HEALTHCARE EVIDENCE INITIATIVE (HEI) MEASURES BACKGROUND AND METHODOLOGY

HEI

Measures List

- Using HEI data, we pulled administrative measures for 2019-2023.
- The stratified measures that we include in this report cover several domains, including preventive care services, utilization patterns, and behavioral health.

Measure Sections	Page
All Population Performance	9
QHP Performance	67

PERFORMANCE MEASURE	Domain
Breast Cancer Screening Rates with Stratifications	Preventive Care
Child and Adolescent Well Care Visits with Stratifications	Preventive Care
No Utilization of Care with Stratifications	Utilization
Primary Care Visits / 1000 members with Stratifications	Utilization
Primary Care Telehealth Visits / 1000 Members with Stratifications	Utilization
Adult Preventive Visits / 1000 members with Stratifications	Utilization
Ambulatory ER Visits / 1000 members with Stratifications	Utilization
Behavioral Health Visits / 1000 members with Stratifications	Behavioral Health
Behavioral Health Telehealth Visits / 1000 members with Stratifications	Behavioral Health
Concurrent Use of Benzodiazepines (COB) with Stratifications	Behavioral Health
Use of High Dose Opioids (HDO) with Stratifications	Behavioral Health
Pharmacotherapy for Opioid Use Disorder (PLD Measure)	Behavioral Health

Interpreting the HEI-Sourced Measure Set

- Member race and ethnicity is sourced from the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS).
- Health Evidence Initiative (HEI) data excludes Covered California for Small Business (CCSB) and includes only Qualified Health Plan (QHP) submitted claims.
- Measure results from HEI data may differ slightly from Quality Rating System (QRS) measure results due to allowable adjustments in specifications and different denominators as small business members are included in QRS scores. HEI-sourced rates are subject to a quality assurance process including assessing year-over-year results, comparison to QRS publicly reported results where applicable and other industry norms.
- This report was produced using the 3m24b HEI database. This means that data replacements and specification updates may cause slight variation between PPR reports.
- Rates with fewer than 11 cases in the numerator have been suppressed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.
- Rates with fewer than 30 cases in the denominator have been suppressed as small denominators may be unreliable.
- Covered California acknowledges that some rates calculated using HEI data may not precisely match other data sources due to updates and improvements over time. These small variations are felt to be acceptable.

Race and Ethnicity Stratification Background

- Since its inception, addressing health equity and disparities in health outcomes has been integral to the mission of Covered California and central to the organization's marketing, benefit design and health plan accountability efforts.
- Covered California has several contractual requirements of its Qualified Health Plans (QHPs) directly related to health equity and disparities reduction, including:
  - QHP issuers must achieve an 80%-member self-reported response rate for race and ethnicity tied to a performance guarantee.
  - QHP issuers must also meet member self-reported language data collection requirements.
  - Quality of care disparities reduction interventions are required of all health plans and are tied to performance guarantees.
  - NCQA Health Equity Accreditation (previously Multicultural Health Care Distinction) must be obtained.
- This report includes administrative quality measures stratified by race and ethnicity at the QHP level.
- Additionally, this report contains administrative quality measures reported at the Covered California all-population level and stratified by more granular race and ethnicity categories.

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Race and Ethnicity Stratification Mapping

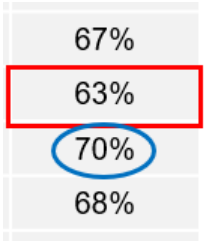
Covered California Race and Ethnicity Categories	Office of Management and Budget	Enrollee Selection [CalHEERS]	Covered California Plan Performance Report Cohort
Responses for ethnicity	Hispanic or Latino	*Hispanic or Latino Indicator* – Yes	Hispanic or Latino
		Cuban Guatemalan Mexican/Mexican American/Chicano Other Hispanic, Latino, or Spanish Origin Puerto Rican Salvadoran	
Responses for race	American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native
	Asian American	Asian American Indian Cambodian Chinese Filipino Hmong Japanese Korean Laotian Other Asian American Vietnamese	Asian American
	Black or African American	Black or African American	Black or African American
	Native Hawaiian or Other Pacific Islander (NHOPI)	Native Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander	Native Hawaiian or Other Pacific Islander (NHOPI)
	White	White	White
	Other	Other	Other
Multiple responses for race		Multiple (more than one race selected)	Multi-Racial
No response for race [or ethnicity]		Null (no response)	Non-Respondent

Additional Stratifications Background

- Covered California collects information on members' income level, geographic location, language preference, and race/ethnicity as part of the member enrollment application whose data is stored in CalHEERS.
- This report uses information to perform additional stratifications at the All-Population level by:
  - Race/ethnicity
  - Asian American subpopulation and Hispanic/Latino subpopulation
  - Income / Federal Poverty Level (FPL)
  - Preferred spoken language
  - Rural versus urban location
- Race and ethnicity stratification was analyzed at OMB categories, with further disaggregation for Asian American and Hispanic groups.
- To stratify members by Income/FPL range, population-level scores are stratified into seven FPL ranges plus an unsubsidized category based on reported income and FPL percentage.
- Members were stratified by their reported preferred spoken language into 15 categories.
- To stratify members by rural versus urban, we used members' zip code as mapped by CMS.[1]

Outliers Assessment

- Throughout this report, we have highlighted outliers in performance across various metrics and stratifications.
- We performed statistical analysis using the following methodologies:
  - Z score: For measures and stratifications that contained large and normally distributed data, Z scores were calculated to identify outliers more than 3 standard deviations from the mean.
  - Interquartile Range: For all other metrics, outliers were detected using the IQR, marking values beyond 1.5*IQR from the quartiles. IQR is a statistical method that accounts for low volumes.
- In each measure summary slide, we've noted statistically significant outliers across stratifications. In slides featuring data tables, we use bold red boxes to highlight significantly poor-performing data points, and a blue oval to indicate high performance. For measures where lower performance is preferable, red still signifies poor performance. Examples of these markings are provided in the slide deck below.



- For measures stratified into two groups (urban and rural), we applied a different methodology due to limitations of Z score and IQR unable to detect differences between only two groups. To flag disparities between urban and rural measure rates, we note where the percentage rate differences exceed 5% and instances where per 1000 rates diverged by more than 69 visits, thresholds were determined by identifying a clear gap, or discontinuity, in the distributions of the data, indicating extreme values.

Using the Report

- This report is divided into two sections:
  - The first section contains results at the All-Covered California population level.
  - The second section contains results specific to Qualified Health Plan performance on each measure.
- The first section of this report, at the All-Covered California population level, features administrative measures with multiple stratifications as described in previous slides, including by race/ethnicity, Asian American and Hispanic/Latino subpopulations, spoken language, income/FPL ranges, and rural vs urban.
  - Note: The 'Unsubsidized' category within the income/FPL stratification encompasses a diverse set of members and a multitude of factors contribute to this category's rates for each measure.
- The second section of this report, at the QHP level, features administrative measures, some of which are stratified by race/ethnicity.
- Each section of the report contains:
  - A summary slide(s) with Key Findings described.
  - A set of visuals that highlight measures of interest or notable trends over time.
  - Several slides thereafter with data tables. Throughout these slides, there is additional description as well as notation of where statistically significant outliers were detected using the methods described previously.
- Citation sources throughout the report may be found on the final slide of this report.

HEALTHCARE EVIDENCE INITIATIVE (HEI) MEASURES
ALL POPULATION RESULTS

Performance Metrics – All Population

HEALTH CARE INITIATIVE (HEI)		
PERFORMANCE MEASURE	**Domain**	**PAGE**
All Population Performance Key Findings	*Key Findings may cover information across domains*	11
Breast Cancer Screening Rates with Stratifications	Preventive Care	14
Child and Adolescent Well Care Visits with Stratifications	Preventive Care	19
Adult Preventive Visits / 1000 members with Stratifications	Utilization	24
Ambulatory ER Visits / 1000 members with Stratifications	Utilization	28
No Utilization of Care with Stratifications	Utilization	33
Primary Care Total Visits / 1000 members with Stratifications	Utilization	39
Primary Care through Telehealth with Stratifications	Utilization	44
Behavioral Health Total Visits / 1000 members with Stratifications	Behavioral Health	50
Behavioral Health through Telehealth	Behavioral Health	56
Concurrent Use of Benzodiazepines (COB) with Stratifications	Behavioral Health	62
Use of High Dose Opioids (HDO) with Stratifications	Behavioral Health	66

All Population Performance Key Findings

Preventive Care Key Findings:

- Performance on measures of preventive care services, such as Breast Cancer Screening, Child and Adolescent Well Care Visits, and Adult Preventive Visits, declined from 2020 through 2022 during the COVID-19 pandemic.
- While Breast Cancer Screening rates increased to pre-pandemic levels in 2023, Child and Adolescent Well Care Visits and Adult Preventive Visit rates have yet to recover.

Utilization Key Findings:

- Primary Care Visit rates decreased from 2019 to 2020 during the onset of the COVID-19 pandemic, but the share of primary care visits being delivered via telehealth increased rapidly during that time.
  - In 2021-2023, the portion of primary care visits delivered via telehealth declined year over year, although it remains higher than pre-pandemic levels and remains an important modality for providing primary care.
- Behavioral Health Visit rates have increased steadily from 2019 to 2023 and remain at their highest level in 2023. Telehealth emerged as the primary method for delivering behavioral health care during this time, with 75% of visits in 2023 delivered via Telehealth.
- The portion of members not utilizing healthcare services increased from 2019 through 2020 during the start of the COVID-19 pandemic but declined in 2021 likely due to a return to care. In 2022 and 2023 we see a larger portion of members not using any care despite the expansion of federal financial assistance for members on the exchange. We will be studying the impact of enhanced state benefits on utilization in subsequent years.

All Population Performance Key Findings

Statistically Significant Outliers

Stratifying by **race/ethnicity** resulted in statistically significant differences in performance across several measures:

- **ER Visit Rates**: Members who identified as American Indian/Alaska Native had statistically significantly higher rates of ER use in 2021-2023, while members identifying as Asian American had statistically significantly lower rates of ER use in 2021-2022.
- **Primary Care Visit Rates:** Members identifying as American Indian/Alaska Native have statistically significant higher rates of PC visits as compared to other race/ethnicity groups across the entire period 2019-2023.

Stratifying by **Asian American subpopulations** and **Hispanic or Latino subpopulations** resulted in statistically significant differences in performance across the following measures:

- **Child & Adolescent Well-Care Visits**: In 2021-2022, members identifying with Multiple Asian American Races exhibited statistically significant higher rates of Well Care Visits compared to other Asian American subpopulations. In 2020-2021, members identifying as Cuban had statistically significant higher rates of Well Care Visits than those in other Hispanic/Latino subpopulations.
- **Non-Utilization of Care**: Members who identified racially as Hmong had statistically significant greater numbers of members who use no healthcare services when compared to members identifying as other Asian American races.

All Population Performance Key Findings

Statistically Significant Outliers

Stratifying by **language** resulted in statistically significant differences in performance across the following measures:

- **Non-Utilization of Care:** Members whose preferred language is Russian (2021-2022) or Hmong (2019 and 2022) had statistically significant higher rates of non-utilization compared to members who prefer other languages.
- **Primary Care Visits**: Members whose preferred language is Punjabi have statistically significant higher rates of PC visits in 2020-2022 than members with other preferred languages.

Stratifying by **income** level resulted in statistically significant differences in performance across the following measures:

- **Breast Cancer Screening**: Income level above 400 FPL is correlated with a statistically significant higher rate of breast cancer screening in 2020-2022 as compared to members in other FPL groups.
- **Non-Utilization of Care:** Members with incomes ≤138 FPL had statistically significant higher rates of non-utilization in 2019-2022 as compared to members in other FPL groups. Conversely, members in the ≥400 FPL group had significantly lower rates of non-utilization in 2022 and 2023.

Stratifying by **rural versus urban geography** resulted in large differences across both geographical groups.

- **Preventive Care Utilization**: From 2019 – 2023, members living in rural areas had lower rates of Well Care Visits for Children and Adolescents, yet higher rates of adult Primary Care Visits than members living in urban zip codes.
- **Behavioral Health Visits**: From 2019-2023 members living in rural areas had lower rates than those in urban areas.

