

HMO

*Health Maintenance
Organization Ratings*

PPO

*Preferred Provider
Organization Ratings*

MEDICAL GROUPS

Top Groups by Region

CALIFORNIA

HEALTH CARE

QUALITY REPORT CARDS

(abridged)

Health Care Quality Matters ★ Quality Varies

2012 EDITION ★ WWW.OPA.CA.GOV



The online Health Care Quality Report Cards at opa.ca.gov also include or have links to:

- HMO Report Card
- PPO Report Card
- HMO and PPO Health Plan Programs for support services for medical conditions, wellness programs, personal health records and plan rules to see a doctor
- Medical Group Report Card
- Medi-Cal Report Card
- Healthy Families Program Report Card
- Cal Hospital Compare Report Card
- Long Term Care Report Card
- Medicare Physician Group Report Card
- Department of Managed Health Care's Independent Medical Review and Complaints Data
- How to Use Your Health Plan Guide

The Report Cards were prepared by the Office of the Patient Advocate in conjunction with:

- OPA Methods Advisory Groups
- California Cooperative Healthcare Reporting Initiative
- California Department of Health Care Services
- California Department of Insurance
- Department of Managed Health Care
- Integrated Healthcare Association
- Managed Risk Medical Insurance Board
- National Committee for Quality Assurance
- Pacific Business Group on Health

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▶ To see a full version of the online Health Care Quality Report Cards, visit opa.ca.gov and select the Quality Report Card tab. If you have questions or comments about the 2012 Edition of the Health Care Quality Report Cards, please contact OPA at: contactopa@opa.ca.gov or at: OPA, 980 9th St., Suite 500, Sacramento CA 95814.

Introduction

Thank you for your interest in California's Health Care Quality Report Cards (2012 Edition). For the past 11 years, the Office of the Patient Advocate (OPA) has annually produced the Report Cards to publicly report on the quality of health care in the State. These Report Cards are designed to:

- Help Californians compare the quality of services and care provided by health plans and medical groups.
- Assist the health industry in their efforts to improve the quality of their care and services.

Type of Data

The data cover two critical components of health care quality: "Meeting National Standards of Care" and "Member Ratings Compared to Plans Nationwide." These two areas – good medical care and good member experience – combined are key markers of quality care. Specifically, the Report Cards contain performance results on about 40 clinical care measures and 16 member experience measures for:

- The State's 9 largest commercial Health Maintenance Organizations (HMOs) that cover 10 million Californians (the section with blue tabs),
- The 6 largest commercial Preferred Provider Organizations (PPOs) that serve 6 million Californians (the section with orange tabs), and
- Approximately 200 medical groups (data available online only but see purple tab for general information).

This booklet displays just a portion of the available information on clinical care and member experience ratings. The full data set is available on OPA's website at opa.ca.gov. The online Report Cards are available in English, Spanish and Chinese.

Scoring and Rating Methods

The Report Cards display the results of measures widely used in the health care industry for members enrolled primarily during 2010 but include some results for 2009. These results were analyzed by an independent party. More information about the measures and rating methodology is found on page 77.

Quality Ratings on Meeting National Standards of Care

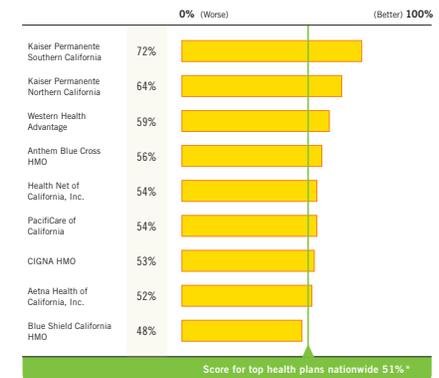
See pages 5-31 for HMO and pages 43-66 for PPO ratings and scores. These charts display how well the health plans performed on recommended clinical care for children and adults. The charts include scores and ratings for treatment for 9 health conditions such as asthma, diabetes and heart disease.

California Plan Members Rate Their Health Plan

The second set of quality care ratings tells how a sample of health plan members rate communication with their doctors, access to care, and other aspects of consumer services. Research shows that good patient experience is related to good care and disease management. As an example, patients with diabetes who report positive experience with their providers also show better self-management of their health and better quality of life. Member rating scores are on pages 32-42 for the HMOs and pages 67-76 for the PPOs.

Green Line Shows Score for Top Health Plans Nationwide

Look for the green vertical line on the clinical care and member rating measure scoring pages to see how California health plans measure up to the best plans across the United States. The green line represents the score for the top ten percent (10%) of health plans in the nation.



Other Resources

Visit the OPA website (opa.ca.gov) for additional quality health care reports. The OPA website also has an interactive feature to allow consumers to compare health programs – like weight loss and quitting smoking – that are offered by different health plans.

HMO Ratings At-a-Glance

Meeting National Standards of Care:

We compared HMO members' records in 2010 to a set of national standards for quality of care.

Members Rate their HMO:

We compared how HMO members rate their care and services 8, 9 or 10 on 0-10 scale during 2010.

Getting Care Easily:

Members rate ease of getting doctor appointments, tests, and treatments during 2009 and 2010.

Plan Service:

Members who contacted their plan rate customer service helpfulness, getting cost information and claims paid correctly during 2009 and 2010.

	★★★★★ EXCELLENT ★★★★ GOOD ★★★ FAIR ★ POOR	MEETING NATIONAL STANDARDS OF CARE	MEMBER RATINGS COMPARED TO PLANS NATIONWIDE		
			Members Rate Their HMO	Getting Care Easily	Plan Service
Aetna Health of California, Inc.		★★	★★★★	★	★★
Anthem Blue Cross—HMO		★★★	★★★★	★	★
Blue Shield of California—HMO		★★★★	★★★★	★★★★	★★
CIGNA HMO		★★★	★★★★	★	★
Health Net of California, Inc.		★★★	★★★★	★★	★
Kaiser Permanente—Northern California		★★★★	★★★★	★★	★
Kaiser Permanente—Southern California		★★★★	★★★★	★★	★★
UnitedHealthcare of California (formaly PacifiCare)		★★★	★★★★	★	★
Western Health Advantage		★★★	★★★★	★★	★★★

Asthma & Other Respiratory Care At-a-Glance

Why is it important?

Top HMOs make sure that adults and children with respiratory problems get the right medications and know when and how to take their medicine. People who have asthma or lung disease can experience increasing difficulty breathing. These attacks are frightening and weaken the body's defenses against the disease. Getting the right medications can relieve these attacks and prevent a repeat of them. And, plans and their doctors should make sure that people don't get medicines that don't work – like antibiotics for short-term bronchial infections.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★★ Poor	Asthma & Other Respiratory Care We compared HMO members' records in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★	
Anthem Blue Cross - HMO	★★★	
Blue Shield of California - HMO	★★★	
CIGNA HMO	★★★	
Health Net of California, Inc.	★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★	
Western Health Advantage	★★★★	

ASTHMA & OTHER RESPIRATORY CARE

Asthma Medicine for Adults/Adolescents

What Was Measured?

What percentage of adults and 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 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.

		0% (Worse)	(Better) 100%
<i>Look for differences of at least 4%. Smaller differences usually are not significant.</i>			
Asthma Medicine for Adults/Adolescents We compared HMO members' records in 2010 to a set of national standards for quality of care.			
Kaiser Permanente - Southern California	97%		
Kaiser Permanente - Northern California	94%		
Western Health Advantage	92%		
Blue Shield of California - HMO	92%		
Health Net of California, Inc.	92%		
Aetna Health of California, Inc.	91%		
Anthem Blue Cross - HMO	91%		
CIGNA HMO	91%		
UnitedHealthcare of California (formerly PacifiCare)	88%		

Score for top health plans nationwide 95% *

* See page 4 for more information about the green line.

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 HMO patient administrative records.

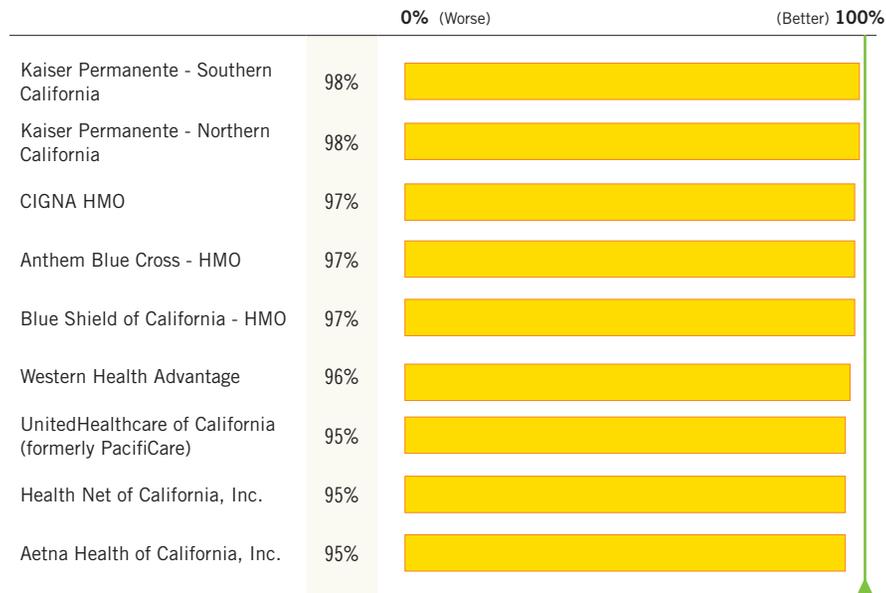
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 99% *

Testing Lung Disease

What Was Measured?

What percentage of adults in the HMO, age 40 or older, who were newly diagnosed with lung disease got a spirometry test to see how well their lungs take in and release air?

These results are based on HMO patient administrative records.

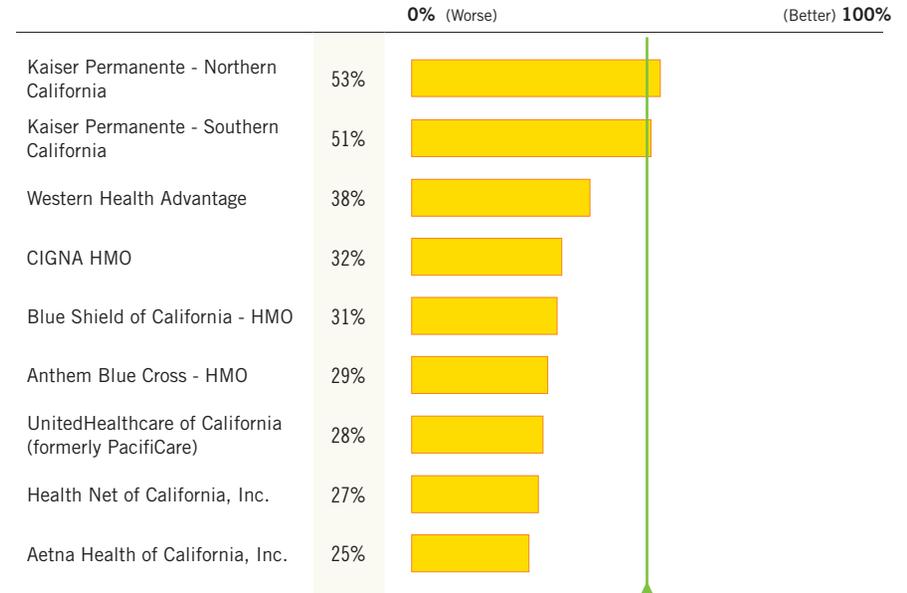
Why Is It Important?

People who have lung disease typically experience increasing difficulty breathing and sudden shortness of breath. These attacks are frightening and weaken the body's defenses against the disease. The spirometry test is used to determine the type of disease and to check how well the patient's treatment is working.

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

Testing Lung Disease

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 50% *

* See page 4 for more information about the green line.

ASTHMA & OTHER RESPIRATORY CARE

Treating Lung Disease

What Was Measured?

What percentage of adults in the HMO who have lung disease got the right medicine — called a bronchodilator — when their difficulty breathing worsened and resulted in an emergency visit or hospital stay?

These results are based on HMO patient administrative records.

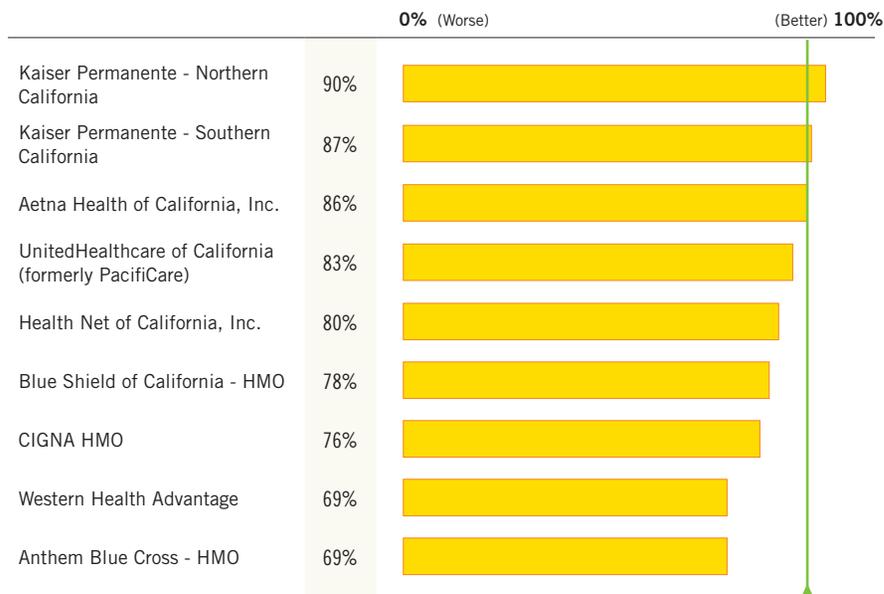
Why Is It Important?

People who have lung disease typically experience increasing difficulty breathing; a sudden shortness of breath may result from a virus, pollution or even cold weather. These attacks are frightening and weaken the body's defenses against the disease. Getting the right medications can relieve these attacks and prevent a repeat of them.

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

Treating Lung Disease

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 86% *

ASTHMA & OTHER RESPIRATORY CARE

Treating Bronchitis: Getting the Right Care

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?

These results are based on HMO patient administrative records.

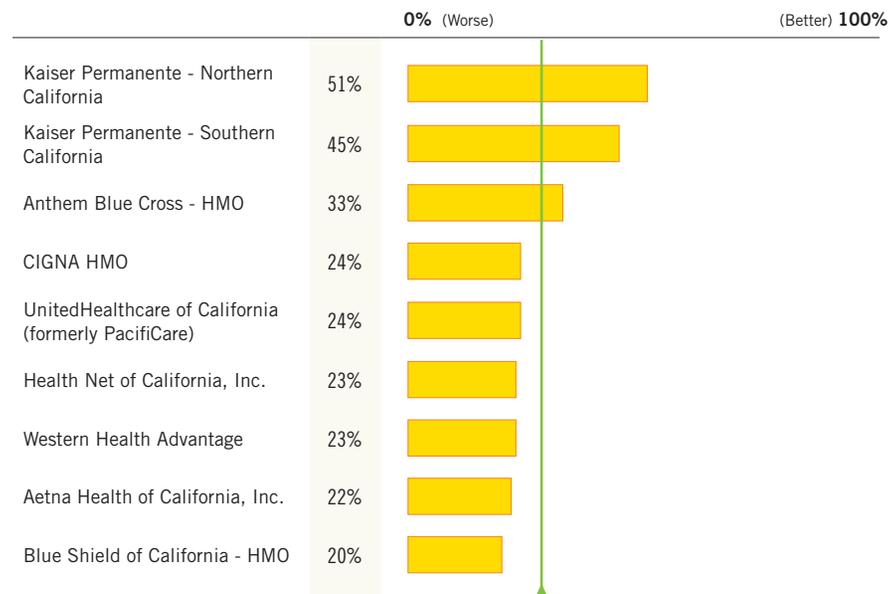
Why Is It Important?

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: Getting the Right Care

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 28% *

* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★★★	
Anthem Blue Cross - HMO	★★★★★	
Blue Shield of California - HMO	★★★★★	
CIGNA HMO	★★★★★	
Health Net of California, Inc.	★★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★★	
Western Health Advantage	★★★★★	

CHECKING FOR CANCER

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 HMO patient administrative records.

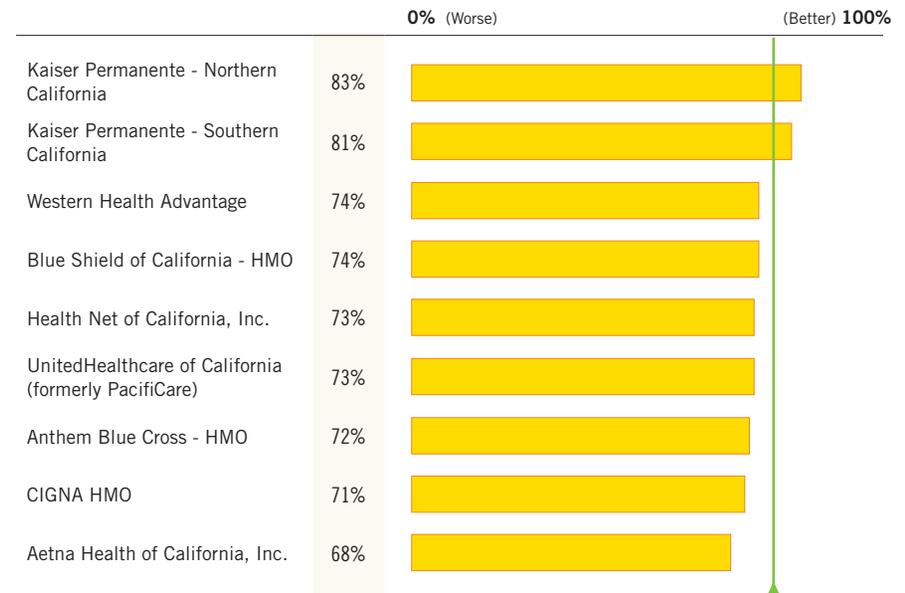
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 77% *

* See page 4 for more information about the green line.

CHECKING FOR CANCER

Cervical Cancer Screening

What Was Measured?

What percentage of women in the HMO, ages 24-64, had a Pap Test to detect cervical cancer during the past three years?

These results are based on HMO patient administrative records.

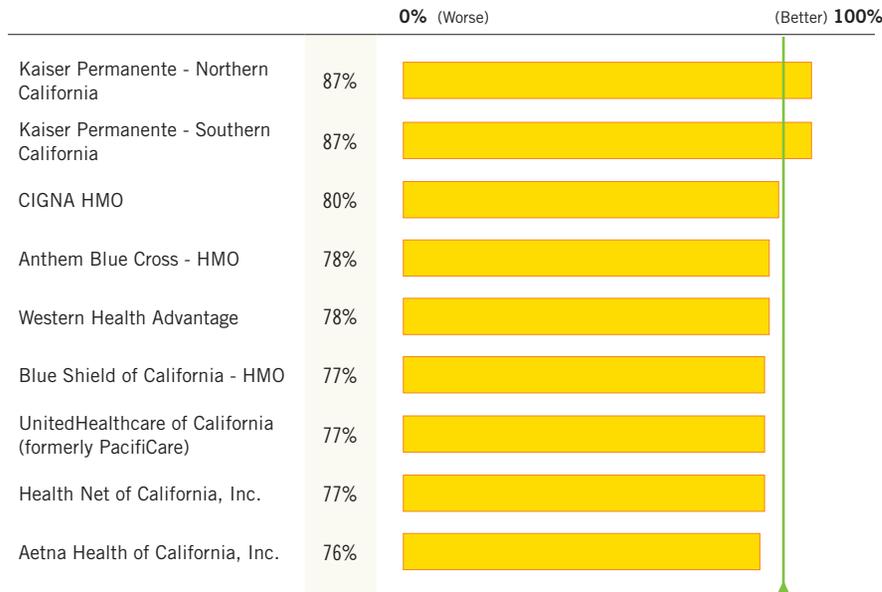
Why Is It Important?

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 “Pap Test” is the best way to find cervical cancer early. Good care means that you have a Pap Test as often as it is recommended for women of different ages.

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

Cervical Cancer Screening

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 81% *

CHECKING FOR CANCER

Colorectal Cancer Screening

What Was Measured?

What percentage of HMO members, ages 51-75, 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 HMO patient administrative records.

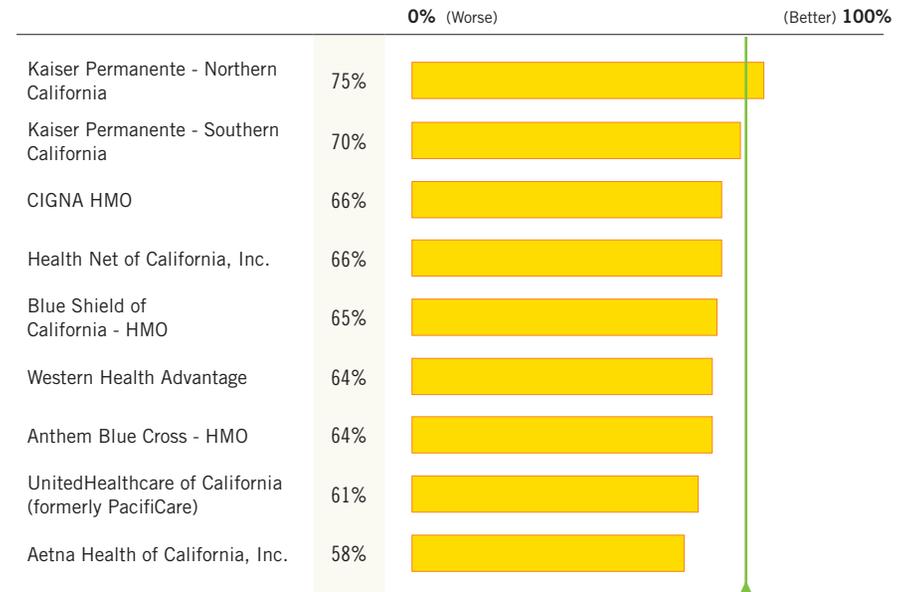
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 71% *

* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★★★	
Anthem Blue Cross - HMO	★★★★★	
Blue Shield of California - HMO	★★★★★	
CIGNA HMO	★★★★★	
Health Net of California, Inc.	★★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★★	
Western Health Advantage	★★★★★	

CHLAMYDIA SCREENING

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 HMO patient administrative records.

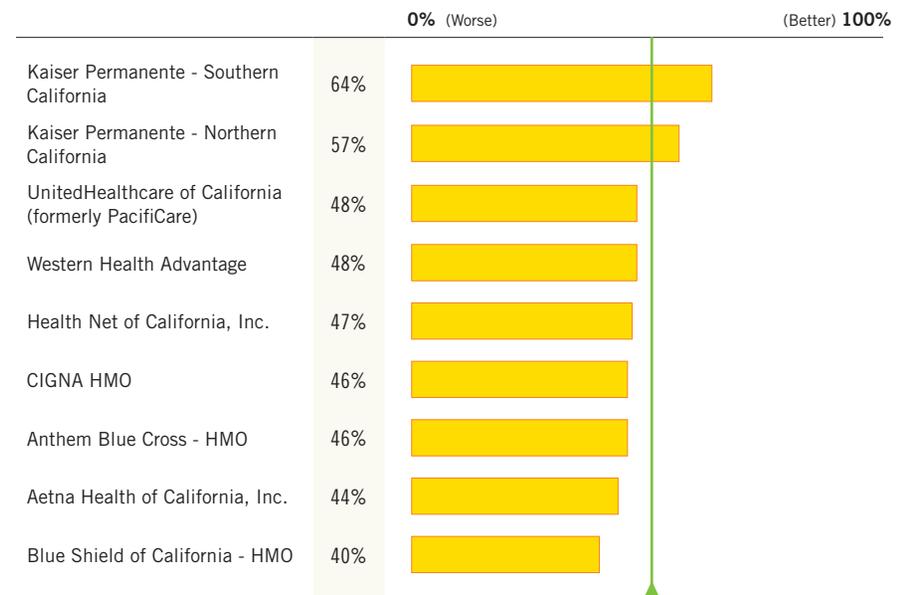
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 51% *

* See page 4 for more information about the green line.

CHLAMYDIA SCREENING

Chlamydia Screening Age 21-24

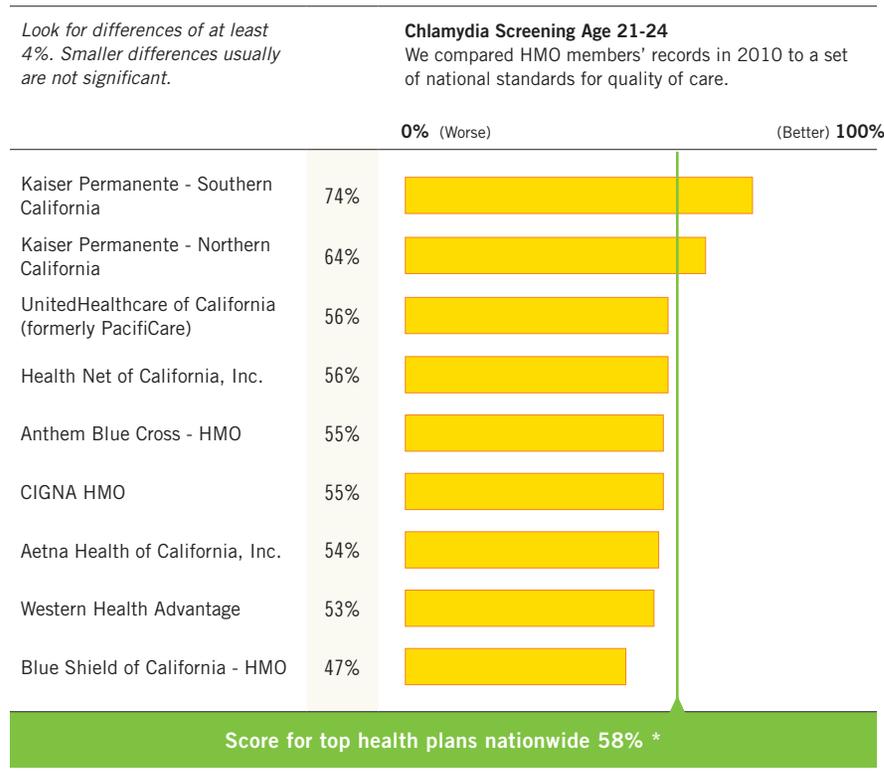
What Was Measured?

What percentage of women in the HMO, who are ages 21-24 and sexually active, were tested for Chlamydia?

These results are based on 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.



* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★★	
Anthem Blue Cross - HMO	★★★★	
Blue Shield of California - HMO	★★★★	
CIGNA HMO	★★★★	
Health Net of California, Inc.	★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★	
Western Health Advantage	★★★★	

DIABETES CARE

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 HMO patient administrative records.

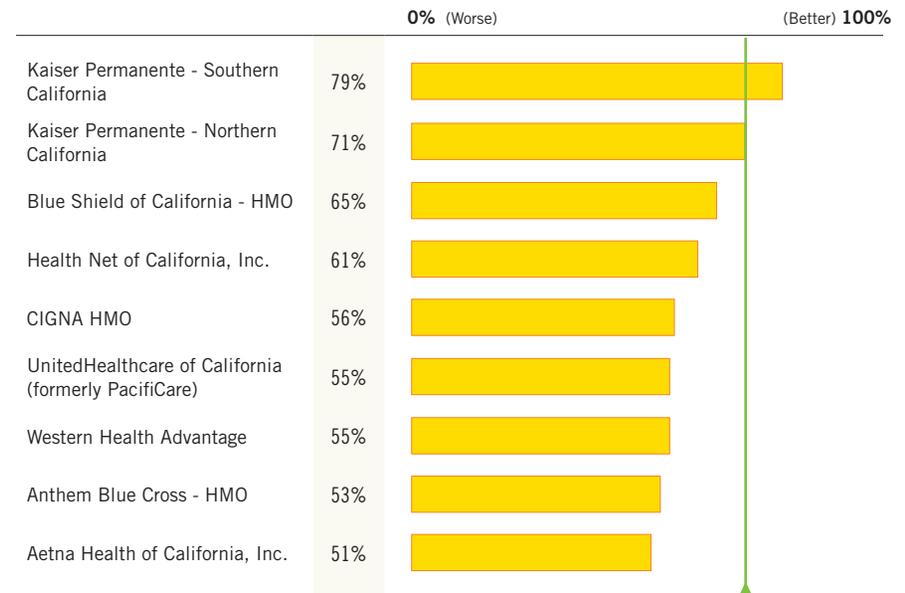
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 71% *

* See page 4 for more information about the green line.

