South	92[b]	83[b]	86 ▲	74 ▲	69	92 ▲
PacifiCare	97[b] ▲	85[b]	78	53	34 ▼	82 ▼
2006 National Mean[a]	**92**	**81**	**78**	**54**	**70**	**83**
2006 National 75th Percentile[a]	**96**	**86**	**83**	**69**	**79**	**88**
2006 National 90th Percentile[a]	**97**	**89**	**87**	**81**	**85**	**91**

▲ Significantly Above National Mean*

▼ Significantly Below National Mean*

NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2006

b – 2005 rates reported—rotation measure

* – See page 18 for more information about the statistical testing

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 Testing	HbA1c Level ≤ 9.0%	Retinal Exam	LDL-C Screening	LDL-C Level of <130 mg/dl	LDL-C Level of <100 mg/dl	Nephropathy Monitoring
Aetna	94	90	87	84	68	62 ▲	93	72	43	56[b]
Blue Cross	95	93	88	84	69	62 ▲	94	66	39	54
Blue Shield	96	92	89	86	74	59	93	73 ▲	48	57
CIGNA HealthCare	96	90	88	88[b]	71[b]	55	95[b] ▲	68[b]	37[b] ▼	59[b]
Health Net	96	91	89	86[b]	73[b]	61 ▲	94[b]	64[b]	44[b]	61[b] ▲
Kaiser – North	98 ▲	96 ▲	94 ▲	86 ▼	72 ▲	70 ▲	95 ▲	78 ▲	52 ▲	67 ▲
Kaiser – South	95	94 ▲	93 ▲	90	73	78 ▲	94	71	46	86 ▲
PacifiCare	94 ▼	87 ▼	86 ▼	86[b]	69[b]	61 ▲	94	71	47	61 ▲
2006 National Mean[a]	**96**	**92**	**89**	**88**	**70**	**55**	**92**	**68**	**44**	**55**
2006 National 75th Percentile[a]	**98**	**94**	**91**	**91**	**76**	**63**	**94**	**72**	**49**	**60**
2006 National 90th Percentile[a]	**99**	**96**	**93**	**93**	**80**	**69**	**95**	**77**	**53**	**69**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2006

b – 2005 rates reported—rotation measure

CALIFORNIA HEALTH PLANS

	MENTAL HEALTH					CARDIOVASCULAR HEALTH		
	Antidepressant Medication Management			Follow-up After Hospitalization for Mental Illness		Beta Blocker After Heart Attack	Persistence of Beta Blocker	Controlling High Blood Pressure
	Optimal Practitioner Contacts	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 30 Days of Hospital Discharge	Within 7 Days of Hospital Discharge			
Aetna	17 ▼	55 ▼	37 ▼	81 ▲	65 ▲	99	67	72[b]
Blue Cross	34 ▲	61	47	71 ▼	52 ▼	96	71	75[b] ▲
Blue Shield	20	58 ▼	42 ▼	68 ▼	46 ▼	96	72	69
CIGNA HealthCare	23	58	43	70 ▼	53	99 ▲	59	77[b] ▲
Health Net	19 ▼	55 ▼	41 ▼	82 ▲	70 ▲	99 ▲	68	71[b]
Kaiser – North	20	81 ▲	59 ▲	82 ▲	67 ▲	99 ▲	85 ▲	76 ▲
Kaiser – South	31 ▲	85 ▲	70 ▲	79 ▲	63 ▲	96	82 ▲	73
PacifiCare	21	57 ▼	41 ▼	86 ▲	74 ▲	100 ▲	69	72
2006 National Mean[a]	**21**	**61**	**45**	**76**	**56**	**97**	**70**	**69**
2006 National 75th Percentile[a]	**25**	**65**	**49**	**82**	**65**	**99**	**77**	**74**
2006 National 90th Percentile[a]	**31**	**70**	**53**	**86**	**70**	**100**	**81**	**76**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2006

b – 2005 rates reported—rotation measure

CALIFORNIA HEALTH PLANS

	PREVENTIVE HEALTH SCREENINGS					OTHER
	Cervical Cancer Screening	Breast Cancer Screening	Chlamydia Screening in Women		Colorectal Cancer Screening	Low Back Pain Imaging
			Ages 16-20	Ages 21-26		
Aetna	82	67 ▼	31 ▼	35	48	80 ▲
Blue Cross	84	69 ▼	32 ▼	39 ▲	47 ▼	78 ▲
Blue Shield	82[b]	71 ▼	31 ▼	36 ▲	52	78 ▲
CIGNA HealthCare	84[b]	70 ▼	32 ▼	36	55	78 ▲
Health Net	84	71 ▼	35	39 ▲	58 ▲	80 ▲
Kaiser – North	81	79 ▲	63 ▲	65 ▲	39 ▼	80 ▲
Kaiser – South	80 ▼	84 ▲	65 ▲	67 ▲	43 ▼	82 ▲
PacifiCare	85[b]	71 ▼	34	39 ▲	51	78 ▲
2006 National Mean[a]	**82**	**72**	**34**	**35**	**52**	**75**
2006 National 75th Percentile[a]	**85**	**76**	**39**	**40**	**59**	**79**
2006 National 90th Percentile[a]	**88**	**80**	**44**	**47**	**64**	**82**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2006

b – 2005 rates reported—rotation measure

SERVICE MEASURES *1 of 1*

CALIFORNIA HEALTH PLANS	MEMBER SERVICE	
	Call Abandonment[c]	Call Answer Timeliness
Aetna	1.7 ▲	81 ▲
Blue Cross	NR	NR
Blue Shield	4.0 ▼	61 ▼
CIGNA HealthCare	1.3 ▲	74 ▼
Health Net	3.3 ▼	80 ▲
Kaiser – North	2.2 ▲	78 ▼
Kaiser – South	1.9 ▲	81 ▲
PacifiCare	1.6 ▲	82 ▲
2006 National Mean[a]	**2.5**	**78**
2006 National 75th Percentile[a]	**3.3**	**83**
2006 National 90th Percentile[a]	**4.5**	**86**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2006

c – Lower number reflects better performance

NR – Not reported

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 2006 but reflects information about medical care and services provided to members during 2005.

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	57 ▼	74	74	77	77	72	88	91	70
Blue Cross	65	70	74	72	71	72	90	90	67
Blue Shield	69	75	75	73	72	75	89	88	74
CIGNA HealthCare	59 ▼	68	70	73	72	74	88	92	69
Health Net	63	73	78	69	69	71	89	90	67
Kaiser – North	71 ▲	76	76	78	80 ▲	80 ▲	90	92	73
Kaiser – South	71 ▲	74	79	78	76	69 ▼	88	90	74
PacifiCare	67	72	77	71	75	76	91	91	72
Western Health Advantage	70	76	74	77	77	77	92	93	76
CCHRI Average[a]	**66**	**73**	**75**	**74**	**74**	**74**	**89**	**91**	**71**

▲ Significantly Above CCHRI Average

▼ Significantly Below CCHRI Average

NOTES

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

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 2006; 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.

HEALTH PLANS WITH MEDICARE CONTRACTS

	CHRONIC DISEASE						
	Comprehensive Diabetes Care						
	HbA1c Testing	HbA1c Level ≤ 9.0%	Retinal Exam	LDL-C Screening	LDL-C Level of <130 mg/dl	LDL-C Level of <100 mg/dl	Nephropathy Monitoring
Aetna	88	80	72 ▲	94 ▲	69	43	59
Blue Cross	84	76	70 ▲	93	71	45	54
Blue Shield	89 ▲	83	74 ▲	96 ▲	75 ▲	49	65 ▲
Health Net	92 ▲	80	77 ▲	97 ▲	76 ▲	53 ▲	64 ▲
Kaiser – North	92 ▲	87 ▲	81 ▲	98 ▲	88 ▲	65 ▲	75 ▲
Kaiser – South	94 ▲	88 ▲	84 ▲	98 ▲	83 ▲	59 ▲	90 ▲
PacifiCare	90 ▲	81	77 ▲	94 ▲	72 ▲	45	67 ▲
2006 National Mean	**86**	**80**	**61**	**91**	**67**	**45**	**55**
2006 National 75th Percentile	**91**	**89**	**74**	**95**	**75**	**52**	**63**
2006 National 90th Percentile	**93**	**93**	**80**	**96**	**80**	**59**	**72**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

HEALTH PLANS WITH MEDICARE CONTRACTS

	MENTAL HEALTH					CARDIOVASCULAR HEALTH		
	Antidepressant Medication Management [d]			Follow-up After Hospitalization for Mental Illness		Beta Blocker After Heart Attack	Persistence of Beta Blocker	Controlling High Blood Pressure
	Optimal Practitioner Contacts	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 30 Days of Hospital Discharge	Within 7 Days of Hospital Discharge			
Aetna	7 ▼	47	38	10 ▼	7 ▼	97	64	68
Blue Cross	4 ▼	63	47	19 ▼	11 ▼	94	69	69
Blue Shield	8	53	38	34 ▼	20 ▼	98 ▲	69	71
Health Net	7 ▼	62	49 ▲	74 ▲	53 ▲	99 ▲	68	73 ▲
Kaiser – North	14 ▲	85 ▲	64 ▲	79 ▲	62 ▲	99 ▲	84 ▲	75 ▲
Kaiser – South	17 ▲	89 ▲	77 ▲	74 ▲	57 ▲	97 ▲	87 ▲	66
PacifiCare	11	57 ▲	44 ▲	42 ▼	26 ▼	100 ▲	69 ▲	69
2006 National Mean	**12**	**54**	**41**	**60**	**40**	**94**	**65**	**66**
2006 National 75th Percentile	**14**	**62**	**48**	**73**	**53**	**99**	**76**	**72**
2006 National 90th Percentile	**19**	**69**	**57**	**81**	**67**	**100**	**83**	**75**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

d – 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?

HEALTH PLANS WITH MEDICARE CONTRACTS

	PREVENTIVE SCREENINGS		
	Breast Cancer Screening	Colorectal Cancer Screening	Osteoporosis Management in Women Who Had a Fracture
Aetna	67 ▼	58	12 ▼
Blue Cross	62 ▼	47 ▼	30 ▲
Blue Shield	70	54	16 ▼
Health Net	76 ▲	61 ▲	17
Kaiser – North	84 ▲	46 ▼	34 ▲
Kaiser – South	89 ▲	54	50 ▲
PacifiCare	72	58	17 ▼
2006 National Mean	**71**	**54**	**20**
2006 National 75th Percentile	**79**	**63**	**22**
2006 National 90th Percentile	**84**	**69**	**28**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

MEDICARE SERVICE MEASURES *1 of 1*

HEALTH PLANS WITH MEDICARE CONTRACTS	MEMBER SERVICE	
	Call Abandonment[e]	Call Answer Timeliness
Aetna	1.7 ▲	81 ▲
Blue Cross	4.0 ▲	83 ▲
Blue Shield	5.4	64 ▼
Health Net	1.9 ▲	85 ▲
Kaiser – North	2.2 ▲	78 ▲
Kaiser – South	1.9 ▲	81 ▲
PacifiCare	4.7 ▲	84 ▲
2006 National Mean	**5.3**	**69**
2006 National 75th Percentile	**7.5**	**82**
2006 National 90th Percentile	**10.0**	**86**

▲ Significantly Above National Mean

▼ Significantly Below National Mean

NOTES

e – Lower number reflects better performance

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 several 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.

The key question addressed in this section of the State of Managed Care in California is: How many deaths or other negative outcomes were prevented by improvements in HEDIS performance over the past several years?

The intent is to show how HEDIS improvements can be better explained using some common health conditions as examples. CCHRI selected acute hypertension and diabetes to illustrate improvements in health care.

We use real CCHRI data and the latest medical literature and approved methods of analysis to estimate health benefits and explain what these improvements represent. The estimates of outcomes are provided by Kaiser Permanente's Care Management Institute, from published clinical studies.

Cholesterol Control in Patients with Diabetes

- Between 1999 and 2005, managed care plans in California brought an additional 317,000 patients with diabetes into better cholesterol control, preventing an estimated 1267 deaths or subsequent heart attacks in these patients.

Blood Sugar Control in Patients with Diabetes

- Blood sugar control is very important in diabetes, and HbA1c is an important measure of blood sugar control. During the same six-year period from 1999 through 2005, managed care plans in California brought almost 240,000 patients with diabetes into better HbA1c control. This means that nearly 1200 deaths or subsequent heart attacks among these patients were prevented due to improved blood sugar control.

Blood Pressure Control in Patients at Risk for Stroke

- Between 2002 and 2005, over 150,000 patients with high blood pressure had their blood pressure brought into control. This improved blood pressure translates to a projected 12,000 strokes that will have been prevented between 2002 and the end of 2007.

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.

MEASURES OF EFFECTIVENESS AND ACCESS/AVAILABILITY OF CARE

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

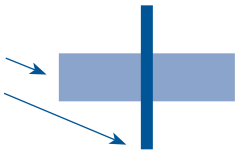
- The use of preventive services and routine screening tests, such as immunizations and mammograms, that help patients stay healthy;
- The utilization of the most up-to-date medical treatment and medication for the treatment of sudden illnesses such as heart attacks, that help patients get better;
- The medical care for patients with chronic conditions, such as asthma and diabetes, that help patients cope with their illness.
- The members' ability to access needed care or services.

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. All results are audited by independent and impartial third parties, thereby ensuring a greater degree of comparability.
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 way plans collect data. Individual plans are scored above average, average or below average using a statistical test that shows differences in plans' results. The differences 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 sub-set, 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

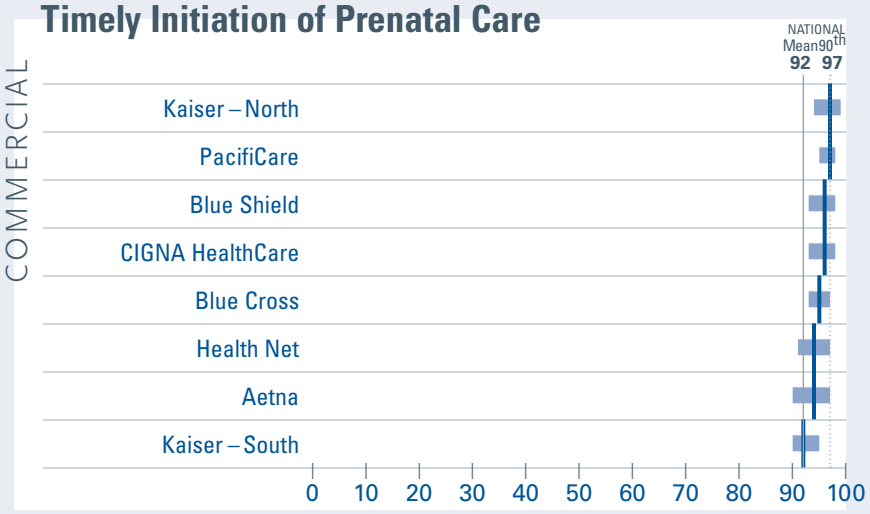
PRENATAL & POSTPARTUM CARE

Each year, there are 4 million births in the United States. Getting early and regular prenatal care is one of the best ways to promote a healthy pregnancy and healthy babies. Prenatal care includes education and counseling about how to handle the different aspects of pregnancy, such as nutrition and physical activity plus a chance to talk to your health care provider about any questions or concerns you have related to pregnancy or birth. 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.

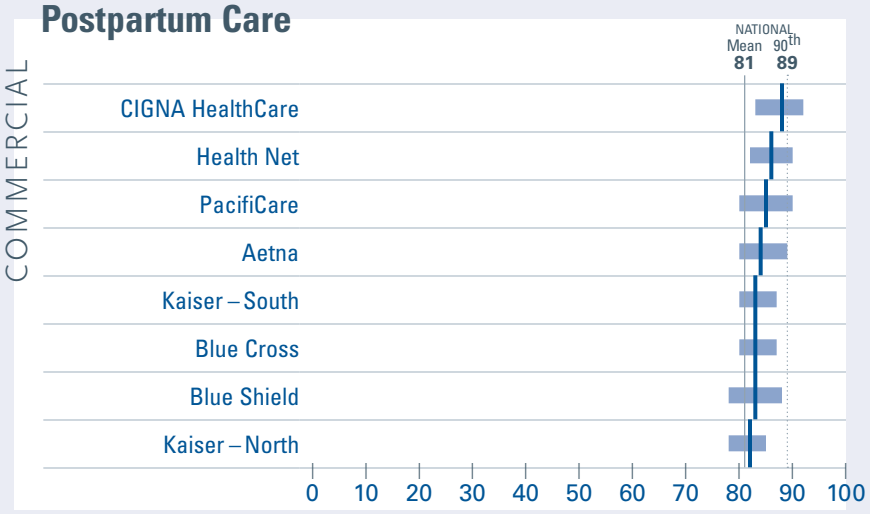
Likewise, it is very important for a new mother to have a postpartum visit with her health care provider within three to eight weeks after delivery. Since the period immediately following birth is a time of many physical and emotional adjustments, practitioners can be helpful in recognizing and discussing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

The charts on this page reflect the care women received in 2004 and 2005 during pregnancy and following the birth of their babies. The Timeliness of Prenatal Care measure reports the percentage of women who received a prenatal care visit in the first trimester or within 42 days after enrolling in their health plan if already pregnant. The Postpartum Care measure shows the percentage of women who received a postpartum visit on or between 21 and 56 days 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

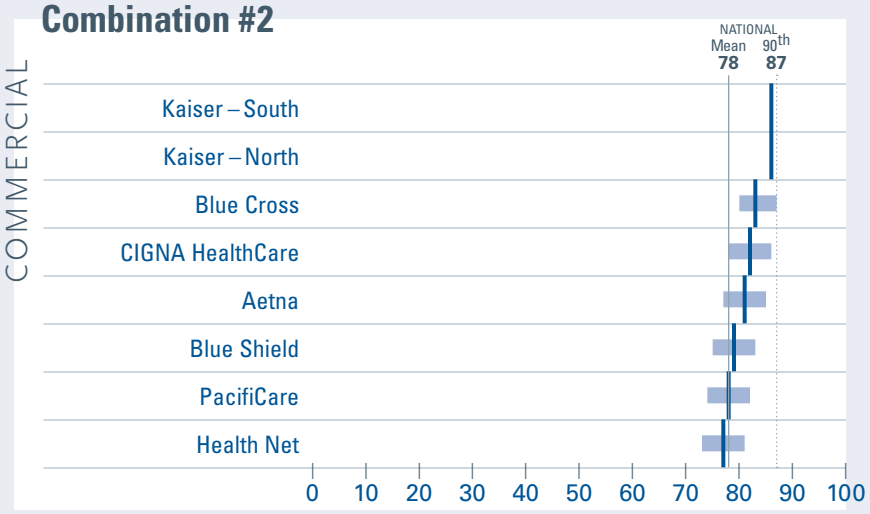
CHILDHOOD IMMUNIZATION STATUS

Immunizations are one of the safest and most effective ways to protect children from serious diseases.

The chart on this page shows the performance of California health plans in providing all of the following immunizations.

- 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)
- One Varicella Vaccine (VZV, chicken pox) by the second birthday

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



ADOLESCENT IMMUNIZATIONS

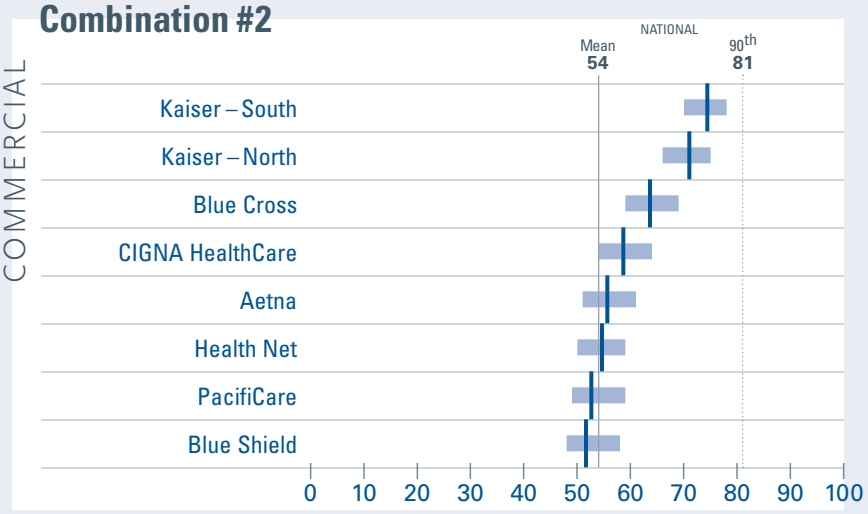
ADOLESCENT IMMUNIZATION STATUS

Vaccine-preventable diseases such as Hepatitis B, measles, mumps and rubella continue to affect adolescents. Between the ages of four and 13, children need several vaccinations to prevent these common diseases than can cause serious problems. The Varicella Vaccine (VZV, chickenpox) is also recommended for children in this age group.

The chart on this page shows the performance of California health plans in providing the following immunizations by the thirteenth birthday.

- Second dose of MMR between ages four and thirteen
- Three HepB (hepatitis B)
- Varicella Vaccine (VZV, chicken pox)

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 health care provider an up-to-date copy of the immunization record.



