

- ★★★★ Excellent
- ★★★ Good
- ★★ Fair
- ★ Poor

Health Care Quality Report Card



2009 *Edition* HMO Ratings

www.opa.ca.gov

State of California
Office of the
Patient Advocate

Patient Experience ★ Clinical Standards ★ Health Conditions



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Introduction

Dear Friend:

Thank you for your interest in California's Health Care Quality Report Card - HMO Ratings.

The Office of the Patient Advocate (OPA) makes these HMO Ratings available to inform and assist Californians with their health care decisions. Use these ratings to help you and your family get the care you deserve.

This booklet will help you learn:

- How Californians rate their health care plan
- Where HMOs rank on meeting national clinical standards
- How well HMOs rank on dealing with health conditions such as asthma, diabetes, cancer and heart disease

The data reported are the most widely used set of performance measures in the managed care industry and measure performance that promotes good health and quality medical care. The processes and guidelines undergo a rigorous audit by an independent third party. We measure the quality of care by evaluating member experiences and effectiveness of clinical care for large groups of people.

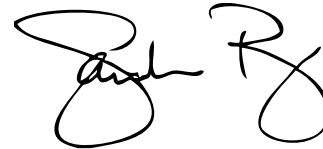
While these measures can give you an overall idea of the performance of a health plan, what we do as consumers has a huge impact on our health. The quality of care you experience may depend on your health care needs,

expectations, behavior and provider and treatment choices.

Each of us can participate in our health care to improve the quality and value of health care services. Stay informed and seek the right care. Visit opa.ca.gov to look at the scores for each plan and information on your rights, responsibilities and getting the most out of your health plan. You can order free materials at our website or by calling us toll-free at 1-866-466-8900.

Thank you and congratulations for taking the time to focus on the quality of your health care!

Sincerely,



Sandra Perez
Director

State of California
Office of the Patient Advocate

This booklet contains just a portion of the information you will find on the Health Care Quality Report Card website.

Visit HealthCareQuality.ca.gov to find information about:

- Health Plans
- Doctors and Medical Groups
- Hospitals and Long-Term Care
- Language Services
- Research and Background

The screenshot shows the website for the California Office of the Patient Advocate. The header includes the CA.GOV logo, the office name, and navigation links for Site, Content, Footer, Accessibility, and Language (English, Español, 中文). The main navigation bar includes Home, About OPA, How to Use Your Health Plan, Quality Report Card, and Contact Us. Below this is a secondary navigation bar with links for Health Plans, Doctors and Medical Groups, Hospitals and Long-Term Care, Language Services, and Research and Background.

The main content area is titled "Are You Getting Quality Health Care?" and features several sections:

- What will I find here?**: A section explaining that users will find quality ratings for health insurance plans, health care providers, and more. It includes a star rating legend: 5 stars for Excellent, 4 stars for Good, 3 stars for Fair, and 1 star for Poor.
- I'm looking for...**: A sidebar menu with links for "Help with my HMO", "HMO Ratings", "Medical Group Ratings", "HMO ratings on asthma, cancer, diabetes, and more", "How to choose a plan", "Data about managed care", "More about quality", "More about this report card", "Previous years' report cards", and "OPA home page".
- Health insurance plan ratings**: A section with a photo of a woman on the phone, explaining that users can find out how California's health insurance plans rate on the quality of care their members receive. It lists links for HMOs, PPOs, Medicare, Medi-Cal, Healthy Families, CalPERS, and Not sure.
- Health care provider ratings**: A section with a photo of a family, explaining that users can find out how medical groups, their doctors, and other providers rate on the care patients receive. It lists links for Medical Groups, Hospitals, and Long-Term Care.
- Language services**: A section with a photo of two women, explaining that users can find out about language assistance and services for non-English speaking members. It lists links for Language Services and Servicios en otros idiomas (with the Chinese text 為母語不是英).
- Learn more**: A section with a photo of an elderly woman, explaining that users can find research and background material on health care quality in California. It lists links for About quality, About managed care, and About health care reform.

HMO Ratings At-a-Glance

Meeting National Standards of Care: We compared HMO members' records to a set of national standards for quality of care.

Members Rate Their HMO: We compared how HMO members rate their care and services.

	Meeting National Standards of Care	Members Rate Their HMO
★★★★★ Excellent		
★★★★ Good		
★★★ Fair		
★ Poor		
Aetna Health of California, Inc.	★★	★★
Anthem Blue Cross	★★	★★
Blue Shield of California HMO	★★★	★★
CIGNA HMO	★★	★
Health Net of California, Inc.	★★★	★★★★
Kaiser Permanente - Northern California	★★★★	★★★★
Kaiser Permanente - Southern California	★★★★	★★★★
PacifiCare of California	★★★	★★
Western Health Advantage	★★★	★★★★

Asthma Care At-a-Glance

Why Is It Important?

Top HMOs make sure that adults and children with asthma get the right medicine and know when and how to take their medicine. These medicines help people avoid the wheezing, coughing, and shortness of breath of an asthma attack.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Asthma Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★
Anthem Blue Cross	★★
Blue Shield of California HMO	★★
CIGNA HMO	★★
Health Net of California, Inc.	★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★
PacifiCare of California	★★
Western Health Advantage	★★

Asthma Medicine for Adults

What Was Measured?

What percentage of adults in the HMO who have asthma got the right medicine — called anti-inflammatories or controller drugs — for their asthma?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

People who have asthma can have asthma attacks that are painful and frightening and even deadly. Using asthma medicines regularly can help prevent these attacks and avoid the wheezing, coughing, and shortness of breath that the attacks bring.

Look for differences of at least 4%. Smaller differences usually are not significant.

Asthma Medicine for Adults

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
Kaiser Permanente - Northern California	94%		
Kaiser Permanente - Southern California	94%		
Western Health Advantage	94%		
Blue Shield of California HMO	91%		
Health Net of California, Inc.	91%		
Aetna Health of California, Inc.	90%		
PacifiCare of California	90%		
Anthem Blue Cross	89%		
CIGNA HMO	89%		

Asthma Medicine for Teenagers

What Was Measured?

What percentage of adolescents in the HMO who have asthma got the right medicine — called anti-inflammatories or controller drugs — for their asthma?

These results are based on a sample of HMO patient administrative records.

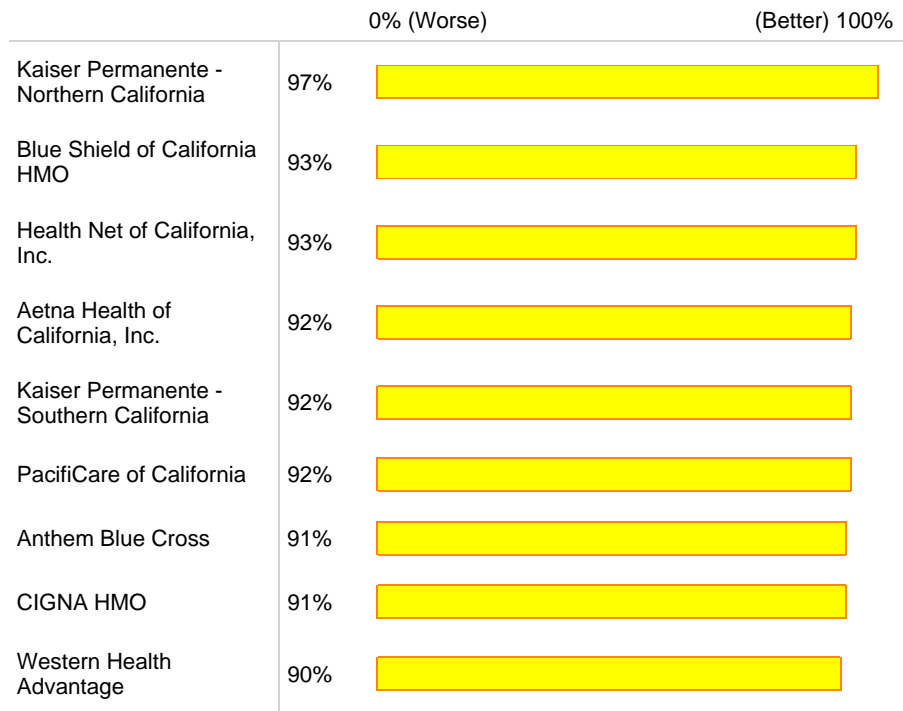
Why Is It Important?

Teenagers who have asthma can have asthma attacks that are painful and frightening and even deadly. Using asthma medicines regularly can help prevent these attacks and avoid the wheezing, coughing, and shortness of breath that the attacks bring.

Look for differences of at least 4%. Smaller differences usually are not significant.

Asthma Medicine for Teenagers

We compared HMO members' records to a set of national standards for quality of care.



Asthma Medicine for Children

What Was Measured?

What percentage of children in the HMO who have asthma got the right medicine — called anti-inflammatories or controller drugs — for their asthma?

These results are based on a sample of HMO patient administrative records.

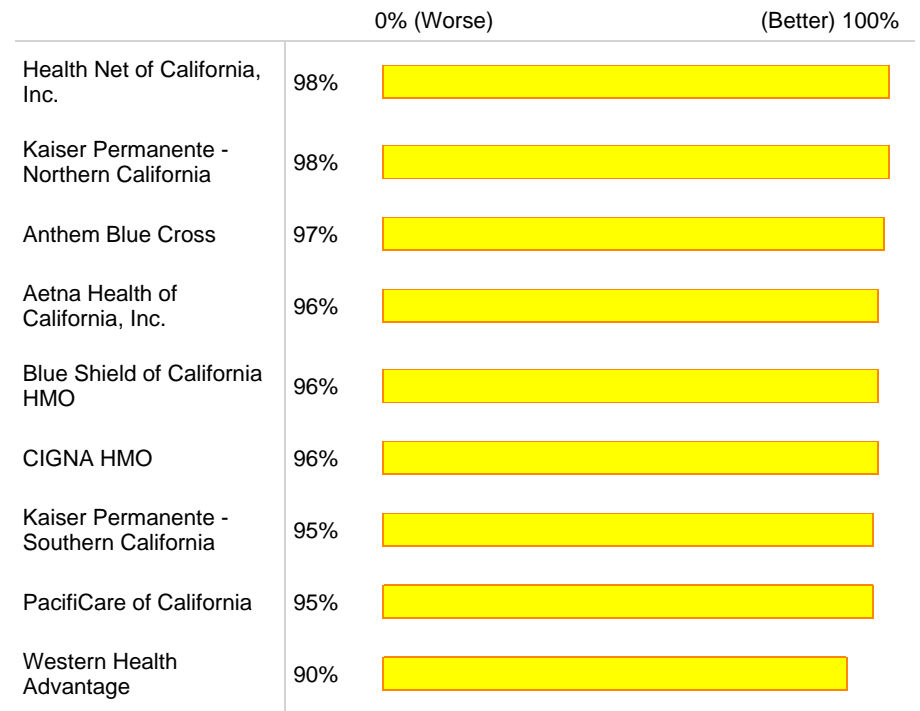
Why Is It Important?

Children who have asthma can have asthma attacks that are painful and frightening and even deadly. Using asthma medicines regularly can help prevent these attacks and avoid the wheezing, coughing, and shortness of breath that the attacks bring.

Look for differences of at least 4%. Smaller differences usually are not significant.

Asthma Medicine for Children

We compared HMO members' records to a set of national standards for quality of care.



Checking for Cancer At-a-Glance

Why Is It Important?

The best HMOs and their doctors screen members for deadly diseases like breast, cervical, and colorectal cancer. When cancers are found early treatments are usually more successful and fewer patients die.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Checking for Cancer

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★
Anthem Blue Cross	★★★★
Blue Shield of California HMO	★★★★
CIGNA HMO	★★★★
Health Net of California, Inc.	★★★★
Kaiser Permanente - Northern California	★★★★
Kaiser Permanente - Southern California	★★★★★
PacifiCare of California	★★★★
Western Health Advantage	★★★★

Breast Cancer Screening

What Was Measured?

What percentage of women in the HMO, ages 42-69, had a mammogram to test for breast cancer during the past two years?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

Checking women for breast cancer helps save lives. When cancer is found early there is a much better chance that it can be cured. A test called a "mammogram" is the best way to find breast cancer early. Good care means that you have a mammogram as often as it is recommended for a woman your age.

Look for differences of at least 4%. Smaller differences usually are not significant.

		Breast Cancer Screening	
		We compared HMO members' records to a set of national standards for quality of care.	
		0% (Worse)	(Better) 100%
Kaiser Permanente - Northern California	79%	<div style="width: 79%; background-color: yellow; border: 1px solid black;"></div>	
Kaiser Permanente - Southern California	79%	<div style="width: 79%; background-color: yellow; border: 1px solid black;"></div>	
Western Health Advantage	73%	<div style="width: 73%; background-color: yellow; border: 1px solid black;"></div>	
PacifiCare of California	70%	<div style="width: 70%; background-color: yellow; border: 1px solid black;"></div>	
Health Net of California, Inc.	69%	<div style="width: 69%; background-color: yellow; border: 1px solid black;"></div>	
Blue Shield of California HMO	68%	<div style="width: 68%; background-color: yellow; border: 1px solid black;"></div>	
Anthem Blue Cross	67%	<div style="width: 67%; background-color: yellow; border: 1px solid black;"></div>	
CIGNA HMO	67%	<div style="width: 67%; background-color: yellow; border: 1px solid black;"></div>	
Aetna Health of California, Inc.	59%	<div style="width: 59%; background-color: yellow; border: 1px solid black;"></div>	

Cervical Cancer Screening

What Was Measured?

What percentage of women in the HMO, ages 21-64, had a Pap Smear to test for cervical cancer during the past three years?

These results are based on a sample of HMO patient administrative and medical records.

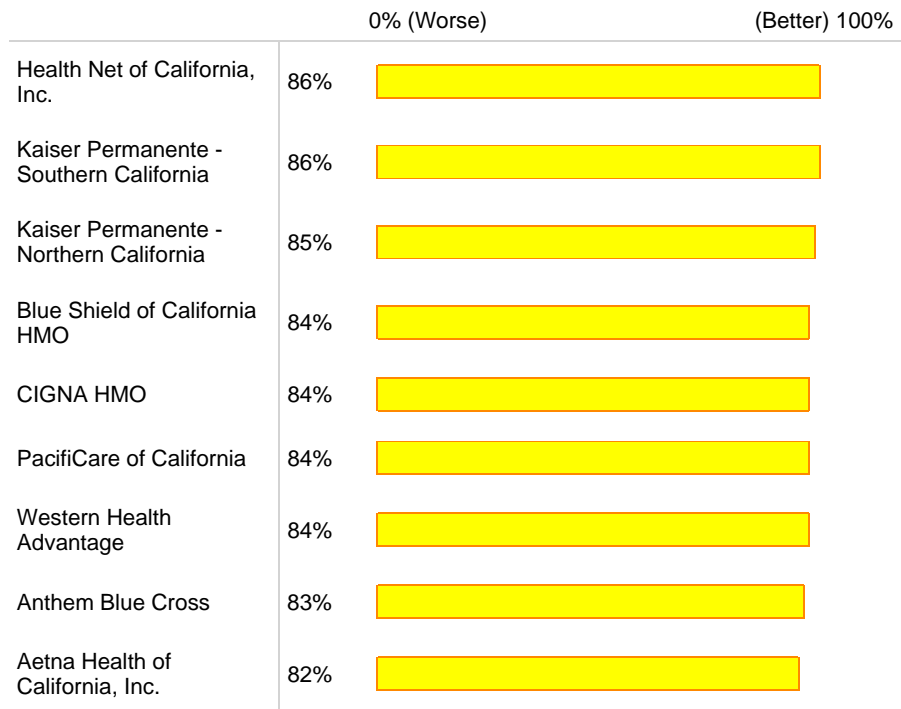
Why Is It Important?