DIABETES CARE

Testing Blood Sugar for Diabetes Patients

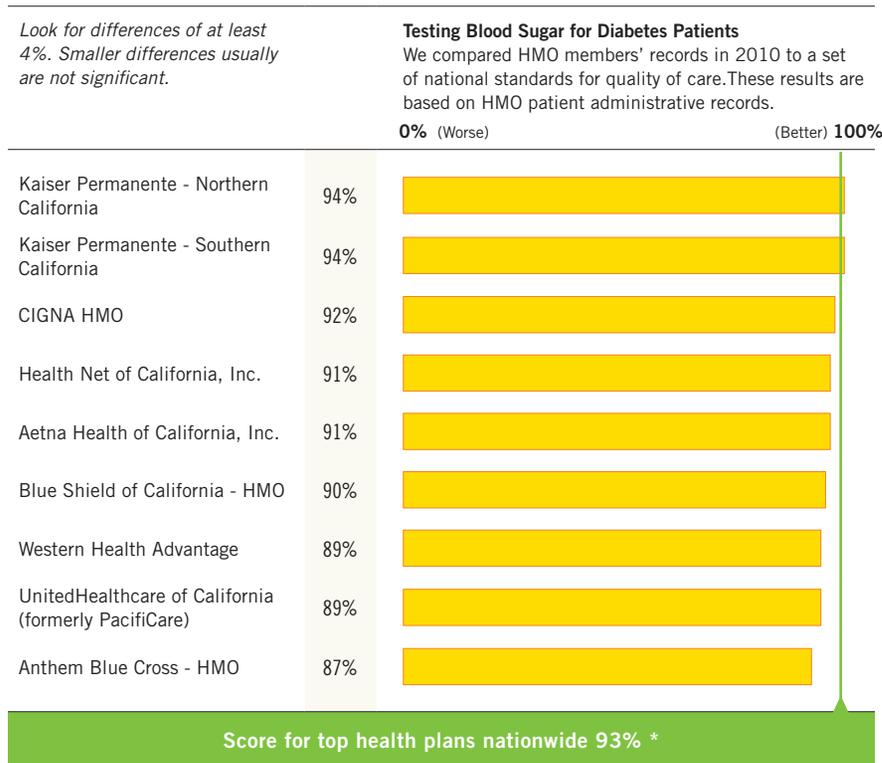
What Was Measured?

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

These results are based on HMO patient administrative 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.



DIABETES CARE

Controlling Blood Sugar for Diabetes Patients

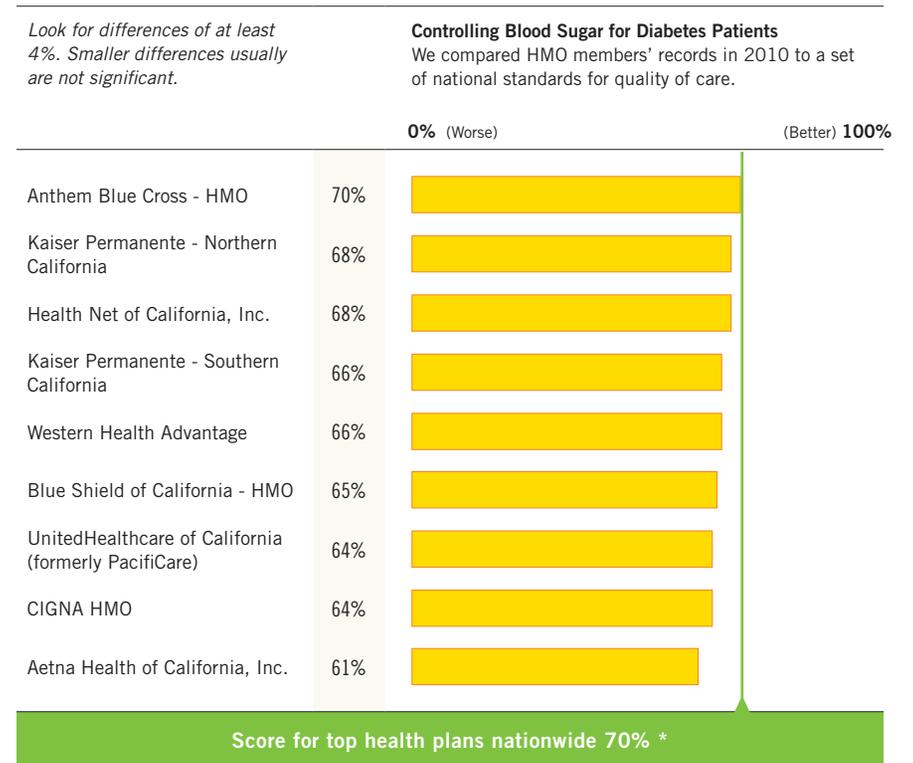
What Was Measured?

What percentage of HMO members with diabetes had well-controlled blood sugar levels — hemoglobin A1c level of less than 8?

These results are based on HMO patient administrative 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.



* See page 4 for more information about the green line.

Testing Cholesterol for Diabetes Patients

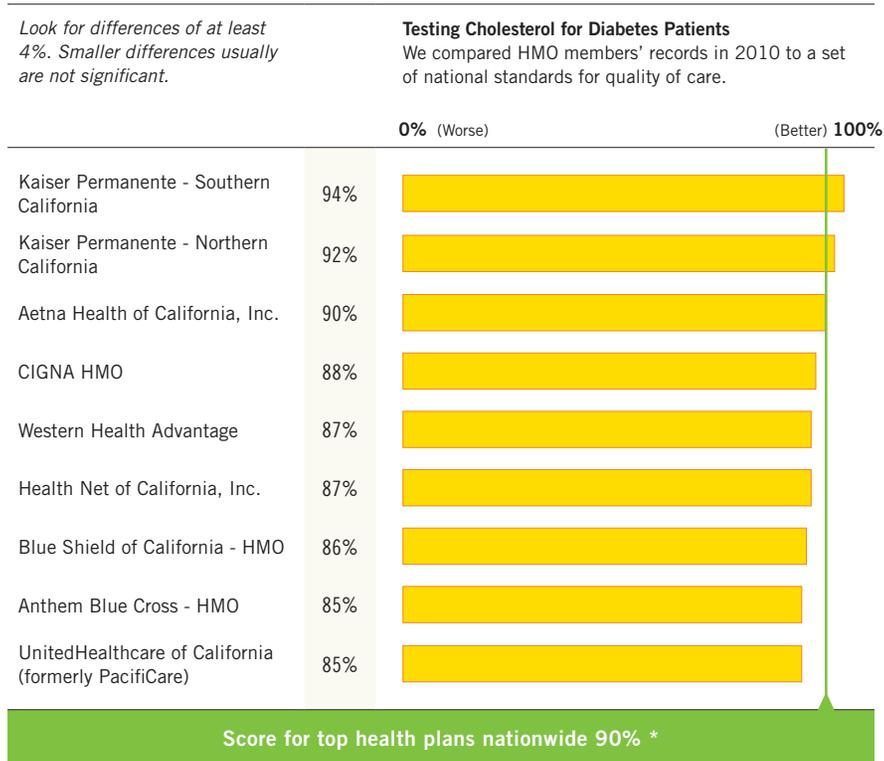
What Was Measured?

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

These results are based on HMO patient administrative 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 is an important part of good diabetes care.



Controlling Cholesterol for Diabetes Patients

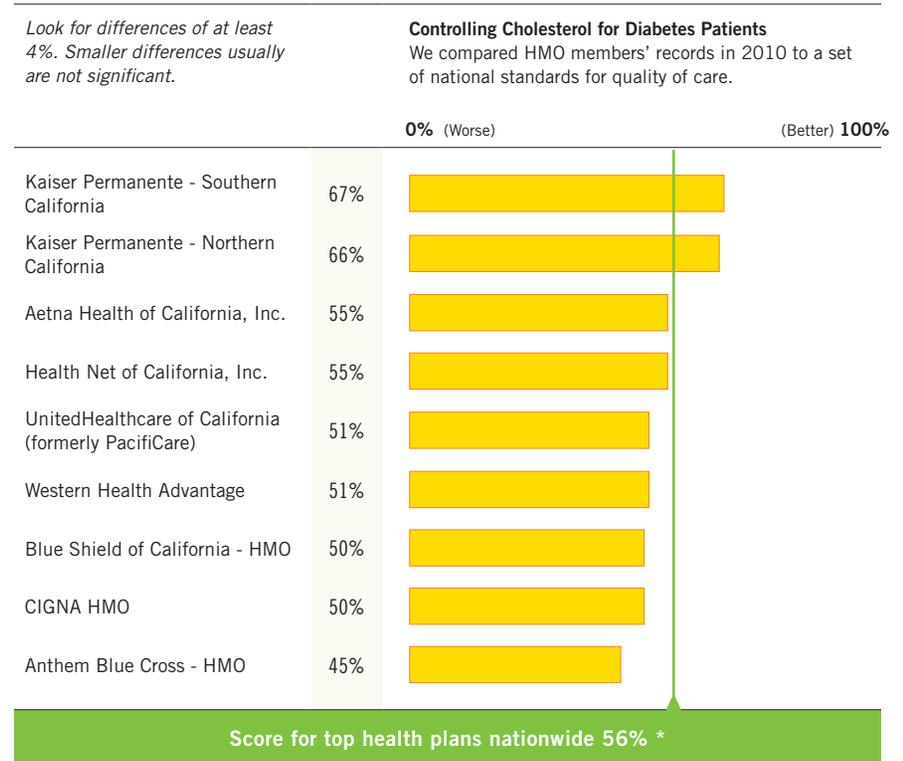
What Was Measured?

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

These results are based on HMO patient administrative 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.



* See page 4 for more information about the green line.

DIABETES 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 HMO patient administrative records.

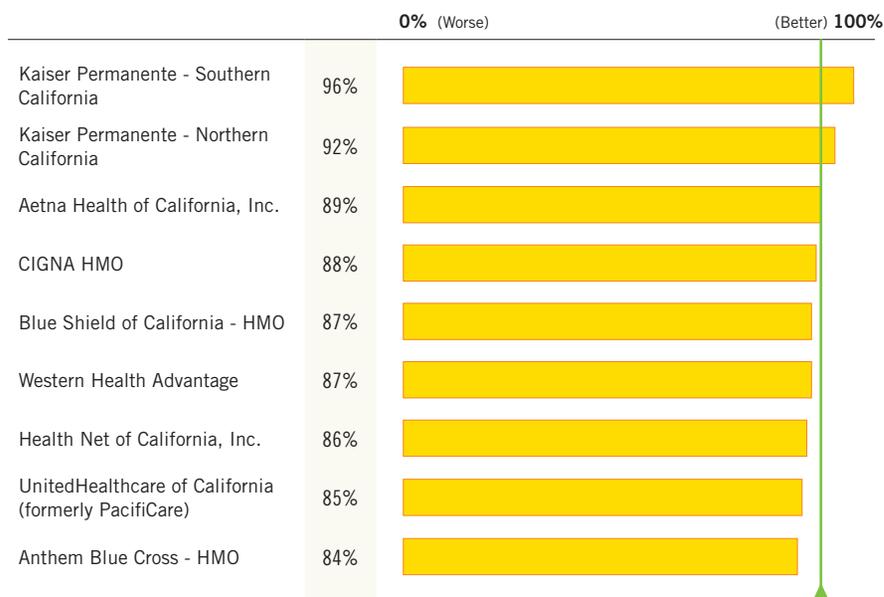
Why Is It Important?

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.

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

Testing Kidney Function for Diabetes Patients

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 89% *

DIABETES CARE

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 HMO patient administrative records.

Why Is It Important?

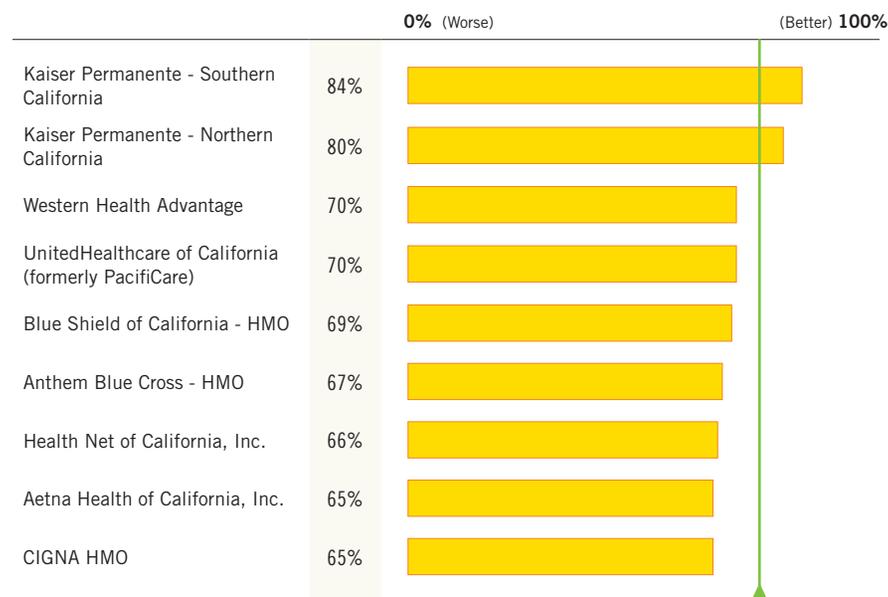
High blood pressure can lead to heart disease, stroke and kidney damage. Having diabetes puts you at higher risk of high blood pressure because diabetes can spur hardening of the arteries.

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.

Controlling Blood Pressure For Diabetes Patients

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 75% *

* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★	
Anthem Blue Cross - HMO	★★★★	
Blue Shield of California - HMO	★★★★	
CIGNA HMO	★★★★	
Health Net of California, Inc.	★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★	
Western Health Advantage	★★★★	

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 HMO patient administrative records.

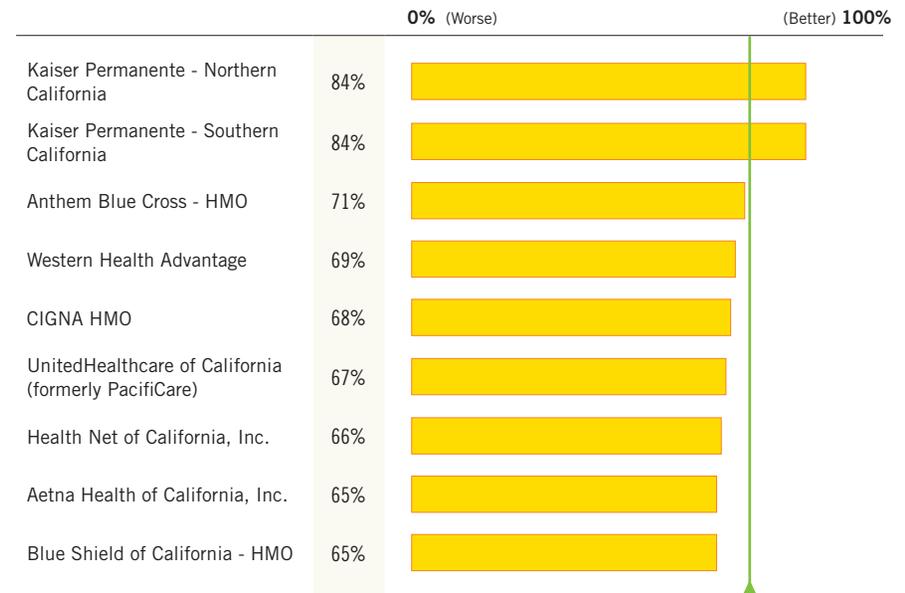
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 72% *

* See page 4 for more information about the green line.

HEART CARE

Testing Cholesterol

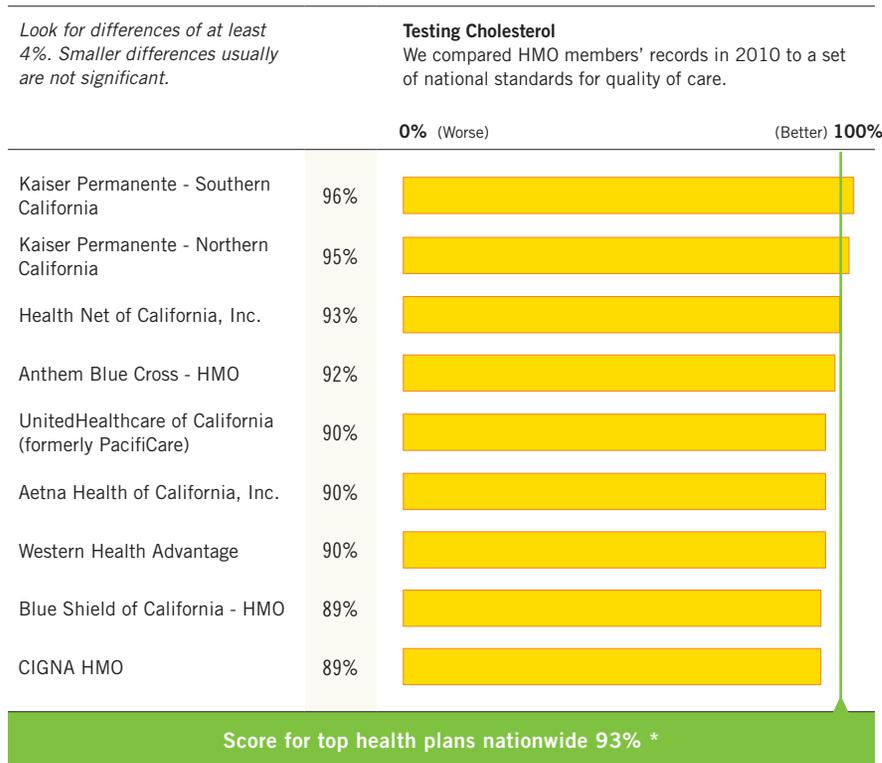
What Was Measured?

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

These results are based on HMO patient administrative records.

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.



HEART CARE

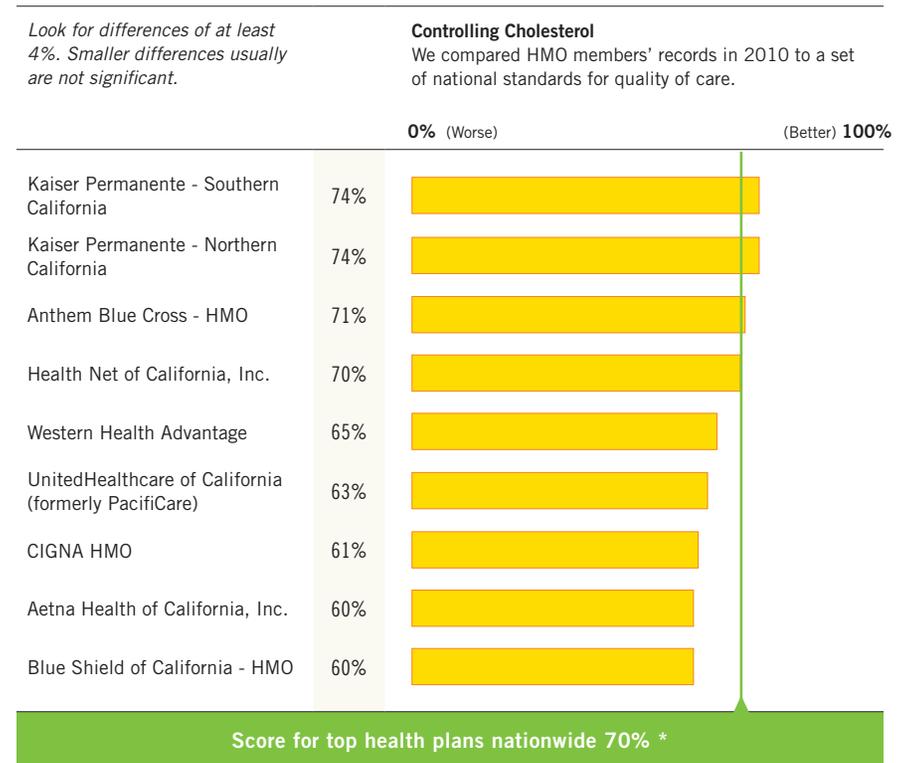
Controlling Cholesterol

What Was Measured?

What percentage of HMO members had an LDL cholesterol level of less than 100 indicating good control for people with heart disease or for those who have had a heart attack or heart surgery?

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.



* See page 4 for more information about the green line.

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?

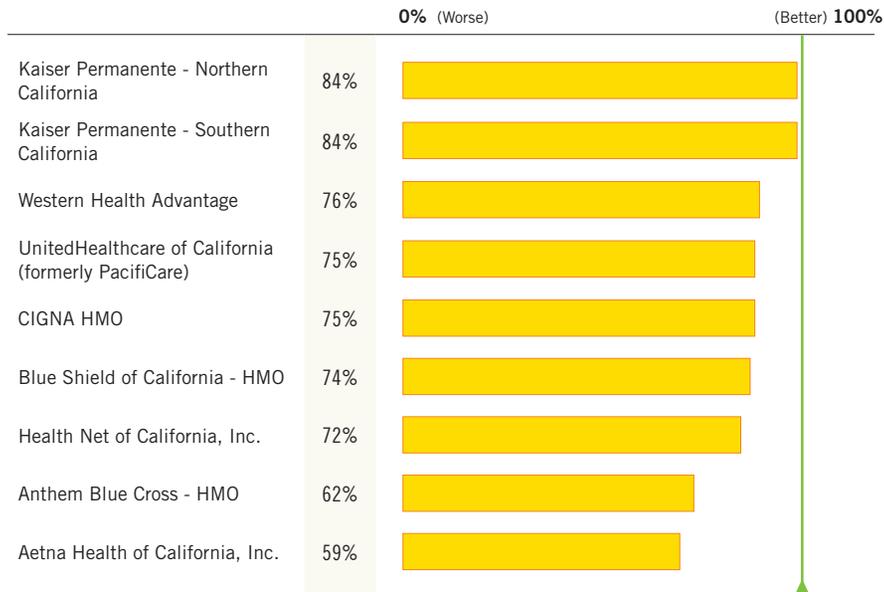
These results are based on HMO patient administrative records.

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 85% *

Aspirin Use Counseling

What Was Measured?

What percentage of women, ages 55-79, and men, ages 45-79, in the HMO, who have cardiovascular risks, had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care.

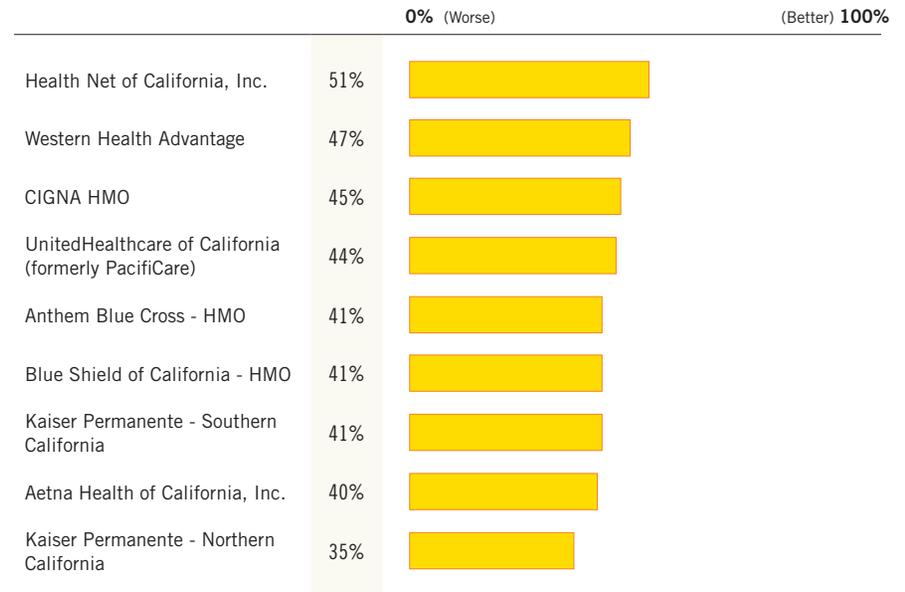
These results are based on a survey of a sample of HMO members.

Why Is It Important?

Aspirin use is an easy and low cost way to help avoid two of the deadliest conditions – heart attacks and strokes. The doctor should talk with patients who have heart problems about the benefits of using aspirin and also about the possible harm as regular aspirin use can have side effects like internal bleeding.

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

Aspirin Use Counseling
We compared HMO members' records in 2010 to a set of national standards for quality of care.



No nationwide results are available for this measure.

* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★	
Anthem Blue Cross - HMO	★★★★	
Blue Shield of California - HMO	★★★★	
CIGNA HMO	★★★★	
Health Net of California, Inc.	★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★	
Western Health Advantage	★★★★	

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.

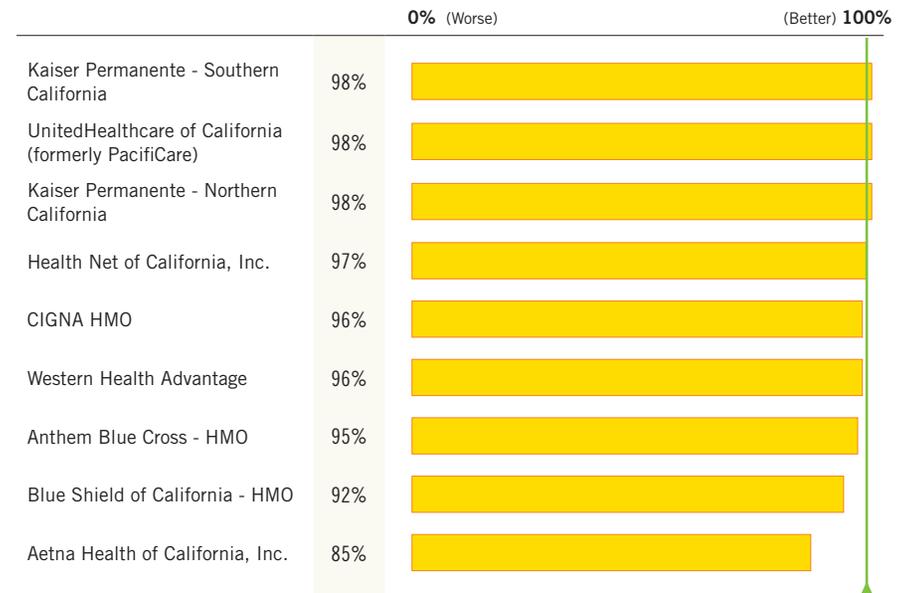
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 97% *

Visits After Giving Birth

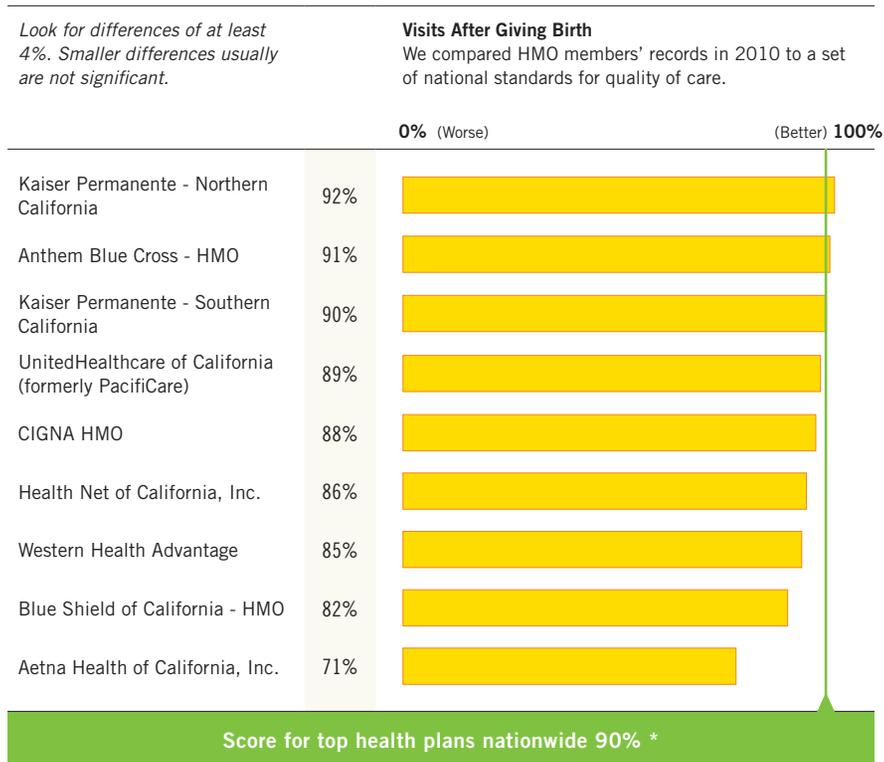
What Was Measured?

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.



* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★★★★	
Anthem Blue Cross - HMO	★★★	
Blue Shield of California - HMO	★★★★★	
CIGNA HMO	★★★★★	
Health Net of California, Inc.	★★★★★	
Kaiser Permanente - Northern California	★★★★★	
Kaiser Permanente - Southern California	★★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★★★★	
Western Health Advantage	★★★★★	

MENTAL HEALTH CARE

Alcohol & Drug Dependence Treatment

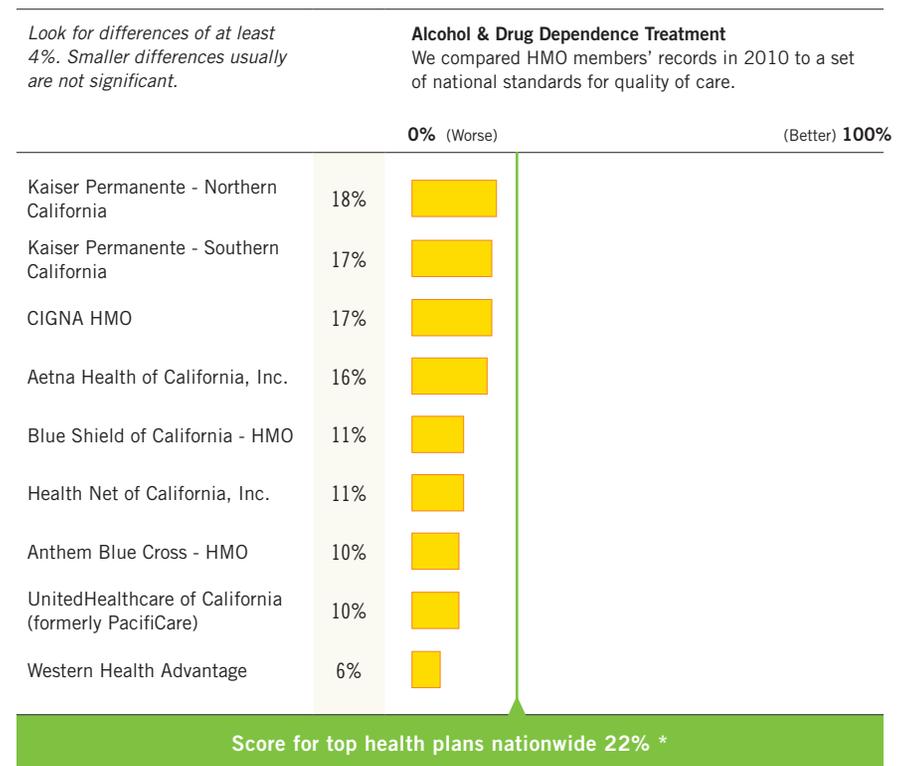
What Was Measured?