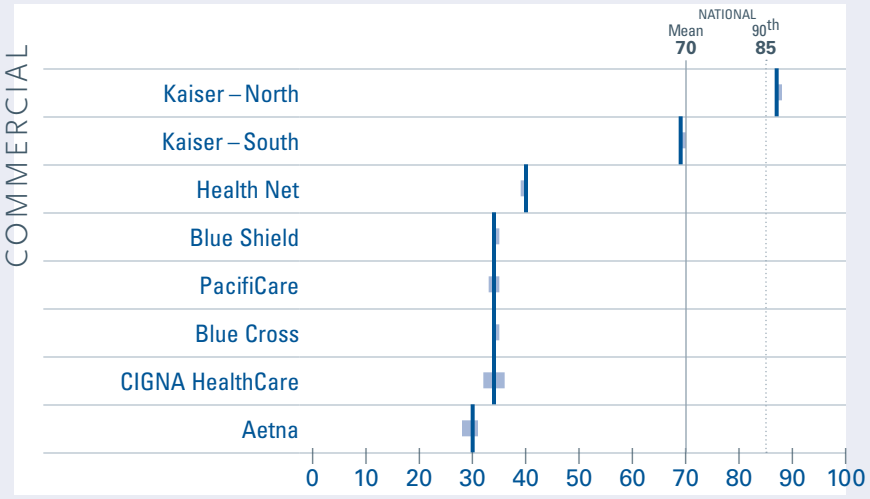
CHILDREN WITH PHARYNGITIS

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Pharyngitis, or sore throat is one of the most common conditions encountered by the family physician. Acute pharyngitis accounts for 1.1 percent of visits in the primary care setting and is ranked in the top 20 reported primary diagnoses resulting in office visits. A sore throat most often is caused by direct infection of the pharynx, primarily by viruses or bacteria. Antibiotics are needed to treat bacterial pharyngitis, but are not useful for treating viral pharyngitis. Before antibiotics are prescribed, a throat culture needs to be completed to validate bacterial origin.

This HEDIS measure assesses the adequacy of clinical management of pharyngitis by looking at the percentage of children 2-18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode. Excessive use of antibiotics for pharyngitis is common, represents unecessary cost, and contributes to antibiotic resistance.

Many pediatricians and family practitioners use an office-based (rather than laboratory-based) strep test. Office-based tests frequently are not reported to health plans. The pharyngitis testing results may therefore underestimate actual performance.

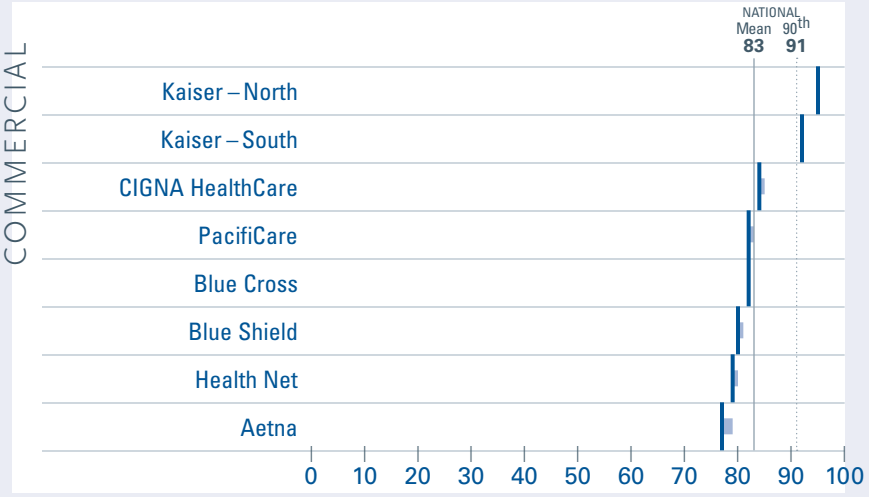


CHILDREN WITH URI

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Upper respiratory infections (URI), or common colds, are most prevalent among children due to their high contact with other children. Children in day care in the U.S. are estimated to have an URI approximately every 3 weeks from the age of 6 months to 2 years. The incidence decreases at the time of school entry at which time a child has about 3-6 episodes of URI per year. URI's are almost always viral, therefore antibiotics are ineffective.

This HEDIS measures looks at the percentage of children 3 months to 18 years of age who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or within three days after the Episode Date. Excessive use of antibiotics for URI's is common, represents unecessary cost, and contributes to antibiotic resistance.



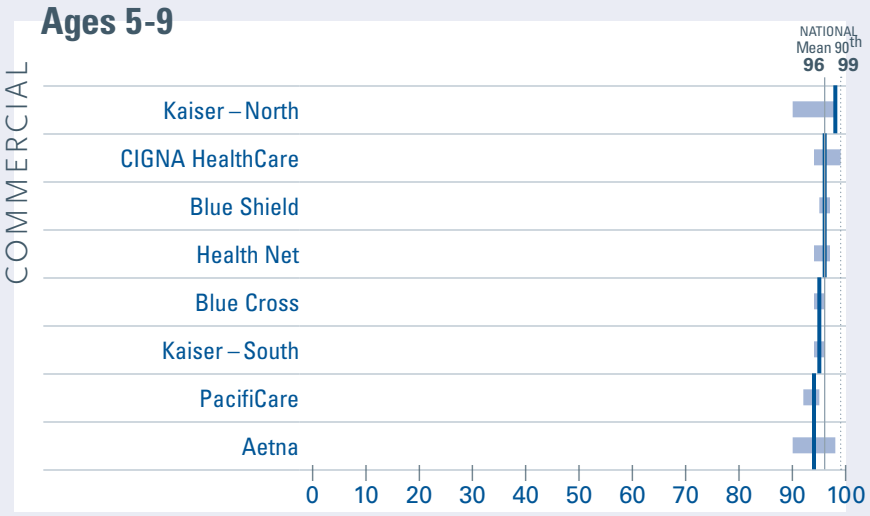
ASTHMA

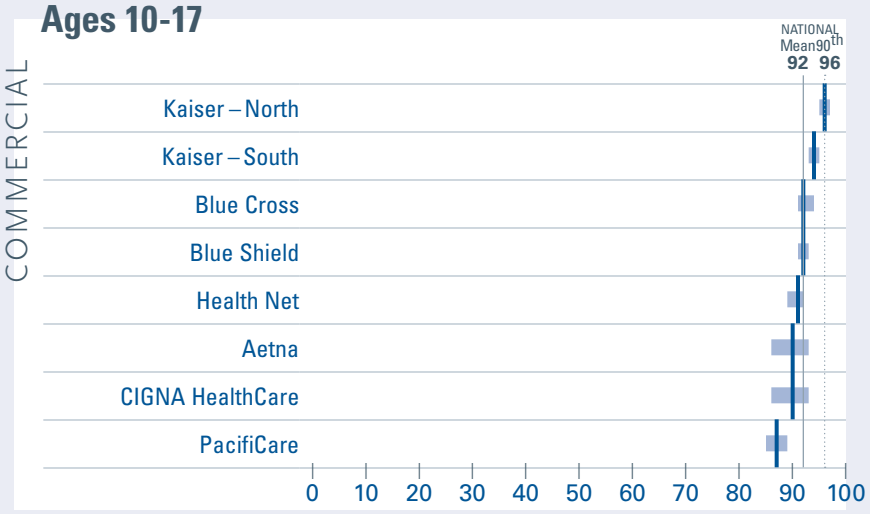
USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

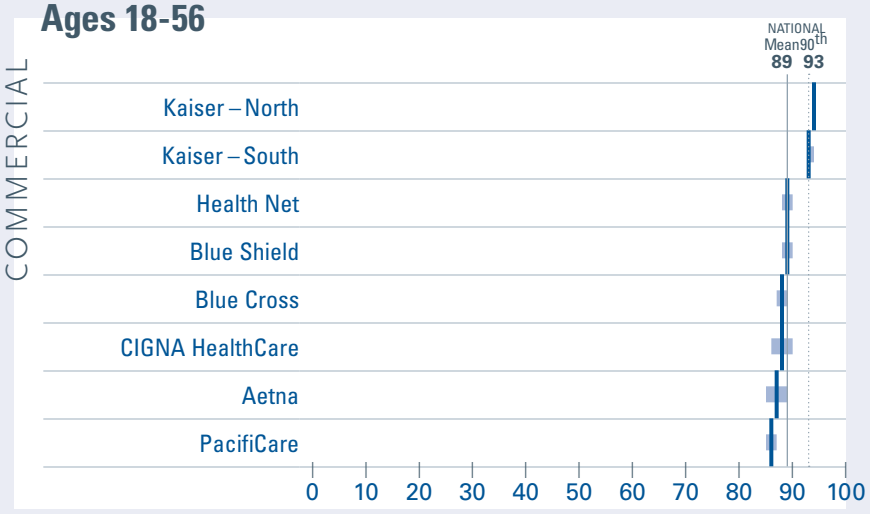
Asthma is a chronic lung disease and a rapidly growing public health problem. It is the most common chronic respiratory disease in children and can result in life-threatening episodes of illness for both adults and children. Asthma is the leading cause of school absenteeism from a chronic childhood condition. Unfortunately, asthma is becoming more common and currently affects more than 20 million Americans, including almost 6.1 million 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 breakthrough 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 2005.







DIABETES *1 of 5*

COMPREHENSIVE DIABETES CARE

Diabetes is the fifth leading cause of death in the United States. There are 20.8 million people in the U.S., or 7% of the population, who have diabetes. While an estimated 14.6 million have been diagnosed with diabetes, 6.2 million are unaware. Diabetes also contributes to higher rates of morbidity – people with diabetes are at higher risk for heart disease, blindness, kidney failure, extremity amputations and other chronic conditions.

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.

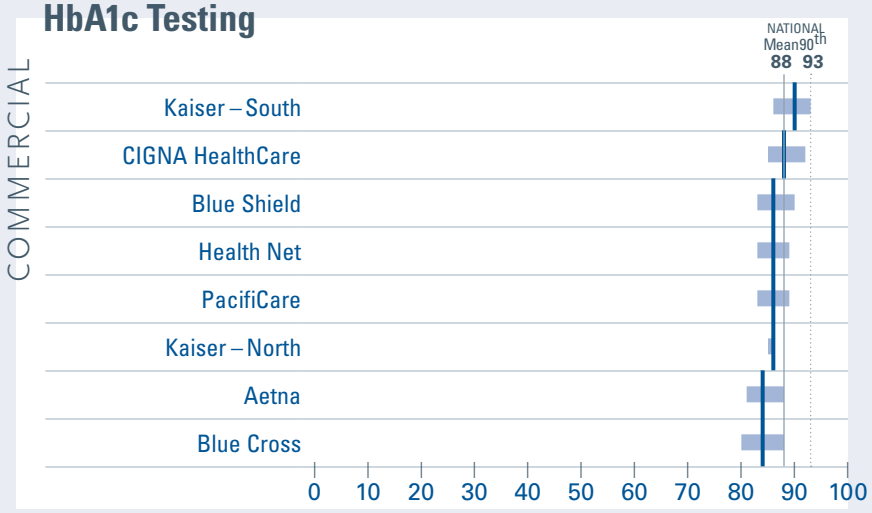
The first table displayed on this page measures the percentage of patients with diabetes who received at least one screening test for HbA1c during 2005. A higher screening rate can suggest that a health plan works with its provider network to promote more frequent and appropriate blood tests for patients. The second table displays the percentage of patients with HbA1c results less than or equal to 9.0.

RETINAL EXAM

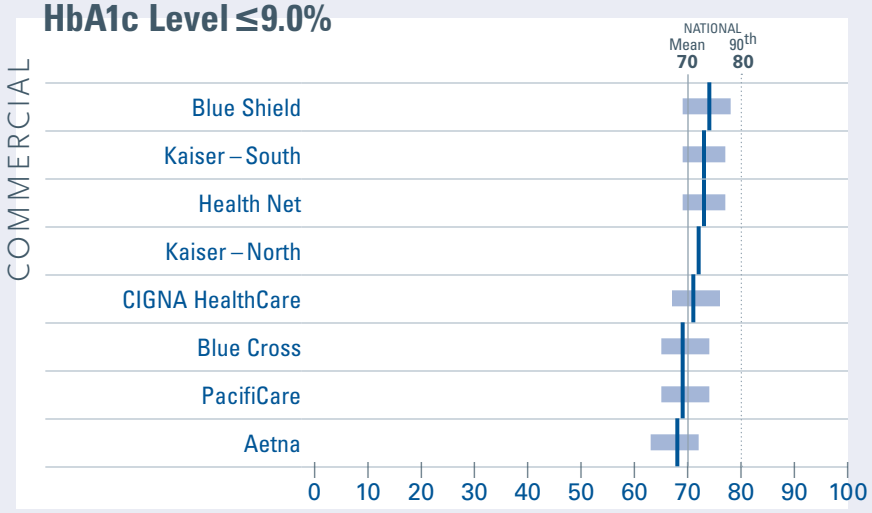
Diabetes is the leading cause of new cases of blindness in people 20-74. Every year 12,000-24,000 people lose their sight because of diabetes. Experts recommend that people with diabetes have an examination of their retina every year because diabetes-related eye disease can be present even if a person 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 26

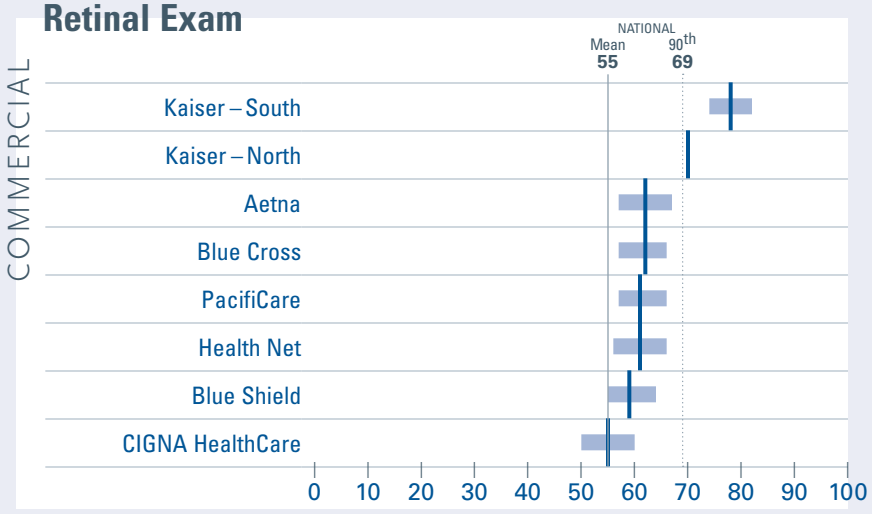
HbA1c Testing



HbA1c Level ≤9.0%



Retinal Exam

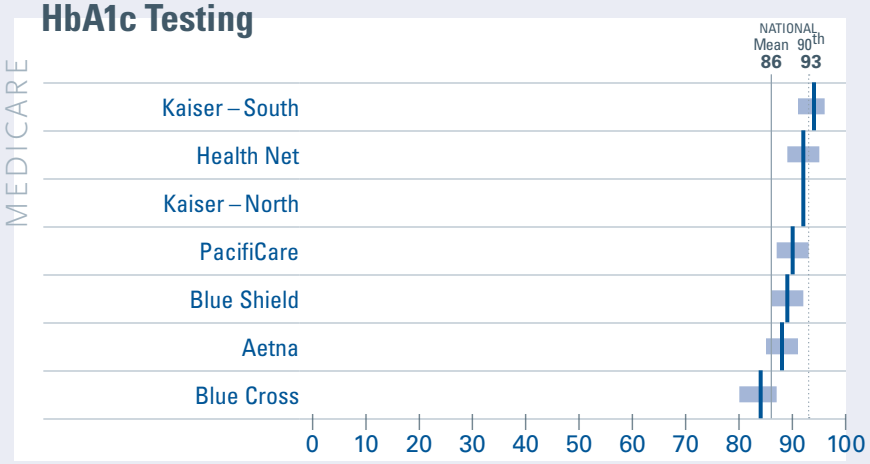


DIABETES *2 of 5*

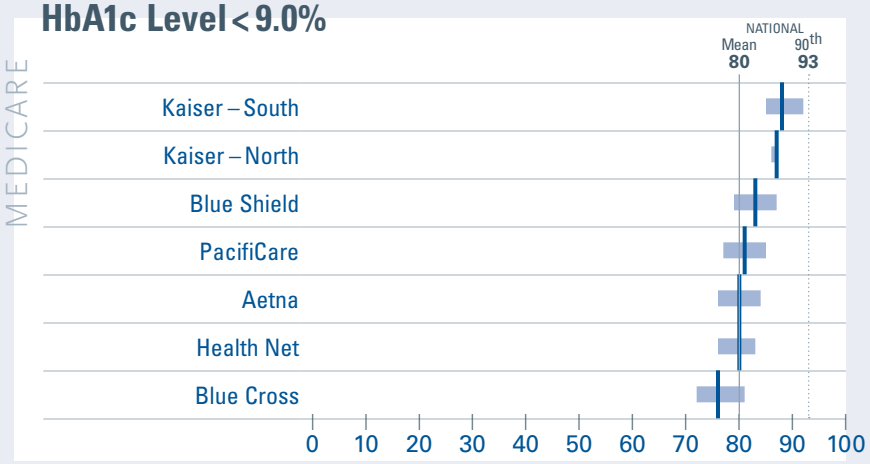
Continued from page 25

The HEDIS Comprehensive Diabetes Care measure reports how many people with diabetes had an examination by an eye care professional during 2005. For some patients, depending upon their over-all health status and how well their diabetes is controlled, an eye exam performed during 2004 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.

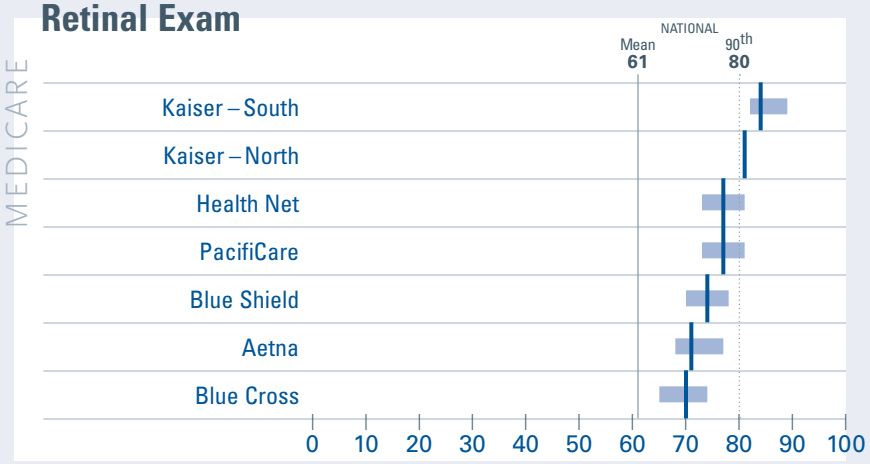
HbA1c Testing



HbA1c Level < 9.0%



Retinal Exam

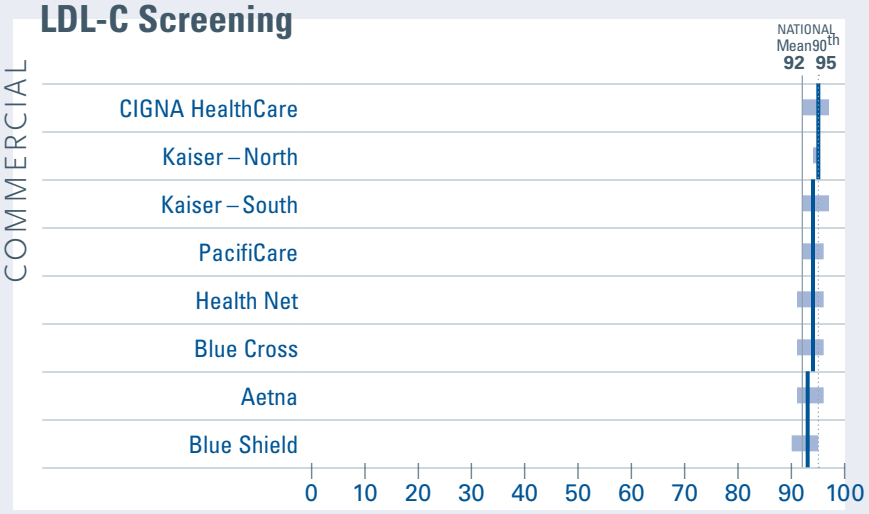


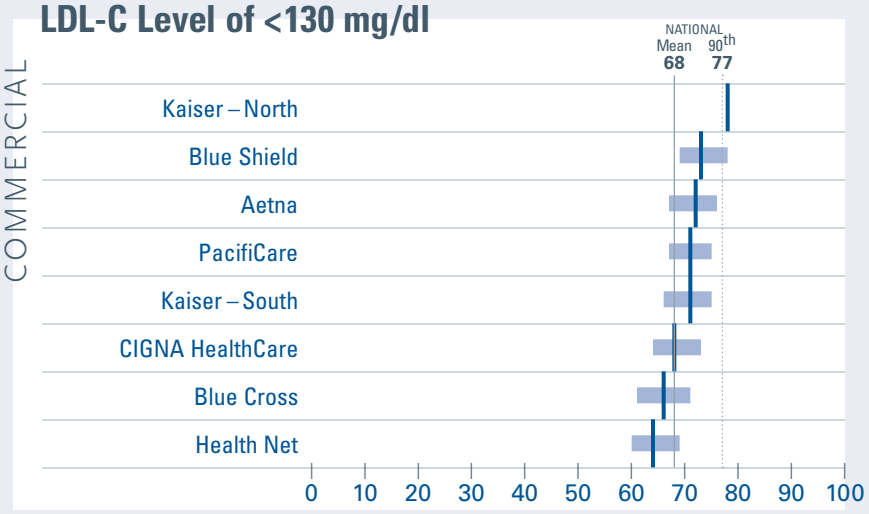
DIABETES *3 of 5*

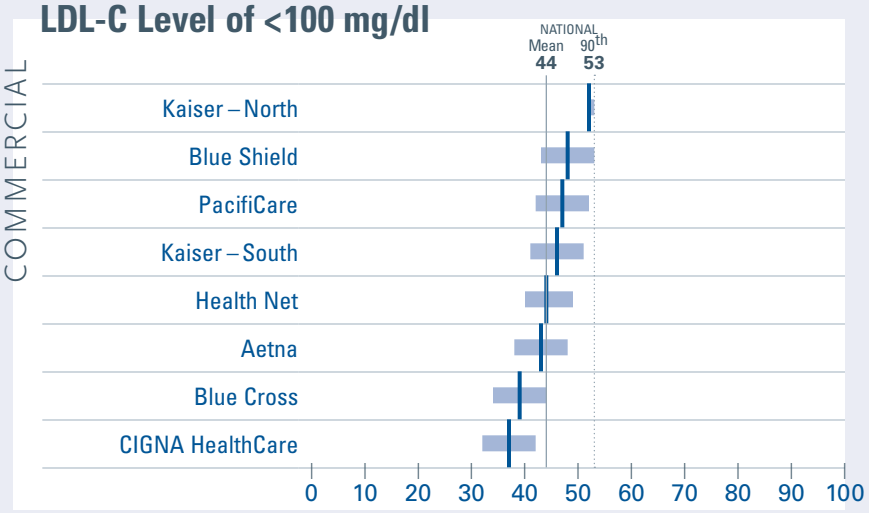
CHOLESTEROL MANAGEMENT
LDL Test

Heart disease strikes people with diabetes twice as often as people without diabetes and is one of the most common medical complications. Higher levels of cholesterol and fat in the blood greatly contribute to the increased incidence of coronary artery disease and heart disease.