Checking women for cervical cancer helps save lives. When cancer is found early, there is a much better chance that it can be cured. A test called a "Pap Smear" is the best way to find cervical cancer early. Good care means that you have a Pap Smear as often as it is recommended for a woman your age.

Look for differences of at least 4%. Smaller differences usually are not significant.

Cervical Cancer Screening

We compared HMO members' records to a set of national standards for quality of care.



Colorectal Cancer Screening

What Was Measured?

What percentage of HMO members, ages 50-80, have been tested for colorectal cancer? Patients may be tested for the cancer using any one of four tests — the frequency of these tests vary from every year to once every ten years.

These results are based on a sample of HMO patient administrative and medical records.

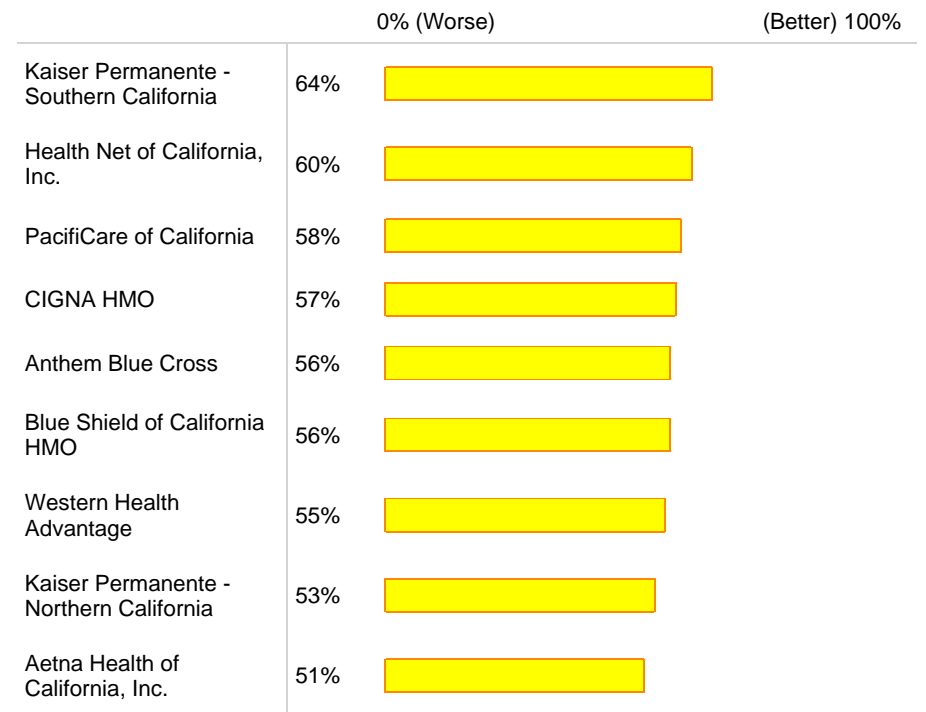
Why Is It Important?

If you have colorectal cancer, and your doctor finds it early, you have a very good chance of being cured. When the cancer is found late fewer than half of patients live. Good care means that you are tested, using one of several available tests, as is recommended for an adult your age.

Look for differences of at least 4%. Smaller differences usually are not significant.

Colorectal Cancer Screening

We compared HMO members' records to a set of national standards for quality of care.



Chlamydia Screening At-a-Glance

Why Is It Important?

The best HMOs and their doctors communicate with patients about common health risks. For example, a common health risk is sexually transmitted infections in younger, sexually active women. HMOs and their doctors should test younger, sexually active women for sexually transmitted infections like Chlamydia.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Chlamydia Screening

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★★★
Anthem Blue Cross	★★★
Blue Shield of California HMO	★★★★
CIGNA HMO	★★★★
Health Net of California, Inc.	★★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★★★
PacifiCare of California	★★★★
Western Health Advantage	★★★★

Chlamydia Screening Age 16-20

What Was Measured?

What percentage of women in the HMO, who are ages 16-20 and sexually active, were tested for chlamydia?

These results are based on a sample of HMO patient administrative records.

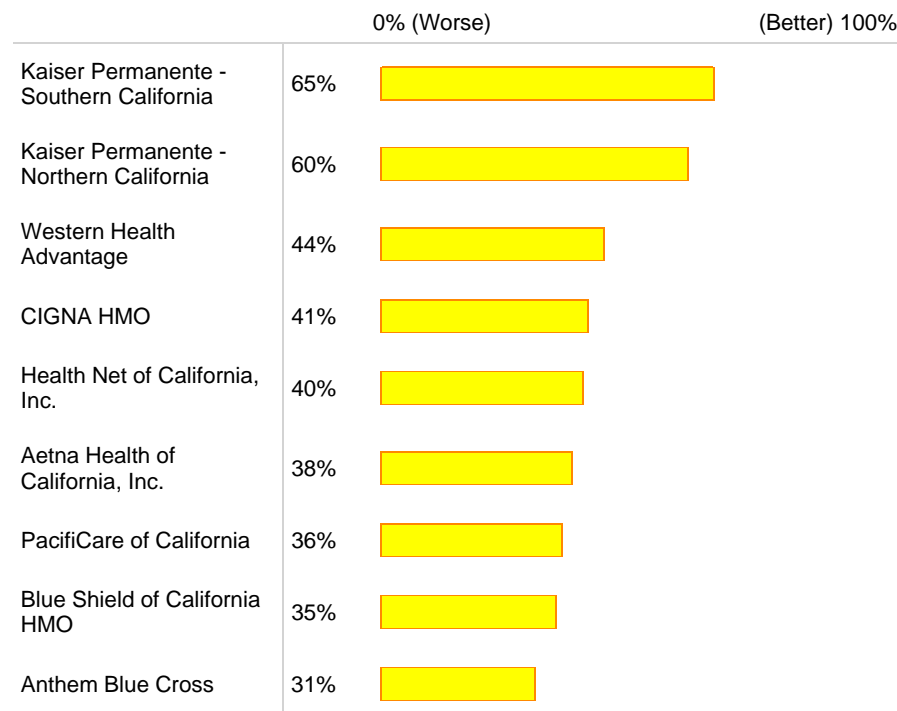
Why Is It Important?

Finding sexually transmitted infections — also known as STIs or STDs — like Chlamydia early is the best way to cure them. It also helps keep them from spreading to other people. Women can use medicine to get rid of the infection. The medicine can help you avoid complications including pelvic inflammatory disease (PID) that could keep you from being able to get pregnant.

Look for differences of at least 4%. Smaller differences usually are not significant.

Chlamydia Screening Age 16-20

We compared HMO members' records to a set of national standards for quality of care.



Chlamydia Screening Age 21-25

What Was Measured?

What percentage of women in the HMO, who are ages 21-25 and sexually active, were tested for Chlamydia?

These results are based on a sample of HMO patient administrative records.

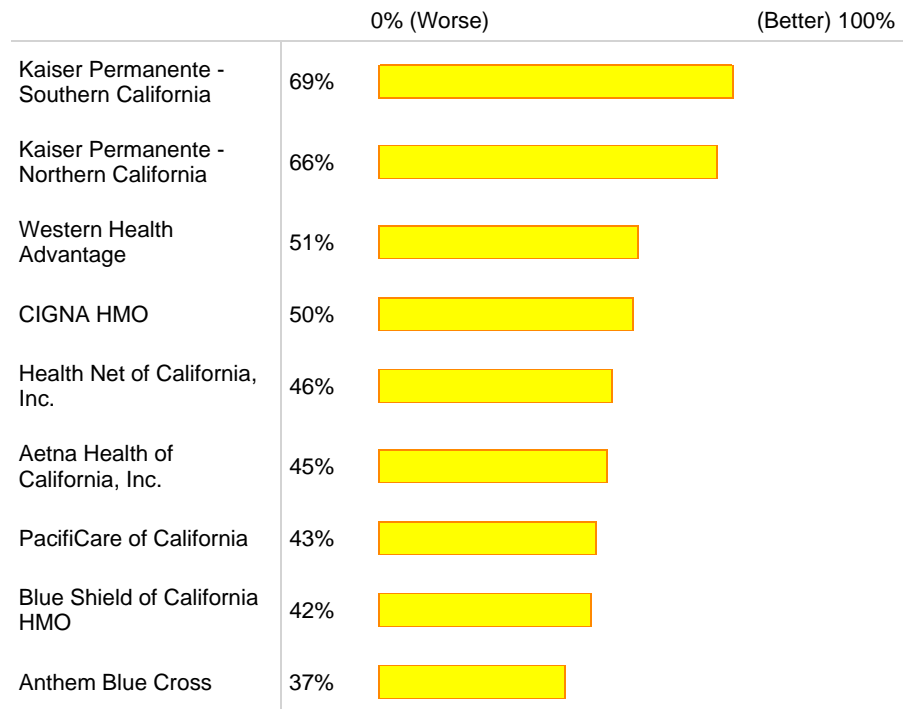
Why Is It Important?

Finding sexually transmitted infections — also known as STIs or STDs — like Chlamydia early is the best way to cure them. It also helps keep them from spreading to other people. Women can use medicine to get rid of the infection. The medicine can help you avoid complications including pelvic inflammatory disease (PID) that could keep you from being able to get pregnant.

Look for differences of at least 4%. Smaller differences usually are not significant.

Chlamydia Screening Age 21-25

We compared HMO members' records to a set of national standards for quality of care.



Diabetes Care At-a-Glance

Why Is It Important?

The best HMOs work with members who have diabetes to prevent health problems. The doctors check members' blood sugar and blood pressure and cholesterol levels often and help to keep them controlled. They also test regularly for early signs of complications, like kidney failure and blindness.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Diabetes Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★★★★
Anthem Blue Cross	★★★★
Blue Shield of California HMO	★★★★
CIGNA HMO	★★★
Health Net of California, Inc.	★★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★★★
PacifiCare of California	★★★★
Western Health Advantage	★★★★

Eye Exam for Diabetes Patients

What Was Measured?

What percentage of HMO patients with diabetes had an eye exam to watch for disease that can lead to blindness?

These results are based on a sample of HMO patient administrative and medical records.

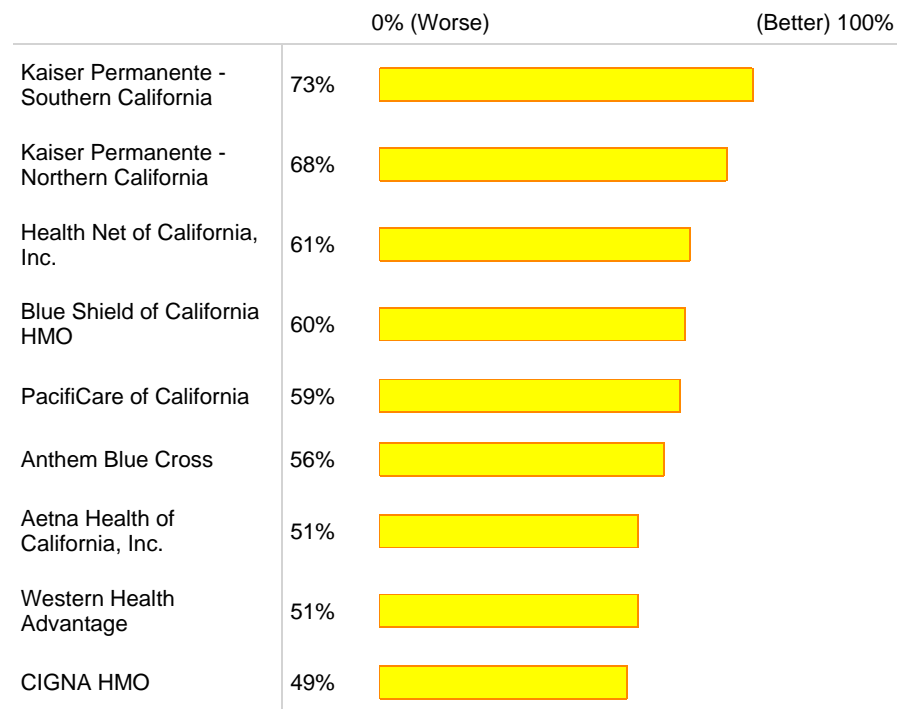
Why Is It Important?

High blood sugar can cause bleeding in the blood vessels in your eyes and lead to blindness. You should have annual eye exams, as part of your diabetes care, to watch for any signs of damage to the blood vessels in your eyes.

Look for differences of at least 4%. Smaller differences usually are not significant.

Eye Exam for Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



Testing Blood Sugar for Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had their blood sugar level tested to help manage their disease?

These results are based on a sample of HMO patient administrative and medical records.

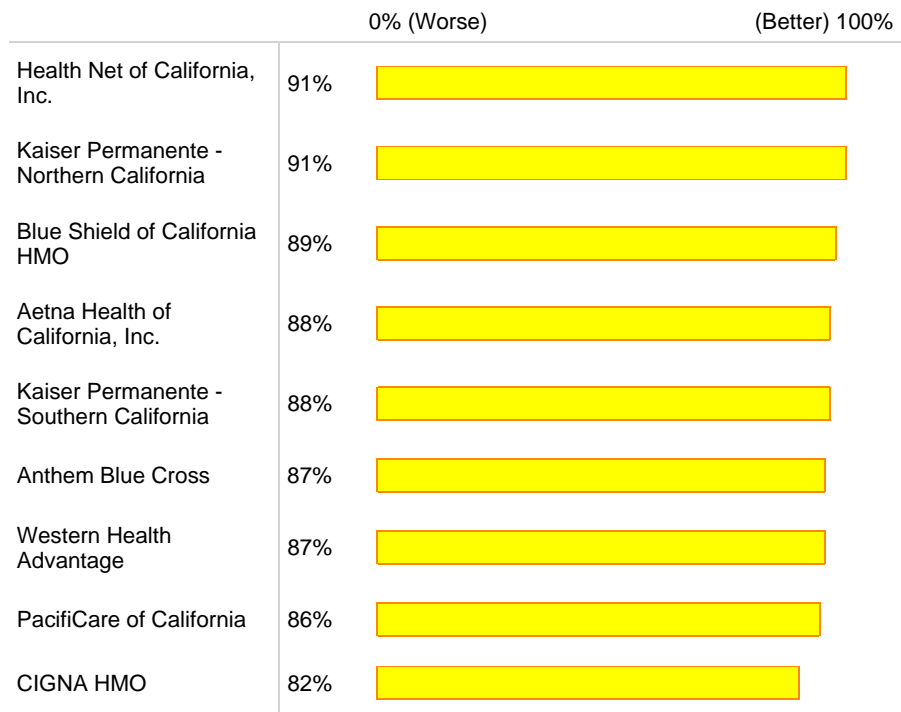
Why Is It Important?