ALL POPULATION PERFORMANCE

Breast Cancer Screening Summary

- **Definition**: The Breast Cancer Screening measure is the percentage of members, 50-74 years of age, who have received a mammogram in the last twenty-seven months to screen for breast cancer. Breast cancer is the most common cancer among American women; screening and early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options.
- **Key Findings**:
  - Overall rates of breast cancer screening decreased from 2019 to 2020, likely because of the COVID-19 pandemic, but have since increased in 2022-2023 to levels that exceed the 2019 rate.
  - Members with higher income levels (above 400 FPL) had statistically significant higher rates of breast cancer screening as compared to members in other FPL groups.
  - When stratifying by race and ethnicity, geography, and language preference, we did not find statistically significant differences between groups in rates of breast cancer screening.

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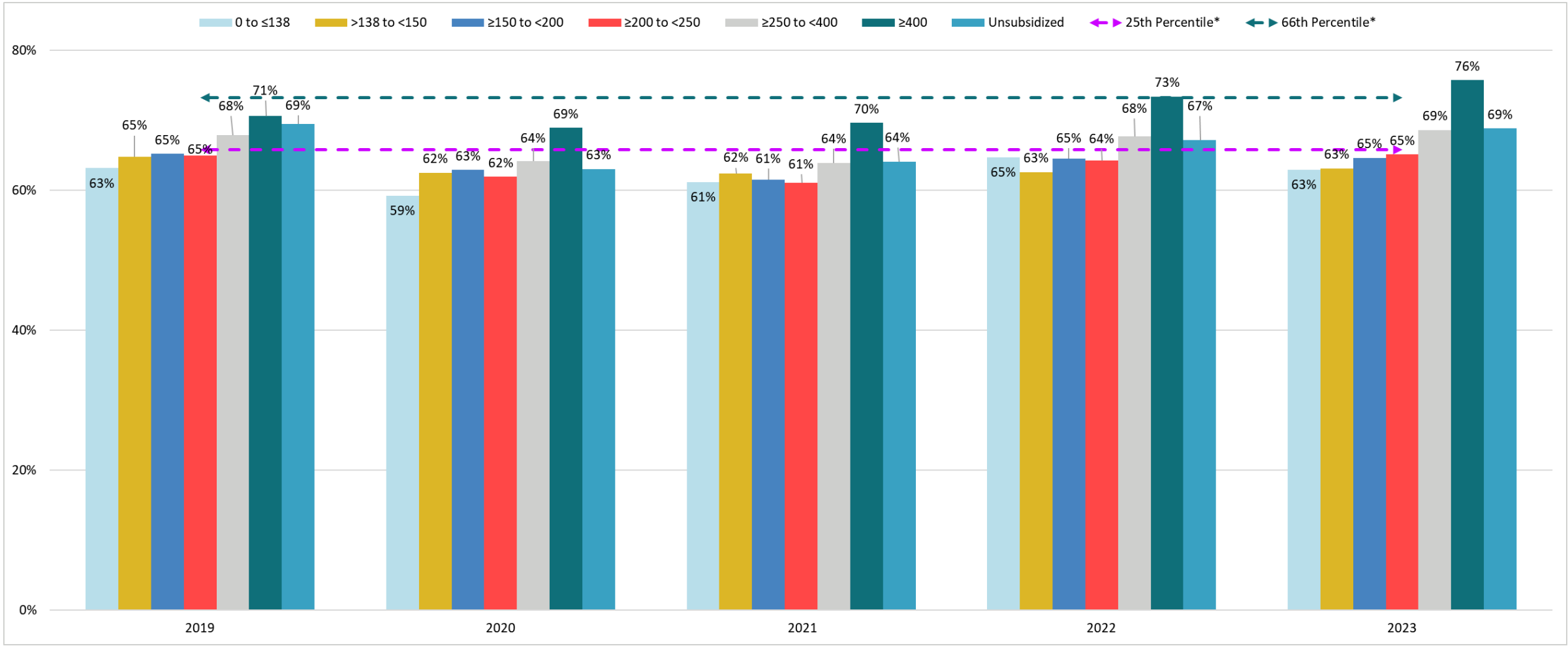
ALL POPULATION PERFORMANCE

Breast Cancer Screening by Federal Poverty Level Over Time



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Blank bars are suppressed data due to counts too low to report.
** QRS National percentile figures for MY2022 indicated as follows: 66th percentile at 0.73 and 25th percentile at 0.66.*

ALL POPULATION PERFORMANCE

Breast Cancer Screening by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**66%**	**63%**	**63%**	**66%**	**67%**
American Indian / Alaska Native	65%	59%	59%	66%	66%
Asian American	63%	59%	59%	63%	63%
Black or African American	69%	67%	68%	70%	69%
Hispanic or Latino	69%	67%	65%	68%	68%
Multi-racial	66%	63%	62%	67%	66%
Native Hawaiian / Pacific Islander	68%	64%	61%	65%	67%
Non-Respondent	65%	62%	62%	65%	66%
Other	67%	64%	64%	68%	68%
White	67%	64%	64%	67%	69%

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Breast Cancer Screening by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**63%**	**59%**	**59%**	**63%**	**63%**
Asian Indian	66%	60%	59%	66%	68%
Cambodian	64%	64%	61%	66%	70%
Chinese	62%	57%	56%	60%	60%
Filipino	65%	62%	61%	65%	68%
Hmong					50%
Japanese	60%	55%	56%	61%	63%
Korean	55%	53%	56%	60%	59%
Laotian		60%	62%	67%	71%
Mixed Race	68%	65%	69%	70%	75%
Other Asian American	66%	59%	60%	66%	68%
Vietnamese	74%	70%	68%	70%	71%

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/ Latino Population	**69%**	**67%**	**65%**	**68%**	**68%**
Guatemalan	71%	74%	68%	68%	72%
Mexican/Mexican American/Chicano	67%	65%	64%	66%	67%
Other	72%	69%	67%	71%	71%
Puerto Rican	68%	61%	69%	68%	71%
Salvadorian	71%	68%	70%	73%	73%
Cuban	69%	67%	74%	64%	67%

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ALL POPULATION PERFORMANCE

Breast Cancer Screening with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**66%**	**63%**	**63%**	**66%**	**67%**
Arabic	70%	70%	69%	73%	69%
Armenian	48%	47%	52%	54%	49%
Cambodian	65%	60%	63%	67%	69%
Cantonese	67%	60%	59%	64%	66%
English	67%	64%	63%	67%	68%
Farsi	75%	74%	73%	72%	70%
Korean	54%	52%	55%	60%	59%
Mandarin	56%	52%	51%	54%	55%
Russian	51%	44%	44%	49%	49%
Spanish	69%	66%	64%	67%	67%
Tagalog	63%	58%	60%	64%	63%
Vietnamese	73%	69%	67%	69%	69%

Income	2019	2020	2021	2022	2023
All Population	**66%**	**63%**	**63%**	**66%**	**67%**
0 to ≤138	63%	59%	61%	65%	63%
>138 to <150	65%	62%	62%	63%	63%
≥150 to <200	65%	63%	61%	65%	65%
≥200 to <250	65%	62%	61%	64%	65%
≥250 to <400	68%	64%	64%	68%	69%
≥400	71%	69%	70%	73%	76%
Unsubsidized	69%	63%	64%	67%	69%

Geography	2019	2020	2021	2022	2023
All Population	**66%**	**63%**	**63%**	**66%**	**67%**
Rural	62%	60%	61%	64%	65%
Urban	66%	63%	63%	66%	67%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

Child and Adolescent Well-Care Visits Summary

- **Definition**: The Child and Adolescent Well-Care Visit measure is the percentage of members, 3-21 years of age, who had at least one comprehensive well-care visit with a primary care or an OB/GYN practitioner during the year.
- **Key Findings**:
  - Overall rates of Child and Adolescent Well-Care Visits decreased between 2019 and 2020 likely due to the COVID-19 pandemic and in 2021-2023 remain steady and below pre-pandemic levels.
  - Stratification by rural versus urban geography revealed persistently lower rates of Well-Care Visits for members living in rural zip codes as compared with those living in urban zip codes in 2019-2023, with a notably significant 5% to 10% rate percentage point difference each year.
  - Stratification by race/ethnicity, income, and language preference did not result in persistent statistically significant differences in the rates of Well-Care Visits from 2019-2023, except in select years as noted below.
    - In 2021-2022, members identifying with Multiple Asian Races exhibited statistically significant higher rates of Well Care Visits compared to other Asian American subpopulations.
    - In 2020-2021, members identifying as Cuban showed statistically significant higher rates of Well Care Visits than those in other Hispanic/Latino subpopulations.

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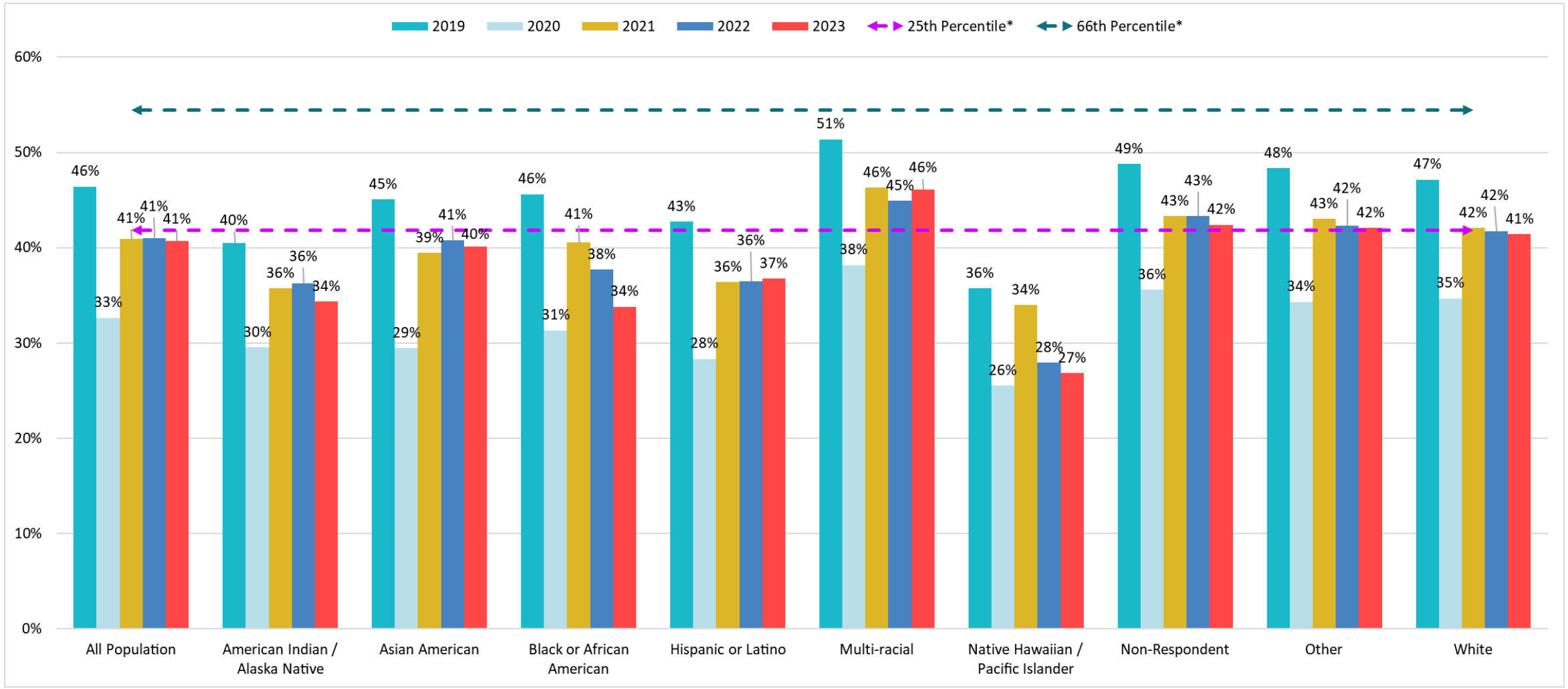
ALL POPULATION PERFORMANCE

Child and Adolescent Well-Care Visits Trend Over Time



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** QRS National percentile figures for MY2022 indicated as follows: 66th percentile at 0.54 and 25th percentile at 0.42.*

ALL POPULATION PERFORMANCE

Child and Adolescent Well-Care Visits by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**46%**	**33%**	**41%**	**41%**	**41%**
American Indian / Alaska Native	40%	30%	36%	36%	34%
Asian American	45%	29%	39%	41%	40%
Black or African American	46%	31%	41%	38%	34%
Hispanic or Latino	43%	28%	36%	36%	37%
Multi-racial	51%	38%	46%	45%	46%
Native Hawaiian / Pacific Islander	36%	26%	34%	28%	27%
Non-Respondent	49%	36%	43%	43%	42%
Other	48%	34%	43%	42%	42%
White	47%	35%	42%	42%	41%