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 and 100 mg/dl. The HEDIS Comprehensive Diabetes Care measure calculates the percentage of patients with diabetes who received an LDL cholesterol screening test during 2005 or 2004 and the percentage of those who had cholesterol levels below 130 and 100 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.

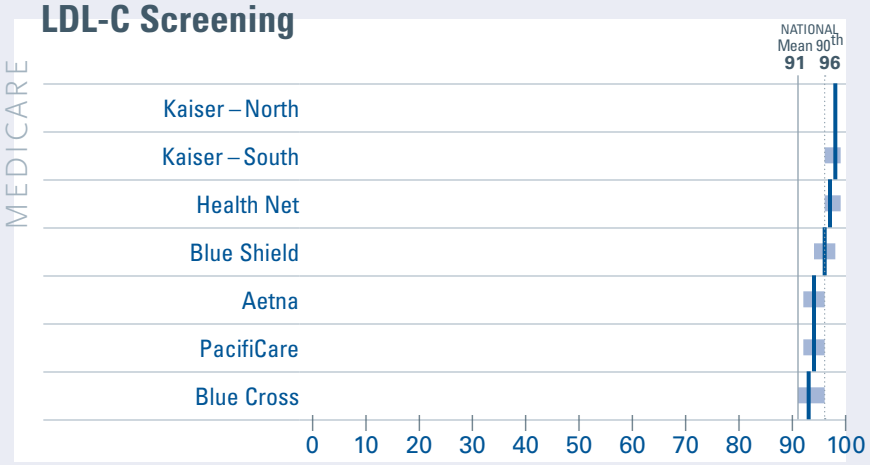




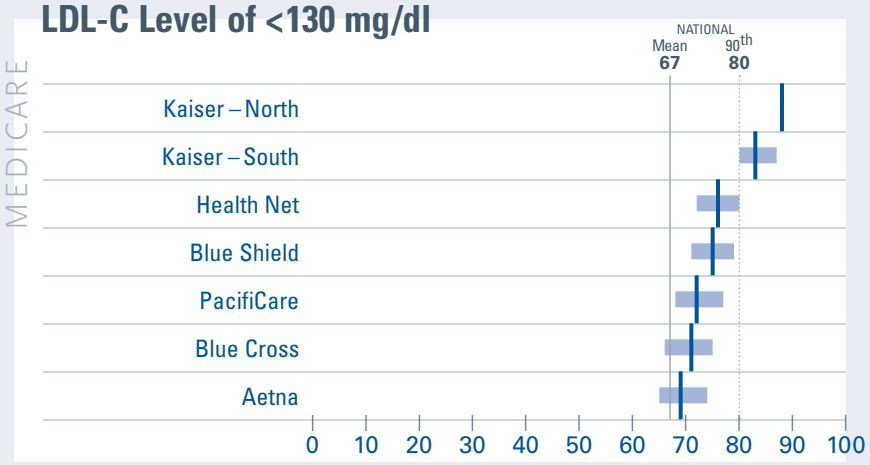


DIABETES *4 of 5*

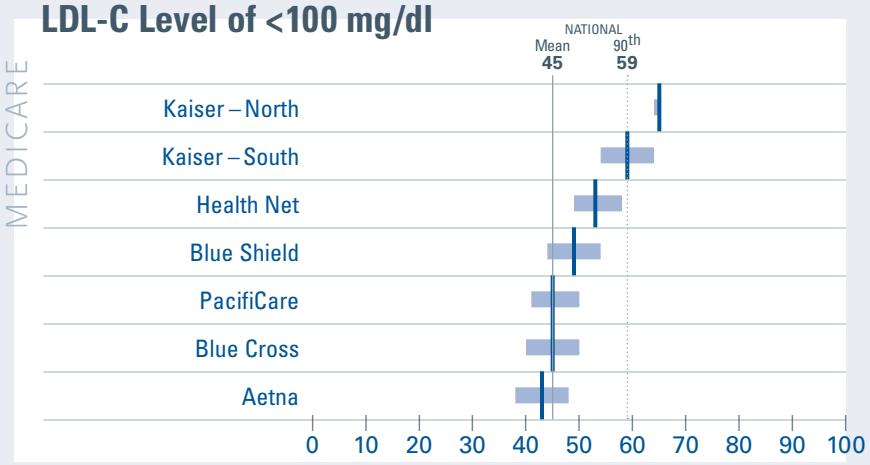
LDL-C Screening



LDL-C Level of <130 mg/dl



LDL-C Level of <100 mg/dl



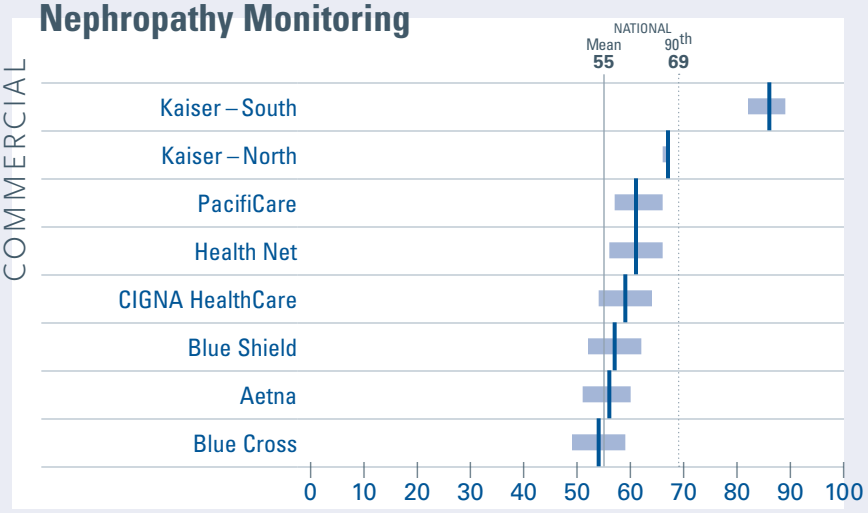
DIABETES *5 of 5*

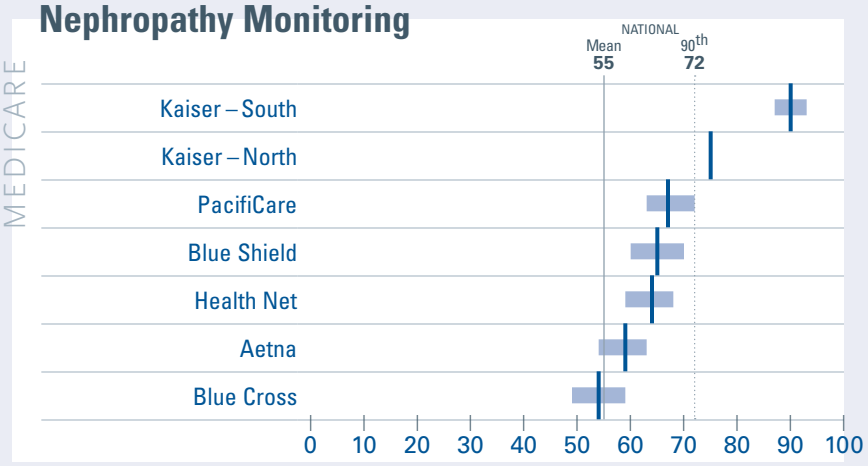
KIDNEY DISEASE MONITORING
Nephropathy Monitoring

Diabetes is the leading cause of end-stage renal disease accounting for 44% of new cases. 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. The HEDIS Comprehensive Diabetes Care measure reports the percentage of HMO patients with diabetes who received a screening for microalbuminuria during 2005.

Separate charts display results for both commercial and Medicare members.





ANTIDEPRESSANT MEDICATION *1 of 2*

ANTIDEPRESSANT MEDICATION MANAGEMENT

In any given one year period, 6.7% of the population or about 14.8 million American adults suffer from major depressive illness. 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.

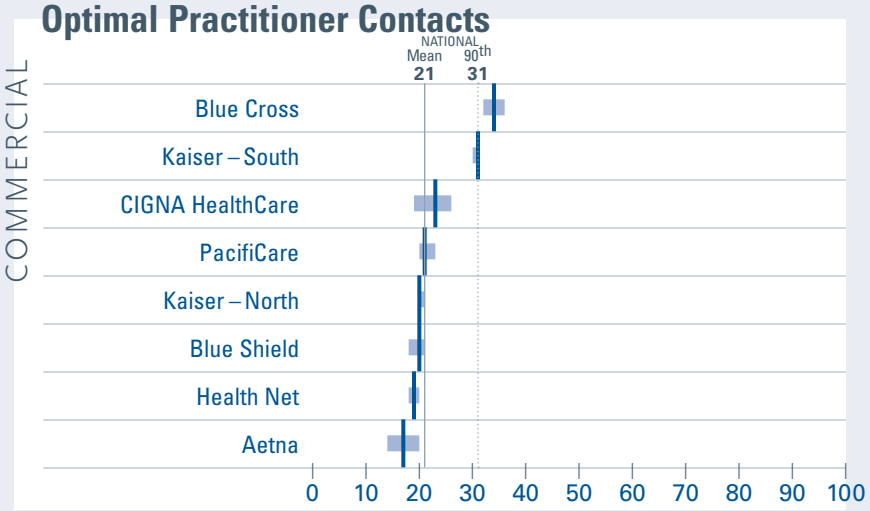
These charts display a three-part measure that looks at different facets of successful pharmacological management of depression. The three components of the measure estimate:

1. Optimal Practitioner Contacts: The percentage of eligible members who received at least three follow-up visits in the 12-week acute treatment phase after a new diagnosis of depression;
2. Effective Acute Phase: The percentage of eligible members who remained on antidepressant medication continuously for 12 weeks after the initial diagnosis;
3. Effective Continuation Phase: The percentage of eligible members who remained on antidepressant medication for at least six months after the initial diagnosis.

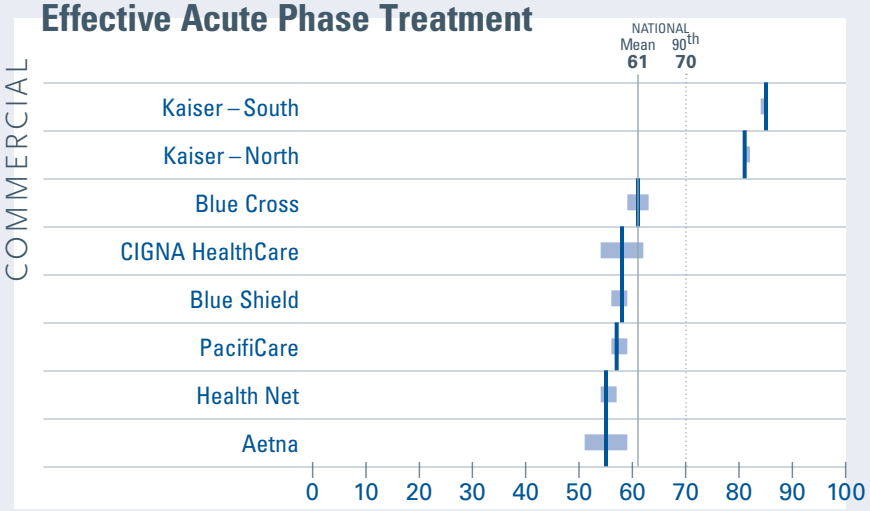
Nationally, only about half of all patients treated with antidepressant medications receive care for the recommended period of time, four to nine months. Better treatment rates suggest fewer patients are likely to experience a relapse of their depression symptoms. Health plans can improve clinical outcomes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

Separate charts display results for both commercial and Medicare members.

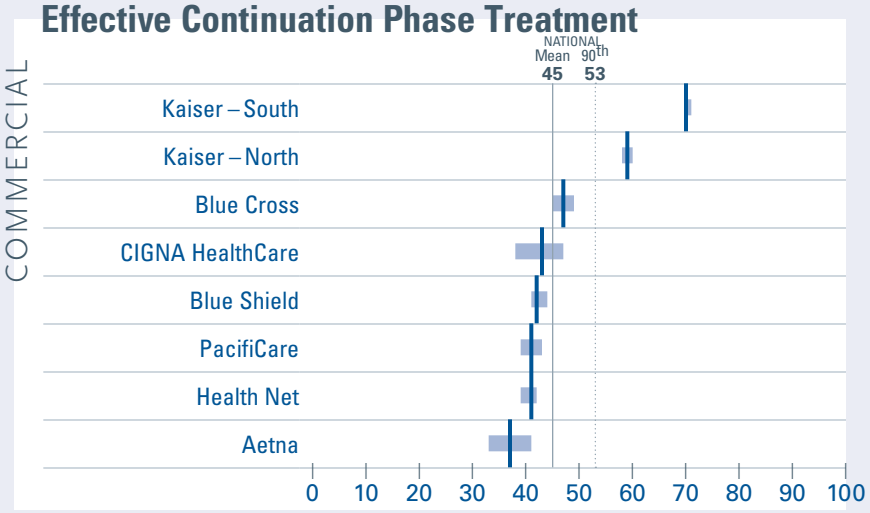
Optimal Practitioner Contacts



Effective Acute Phase Treatment

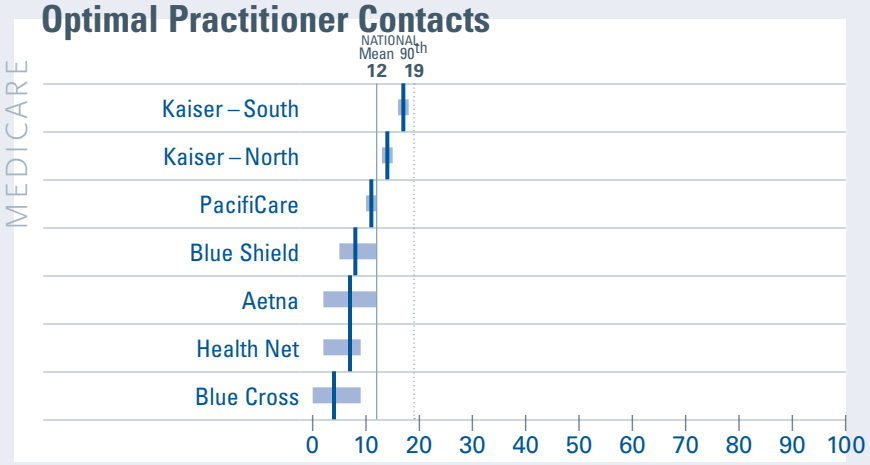


Effective Continuation Phase Treatment

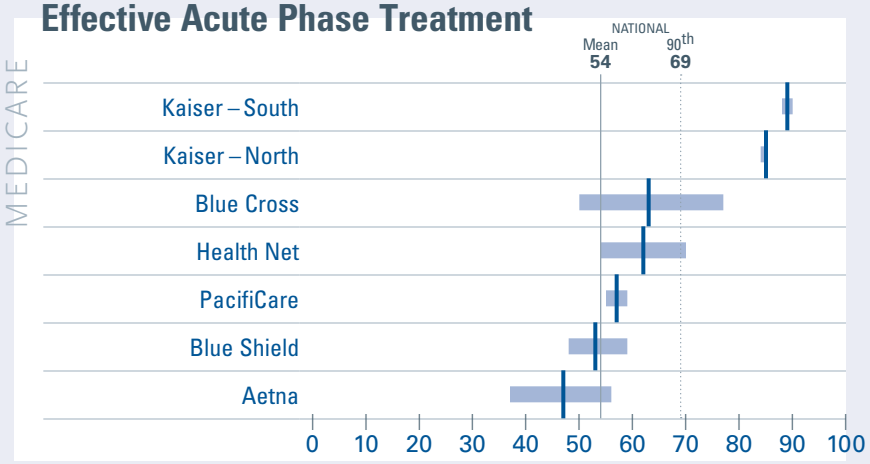


ANTIDEPRESSANT MEDICATION *2 of 2*

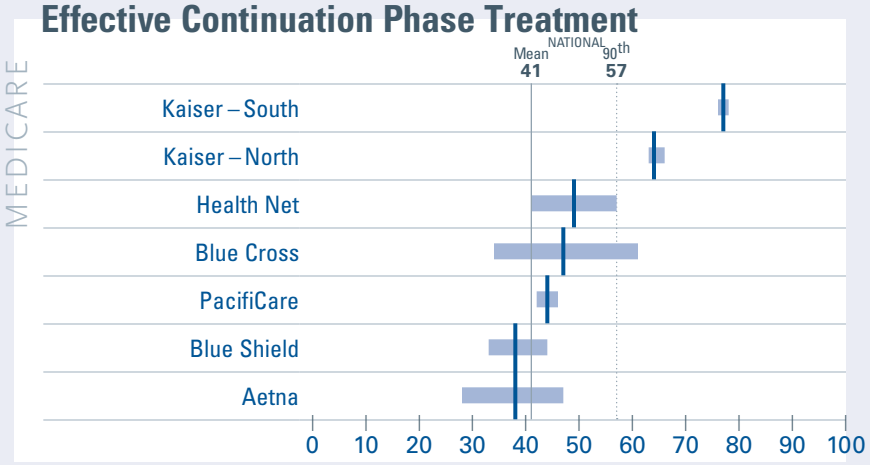
Optimal Practitioner Contacts



Effective Acute Phase Treatment



Effective Continuation Phase Treatment



MENTAL ILLNESS *1 of 2*

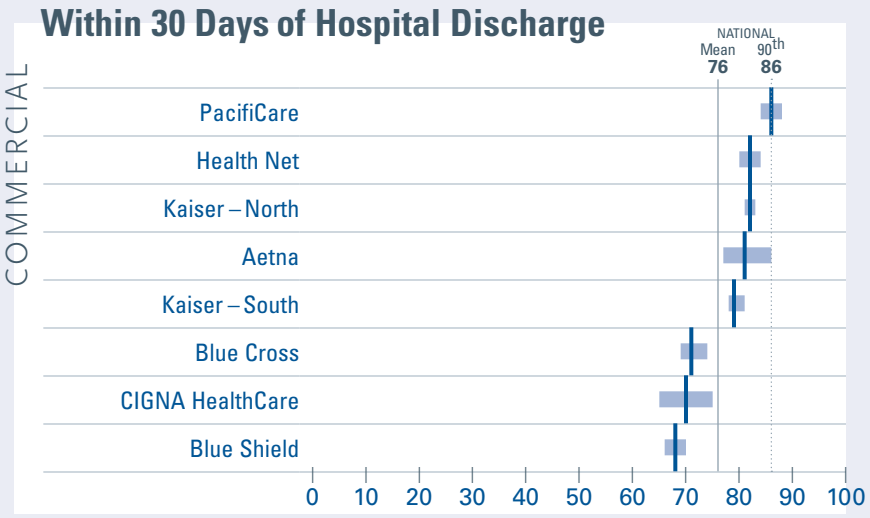
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

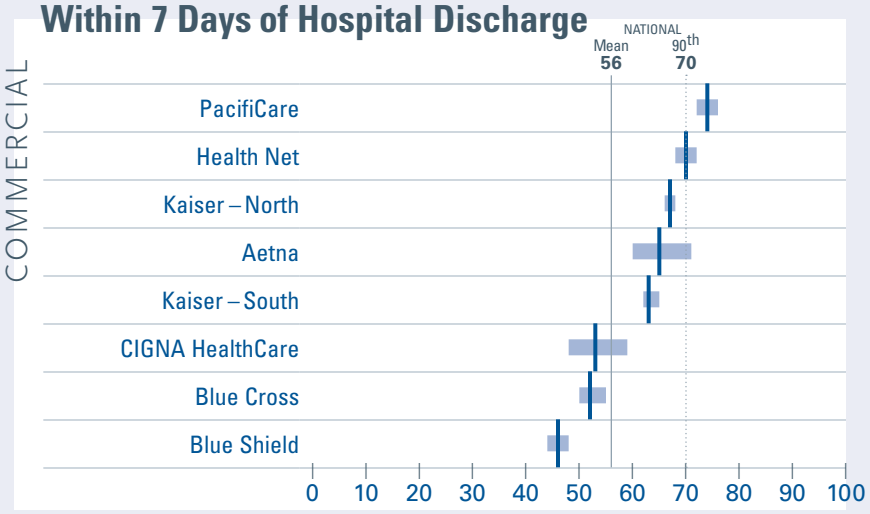
Mental illnesses such as depression, schizophrenia, and anxiety are real health conditions that, if untreated, can be as disabling and serious as cancer and heart disease. Fortunately, advances in mental health research and the availability of newer, more effective medication have broadened the treatment 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 being discharged for an inpatient mental health stay. 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.