High blood sugar is harmful to your body. If you have diabetes, testing your blood sugar tells you how well you are controlling it. Good care means that you are taught how to test your blood sugar and to test it often.

Look for differences of at least 4%. Smaller differences usually are not significant.

Testing Blood Sugar for Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



Controlling Blood Sugar for Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had well-controlled blood sugar levels — hemoglobin A1c level of less than 9? Lower hemoglobin A1c levels indicate better long term diabetes control.

These results are based on a sample of HMO patient administrative and medical records.

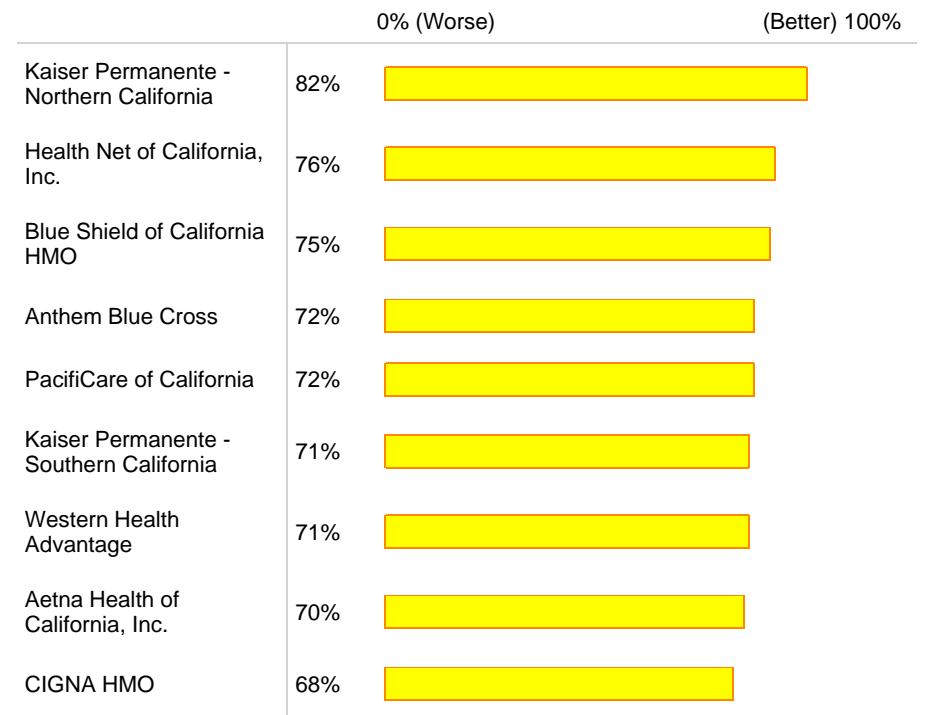
Why Is It Important?

High blood sugar is harmful to your body. Controlling your blood sugar helps you avoid serious health problems like blindness and heart disease. Good care means that you get help to control your blood sugar level by: planning proper meals, exercising, testing your blood sugar at home and taking your medicine.

Look for differences of at least 4%. Smaller differences usually are not significant.

Controlling Blood Sugar for Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



Testing Cholesterol for Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had their cholesterol level checked to find risk factors for heart disease?

These results are based on a sample of HMO patient administrative and medical records.

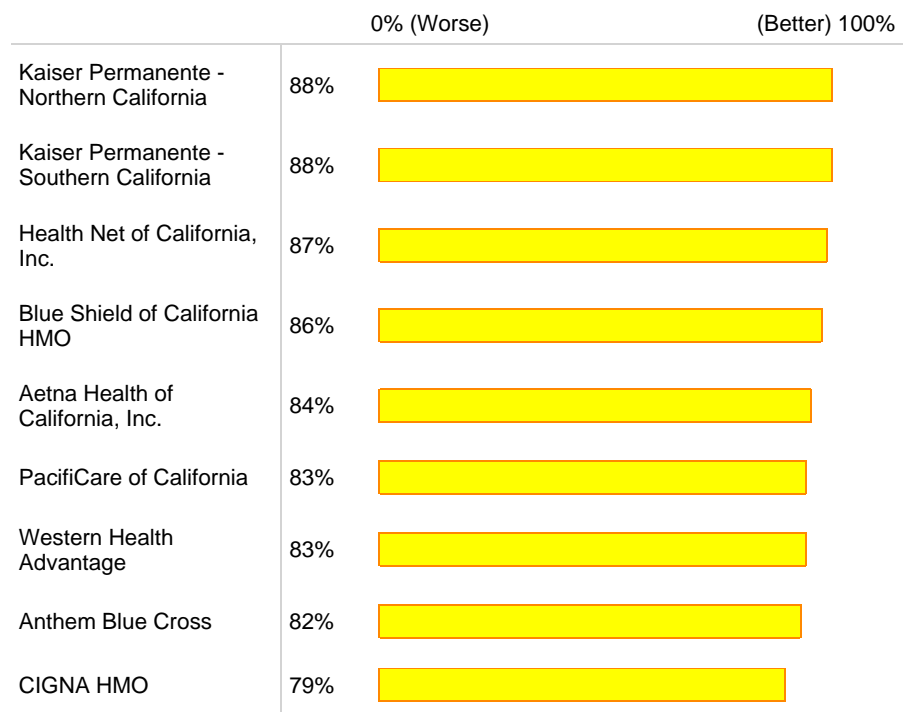
Why Is It Important?

High blood sugar is harmful to the blood vessels. So is high cholesterol. Controlling cholesterol is an important part of controlling diabetes. Testing your cholesterol regularly can help keep you from having a heart attack or a stroke.

Look for differences of at least 4%. Smaller differences usually are not significant

Testing Cholesterol for Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



Controlling Cholesterol for Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had a LDL cholesterol level of less than 100 indicating good control?

These results are based on a sample of HMO patient administrative and medical records.

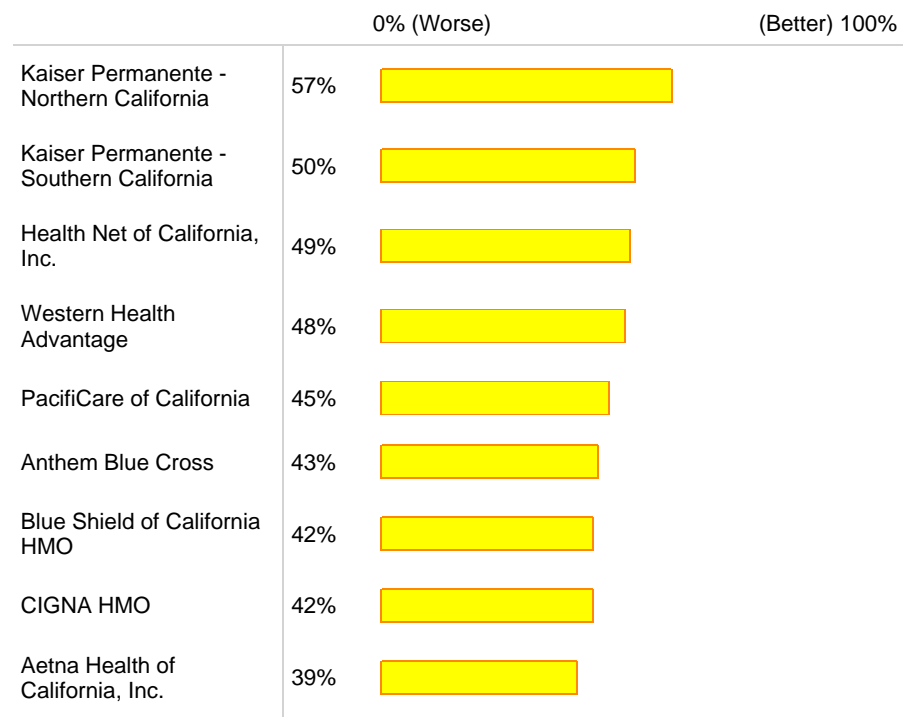
Why Is It Important?

High blood sugar is harmful to the blood vessels. So is high cholesterol. Controlling cholesterol is important to avoiding heart and blood vessel disease and complications like stroke. Your care should help you lower your cholesterol by eating less saturated fat, exercising regularly and taking medicine if you need it.

Look for differences of at least 4%. Smaller differences usually are not significant.

Controlling Cholesterol for Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



Testing Kidney Function for Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had their kidneys tested to watch for signs of kidney damage?

These results are based on a sample of HMO patient administrative and medical records.

Why Is It Important?

High blood sugar is harmful to the kidneys and can stop them from working. Testing your urine often is the main way to check for signs of kidney problems. Early signs alert you and your doctor to take steps to prevent your kidneys from failing.

Controlling Blood Pressure For Diabetes Patients

What Was Measured?

What percentage of HMO members with diabetes had normal blood pressure levels?

These results are based on a sample of HMO patient administrative and medical records.

Why Is It Important?

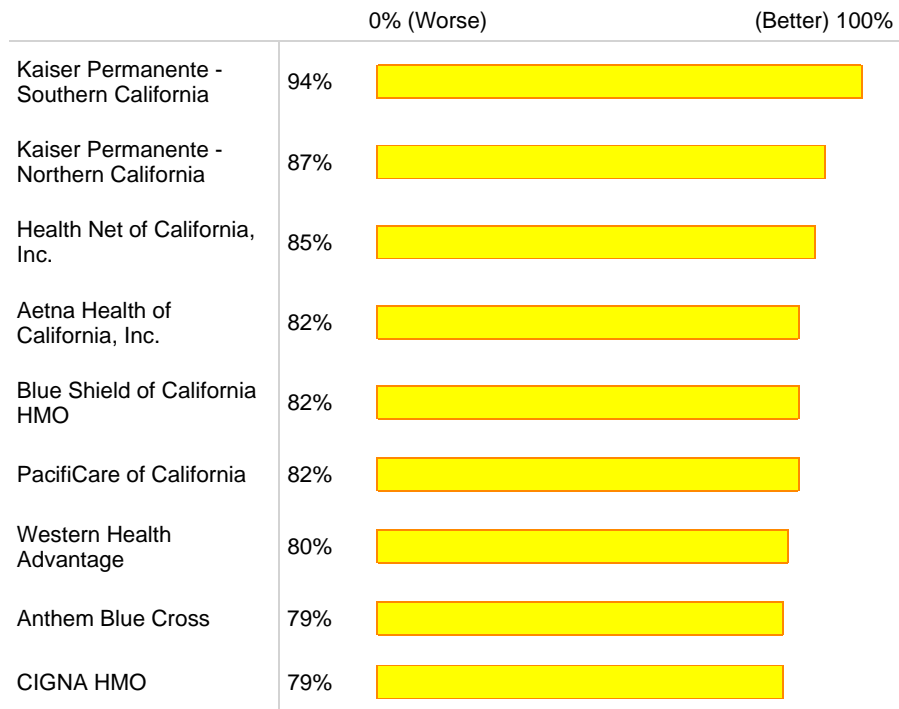
High blood pressure can lead to heart disease, stroke and kidney damage. Having diabetes puts you at higher risk of high blood pressure because diabetes can spur hardening of the arteries.

Good care means helping you control your blood pressure below 140/90. Eating little or no salt, losing weight, and staying active are ways to prevent high blood pressure. If blood pressure is above normal there are several medications to treat it.

Look for differences of at least 4%. Smaller differences usually are not significant.

Testing Kidney Function for Diabetes Patients

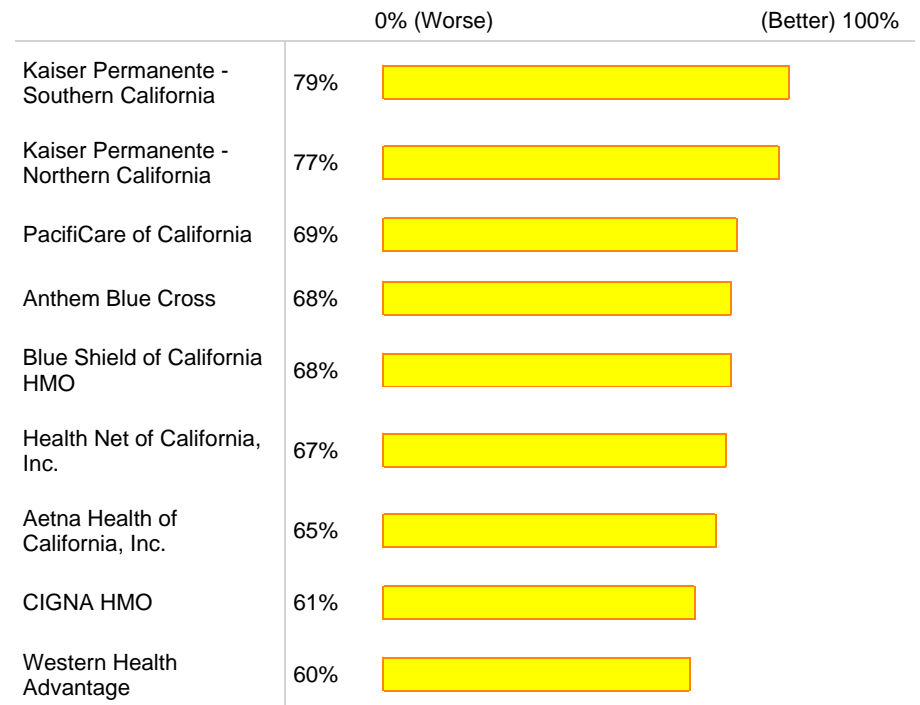
We compared HMO members' records to a set of national standards for quality of care.



Look for differences of at least 4%. Smaller differences usually are not significant.

Controlling Blood Pressure For Diabetes Patients

We compared HMO members' records to a set of national standards for quality of care.



HMO Ratings | Meeting National Standards of Care

Heart Care At-a-Glance

Why Is It Important?

The best HMOs help members with heart disease keep their condition from getting worse. The doctors check members' cholesterol levels and try to keep them controlled. This helps prevent heart attacks and strokes. The doctors also make sure that members who have had a serious heart problem, such as a heart attack, get the right medications to ease heart pain and help avoid another heart attack.

★★★★★ Excellent

★★★★ Good

★★★ Fair

★ Poor

Heart Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★★★★
Anthem Blue Cross	★★★★★
Blue Shield of California HMO	★★★★★
CIGNA HMO	★★★★★
Health Net of California, Inc.	★★★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★★★
PacifiCare of California	★★★★★
Western Health Advantage	★★★★★

HMO Ratings | Meeting National Standards of Care | Heart Care

Controlling High Blood Pressure

What Was Measured?

What percentage of HMO members with high blood pressure had their blood pressure brought under control?

These results are based on a sample of HMO patient administrative and medical records.

Why Is It Important?

High blood pressure can lead to heart disease and stroke. Good care means helping you control your blood pressure below 140/90. Ways to lower your blood pressure include: eating little or no salt, losing weight, staying active, and taking medicine if you need it.

Look for differences of at least 4%. Smaller differences usually are not significant.

Controlling High Blood Pressure

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
Kaiser Permanente - Northern California	76%		
Kaiser Permanente - Southern California	74%		
Anthem Blue Cross	65%		
CIGNA HMO	64%		
PacifiCare of California	63%		
Health Net of California, Inc.	62%		
Aetna Health of California, Inc.	61%		
Blue Shield of California HMO	61%		
Western Health Advantage	60%		

Testing Cholesterol

What Was Measured?