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ALL POPULATION PERFORMANCE

Child and Adolescent Well-Care Visits by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**45%**	**29%**	**39%**	**41%**	**40%**
Asian Indian	49%	29%	39%	40%	42%
Cambodian	32%	29%	34%	28%	33%
Chinese	45%	29%	40%	43%	42%
Filipino	46%	27%	39%	38%	34%
Hmong	33%	35%	25%	31%	
Japanese	50%	34%	45%	43%	45%
Korean	38%	29%	36%	37%	37%
Laotian	42%			48%	
Mixed Race	56%	38%	53%	54%	50%
Other Asian American	46%	33%	40%	43%	43%
Vietnamese	47%	31%	39%	39%	36%

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**43%**	**28%**	**36%**	**36%**	**37%**
Guatemalan	49%	30%	37%	37%	39%
Mexican/Mexican American/Chicano	41%	27%	36%	35%	37%
Other	44%	30%	38%	37%	37%
Puerto Rican	53%	34%	38%	34%	39%
Salvadorian	54%	26%	31%	45%	36%
Cuban	48%	43%	49%	47%	45%

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ALL POPULATION PERFORMANCE

Child and Adolescent Well-Care Visits with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**46%**	**33%**	**41%**	**41%**	**41%**
Arabic	21%	28%	36%		34%
Armenian	44%	38%	29%	45%	33%
Cantonese	35%	24%	33%	32%	36%
English	47%	33%	42%	42%	41%
Farsi	52%	25%	38%	33%	
Korean	36%	29%	31%	31%	30%
Mandarin	41%	26%	38%	40%	39%
Russian	38%	19%	28%	30%	31%
Spanish	38%	25%	32%	32%	31%
Tagalog	38%		43%		
Vietnamese	43%	31%	36%	36%	29%

Income	2019	2020	2021	2022	2023
All Population	**46%**	**33%**	**41%**	**41%**	**41%**
0 to ≤138	40%	29%	35%	34%	34%
>138 to <150	26%	17%	31%	19%	17%
≥150 to <200	25%	16%	20%	20%	18%
≥200 to <250	28%	17%	22%	23%	21%
≥250 to <400	49%	35%	42%	42%	41%
≥400	43%	38%	46%	47%	47%
Unsubsidized	53%	39%	49%	46%	44%

Geography	2019	2020	2021	2022	2023
All Population	**46%**	**33%**	**41%**	**41%**	**41%**
Rural	37%	25%	33%	36%	34%
Urban	47%	33%	41%	41%	41%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

Adult Preventive Visits per 1,000 Members Summary

- **Definition**: The Adult Preventive Visits measure is the annual number of preventive care visits per 1,000 enrolled members , for adults aged 18 and older. Preventive visits include wellness exams or check-ups, counseling sessions, and visits to check on behaviors like tobacco and alcohol use.
- **Key Findings**:
  - Overall rates of Adult Preventive Visits decreased by 36% from 2019 to 2020, likely due to the COVID-19 pandemic, and in 2023 have yet to recover to pre-pandemic levels.
  - When stratifying by race and ethnicity, we found intermittent statistically significant differences as follows:
    - In 2019 and 2021, members identifying as Asian American had statistically higher rates of Adult Preventive Visits than members identifying as other race/ethnicities.
    - In 2019 and 2022, members identifying as Native Hawaiian/Pacific Islander and in 2019 and 2021 members identifying as American Indian/Alaska Native had statistically significant lower rates of Adult Preventive Visits as compared to members identifying as other race/ethnicities.
  - In 2019, 2022, and 2023, members living in rural areas had significantly fewer Adult Preventive Visits than members living in urban areas beyond our significance threshold. Members in rural zip codes have lower rates of Adult Preventive Visits across all years 2019-2023.

ALL POPULATION PERFORMANCE

Adult Preventive Visits per 1,000 Members by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**319**	**203**	**272**	**270**	**273**
American Indian / Alaska Native	237	149	190	188	204
Asian American	374	235	313	317	311
Black or African American	311	193	266	247	240
Hispanic or Latino	287	179	243	234	233
Multi-racial	306	189	260	252	257
Native Hawaiian / Pacific Islander	235	151	213	170	187
Non-Respondent	313	205	271	271	275
Other	326	209	274	272	277
White	309	200	269	268	279

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Blank cells are suppressed data due to counts too low to report.

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ALL POPULATION PERFORMANCE

Adult Preventive Visits per 1,000 Members by Subpopulation

Asian American Subgroups	2019	2020	2021	2022	2023
All Asian American Population	**374**	**235**	**313**	**317**	**311**
Asian Indian	256	138	194	189	191
Cambodian	282	162	257	249	262
Chinese	425	253	345	369	349
Filipino	323	185	259	258	269
Hmong	178	99	135	144	146
Japanese	316	199	288	296	304
Korean	347	277	352	354	353
Laotian	242	145	249	201	187
Mixed Race	357	219	302	300	301
Other Asian American	306	186	251	276	286
Vietnamese	438	294	372	339	341

Hispanic/Latino Subgroups	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**287**	**179**	**243**	**234**	**233**
Guatemalan	362	222	282	289	288
Mexican/Mexican American/Chicano	267	167	228	219	220
Other	324	204	271	268	258
Puerto Rican	324	200	261	250	265
Salvadorian	338	221	293	278	273
Cuban	345	231	272	294	301

COVERED CALIFORNIA

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Adult Preventive Visits per 1,000 Members with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**319**	**203**	**272**	**270**	**273**
Arabic	241	174	215	223	210
Armenian	352	264	312	329	289
Cambodian	374	185	248	258	288
Cantonese	436	265	364	372	366
English	313	199	267	264	270
Farsi	374	294	353	366	348
Hindi				297	235
Hmong	142	93	143	143	136
Korean	367	304	383	393	386
Mandarin	442	272	356	385	349
Punjabi	163	150	208	184	190
Russian	221	174	196	200	204
Spanish	286	176	237	230	224
Tagalog	308	325	250	231	220
Vietnamese	470		410	364	366

Income	2019	2020	2021	2022	2023
All Population	**319**	**203**	**272**	**270**	**273**
0 to ≤138	341	209	256	245	235
>138 to <150	353	243	317	286	276
≥150 to <200	311	202	256	254	255
≥200 to <250	297	186	248	247	247
≥250 to <400	316	199	269	273	280
≥400	2088	215	307	321	331
Unsubsidized	322	186	264	275	284

Geography	2019	2020	2021	2022	2023
All Population	**319**	**203**	**272**	**270**	**273**
Rural	236	157	210	202	206
Urban	324	206	276	274	277

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.
Some notably high values were not highlighted due to a low denominator, affecting their reliability.

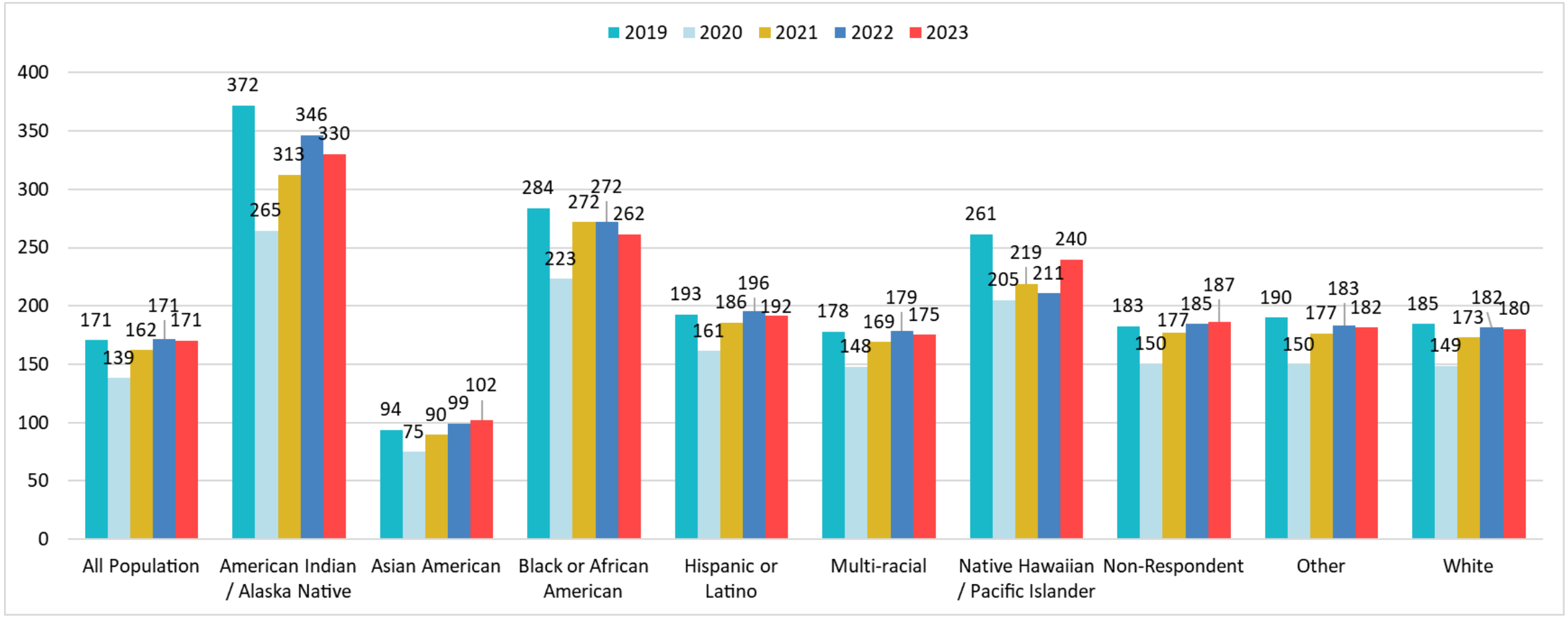
ALL POPULATION PERFORMANCE

Emergency Room Visits per 1,000 Members Summary

- **Definition**: The Emergency Room (ER) Visits measure is the annual number of ER visits per 1,000 enrolled members ages 18 and older. Higher ER visit rates may be a signal that some members cannot easily get care in a doctor's office or get help by phone. It may also signal that some members are not getting the support needed to manage a health problem at home or in a clinic setting.
    - In a survey of Californians, the percentage of adults reported as not having a usual source of care or using the emergency room as their usual source of care rose from 28.3% in 2019 to 29.6% in 2021.[2]
- **Key Findings**
    - Overall rates of ER Visits decreased from 2019 to 2020, then returned to pre-pandemic levels in 2021 and have remained stable from 2021-2023.
    - In 2021-2023, members who identified as American Indian/Alaska Native had statistically significant higher rates of ER Visits. Members who identify as Black or African American had high rates of ER visits from 2019-2023 but these findings were only statistically significantly higher in 2022. Members identifying as Asian American had lower rates of ER visits in all years 2019-2023, and these findings are statistically significant in 2021-2022.
        - Amongst members identifying as Asian American, members identifying as Asian Indian had statistically significant higher rates of ER utilization than members who identified as other Asian American races in 2021-2023.
    - Stratification by income, geography, and language did not reveal consistent statistically significant differences in rates of ER Visits.