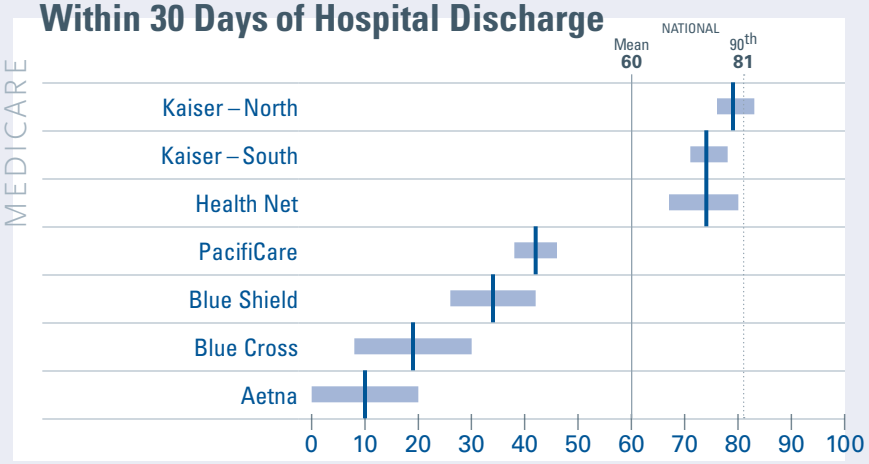
Separate charts display results for both commercial and Medicare members.



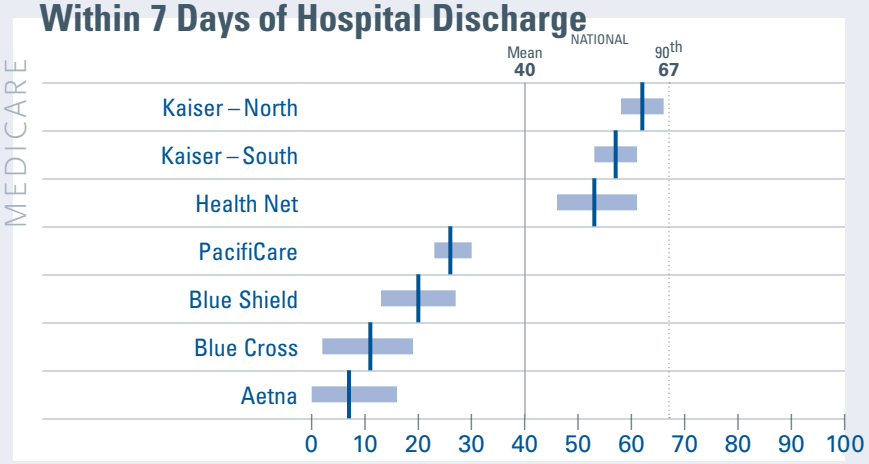


MENTAL ILLNESS *2 of 2*

Within 30 Days of Hospital Discharge



Within 7 Days of Hospital Discharge



BETA BLOCKER TREATMENT *1 of 2*

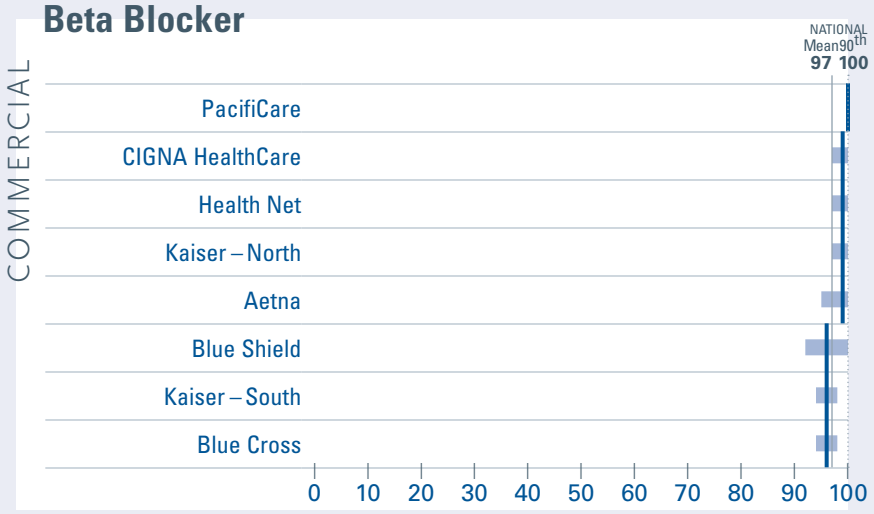
BETA BLOCKER TREATMENT AFTER HEART ATTACK

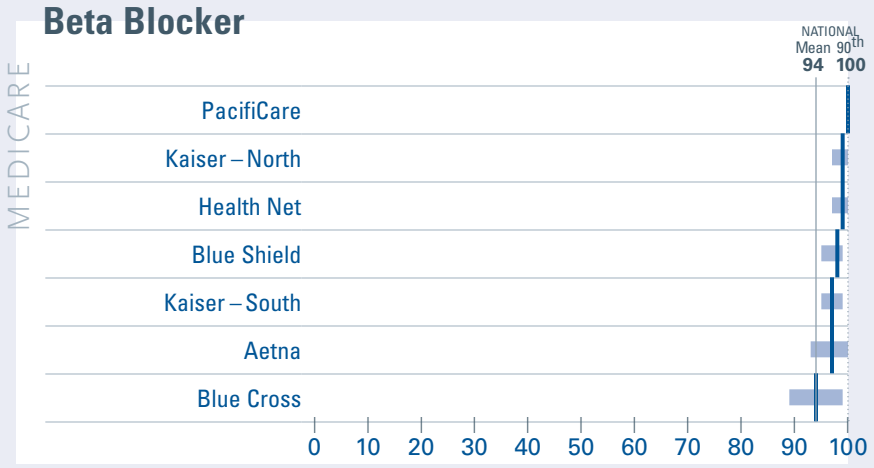
Heart attacks, also known as acute myocardial infarctions or AMI, occur in approximately 1.5 million Americans each year. Unfortunately, patients who have had a heart attack are at higher risk than the general public to have another one.

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. Long term administration of beta blockers following a heart attack has been shown to improve survival and reduce the risk of future heart attacks.

This measure calculates the percentage of HMO members 35 years of age and older who were hospitalized and discharged from the hospital after surviving a heart attack and who received a prescription for a beta blocker. 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.

Separate charts display results for both commercial and Medicare members.



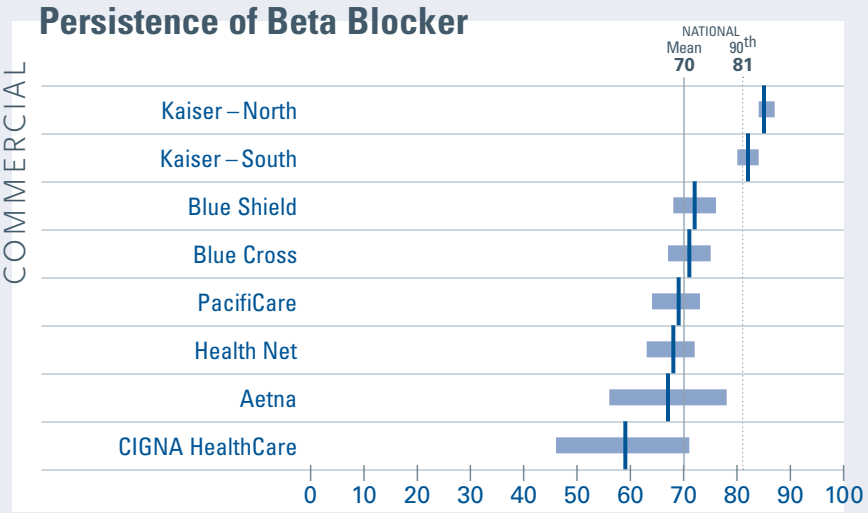


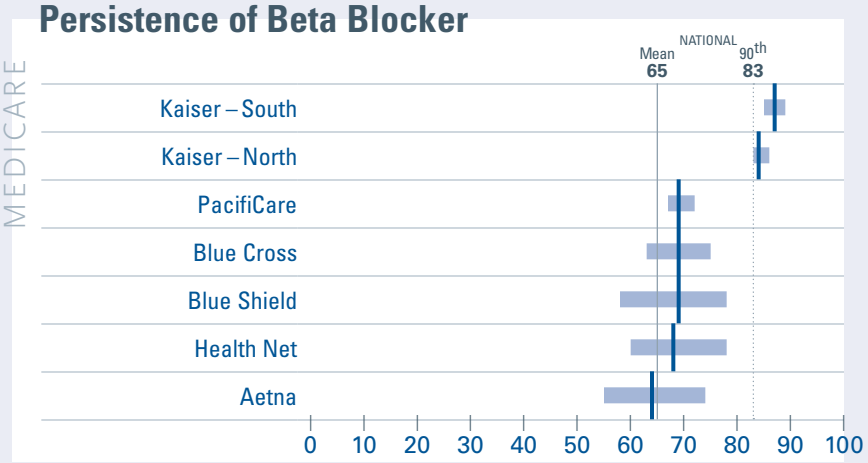
BETA BLOCKER TREATMENT *2 of 2*

PERSISTENCE OF BETA BLOCKER TREATMENT AFTER HEART ATTACK

While beta blockers were appropriately prescribed to over 93.5% of heart attack patients in 2002, evidence suggests that fewer than half of patients still took these medications six months later. This measure shows the rates at which patients stay on beta blocker therapy for the six months following a heart attack.

This measure calculates the percentage of members 35 years and older who were discharged from the hospital with a diagnosis of a heart attack and who received beta-blocker treatment for 6 mos after the discharge.



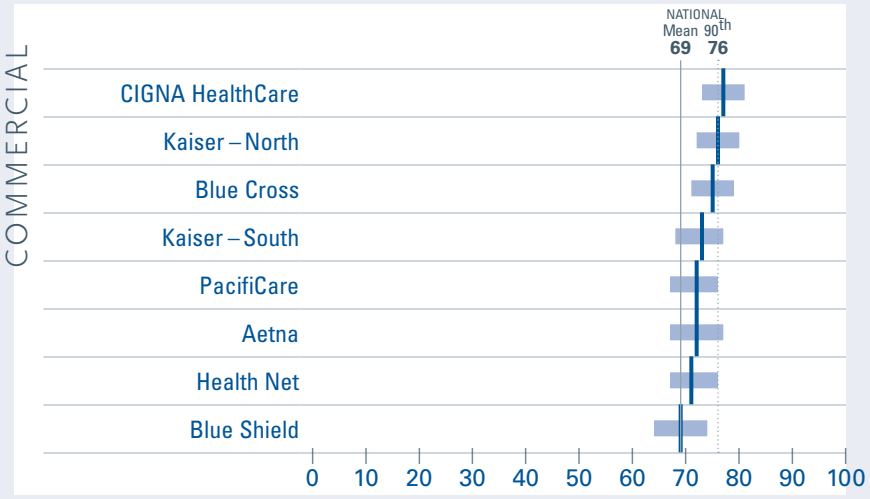


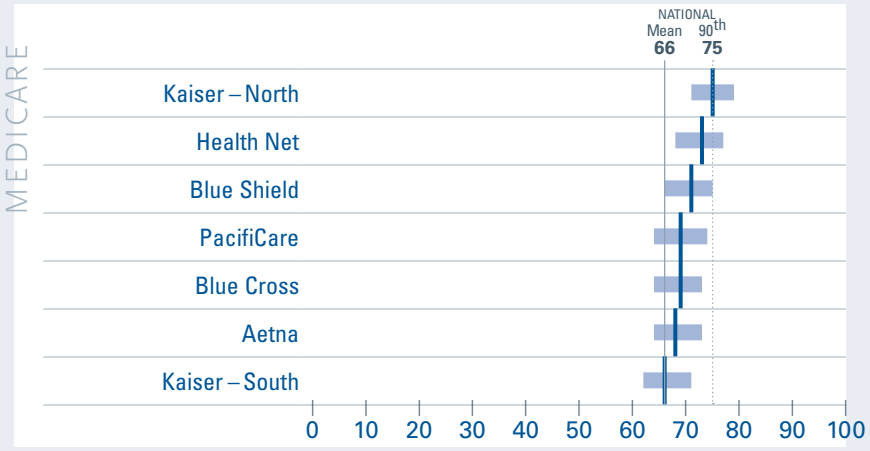
HIGH BLOOD PRESSURE

CONTROLLING HIGH BLOOD PRESSURE

More than 65 million American adults have high blood pressure. It is estimated that one in every four American adults has high blood pressure. High blood pressure can lead to numerous life-threatening conditions including heart disease, stroke and kidney failure, the number one, number three and number nine causes of death in the U.S. Lowering the 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 blood pressure was controlled in adults aged 46-85 years of age who have diagnosed hypertension during 2005. Adequate control was defined as a blood pressure of 140/90 mmHg or lower. 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 member awareness of the benefits of controlling high blood pressure.



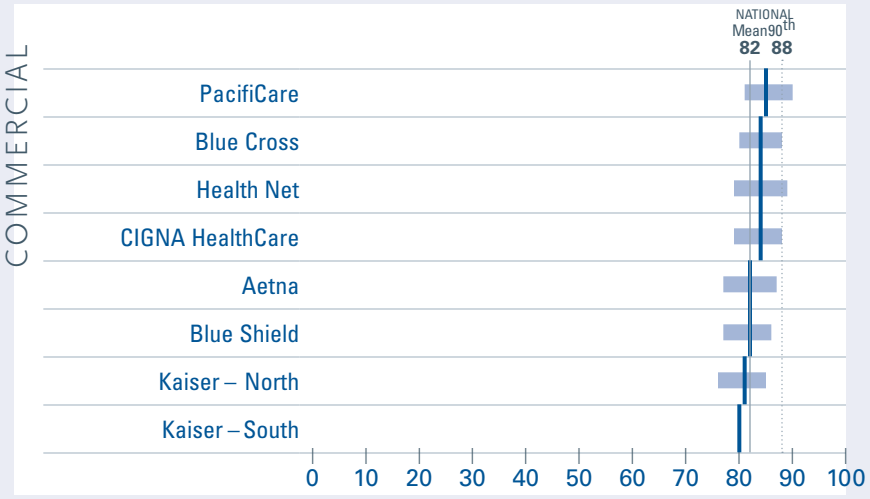


CERVICAL CANCER

CERVICAL CANCER SCREENING

The American Cancer Society estimates that in 2006, about 9,710 cases of invasive cervical cancer will be diagnosed and 3,700 deaths expected from the disease in the U.S. The number of cervical cancer deaths in the U.S. continues to decline by about 2% a year. The main reason for this decline is the increased use of the Papanicolau (Pap) test. Cervical cancer can be detected early, when it is most treatable, by the use of routine Pap tests. For this reason, all women between the ages of 21 and 64 should have a Pap test at least once every three years.

California HMOs provide coverage for regular Pap testing. The chart below shows the percentage of women between the ages of 21 and 64 who had at least one Pap test during the past three years. Women can help reduce the risk of cervical cancer by getting regular Pap tests according to the schedules recommended by their doctors. Most HMOs compare the frequency of Pap 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

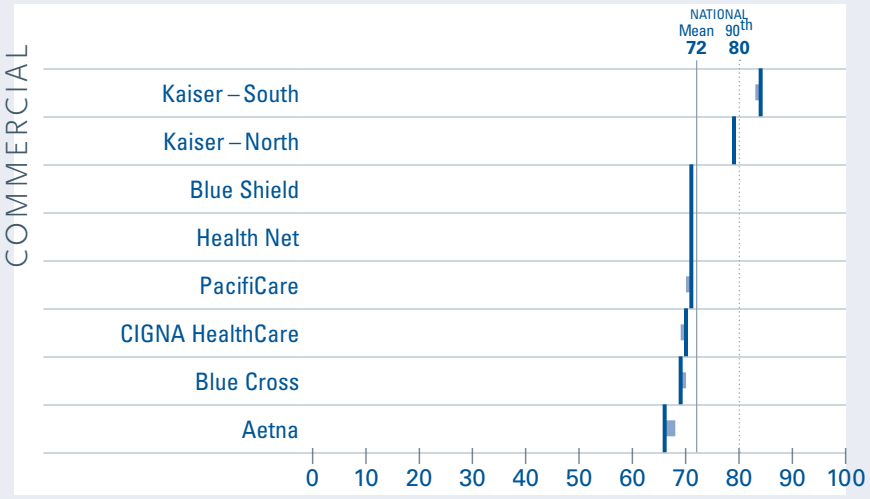
One out of every eight women will develop breast cancer in the course of a 90-year life span. In 2006 in the U.S., about 212,920 women will be diagnosed with breast cancer and 40,970 will die. If detected early, the 5-year survival rate exceeds 95%. Mammograms are among the best early detection methods, increasing chances for survival and cure. Mammography screening has been shown to reduce mortality by 20 to 40% among women aged 50 and older.

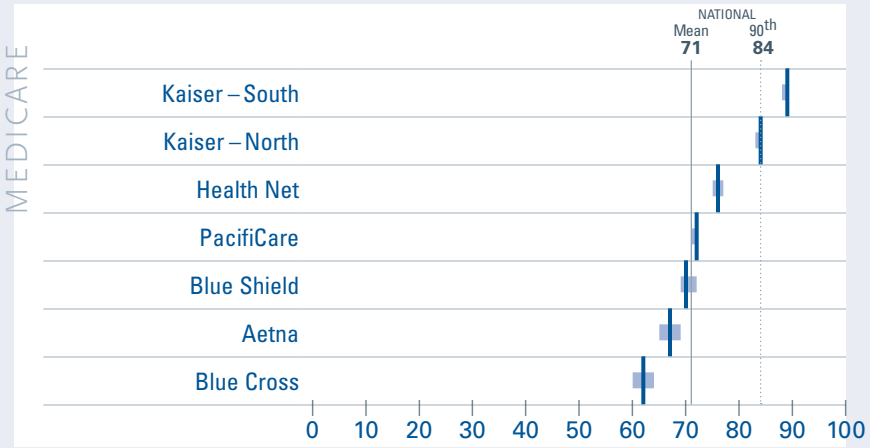
The breast cancer screening rate measures the percentage of women in the HMO population, between the ages of 52 and 69, who were continuously enrolled in their health plan during 2004 and 2005 and had at least one mammogram during that two-year period.

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 show 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 physician's reminders to schedule a mammogram.

Separate charts display results for both commercial and Medicare members.



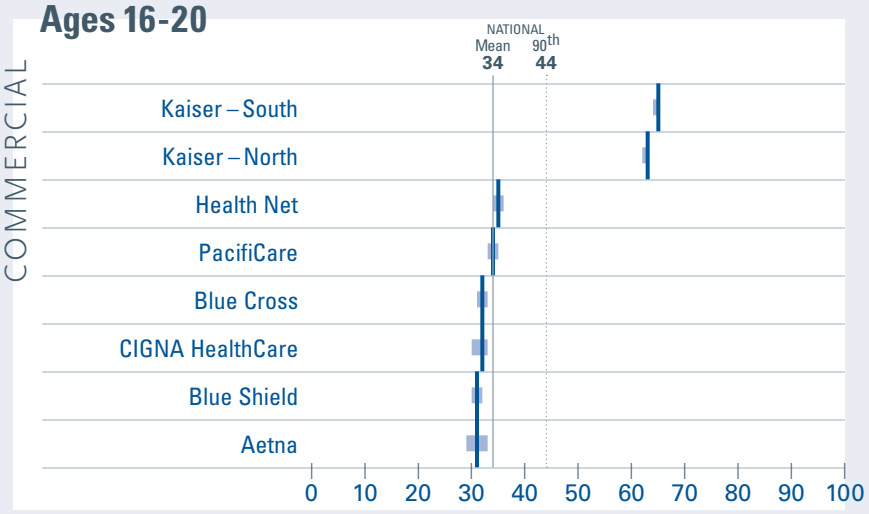


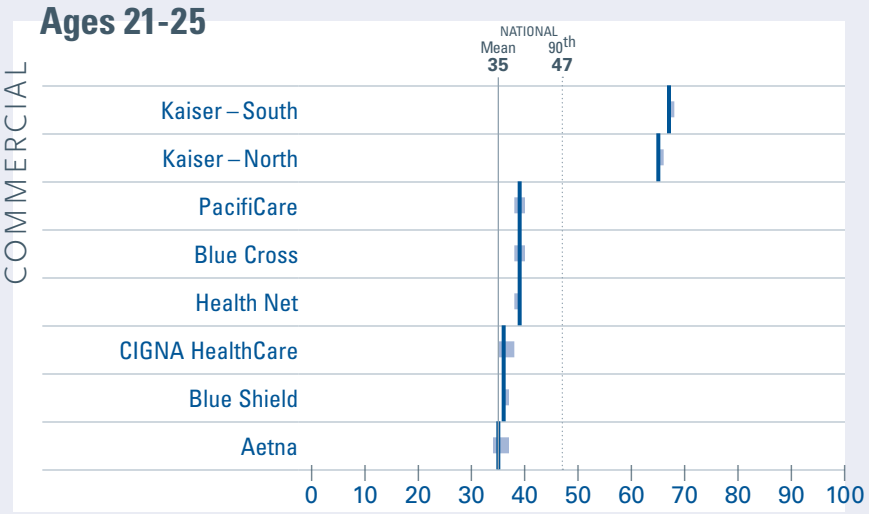
CHLAMYDIA

CHLAMYDIA SCREENING IN WOMEN

Chlamydia is currently the most commonly reported infectious sexually transmitted disease in the United States with an estimated three million cases occurring each year. Chlamydia is especially common in teenagers and young adults. Untreated infections are easily spread between sexual partners and can cause serious health complications. Chlamydia is frequently called a "hidden" disease since approximately 75% of women and 50% of men 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 women between the ages of sixteen and twenty-five who received at least one routine screening test for Chlamydia during 2005. Health plans can successfully improve Chlamydia screening rates through distribution of educational materials to both physicians and HMO members.