What percentage of HMO members had their cholesterol level checked after a heart attack, heart surgery or for their cardiovascular disease?

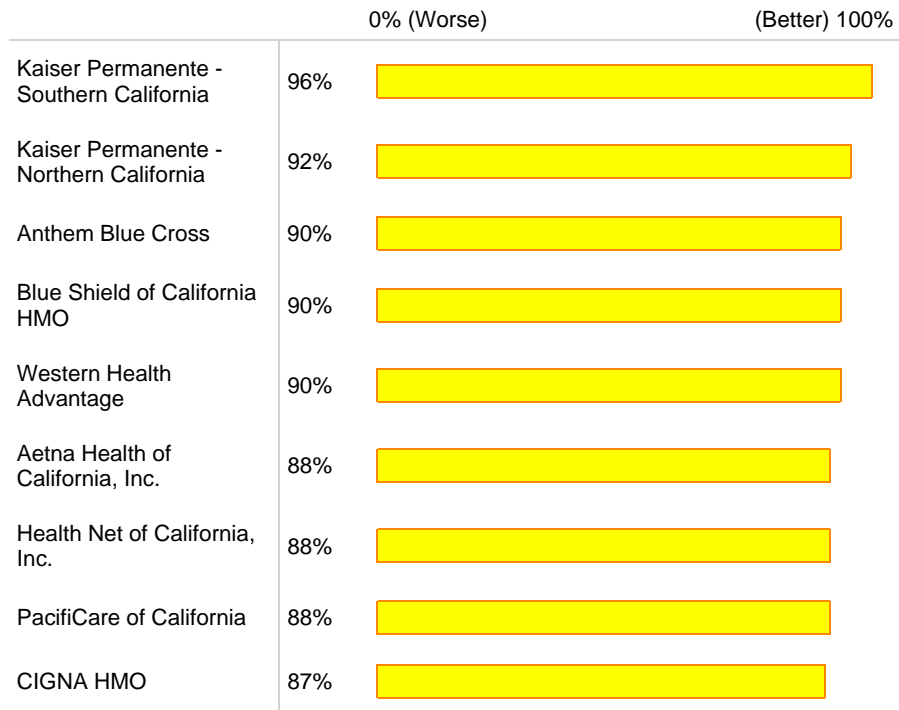
Why Is It Important?

Persons with heart disease should have their cholesterol levels tested regularly as a step to avoid a repeat heart attack, a stroke or death.

Look for differences of at least 4%. Smaller differences usually are not significant.

Testing Cholesterol

We compared HMO members' records to a set of national standards for quality of care.



Controlling Cholesterol

What Was Measured?

What percentage of HMO members had a LDL cholesterol level of less than 100 indicating good control after having a heart attack or heart surgery or who have cardiovascular disease?

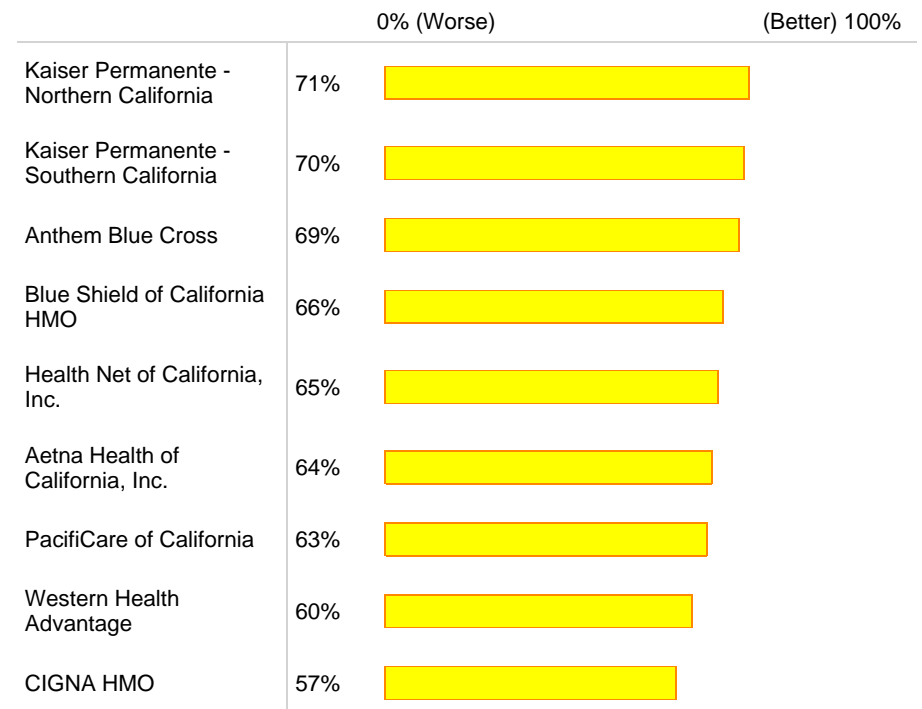
Why Is It Important?

Controlling cholesterol for people with heart disease is key to seeing that the disease does not get worse and avoiding heart attacks or other complications like stroke. Getting the right care to control cholesterol means help with eating right, exercise and medication.

Look for differences of at least 4%. Smaller differences usually are not significant.

Controlling Cholesterol

We compared HMO members' records to a set of national standards for quality of care.



Heart Attack Medication

What Was Measured?

What percentage of HMO members who were hospitalized for a heart attack continued to receive beta blocker drugs, for the six months following the heart attack, to ease heart pain and help avoid a repeat attack or stroke?

These results are based on a sample of HMO patient administrative and medical records.

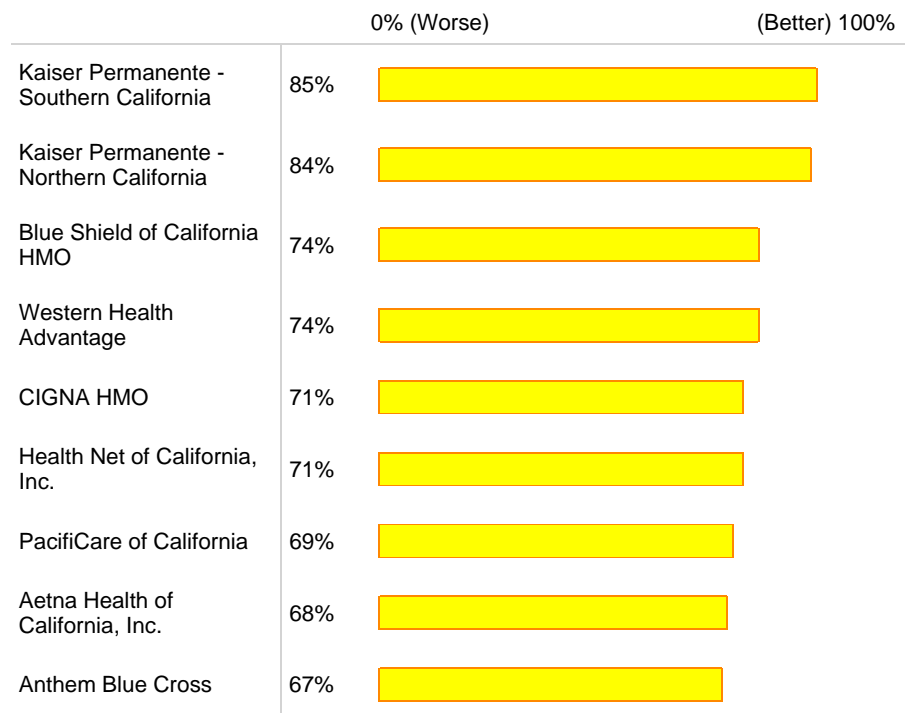
Why Is It Important?

Anyone who has had a heart attack is at a higher risk of having another heart attack or a stroke. Medicines called beta-blockers help prevent a repeat heart attack or stroke. These drugs ease how hard the heart has to work — one mark of good care is seeing that patients continue to use this heart medication for a period of time after the damage of a heart attack.

Look for differences of at least 4%. Smaller differences usually are not significant.

Heart Attack Medication

We compared HMO members' records to a set of national standards for quality of care.





THE PATIENT
ADVOCATE

HMO Ratings | Meeting National Standards of Care

Maternity Care At-a-Glance

Why Is It Important?

The best HMOs make sure that both the mother and the baby stay healthy during pregnancy and after the birth. Regular check-ups during pregnancy help uncover problems, like high blood pressure or diabetes, that can threaten the health of the mother or the baby. Check-ups shortly after the birth can help the mom take care of herself and the new baby.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Maternity Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★★★★
Anthem Blue Cross	★★★★★
Blue Shield of California HMO	★★★★★
CIGNA HMO	★★★★★
Health Net of California, Inc.	★★★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★
PacifiCare of California	★★★★★
Western Health Advantage	★★★

HMO Ratings | Meeting National Standards of Care | Maternity Care

Visits During Pregnancy

What Was Measured?

What percentage of pregnant women in the HMO began prenatal care during the first 13 weeks of pregnancy?

These results are based on a sample of HMO patient billing and medical records.

Why Is It Important?

Regular check-ups are important for pregnant women. During prenatal visits, your doctor can look for problems, like high blood pressure, which can cause problems for you and your baby. You can also learn how to eat right, get the right vitamins and exercise to protect your health and your baby's.

Look for differences of at least 4%. Smaller differences usually are not significant

Visits During Pregnancy

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
Anthem Blue Cross	97%		
Blue Shield of California HMO	97%		
Kaiser Permanente - Northern California	97%		
CIGNA HMO	96%		
PacifiCare of California	96%		
Health Net of California, Inc.	95%		
Aetna Health of California, Inc.	94%		
Western Health Advantage	90%		
Kaiser Permanente - Southern California	87%		

Visits After Giving Birth

What Was Measured?

What percentage of HMO members who are women that gave birth had a check-up visit 21-56 days after delivery?

These results are based on a sample of HMO patient billing and medical records.

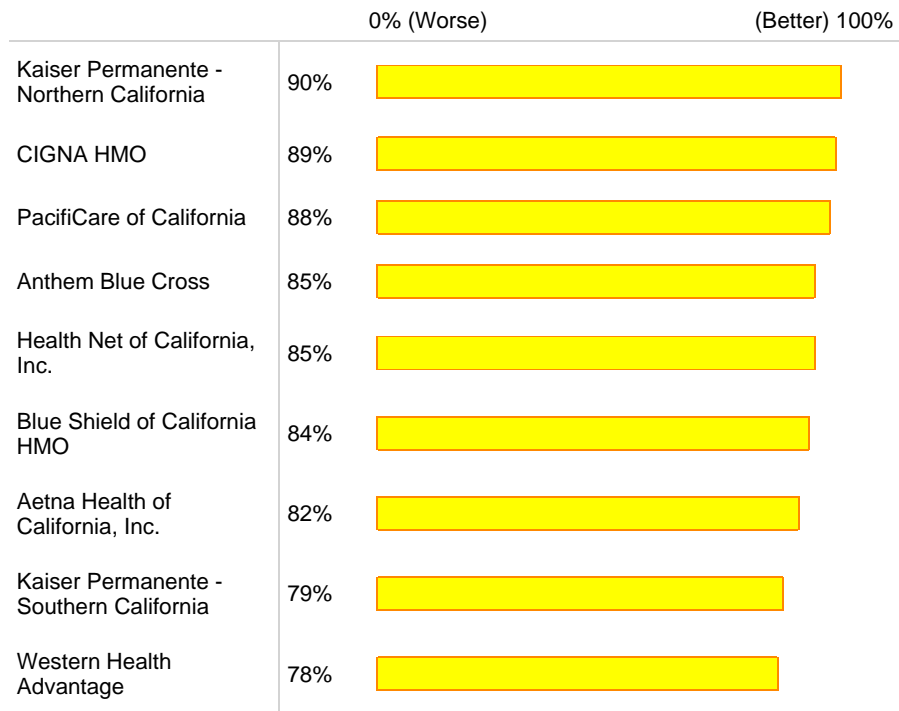
Why Is It Important?

Women need care after giving birth. You may have trouble adjusting to changes in your body, your feelings or your relationships. If you are a new mother, you may need help learning how to care for your infant and yourself. A visit with your doctor after giving birth is an important step in your care.

Look for differences of at least 4%. Smaller differences usually are not significant.

Visits After Giving Birth

We compared HMO members' records to a set of national standards for quality of care.



HMO Ratings | Meeting National Standards of Care

Mental Health Care At-a-Glance

Why Is It Important?

The best HMOs make sure that members who have major depression can see a doctor regularly and get the right medications. They also follow-up to see that alcohol or drug dependence patients stay in treatment.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Mental Health Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★
Anthem Blue Cross	★★★★
Blue Shield of California HMO	★★★★
CIGNA HMO	★★★
Health Net of California, Inc.	★★★★
Kaiser Permanente - Northern California	★★★★★
Kaiser Permanente - Southern California	★★★★★
PacifiCare of California	★★★★
Western Health Advantage	★★★

HMO Ratings | Meeting National Standards of Care | Mental Health Care

Alcohol & Drug Dependence Treatment

What Was Measured?

What percentage of HMO adolescent or adult members, who are diagnosed with alcohol or other drug dependence, have several follow-up treatment services within 30 days of being diagnosed?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

Getting continuing care for substance abuse is critical to successful treatment. Fewer than one in four people who abuse alcohol or drugs get treatment. And, among those who begin treatment, more than half do not complete the care. Substance abuse patients who remain in treatment for a longer period of time are much more likely to stop their alcohol or drug dependence.

Look for differences of at least 4%. Smaller differences usually are not significant

Alcohol & Drug Dependence Treatment

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
Kaiser Permanente - Northern California	31%	<div style="width: 31%; background-color: yellow;"></div>	
Aetna Health of California, Inc.	29%	<div style="width: 29%; background-color: yellow;"></div>	
CIGNA HMO	29%	<div style="width: 29%; background-color: yellow;"></div>	
Health Net of California, Inc.	29%	<div style="width: 29%; background-color: yellow;"></div>	
Kaiser Permanente - Southern California	29%	<div style="width: 29%; background-color: yellow;"></div>	
Blue Shield of California HMO	24%	<div style="width: 24%; background-color: yellow;"></div>	
PacifiCare of California	23%	<div style="width: 23%; background-color: yellow;"></div>	
Anthem Blue Cross	20%	<div style="width: 20%; background-color: yellow;"></div>	
Western Health Advantage	17%	<div style="width: 17%; background-color: yellow;"></div>	

Anti-depressant Medication — Initial Treatment

What Was Measured?

What percentage of HMO members who were treated for depression remained on anti-depressant medication for their 12-week initial treatment?

These results are based on a sample of HMO patient administrative records.