ALL POPULATION PERFORMANCE

Emergency Room Visits per 1,000 Members by Race/Ethnicity



ALL POPULATION PERFORMANCE

Emergency Room Visits per 1,000 Members by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**171**	**139**	**162**	**171**	**171**
American Indian / Alaska Native	372	265	313	346	330
Asian American	94	75	90	99	102
Black or African American	284	223	272	272	262
Hispanic or Latino	193	161	186	196	192
Multi-racial	178	148	169	179	175
Native Hawaiian / Pacific Islander	261	205	219	211	240
Non-Respondent	183	150	177	185	187
Other	190	150	177	183	182
White	185	149	173	182	180

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Emergency Room Visits per 1,000 Members by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**94**	**75**	**90**	**99**	**102**
Asian Indian	168	144	172	179	182
Cambodian	107	79	95	101	90
Chinese	71	55	69	80	83
Filipino	133	106	118	126	125
Hmong	147	89	85	103	96
Japanese	75	57	69	74	79
Korean	71	52	62	67	69
Laotian	148	110	160	136	109
Mixed Race	90	73	78	79	80
Other Asian American	93	82	97	107	106
Vietnamese	79	64	70	80	82

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**193**	**161**	**186**	**196**	**192**
Guatemalan	200	169	195	197	190
Mexican/Mexican American/Chicano	183	156	179	191	190
Other	194	159	184	194	188
Puerto Rican	234	151	214	245	221
Salvadorian	195	170	182	183	182
Cuban	181	135	134	165	163

Values marked as high rate outliers (lower is better measure), based on z-scores or Interquartile Range, are identified with a red box. Lower rate outliers (lower is better) are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

HEI

ALL POPULATION PERFORMANCE

Emergency Room per 1,000 Members with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**171**	**139**	**162**	**171**	**171**
Arabic	242	220	272	306	247
Armenian	284	173	226	212	206
Cambodian	109	70	67	87	52
Cantonese	64	48	60	66	66
English	180	146	171	180	178
Farsi	227	172	215	225	193
Hindi					250
Hmong	153		120	125	183
Korean	64	46	53	60	63
Mandarin	75	61	80	89	94
Punjabi	227	224	377	195	210
Russian	183	146	157	189	149
Spanish	174	146	166	176	177
Tagalog	152	126	125	137	139
Vietnamese	74	63	70	81	78

Income	2019	2020	2021	2022	2023
All Population	**171**	**139**	**162**	**171**	**171**
0 to ≤138	233	173	190	206	203
>138 to <150	209	166	198	215	220
≥150 to <200	189	154	175	189	189
≥200 to <250	152	132	151	162	160
≥250 to <400	138	117	139	148	145
≥400	928	110	131	135	132
Unsubsidized	157	121	139	161	165

Geography	2019	2020	2021	2022	2023
All Population	**171**	**139**	**162**	**171**	**171**
Rural	195	174	197	208	204
Urban	169	136	160	169	168

COVERED CALIFORNIA

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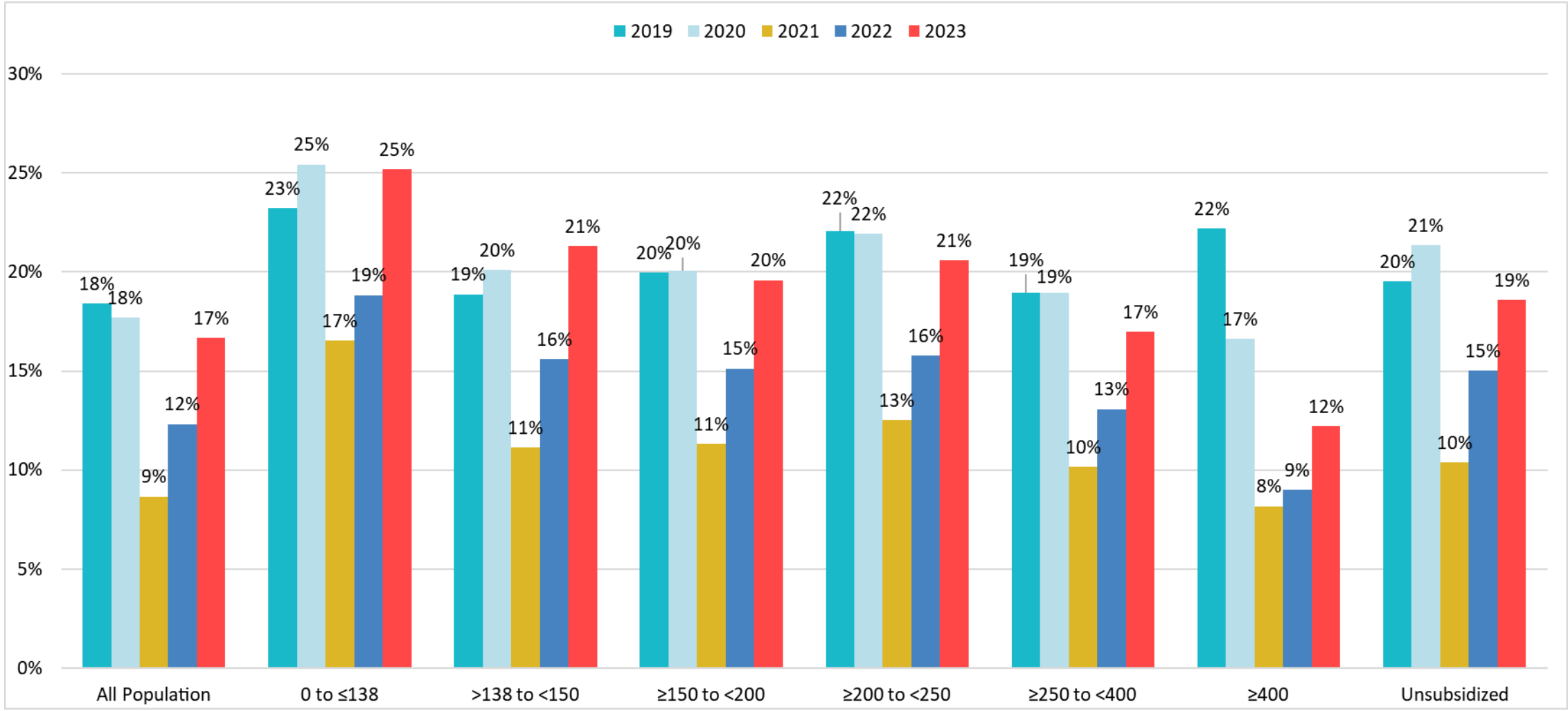
ALL POPULATION PERFORMANCE

No Utilization of Care Summary

- **Definition**: The No Utilization of Care measure is the percentage of members with 12 months of continuous enrollment, age 18 and older, who had no medical or drug services submitted on claims or encounters during the year. A higher rate means a larger share of members got no healthcare services – including no preventive visits, vaccines, or any other care. In general, a lower measure rate is better as many people, even those in good health, benefit from preventive services like a flu vaccine, a screening test, or a check-up.
- **Key Findings**:
  - Overall rates of non-utilization decreased from 2020 to 2021 likely due to a return to care and the roll out of COVID-19 vaccines. Subsequently, non-utilization of healthcare services increased again in 2022, nearing pre-pandemic levels in 2023.
  - There were multiple stratifications that were associated with statistically significant differences in rates of non utilization of care, which may indicate that our approach to engaging these populations and attempts at removing barriers to facilitate use of their health benefits are inadequate:
    - Members who identified racially as Hmong had statistically significant higher rates of non utilization over all years measured 2019-2023 when compared to members identifying as other Asian American races. Relatedly, members whose preferred language was Hmong had higher rates of non-utilization as compared to members who spoke other languages.
    - Members whose preferred language is Russian had statistically significant higher rates of non-utilization in 2021-2022 compared to those who prefer other languages.
    - Members with incomes ≤138 FPL had statistically significant higher rates of non-utilization in 2020-2022 as compared to members in other FPL groups. Conversely, members in the ≥400 FPL group had significantly lower rates in 2022 and 2023.

ALL POPULATION PERFORMANCE

No Utilization of Care by Federal Poverty Level



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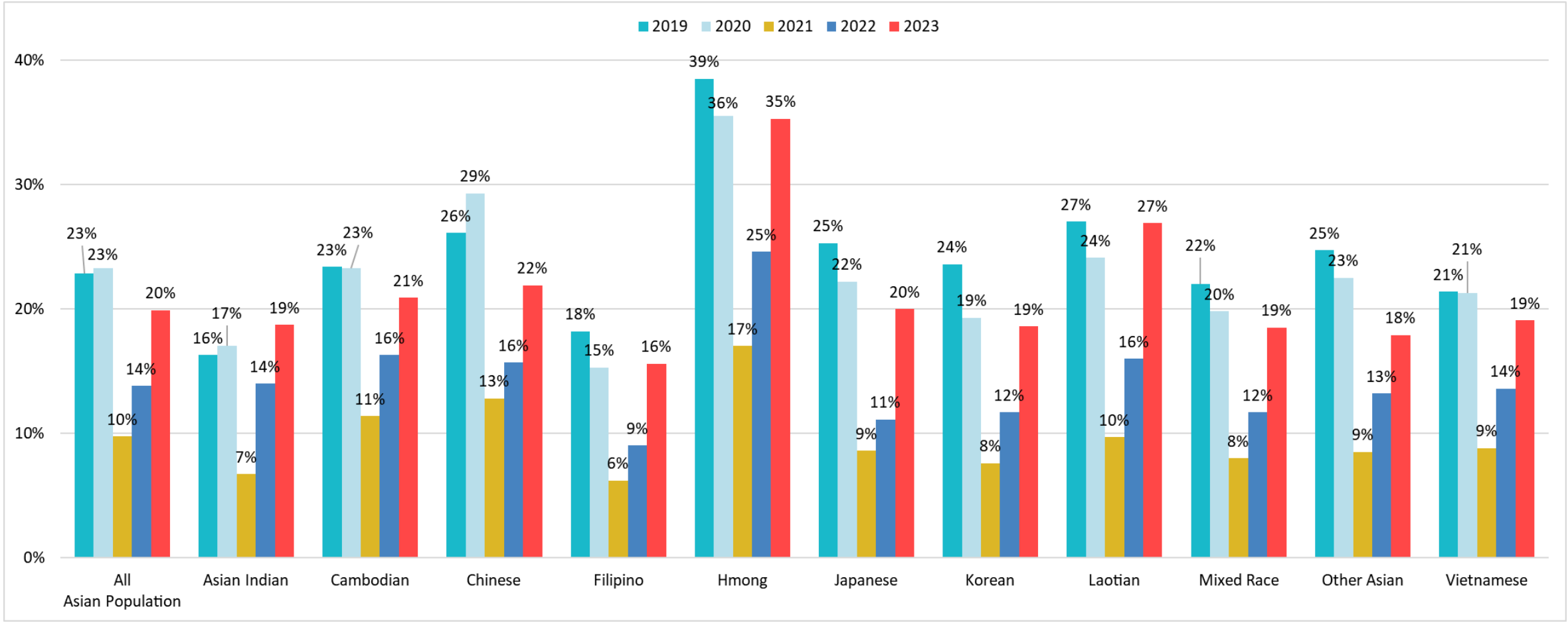
ALL POPULATION PERFORMANCE

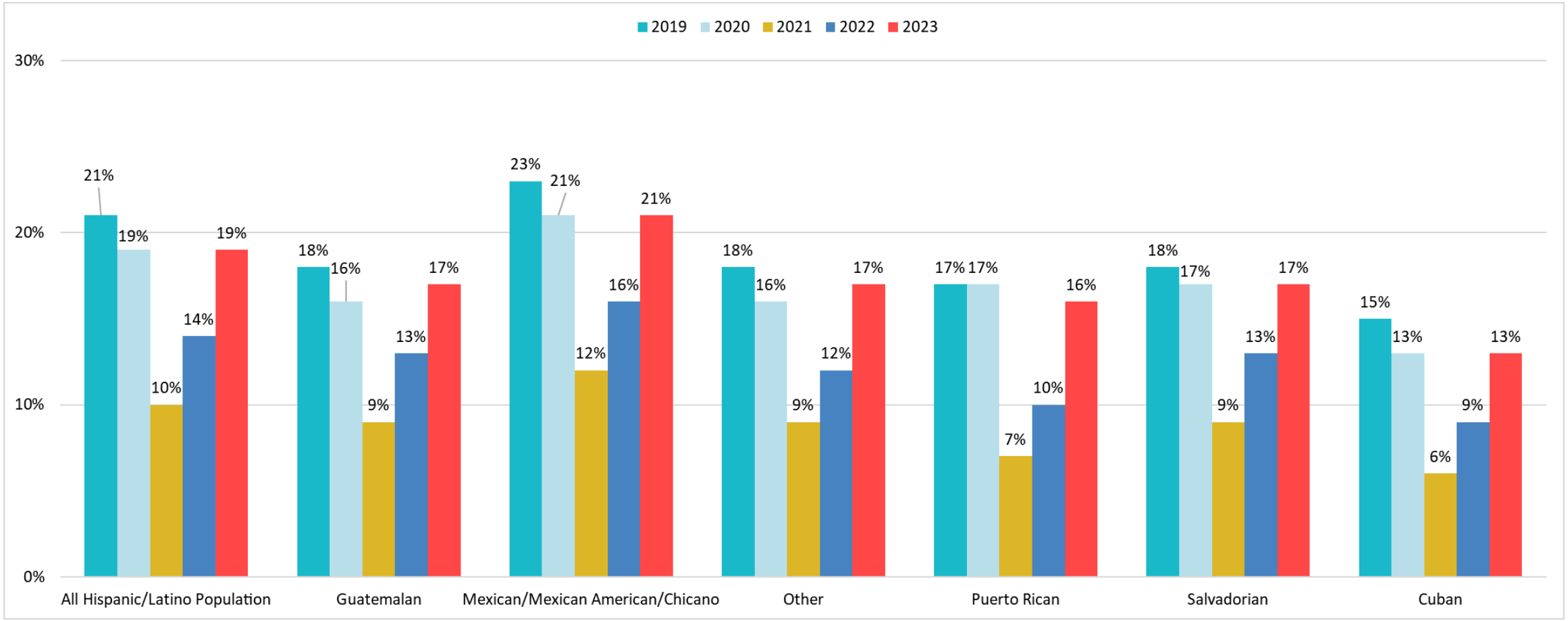
No Utilization of Care Stratified by Asian American Subpopulations