COLORECTAL CANCER

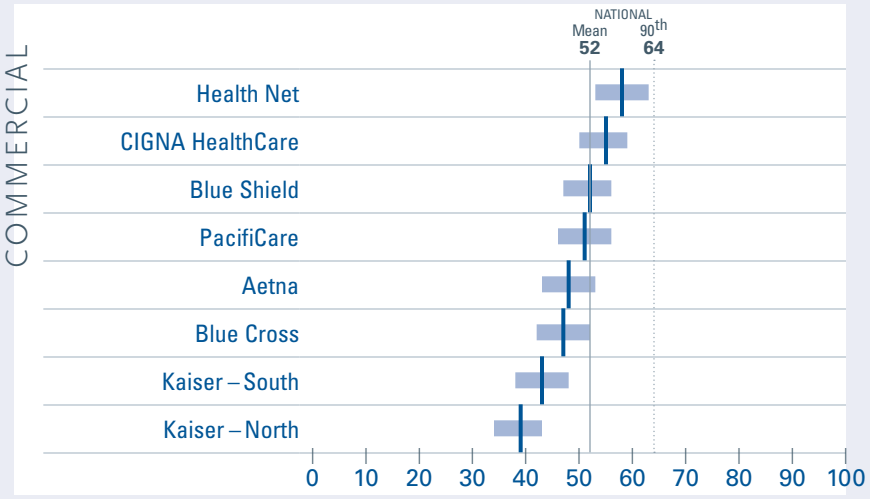
COLORECTAL CANCER SCREENING

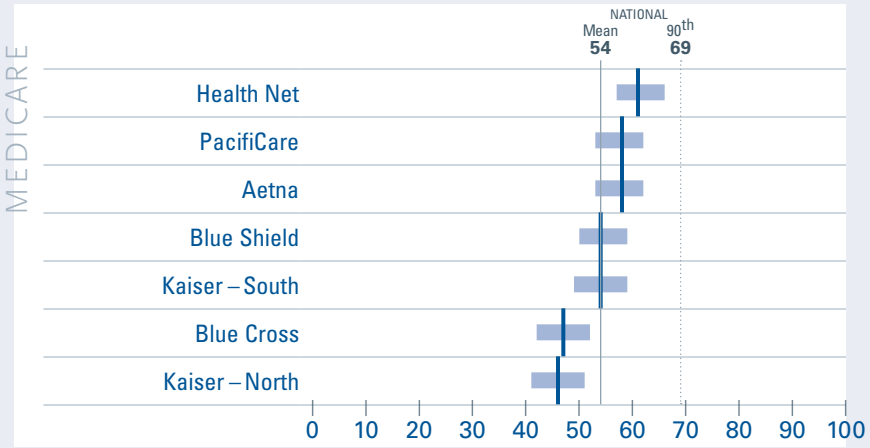
Colorectal cancer—cancer of the colon or rectum—is the second leading cause of cancer-related deaths in the U.S. The American Cancer Society estimates that 55,170 Americans will die of colorectal cancer this year. Colorectal cancer is also one of the most commonly diagnosed cancers in the U.S.; approximately 148,610 new cases will be diagnosed in 2006. Colorectal cancer is the third most common cancer in men and in women. The risk of developing colorectal cancer increases with advancing age, with more than 90% of cases occurring in persons aged 50 years or older.

Reducing the number of deaths from colorectal cancer depends on detecting and removing precancerous colorectal polyps, as well as detecting and treating the cancer in its early stages. Colorectal cancer can be prevented by removing precancerous polyps or growths, which can be present in the colon for years before invasive cancer develops. Findings from the National Health Interview Survey indicate that in 2000, only 42.5% of U.S. adults aged 50 years or older had undergone a sigmoidoscopy or colonoscopy within the previous 10 years or had used an FOBT home test kit within the preceding year.

This HEDIS measure estimates the percentage of adults 50-80 years of age who had appropriate screening for colorectal cancer. The screening criteria can be met with any one of four tests: a fecal occult blood test (FOBT) during 2005; a flexible sigmoidoscopy within the last four years prior to 2005; a double contrast barium enema within the last four years prior to 2005; or a colonoscopy within the last nine years prior to the measurement year. Screening for colorectal cancer lags far behind screening for breast and cervical cancers.

Separate charts display results for both commercial and Medicare members.





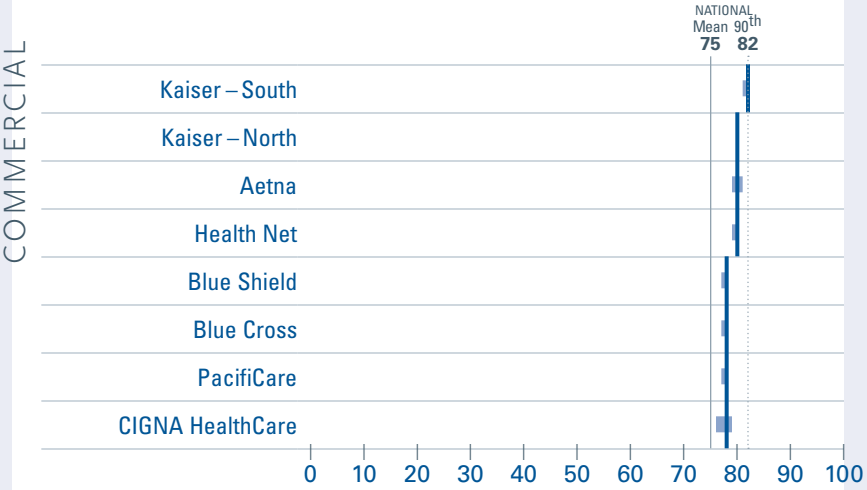
LOW BACK PAIN IMAGING

USE OF IMAGING STUDIES FOR LOW BACK PAIN

In the United States, at least 80 percent of adults have at least one episode of low back pain during their lifetimes. Low back pain and degenerative joint disease account for 4.9 percent of all adult physician visits, and the direct medical costs related to low back pain exceed $25 billion annually. Fortunately, in as many as 90 percent of patients, acute low back pain resolves within six weeks regardless of treatment methods.

The approach to evaluation of low back pain varies considerably among physicians, and current evidence suggests that many of the tests performed are unnecessary and found that overuse of imaging studies ranged from 20% among primary care physicians to 70% among orthopedists.

This HEDIS measure assesses whether imaging studies such as X-rays, MRIs, CT scans, are overused in evaluating patients with acute back pain. A higher score indicates the appropriate treatment of low back pain e.g. an imaging study did not occur when it was not necessary.

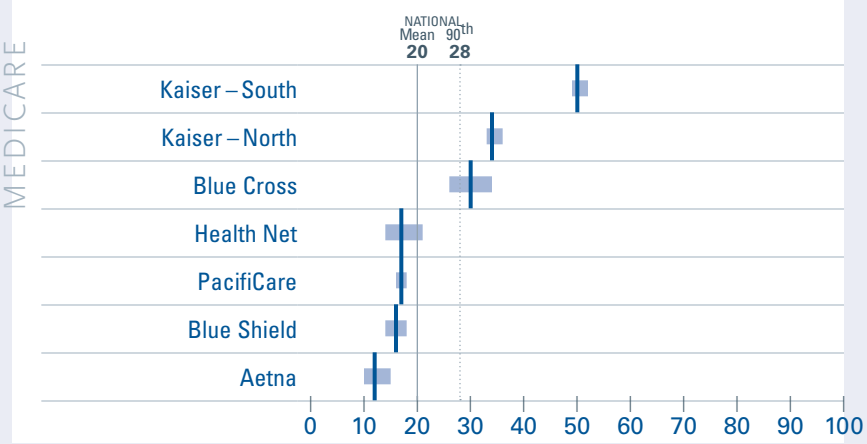


OSTEOPOROSIS

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Osteoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased susceptibility to fractures, especially of the hip, spine, and wrist, although any bone can be affected. Osteoporosis is a major public health threat for an estimated 44 million Americans or 55 percent of the people 50 years of age or older. In the U.S. today, 10 million individuals are estimated to already have the disease and almost 34 million more are estimated to have low bone mass, placing them at risk for osteoporosis. Eighty percent of those affected by osteoporosis are women.

This HEDIS measure estimates the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture during the Intake Period. Osteoporosis is responsible for more than 1.5 million fractures annually. A balanced diet rich in calcium and vitamin D, weight-bearing exercise, a healthy lifestyle with no smoking or excessive alcohol intake, and bone density testing and medication (when appropriate) completed together can optimize bone health and help prevent osteoporosis.



SMOKING CESSATION

MEDICAL ASSISTANCE WITH SMOKING CESSATION

Cigarette smoking remains the leading preventable cause of death in the United States, accounting for approximately one out of every 5 deaths each year. An estimated, 20.9% of all adults smoke cigarettes in the U.S.

It has been shown that smoking has a detrimental effect on every organ in the body. Smoking is associated with lung cancer and cancer of the esophagus, larynx, kidney, pancreas and cervix. Smoking also increases the risk of other health problems, such as chronic lung disease and heart disease.

The health benefits of smoking cessation are immediate and substantial. Almost immediately, a person's circulation begins to improve and the level of carbon monoxide in the blood begins to decline. Within a few days of quitting, a person's sense of taste and smell return, and breathing becomes increasingly easier. Smokers quit more frequently when a physician provides advice and/or help.

This measure is collected using survey methodology and evaluates three components:

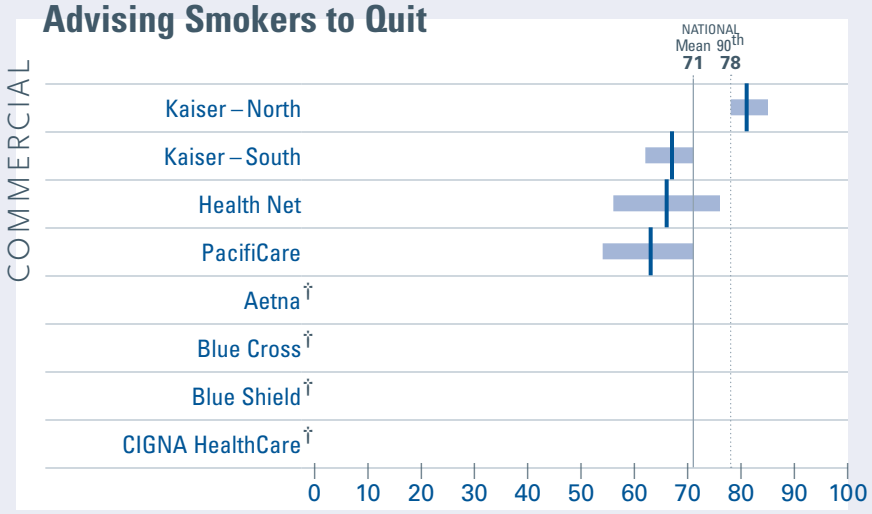
1. Advising Smokers to Quit: the percentage who received advice to quit smoking from their practitioner during 2005;
2. Discussing Smoking Cessation Medications: the percentage whose practitioner discussed smoking cessation medications during 2005;
3. Discussing Smoking Cessation Strategies: the percentage whose practitioner discussed smoking cessation methods or strategies during 2005.

People who quit smoking live longer than those who continue to smoke. After 10 to 15 years, a previous tobacco user's risk of premature death approaches that of a person who has never smoked. About 10 years after quitting, an ex-smoker's risk of dying from lung cancer is 30 percent to 50 percent less than the risk for those who continue to smoke.

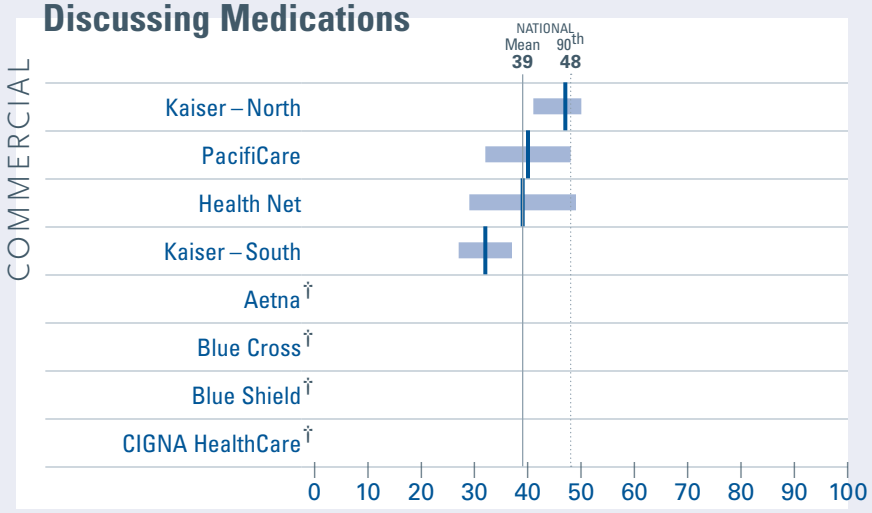
NOTES

† - No rate reported due to denominator was less than 100.

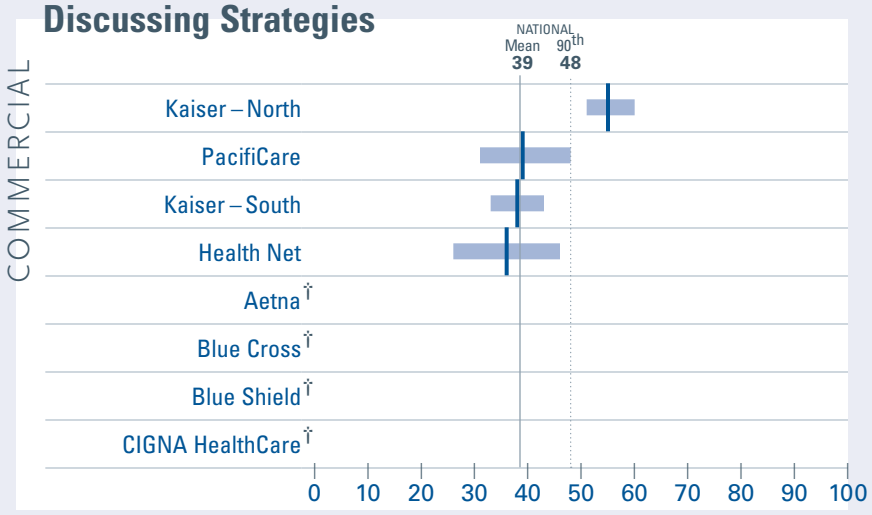
Advising Smokers to Quit



Discussing Medications



Discussing Strategies

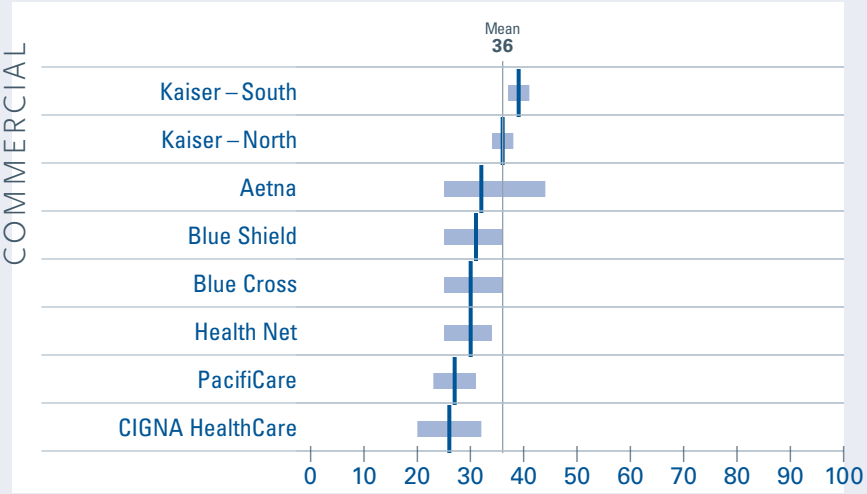


FLU SHOT

FLU SHOT FOR ADULTS

Influenza, also know as the flu, is a contagious disease that is caused by the influenza virus. Millions of people in the U.S. – about 5% to 20% of U.S. residents – will get influenza each year. Most people who get influenza will recover in one or two weeks, but some people will develop life-threatening complications as a result of the flu. An average of about 36,000 people each year in the U.S. dies from influenza, and more than 200,000 have to be admitted to the hospital as a result of influenza. Some people with certain health conditions are at high risk for serious flu complications such as bacterial pneumonia, dehydration and worsening of chronic medical conditions such as asthma or diabetes. Nearly one-third of people 50-64 years of age in the U.S. have one or more medical conditions that place them at increased risk for serious flu complications.

This HEDIS measure is collected using survey methodology and estimates the percentage of members 50-64 who received an influenza vaccination during 2004. The single best way to prevent the flu is to get a flu vaccination each fall. People who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications should get vaccinated each year.



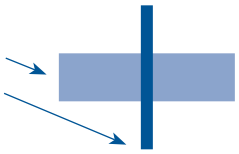
MEASURES OF ACCESS/AVAILABILITY OF CARE

The service performance results displayed on the following pages use HEDIS Access/Availability of Care measures to gauge performance in key areas of customer service. High levels of service and member satisfaction are closely related, and are used by health care purchasers and consumers in selecting a plan.

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 supply data on member services call center volumes during hours of operation.
2. Health plans then supply data on how the call was handled.
3. An independent research firm contracted with CCHRI evaluates and analyzes the data from all the participating health plans.

HOW TO READ THESE GRAPHS



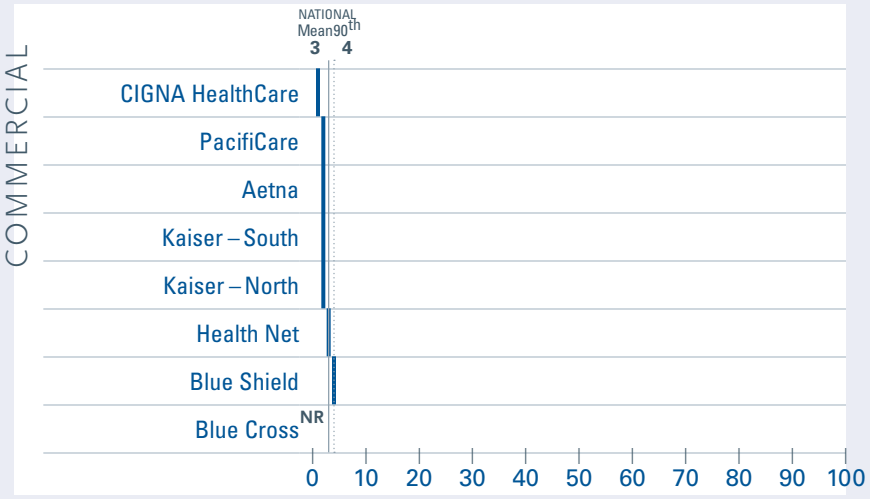
The horizontal bars show scores for each California health plan. The vertical bar is the best estimate of the plan's true score based on a sample or sub-set, of health plan members. When the horizontal bars for two plans do not overlap, this means the health plan scores are significantly different from 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.