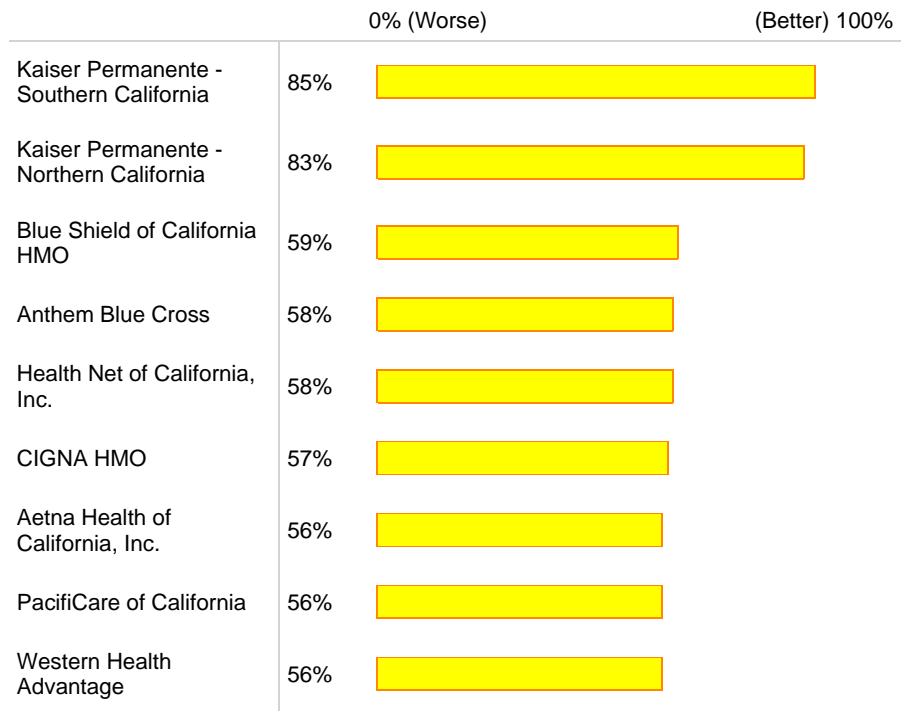
Why Is It Important?

People who are depressed can be treated with medicines called anti-depressants. These medicines usually work well. Making sure you that you get the right anti-depressant medicine and that you continue to take it correctly is an important part of your care.

Look for differences of at least 4%. Smaller differences usually are not significant.

Anti-depressant Medication — Initial Treatment

We compared HMO members' records to a set of national standards for quality of care.



Anti-depressant Medication — Ongoing Treatment

What Was Measured?

What percentage of HMO members who were treated for depression remained on anti-depressant medication for 6 months of ongoing care following their initial treatment?

These results are based on a sample of HMO patient administrative records.

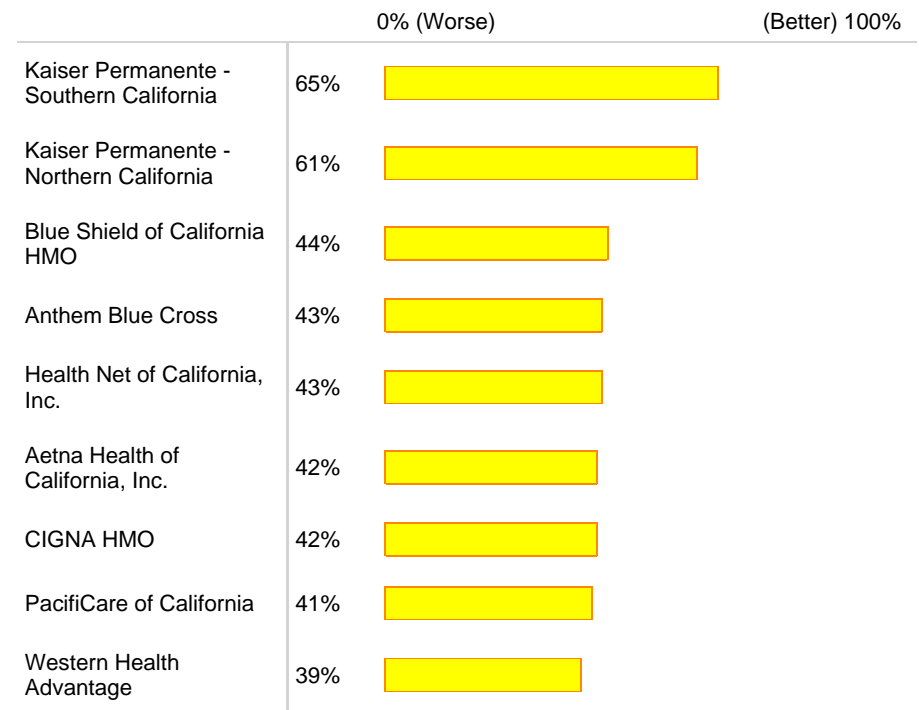
Why Is It Important?

People who are depressed can be treated with medicines called anti-depressants. Good care means checking that patients follow their doctor's instructions about taking medicines. About half of the people who take anti-depressants do not finish all of their medicine or take it incorrectly.

Look for differences of at least 4%. Smaller differences usually are not significant.

Anti-depressant Medication — Ongoing Treatment

We compared HMO members' records to a set of national standards for quality of care.



Follow-up Visit After Mental Illness Hospital Stay

What Was Measured?

What percentage of HMO members who have been hospitalized for a mental illness were seen by a mental health provider within 30 days after leaving the hospital?

These results are based on a sample of HMO patient administrative records.

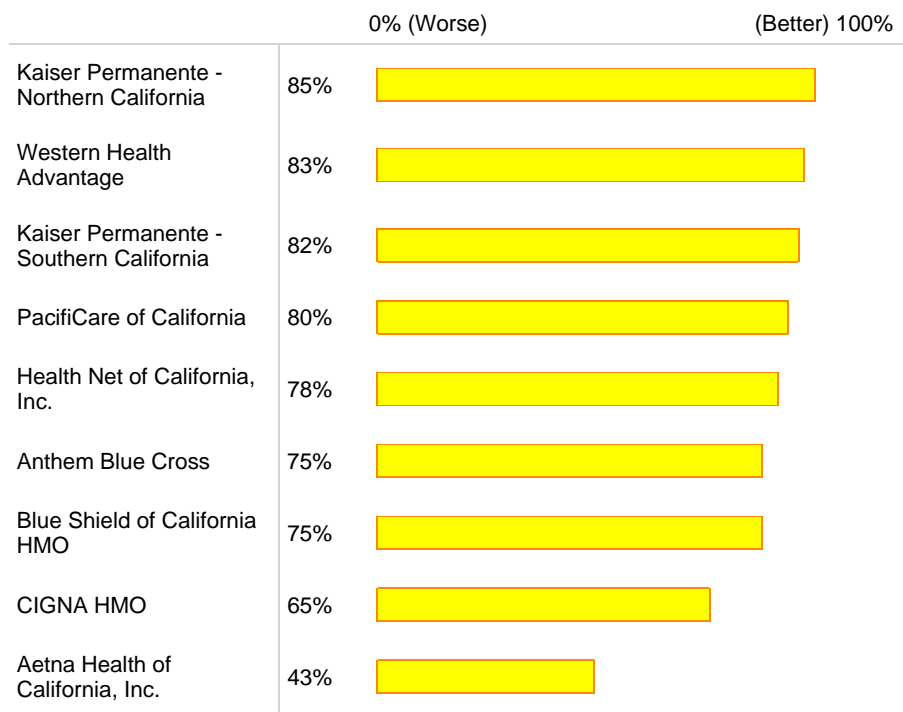
Why Is It Important?

Patients who have been in the hospital for a mental illness need follow-up care. It is important to make sure that they are getting the right treatment and if using medicine that they are taking it correctly.

Look for differences of at least 4%. Smaller differences usually are not significant.

Follow-up Visit After Mental Illness Hospital Stay

We compared HMO members' records to a set of national standards for quality of care.





THE PATIENT
ADVOCATE

Testing for Cause of Back Pain At-a-Glance

There is no “At-a-Glance” chart for this topic.
Please refer to the following individual measure instead.

Testing for Cause of Back Pain

What Was Measured?

What percentage of HMO members, with low back pain, got an evaluation for the condition that met recommended standards for use of high cost x-ray services?

These results are based on a sample of HMO patient administrative records.

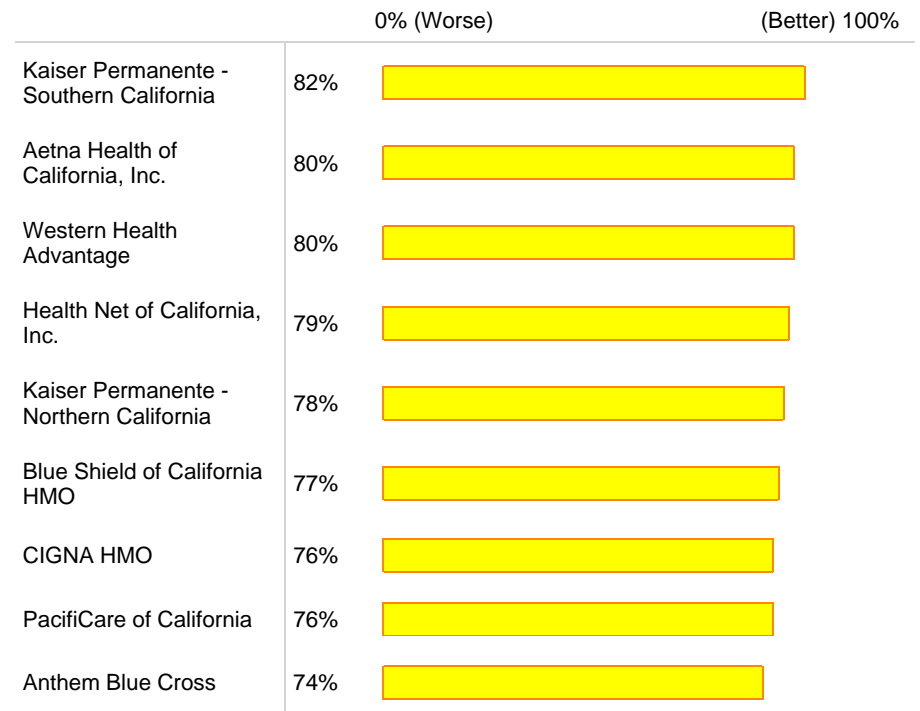
Why Is It Important?

How patients are treated for back pain signals how well HMOs and their doctors see that patients get care that is proven to work. Millions of people suffer from low back pain. Although low back pain can limit your activities, the symptoms usually get better within a month. Unless you have clear signs of a spinal problem, typically you do not need to have costly tests like an MRI or a CT scan, or even x-rays.

Look for differences of at least 4%. Smaller differences usually are not significant

Testing for Cause of Back Pain

We compared HMO members' records to a set of national standards for quality of care.





HMO Ratings | Meeting National Standards of Care

Treating Adults: Getting the Right Care At-a-Glance

Why Is It Important?

The best HMOs see that their members get the right care at the right time. Good care means getting treatments that are proven to work. Highly rated HMOs make sure that you don't get treatments that do not help you get better and that may cause injury or illness.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Treating Adults: Getting the Right Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★★
Anthem Blue Cross	★
Blue Shield of California HMO	★★
CIGNA HMO	★★
Health Net of California, Inc.	★★
Kaiser Permanente - Northern California	★★
Kaiser Permanente - Southern California	★★
PacifiCare of California	★★
Western Health Advantage	★★

HMO Ratings | Meeting National Standards of Care |

Treating Adults: Getting the Right Care

Checking Patients on Long-Term Medications

What Was Measured?

What percentage of adults, who are prescribed medications long-term, are tested to check that the ongoing use of the drug is not harming the patient?

Why Is It Important?

Patients on medications long-term are at higher risk for health problems from the drugs like harmful side-effects or damage due to improper doses. Periodic lab tests are used to check the drug levels in the body and for other signs that a patient's health is threatened.

Look for differences of at least 4%. Smaller differences usually are not significant

Checking Patients on Long-Term Medications

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
CIGNA HMO	74%		
Kaiser Permanente - Southern California	73%		
Health Net of California, Inc.	72%		
Aetna Health of California, Inc.	71%		
Blue Shield of California HMO	71%		
PacifiCare of California	71%		
Western Health Advantage	71%		
Kaiser Permanente - Northern California	69%		
Anthem Blue Cross	62%		

Treating Arthritis With Medications

What Was Measured?

What percentage of adults, who have rheumatoid arthritis, got a prescription for an anti-rheumatic drug?

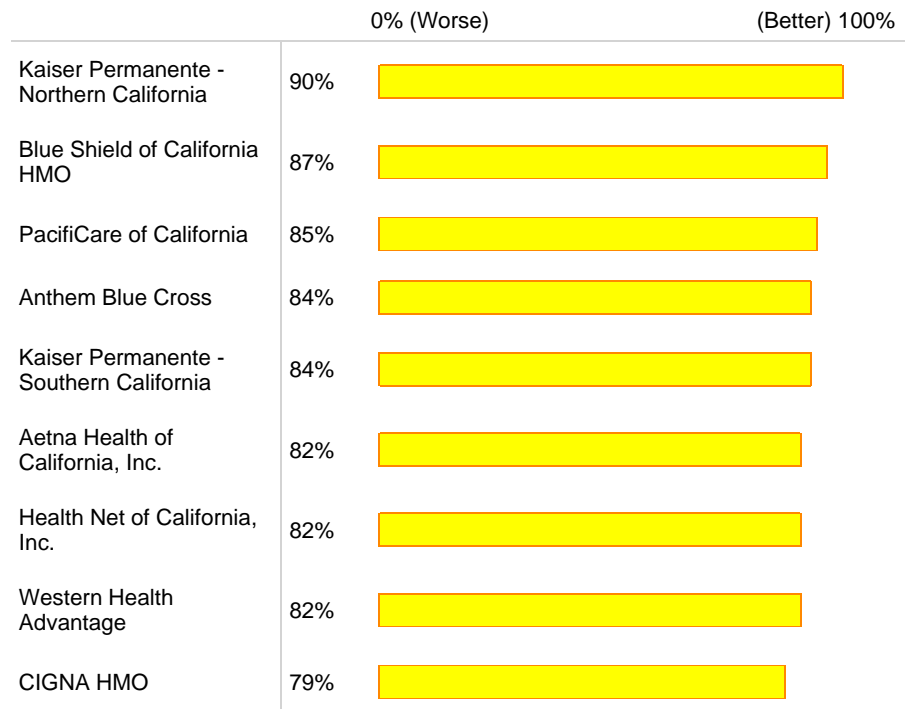
Why Is It Important?

These disease modifying anti-rheumatic drugs (DMARD) help slow the progression of arthritis which if untreated leads to tissue damage and loss of tissue and bone. By helping people avoid flare-ups of the disease, these medications can prevent destruction of the joints and help people continue their day-to-day activities.

Look for differences of at least 4%. Smaller differences usually are not significant

Treating Arthritis With Medications

We compared HMO members' records to a set of national standards for quality of care.



Treating Bronchitis With Antibiotics

There is no “At-a-Glance” chart for this topic.
Please refer to the following individual measure instead.

Treating Bronchitis With Antibiotics

What Was Measured?

What percentage of adults, who have acute bronchitis, were not given an antibiotic — medicines that often don’t work for these short-term bronchial inflammations?