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 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.



* See page 4 for more information about the green line.

Anti-depressant Medication— Ongoing Treatment

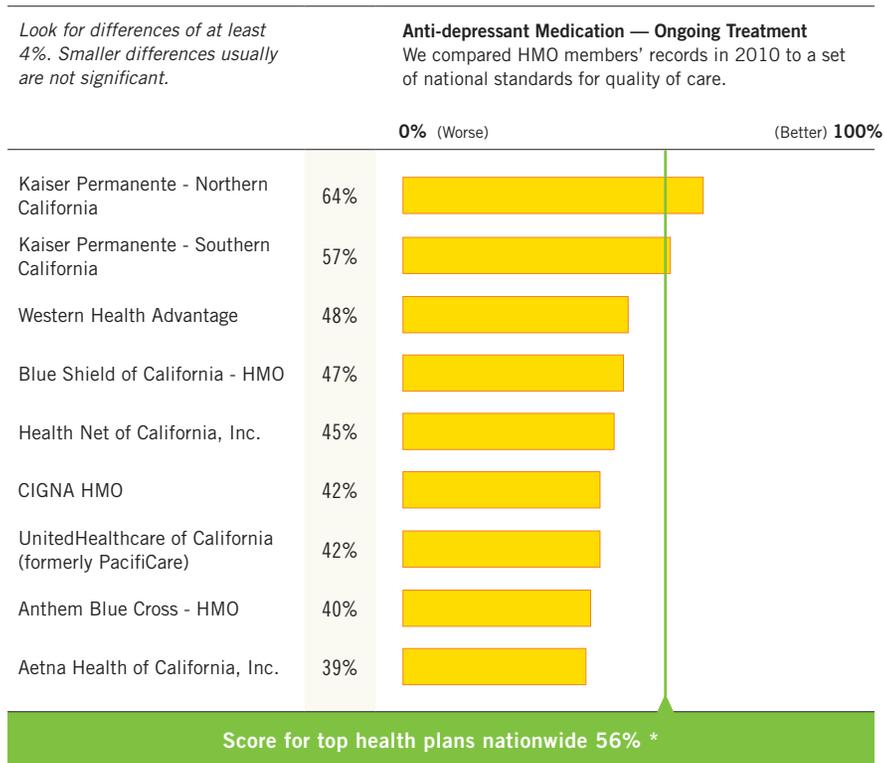
What Was Measured?

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 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.



Follow-up Visit After Mental Illness Hospital Stay

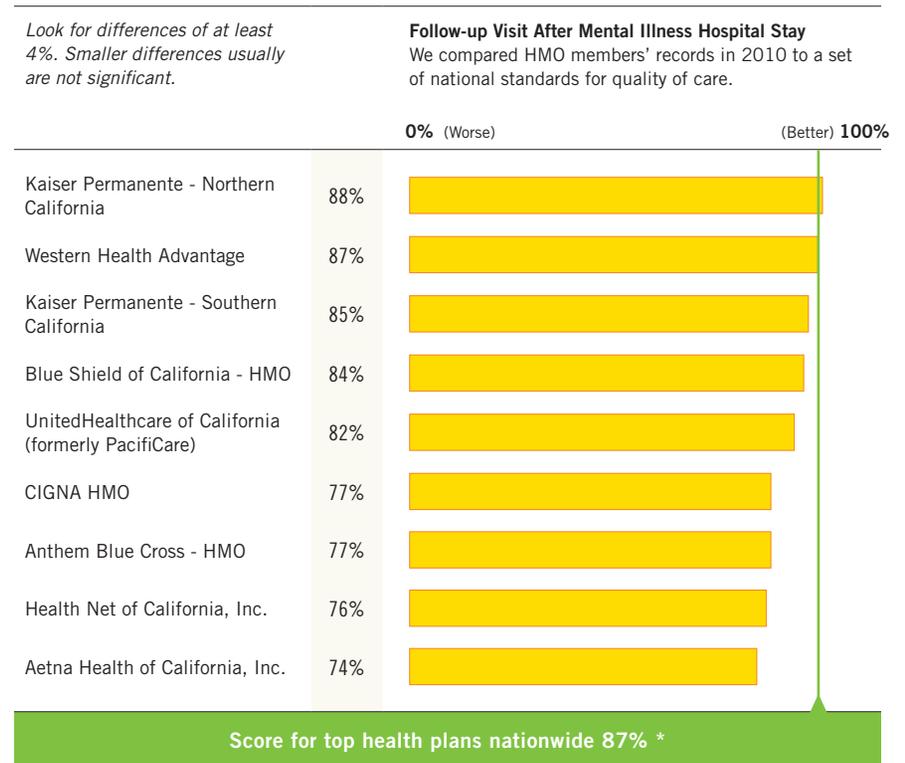
What Was Measured?

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 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.



* See page 4 for more information about the green line.

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 in 2010 to a set of national standards for quality of care.
Aetna Health of California, Inc.	★★	
Anthem Blue Cross - HMO	★★	
Blue Shield of California - HMO	★★	
CIGNA HMO	★★	
Health Net of California, Inc.	★★	
Kaiser Permanente - Northern California	★★★★	
Kaiser Permanente - Southern California	★★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★	
Western Health Advantage	★★★	

TREATING ADULTS: GETTING THE RIGHT CARE

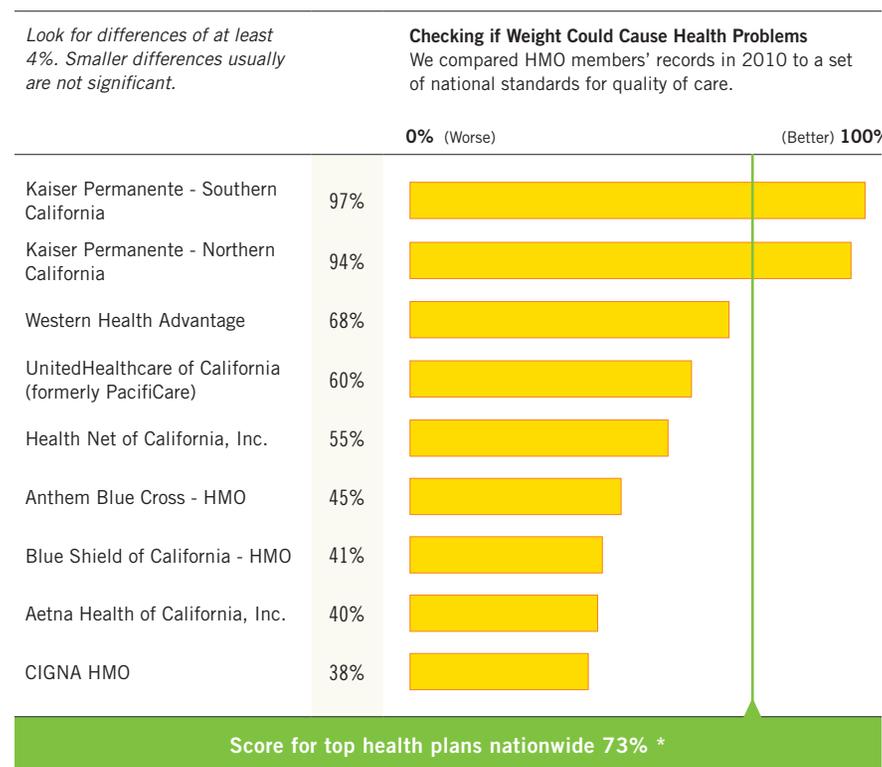
Checking if Weight Could Cause Health Problems

What Was Measured?

What percentage of adults in the HMO, ages 18 to 74, had their body mass index (BMI) checked using their height and weight, when they had a doctor visit during the past year?

Why Is It Important?

Two of every three adults is overweight in the U.S. Obesity is the most common lifelong health problem—it can lead to many physical and social problems including depression, eating disorders, diabetes, heart disease and early death. Being overweight or obese is preventable and can be treated. A BMI is a first step in checking body fat and can be used as a starting point to help with food choices and eating and physical activity habits.



* See page 4 for more information about the green line.

Flu Shots for Adults

What Was Measured?

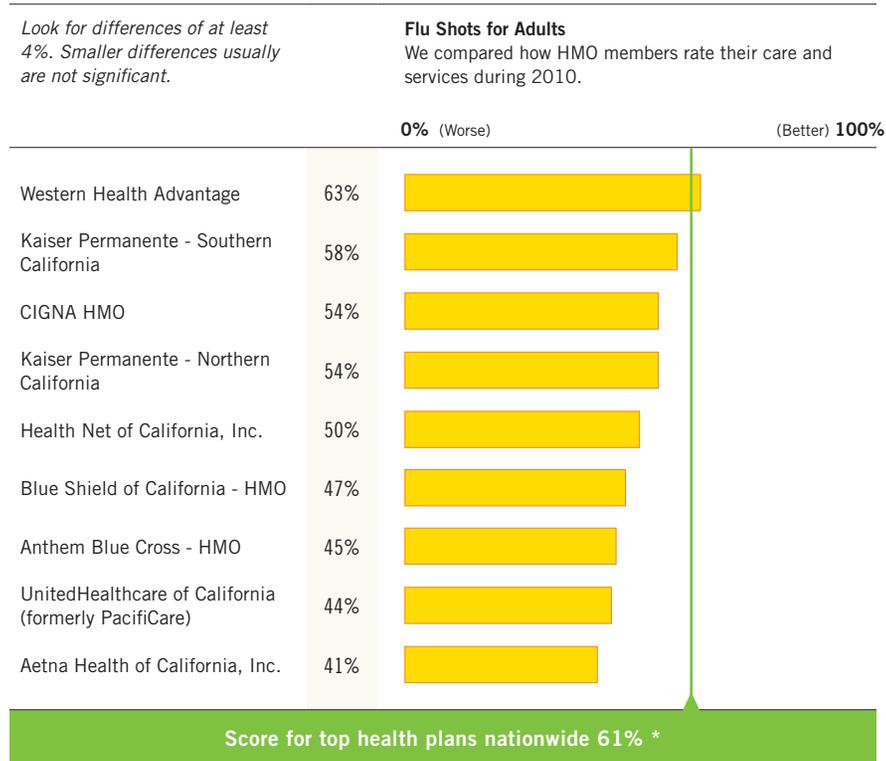
What percentage of medical group members, age 50-64, received a flu shot during the most recent flu season?

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

Why Is It Important?

Flu shots, also called vaccines or immunizations, are the best way to reduce the chances of getting the flu for most people.

The Centers for Disease Control recommends that people at higher risk for the flu, including adults age 50 and older, should get a shot each flu season. Though in many cases, the fever, headache and fatigue from a flu ends within a week, a flu can lead to serious health problems including pneumonia; ear, nose and throat infections or a worsening of an existing medical condition.



Treating Arthritis With Medications

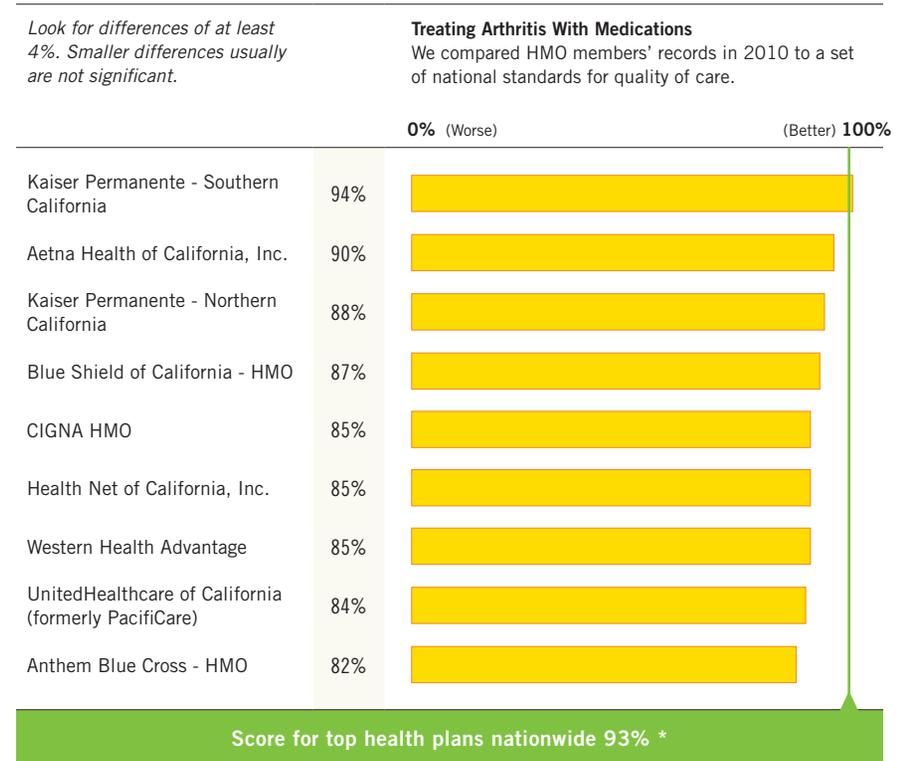
What Was Measured?

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

These results are based on HMO patient administrative records.

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.



* See page 4 for more information about the green line.

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?

These results are based on HMO patient administrative records.

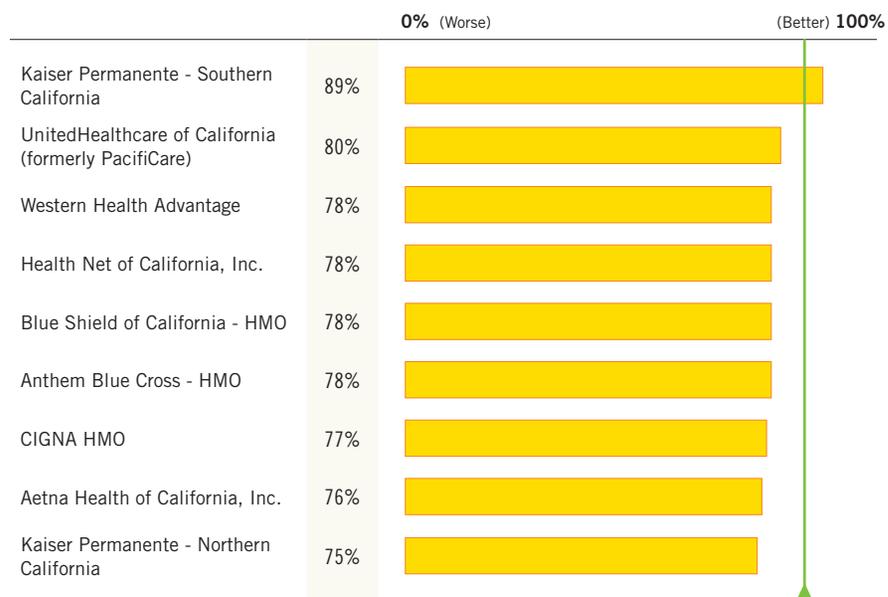
Why Is It Important?

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 in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 85% *

* See page 4 for more information about the green line.

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. Children's weight is regularly checked as part of healthy eating and nutrition care. And, when a child or adolescent is ill, doctors prescribe the right medications and check-up on children who are on long-term prescriptions.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★★ Poor
Treating Children: Getting the Right Care We compared HMO members' records in 2010 to a set of national standards for quality of care.	
Aetna Health of California, Inc.	★★★
Anthem Blue Cross - HMO	★★★
Blue Shield of California - HMO	★★★
CIGNA HMO	★★★
Health Net of California, Inc.	★★★
Kaiser Permanente - Northern California	★★★★
Kaiser Permanente - Southern California	★★★★★
UnitedHealthcare of California (formerly PacifiCare)	★★★
Western Health Advantage	★★★

TREATING CHILDREN: GETTING THE RIGHT CARE

Child Immunizations

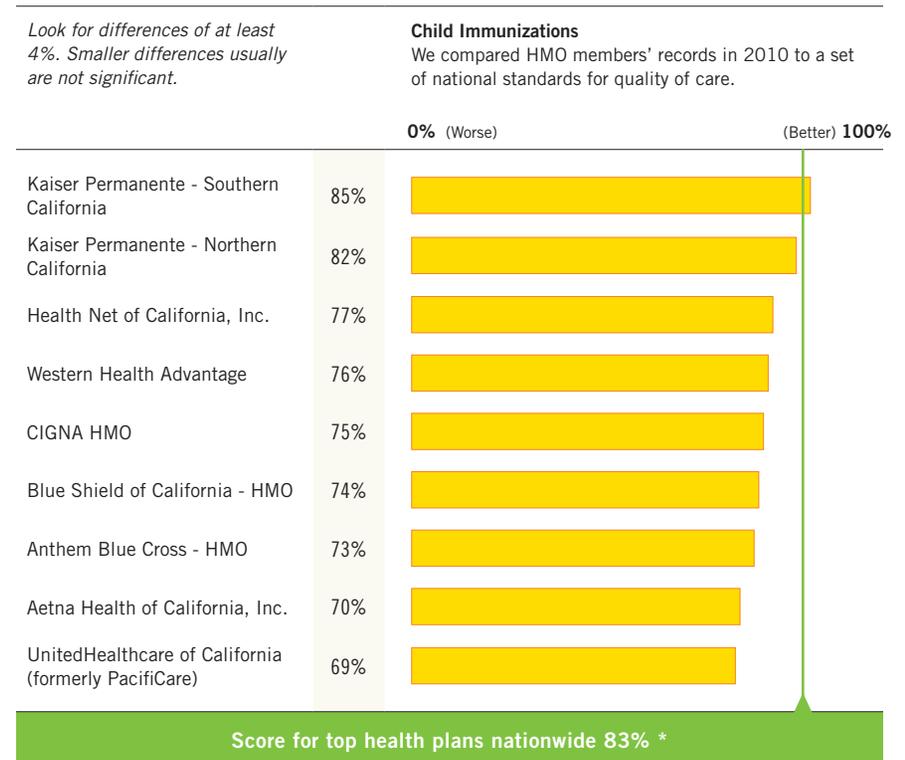
What Was Measured?

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

These results are based on HMO patient administrative records.

Why Is It Important?

Shots, also called vaccines or immunizations, are an easy and proven way to protect your children from serious illness. Without the recommended series of 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.



* See page 4 for more information about the green line.

TREATING CHILDREN: GETTING THE RIGHT CARE

Immunizations for Early Teens

What Was Measured?

What percentage of adolescents in the health plan who received, by age 13, a vaccine for meningitis, tetanus, diphtheria, which is an upper respiratory infection, and pertussis (whooping cough)?

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

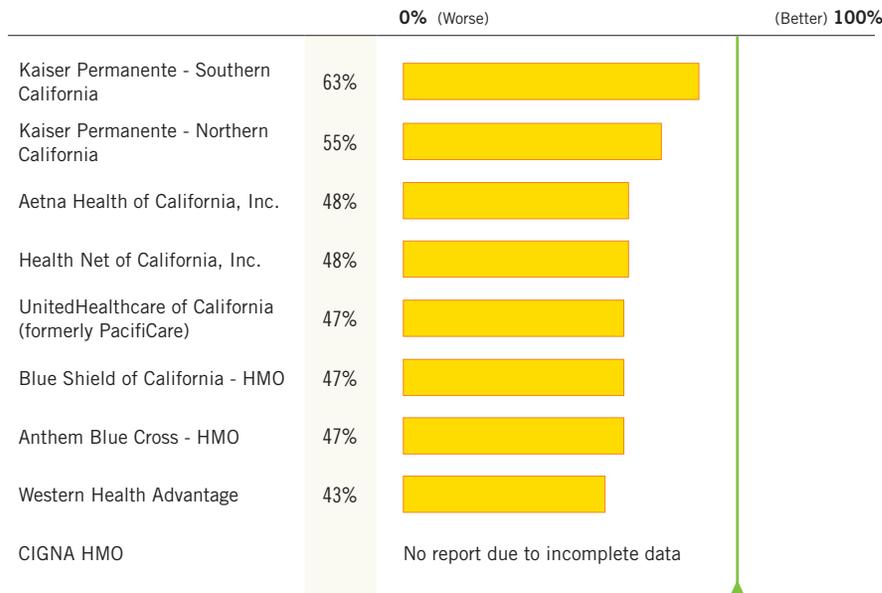
Why Is It Important?

Shots, also called vaccines or immunizations, are an easy and proven way to protect your children from serious illness. Without the recommended series of shots, children can die from diseases like tetanus 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.

Immunizations for Early Teens

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 71% *

TREATING CHILDREN: GETTING THE RIGHT CARE

Checking If Children's Weight Could Cause Health Problems

What Was Measured?

What percentage of children in the HMO, ages 3 to 11, had their body mass index (BMI) checked using their height and weight, when they had a visit with their regular doctor during the past year?

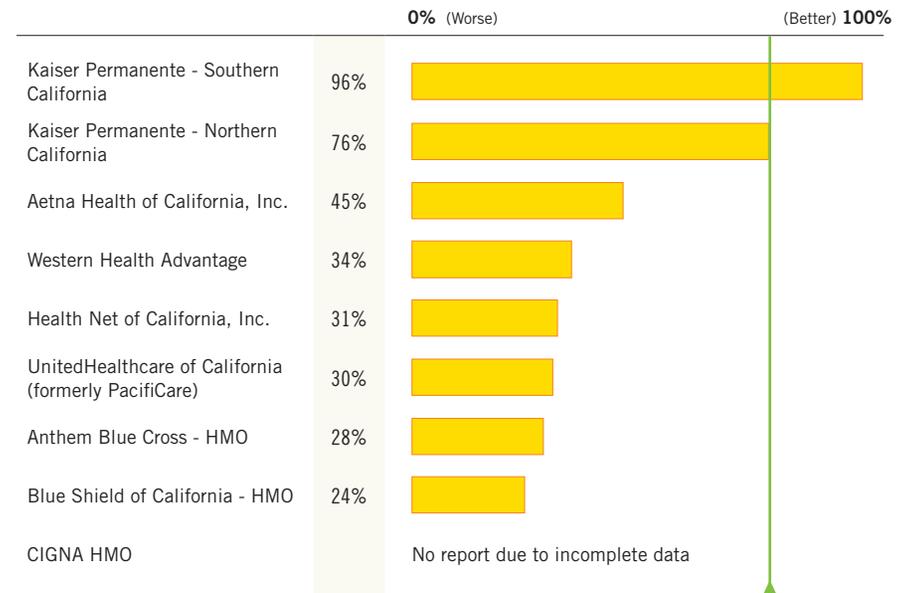
Why Is It Important?

One in five children is overweight in the U.S. – and the heaviest children are getting heavier. It is the most common childhood health problem and can lead to many lifelong physical and social problems including depression, eating disorders, diabetes, heart disease and early death. Being overweight or obese is preventable. A BMI is a first step in checking body fat and can be used as a starting point to help children and parents with food choices and eating and physical activity habits.

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

Checking If Children's Weight Could Cause Health Problems

We compared HMO members' records in 2010 to a set of national standards for quality of care.



Score for top health plans nationwide 76% *

* See page 4 for more information about the green line.

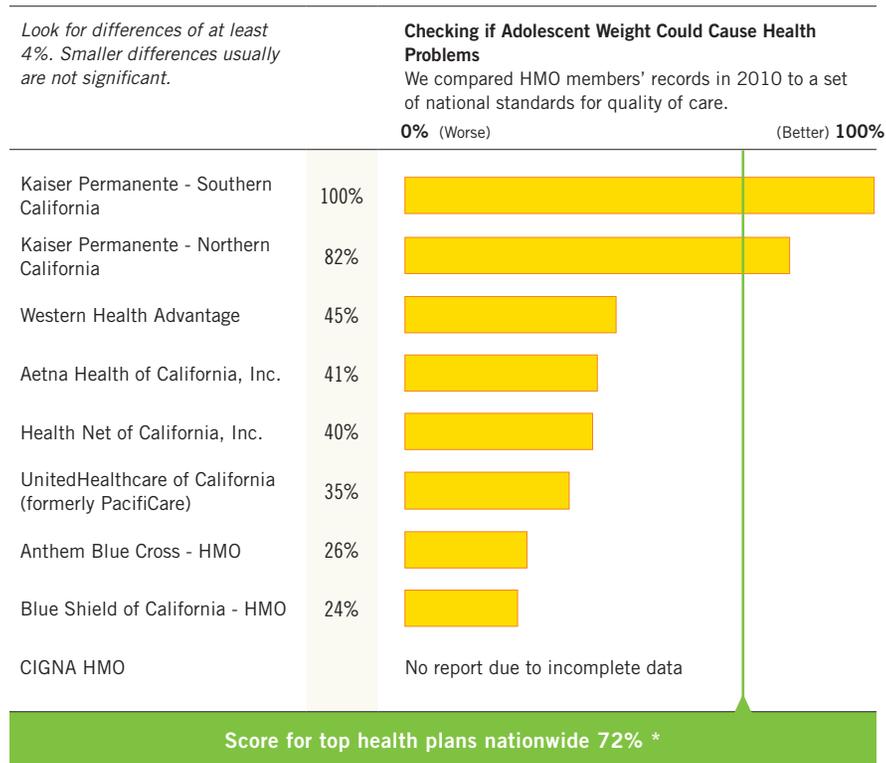
Checking if Adolescent Weight Could Cause Health Problems

What Was Measured?

What percentage of adolescents in the HMO, ages 12 to 17, had their body mass index (BMI) checked using their height and weight, when they had a visit with their regular doctor during the past year?

Why Is It Important?

One in five children is overweight in the U.S. – and the heaviest children are getting heavier. It is the most common childhood health problem and can lead to many lifelong physical and social problems including depression, eating disorders, diabetes, heart disease and early death. Being overweight or obese is preventable. A BMI is a first step in checking body fat and can be used as a starting point to help children and parents with food choices and eating and physical activity habits.



Treating Children with Throat Infections

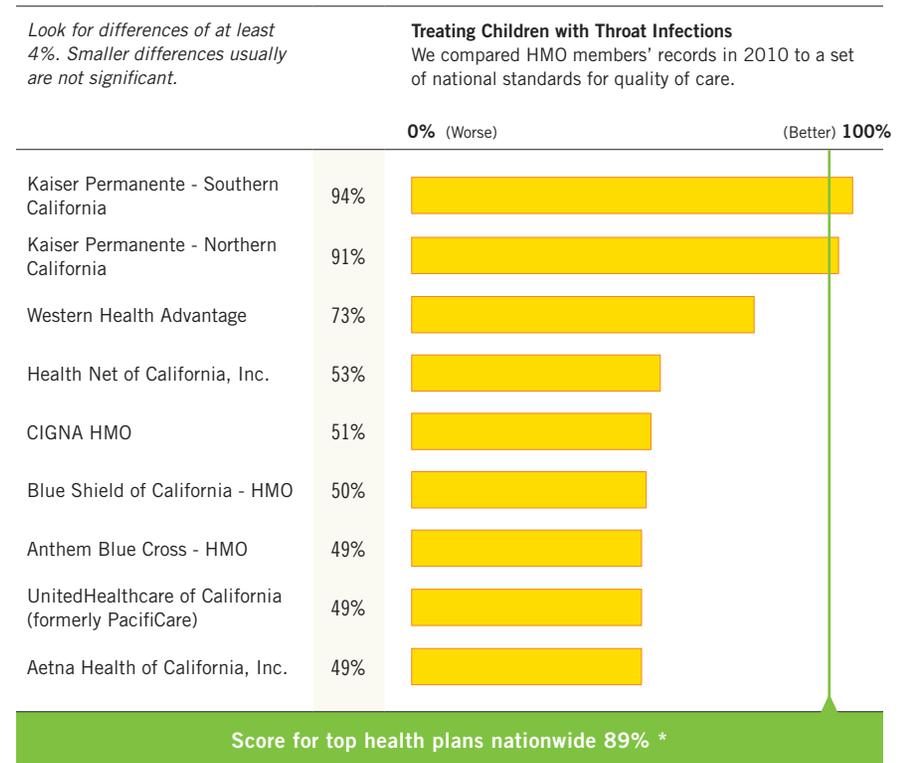
What Was Measured?

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 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.



* See page 4 for more information about the green line.