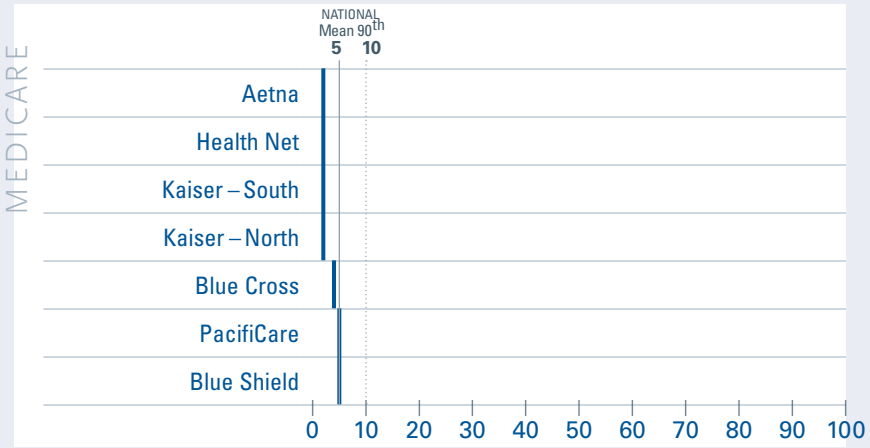
CALL ABANDONMENT

CALL ABANDONMENT

The Call Abandonment measure determines the rate of calls to the health plan call center (during operating hours) that were abandoned (i.e., the caller decided to hang up) before being answered by a live voice.

For this measure a lower number is better.





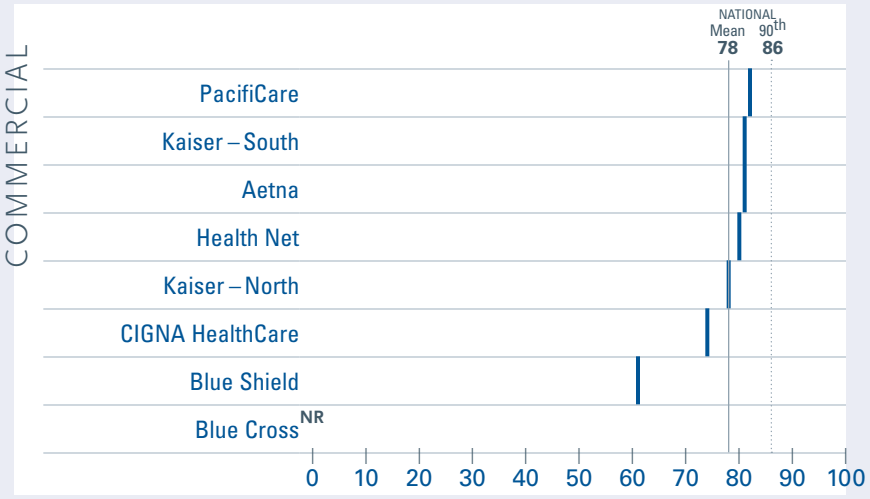
NOTES

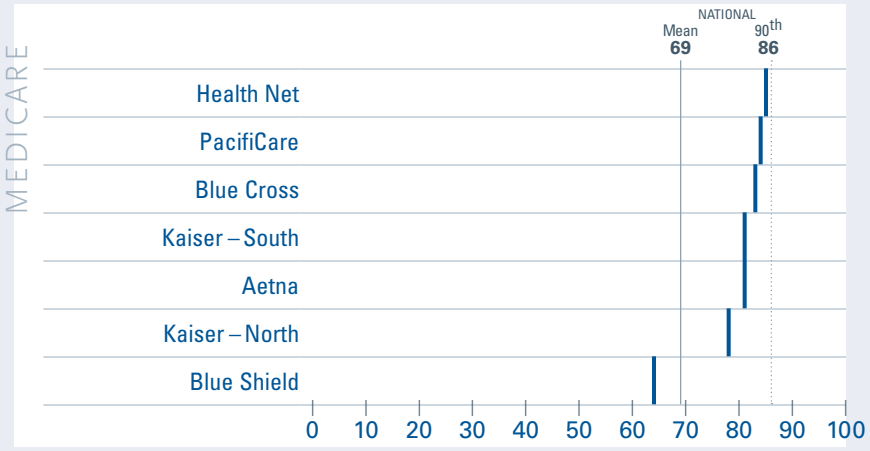
NR - Not reported.

CALL ANSWER TIMELINESS

CALL ANSWER TIMELINESS

The Call Answer Timeliness measure addresses the performance of health plan call centers, calculating the percentages of calls answered by a live voice within 15 and 30 seconds.





NOTES

NR - Not reported.

MEMBER SURVEY INTRODUCTION

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.

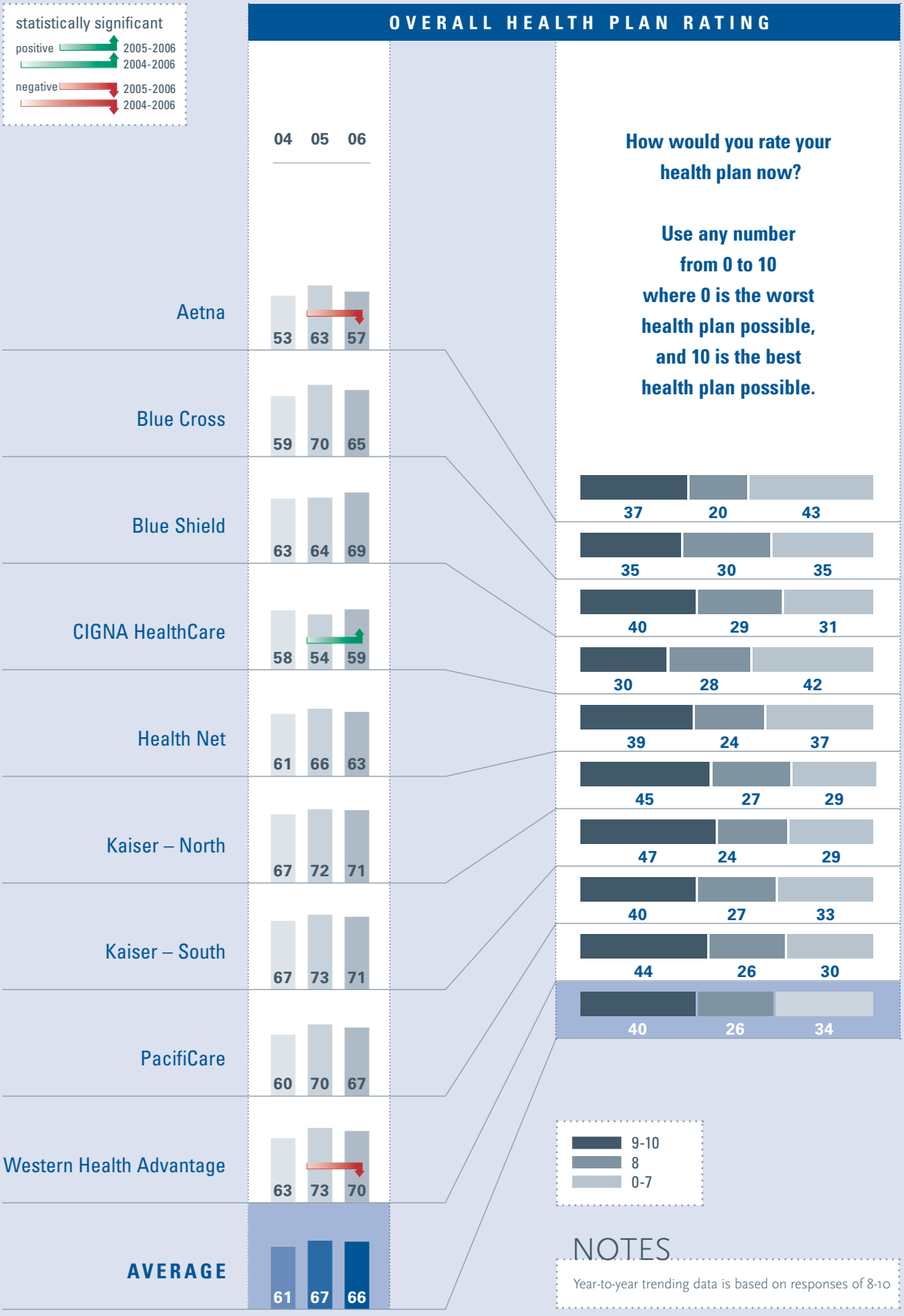
An independent research firm, using a uniform process that produces accurate and comparable results about specific plans, administered the NCQA-approved member survey for CCHRI. The survey was mailed to a randomly selected subset of members from each health plan and follow-up telephone calls were conducted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

In early 2006, approximately 24,000 members received questionnaires asking them to evaluate their experiences with their health plan during 2005. 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

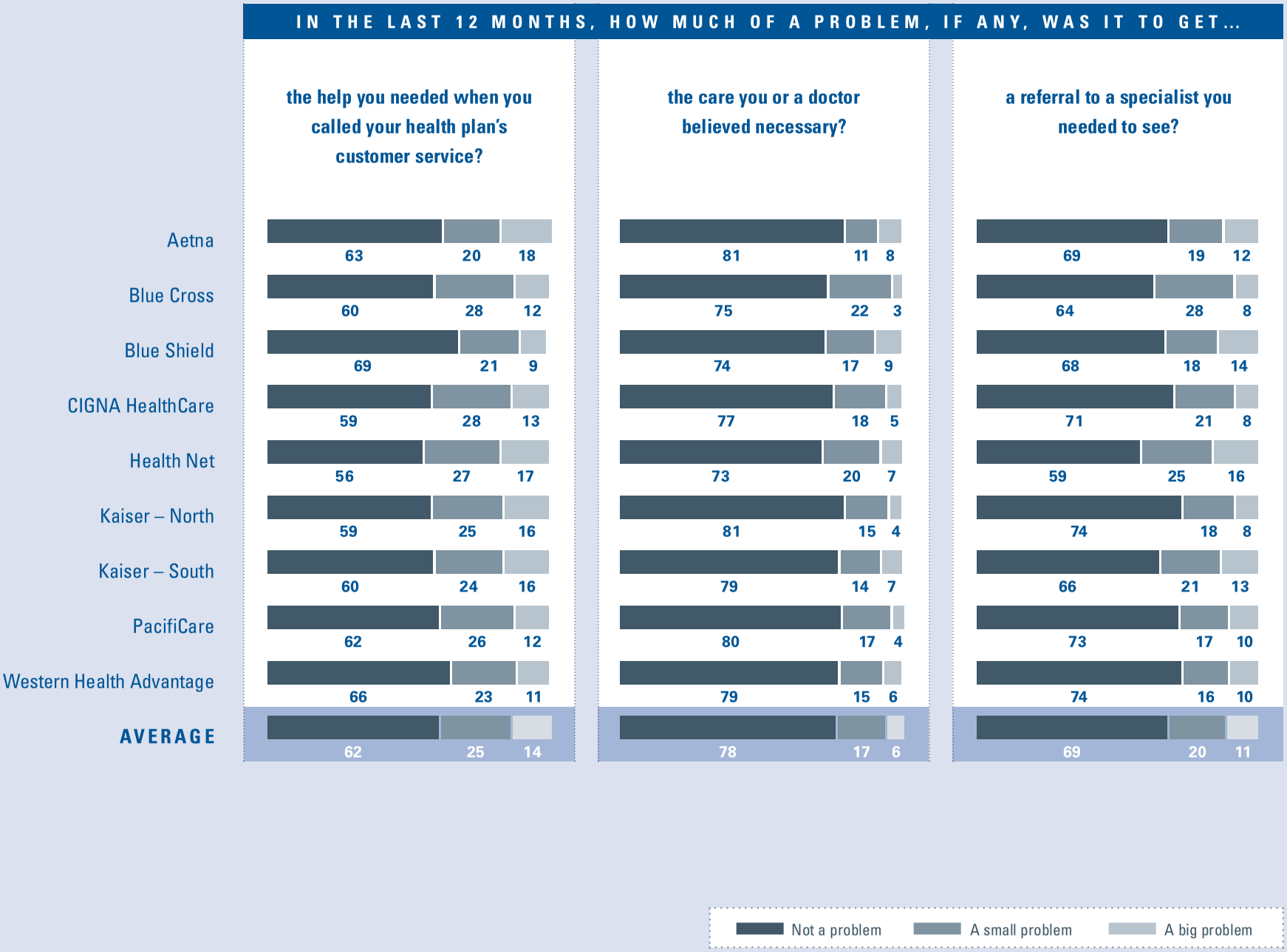


NOTES

Year-to-year trending data is based on responses of 8-10

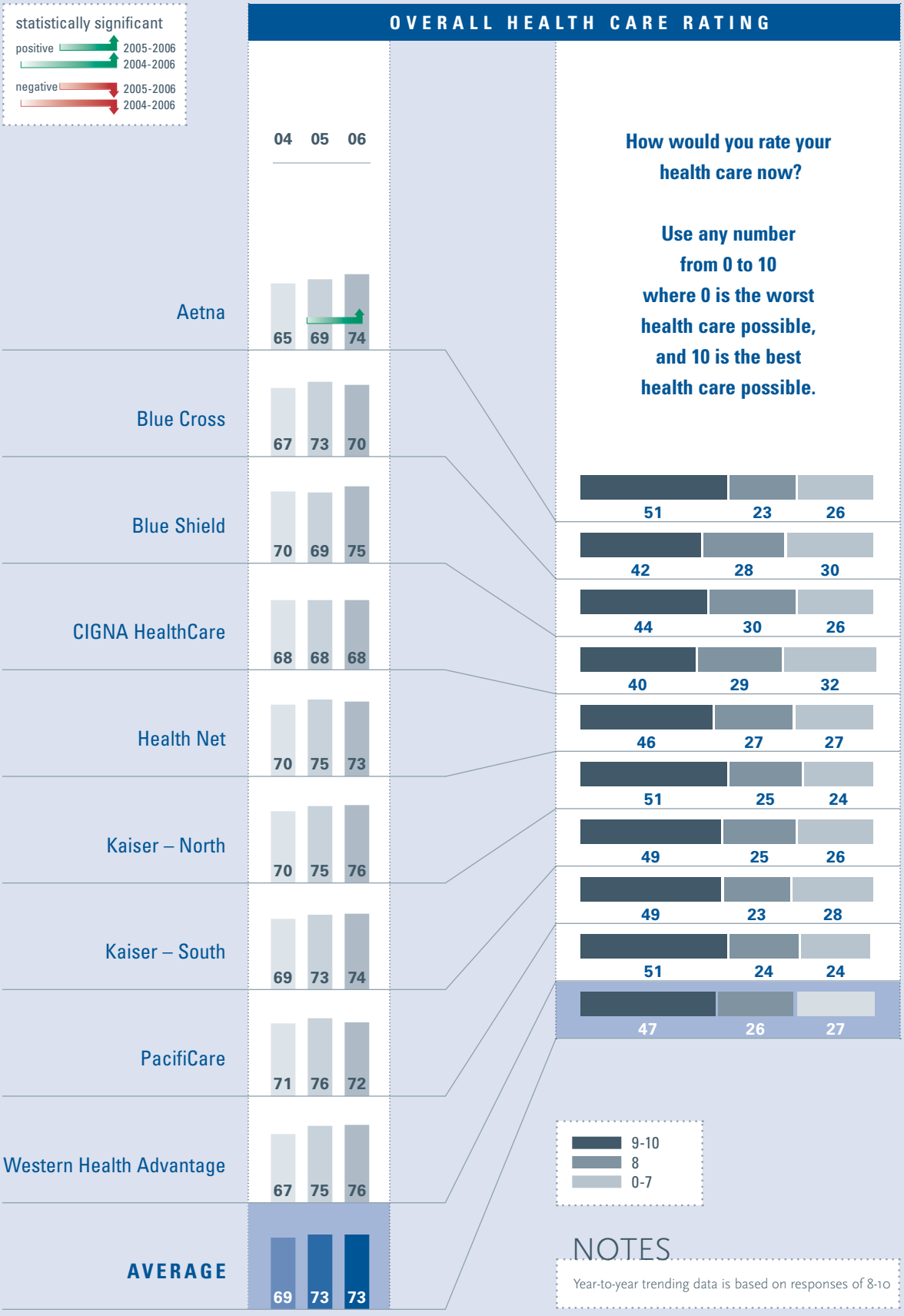
MEMBER SURVEY

HEALTH PLAN *2 of 2*



HEALTH CARE *1 of 2*

MEMBER SURVEY



NOTES

Year-to-year trending data is based on responses of 8-10

MEMBER SURVEY

TREND DATA INTRODUCTION

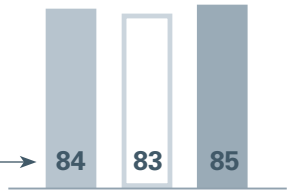
MEASURES OF EFFECTIVENESS OF CARE

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 twenty-four clinical measures in the commercial population. 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.

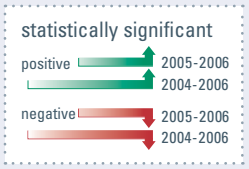
Many year-to-year changes are small and may not be meaningful. Changes that are statistically significant are noted with a red or green arrow crossing this year's and last year's rates. In addition, longer-term meaningful changes are noted where the arrow crosses all three years of trend data and compares this year's results to the 2004 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 may be from the prior measurement year.