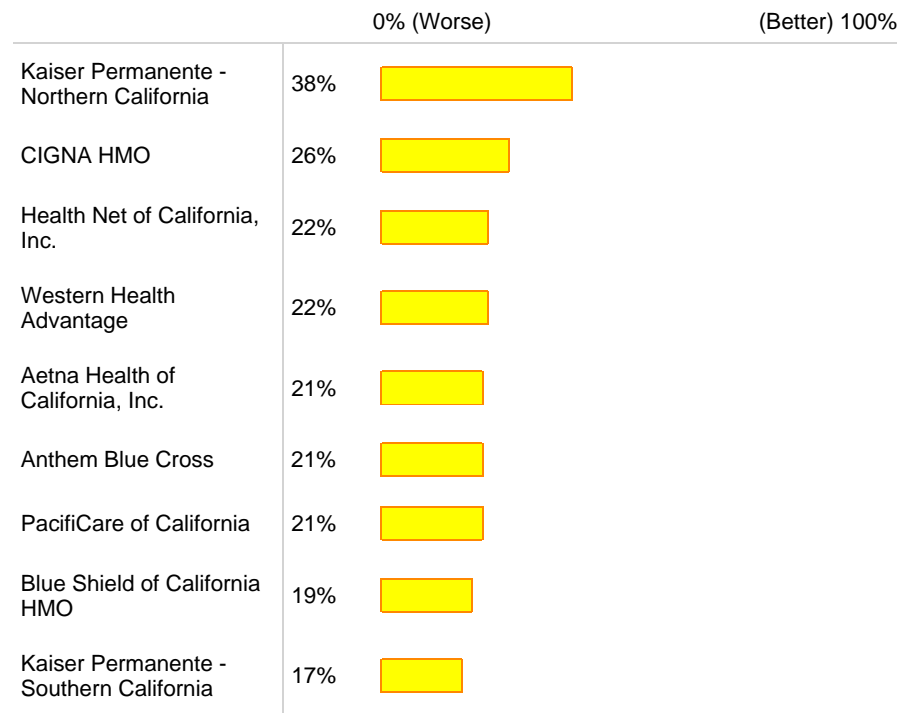
Why Is It Important?

Antibiotic medications often are not useful in treating acute bronchitis – an inflammation in the lungs due to infection, smoking or allergies. Typically the cough, mucus and other signs of bronchitis end within two weeks without antibiotics and patients can avoid the side-effects of these drugs. The overuse of antibiotics also can reduce the effectiveness of these medications and make them less helpful in fighting harmful bacteria.

Look for differences of at least 4%. Smaller differences usually are not significant

Treating Bronchitis With Antibiotics

We compared HMO members' records to a set of national standards for quality of care.





THE PATIENT
ADVOCATE

HMO Ratings | Meeting National Standards of Care

Treating Children: Getting the Right Care At-a-Glance

Why Is It Important?

The best HMOs work to prevent childhood diseases. Doctors make sure that children get the shots they need. And, when a child or adolescent is ill, doctors only prescribe antibiotics that are truly necessary.

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

Treating Children: Getting the Right Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California, Inc.	★
Anthem Blue Cross	★
Blue Shield of California HMO	★
CIGNA HMO	★
Health Net of California, Inc.	★
Kaiser Permanente - Northern California	★★★★
Kaiser Permanente - Southern California	★★★★
PacifiCare of California	★
Western Health Advantage	★★★★

HMO Ratings | Meeting National Standards of Care |

Treating Children: Getting the Right Care

Child Immunizations

What Was Measured?

What percentage of children in the HMO received, by age two, the seven vaccinations recommended by the Centers for Disease Control and the American Academy of Pediatrics?

Why Is It Important?

Shots, also called vaccines or immunizations, are an easy and proven way to protect your children from serious illness. Without shots, children can die from diseases like measles, tetanus, hepatitis B and meningitis. Good care includes sending reminders when your children need the shots and making it easy to get the shots.

Look for differences of at least 4%. Smaller differences usually are not significant.

Child Immunizations

We compared HMO members' records to a set of national standards for quality of care.

		0% (Worse)	(Better) 100%
Kaiser Permanente - Northern California	82%		
Kaiser Permanente - Southern California	82%		
Health Net of California, Inc.	78%		
Western Health Advantage	78%		
Anthem Blue Cross	77%		
CIGNA HMO	77%		
Aetna Health of California, Inc.	76%		
PacifiCare of California	76%		
Blue Shield of California HMO	74%		

Treating Children with Throat Infections

What Was Measured?

What percentage of children in the HMO, ages 2-18, who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication, were tested for strep throat?

These results are based on a sample of HMO patient administrative records.

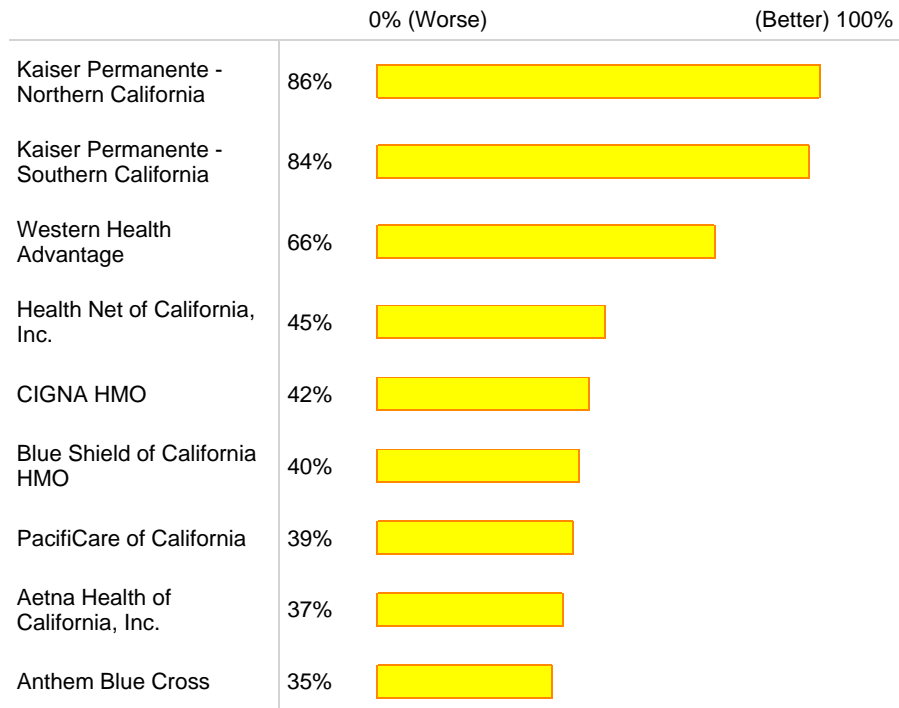
Why Is It Important?

A child who has a throat infection should be tested for strep throat before being treated. A throat culture is the test that tells the doctor whether or not your child has a strep infection and whether or not to prescribe antibiotics. Without the test, your child may be given an antibiotic when it is not needed. Good care means making sure children are tested for a strep infection before they are given antibiotics.

Look for differences of at least 4%. Smaller differences usually are not significant

Treating Children with Throat Infections

We compared HMO members' records to a set of national standards for quality of care.



Treating Children with Upper Respiratory Infections

What Was Measured?

What percentage of children in the HMO, ages 3 months to 18 years, who had an upper respiratory infection (common cold) were not given an antibiotic — medicines that don't work for these viral infections?

These results are based on a sample of HMO patient administrative records.

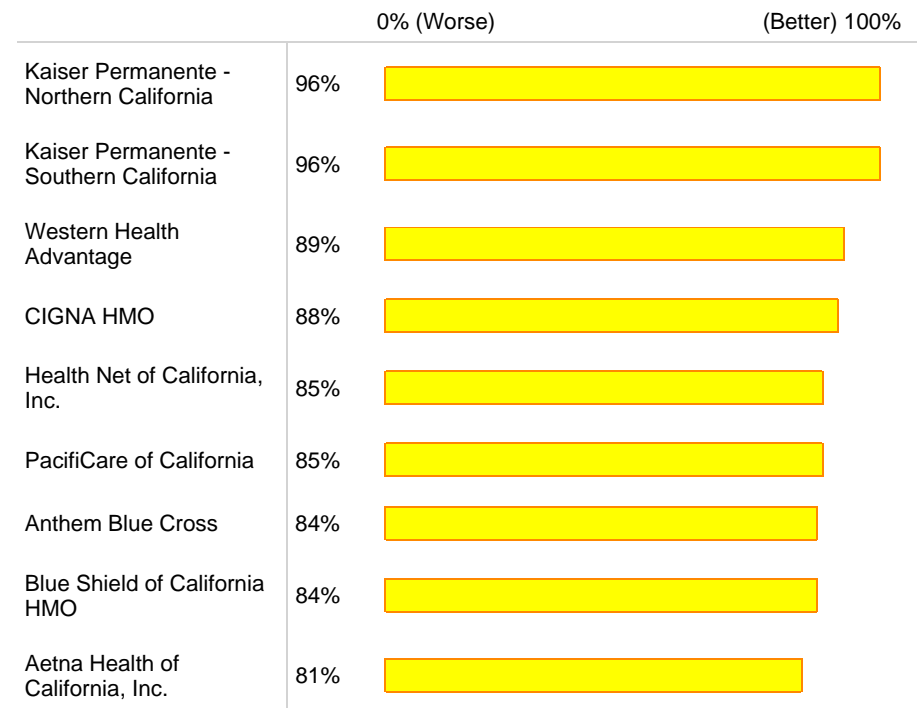
Why Is It Important?

If your child has a cold, he or she probably does not need an antibiotic. Colds are viruses, and antibiotics do not work for viral infections. Antibiotics treat infections caused by bacteria. Each year, about 1 out of 5 children wrongly receives antibiotics for a cold. Taking antibiotics when they are not necessary puts your child at risk for the medicine's side effects. Also, if your child uses antibiotics too often, they can be less effective for treating infections in the future.

Look for differences of at least 4%. Smaller differences usually are not significant

Treating Children with Upper Respiratory Infections

We compared HMO members' records to a set of national standards for quality of care.



HMO Ratings | Meeting National Standards of Care |
 Treating Children: Getting the Right Care

Care for Attention Deficit Disorder

What Was Measured?

What percentage of children, who were prescribed a medication for ADHD, had a follow-up visit within four weeks after starting their medication?

Why Is It Important?

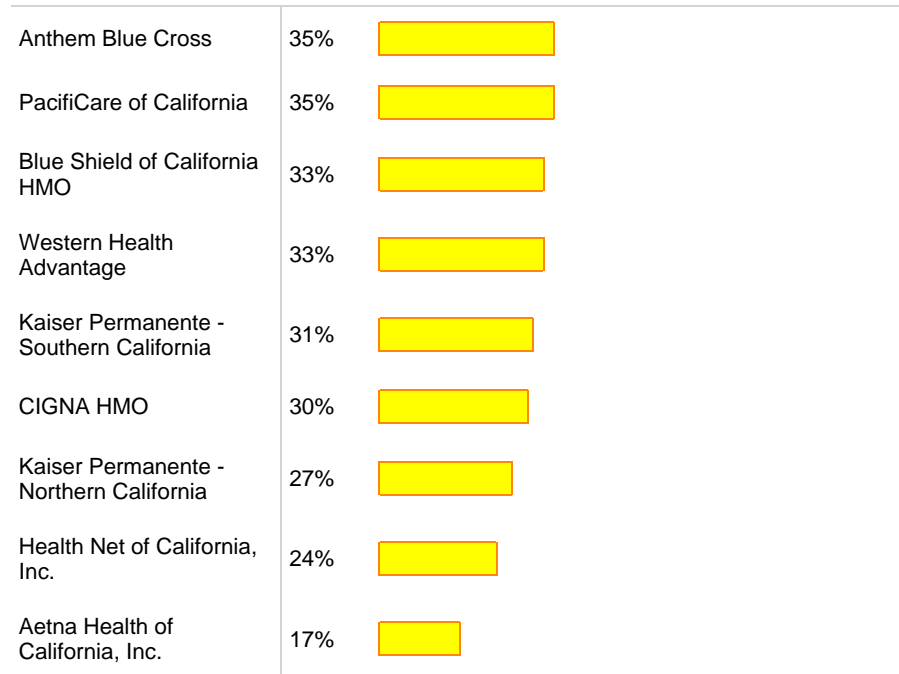
Attention Deficit/Hyperactivity Disorder (ADHD) is the most common behavior disorder in school-age children. Medication is a proven treatment for ADHD but regular monitoring of the child’s medication is key to minimizing side-effects including headaches, poor appetite and trouble sleeping.

Look for differences of at least 4%. Smaller differences usually are not significant

Care for Attention Deficit Disorder

We compared HMO members' records to a set of national standards for quality of care.

0% (Worse) (Better) 100%





THE PATIENT
ADVOCATE

HMO Ratings

Members Rate Their HMO

The “Members Rate Their HMO” rating is based on a single CAHPS® survey question that asks members to rate all of their experience with the health plan. In addition to this summary rating, HMOs are scored on various aspects of patients’ experiences of care and service using the patient survey answers. These measures fall into four topics:

Doctor Communications

- Doctor Communicates with Patients
- Shared Decision Making
- Coordinated Care
- Health Promotion

Getting Doctors and Care

- Getting Appointments and Care Quickly
- Health Care Highly Rated
- Getting Doctors and Care Easily

HMO Customer Service

- Answer Customer Phone Calls Quickly
- Customer Service
- Finding a Personal Doctor

Member Complaints

- Member Complaints

There are no “At-a-Glance” charts for these topics.

HMO Ratings | Members Rate Their HMO | Doctor Communications

Doctor Communicates with Patients

What Was Measured?

What percentage of HMO members highly rated their doctors’ communication skills?

These results are based on a survey of a sample of HMO members.

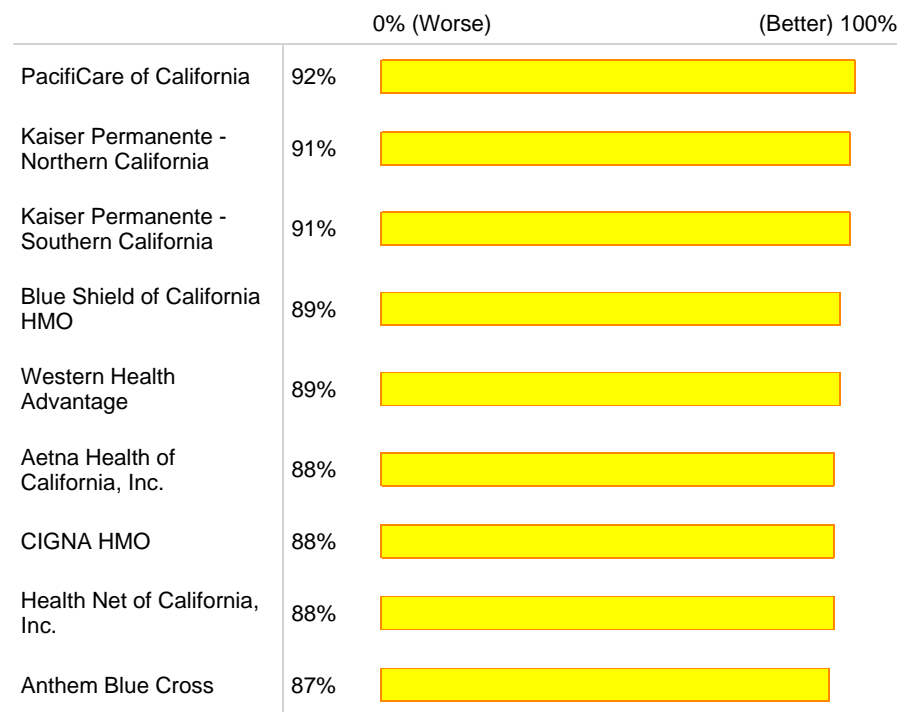
Why Is It Important?