Treating Children with Upper Respiratory Infections

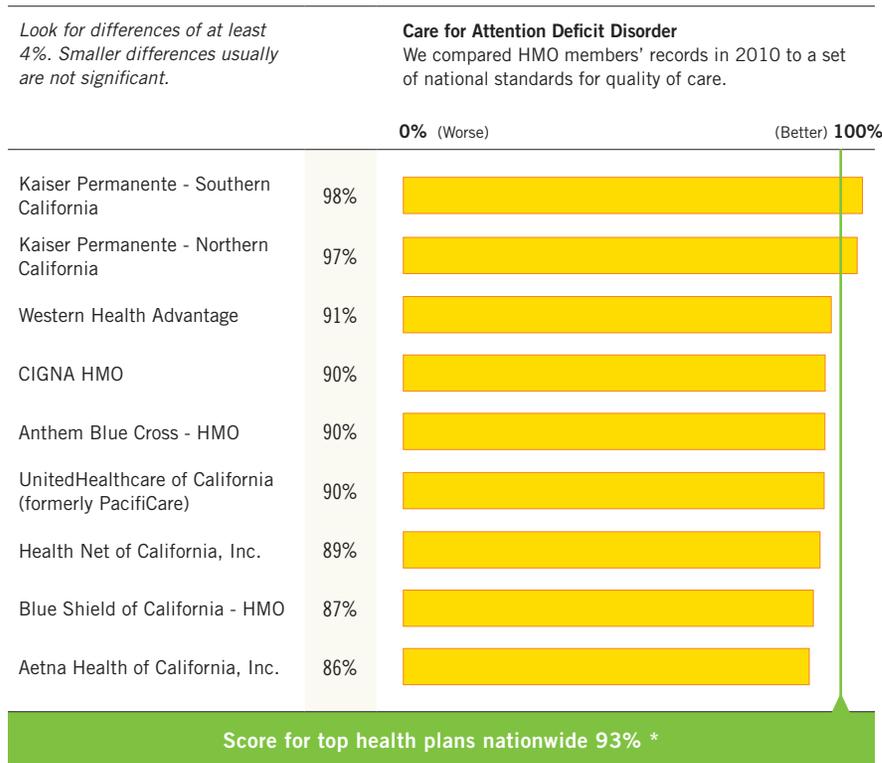
What Was Measured?

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 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.



Care for Attention Deficit Disorder

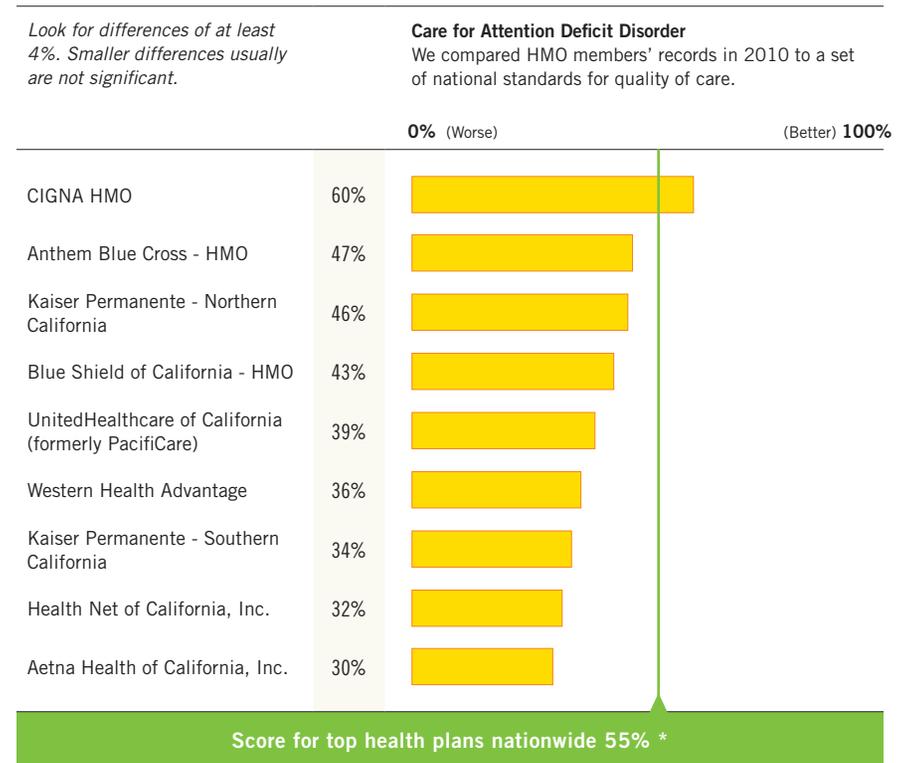
What Was Measured?

What percentage of children, who were prescribed a medication for ADHD, remained on the medication over time and had follow-up visits in the months after starting their medication?

These results are based on HMO patient administrative records.

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.



* See page 4 for more information about the green line.

Testing for Cause of Back Pain

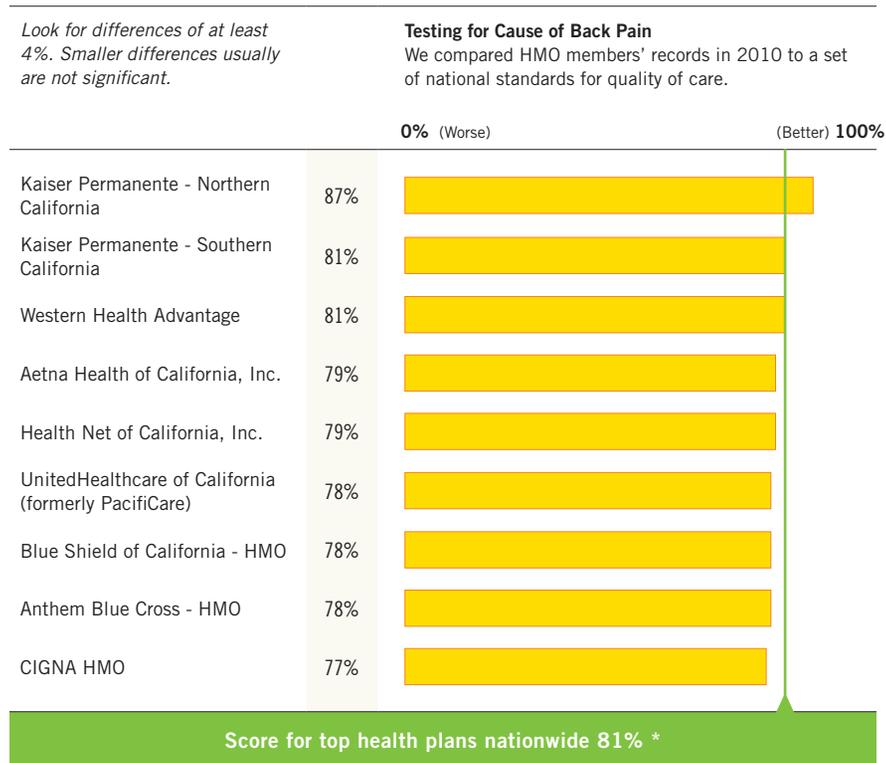
What Was Measured?

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 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.



* See page 4 for more information about the green line.

Getting Care Easily At-a-Glance

Why is it important?

At times it is important to see your doctor quickly. Good health plans see that medical offices have systems to meet the needs of patients who have urgent problems or questions.

The best HMOs also make sure that patients easily get their follow-up care – like tests or treatments. In highly rated HMOs, patients who need to see a specialist are able to easily schedule appointments without paperwork or other hassles.

An Excellent rating ★★★★★ means that an HMO is among the top 10% of all plans nationwide

★★★★★ Excellent ★★★★ Good ★★★ Fair ★ Poor	Getting Care Easily We compared how members rated their HMO during 2009 and 2010 to national results.
	★
Aetna Health of California, Inc.	★
Anthem Blue Cross - HMO	★
Blue Shield of California - HMO	★★★★★
CIGNA HMO	★
Health Net of California, Inc.	★★
Kaiser Permanente - Northern California	★★
Kaiser Permanente - Southern California	★★
UnitedHealthcare of California (formerly PacifiCare)	★
Western Health Advantage	★★

GETTING CARE EASILY

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.

		0% (Worse)	(Better) 100%
Blue Shield of California - HMO	88%		
Kaiser Permanente - Northern California	83%		
Aetna Health of California, Inc.	82%		
CIGNA HMO	82%		
Health Net of California, Inc.	82%		
UnitedHealthcare of California (formerly PacifiCare)	82%		
Western Health Advantage	82%		
Kaiser Permanente - Southern California	81%		
Anthem Blue Cross - HMO	78%		

Score for top health plans nationwide 90% *

* See page 4 for more information about the green line.

Getting Doctors and Care Easily

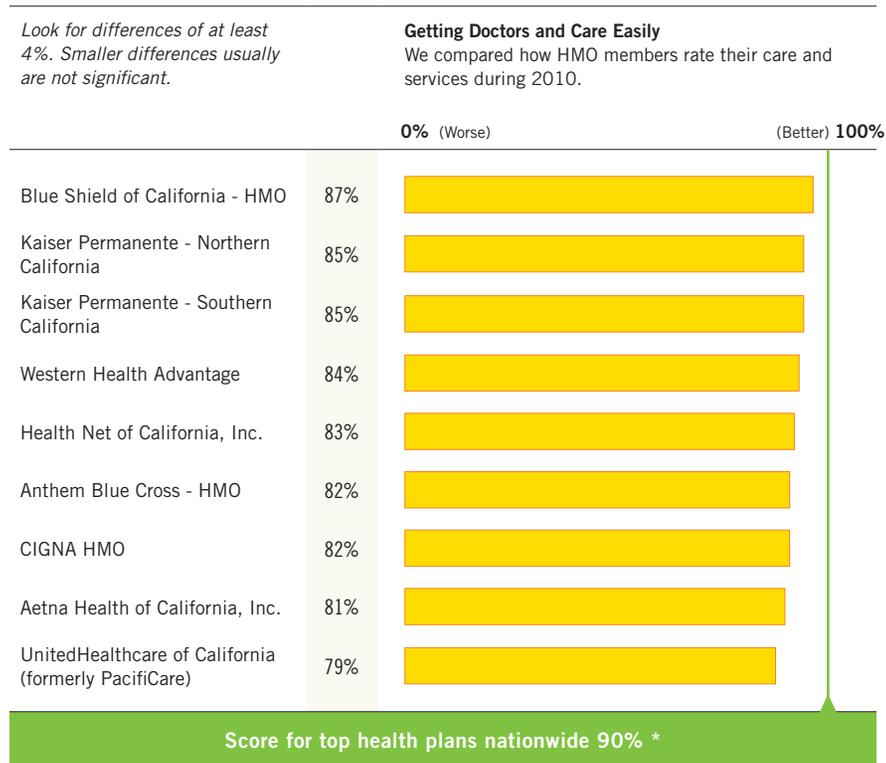
What Was Measured?

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.



* See page 4 for more information about the green line.

Plan Service At-a-Glance

What Was Measured?

Members who contacted their plan rate customer service helpfulness, getting cost information and claims paid correctly during 2009 and 2010.

Why is it important?

The best HMOs give their members clear information, pay claims correctly, and solve problems quickly. Also, good customer service means the HMO tells you the cost that you would pay for a medical service.

An Excellent rating ★★★★★ means that an HMO is among the top 10% of all plans nationwide.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★★ Poor	Plan Service We compared how members rated their HMO during 2009 and 2010 to national results.
Aetna Health of California, Inc.	★★★	
Anthem Blue Cross - HMO	★★	
Blue Shield of California - HMO	★★★	
CIGNA HMO	★★	
Health Net of California, Inc.	★★	
Kaiser Permanente - Northern California	★★	
Kaiser Permanente - Southern California	★★★	
UnitedHealthcare of California (formerly PacifiCare)	★★	
Western Health Advantage	★★★★★	

PLAN SERVICE

Customer Service

What Was Measured?

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

These results are based on a survey of a sample of HMO members who contacted their plan.

Why Is It Important?

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

		0% (Worse)	(Better) 100%
Western Health Advantage	84%		
Blue Shield of California - HMO	82%		
Kaiser Permanente - Southern California	82%		
CIGNA HMO	81%		
Kaiser Permanente - Northern California	81%		
Aetna Health of California, Inc.	80%		
Health Net of California, Inc.	79%		
UnitedHealthcare of California (formerly PacifiCare)	77%		
Anthem Blue Cross - HMO	72%		

Score for top health plans nationwide 90% *

* See page 4 for more information about the green line.

Paying Claims

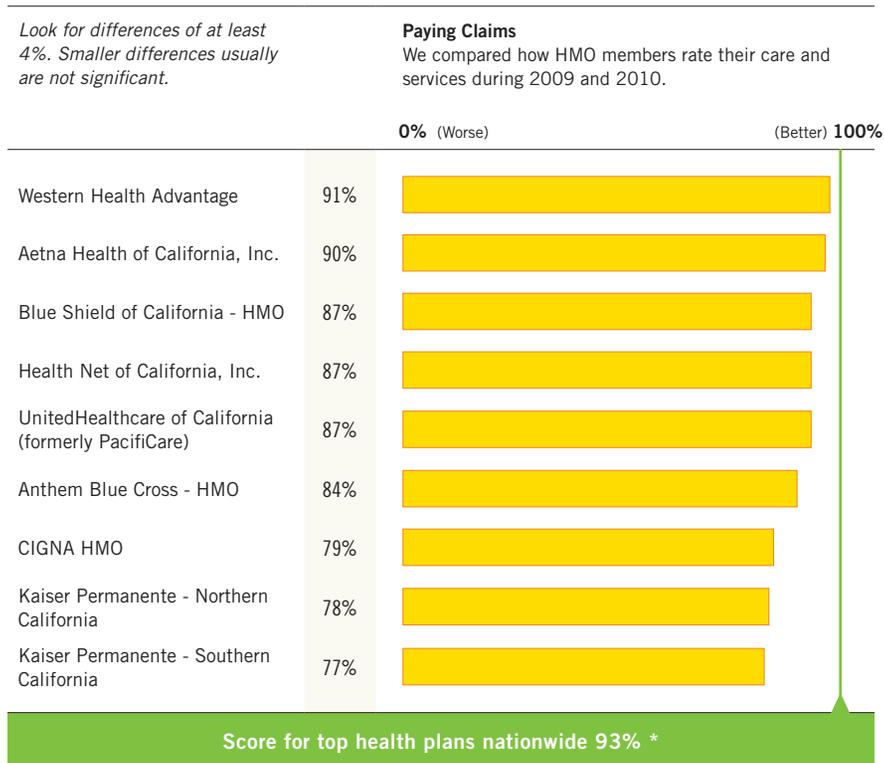
What Was Measured?

What percentage of HMO members highly rated their HMO on paying claims correctly and quickly?

These results are based on a survey of a sample of HMO members who contacted their plan.

Why Is It Important?

High scores mean that HMO members reported that claims were paid correctly and quickly.



Plan Information on What You Pay

What Was Measured?

What percentage of members got information from their HMO when they asked what they would pay for a service like a prescription or an office visit?

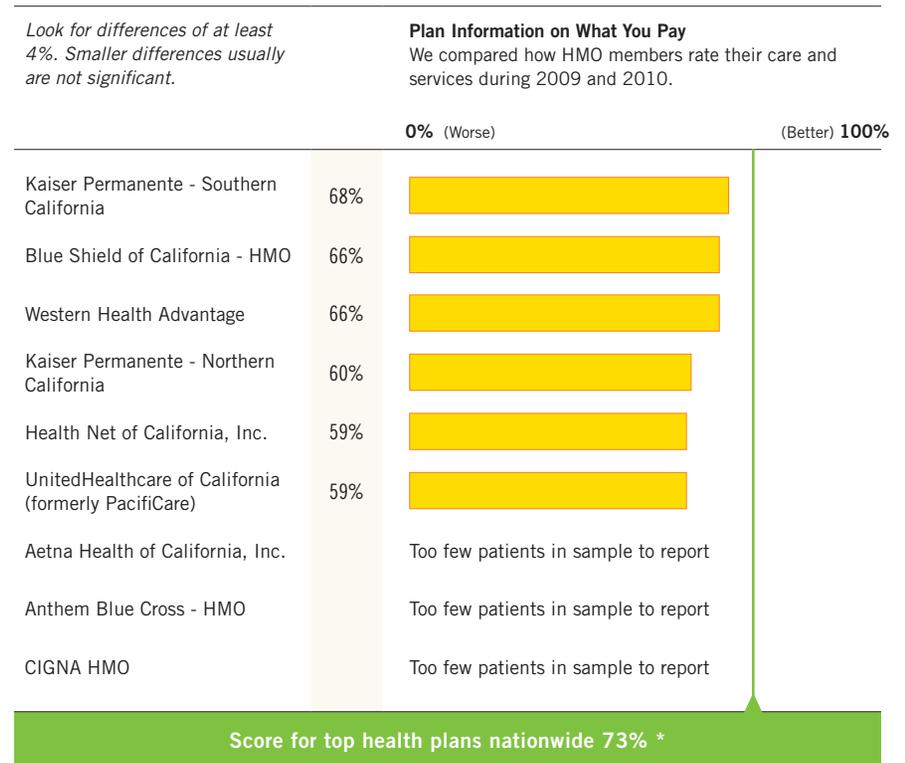
These results are based on a survey of a sample of HMO members who contacted their plan.

Plan results are reported here if 100 HMO members or more answer the survey. If fewer than 100 HMO members answer the survey, the plan results are only included in the Plan Service star rating.

Why Is It Important?

As members pay a bigger share of their medical costs, HMOs need to help them find ways to save money.

Insurance and payment arrangements are confusing; often it is unclear how much you would spend for a medical service; and there is little information about how to shop to spend wisely. Members are more satisfied paying their share when they have all the cost information and know their options for buying services to meet their needs.



* See page 4 for more information about the green line.

PLAN SERVICE

Finding a Personal Doctor

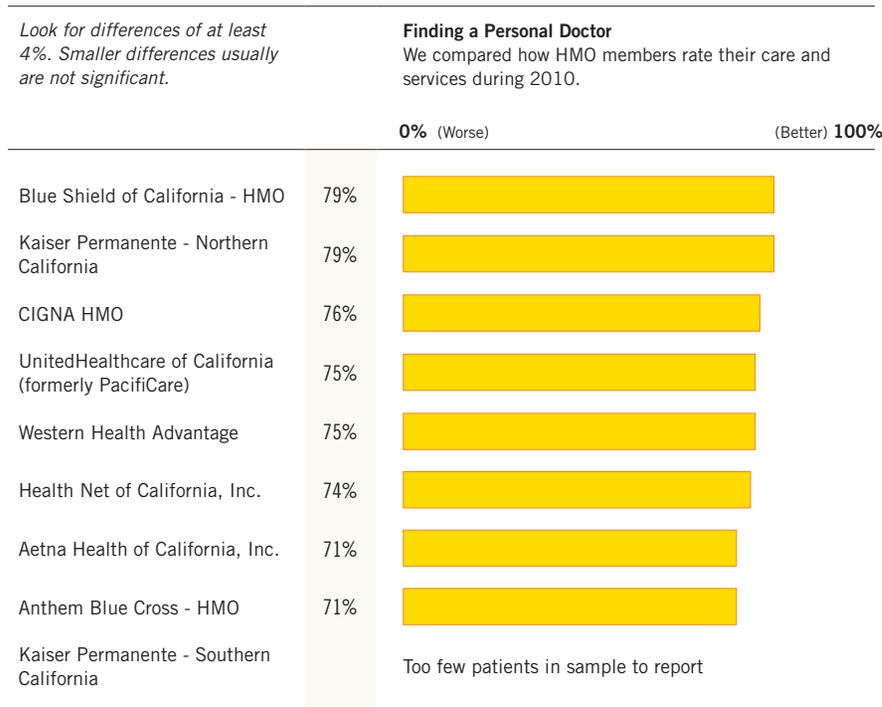
What Was Measured?

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.



No nationwide results are available for this measure.

PLAN SERVICE

Plan Website Information

What Was Measured?

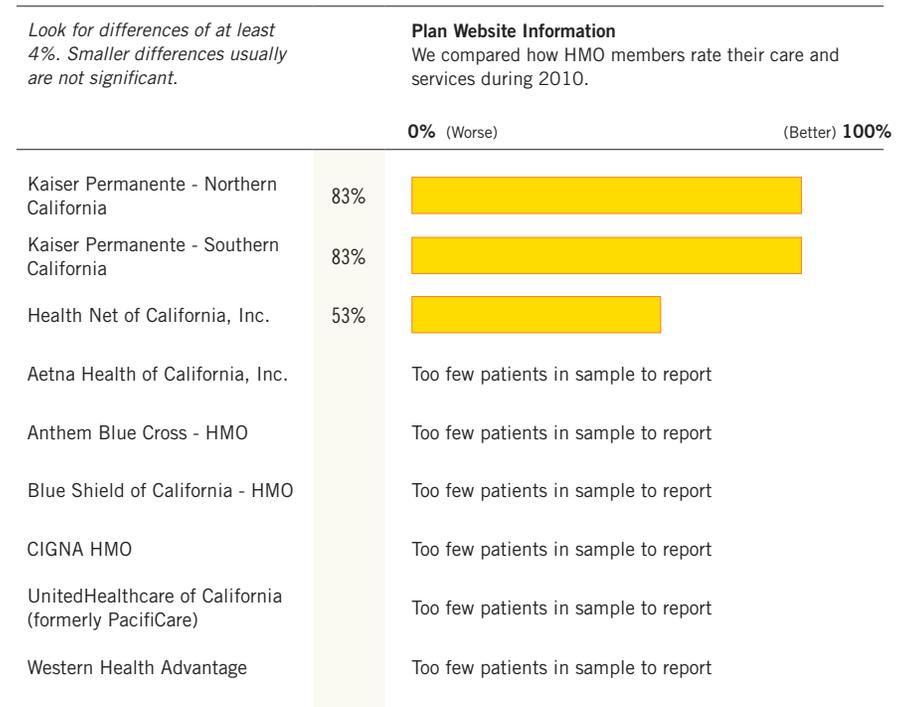
What percentage of members highly rated their HMO's website?

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

Why Is It Important?

Members are pointed to the HMO's website for more and more of the services they need. Using your health insurance is like banking or making travel plans – you handle many of the arrangements yourself, online.

Members give high marks to plan websites that are easy to use, have up-to-date information particularly about available doctors, give clear information about what you pay, offer services for particular health problems and more. In the top HMOs, members go online to schedule their doctor appointments online, order medication refills, and get their test results.



No nationwide results are available for this measure.

Answer Customer Phone Calls Quickly

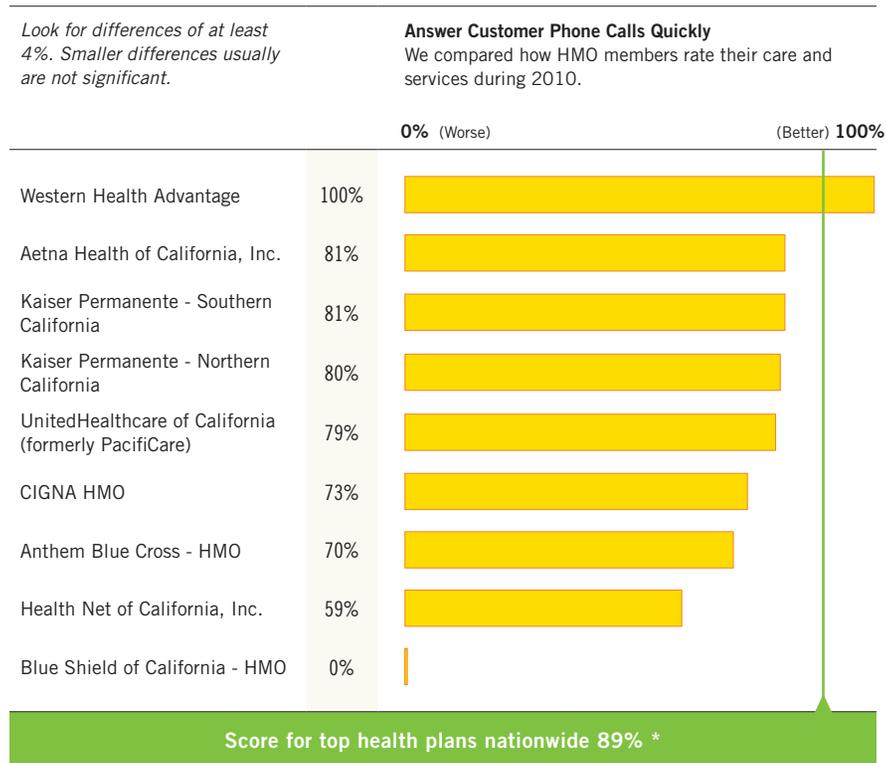
What Was Measured?

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.



* See page 4 for more information about the green line.

Doctor Communications

HMOs whose doctors are highly rated by their patients see that:

- Patients aren't rushed during their office visit — they have enough time to talk through concerns with the doctor,
- Systems are in place to make sure that patients don't fall through the cracks — patient records are immediately available to anyone who is caring for the patient,
- Patients and doctors make decisions together,
- Doctors talk through options with the patient — to treat an illness or to stay healthy,
- Doctors are respectful and attentive to the patient's concerns.

Why is it important?

The doctors and their staff often are a big part of your experience with an HMO. Highly rated HMOs have doctors and staff who listen to patients, explain things clearly and treat them with respect. Patients who are part of the decision-making about their health often do better — top doctors help patients make choices that best fit their needs.

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.

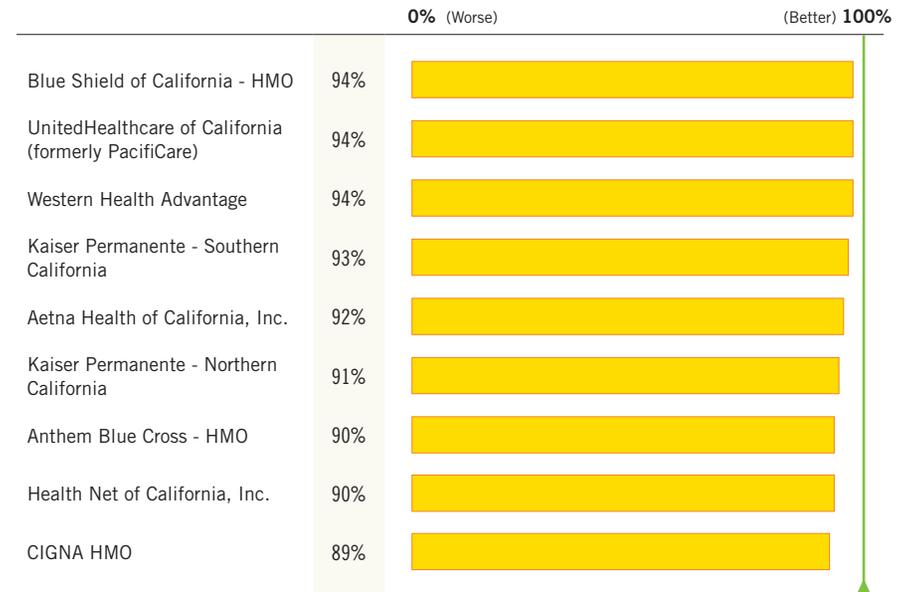
Why Is It Important?

Doctors' communications with their patients are important to good health care. Patients follow their doctor's instructions better 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 during 2010.



Score for top health plans nationwide 96% *

* See page 4 for more information about the green line.

Patient and Doctor Share Decisions

What Was Measured?

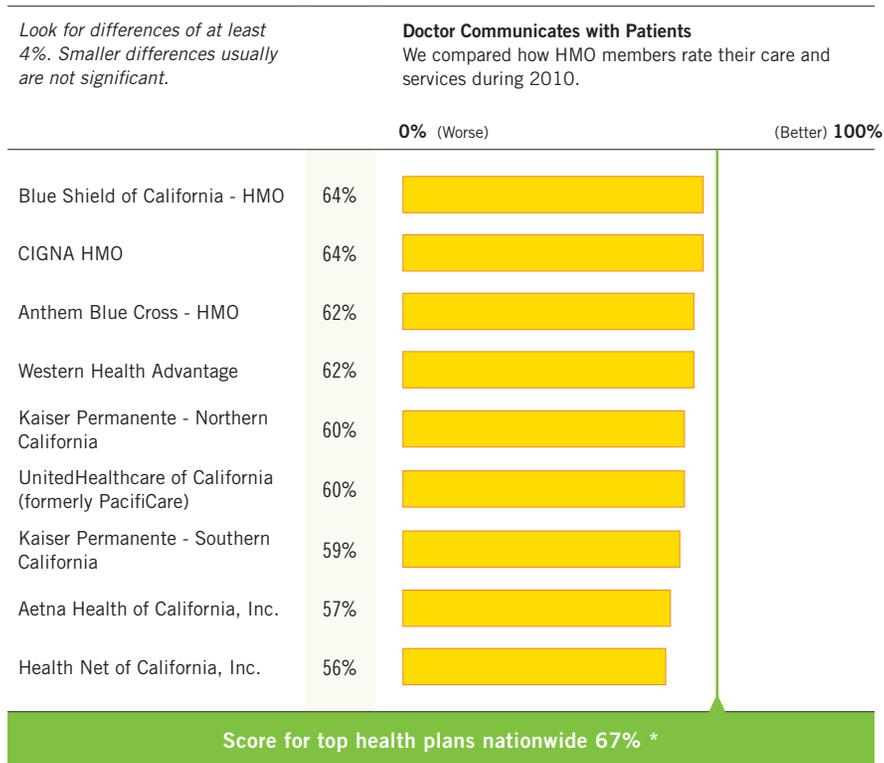
What percentage of HMO members reported that their doctor talked with them about the pros and cons of their treatment choices and asked which choice best fit their needs?

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.

The patient's preferences matter when making treatment choices. Patients who share in the decisions are more likely to follow through on their part in the care.



Coordinated Care

What Was Measured?