COVERED CALIFORNIA

ALL POPULATION PERFORMANCE

No Utilization of Care Stratified by Hispanic/Latino Subpopulations



ALL POPULATION PERFORMANCE

No Utilization of Care by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**18%**	**18%**	**9%**	**12%**	**17%**
American Indian / Alaska Native	11%	12%	7%	10%	13%
Asian American	23%	23%	10%	14%	20%
Black or African American	15%	14%	7%	11%	17%
Hispanic or Latino	21%	19%	10%	14%	19%
Multi-racial	18%	17%	8%	13%	18%
Native Hawaiian / Pacific Islander	18%	15%	7%	14%	18%
Non-Respondent	18%	18%	9%	13%	17%
Other	17%	17%	9%	12%	17%
White	15%	14%	7%	10%	13%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

No Utilization of Care by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**23%**	**23%**	**10%**	**14%**	**20%**
Asian Indian	16%	17%	7%	14%	19%
Cambodian	23%	23%	11%	16%	21%
Chinese	26%	29%	13%	16%	22%
Filipino	18%	15%	6%	9%	16%
Hmong	39%	36%	17%	25%	35%
Japanese	25%	22%	9%	11%	20%
Korean	24%	19%	8%	12%	19%
Laotian	27%	24%	10%	16%	27%
Mixed Race	22%	20%	8%	12%	18%
Other Asian American	25%	23%	9%	13%	18%
Vietnamese	21%	21%	9%	14%	19%

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**21%**	**19%**	**10%**	**14%**	**19%**
Guatemalan	18%	16%	9%	13%	17%
Mexican/Mexican American/Chicano	23%	21%	12%	16%	21%
Other	18%	16%	9%	12%	17%
Puerto Rican	17%	17%	7%	10%	16%
Salvadorian	18%	17%	9%	13%	17%
Cuban	15%	13%	6%	9%	13%

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

No Utilization of Care with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**18%**	**18%**	**9%**	**12%**	**17%**
Arabic	15%	13%	7%	10%	16%
Armenian	18%	16%	10%	12%	17%
Cambodian	19%	22%	9%	13%	15%
Cantonese	26%	30%	12%	15%	22%
English	17%	16%	8%	12%	16%
Farsi	13%	11%	4%	7%	10%
Hindi					25%
Hmong	37%	33%	12%	24%	27%
Korean	22%	19%	7%	11%	17%
Mandarin	28%	32%	14%	18%	23%
Punjabi				13%	17%
Russian	33%	32%	20%	23%	25%
Spanish	24%	22%	13%	16%	21%
Tagalog	15%	14%	6%	7%	13%
Vietnamese	20%	20%	8%	13%	17%

Income	2019	2020	2021	2022	2023
All Population	**18%**	**18%**	**9%**	**12%**	**17%**
0 to ≤138	23%	25%	17%	19%	25%
>138 to <150	19%	20%	11%	16%	21%
≥150 to <200	20%	20%	11%	15%	19%
≥200 to <250	22%	22%	13%	16%	20%
≥250 to <400	19%	19%	10%	13%	17%
≥400	22%	17%	8%	10%	12%
Unsubsidized	20%	21%	10%	15%	19%

Geography	2019	2020	2021	2022	2023
All Population	**18%**	**18%**	**9%**	**12%**	**17%**
Rural	19%	18%	11%	15%	19%
Urban	18%	18%	8%	12%	17%

COVERED CALIFORNIA

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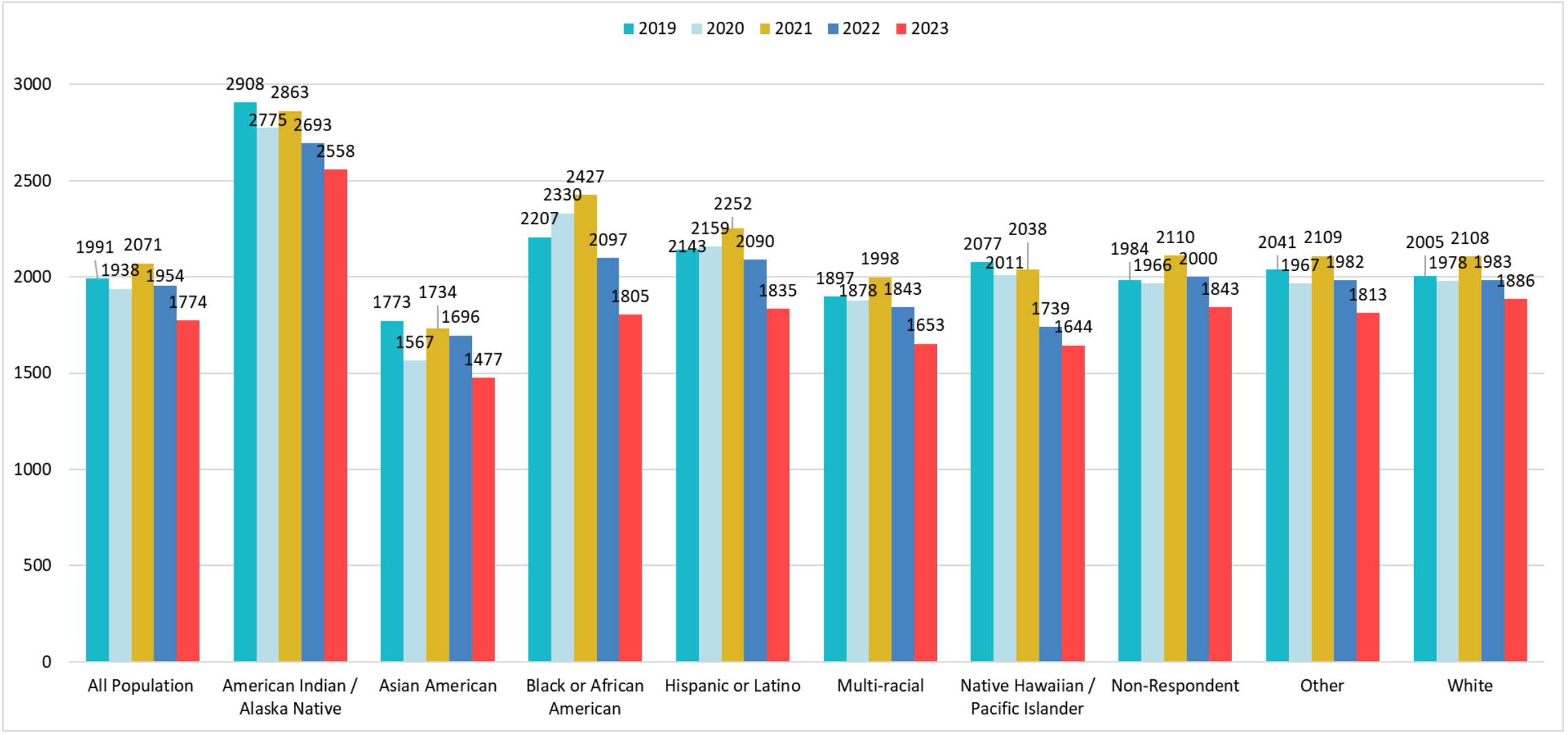
ALL POPULATION PERFORMANCE

Primary Care Visits per 1000 Members Summary

- **Definition**: Number of adult members aged 18 and older who had a visit with a primary care practitioner during the year per 1,000 enrolled members. Of note, this measure includes all modalities of primary care visits including in-person visits and visits delivered through telehealth modalities.
- **Key Findings**:
  - Primary care visit rates decreased in 2020 likely due to the COVID-19 pandemic. Visit rates have declined from 2021 to 2023, and in 2023 are the lowest they have been in the last 5 years.
  - We observed statistically significant differences in primary care visit rates when stratifying by race/ethnicity:
    - Members identifying as American Indian/Alaska Native have statistically significant higher rates of visits as compared to other race/ethnicity groups across all years measured 2019-2023.
    - Members identifying as Asian American have statistically significant lower rates of visits in 2020, but this difference did not persist into 2020-2023. Members identifying as Asian Indian had statistically significant higher rates of PC use as compared to members who identify as other Asian American races in 2019-2021 but again these differences do not persist.
  - Members whose preferred language is Punjabi have significantly higher rates of primary care visits 2020-2022.
  - In 2019 - 2023 members living in rural zip codes have significantly more visits than members living in urban zip codes that were beyond the level of expected distribution. This finding warrants additional investigation.

ALL POPULATION PERFORMANCE

Primary Care Visits per 1000 Members by Race/Ethnicity



ALL POPULATION PERFORMANCE

Primary Care Visits per 1000 Members by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**1991**	**1938**	**2071**	**1954**	**1774**
American Indian / Alaska Native	2908	2775	2863	2693	2558
Asian American	1773	1567	1734	1696	1477
Black or African American	2207	2330	2427	2097	1805
Hispanic or Latino	2143	2159	2252	2090	1835
Multi-racial	1897	1878	1998	1843	1653
Native Hawaiian / Pacific Islander	2077	2011	2038	1739	1644
Non-Respondent	1984	1966	2110	2000	1843
Other	2041	1967	2109	1982	1813
White	2005	1978	2108	1983	1886

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Primary Care Visits per 1000 Members by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**1772**	**1567**	**1733**	**1695**	**1477**
Asian Indian	2303	2079	2156	2018	1795
Cambodian	1544	1378	1470	1485	1334
Chinese	1668	1363	1570	1626	1384
Filipino	1819	1773	1881	1791	1536
Hmong	1145	1071	1119	1248	1173
Japanese	1318	1202	1377	1370	1202
Korean	1796	1626	1826	1721	1560
Laotian	1648	1448	1515	1428	1277
Mixed Race	1582	1429	1574	1574	1353
Other Asian American	1555	1552	1665	1682	1563
Vietnamese	1652	1528	1679	1534	1333

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**2143**	**2159**	**2252**	**2090**	**1834**
Guatemalan	2179	2203	2295	2166	1915
Mexican/Mexican American/Chicano	2097	2124	2216	2054	1814
Other	2108	2145	2254	2119	1809
Puerto Rican	2115	2105	2223	2061	1867
Salvadorian	2261	2192	2080	2118	1850
Cuban	1972	2080	2216	2042	1876

COVERED CALIFORNIA

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

HEI

ALL POPULATION PERFORMANCE

Primary Care Visits per 1000 Members with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**1991**	**1938**	**2071**	**1954**	**1774**
Arabic	2239	2344	2478	2414	1954
Armenian	1731	1571	1791	1846	1387
Cambodian	1931	1397	1567	1702	1545
Cantonese	1687	1363	1591	1574	1363
English	1979	1951	2074	1945	1790
Farsi	2374	2441	2892	2771	2215
Hindi				2860	1857
Hmong	1490	1001	1207	1174	1165
Korean	2033	1805	2029	1909	1760
Mandarin	1798	1453	1663	1733	1426
Punjabi	2651	3138	3501	3173	2498
Russian	1445	1375	1627	1476	1322
Spanish	2243	2188	2321	2214	1909
Tagalog	2025	1880	2126	2055	1668
Vietnamese	1762	1622	1817	1617	1383

Income	2019	2020	2021	2022	2023
All Population	**1991**	**1938**	**2071**	**1954**	**1774**
0 to ≤138	2385	2224	2211	2084	1819
>138 to <150	2349	2260	2412	2159	1886
≥150 to <200	2117	2089	2153	2041	1849
≥200 to <250	1854	1848	1966	1893	1689
≥250 to <400	1778	1767	1900	1861	1710
≥400	11629	1766	1931	1901	1801
Unsubsidized	1790	1585	1727	1685	1623

Geography	2019	2020	2021	2022	2023
All Population	**1991**	**1938**	**2071**	**1954**	**1774**
Rural	2196	2062	2136	2031	1920
Urban	1984	1934	1767	1951	1767

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.
Some notably high values were not highlighted due to a low denominator, affecting their reliability.