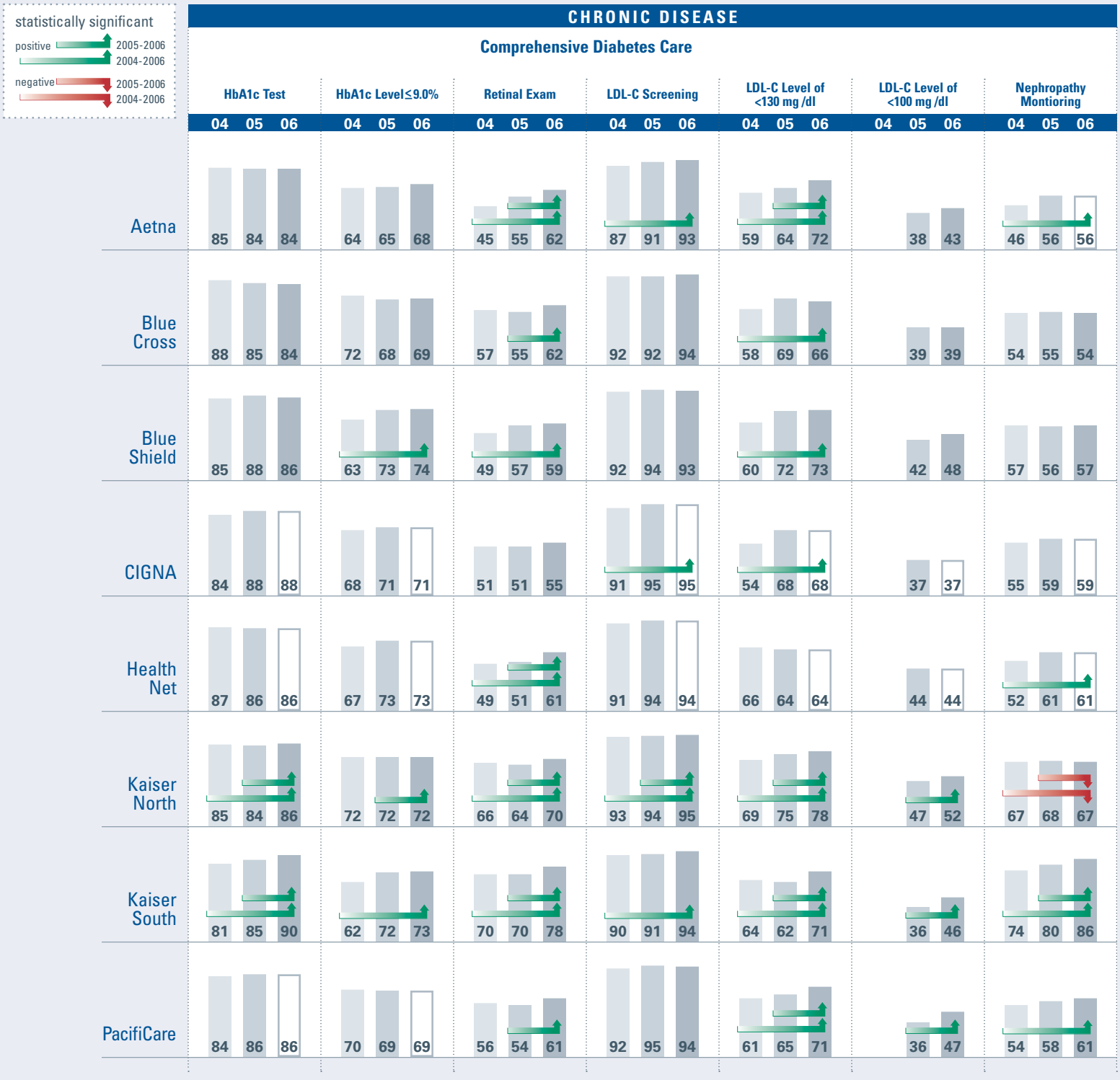
TREND DATA COMMERCIAL *1 of 6*



YOUNG FAMILIES

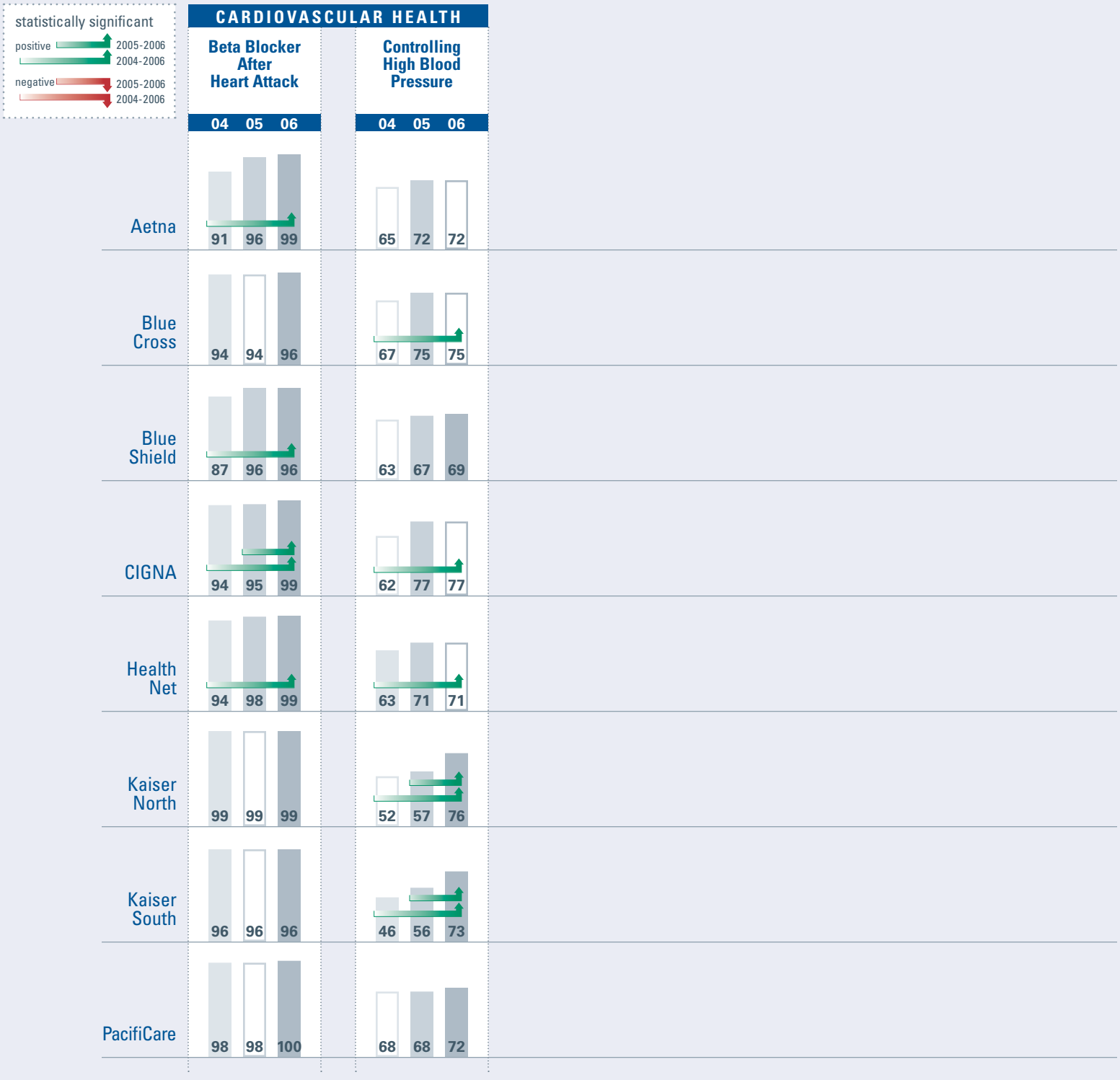
	Prenatal and Postpartum Care: Timely Initiation of Prenatal Care			Prenatal and Postpartum Care: Postpartum Care			Childhood Immunizations: Combo 2			Adolescent Immunizations: Combo 2			Treatment for Children with URI		
	04	05	06	04	05	06	04	05	06	04	05	06	04	05	06
Aetna	93	91	94	83	84	84	73	73	81	41	56		76	77	
Blue Cross	95	95	95	83	83	83	75	75	83	50	64		80	82	
Blue Shield	94	96	96	82	83	83	70	74	79	51	52		78	80	
CIGNA	90	96	96	84	88	88	76	77	82	54	59		83	84	
Health Net	89	94	94	81	78	86	74	76	77	53	55		77	79	
Kaiser North	89	90	97	76	77	82	75	79	86	67	71		94	95	
Kaiser South	91	92	92	87	83	83	83	83	86	72	74		91	92	
PacifiCare	93	97	97	85	85	85	75	75	78	43	53		80	82	

TREND DATA COMMERCIAL *2 of 6*

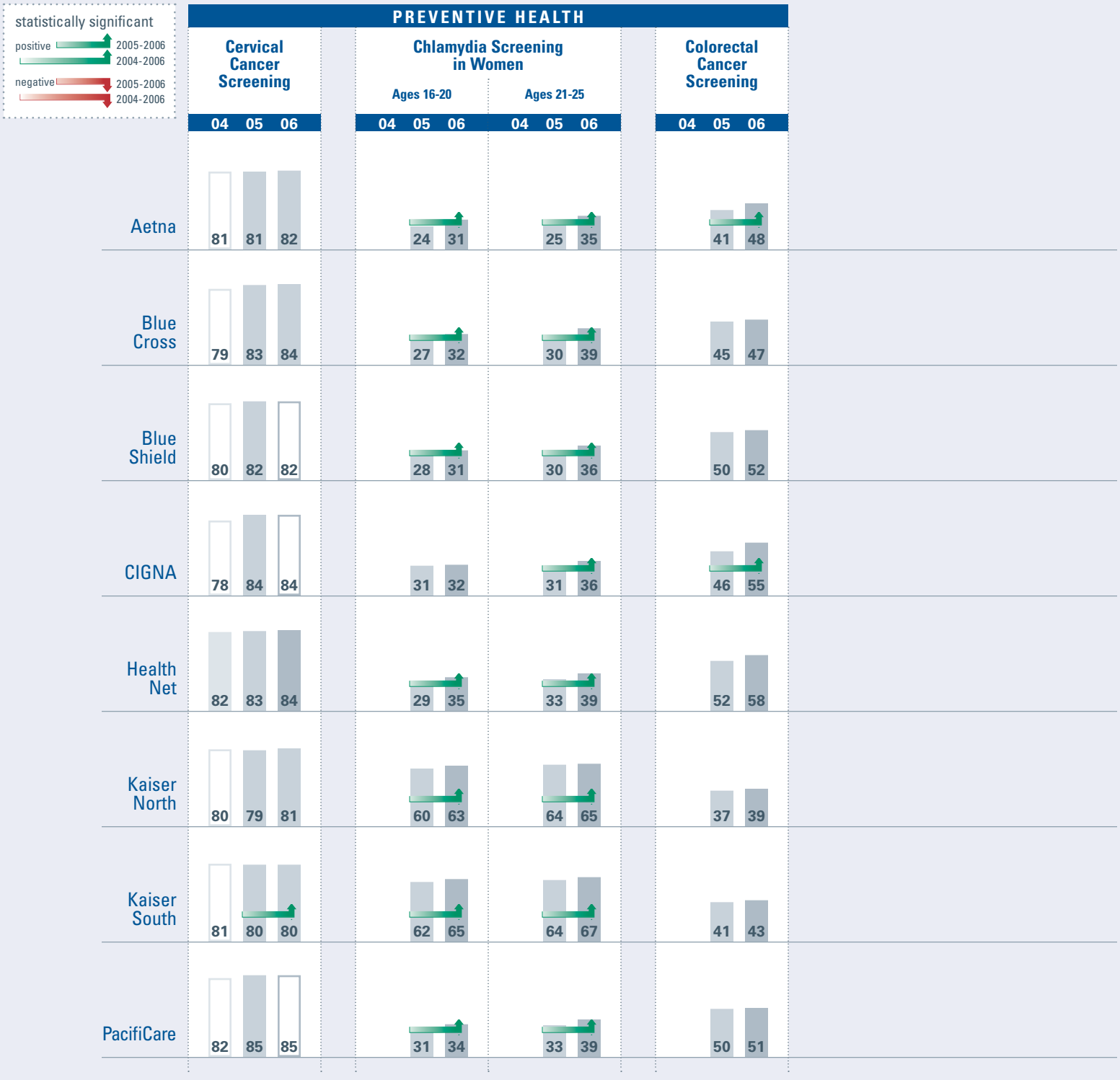


TREND DATA COMMERCIAL *3 of 6*

TREND DATA COMMERCIAL *4 of 6*



TREND DATA COMMERCIAL *5 of 6*



TREND DATA COMMERCIAL *6 of 6*

NOTES

ϕ – Did not meet denominator population >100.

TREND DATA MEDICARE *1 of 3*

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.

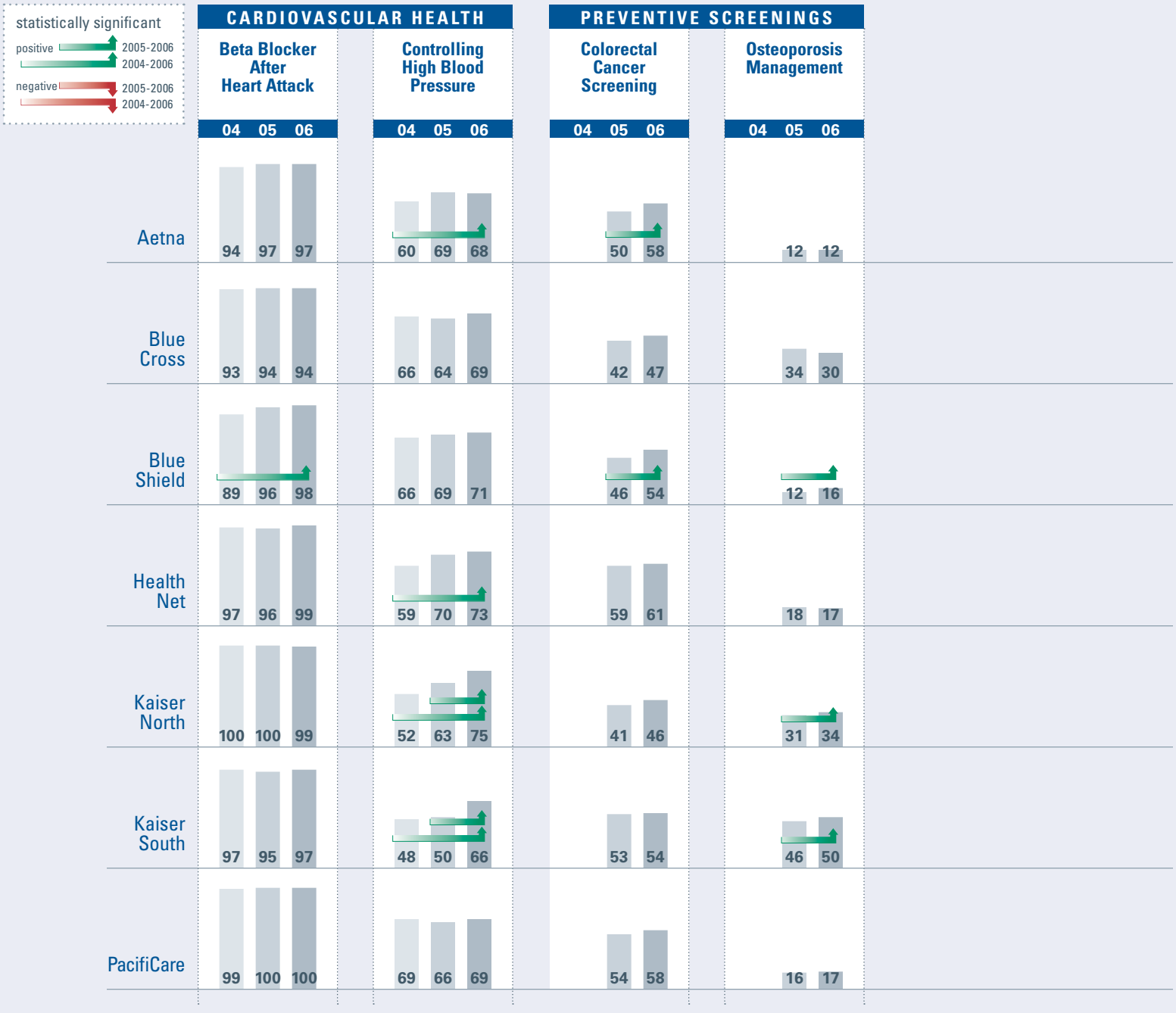
The trend charts on the next few pages compare health plan performance for seven clinical measures for the Medicare population.

Several of the measures contain more than one rate. 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 2003 results. Changes not noted with an arrow are not meaningful and may be due to random chance.

TREND DATA MEDICARE *2 of 3*

TREND DATA MEDICARE *3 of 3*



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 sixth year in a row, CCHRI administered a patient experience survey at the physician group-level. The 2006 Patient Assessment Survey (PAS) is derived from the emerging national standard survey—the Clinician/Group (CG) CAHPS which was developed by the federal Agency for Healthcare Quality and Research and has been submitted to the National Quality Forum for its endorsement.

This Report summarizes the findings of the 2006 PAS. Most of the questions from the PAS are grouped with other questions that assess the same domain and are reported as composites. For example, the doctor-patient interaction composite includes questions on whether the doctor listened carefully, explained things clearly, and treated the patient with respect. In the Tables that follow, the summary results of the PAS survey are presented, showing the composite measures and the overall rating of care questions for how patients rated their PCP, specialist, and all care received from providers within the group in which they receive care. For more information about particular questions included in each PAS composite and for results to specific questions, please go to www.cchri.org, where the full report is available.

CCHRI was able to implement the 2006 PAS because of the financial support and assistance from participating physician groups and the following health plans:

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

PATIENT ASSESSMENT SURVEY

The 2006 Patient Assessment Survey (PAS) evaluated patients' experience with the care they received from 149 distinct medical groups and IPAs in Northern and Southern California (this represents 182 reporting units). These physician groups ranged in size from 2,500 to 2.8 million members. The results were calculated from 64,216 individual patients who responded to the survey, for an overall response rate of 39.6%. Participating physician groups agree to publicly report the results from the survey, and the results are used to determine payouts for the statewide Integrated Healthcare Association's pay-for-performance program that 7 of the 8 plans are participating in.

HMO and POS adult patients enrolled in the 149 medical groups and IPAs participating in the survey were asked to evaluate the following aspects of their care experience:

- Overall ratings of their Primary Care Physician (PCP), specialist, and all care revceived from providers
- Interactions between the patient and physician (i.e., communication)
- Access to primary and specialty care for urgent and non-urgent situations
- Interactions with the office staff
- Counseling on preventive care topics, such as diet, nutrition and exercise.

Nine hundred adults (ages 18 and older) who had a minimum of one visit in the prior year (2005) were randomly selected (450 with PCP encounters and 450 with specialist encounters) from each physician group to participate in the survey. The PAS survey was mailed and made available for completion via the internet, with phone-follow-up interviews for those that did not respond via mailed copies of the survey.

HOW TO READ THESE GRAPHS

Responses included in a composite measure are combined to obtain a single mean score and items are weighted equally. Scores are computed as a mean value, based on a 100 point scale. Most questions are based on a six-item response choice set; however, the overall rating items used a 0-10 rating scale. Each physician group's score has been case-mix adjusted to account for differences across groups in the mix of their patient populations (i.e., age, sex, race/ethnicity-language spoken, specialty type, language survey was completed in, response mode, specialty type of physician, mental health status, functional health status, and presence of chronic conditions).

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

When reviewing the results, please compare each group's score to the statewide average and not to the scores of other individual groups.

NOTES

∉ – Responses were fewer than 100.

✻ – Overall repsonse rate <25%.

⊗ – Sample size too small to allow reporting.

NORTHERN CALIFORNIA *1 of 2*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY			
	Patient Access	Coordination of Care	Doctor-Patient Interactions	Office Staff Interactions
Affinity Medical Group	79 ▲	78 ▲	89 ▲	87 ▲
AllCare IPA	76	74	87	85
Alta Bates Medical Group	76	73	89	84
Bakersfield Family Medical Center	74	71	87	84
Bay Valley Medical Group	77 ▲	76	87	84
Brown & Toland Medical Group	76 ▲	76	88	82
Camino Medical Group	77 ▲	82 ▲	91 ▲	85
Central Valley Medical Group	77 ▲	76	90 ▲	83
Chinese Community Health Care Association	*	*	*	*
Golden Empire Managed Care, A Medical Group, Inc.	73	71	85 ▼	85
Golden State Physicians Medical Group	75	67 ▼	84 ▼	81 ▼
Hill Physicians Medical Group	77 ▲	74	88	85 ▲
Hill Physicians Medical Group- East Bay	79 ▲	77	89	87 ▲
Hill Physicians Medical Group- Sacramento	76 ▲	72	86	84
Hill Physicians Medical Group- San Francisco	81 ▲	76	90 ▲	87 ▲
Hill Physicians Medical Group- San Joaquin	75	74	88	85
Hill Physicians Medical Group- Solano	75	74	88	85
Humboldt-Del Norte IPA	83 ▲	82 ▲	92 ▲	89 ▲
John Muir/Mt. Diablo Health Network	77 ▲	76	88	86
Key Medical Group, Inc.	76 ▲	76	88	85
Marin IPA	81 ▲	79 ▲	90 ▲	88 ▲
Medcore Medical Group/Omni IPA	77 ▲	75	89	86 ▲
Mercy Medical Group	74	76	87	83
Mills-Peninsula Medical Group	76 ▲	73	87	84
NorthBay Healthcare Group	77 ▲	76	90 ▲	87 ▲
Palo Alto Medical Foundation, Palo Alto Division	81 ▲	84 ▲	92 ▲	88 ▲
Physicians Integrated Medical Group, Inc.	79 ▲	70	90 ▲	86
Physicians Medical Group of San Jose, Inc.	75	73	88	85
Physicians Medical Group Of Santa Cruz	77 ▲	80 ▲	89	87 ▲
San Jose Medical Group	75	74	87	84
Santa Clara County IPA	76	75	86	84
Sante Community Physicians IPA	75	79 ▲	88	86 ▲
Sierra Nevada Medical Associates	82 ▲	81 ▲	91 ▲	89 ▲
Solano Regional Medical Group	71 ▼	77 ▲	88	87 ▲
Sonoma County Primary Care IPA	83 ▲	87 ▲	93 ▲	88 ▲
Sutter Delta Medical Group	78 ▲	77	90	88 ▲
Sutter Gould Medical Foundation	74	75	88	83
Sutter Independent Physicians	78 ▲	74	87	84
Sutter Medical Group	79 ▲	79 ▲	90 ▲	86 ▲
Sutter Medical Group of the Redwoods	83 ▲	81 ▲	90 ▲	87 ▲
Sutter West Medical Group	78 ▲	82 ▲	92 ▲	87 ▲
The Permanente Medical Group	76 ▲	78 ▲	88	85 ▲
The Permanente Medical Group - Central Valley Area	78 ▲	77	89	84
The Permanente Medical Group - East Bay Area	76	78 ▲	87	84
The Permanente Medical Group - North Bay Area	77 ▲	79 ▲	88	86 ▲
The Permanente Medical Group - North Valley Area	76	75	87	85
The Permanente Medical Group - Peninsula Area	78 ▲	81 ▲	90 ▲	85
UC Davis Health System	72	73	88	83
Woodland Clinic Medical Group	75	75	88	86 ▲
CALIFORNIA STATEWIDE AVERAGE	**74**	**74**	**87**	**84**

NORTHERN CALIFORNIA *2 of 2*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY		
	Rating of Overall Health Care	Rating of Personal Doctor	Rating of Specialist
Affinity Medical Group	85 ▲	88	86
AllCare IPA	84	86	84
Alta Bates Medical Group	84	87	87
Bakersfield Family Medical Center	81 ▼	85	84
Bay Valley Medical Group	83	85	86
Brown & Toland Medical Group	85 ▲	87	86
Camino Medical Group	87 ▲	87	89 ▲
Central Valley Medical Group	85 ▲	87	89 ▲
Chinese Community Health Care Association	✻	∉ ✻	✻
Golden Empire Managed Care, A Medical Group, Inc.	82	85	83
Golden State Physicians Medical Group	80 ▼	77 ▼	86
Hill Physicians Medical Group	83	86	84
Hill Physicians Medical Group- East Bay	83	88	85
Hill Physicians Medical Group- Sacramento	82	85	84
Hill Physicians Medical Group- San Francisco	86 ▲	88	90 ▲
Hill Physicians Medical Group- San Joaquin	83	85	85
Hill Physicians Medical Group- Solano	84	85	84
Humboldt-Del Norte IPA	87 ▲	89 ▲	88 ▲
John Muir/Mt. Diablo Health Network	85	88	86
Key Medical Group, Inc.	83	83 ▼	86
Marin IPA	86 ▲	86	90 ▲
Medcore Medical Group/Omni IPA	83	86	85
Mercy Medical Group	83	84	86
Mills-Peninsula Medical Group	85	87	86
NorthBay Healthcare Group	86 ▲	90 ▲	86
Palo Alto Medical Foundation, Palo Alto Division	88 ▲	92 ▲	89 ▲
Physicians Integrated Medical Group, Inc.	83	87	87
Physicians Medical Group of San Jose, Inc.	84	87	84
Physicians Medical Group Of Santa Cruz	85	86	88 ▲
San Jose Medical Group	83	86	83
Santa Clara County IPA	84	83 ▼	87
Sante Community Physicians IPA	84	86	85
Sierra Nevada Medical Associates	85 ▲	88	86
Solano Regional Medical Group	84	87	84
Sonoma County Primary Care IPA	88 ▲	89 ▲	87
Sutter Delta Medical Group	85 ▲	86	87
Sutter Gould Medical Foundation	84	87	88 ▲
Sutter Independent Physicians	84	82 ▼	87
Sutter Medical Group	86 ▲	88	88 ▲
Sutter Medical Group of the Redwoods	85 ▲	90 ▲	86
Sutter West Medical Group	87 ▲	91 ▲	89 ▲
The Permanente Medical Group	83	86	86 ▲
The Permanente Medical Group - Central Valley Area	84	88	85
The Permanente Medical Group - East Bay Area	83	84	87
The Permanente Medical Group - North Bay Area	85	89 ▲	83
The Permanente Medical Group - North Valley Area	82	86	85
The Permanente Medical Group - Peninsula Area	83	88	86
UC Davis Health System	84	89 ▲	84
Woodland Clinic Medical Group	83	88	84
CALIFORNIA STATEWIDE AVERAGE	**83**	**86**	**85**