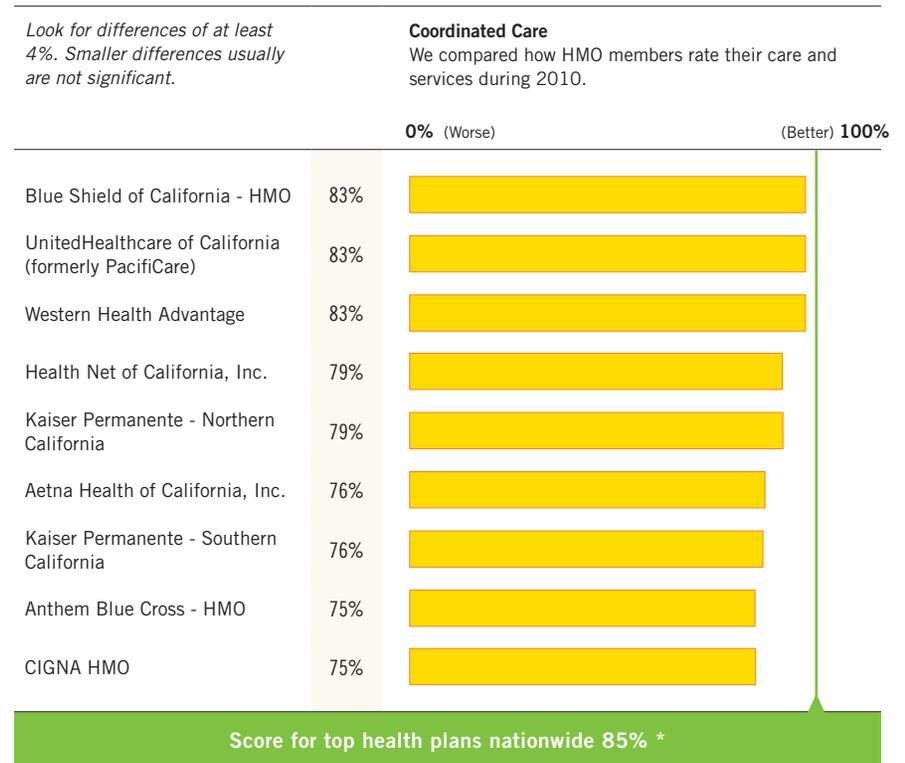
What percentage of HMO members reported that their doctor was up-to-date about any care the patient got from other doctors?

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.



* See page 4 for more information about the green line.

DOCTOR COMMUNICATIONS

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?

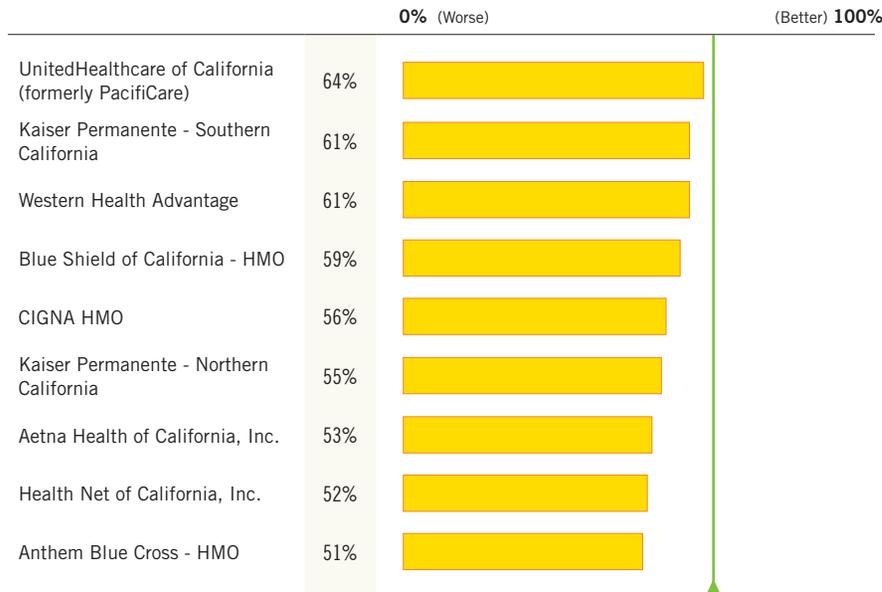
Your doctor is responsible to help you stay healthy. The best doctors give their patients advice and specific steps to overcome the difficulties patients have in taking care of their health.

Doctors and staff should be teaching patients ways to prevent illness and they should be 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 during 2010.



Score for top health plans nationwide 66% *

DOCTOR COMMUNICATIONS

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.

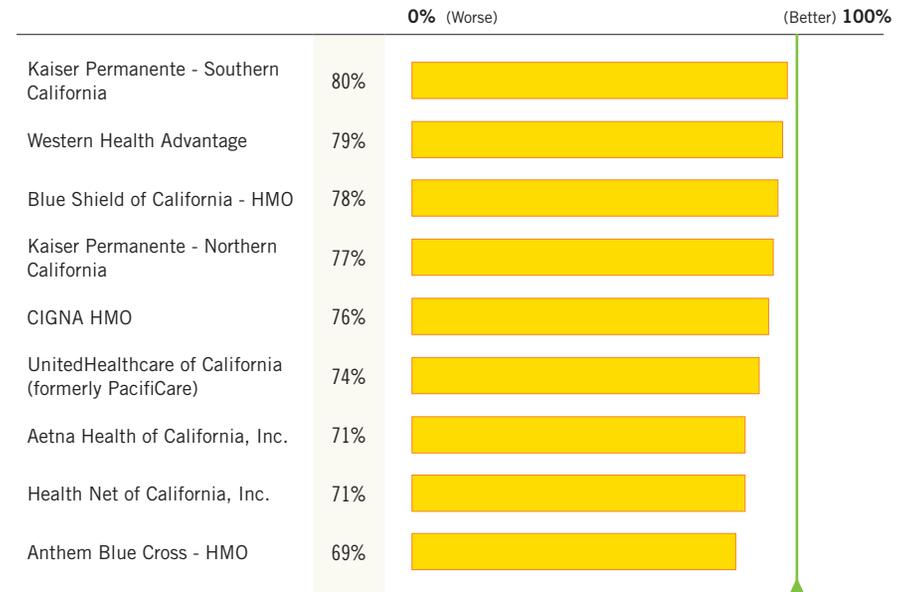
Why Is It Important?

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 during 2010.



Score for top health plans nationwide 82% *

* See page 4 for more information about the green line.

Member Complaints

A clear signal about an HMO's service and care is how well the plan handles members' concerns or complaints. Members are surveyed to see if they were satisfied with how the HMO solved a problem after they contacted the plan.

Why Is It Important?

Medical care and health insurance are very complex businesses. The rules and responsibilities are confusing to patients and professionals — misunderstandings and mistakes are common.

The best HMOs solve their members' problems by having well-trained staff and good business systems. These HMOs have knowledgeable, respectful staff; systems and clear rules to quickly troubleshoot member complaints and to clear up confusion or settle a disagreement.

MEMBER COMPLAINTS

Member Complaints

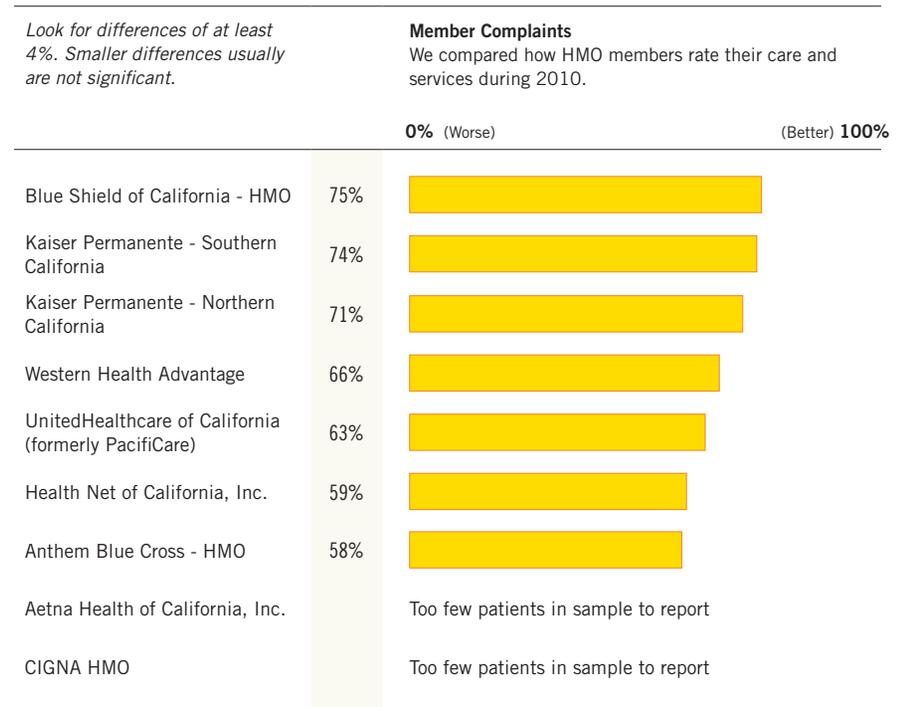
What Was Measured?

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.



No nationwide results are available for this measure.

Helping Smokers Quit

HMOs make a difference in helping smokers quit by:

- Seeing that a patient's smoking habit is part of the medical record and followed like any other health problem,
- Helping doctors to see that patients get advice about ways to quit smoking,
- Providing patients with quit smoking services that are proven to work.

Why is it important?

The best HMOs track members who smoke and give them support to stop smoking. The doctors spend time telling members why it is important to quit, discussing steps and programs, and giving follow-up help.

HELPING SMOKERS QUIT

Doctor Advises Patient to Quit Smoking

What Was Measured?

What percentage of HMO members who smoke or quit recently got information from their doctor about ways to quit smoking in the past year?

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

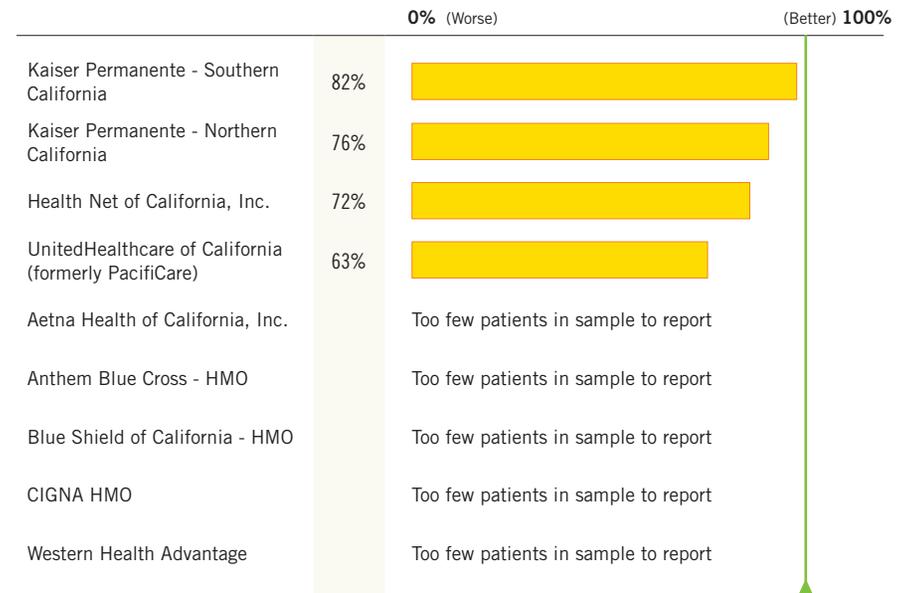
Why Is It Important?

Most smokers know they should stop. Many try to stop but cannot. You are more likely to be able to stop if your doctor talks to you about quitting. Good care means your doctor knows which patients smoke, tells them about ways to quit, and follows up with them regularly.

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

Doctor Advises Patient to Quit Smoking

We compared how HMO members rate their care and services during 2010.



Score for top health plans nationwide 84% *

* See page 4 for more information about the green line.

PPO Ratings At-a-Glance

Meeting National Standards of Care:

We compared PPO members' records in 2010 to a set of national standards for quality of care.

Getting Care Easily:

Members rate ease of getting doctor appointments, tests and treatments during 2009 and 2010.

Plan Service:

Members who contacted their plan rate customer service helpfulness, getting cost information and claims paid correctly during 2009 and 2010.

	★★★★★ EXCELLENT ★★★★ GOOD ★★★ FAIR ★ POOR	Member Ratings Compared to Plans Nationwide		
		Meeting National Standards of Care	Getting Care Easily	Plan Service
Aetna PPO		★★★★	★★	★
Anthem Blue Cross PPO		★★	★★★★	★★
Blue Shield of California/Blue Shield Life PPO		★★	★★	★
CIGNA PPO		★★★★	★	★
Health Net PPO		★★	★★	★
UnitedHealthcare Insurance Co., Inc.		★★★★	★★★★	★★

Asthma & Other Respiratory Care At-a-Glance

Why is it important?

Top PPOs make sure that adults and children with respiratory problems get the right medications and know when and how to take their medicine. People who have asthma or lung disease can experience increasing difficulty breathing. These attacks are frightening and weaken the body's defenses against the disease. Getting the right medications can relieve these attacks and prevent a repeat of them. And, plans and their doctors should make sure that people don't get medicines that don't work – like antibiotics for short-term bronchial infections.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★★ Poor	Asthma & Other Respiratory Care We compared PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★★★	
Anthem Blue Cross PPO	★★★★★	
Blue Shield of California/ Blue Shield Life PPO	★★★★	
CIGNA PPO	★★★★★	
Health Net PPO	★★★★	
UnitedHealthcare Insurance Co., Inc.	★★★★★	

ASTHMA & OTHER RESPIRATORY CARE

Asthma Medicine for Adults/Adolescents

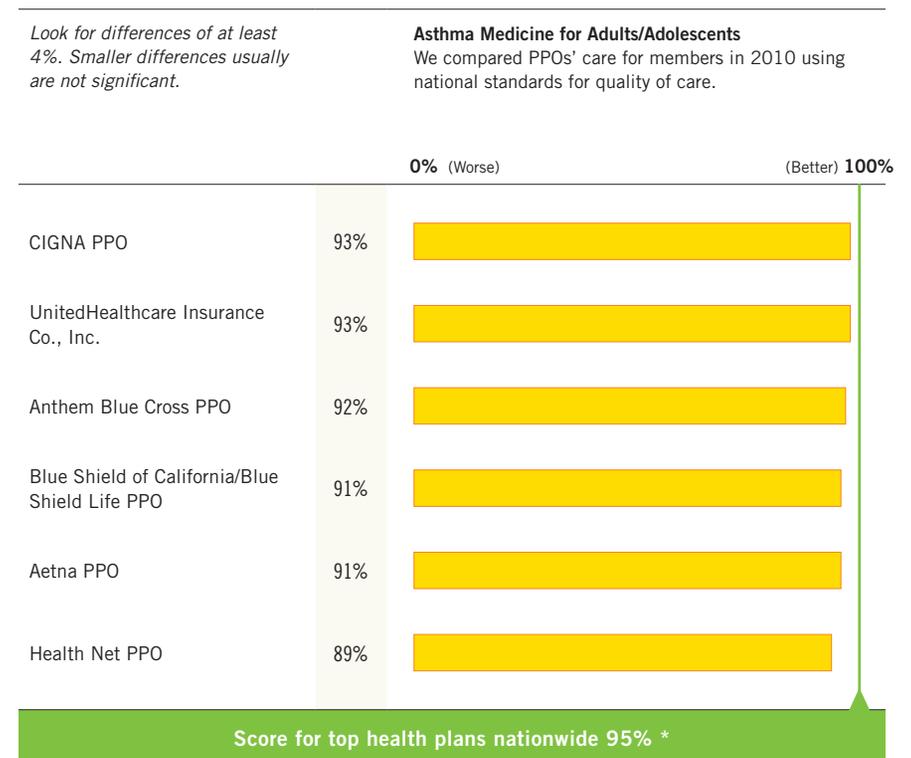
What Was Measured?

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

These results are based on PPO 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.



Asthma Medicine for Children

What Was Measured?

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

These results are based on PPO patient administrative records.

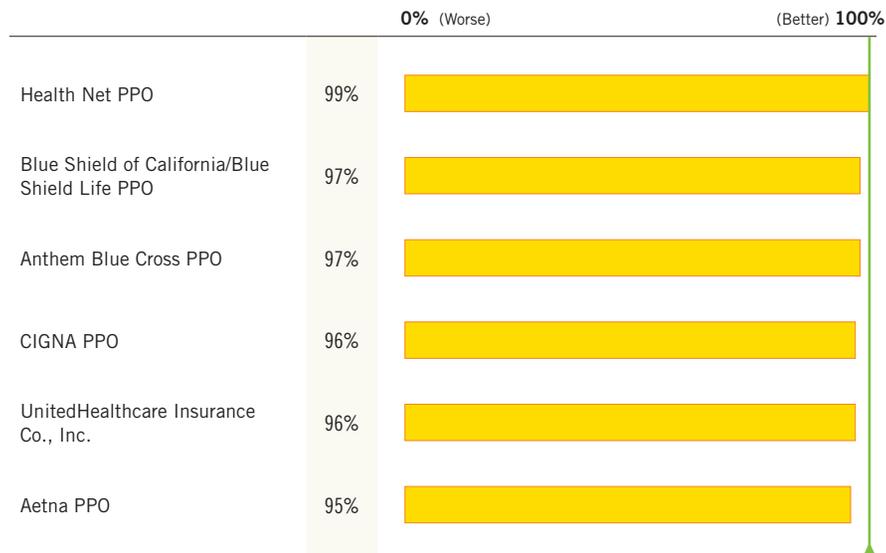
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 99% *

Testing Lung Disease

What Was Measured?

What percentage of adults in the PPO, age 40 or older, who were newly diagnosed with lung disease got a spirometry test to see how well their lungs take in and release air?

These results are based on PPO patient administrative records.

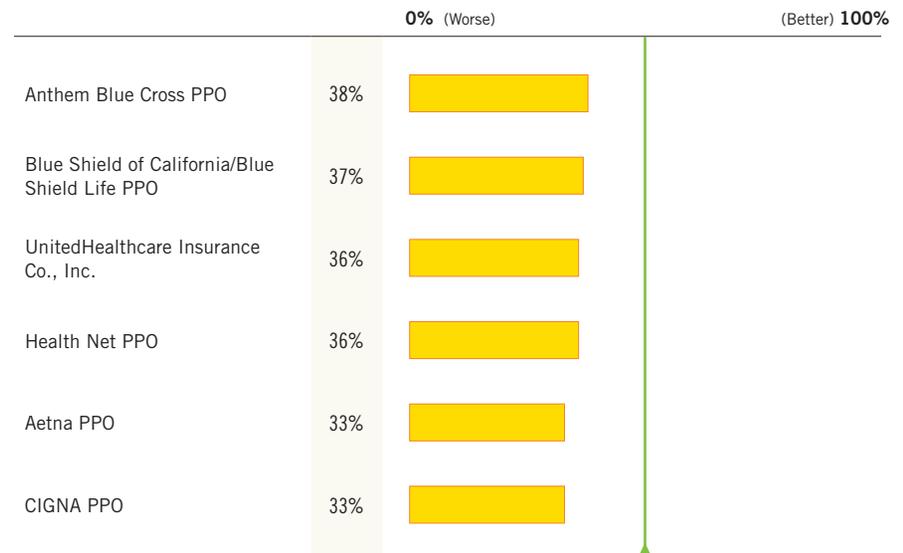
Why Is It Important?

People who have lung disease typically experience increasing difficulty breathing and sudden shortness of breath. These attacks are frightening and weaken the body's defenses against the disease. The spirometry test is used to determine the type of disease and to check how well the patient's treatment is working.

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

Testing Lung Disease

We compared PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 50% *

* See page 4 for more information about the green line.

Treating Lung Disease

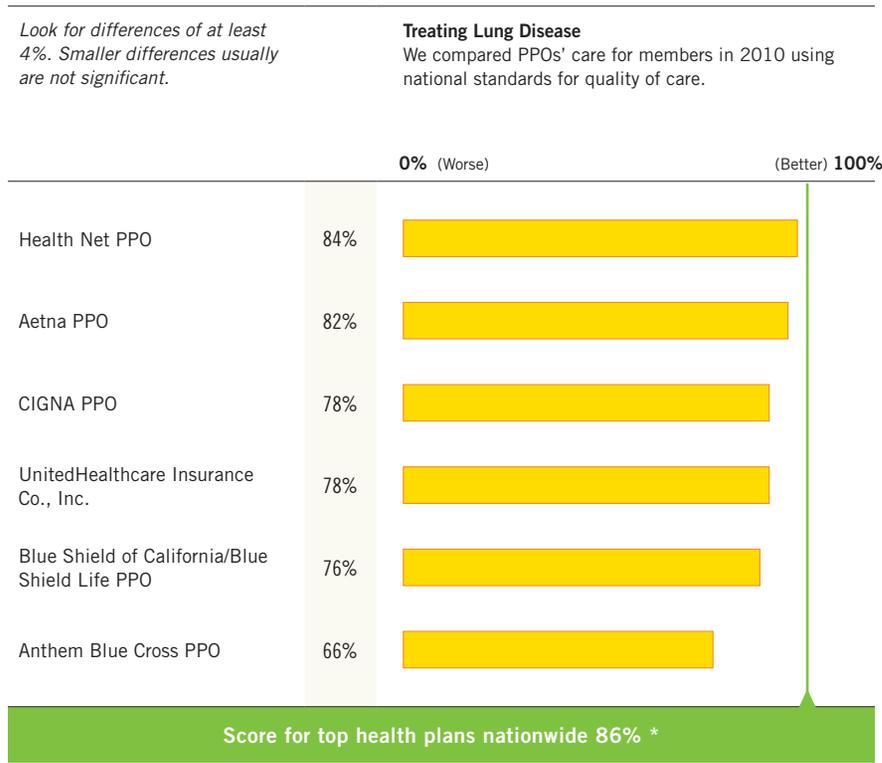
What Was Measured?

What percentage of adults in the PPO, age 40 or older, who have lung disease got the right medicine — called a bronchodilator — when their difficulty breathing worsened and resulted in an emergency visit or hospital stay?

These results are based on PPO patient administrative records.

Why Is It Important?

People who have lung disease typically experience increasing difficulty breathing; a sudden shortness of breath may result from a virus, pollution or even cold weather. These attacks are frightening and weaken the body's defenses against the disease. Getting the right medications can relieve these attacks and prevent a repeat of them.



Treating Bronchitis: Getting the Right Care

What Was Measured?

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

These results are based on PPO patient administrative records.

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.



* See page 4 for more information about the green line.

Checking for Cancer At-a-Glance

Why is it important?

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

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★ Poor
Checking for Cancer We compared PPOs' care for members in 2010 using national standards for quality of care.	
Aetna PPO	★★★★★
Anthem Blue Cross PPO	★★★
Blue Shield of California/ Blue Shield Life PPO	★★★
CIGNA PPO	★★★
Health Net PPO	★
UnitedHealthcare Insurance Co., Inc.	★★★★★

CHECKING FOR CANCER

Breast Cancer Screening

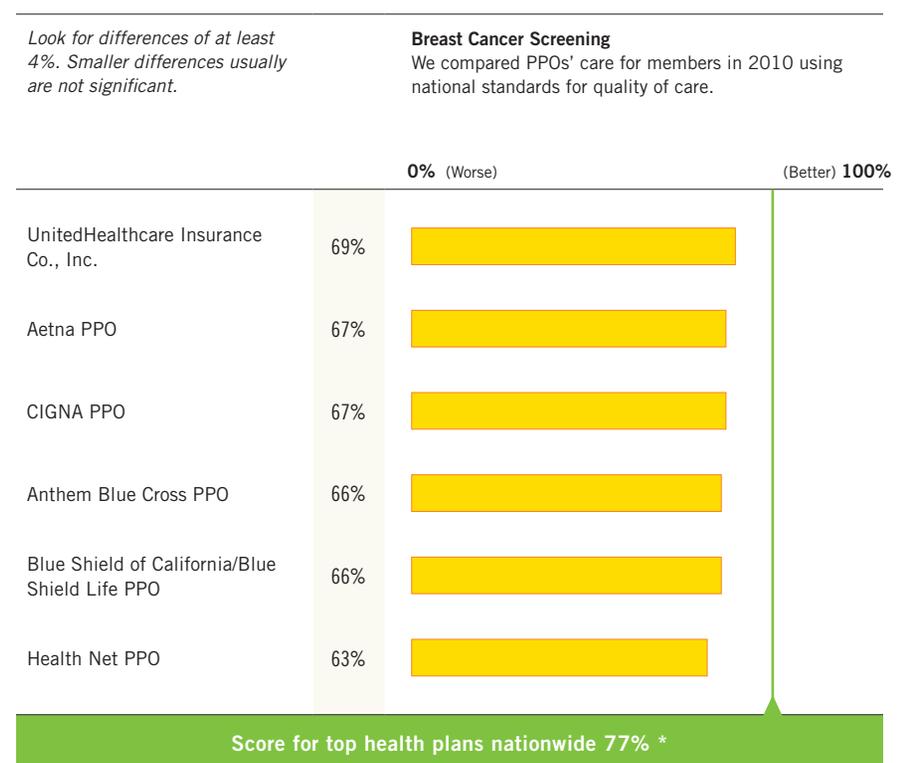
What Was Measured?

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

These results are based on PPO 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.



* See page 4 for more information about the green line.

CHECKING FOR CANCER

Cervical Cancer Screening

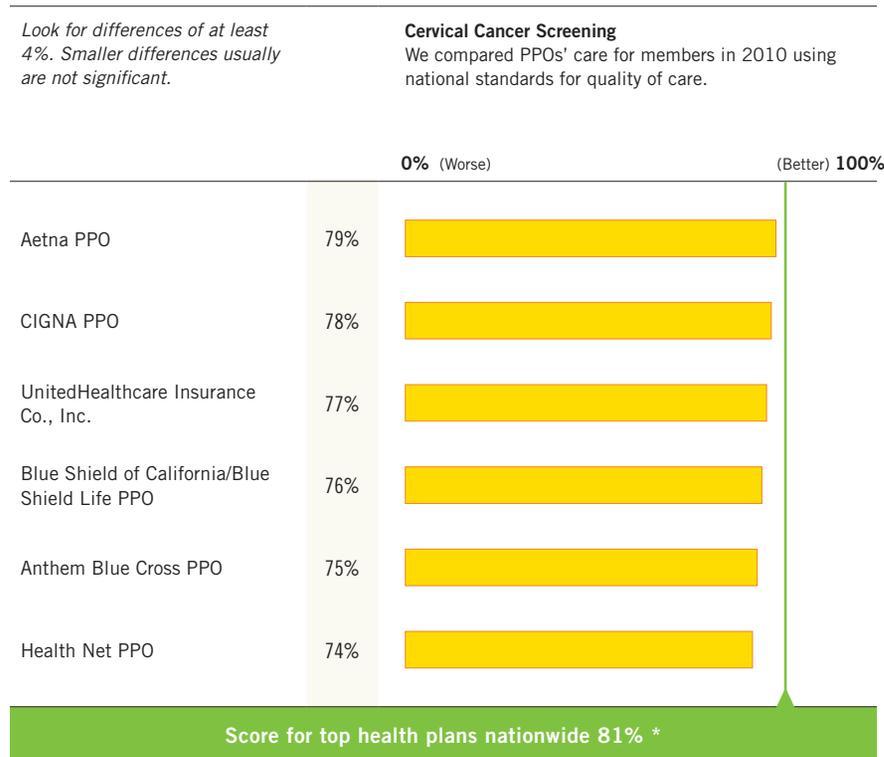
What Was Measured?

What percentage of women in the PPO, ages 24-64, had a Pap Test to detect cervical cancer during the past three years?

These results are based on PPO patient administrative 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 “Pap Test” is the best way to find cervical cancer early. Good care means that you have a Pap Test as often as it is recommended for women of different ages.



* See page 4 for more information about the green line.

Chlamydia Screening At-a-Glance

Why is it important?

The best PPOs 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. PPOs and their doctors should test younger, sexually active women for sexually transmitted infections like Chlamydia.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★ Poor	Chlamydia Screening We compared PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★★★	
Anthem Blue Cross PPO	★★★	
Blue Shield of California/ Blue Shield Life PPO	★★★	
CIGNA PPO	★★★★★	
Health Net PPO	★★★	
UnitedHealthcare Insurance Co., Inc.	★★★★★	

CHLAMYDIA SCREENING

Chlamydia Screening Age 16-20

What Was Measured?

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

These results are based on PPO patient administrative records.

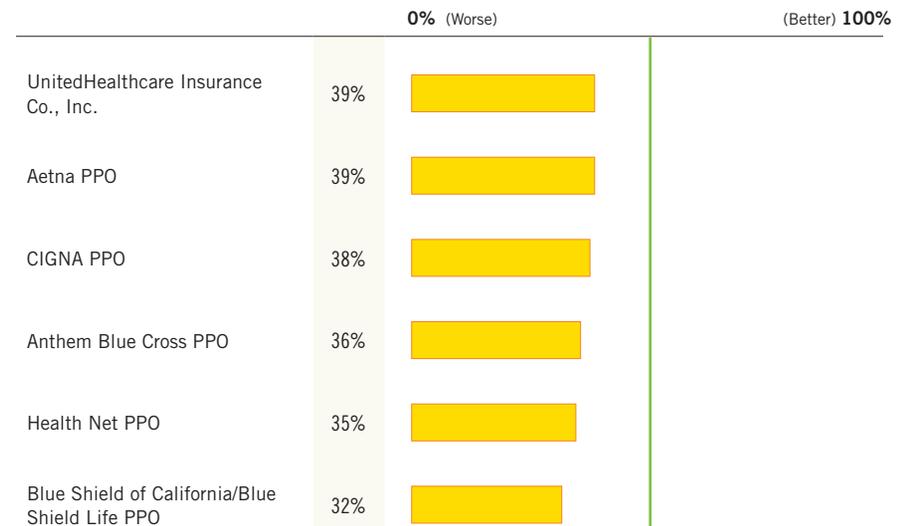
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 51% *

* See page 4 for more information about the green line.