ALL POPULATION PERFORMANCE

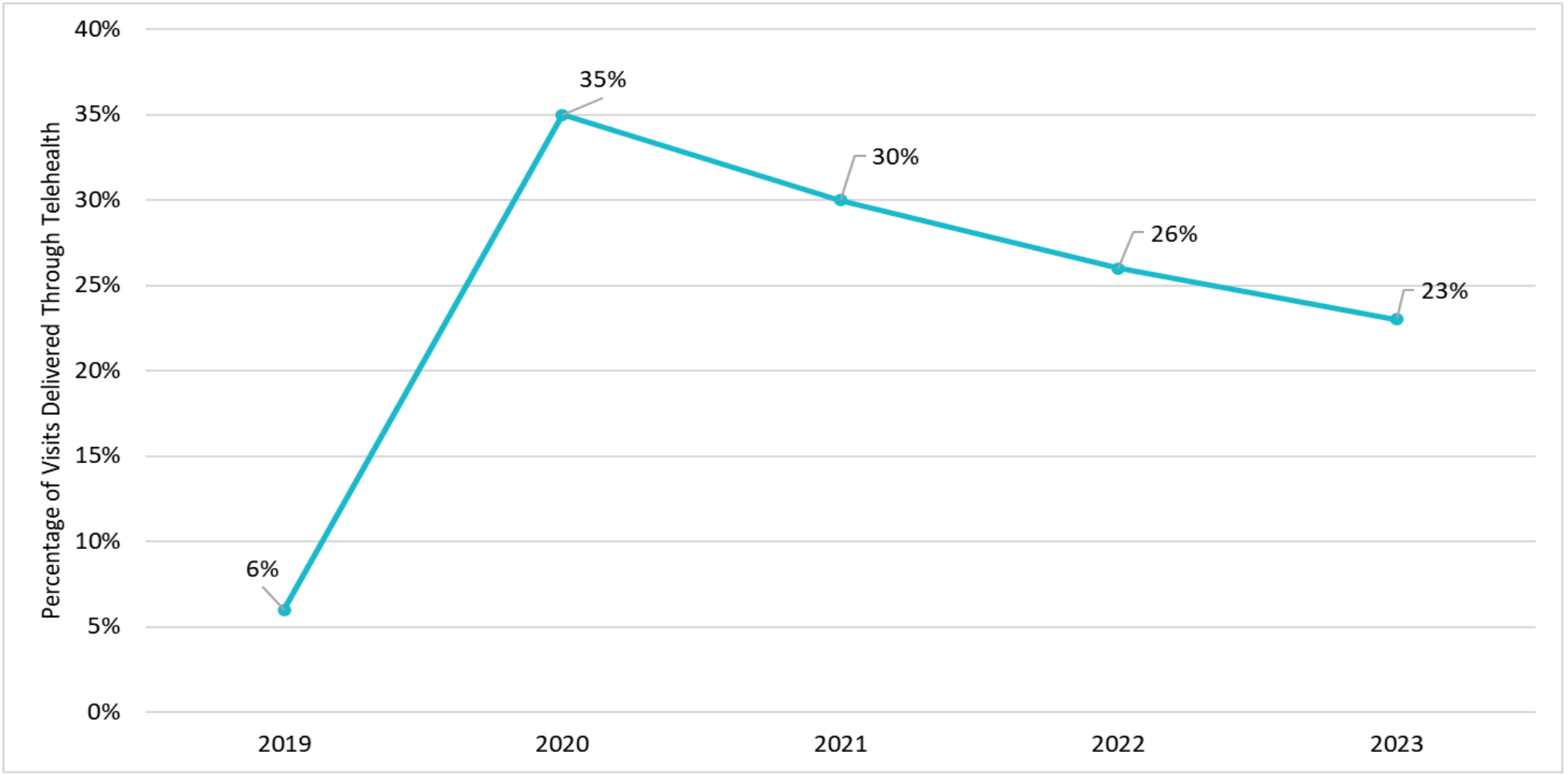
Primary Care Through Telehealth Summary

- **Definition**: The Primary Care Through Telehealth measure is the annual share of all primary care visits that were delivered via telehealth for adults aged 18 and older. The other portion of primary care visits were done in-person. Typically, telehealth occurs by phone but can include real time video communication between a patient and clinician. Patients consistently report high satisfaction when getting care by telehealth[3,4], and value its convenience and the ability to get care at home. However, some patients, especially those with lower incomes, may face barriers to using telehealth due to its availability or technologic barriers.[5]

- **Key Findings**:
  - The overall portion of primary care visits delivered via telehealth rapidly increased from 2019 to 2020, catalyzed by the onset of the COVID-19 pandemic. Since 2021, the portion of primary care services delivered via telehealth has declined each year but remains elevated above pre-pandemic levels, with 23% of PC visits in 2023 delivered via telehealth.
  - Stratification by race/ethnicity, preferred language, income level, and geography did not result in persistent statistically significant differences in the rates of primary care telehealth use.

ALL POPULATION PERFORMANCE

Primary Care Through Telehealth Over Time



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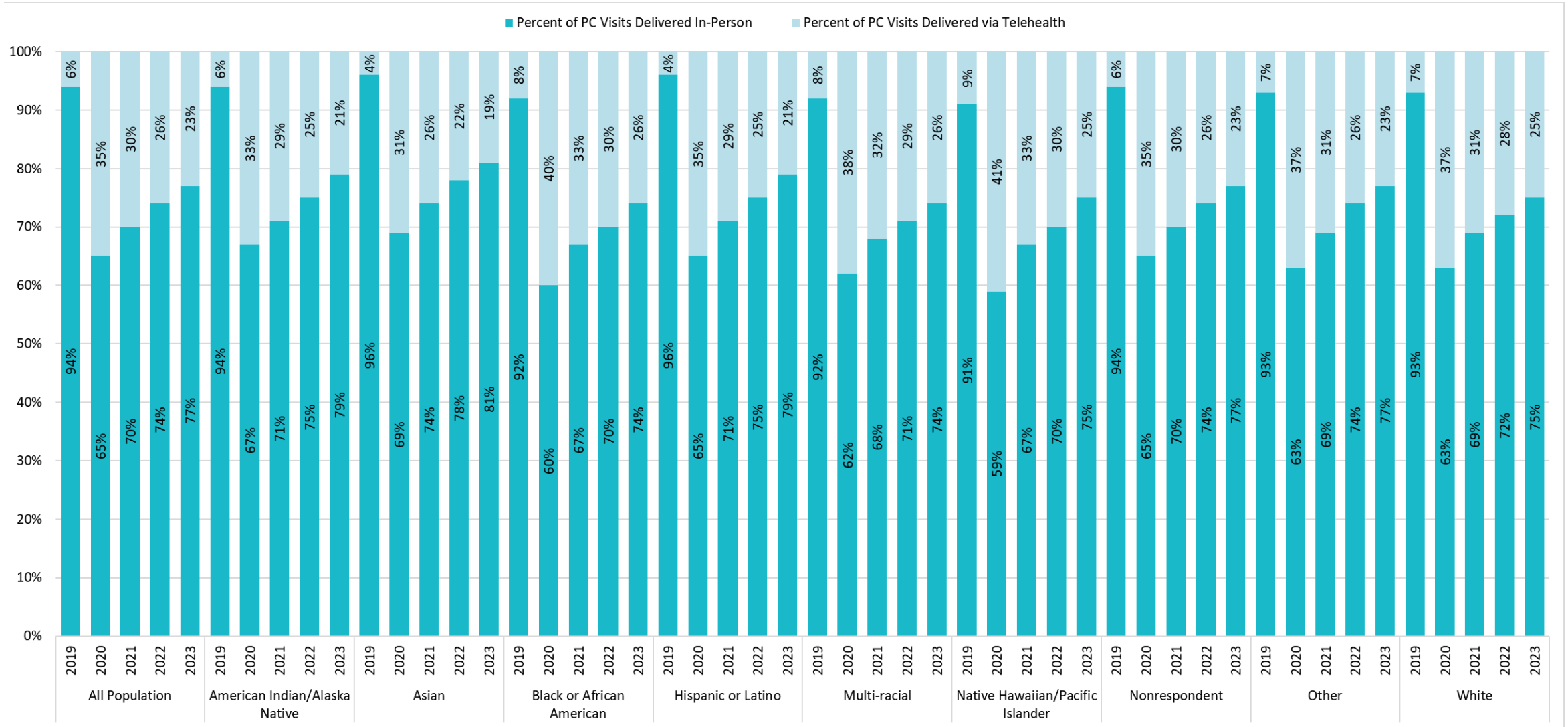
ALL POPULATION PERFORMANCE

Primary Care Through Telehealth Over Time by Race/Ethnicity



COVERED CALIFORNIA

ALL POPULATION PERFORMANCE

Primary Care Through Telehealth by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**6%**	**35%**	**30%**	**26%**	**23%**
American Indian / Alaska Native	6%	33%	29%	25%	21%
Asian American	4%	31%	26%	22%	19%
Black or African American	8%	40%	33%	30%	26%
Hispanic or Latino	4%	35%	29%	25%	21%
Multi-racial	8%	38%	32%	29%	26%
Native Hawaiian / Pacific Islander	9%	41%	33%	30%	25%
Non-Respondent	6%	35%	30%	26%	23%
Other	7%	37%	31%	26%	23%
White	7%	37%	31%	28%	25%

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Primary Care Through Telehealth by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**4%**	**31%**	**26%**	**22%**	**19%**
Asian Indian	7%	37%	32%	26%	22%
Cambodian	3%	34%	26%	24%	20%
Chinese	3%	29%	25%	20%	18%
Filipino	6%	39%	31%	27%	24%
Hmong	4%	37%	28%	23%	19%
Japanese	5%	35%	27%	24%	21%
Korean	2%	18%	17%	18%	16%
Laotian	5%	35%	30%	21%	22%
Mixed Race	5%	33%	30%	26%	22%
Other Asian American	6%	35%	28%	23%	21%
Vietnamese	3%	29%	24%	20%	16%

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/ Latino Population	**4%**	**35%**	**29%**	**25%**	**21%**
Guatemalan	4%	36%	29%	24%	21%
Mexican/Mexican American/Chicano	4%	35%	29%	24%	21%
Other	4%	35%	29%	26%	22%
Puerto Rican	9%	40%	35%	30%	28%
Salvadorian	4%	37%	29%	25%	21%
Cuban	7%	38%	31%	27%	26%

COVERED CALIFORNIA

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

HEI

ALL POPULATION PERFORMANCE

Primary Care Through Telehealth with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**6%**	**35%**	**30%**	**26%**	**23%**
Arabic	5%	39%	34%	31%	26%
Armenian	1%	30%	24%	23%	21%
Cambodian	2%	30%	26%	22%	18%
Cantonese	3%	32%	27%	22%	19%
English	7%	36%	30%	27%	24%
Hindi	5%	37%	32%	28%	22%
Farsi				30%	27%
Hmong		30%	28%	24%	16%
Korean	1%	14%	14%	16%	14%
Mandarin	2%	26%	23%	17%	15%
Punjabi		32%	22%	18%	16%
Russian	7%	35%	30%	27%	23%
Spanish	3%	33%	27%	22%	18%
Tagalog	5%	40%	33%	27%	22%
Vietnamese	2%	28%	23%	19%	13%

Income	2019	2020	2021	2022	2023
All Population	**6%**	**35%**	**30%**	**26%**	**23%**
0 to ≤138	5%	35%	32%	28%	24%
>138 to <150	4%	32%	28%	24%	22%
≥150 to <200	5%	35%	30%	26%	22%
≥200 to <250	6%	36%	30%	26%	23%
≥250 to <400	7%	37%	30%	26%	23%
≥400	10%	38%	30%	26%	24%
Unsubsidized	7%	37%	31%	27%	25%

Geography	2019	2020	2021	2022	2023
All Population	**6%**	**35%**	**30%**	**26%**	**23%**
Rural	8%	32%	27%	23%	20%
Urban	6%	36%	30%	26%	23%

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Behavioral Health Visits per 1,000 Members Summary

- **Definition**: The Behavioral Health Visits measure is the annual number of behavioral health visits per 1,000 enrolled members at age 18 and older. Behavioral health (BH) clinicians include counselors, psychologists, psychiatrists, social workers and other therapists. Most visits are for individual patient therapy though other visits may involve group therapy or various behavioral health treatments occurring in the outpatient setting.
- **Key Findings**:
  - Overall rates of behavioral health visits have increased since the start of the COVID-19 pandemic in 2020, and they continue to increase year-over-year and persist well above pre-pandemic levels in 2023.
  - From 2019-2023, members living in rural zip codes had significantly fewer behavioral health visits per 1,000 members each year compared to those in urban zip codes beyond the level of expected distribution.
  - Additional differences* in the rates of behavioral health utilization by race/ethnicity include:
    - Members who identify as Asian American or Native Hawaiian/Pacific Islander have lower behavioral health visit rates than members identifying as other race/ethnicities, but these differences are not statistically significant.
      - Among members identifying as Asian American, members who identify as Hmong had very low rates of behavioral health utilization and members identifying as multiple Asian American races had statistically significant higher rates of BH use in 2021 - 2023.
    - Members identifying as American Indian/Alaska Native, Multiple races, or White have higher rates of behavioral health utilization than members identifying as other race/ethnicities, but these differences are not statistically significant.
    - Among members identifying as Hispanic/Latino, members identifying as Puerto Rican and members identifying as Cuban had high rates of behavioral health utilization compared to members identifying as other ethnicities. These differences are notable but not statistically significant.