Doctors’ communications with their patients are important to good health care. Patients better follow their doctor’s instructions when the doctor treats them respectfully, gives them time and attention, listens carefully and explains things clearly.

Look for differences of at least 4%. Smaller differences usually are not significant

Doctor Communicates with Patients

We compared how HMO members rate their care and services.



Shared Decision Making

What Was Measured?

What percentage of HMO members reported that their doctor talked with them about the pros and cons of their treatment choices and asked which choice best fit their needs?

These results are based on a survey of a sample of HMO members.

Why Is It Important?









Patients have a right to know about their treatment options and to consider which care best meets their needs. Doctors should advise patients of the harms and benefits of each treatment.

There are many instances in which treatment options have similar results — the patient’s preferences matter when making these choices. Patients who share in the decisions are more likely to follow through on their part in the care.

Look for differences of at least 4%. Smaller differences usually are not significant.

Shared Decision Making

We compared how HMO members rate their care and services.

		0% (Worse)	(Better) 100%
Western Health Advantage	63%		
Kaiser Permanente - Northern California	58%		
Blue Shield of California HMO	57%		
CIGNA HMO	56%		
Kaiser Permanente - Southern California	56%		
Health Net of California, Inc.	54%		
Anthem Blue Cross	53%		
PacifiCare of California	49%		
Aetna Health of California, Inc.	Too few patients in sample to report		

Coordinated Care

What Was Measured?

What percentage of HMO members reported that their doctor was up-to-date about any care the patient got from other doctors?

These results are based on a survey of a sample of HMO members.










Why Is It Important?

Your regular doctor should know about all of your health care. This includes communicating with a specialist if you need a consultation, knowing all your test results and having records about your medications or other treatments. The best HMOs work with their doctors and medical groups to setup systems to handle and communicate information properly to make sure that patients don’t fall through the cracks.

Look for differences of at least 4%. Smaller differences usually are not significant

Coordinated Care

We compared how HMO members rate their care and services.

		0% (Worse)	(Better) 100%
CIGNA HMO	77%		
Kaiser Permanente - Northern California	76%		
PacifiCare of California	76%		
Health Net of California, Inc.	75%		
Anthem Blue Cross	73%		
Western Health Advantage	73%		
Aetna Health of California, Inc.	72%		
Blue Shield of California HMO	69%		
Kaiser Permanente - Southern California	67%		

Health Promotion

What Was Measured?

What percentage of HMO members reported that their doctor or other providers talked with them about things to do to prevent illness?

These results are based on a survey of a sample of HMO members.

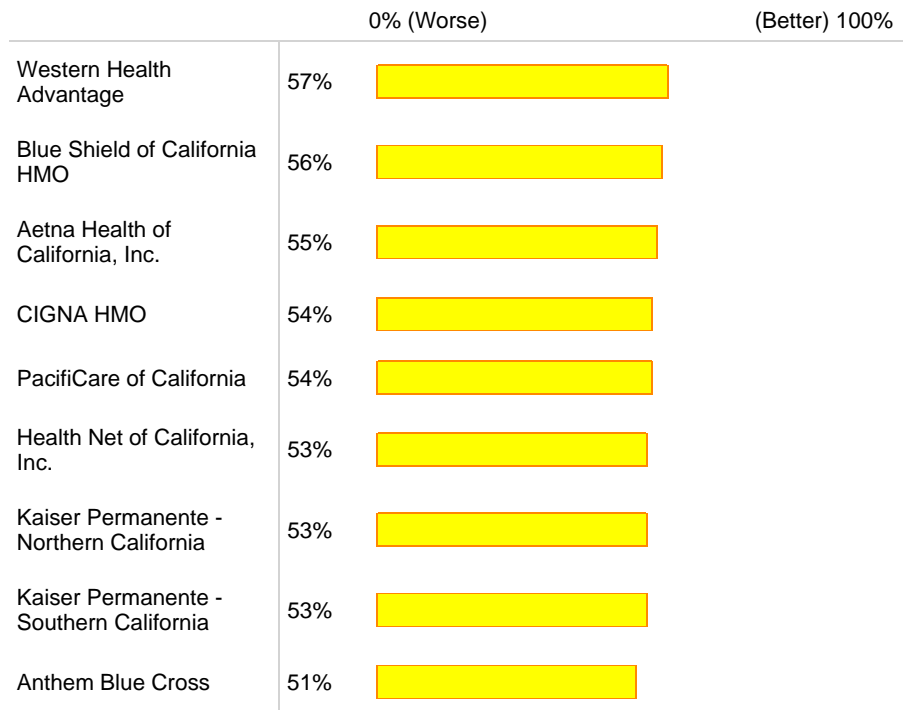
Why Is It Important?

Your doctor is responsible to help you stay healthy. The best doctors give their patients advice and specific steps to overcome the difficulties patients have in taking care of their health. Doctors and staff should be teaching patients ways to prevent illness and regularly checking-in, encouraging and helping patients with their good health activities.

Look for differences of at least 4%. Smaller differences usually are not significant.

Health Promotion

We compared how HMO members rate their care and services.



Getting Appointments and Care Quickly

What Was Measured?

What percentage of HMO members highly rated their HMO on how quickly and easily they got care and service from their doctors and office staff?

These results are based on a survey of a sample of HMO members.

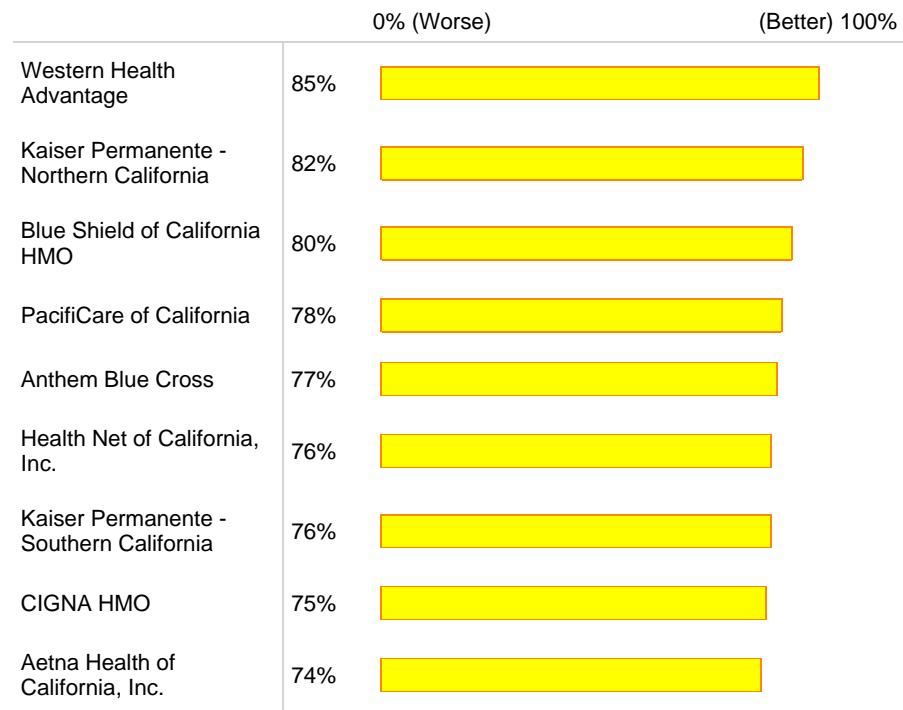
Why Is It Important?

Getting care when you need it is important to everyone. High scores mean that HMO members got care as soon as they needed when ill or injured and got appointments for routine care when they wanted them.

Look for differences of at least 4%. Smaller differences usually are not significant

Getting Appointments and Care Quickly

We compared how HMO members rate their care and services.



Health Care Highly Rated

What Was Measured?

What percentage of HMO members highly rated their health care — 8, 9 or 10 on a 0-10 scale?

These results are based on a survey of a sample of HMO members.

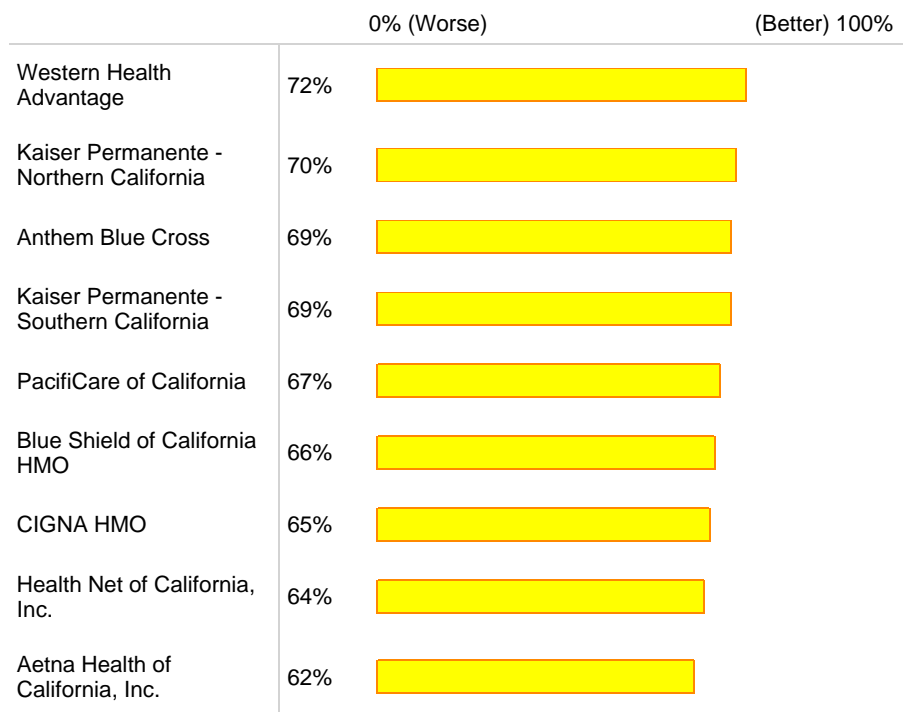
Why Is It Important?

How you feel about your health plan depends on your experiences with the doctors and the staff. HMOs that have a high rating for health care make it easy for their members to get the care they need. They also have doctors and staff who listen to patients, explain things clearly and treat them with respect.

Look for differences of at least 4%. Smaller differences usually are not significant

Health Care Highly Rated

We compared how HMO members rate their care and services.



Getting Doctors and Care Easily

What Was Measured?

What percentage of HMO members highly rated the plan for helping them get the care they need?

These results are based on a survey of a sample of HMO members.

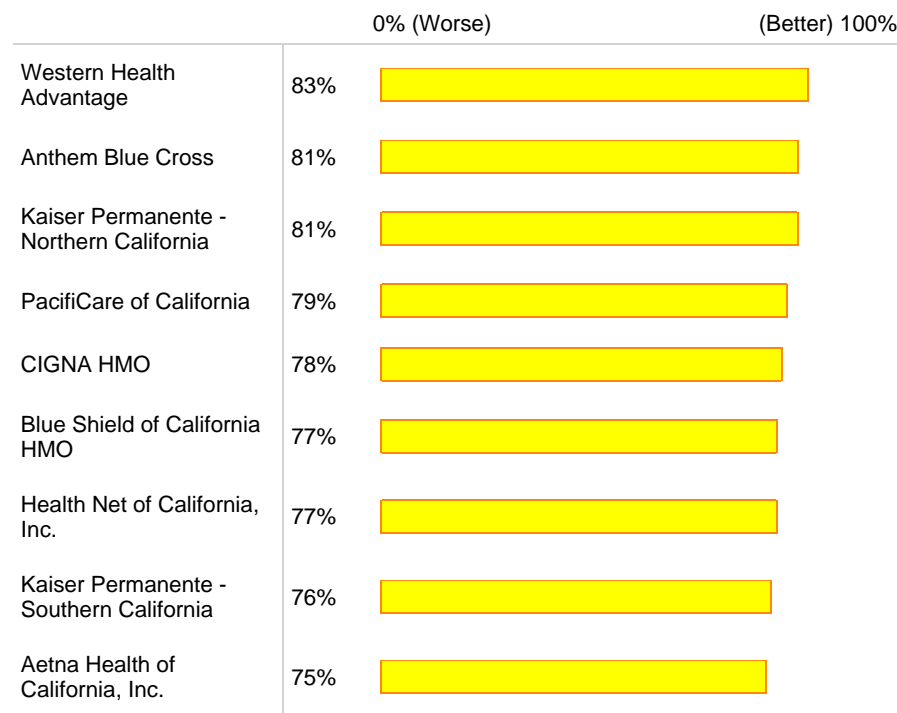
Why Is It Important?

High scores mean the members didn't face delays or hassles in seeing a specialist or getting tests or treatment.

Look for differences of at least 4%. Smaller differences usually are not significant

Getting Doctors and Care Easily

We compared how HMO members rate their care and services.



Answer Customer Phone Calls Quickly

What Was Measured?

What percentage of members' phone calls to their HMO were answered by a person within the first 30 seconds?

These results are based on the HMO's phone system records.

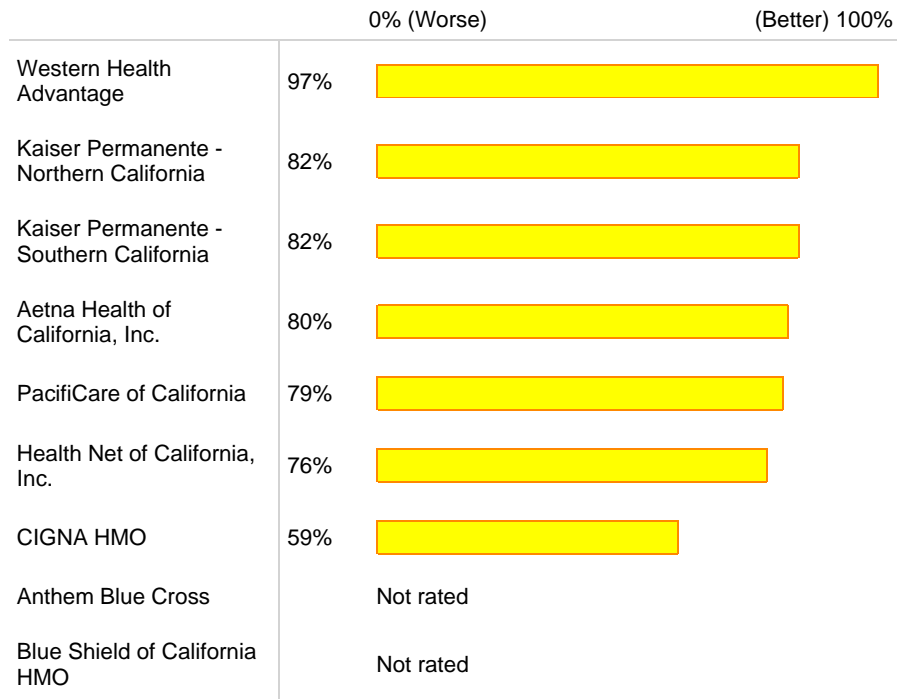
Why Is It Important?

HMOs that received a high rating for answering customers' phone calls quickly means that most calls are answered within 30 seconds and a person who members can talk to answers the calls.

Look for differences of at least 4%. Smaller differences usually are not significant

Answer Customer Phone Calls Quickly

We compared how HMO members rate their care and services.