CHLAMYDIA SCREENING

Chlamydia Screening Age 21-24

What Was Measured?

What percentage of women in the PPO, who are ages 21-24 and sexually active, were tested for Chlamydia?

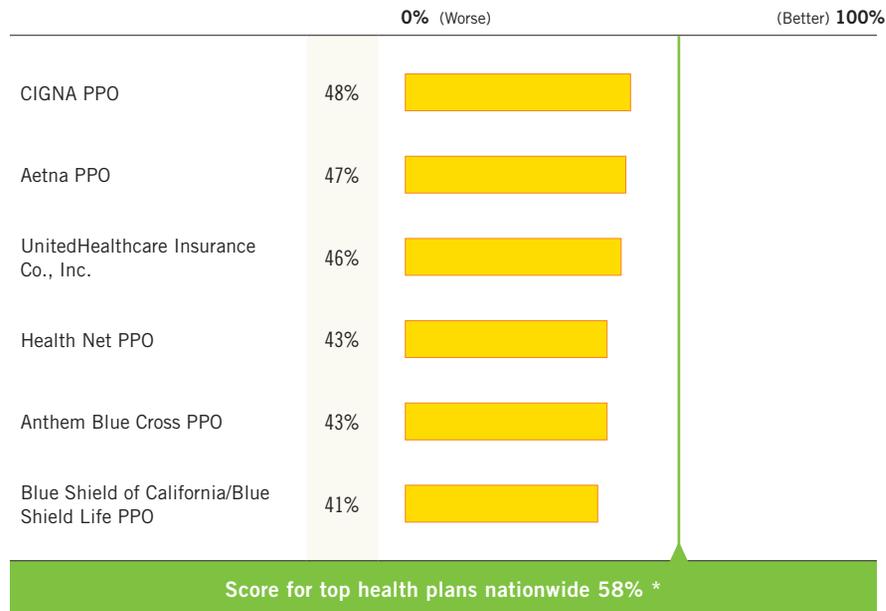
These results are based on PPO patient administrative records.

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 21-24
We compared PPOs' care for members in 2010 using national standards for quality of care.



* See page 4 for more information about the green line.

Diabetes Care At-a-Glance

Why is it important?

The best PPOs 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 PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★★★	
Anthem Blue Cross PPO	★	
Blue Shield of California/ Blue Shield Life PPO	★	
CIGNA PPO	★★★★★	
Health Net PPO	★★★★★	
UnitedHealthcare Insurance Co., Inc.	★★★★★	

DIABETES CARE

Eye Exam for Diabetes

What Was Measured?

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

These results are based on PPO patient administrative records.

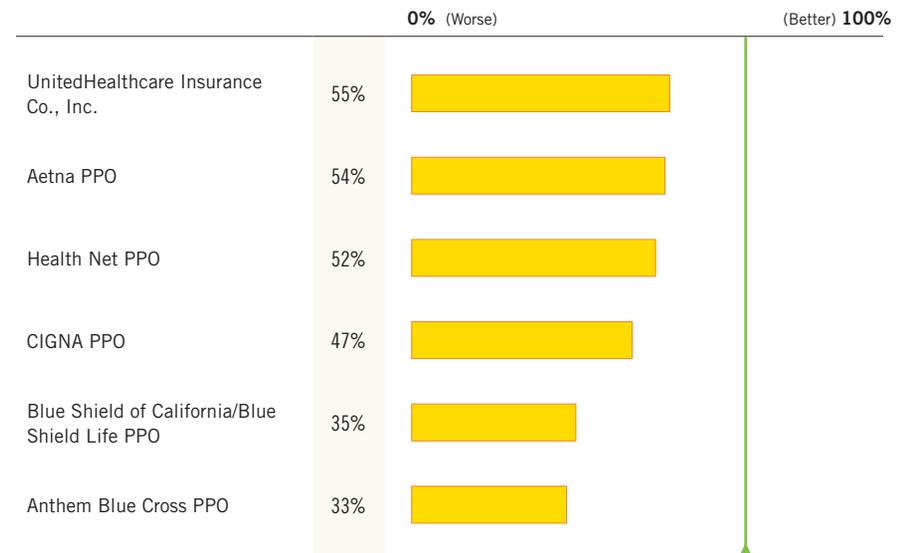
Why Is It Important?

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

We compared PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 71% *

* See page 4 for more information about the green line.

DIABETES CARE

Testing Blood Sugar for Diabetes Patients

What Was Measured?

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

These results are based on PPO patient administrative records; some PPOs use patient medical records too. Plans may include information from patient charts which is often more complete and results in higher scores. Plans that decide not to include patient charts likely have lower scores.

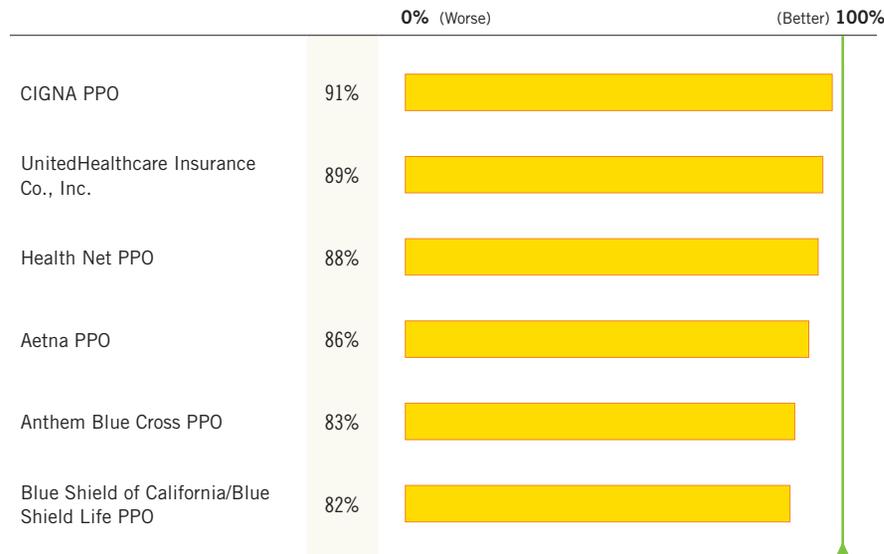
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 93% *

DIABETES CARE

Controlling Blood Sugar For Diabetes Patients

What Was Measured?

What percentage of PPO members with diabetes had well-controlled blood sugar levels — hemoglobin A1c level of less than 8?

These results are based on PPO patient administrative records.

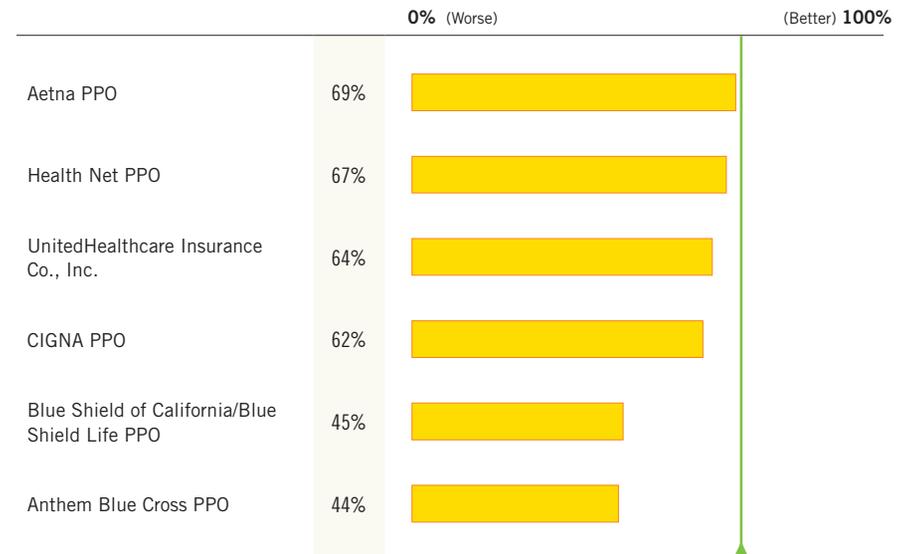
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 70% *

* See page 4 for more information about the green line.

Testing Cholesterol for Diabetes Patients

What Was Measured?

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

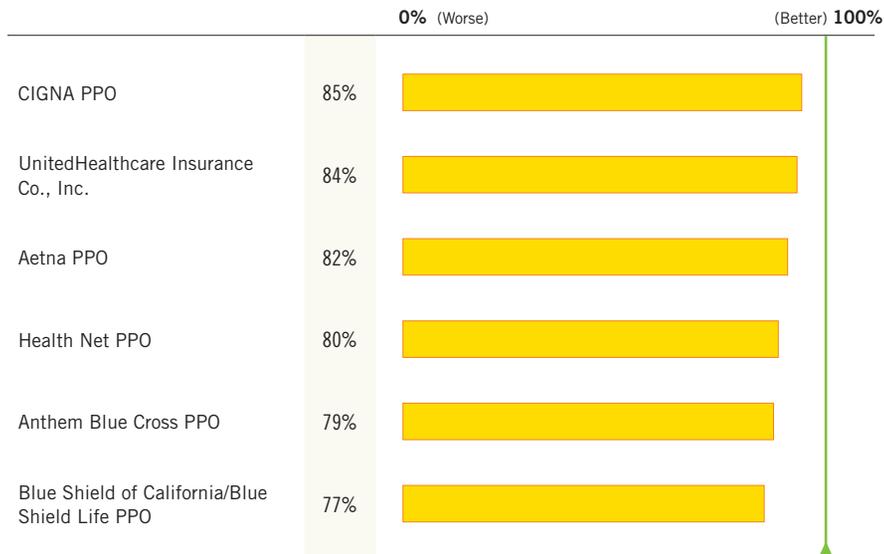
These results are based on PPO patient administrative records; some PPOs use patient medical records too. Plans may include information from patient charts which is often more complete and results in higher scores. Plans that decide not to include patient charts likely have lower scores.

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 is an important part of good diabetes care.

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

Testing Cholesterol for Diabetes Patients
We compared PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 90% *

Controlling Cholesterol For Diabetes Patients

What Was Measured?

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

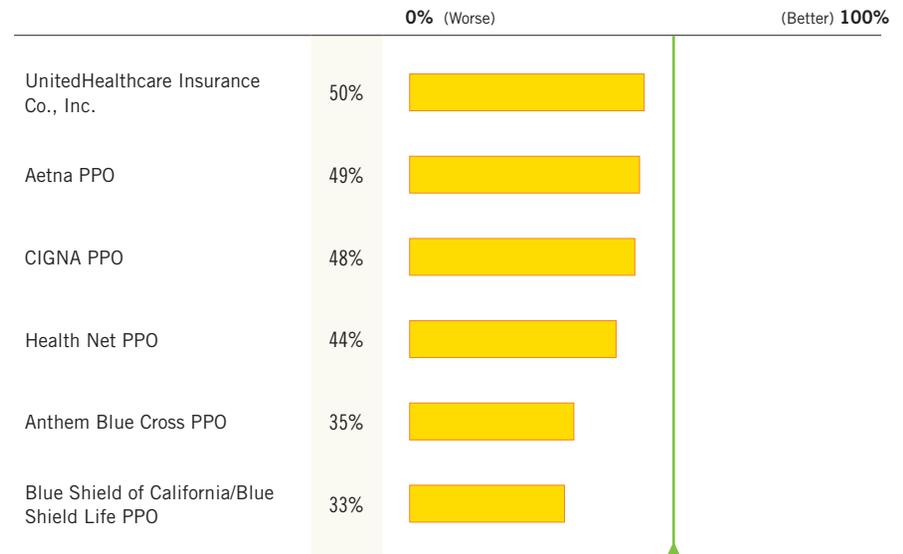
These results are based on PPO patient administrative records.

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 56% *

* See page 4 for more information about the green line.

DIABETES CARE

Testing Kidney Function for Diabetes Patients

What Was Measured?

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

These results are based on PPO patient administrative records; some PPOs use patient medical records too. Plans may include information from patient charts which is often more complete and results in higher scores. Plans that decide not to include patient charts likely have lower scores.

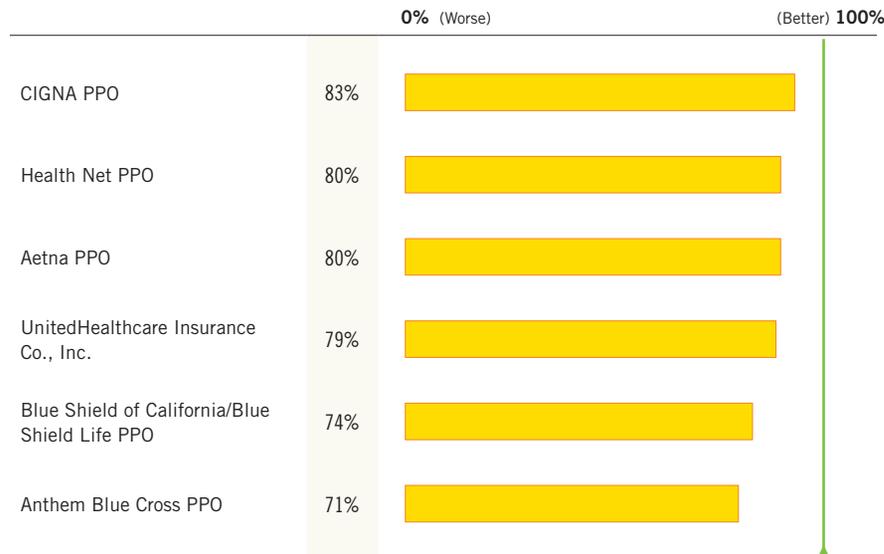
Why Is It Important?

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.

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

Testing Kidney Function for Diabetes Patients

We compared PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 89% *

DIABETES CARE

Controlling Blood Pressure for Diabetes Patients

What Was Measured?

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

These results are based on PPO patient administrative records

Why Is It Important?

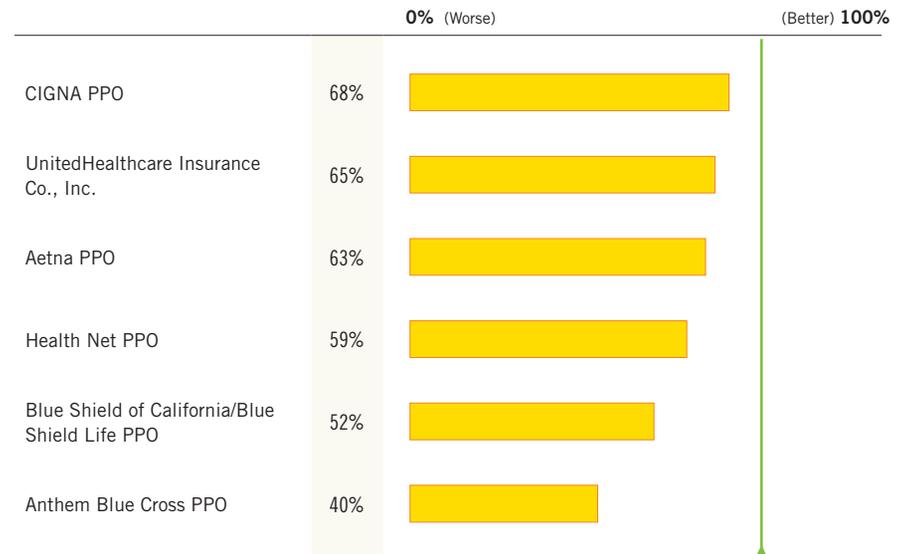
High blood pressure can lead to heart disease, stroke and kidney damage. Having diabetes puts you at higher risk of high blood pressure because diabetes can spur hardening of the arteries.

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.

Controlling Blood Pressure for Diabetes Patients

We compared PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 75% *

* See page 4 for more information about the green line.

Heart Care At-a-Glance

Why is it important?

The best PPOs 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 PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★	
Anthem Blue Cross PPO	★	
Blue Shield of California/ Blue Shield Life PPO	★	
CIGNA PPO	★★★★	
Health Net PPO	★★★★	
UnitedHealthcare Insurance Co., Inc.	★★	

HEART CARE

Controlling High Blood Pressure

What Was Measured?

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

These results are based on PPO patient administrative records.

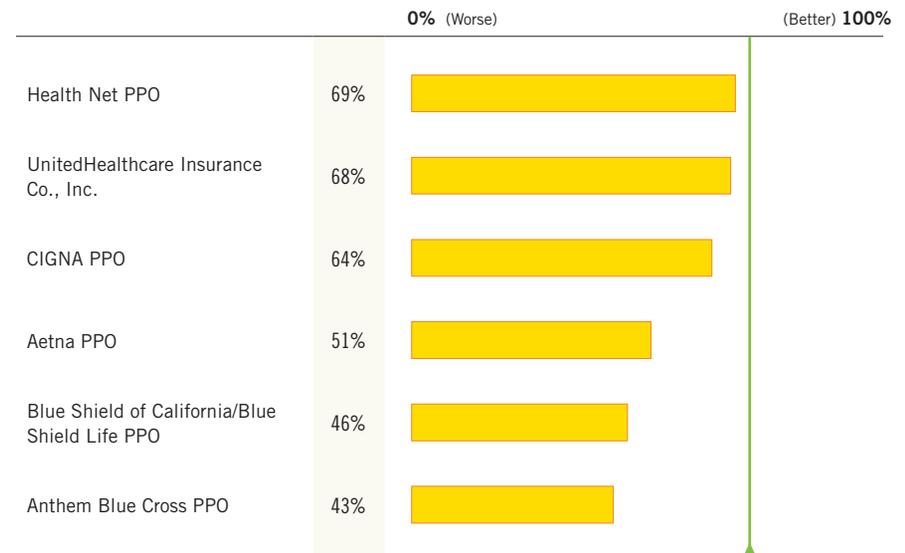
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 72% *

* See page 4 for more information about the green line.

HEART CARE

Testing Cholesterol

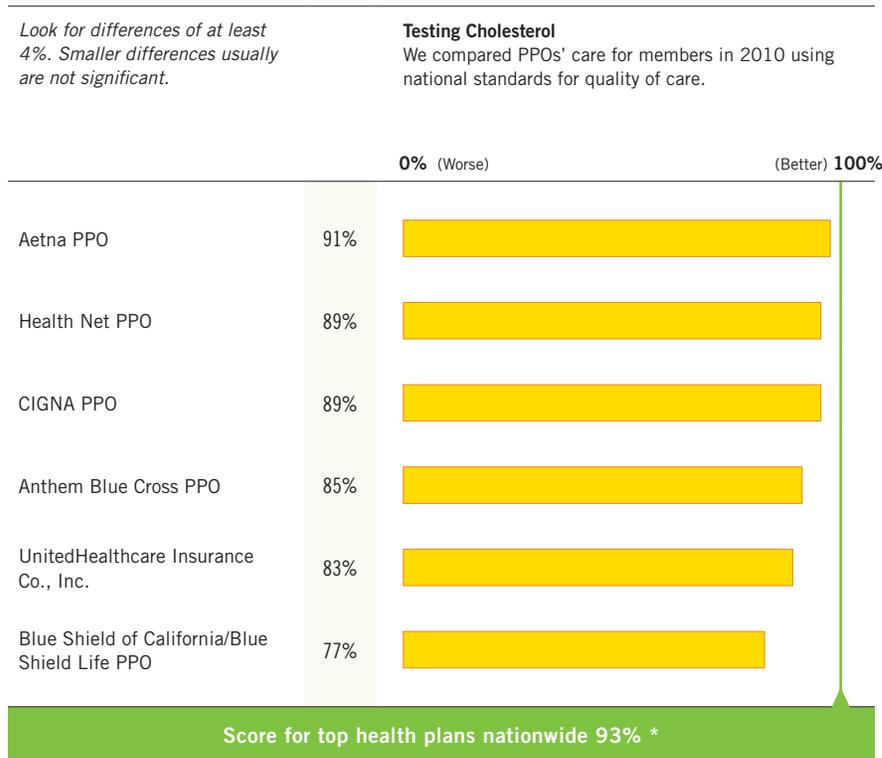
What Was Measured?

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

These results are based on PPO patient administrative records; some PPOs use patient medical records too. Plans may include information from patient charts which is often more complete and results in higher scores. Plans that decide not to include patient charts likely have lower scores.

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.



HEART CARE

Controlling Cholesterol

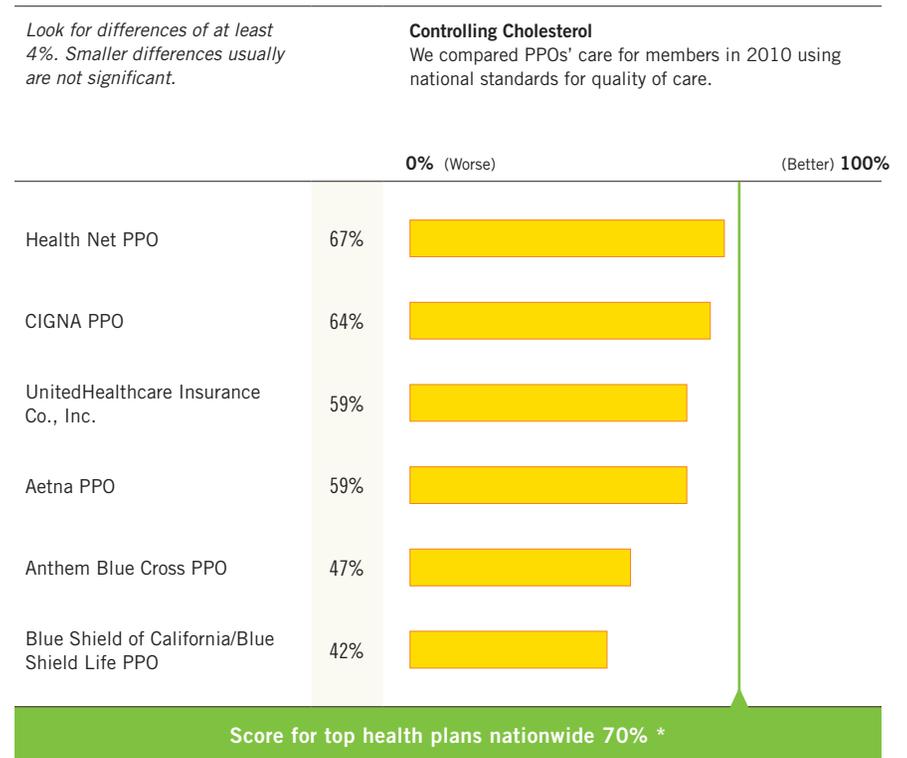
What Was Measured?

What percentage of PPO members had an LDL cholesterol level of less than 100 indicating good control for people with heart disease or for those who have had a heart attack or heart surgery?

These results are based on PPO patient administrative records.

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.



* See page 4 for more information about the green line.

Heart Attack Medication

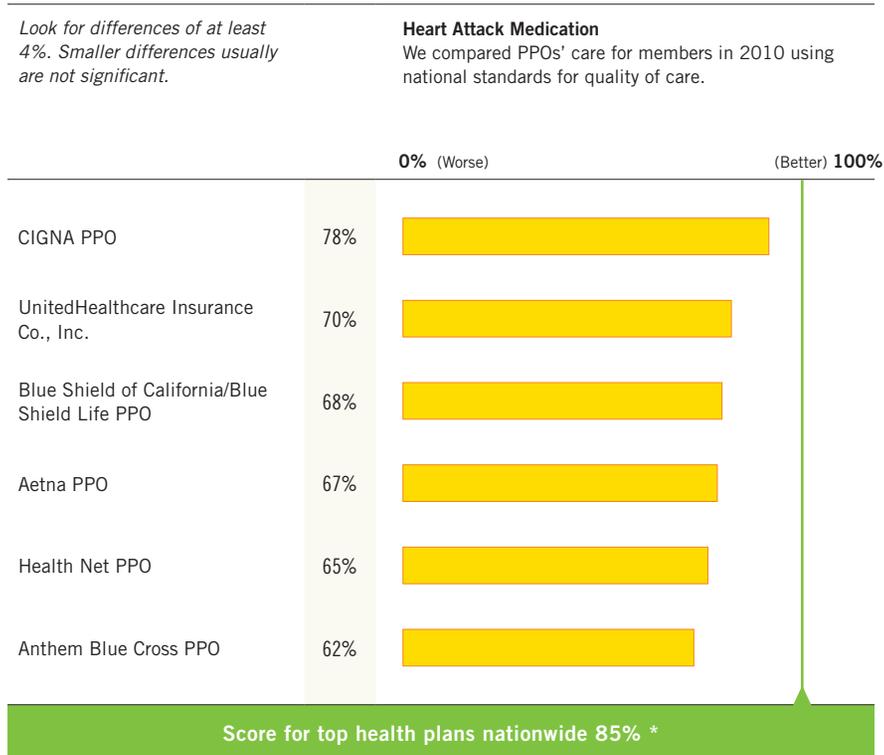
What Was Measured?

What percentage of PPO 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 PPO patient administrative 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.



Aspirin Use Counseling

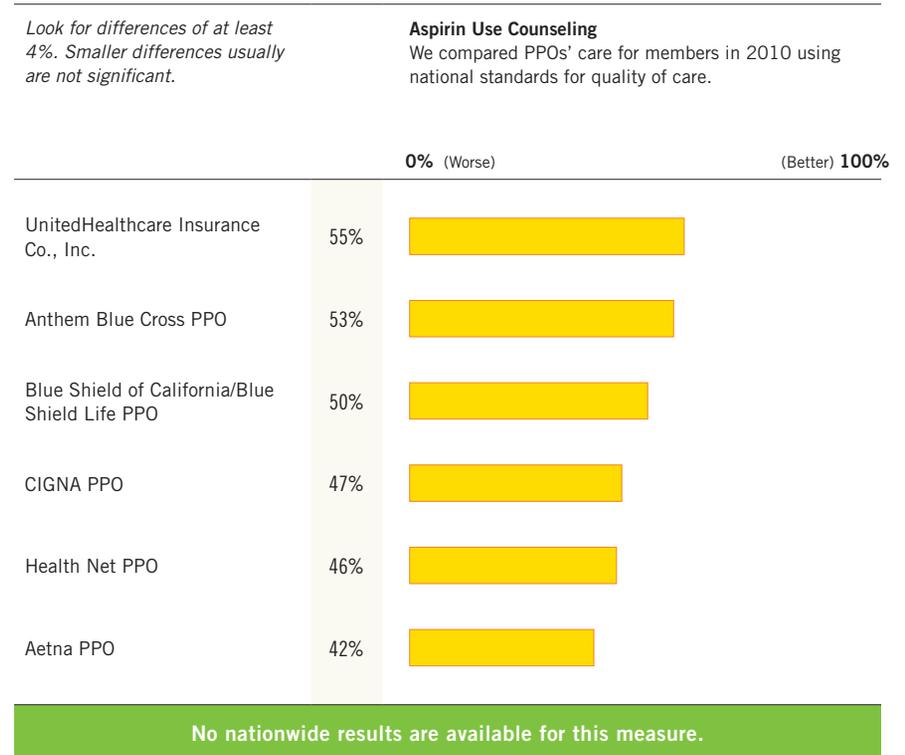
What Was Measured?

What percentage of women, ages 55-79, and men, ages 45-79, in the PPO, who have cardiovascular risks, had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care?

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

Why Is It Important?

Aspirin use is an easy and low cost way to help avoid two of the deadliest conditions – heart attacks and strokes. The doctor should talk with patients who have heart problems about the benefits of using aspirin and also about the possible harm as regular aspirin use can have side effects like internal bleeding.



* See page 4 for more information about the green line.

Maternity Care At-a-Glance

Why is it important?

The best PPOs 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 PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★★★	
Anthem Blue Cross PPO	★★★	
Blue Shield of California/ Blue Shield Life PPO	★★★	
CIGNA PPO	★★★★★	
Health Net PPO	★★★★★	
UnitedHealthcare Insurance Co., Inc.	★★★★★	

MATERNITY CARE

Visits During Pregnancy

What Was Measured?

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

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

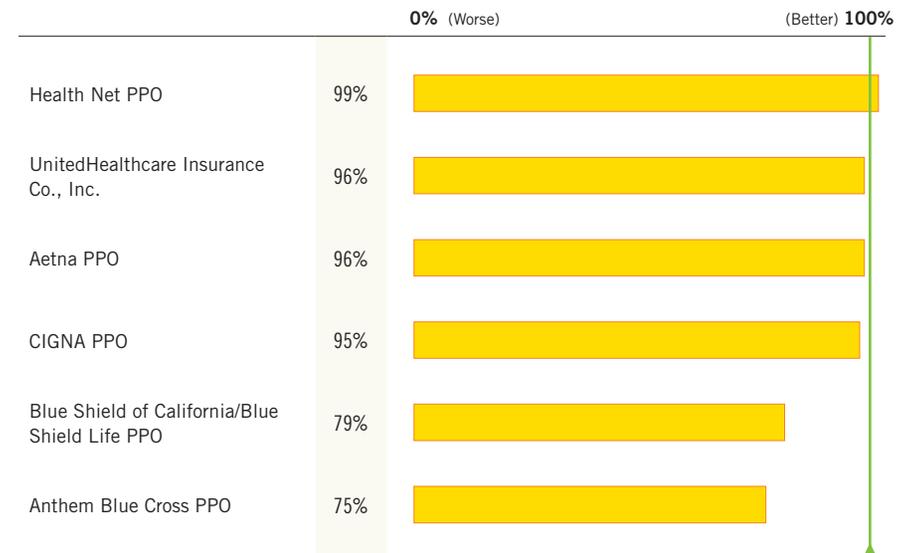
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 97% *

Visits After Giving Birth

What Was Measured?