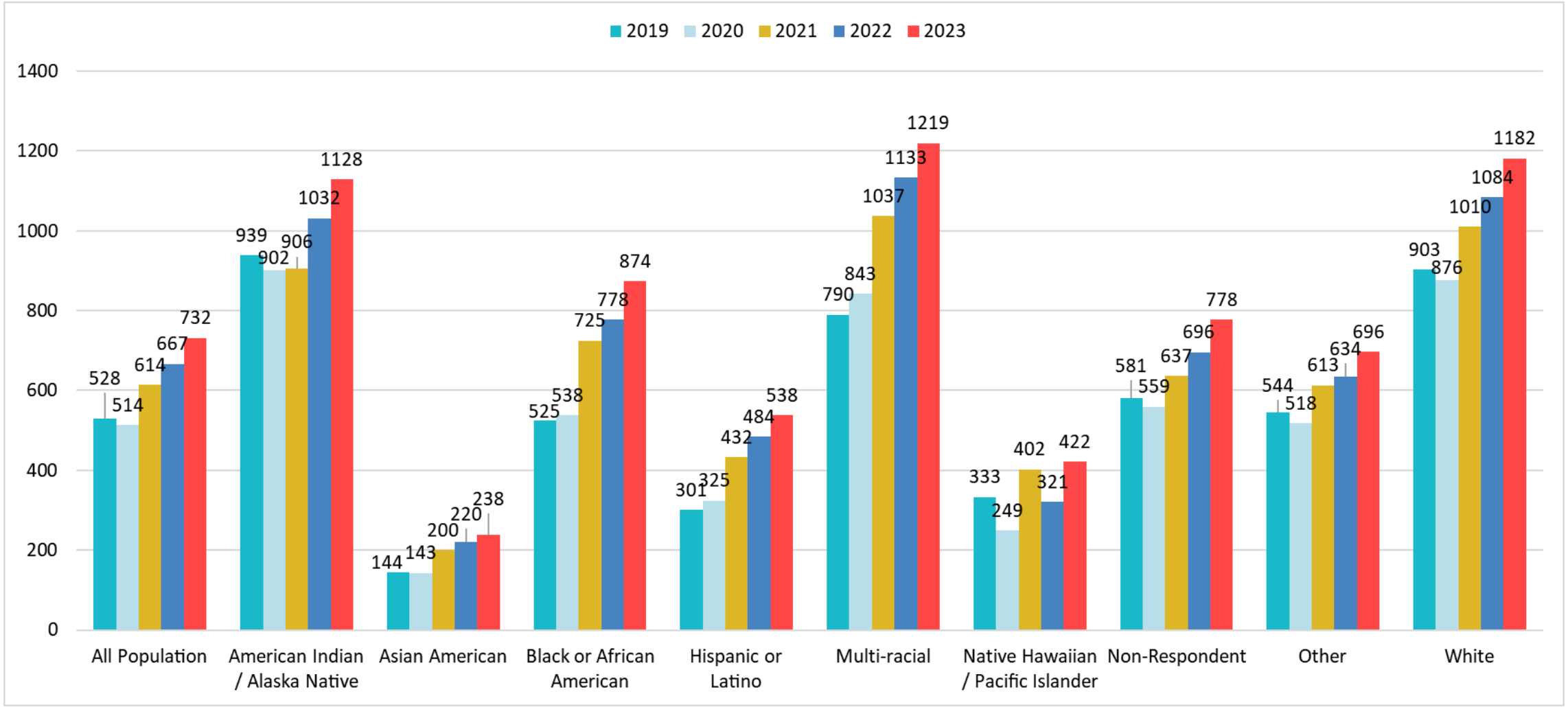
COVERED CALIFORNIA

*For this measure, BH visits per 1000 members stratified by race/ethnicity have a wide distribution, which means that we may see large overall differences between groups but cannot assert statistical significance. These differences likely need additional exploration to understand if they represent differences that warrant intervention.

HEI

ALL POPULATION PERFORMANCE

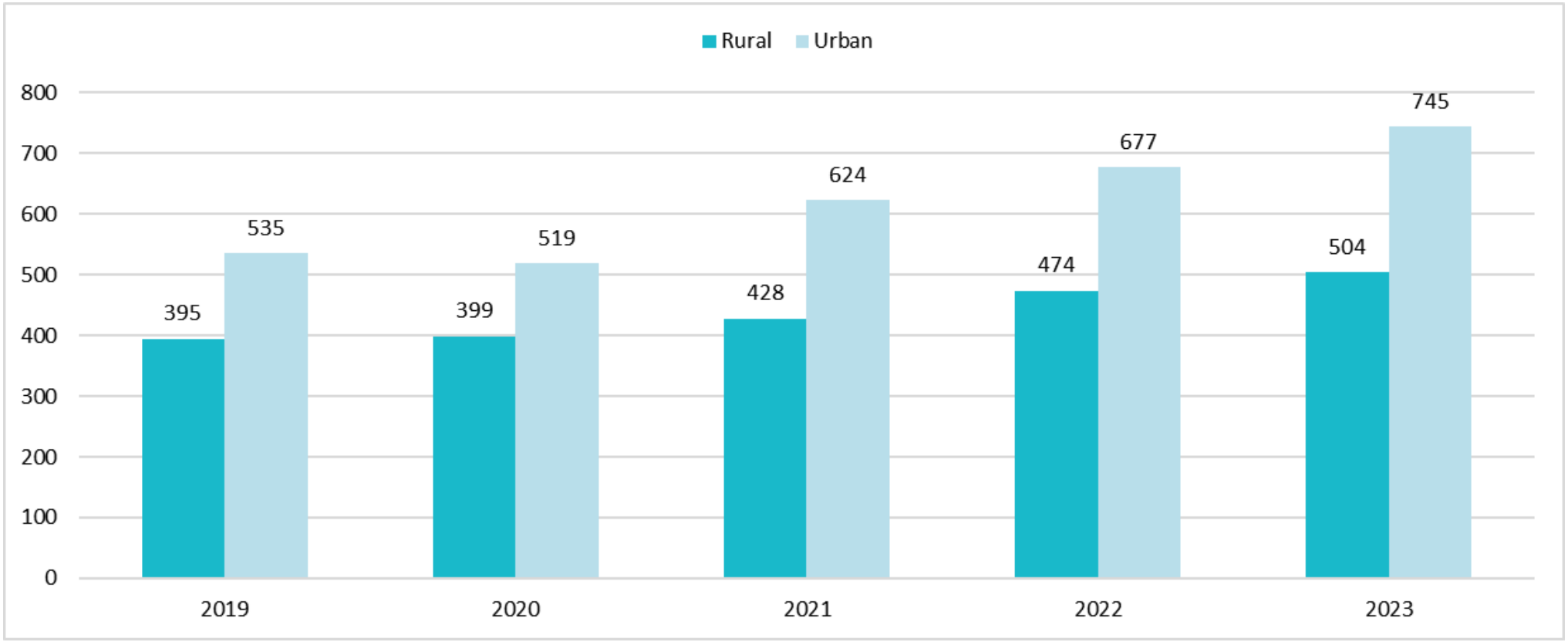
Behavioral Health Visits per 1,000 Members by Race/Ethnicity



COVERED CALIFORNIA

ALL POPULATION PERFORMANCE

Behavioral Health Visits per 1,000 Members by Rural / Urban



ALL POPULATION PERFORMANCE

Behavioral Health Visits per 1,000 Members by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**528**	**514**	**614**	**667**	**732**
American Indian / Alaska Native	939	902	906	1032	1128
Asian American	144	143	200	220	238
Black or African American	525	538	725	778	874
Hispanic or Latino	301	325	432	484	538
Multi-racial	790	843	1037	1133	1219
Native Hawaiian / Pacific Islander	333	249	402	321	422
Non-Respondent	581	559	637	696	778
Other	544	518	613	634	696
White	903	876	1010	1084	1182

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Behavioral Health Visits per 1,000 Members by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**144**	**143**	**200**	**220**	**238**
Asian Indian	184	189	249	243	281
Cambodian	86	99	178	236	188
Chinese	128	122	156	167	174
Filipino	185	197	292	344	406
Hmong	83	92	155	95	120
Japanese	266	245	378	421	462
Korean	161	147	206	244	250
Laotian	81	92	151	161	150
Mixed Race	287	307	450	581	690
Other Asian American	134	161	231	273	293
Vietnamese	78	85	140	152	164

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**301**	**325**	**432**	**484**	**538**
Guatemalan	215	250	379	457	500
Mexican/Mexican American/Chicano	258	273	377	433	489
Other	370	421	542	583	633
Puerto Rican	606	725	925	1108	1172
Salvadorian	199	268	335	356	421
Cuban	625	978	942	1269	1225

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Behavioral Health Visits per 1,000 Members with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**528**	**514**	**614**	**667**	**732**
Arabic	45	30	80	115	176
Armenian	137	78	87	87	154
Cambodian	53	47	17	57	65
Cantonese	47	50	63	65	54
English	650	628	742	800	877
Hindi					70
Farsi	298	352	374	496	439
Hmong					65
Korean	44	43	55	62	43
Mandarin	48	41	56	57	55
Punjabi			200	298	131
Russian	143	133	131	114	110
Spanish	88	88	102	106	108
Tagalog	31	38	48	85	90
Vietnamese	24	23	46	47	39

Income	2019	2020	2021	2022	2023
All Population	**528**	**514**	**614**	**667**	**732**
0 to ≤138	743	707	813	773	773
>138 to <150	688	643	739	777	871
≥150 to <200	525	532	635	698	730
≥200 to <250	403	409	481	539	589
≥250 to <400	410	401	484	550	628
≥400	4268	534	622	711	799
Unsubsidized	677	691	843	973	1053

Geography	2019	2020	2021	2022	2023
All Population	**528**	**514**	**614**	**667**	**732**
Rural	395	399	428	474	504
Urban	535	519	624	677	745

COVERED CALIFORNIA

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.
Some notably high values were not highlighted due to a low denominator, affecting their reliability.