SOUTHERN CALIFORNIA *1 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY			
	Patient Access	Coordination of Care	Doctor-Patient Interactions	Office Staff Interactions
Accountable Health Care IPA	✻ ∉	✻ ∉	✻ ∉	✻ ∉
Affiliated Doctors of Orange County	75	72	86	82
Alamitos IPA - A division of Lakewood Health Plan	74	74	86	83
All Care Medical Group	✻ ∉	✻ ∉	✻ ∉	✻
Alliance Pioneer Medical Corp - A division of Pioneer Provider Network	73	77	90 ▲	82
Allied Physicians of California, A Professional Medical Corp.	67 ▼	67 ▼	81 ▼	75 ▼
AMVI Medical Group	72	69 ▼	83 ▼	76 ▼
Anaheim Memorial IPA	75	71	86	83
Antelope Valley Medical Group/Pegasus Medical Group	69 ▼	65 ▼	82 ▼	80 ▼
Arta Health Network	72	72	86	83
Axminster Medical Group	72	66 ▼	83 ▼	82
Bay Area Community Medical Group	69 ▼	70 ▼	84 ▼	79 ▼
Beaver Medical Group	75	76	88	88 ▲
Bright Medical Associates	73	78 ▲	88	85
Bristol Park Medical Group	76	78 ▲	87	84
Buenaventura Medical Group	76	77 ▲	89 ▲	83
Caremore Medical Group	72	70 ▼	88	83
Cedars-Sinai Health Associates	71 ▼	68 ▼	84 ▼	80 ▼
Centinela Valley IPA	✻ ∉	✻ ∉	✻ ∉	✻
Centre For Health Care Medical Associates	74	77	88	82
Community Medical Group of the West Valley, Inc.	70 ▼	71	84 ▼	82
Desert Medical Group, Inc	74	74	87	82
Downey Select IPA Medical Group	72	73	86	81 ▼
Edinger Medical Group	74	77 ▲	88	85
Empire Physicians Medical Group	73	66 ▼	83 ▼	81 ▼
Facey Medical Group	69 ▼	72	87	80 ▼
Family Care Specialists Medical Group	✻	✻	✻	✻
Family Practice Medical Group of San Bernardino	78 ▲	74	87	85
Gateway Medical Group	69 ▼	72	86	80 ▼
Glendale Physicians Alliance	66 ▼	73	87	78 ▼
Good Samaritan Medical Practice Association	75	73	87	83
Greater Covina Medical Group	75	70 ▼	86	84
Greater Newport Physicians Medical Group	76 ▲	75	88	85
Greater Tri-Cities IPA	76	77	87	83
Guardian Medical Associates IPA	61 ▼	70 ▼	83 ▼	76 ▼
HealthCare Partners IPA	74	76	89	84
HealthCare Partners Medical Group	74	77 ▲	88	84
High Desert Medical Group	64 ▼	63 ▼	79 ▼	83
High Desert Medical Group (roll-up)	65 ▼	64 ▼	80 ▼	82 ▼
High Desert Medical Group-California Desert IPA	66 ▼	65 ▼	81 ▼	80 ▼
High Desert Medical Group-Heritage Victor Valley	67 ▼	66 ▼	81 ▼	81
High Desert Primary Care Medical Group	64 ▼	64 ▼	82 ▼	79 ▼
Imperial County Physicians Medical Group	70 ▼	69 ▼	87	83
Inland HealthCare Group	72	73	89	83
Korean American Medical Group	73	72	84 ▼	81 ▼
La Vida Medical Group & IPA	✻	✻	✻	✻
La Vida Multi-Specialty Medical Center	✻	✻	✻	✻
Lakeside Medical Group	72	70 ▼	85 ▼	83
Lakewood Health Plan Inc	71 ▼	67 ▼	86	81 ▼
CALIFORNIA STATEWIDE AVERAGE	**74**	**74**	**87**	**84**

SOUTHERN CALIFORNIA *2 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY			
	Patient Access	Coordination of Care	Doctor-Patient Interactions	Office Staff Interactions
Loma Linda University HealthCare	64 ▼	76	89 ▲	81 ▼
Medical Group of Beverly Hills	75	78 ▲	90 ▲	82
Memorial HealthCare IPA	73	77 ▲	88	84
Memorial HealthCare IPA - Long Beach	73	78 ▲	89	84
Mercy Medical Group	79 ▲	77 ▲	88	85
MidCoast Care Inc	76 ▲	72	87	83
Mission Hospital Affiliated Physicians	75	79 ▲	90 ▲	82
Monarch HealthCare	77 ▲	77	88	86
Noble AMA IPA	*	*	*	*
Northridge Medical Group	75	72	87	82
Oasis IPA	73	74	87	83
Ojai Valley Community Medical Group	80 ▲	86 ▲	91 ▲	86 ▲
OmniCare Medical Group	74	75	87	85
Orange Coast Memorial IPA	72	74	87	83
Pacific Independent Physicians Association	71 ▼	74	86	81 ▼
Penn Elm Medical Group	71	74	88	84
Physician Associates of the Greater San Gabriel Valley	75	72	88	84
Physicians' Healthways IPA	72	67 ▼	83 ▼	82
Pinnacle Medical Group	70 ▼	73	81 ▼	82
Pioneer Medical Group, Inc	74	76	88	83
Prairie Medical Group	*	*	*	*
Premier Physician Network	71	69 ▼	84 ▼	79 ▼
Presbyterian Health Physicians	72	74	88	83
Primary Care Associated Medical Group	72	76	88	81 ▼
PrimeCare Medical Group of Chino Valley	70 ▼	71	85 ▼	81
PrimeCare of Corona, Inc.	69 ▼	67 ▼	83 ▼	80 ▼
PrimeCare of Hemet, Inc.	65 ▼	67 ▼	82 ▼	74 ▼
PrimeCare of Inland Valley, Inc.	69 ▼	65 ▼	85 ▼	82
PrimeCare of Moreno Valley, Inc.	*	*	*	*
PrimeCare of Riverside, Inc.	70 ▼	69 ▼	85 ▼	81 ▼
PrimeCare of Sun City, Inc.	71 ▼	74	87	78 ▼
PrimeCare of Temecula, Inc.	68 ▼	66 ▼	81 ▼	80 ▼
ProMed Health Network of Pomona Valley	67 ▼	71	87	81 ▼
Prospect Health Source Medical Group	71 ▼	67 ▼	82 ▼	78 ▼
Prospect Medical Group	73	73	85 ▼	83
Prospect Medical Group - Nuestra Familia	*	*	*	*
Prospect Northwest Orange County Medical Group	75	69 ▼	85 ▼	83
Prospect Professional Care Medical Group	72	72	87	83
Redlands Yucaipa Medical Group	72	74	87	84
Regal Medical Group	71 ▼	74	87	84
Riverside Medical Clinic	69 ▼	75	88	84
Riverside Physician Network	68 ▼	67 ▼	85 ▼	82
San Bernardino Medical Group	72	80 ▲	89 ▲	86 ▲
San Diego Physicians Medical Group	76 ▲	75	88	85
San Luis Obispo Select IPA	76	74	86	82
Sansum Santa Barbara Medical Foundation Clinic	75	77 ▲	88	83
Santa Barbara Select IPA	80 ▲	78 ▲	88	85
Scripps Clinic Medical Group	76 ▲	76	88	86 ▲
Scripps Mercy Medical Grou	80 ▲	83 ▲	92 ▲	89 ▲
CALIFORNIA STATEWIDE AVERAGE	**74**	**74**	**87**	**84**

SOUTHERN CALIFORNIA *3 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY			
	Patient Access	Coordination of Care	Doctor-Patient Interactions	Office Staff Interactions
SeaView IPA	75	74	88	82
Sharp Community Medical Group - Chula Vista	75	74	88	85
Sharp Community Medical Group - Coronado	78 ▲	76	88	86
Sharp Community Medical Group - Graybill	74	75	87	84
Sharp Community Medical Group - Grossmont	75	79 ▲	89 ▲	86 ▲
Sharp Community Medical Group - Inland North	79 ▲	81 ▲	89	86 ▲
Sharp Community Medical Group - Metro San Diego	75	76	89	84
Sharp Community Medical Group IPA	75 ▲	77 ▲	89 ▲	85 ▲
Sharp Mission Park Medical Group	76	79 ▲	89	87 ▲
Sharp Rees-Stealy Medical Centers	74	77	89 ▲	88 ▲
Sierra Medical Group	68 ▼	67 ▼	84 ▼	80 ▼
Southern California Permanente Medical Group	71 ▼	70 ▼	88 ▲	84
Southern California Permanente Medical Group - Baldwin Park	70 ▼	69 ▼	90 ▲	84
Southern California Permanente Medical Group - Bellflower	71 ▼	74	88	83
Southern California Permanente Medical Group - Fontana	70 ▼	71	87	84
Southern California Permanente Medical Group - Kern County	72	73	86	86
Southern California Permanente Medical Group - Los Angeles	71 ▼	70 ▼	88	82
Southern California Permanente Medical Group - Orange County	71 ▼	71	89	85
Southern California Permanente Medical Group - Panorama City	73	70 ▼	88	84
Southern California Permanente Medical Group - Riverside	70 ▼	72	89	85
Southern California Permanente Medical Group - San Diego	72	68 ▼	88	85
Southern California Permanente Medical Group - South Bay	71 ▼	70 ▼	89 ▲	85
Southern California Permanente Medical Group - West LA	69 ▼	70 ▼	89 ▲	81 ▼
Southern California Permanente Medical Group - Woodland Hills	69 ▼	71	89	83
St. Francis IPA	✻	✻	✻	✻
St. Joseph Heritage Medical Group	70 ▼	76	88	84
St. Joseph Hospital Affiliated Physicians	71	75	89	83
St. Jude Heritage Medical Group	70 ▼	77 ▲	87	84
St. Jude Hospital Affiliated Physicians	75	73	88	84
St. Mary Choice Medical Group	67 ▼	64 ▼	84 ▼	78 ▼
St. Mary IPA - A division of Lakewood Health Plan	74	70 ▼	88	84
St. Vincent IPA	77 ▲	72	87	85
Talbert Medical Group	70 ▼	69 ▼	88	83
The Industry Health Network	78 ▲	79	93 ▲	88 ▲
Torrance Hospital Independent Practice Association Medical Group, Inc	74	74	87	85
UCLA Medical Group	74	77 ▲	89	82
United Family Care	68 ▼	74	87	82
Universal Care Medical Group	✻	✻	✻	✻
Upland Medical Group	75	67 ▼	85 ▼	84
Valley Care IPA	78 ▲	76	88	85
Verdugo Hills Medical Group	75	71	88	82
CALIFORNIA STATEWIDE AVERAGE	**74**	**74**	**87**	**84**

SOUTHERN CALIFORNIA *4 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY		
	Rating of Overall Health Care	Rating of Personal Doctor	Rating of Specialist
Accountable Health Care IPA	✻	∉ ✻	∉ ✻
Affiliated Doctors of Orange County	82	85	82 ▼
Alamitos IPA - A division of Lakewood Health Plan	82 ▲	86	82
All Care Medical Group	✻	∉ ✻	∉ ✻
Alliance Pioneer Medical Corp - A division of Pioneer Provider Network	85 ▼	91	86 ▼
Allied Physicians of California, A Professional Medical Corp.	79 ▼	84 ▼	78
AMVI Medical Group	80	82	#
Anaheim Memorial IPA	83 ▼	86 ▼	83
Antelope Valley Medical Group/Pegasus Medical Group	77	76	84 ▼
Arta Health Network	82 ▼	87 ▼	81 ▼
Axminster Medical Group	80 ▼	79 ▼	80 ▼
Bay Area Community Medical Group	79 ▲	84	79
Beaver Medical Group	85	88 ▲	85
Bright Medical Associates	85	89 ▲	85
Bristol Park Medical Group	85	89	84 ▲
Buenaventura Medical Group	83	86 ▲	88
Caremore Medical Group	83	91 ▼	83 ▼
Cedars-Sinai Health Associates	82	83 ▼	80
Centinela Valley IPA	✻	∉ ✻	∉ ✻
Centre For Health Care Medical Associates	84 ▼	88 ▼	86
Community Medical Group of the West Valley, Inc.	81	82	83 ▼
Desert Medical Group, Inc	84	88	81
Downey Select IPA Medical Group	84	86 ▲	83 ▼
Edinger Medical Group	85 ▼	90 ▼	81 ▼
Empire Physicians Medical Group	78	82	# ✻
Facey Medical Group	82	87	84
Family Care Specialists Medical Group	✻	∉ ✻	∉ ✻
Family Practice Medical Group of San Bernardino	85 ▼	86	87
Gateway Medical Group	81 ▼	85	83
Glendale Physicians Alliance	81	85	#
Good Samaritan Medical Practice Association	85	86	85
Greater Covina Medical Group	82 ▲	87	82
Greater Newport Physicians Medical Group	86 ▼	87 ▼	83
Greater Tri-Cities IPA	81 ▼	82	85 ▼
Guardian Medical Associates IPA	76	85	78
HealthCare Partners IPA	82	87	84
HealthCare Partners Medical Group	84 ▼	88 ▼	86 ▼
High Desert Medical Group	78 ▼	82 ▼	76 ▼
High Desert Medical Group (roll-up)	78 ▼	81 ▼	77 ▼
High Desert Medical Group-California Desert IPA	78 ▼	81 ▼	79 ▼
High Desert Medical Group-Heritage Victor Valley	77 ▼	81 ▼	78 ▼
High Desert Primary Care Medical Group	77	∉	79
Imperial County Physicians Medical Group	83	87 ▼	86 ▲
Inland HealthCare Group	83	83	89
Korean American Medical Group	82 ▼	84	83
La Vida Medical Group & IPA	✻	∉ ✻	✻
La Vida Multi-Specialty Medical Center	✻	∉ ✻	∉ ✻
Lakeside Medical Group	80	86	80 ▼
Lakewood Health Plan Inc	82	88	81
CALIFORNIA STATEWIDE AVERAGE	**83**	**86**	**85**

SOUTHERN CALIFORNIA *5 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY		
	Rating of Overall Health Care	Rating of Personal Doctor	Rating of Specialist
Loma Linda University HealthCare	85 ▲	91 ▲	87
Medical Group of Beverly Hills	86 ▲	92 ▲	86
Memorial HealthCare IPA	86 ▲	89 ▲	86 ▲
Memorial HealthCare IPA - Long Beach	87 ▲	89 ▲	87
Mercy Medical Group	83	86	85
MidCoast Care Inc	83	83 ▼	86
Mission Hospital Affiliated Physicians	85 ▲	85	88 ▲
Monarch HealthCare	84	87	85
Noble AMA IPA	✻	✻ ∉	✻
Northridge Medical Group	82	86	85
Oasis IPA	82	86	82
Ojai Valley Community Medical Group	86 ▲	89 ▲	86
OmniCare Medical Group	82	85	#
Orange Coast Memorial IPA	86 ▲	87	85
Pacific Independent Physicians Association	82	85	83
Penn Elm Medical Group	84	87	86
Physician Associates of the Greater San Gabriel Valley	81	86	83
Physicians' Healthways IPA	81 ▼	85	# ▼
Pinnacle Medical Group	81 ▼	83 ▼	79 ▼
Pioneer Medical Group, Inc	86 ▲	88	87
Prairie Medical Group	✻	∉ ✻	∉ ✻
Premier Physician Network	79 ▼	79 ▼	81 ▼
Presbyterian Health Physicians	86 ▲	86	86
Primary Care Associated Medical Group	83	87	86
PrimeCare Medical Group of Chino Valley	79 ▼	86	81 ▼
PrimeCare of Corona, Inc.	80 ▼	80 ▼	83
PrimeCare of Hemet, Inc.	74 ▼	75 ▼	#
PrimeCare of Inland Valley, Inc.	79 ▼	80 ▼	84
PrimeCare of Moreno Valley, Inc.	✻	∉ ✻	✻
PrimeCare of Riverside, Inc.	81 ▼	86	77 ▼
PrimeCare of Sun City, Inc.	80 ▼	86	84
PrimeCare of Temecula, Inc.	78 ▼	78 ▼	79 ▼
ProMed Health Network of Pomona Valley	83	89 ▲	81 ▼
Prospect Health Source Medical Group	78 ▼	83 ▼	76 ▼
Prospect Medical Group	81 ▼	87	79 ▼
Prospect Medical Group - Nuestra Familia	✻	∉ ✻	∉ ✻
Prospect Northwest Orange County Medical Group	80 ▼	83 ▼	81 ▼
Prospect Professional Care Medical Group	81	87	81 ▼
Redlands Yucaipa Medical Group	84	85	84
Regal Medical Group	82	91 ▲	78 ▼
Riverside Medical Clinic	83	86	87
Riverside Physician Network	81	85	80 ▼
San Bernardino Medical Group	86 ▲	89 ▲	85
San Diego Physicians Medical Group	82	87	84
San Luis Obispo Select IPA	81 ▼	79 ▼	84
Sansum Santa Barbara Medical Foundation Clinic	83	87	87
Santa Barbara Select IPA	82	81 ▼	83
Scripps Clinic Medical Group	85 ▲	88	86
Scripps Mercy Medical Grou	89 ▲	93 ▲	87
CALIFORNIA STATEWIDE AVERAGE	**83**	**86**	**85**

SOUTHERN CALIFORNIA *6 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

	PATIENT ASSESSMENT SURVEY		
	Rating of Overall Health Care	Rating of Personal Doctor	Rating of Specialist
SeaView IPA	83	84	85
Sharp Community Medical Group - Chula Vista	86 ▲	85	88 ▲
Sharp Community Medical Group - Coronado	85	88	84
Sharp Community Medical Group - Graybill	84	86	85
Sharp Community Medical Group - Grossmont	85	89	86
Sharp Community Medical Group - Inland North	84	88	87
Sharp Community Medical Group - Metro San Diego	84	86	87
Sharp Community Medical Group IPA	85 ▲	87	86 ▲
Sharp Mission Park Medical Group	86 ▲	90 ▲	88 ▲
Sharp Rees-Stealy Medical Centers	84	88	87
Sierra Medical Group	81 ▼	85	81 ▼
Southern California Permanente Medical Group	84	87	87 ▲
Southern California Permanente Medical Group - Baldwin Park	83	89 ▲	87
Southern California Permanente Medical Group - Bellflower	83	85	88 ▲
Southern California Permanente Medical Group - Fontana	85	87	85
Southern California Permanente Medical Group - Kern County	83	86	83
Southern California Permanente Medical Group - Los Angeles	84	87	89 ▲
Southern California Permanente Medical Group - Orange County	84	88	88 ▲
Southern California Permanente Medical Group - Panorama City	85	88	87
Southern California Permanente Medical Group - Riverside	83	88	87
Southern California Permanente Medical Group - San Diego	83	85	88 ▲
Southern California Permanente Medical Group - South Bay	83	86	89 ▲
Southern California Permanente Medical Group - West LA	84	87	89 ▲
Southern California Permanente Medical Group - Woodland Hills	83	88	87 ▲
St. Francis IPA	✻	∉ ✻ ▼	∉ ✻
St. Joseph Heritage Medical Group	84	88	83
St. Joseph Hospital Affiliated Physicians	83	86	87
St. Jude Heritage Medical Group	84	88	84
St. Jude Hospital Affiliated Physicians	85 ▲	85	85
St. Mary Choice Medical Group	78 ▼	81 ▼	81 ▼
St. Mary IPA - A division of Lakewood Health Plan	83	89	82
St. Vincent IPA	82	87	82
Talbert Medical Group	82	86	85
The Industry Health Network	89 ▲	∉	∉
Torrance Hospital Independent Practice Association Medical Group, Inc	84	85	84
UCLA Medical Group	85 ▲	92 ▲	86
United Family Care	83	87	84
Universal Care Medical Group	✻	∉ ✻ ▼	∉ ✻
Upland Medical Group	81 ▼	82 ▼	83
Valley Care IPA	86 ▲	91 ▲	79 ▼
Verdugo Hills Medical Group	82	87	83
CALIFORNIA STATEWIDE AVERAGE	**83**	**86**	**85**

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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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STAFF

Ann Castles, *Consultant, PBGH*
Cheryl Damberg, Ph.D., *Pacific Business Group on Health*
David Hopkins, Ph.D., *Director of Quality Measurement and Improvement, PBGH*
Cathie Markow, *Senior Manager, PBGH*

CONSULTANTS

Dana Safran, *The Health Institute*
William Rogers, *The Health Institute*

DESIGN

Tenfold, *www.ten-fold.com*

California Cooperative Healthcare Reporting Initiative

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CCHRI c/o PBGH
221 MAIN STREET, SUITE 1500
SAN FRANCISCO, CA 94105
PHONE: 415-281-8660
FAX: 415-281-0960