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

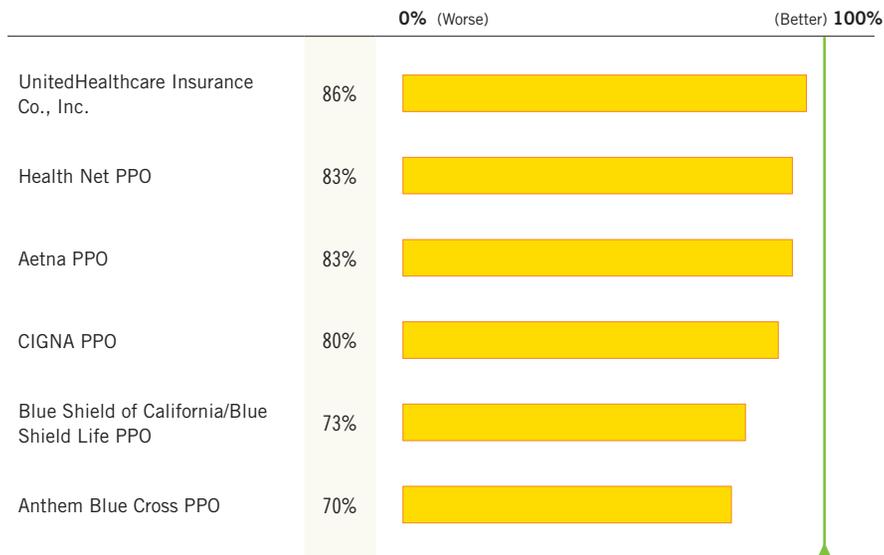
These results are based on a sample of PPO patient billing and medical records.

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 90% *

* See page 4 for more information about the green line.

Mental Health Care At-a-Glance

Why is it important?

The best PPOs 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 PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★★★	
Anthem Blue Cross PPO	★★★★★	
Blue Shield of California/ Blue Shield Life PPO	★★★★★	
CIGNA PPO	★★★★★	
Health Net PPO	★★★	
UnitedHealthcare Insurance Co., Inc.	★★★★★	

MENTAL HEALTH CARE

Alcohol & Drug Dependence Treatment

What Was Measured?

What percentage of PPO 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 PPO patient administrative records.

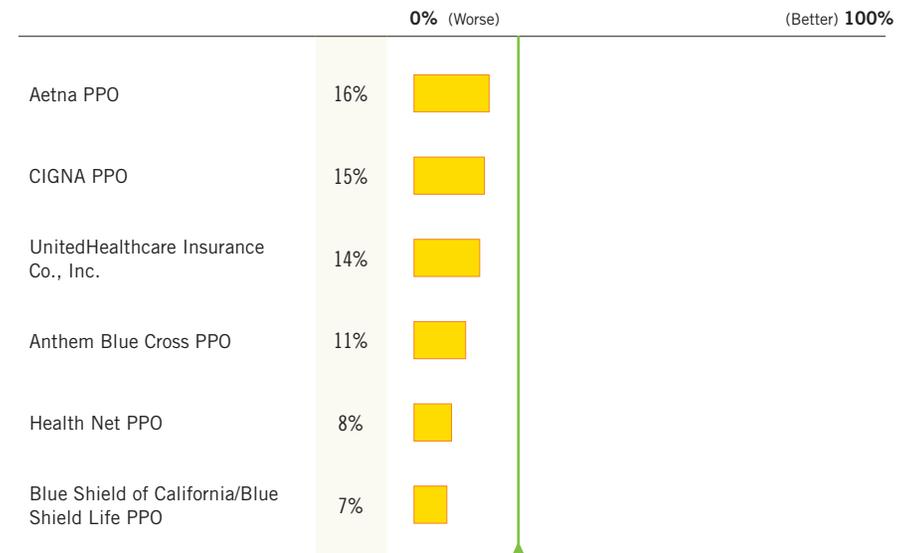
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 22% *

Anti-depressant Medication — Ongoing Treatment

What Was Measured?

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

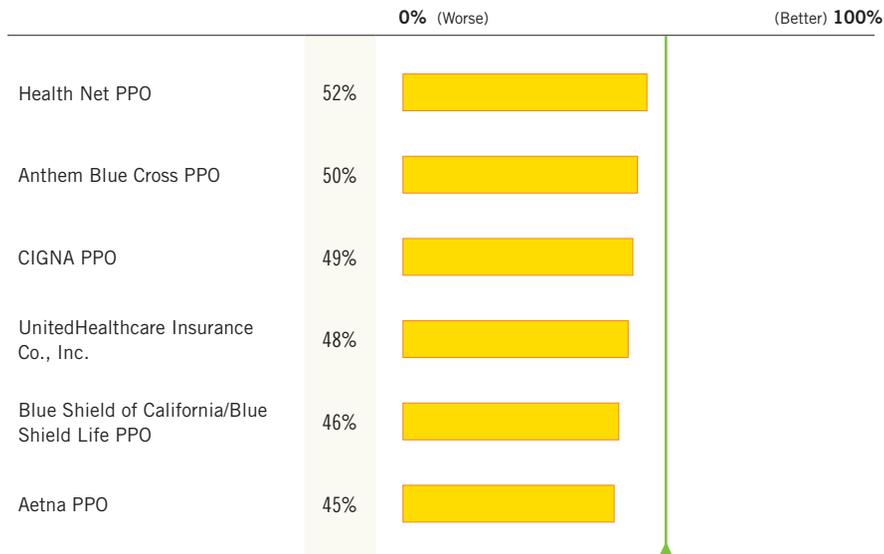
These results are based on PPO patient administrative records.

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 PPOs’ care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 56% *

Follow-up Visit After Mental Illness Hospital Stay

What Was Measured?

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

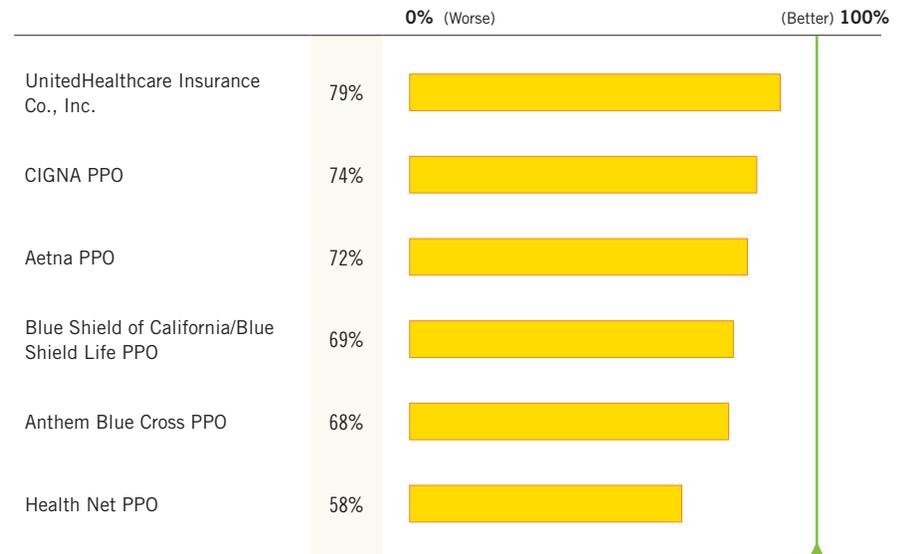
These results are based on PPO patient administrative records.

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 PPOs’ care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 87% *

* See page 4 for more information about the green line.

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

Why is it important?

The best PPOs see that their members get the right care at the right time. Good care means getting treatments that are proven to work. Highly rated PPOs make sure that you don't get treatments that do not help you get better and that may cause injury or illness. If you are at risk for illnesses like the flu they also help see that you get your flu shots.

	★★★★★ Excellent ★★★★ Good ★★★ Fair ★ Poor	Treating Adults: Getting the Right Care We compared PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★	
Anthem Blue Cross PPO	★	
Blue Shield of California/ Blue Shield Life PPO	★	
CIGNA PPO	★★★★	
Health Net PPO	★	
UnitedHealthcare Insurance Co., Inc.	★	

TREATING ADULTS: GETTING THE RIGHT CARE

Flu Shots for Adults

What Was Measured?

What percentage of medical group members, age 50-64, received a flu shot during the most recent flu season?

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

Why Is It Important?

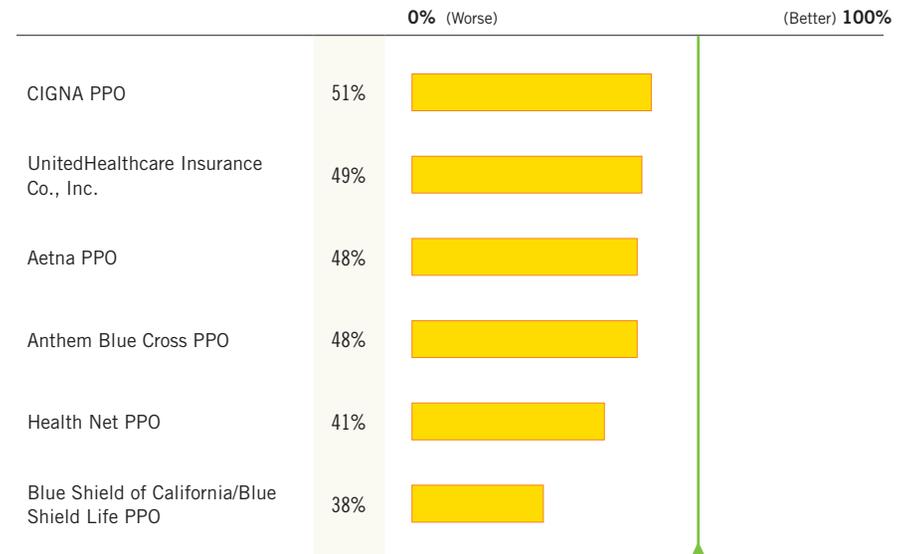
Flu shots, also called vaccines or immunizations, are the best way to reduce the chances of getting the flu for most people.

The Centers for Disease Control recommends that people at higher risk for the flu, including adults age 50 and older, should get a shot each flu season. Though in many cases, the fever, headache and fatigue from a flu ends within a week, a flu can lead to serious health problems including pneumonia; ear, nose and throat infections or a worsening of an existing medical condition.

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

Flu Shots for Adults

We compared how PPO members rate their care and services during 2010.



Score for top health plans nationwide 61% *

* See page 4 for more information about the green line.

Treating Arthritis With Medications

What Was Measured?

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

These results are based on PPO patient administrative records.

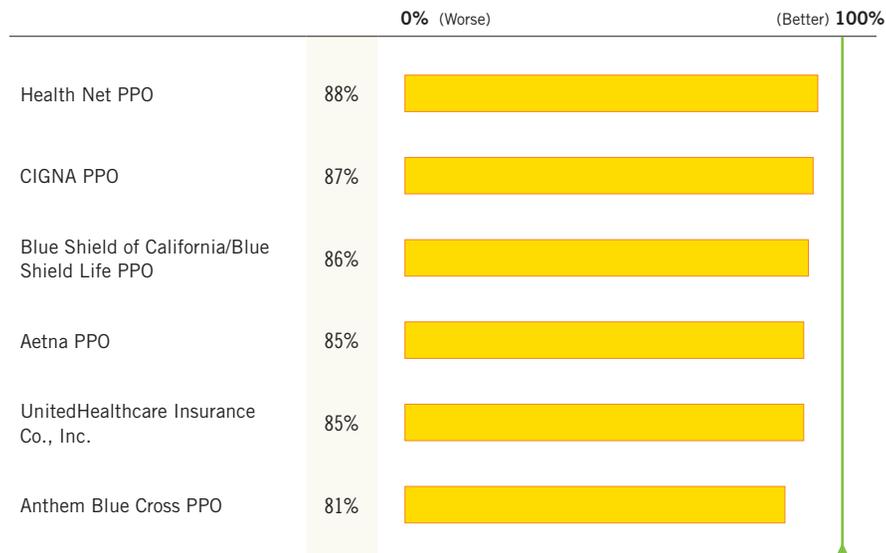
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 93% *

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?

These results are based on PPO patient administrative records.

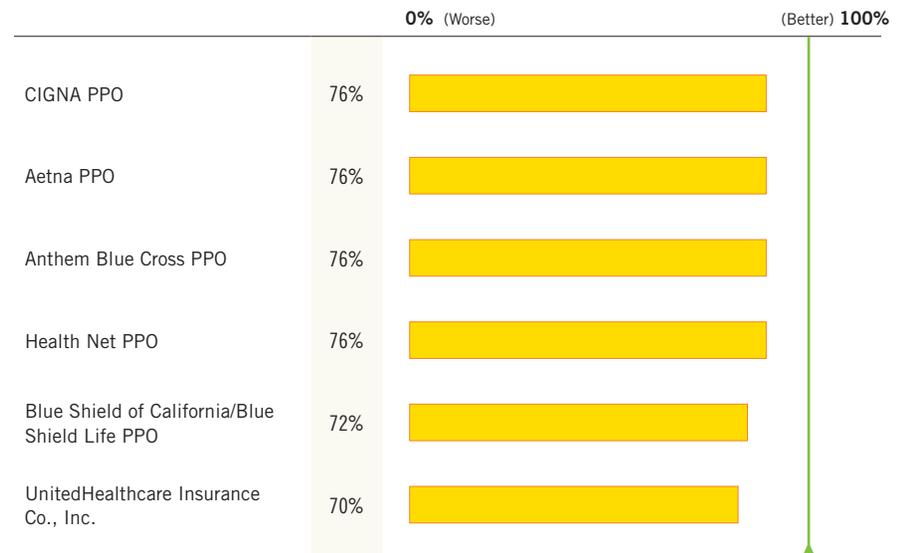
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 85% *

* See page 4 for more information about the green line.

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

Why is it important?

The best PPOs work to prevent childhood diseases and, when a child or adolescent is ill, doctors only prescribe antibiotics that are truly necessary. Good care also means that children who struggle with attention deficit disorder are regularly checked to see that they are getting the right medications.

		Treating Children: Getting the Right Care We compared PPOs' care for members in 2010 using national standards for quality of care.
Aetna PPO	★★★	
Anthem Blue Cross PPO	★★★	
Blue Shield of California/Blue Shield Life PPO	★★★	
CIGNA PPO	★★★	
Health Net PPO	★★★	
UnitedHealthcare Insurance Co., Inc.	★★★	

TREATING CHILDREN: GETTING THE RIGHT CARE

Treating Children with Throat Infections

What Was Measured?

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

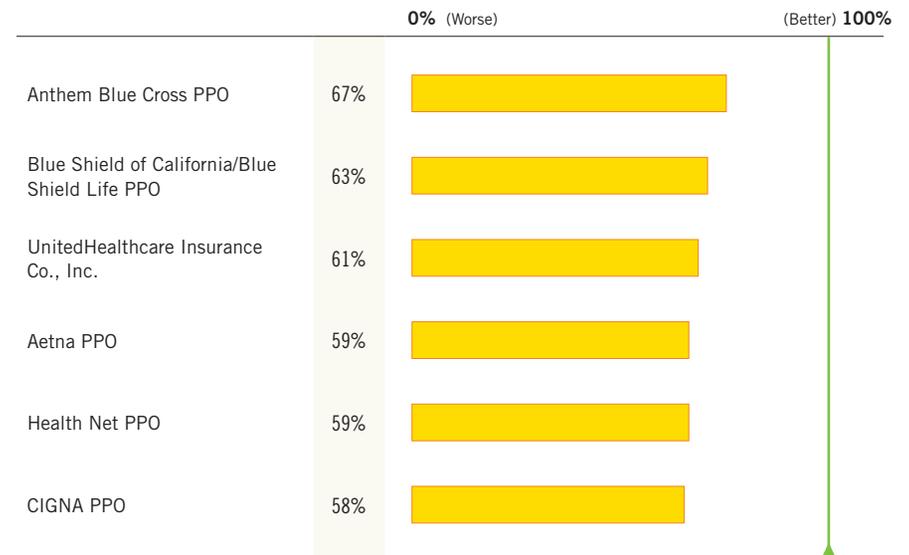
These results are based on PPO patient administrative records.

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 89% *

* See page 4 for more information about the green line.

Treating Children with Upper Respiratory Infections

What Was Measured?

What percentage of children in the PPO, 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 PPO patient administrative records.

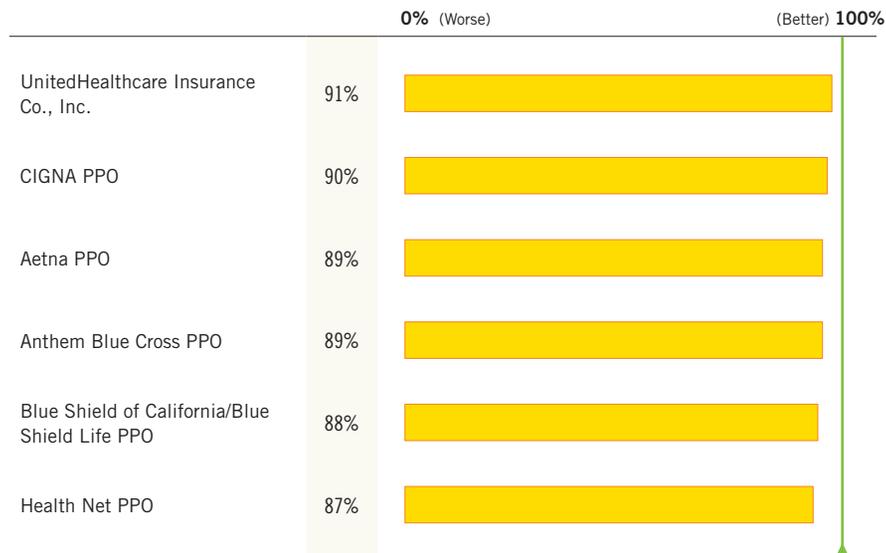
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 93% *

Care for Attention Deficit Disorder

What Was Measured?

What percentage of children, who were prescribed a medication for ADHD, remained on the medication over time and had follow-up visits in the months after starting their medication?

These results are based on PPO patient administrative records.

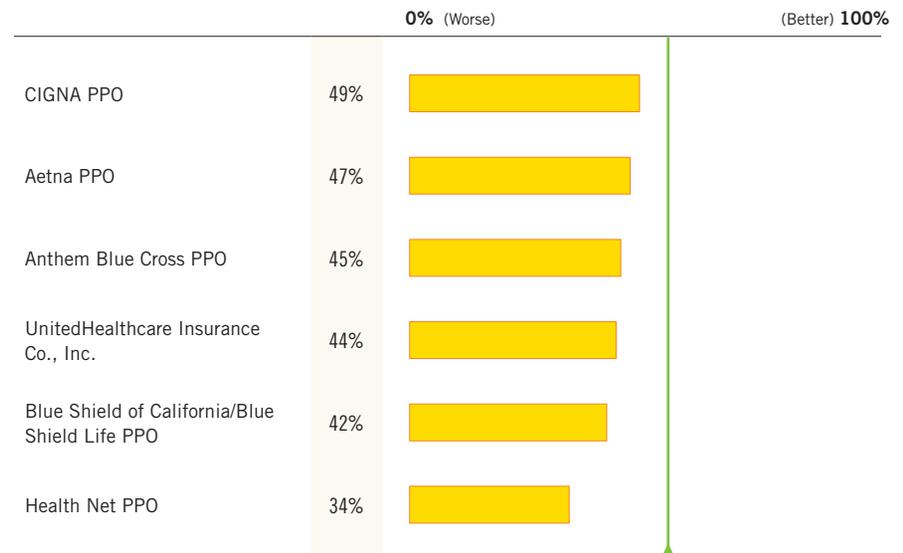
Why Is It Important?

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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 55% *

* See page 4 for more information about the green line.

Testing for Cause of Back Pain

What Was Measured?

What percentage of PPO 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 PPO patient administrative records.

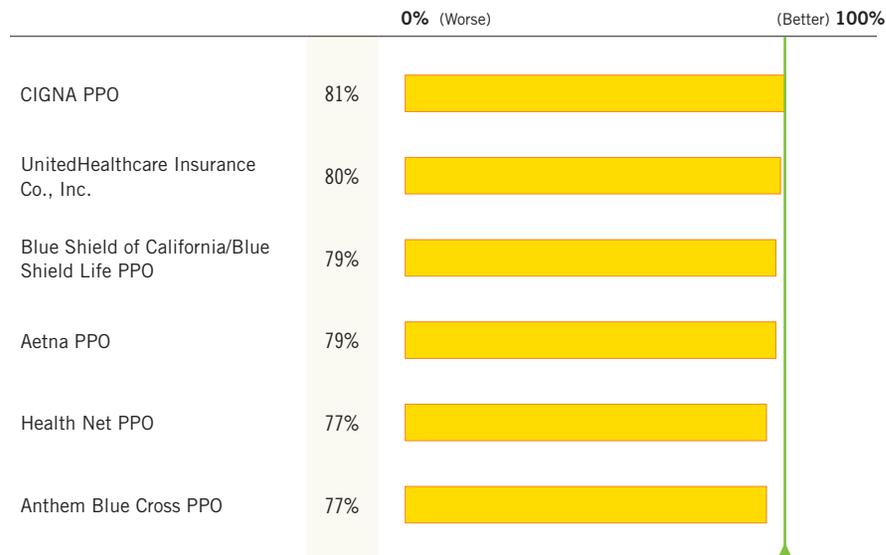
Why Is It Important?

How patients are treated for back pain signals how well PPOs 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 PPOs' care for members in 2010 using national standards for quality of care.



Score for top health plans nationwide 81% *

* See page 4 for more information about the green line.

Getting Care Easily At-a-Glance

Why is it important?

At times it is important to see your doctor quickly. Good health plans see that medical offices have systems to meet the needs of patients who have urgent problems or questions.

The best PPOs also make sure that patients easily get their follow-up care – like tests or treatments. In highly rated PPOs, patients who need to see a specialist are able to easily schedule appointments without paperwork or other hassles.

An Excellent rating ★★★★★ means that a PPO is among the top 10% of all plans nationwide.

Rating	Getting Care Easily
★★★★★ Excellent	We compared how members rated their PPO during 2009 and 2010 to national results.
★★★★ Good	
★★★ Fair	
★ Poor	
Aetna PPO	★★
Anthem Blue Cross PPO	★★★★
Blue Shield of California/ Blue Shield Life PPO	★★
CIGNA PPO	★
Health Net PPO	★★
UnitedHealthcare Insurance Co., Inc.	★★★★

GETTING CARE EASILY

Getting Appointments and Care Quickly

What Was Measured?

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

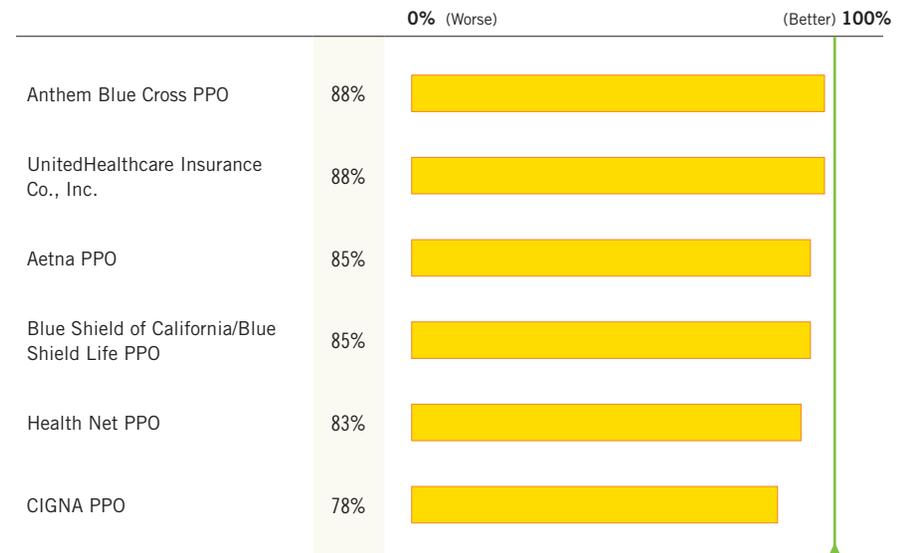
These results are based on a survey of a sample of PPO members.

Why Is It Important?

Getting care when you need it is important to everyone. High scores mean that PPO 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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 90% *

* See page 4 for more information about the green line.

Getting Doctors and Care Easily

What Was Measured?

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

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

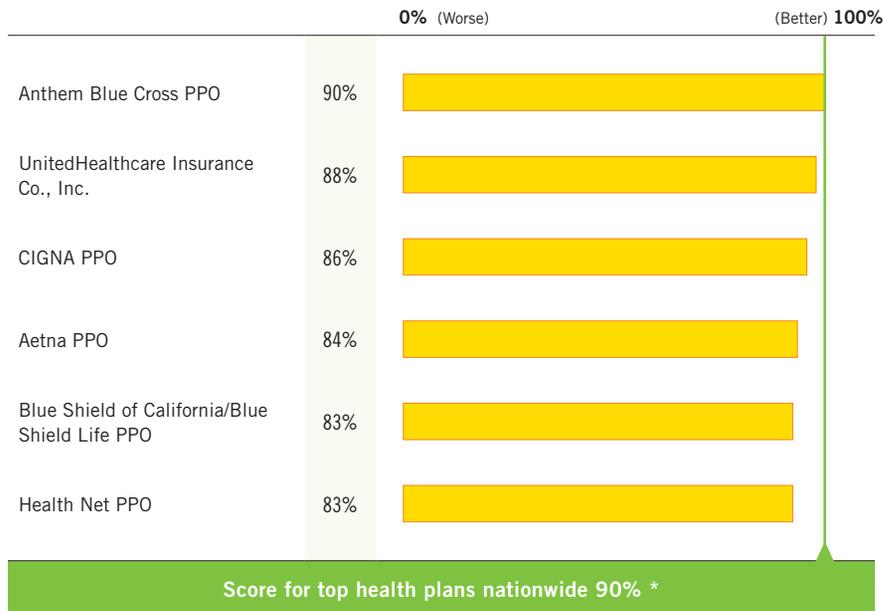
Why Is It Important?

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 PPO members rate their care and services during 2010.



* See page 4 for more information about the green line.

Plan Service At-a-Glance

What was measured?

Members who contacted their plan rate customer service helpfulness, getting cost information and claims paid correctly during 2009 and 2010.

Why Is It Important?

The best PPOs give their members clear information, pay claims correctly, and solve problems quickly. Also, good customer service means the PPO tells you the cost that you would pay for a medical service.

An Excellent rating ★★★★★ means that a PPO is among the top 10% of all plans nationwide.

★★★★★ Excellent ★★★★ Good ★★★ Fair ★ Poor	Plan Service We compared how members rated their PPO during 2009 and 2010 to national results.
	★
Aetna PPO	★

Anthem Blue Cross PPO	★★★

Blue Shield of California/ Blue Shield Life PPO	★

CIGNA PPO	★

Health Net PPO	★

UnitedHealthcare Insurance Co., Inc.	★★★

PLAN SERVICE

Customer Service

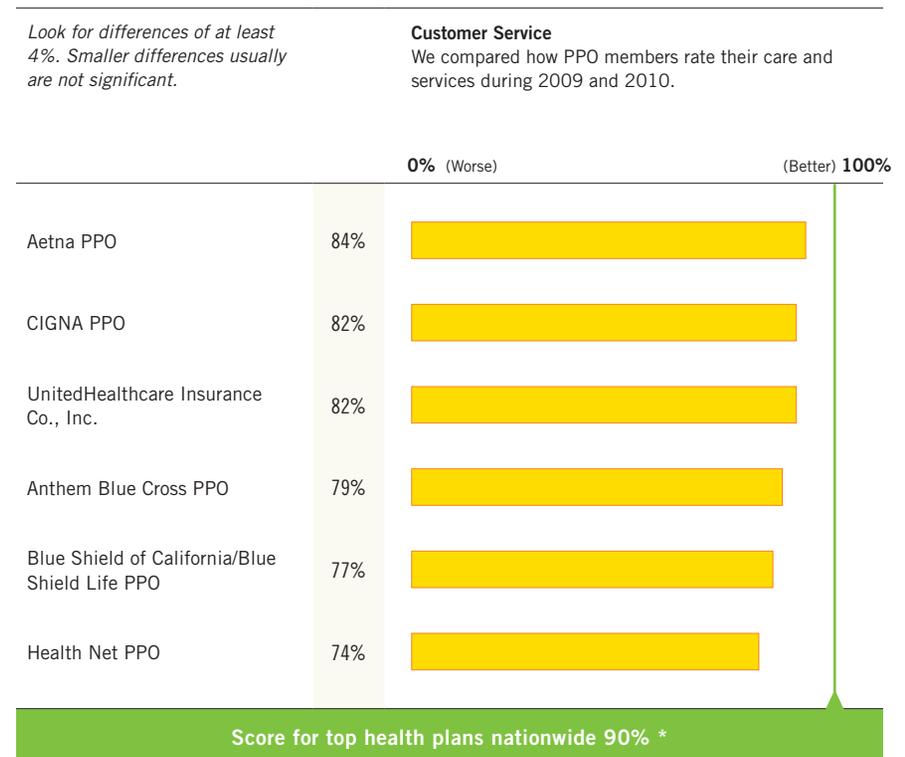
What Was Measured?