Customer Service

What Was Measured?

What percentage of HMO members highly rated their HMO on its customer service?

These results are based on a survey of a sample of HMO members.

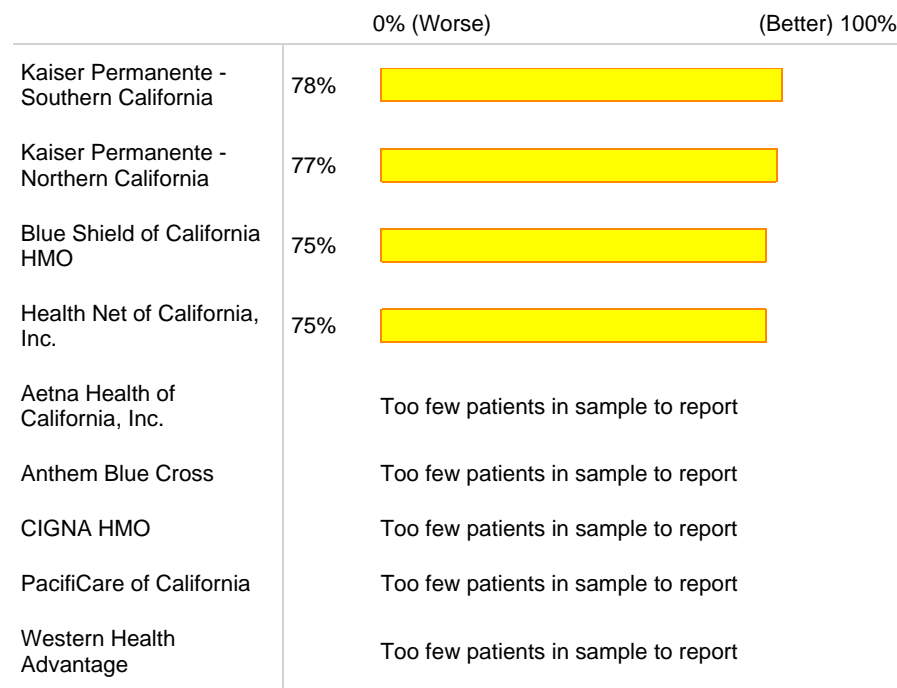
Why Is It Important?

High scores mean that the HMO's customer service staff was courteous and members got the information that they needed.

Look for differences of at least 4%. Smaller differences usually are not significant.

Customer Service

We compared how HMO members rate their care and services.



Finding a Personal Doctor

What Was Measured?

What percentage of HMO members said that it was easy to find a personal doctor who they are happy with?

These results are based on a survey of a sample of HMO members.

Why Is It Important?

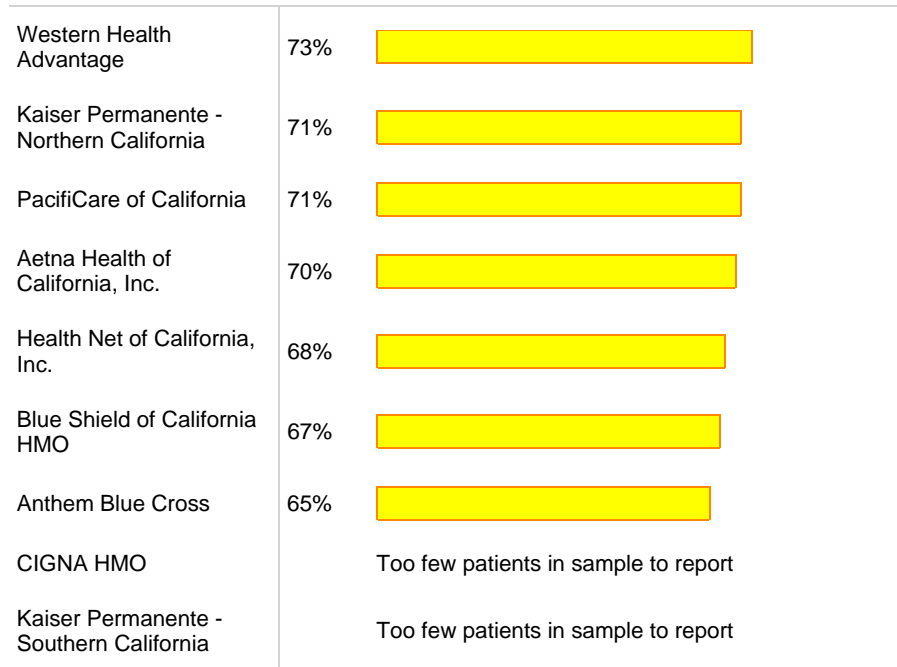
High scores mean that it was easy for HMO members to find a personal doctor from the plan's list and they are happy with this doctor.

Look for differences of at least 4%. Smaller differences usually are not significant.

Finding a Personal Doctor

We compared how HMO members rate their care and services.

0% (Worse) (Better) 100%



Member Complaints

What Was Measured?

What percentage of HMO members reported that they were satisfied with the HMO's handling of a problem when they called or wrote the plan?

These results are based on a survey of a sample of HMO members.

Why Is It Important?

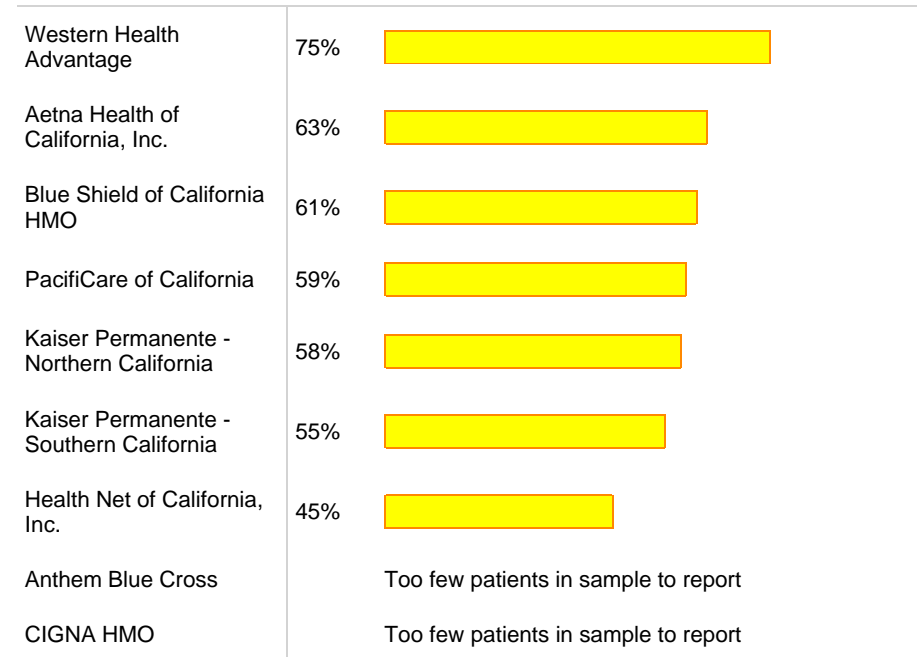
HMOs that score highly do a better job of solving member's concerns or complaints. HMO staff help members avoid or work through unpleasant surprises like unexpected costs or problems getting care.

Look for differences of at least 4%. Smaller differences usually are not significant.

Member Complaints

We compared how HMO members rate their care and services.

0% (Worse) (Better) 100%



Top Medical Groups Where You Live

2008 Ratings by the Integrated Healthcare Association

These 46 medical groups are the top 20% of the more than 200 physician organizations statewide – ranked on the quality of their patient care and service.

These groups of physicians and their staffs are scored on how often patients get care that meets national standards and how patients rate the groups' care and service. The groups also are scored on how patient records are kept and shared among the doctors so the information about a patient is right and is there when it's needed.

The Integrated Healthcare Association is a not-for-profit statewide collaborative leadership group of California health plans, physician groups, and healthcare systems, plus academic, consumer, purchaser, pharmaceutical and technology representatives. IHA's mission is to create breakthrough improvements in health care services for Californians.

Top Medical Groups Where You Live

2008 Ratings by the Integrated Healthcare Association

Bay Area

Affinity Medical Group
Palo Alto Medical Foundation - Camino Region
Hill Physicians Medical Group - East Bay
John Muir Physician Network
Kaiser Permanente Medical Group - Diablo Service Area
Kaiser Permanente Medical Group - East Bay Service Area
Kaiser Permanente Medical Group - Greater Southern Alameda Area
Kaiser Permanente Medical Group - Redwood City Medical Center
Kaiser Permanente Medical Group - San Francisco Medical Center
Kaiser Permanente Medical Group - San Rafael Medical Center
Kaiser Permanente Medical Group - Santa Clara Medical Center
Kaiser Permanente Medical Group - San Jose (Santa Teresa) Medical Center
Kaiser Permanente Medical Group - South San Francisco Medical Center
Mills-Peninsula Medical Group
Palo Alto Medical Foundation - Palo Alto Region

Central Coast

Palo Alto Medical Foundation - Santa Cruz Region

Los Angeles

Cedars-Sinai Medical Group
HealthCare Partners Medical Group
Southern California Permanente Medical Group - Baldwin Park
Southern California Permanente Medical Group - Bellflower
Southern California Permanente Medical Group - Los Angeles
Southern California Permanente Medical Group - Panorama
Southern California Permanente Medical Group - South Bay/Harbor City
Southern California Permanente Medical Group - West Los Angeles
Southern California Permanente Medical Group - Woodland Hills
UCLA Medical Group

Orange County

Bristol Park Medical Group
Edinger Medical Group
Greater Newport Physicians IPA
Southern California Permanente Medical Group - Orange County

Sacramento/North

Kaiser Permanente Medical Group - Napa Solano Service Area
Kaiser Permanente Medical Group - North Valley Service Area
Kaiser Permanente Medical Group - Santa Rosa Medical Center
Kaiser Permanente Medical Group - South Sacramento Medical Center
Solano Regional Medical Group
Sutter Medical Group
Sutter West Medical Group
Woodland Healthcare

Central Valley

Kaiser Permanente Medical Group - Central Valley Service Area
Kaiser Permanente Medical Group - Fresno Medical Center

Inland Empire

Southern California Permanente Medical Group - Fontana
Southern California Permanente Medical Group - Riverside

San Diego

Scripps Clinic Medical Group
Scripps Coastal Medical Center
Sharp Rees-Stealy Medical Centers
Southern California Permanente Medical Group - San Diego

Language Services

What Are Language Assistance Services?

Language assistance services are services available from your HMO if you or a family member use American Sign Language (ASL) or do not speak or understand English as well as another language. These services, such as an interpreter to help you talk with your doctors or materials that are written in your preferred language, may assist you with obtaining and making the most of the medical care and treatment you receive.

How Did OPA Obtain This Information?

OPA sent a survey in 2008 to most of California's largest HMOs asking them about their language services. The language assistance services charts are based on the HMOs' answers to questions about:

- How members communicate with their HMO and their doctors.
- How members get information in non-English languages.
- How members get information on services and costs.
- Does the HMO think language services are important.

What Information is Available?

Visit the expanded version of the Health Care Quality Report Card at HealthCareQuality.ca.gov to find out what language assistance services HMOs offer.

Go to the "Language Services" section and select your type of insurance and preferred language.

Information is available on the following topics:

- Interpreter Services and Bilingual Staff
- Translated Written Materials and Web Site Information
- Plan Monitors Language Services Complaints
- Plan Staff and Provider Training
- Language Services Operations and Plan Policies

There is data available for the following languages:

- Armenian
- American Sign Language (ASL)
- Chinese
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

A check in a box means that the HMO offers the service. If you do not see a check, you may still ask your HMO if they can make the service available to you in your preferred language.

Spanish speaking member services staff available	Plan provides access to telephone advice nurse	Plan arranges for access to face-to-face interpreters during business hours	Members informed about interpreter services in member handbook	Members informed about interpreter services in plan newsletter
✓	✓			
✓		✓	✓	✓
✓	✓			
✓	✓		✓	✓

The language services an HMO offers routinely may be different depending on your insurance coverage. For example, an HMO may offer different language services to members who have health insurance through their employer than it offers to members who have Medi-Cal.

How Can I Get More Information?

To find out more about language services, call your HMO. You can find the phone number and web site for each HMO on the Directory page at HealthCareQuality.ca.gov.

If you have a problem getting language services, call the Office of the Patient Advocate at 1-866-466-8900. There is no charge for this call.

Scoring and Rating Methods

HMO quality scores were constructed using the HEDIS® and CAHPS® quality performance systems. The quality measures are based on the services, care, and experiences of samples of commercial HMO members who were enrolled in the HMO throughout 2007. Medical chart and service records were collected and HMO members were surveyed in a standardized way through the coordination of the California Cooperative Healthcare Reporting Initiative (CCHRI).

The **Meeting National Standards of Care** scores represent the percent of members who got the right care. Scoring a topic requires several steps. First, scores are calculated for a number of important measures of good medical care – like are patients with harmful, high blood pressure seeing good results in lowering their blood pressure. Next, a number of these measures, that concern related aspects of a health condition, are combined into a topic score. The measures are combined by giving them equal weight and calculating an average score. Last, the topic scores are combined into a single summary rating using the same “equal weight and average score formula.” The score is given one of four performance grades that are indicated in the report card with stars. The possible grades for the single summary rating Meeting National Standards of Care are:

- Excellent:** This means that about 8 or more of every 10 HMO members got the right care.
- Good:** This means that about 3 of every 4 HMO members got the right care.
- Fair:** This means that about 2 of every 3 HMO members got the right care.
- Poor:** This means that fewer than 3 of every 5 HMO members got the right care.

The **Members Rate Their HMO** rating is based on a single CAHPS® survey question that asks members to rate all of their experience with the health plan. Members are asked to rate their overall experience on a 0-10 scale. The score is the number of members who rated the plan 8, 9 or 10 as a proportion of all members who answered the question.

Scores for the various CAHPS® topics are based on the proportion of members who gave a positive response (“always” or “usually” for most questions) to the survey question. For most questions, responses are scored using one of four possible answers ranging from the member “always” had a positive experience with a particular need like getting an appointment to the member “never” had a positive experience. Each member’s responses for a set of related questions like “paying claims” are combined to create a per-member topic score; then the average of all of the members’ scores is calculated to create an HMO score for that topic. The scores represent the average or typical experience that that HMO’s members reported. The score for the single summary rating Members Rate HMO is given one of four performance grades that are indicated in the report card with stars. The possible grades are:

- Excellent:** This means that about 3 or more of every 4 HMO members rated the health plan highly.
- Good:** This means that about 2 of every 3 HMO members rated the health plan highly.
- Fair:** This means that about 3 of every 5 HMO members rated the health plan highly.
- Poor:** This means that only about half of HMO members rated the health plan highly.

A “buffer zone” adjustment is used for the summary measures Meeting National Standards of Care and Members Rate HMO. This adjustment accounts for the error that occurs in measurement and scoring when the formula is based on samples of members rather than all the members in an HMO. This “buffer zone” gives the benefit of the doubt to the HMO — if a score falls below a performance threshold, but within a half-point of that threshold, the HMO is assigned that next highest grade.

We at OPA hope you found this booklet informative and helpful. If you have questions or comments about the 2009 Edition of the Health Care Quality Report Card, please contact us at:

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