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

These results are based on a survey of a sample of PPO members who contacted their plan.

Why Is It Important?

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



* See page 4 for more information about the green line.

PLAN SERVICE

Paying Claims

What Was Measured?

What percentage of PPO members highly rated their PPO on paying claims correctly and quickly?

These results are based on a survey of a sample of PPO members who contacted their plan.

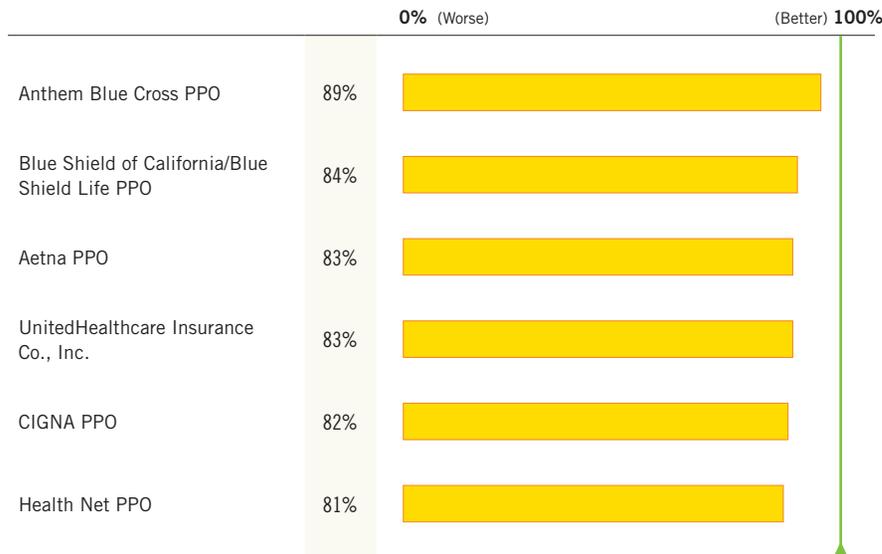
Why Is It Important?

High scores mean that PPO members reported that claims were paid correctly and quickly.

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

Paying Claims

We compared how PPO members rate their care and services during 2009 and 2010.



Score for top health plans nationwide 93% *

PLAN SERVICE

Plan Information on What You Pay

What Was Measured?

What percentage of members got information from their PPO when they asked what they would pay for a service like a prescription or an office visit?

These results are based on a survey of a sample of PPO members who contacted their plan.

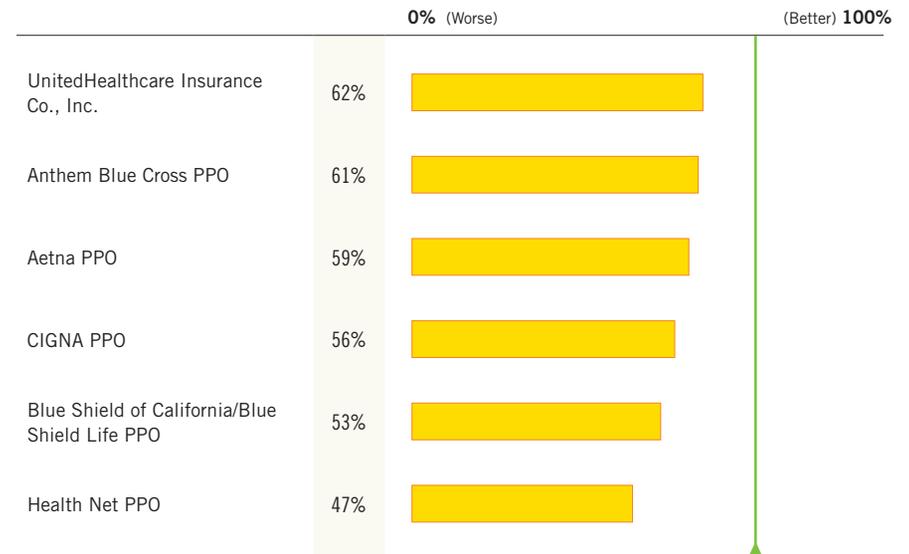
Why Is It Important?

As members pay a bigger share of their medical costs, PPOs need to help them find ways to save money. Insurance and payment arrangements are confusing; often it is unclear how much you would spend for a medical service; and there is little information about how to shop to spend wisely. Members are more satisfied paying their share when they have all the cost information and know their options for buying services to meet their needs.

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

Plan Information on What You Pay

We compared how PPO members rate their care and services during 2009 and 2010.



Score for top health plans nationwide 73% *

* See page 4 for more information about the green line.

Finding a Personal Doctor

What Was Measured?

What percentage of PPO 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 PPO members.

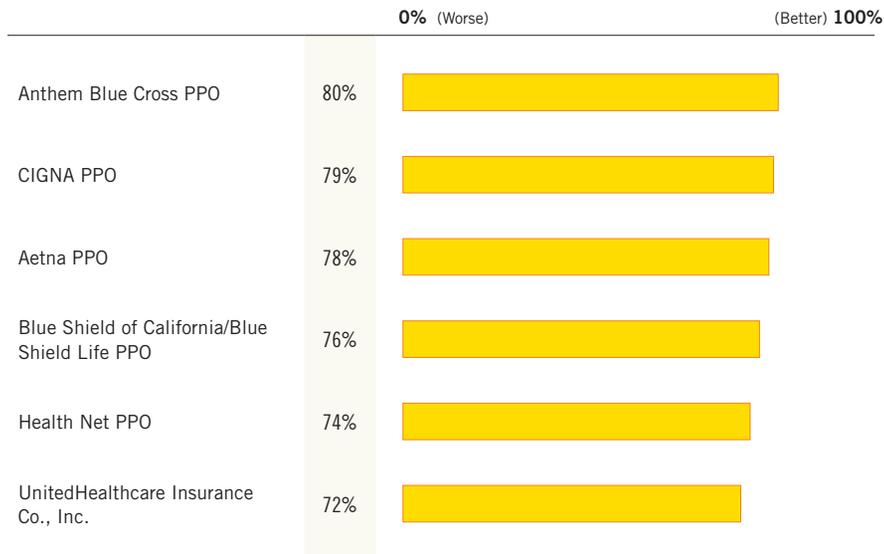
Why Is It Important?

High scores mean that it was easy for PPO 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 PPO members rate their care and services during 2010.



No nationwide results are available for this measure.

Answer Customer Phone Calls Quickly

What Was Measured?

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

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

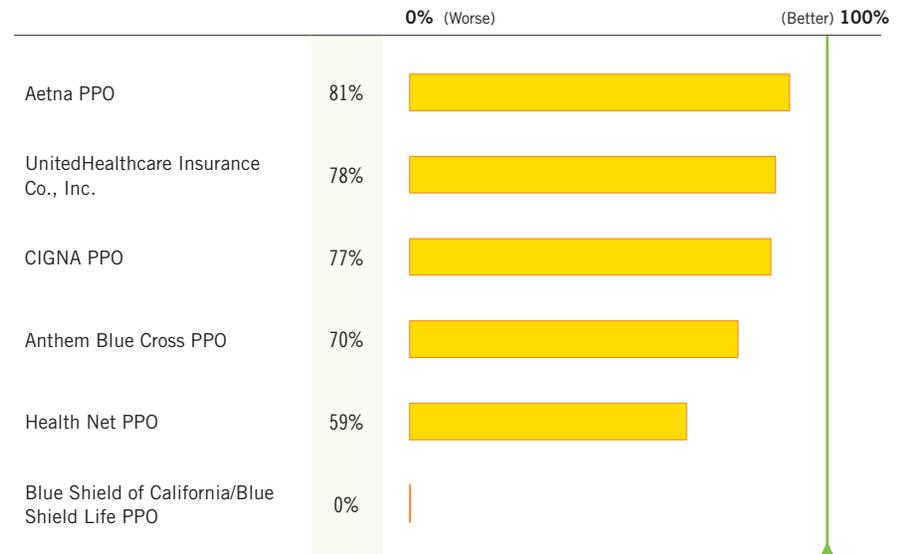
Why Is It Important?

PPOs 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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 89% *

* See page 4 for more information about the green line.

Doctor Communications

PPOs whose doctors are highly rated by their patients see that:

- Patients aren't rushed during their office visit — they have enough time to talk through concerns with the doctor,
- Systems are in place to make sure that patients don't fall through the cracks — patient records are immediately available to anyone who is caring for the patient,
- Patients and doctors make decisions together,
- Doctors talk through options with the patient — to treat an illness or to stay healthy,
- Doctors are respectful and attentive to the patient's concerns.

Why is it important?

The doctors and their staff often are a big part of your experience with a PPO. Highly rated PPOs have doctors and staff who listen to patients, explain things clearly and treat them with respect.

Patients who are part of the decision-making about their health often do better — top doctors help patients make choices that best fit their needs. Good care also means your regular doctor and any other staff or doctors know about all of your health care – to make sure that your information and needs don't fall through the cracks.

DOCTOR COMMUNICATIONS

Doctor Communicates with Patients

What Was Measured?

What percentage of PPO members highly rated their doctors' communication skills?

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

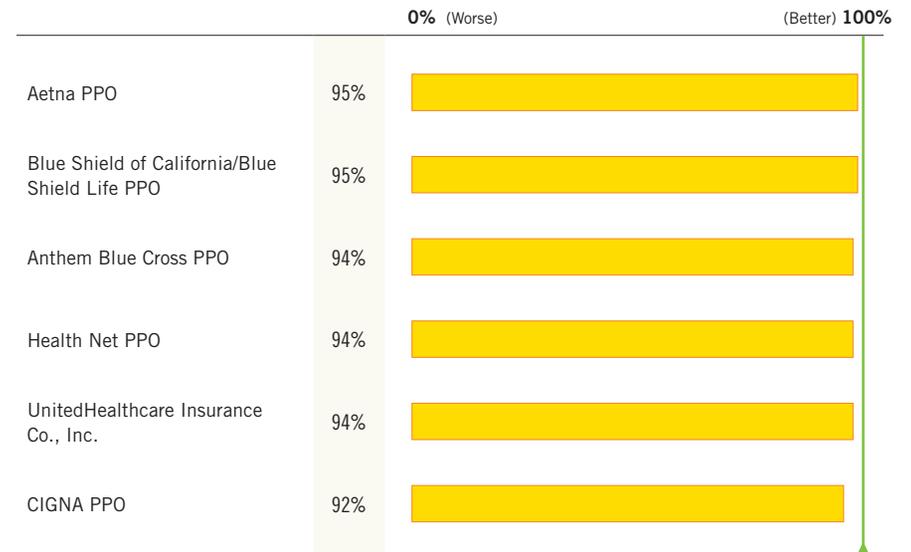
Why Is It Important?

Doctors' communications with their patients are important to good health care. Patients follow their doctor's instructions better 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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 96% *

* See page 4 for more information about the green line.

Patient and Doctor Share Decisions

What Was Measured?

What percentage of PPO 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 PPO members.

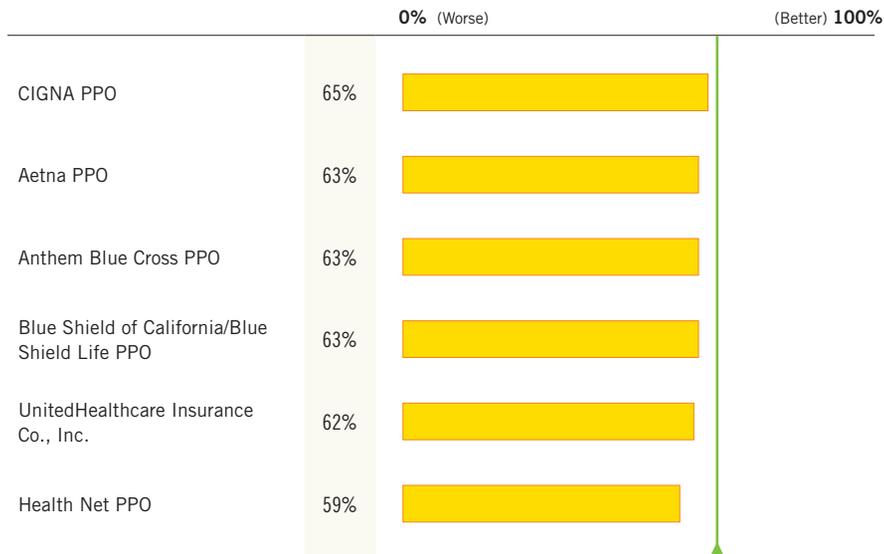
Why Is It Important?

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.

The patient's preferences matter when making treatment 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.

Patient and Doctor Share Decisions
We compared how PPO members rate their care and services during 2010.



Score for top health plans nationwide 67% *

Coordinated Care

What Was Measured?

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

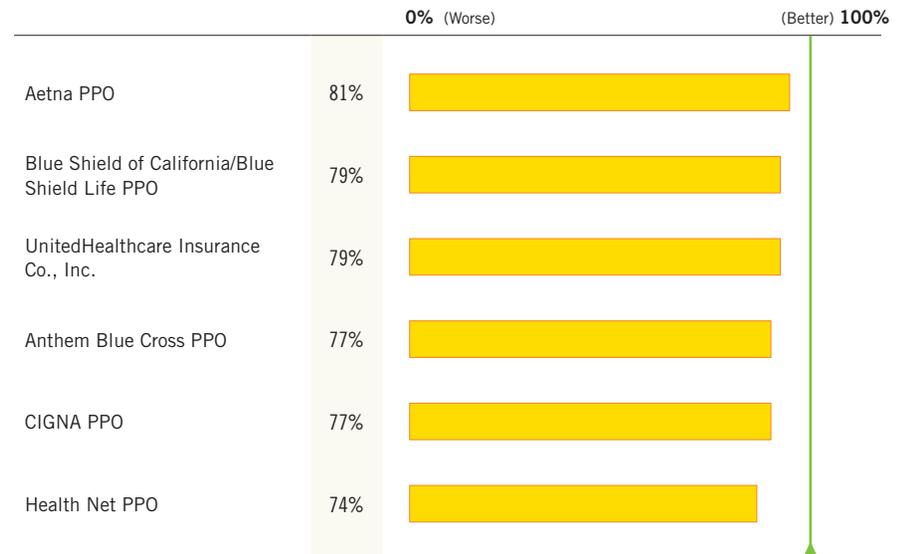
These results are based on a survey of a sample of PPO members.

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 PPOs 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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 85% *

* See page 4 for more information about the green line.

DOCTOR COMMUNICATIONS

Health Promotion

What Was Measured?

What percentage of PPO 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 PPO members.

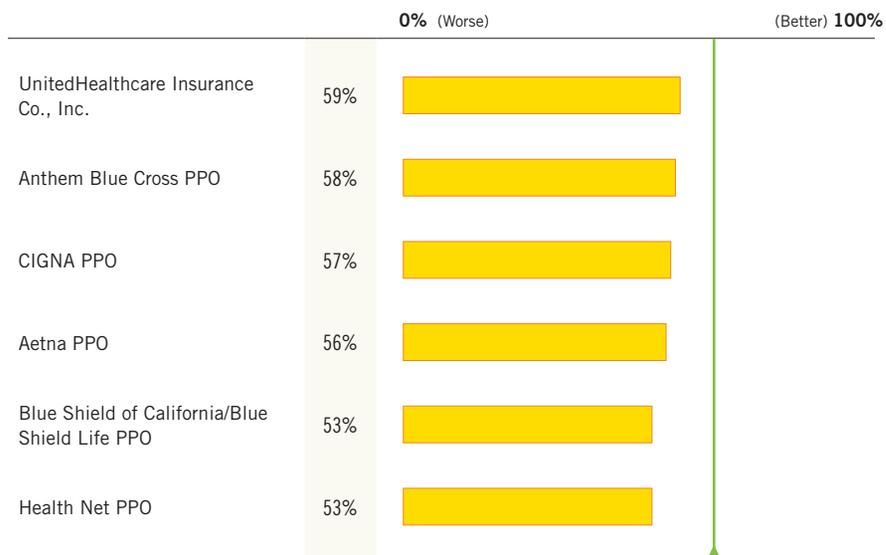
Why Is It Important?

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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 66% *

DOCTOR COMMUNICATIONS

Health Care Highly Rated

What Was Measured?

What percentage of PPO 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 PPO members.

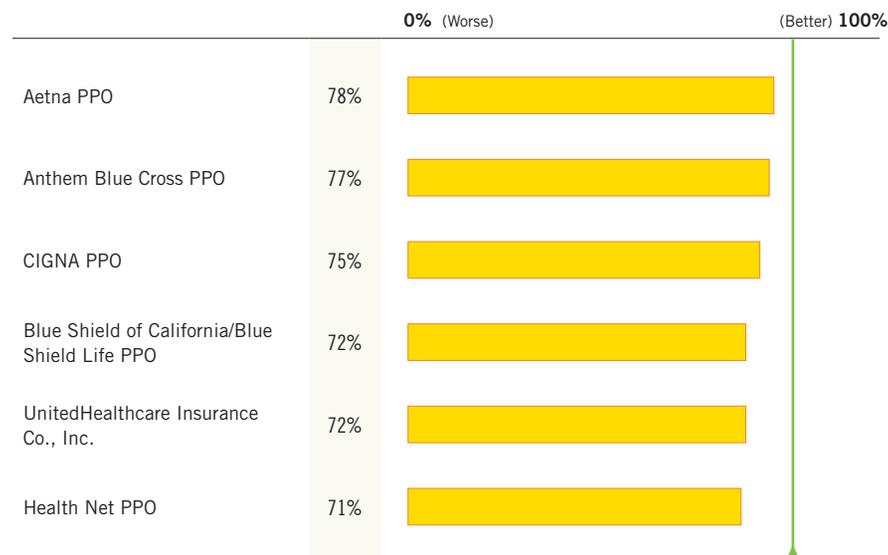
Why Is It Important?

How you feel about your health plan depends on your experiences with the doctors and the staff. PPOs 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 PPO members rate their care and services during 2010.



Score for top health plans nationwide 82% *

* See page 4 for more information about the green line.

Member Complaints Summary

A clear signal about a PPO's service and care is how well the plan handles members' concerns or complaints. Members are surveyed to see if they were satisfied with how the PPO solved a problem after they contacted the plan.

Why Is It Important?

Medical care and health insurance are very complex businesses. The rules and responsibilities are confusing to patients and professionals — misunderstandings and mistakes are common.

The best PPOs solve their members' problems by having well-trained staff and good business systems. These PPOs have knowledgeable, respectful staff; systems and clear rules to quickly troubleshoot member complaints and to clear up confusion or settle a disagreement.

MEMBER COMPLAINTS

Member Complaints

What Was Measured?

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

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

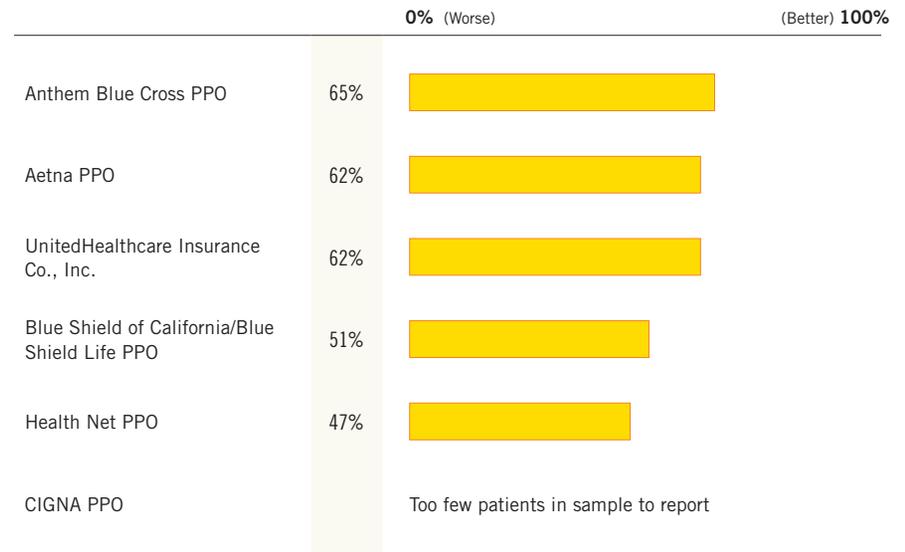
Why Is It Important?

PPOs that score highly do a better job of solving member's concerns or complaints. PPO 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 PPO members rate their care and services during 2010.



No nationwide results are available for this measure.

Health Plan Highly Rated

PPOs that are highly rated by their members see that:

- Members see the doctor or get tests and treatment without delay,
- Claims for medical services are paid quickly and correctly,
- Members easily get information about their share of costs,
- Members easily find a personal doctor that is a good match,
- When members need information or help, they are treated respectfully and their problems or questions are solved.

Why Is It Important?

Members' overall rating of their plan shows how members value the medical care and the level of service from the plan. This rating reveals the members' customer service experiences including having claims paid quickly and correctly and getting clear information about coverage and what you pay.

This rating also sums up the members' experiences in finding a doctor that meets their needs, seeing doctors and other providers without delay, and being treated with respect whether in the doctor's exam room or on the phone with the customer service staff.

HEALTH PLAN HIGHLY RATED

Health Plan Highly Rated

What Was Measured?

What percentage of PPO members highly rated their health plan — 8, 9 or 10 on a 0–10 scale?

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

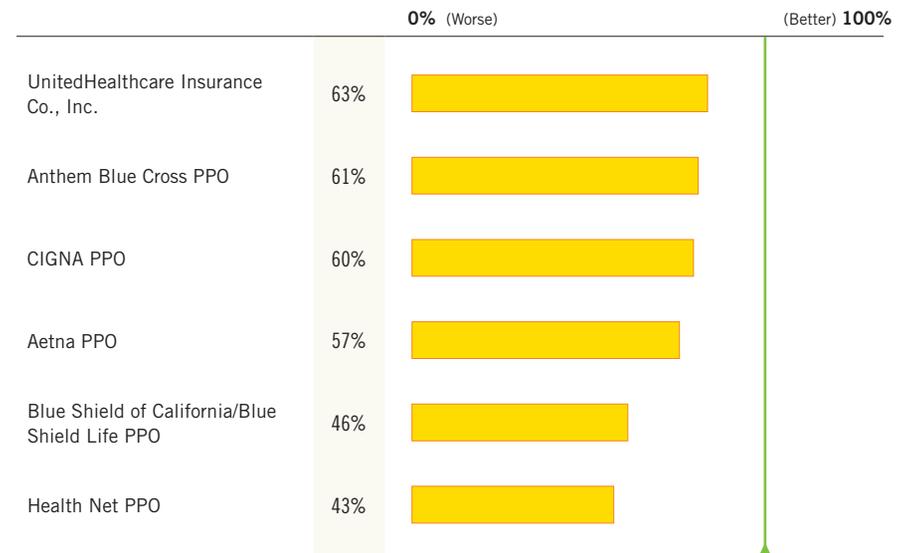
Why Is It Important?

Members' overall rating of their plan shows how members value the medical care and the level of service from the plan. This rating reveals the members' customer service experiences including having claims paid quickly and correctly and getting clear information about coverage and what you pay. It also sums up the members' experiences in finding a doctor that meets their needs, seeing doctors and other providers without delay and being treated with respect whether in the doctor's exam room or on the phone with the customer service staff.

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

Health Plan Highly Rated

We compared how PPO members rate their care and services during 2010.



Score for top health plans nationwide 75% *

* See page 4 for more information about the green line.

Scoring and Rating Methods

REPORT CARD MEASURES & SCORES

Meeting National Standards of Care Health plan clinical care quality scores were constructed using the Healthcare Effectiveness Data and Information Set (HEDIS®). Based on a review of medical service records from a sample of commercial health plan members, the HMO and PPO HEDIS scores represent the proportion of the sample of members who got the right care during 2010. Results are reported in the Health Care Quality Report Card using one overall summary score and nine health condition topics:

- 1. Meeting National Standards of Care** represents an overall clinical score based on an aggregation of scores for 38 HEDIS measures.
- 2. Nine health condition topics** include the aggregation of scores for measures concerning: Asthma and Other Respiratory Care, Checking for Cancer, Chlamydia Screening, Diabetes Care, Heart Care, Maternity Care, Mental Health Care, Treating Children: Getting the Right Care, and Treating Adults: Getting the Right Care.

Member Ratings Compared to Plans Nationwide Health plan member experience scores were constructed using the Consumer Assessment of Healthcare Provider and Systems (CAHPS®) quality performance systems for plan members who were enrolled throughout 2010. Some of the CAHPS data is also from health plan member experience reported in 2009. A sample of health plan members are annually surveyed using a standardized process. The HMO and PPO CAHPS results are reported in the Health Care Quality Report Card using several summary ratings and measure scores representing members' experiences of care and service.

Scores for the CAHPS measures are based on the proportion of members who gave a positive response 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 (e.g., getting an appointment) to the member "never" had a positive experience. The members' responses for a set of related questions like "paying claims" are combined to create a proportional rate for that measure.

Three summary ratings are reported:

- 1. Members Rate Their HMO** is based on a single CAHPS® survey question that asks members to rate all of their experience during 2010 with the plan. This rating is available for HMOs but not for PPO plans this year.
- 2. Getting Care Easily** concerns surveyed members' experiences during 2009 and 2010 in getting appointments with doctors and other providers when needed and getting tests, treatments and other care without delay.
- 3. Plan Service** combines experiences of surveyed members who contacted their plan during 2009 and 2010 in getting claims paid, customer service help and information about the member's costs for care.

ADDITIONAL INFORMATION

- The Medical Group Report Card uses HEDIS and the Patient Assessment Survey (PAS), which is similar to CAHPS.
- The data used in the HMO, PPO and Medical Group Report Cards was collected in coordination with the California Cooperative Healthcare Reporting Initiative (CCHRI), a nonprofit collaborative of health care purchasers, plans and providers.
- A few HEDIS and CAHPS measures in the HMO and PPO Report Cards don't show a score for one or more health plans. One of the following explanations may apply:
 - » **Too few patients in sample to report** means that the health plan did not have enough members who had the experience to be scored for a particular measure.
 - » **No report due to incomplete data** means that the health plan did not report results for the measurement year.
 - » **A 0% result** means that the health plan did not report measure results for two years in a row.
- More in-depth descriptions of the methodology used to calculate star ratings and measure scores can be found on the OPA website (www.opa.ca.gov). From the OPA home page, use Quality Report Card tab and then refer to the Research and Background page to access detailed information about the HMO Ratings, PPO Ratings and Medical Group Ratings.

CALIFORNIA'S TOP MEDICAL GROUPS LISTED BY REGION

2011 Medical Group Ratings by the Integrated Healthcare Association

The online OPA Medical Group Report Card (opa.ca.gov) includes ratings for 212 medical groups. Online users are able to obtain medical group data for their area by “clicking” a county selector link or by choosing from an alphabetized list of medical groups. Forty-four medical groups reached or exceeded the top 25 percent score for each measure of quality related to patient care, service, and use of Health IT during 2010. The 44 top medical groups are listed by region on the next page.

Physician groups and their staffs are scored on the percentage of patients who get care that meets national standards and how patients rate the groups’ care and service. The groups are also scored on how patient records are kept to ensure patient information is correct and how patient records are shared among doctors so that information is available when it’s needed.

The Integrated Healthcare Association (IHA) is a not-for-profit statewide collaborative leadership group composed 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.



BAY AREA

- Hill Physicians Medical Group—East Bay
- 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 Jose (Santa Teresa) Medical Center
- Kaiser Permanente Medical Group—San Rafael Medical Center
- Kaiser Permanente Medical Group—Santa Clara Medical Center
- Kaiser Permanente Medical Group—South San Francisco Medical Center
- Mills-Peninsula Medical Group
- Palo Alto Medical Foundation

CENTRAL COAST

- No medical groups in this region ranked in the top 44

CENTRAL VALLEY

- Kaiser Permanente Medical Group—Central Valley Service Area
- Kaiser Permanente Medical Group—Fresno Medical Center
- Southern California Permanente Medical Group—Kern County

INLAND EMPIRE

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

ORANGE COUNTY

- Bristol Park Medical Group
- Edinger Medical Group
- Southern California Permanente Medical Group—Orange County
- St. Joseph Heritage Medical Group
- St. Jude Heritage Medical Group

LOS ANGELES

- Cedars-Sinai Medical Group
- HealthCare Partners Medical Group
- Southern California Permanente Medical Group—Antelope Valley
- Southern California Permanente Medical Group—Baldwin Park
- Southern California Permanente Medical Group—Downey
- Southern California Permanente Medical Group—Los Angeles
- Southern California Permanente Medical Group—Panorama
- Southern California Permanente Medical Group—South Bay
- Southern California Permanente Medical Group—West Los Angeles
- Southern California Permanente Medical Group—Woodland Hills

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 Clinic Medical Group

SAN DIEGO

- Arch Health Partners
- Sharp Rees-Stealy Medical Centers
- Southern California Permanente Medical Group — San Diego
- UCSD Medical Group



Sandra Perez, *Director*
Office of Patient Advocate
980 9th Street, Suite 500
Sacramento, CA 95814

contactopa@opa.ca.gov
1-866-466-8900

2012 EDITION

To see full versions of the Health Care Quality Report Cards, visit opa.ca.gov and select the Quality Report Card tab. If you have questions or comments about the 2012 Edition of the *Health Care Quality Report Cards*, please contact OPA.