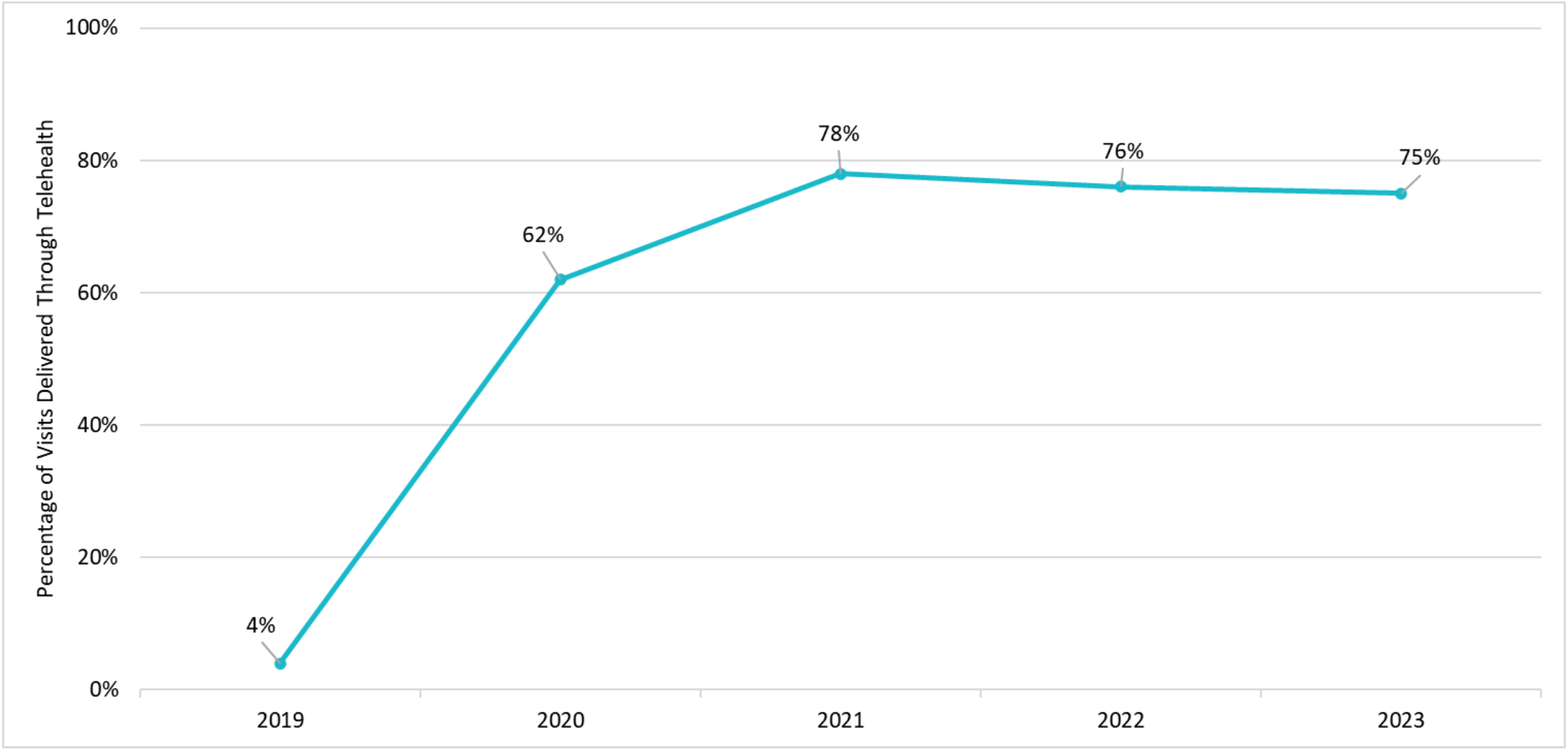
ALL POPULATION PERFORMANCE

Behavioral Health Care Through Telehealth Summary

- **Definition**: The Behavioral Health Care Through Telehealth measure is the portion of ambulatory behavioral health visits that were delivered via telehealth for adults aged 18 and older. The remaining portion of behavioral health visits were done in-person. Typically, telehealth occurs by phone and can include real time video communications between a patient and clinician. Patients consistently report high satisfaction when getting care by telehealth[3,4], and value its convenience and the ability to get care at home. However, some patients, especially those with lower incomes, may face barriers to using telehealth due to its availability or technologic barriers.[5]
- **Key Findings**:
  - The overall portion of behavioral health visits delivered via telehealth increased from 2019 to 2020, catalyzed by the COVID-19 pandemic. Telehealth has been the predominant form of delivery of behavioral health care since 2020, and in 2023 we see 75% of all behavioral health visits delivered via telehealth. This is in stark contrast to the trend we see with primary care, where less than a quarter of all visits in 2023 are delivered via telehealth.
  - When stratifying by race/ethnicity, members identifying as American Indian/Alaska Native had statistically significant lower rates of accessing behavioral health via telehealth than members identifying as other races/ethnicities in 2021, 2022, and 2023. However, as previously noted, members identifying as American Indian/Alaska Native have higher rates of BH visits overall.
  - When stratifying by income, members in the unsubsidized group had statistically significant lower rates for 2021-2022 of accessing behavioral health via telehealth than members in all other FPL ranges. The 'Unsubsidized' category within the income/FPL stratification encompasses a diverse set of members and a multitude of factors may contribute to the reduced rates of telehealth utilization.
  - In 2021-2023, members in rural zip codes have significant 10% - 11% lower rates of accessing behavioral health via telehealth as compared to members living in urban zip codes. This indicates that telehealth is a way to expand access in rural settings may not be effectively reaching those who live there.

ALL POPULATION PERFORMANCE

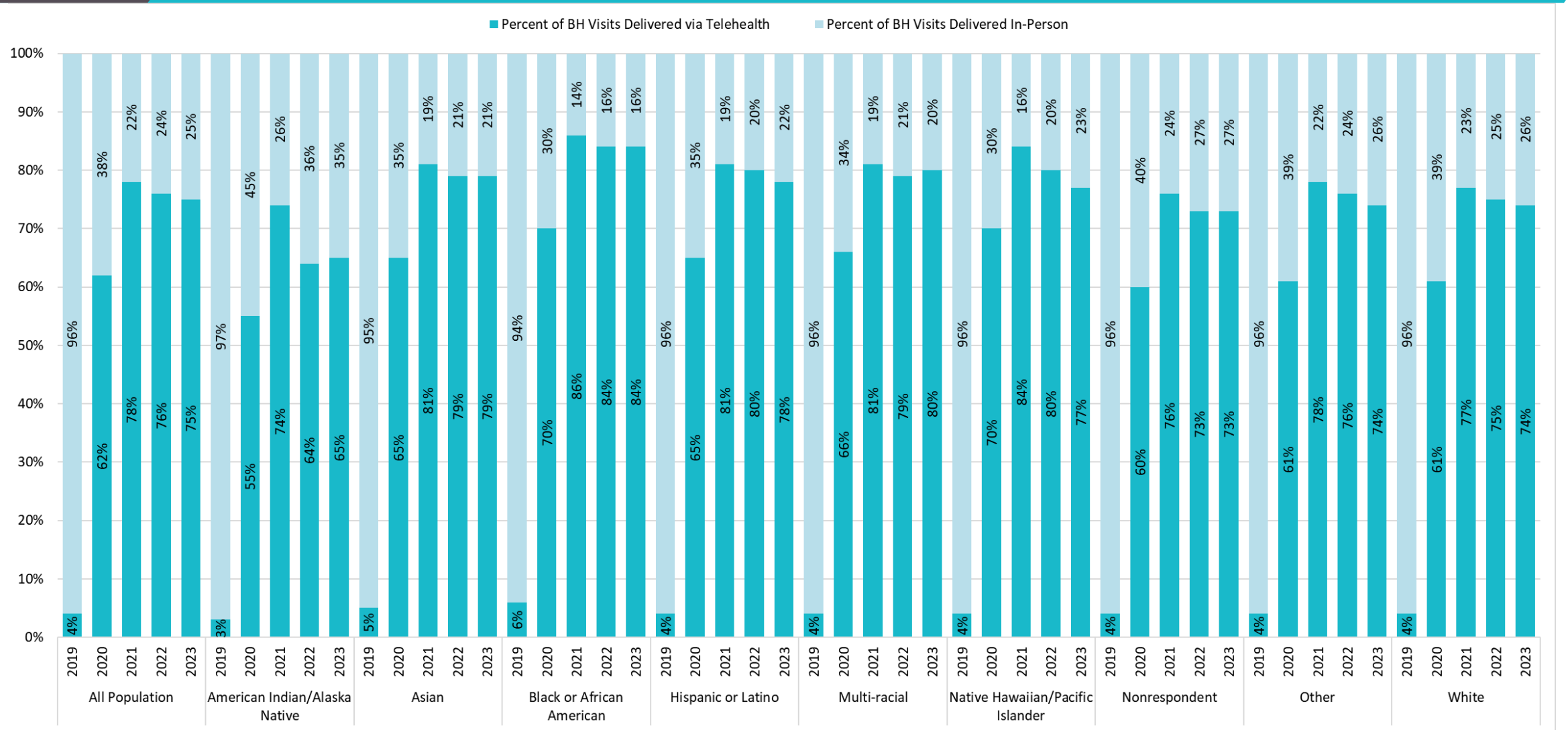
Behavioral Health Care Through Telehealth Over Time



HEI

ALL POPULATION PERFORMANCE

Behavioral Health Care Through Telehealth by Race/Ethnicity



ALL POPULATION PERFORMANCE

Behavioral Health Care Through Telehealth by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**4%**	**62%**	**78%**	**76%**	**75%**
American Indian / Alaska Native	3%	55%	74%	64%	65%
Asian American	5%	65%	81%	79%	79%
Black or African American	6%	70%	86%	84%	84%
Hispanic or Latino	4%	65%	81%	80%	78%
Multi-racial	4%	66%	81%	79%	80%
Native Hawaiian / Pacific Islander	4%	70%	84%	80%	77%
Non-Respondent	4%	60%	76%	73%	73%
Other	4%	61%	78%	76%	74%
White	4%	61%	77%	75%	74%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

Behavioral Health Care Through Telehealth by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	**5%**	**65%**	**81%**	**79%**	**79%**
Asian Indian	6%	67%	79%	80%	76%
Cambodian		59%	77%	90%	81%
Chinese	4%	64%	79%	77%	77%
Filipino	6%	70%	85%	81%	83%
Hmong		64%	94%	93%	78%
Japanese	4%	60%	81%	82%	83%
Korean	5%	60%	81%	77%	80%
Laotian		57%	81%	71%	85%
Mixed Race	9%	64%	85%	85%	82%
Other Asian American	3%	59%	85%	75%	72%
Vietnamese	4%	65%	82%	81%	81%

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	**4%**	**65%**	**81%**	**80%**	**78%**
Guatemalan	8%	82%	86%	84%	81%
Mexican/Mexican American/Chicano	4%	63%	80%	79%	77%
Other	3%	66%	82%	79%	78%
Puerto Rican	7%	71%	84%	85%	79%
Salvadorian	5%	76%	88%	82%	85%
Cuban	4%	66%	90%	87%	85%

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Behavioral Health Care Through Telehealth with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**4%**	**62%**	**78%**	**76%**	**75%**
Arabic		75%	74%	70%	87%
Armenian		72%	92%	62%	86%
Cambodian		50%		57%	64%
Cantonese	5%	70%	78%	67%	72%
English	4%	62%	78%	76%	75%
Farsi	4%	62%	69%	63%	64%
Hindi					93%
Hmong					
Korean	3%	51%	73%	65%	84%
Mandarin	3%	66%	79%	70%	68%
Punjabi			84%	87%	92%
Russian		60%	81%	82%	80%
Spanish	4%	65%	80%	74%	71%
Tagalog		76%	89%	78%	88%
Vietnamese	5%	58%	82%	77%	75%

Income	2019	2020	2021	2022	2023
All Population	**4%**	**62%**	**78%**	**76%**	**75%**
0 to ≤138	4%	58%	80%	79%	77%
>138 to <150	3%	60%	78%	75%	74%
≥150 to <200	4%	63%	80%	78%	77%
≥200 to <250	5%	64%	79%	78%	76%
≥250 to <400	4%	65%	79%	77%	77%
≥400	5%	62%	77%	75%	74%
Unsubsidized	4%	57%	74%	70%	72%

Geography	2019	2020	2021	2022	2023
All Population	**4%**	**62%**	**78%**	**76%**	**75%**
Rural	5%	58%	69%	66%	65%
Urban	4%	62%	79%	77%	76%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

Concurrent Use of Benzodiazepines Summary

- **Definition**: The Concurrent Use of Benzodiazepines measure is the percentage of members ages 18-64 who have prescriptions for opioid and benzodiazepine medications at the same time. Taking opioids in combination with benzodiazepines, which is a depressant drug, increases the risk of difficulties in breathing and of overdose or death. A *lower* rate means better performance.
- **Key Findings**:
  - Overall, there was a slight increase in the concurrent use of benzodiazepines with opioids from 2019 through 2021. In 2022 and 2023, the rate has returned to pre-pandemic levels.
  - While there are differences in the rates of concurrent use of benzodiazepine use across groups, when stratifying this measure by race/ethnicity, language, income, or geography, there is no evidence of statistically significant outliers.

ALL POPULATION PERFORMANCE

Concurrent Use of Benzodiazepines by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**14%**	**18%**	**17%**	**14%**	**14%**
American Indian / Alaska Native	11%			10%	
Asian American	8%	9%	10%	10%	9%
Black or African American	9%	10%	7%	8%	7%
Hispanic or Latino	12%	12%	11%	12%	11%
Multi-racial	16%	22%	21%	17%	14%
Native Hawaiian / Pacific Islander					
Non-Respondent	18%	19%	18%	17%	15%
Other	17%	16%	16%	15%	13%
White	20%	21%	19%	18%	15%

Values marked as high rate outliers (lower is better measure), based on z-scores or Interquartile Range, are identified with a red box. Lower rate outliers (lower is better) are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Concurrent Use of Benzodiazepines by Subpopulation

Race	2019	2020	2021	2022	2023
All Asian American Population	8%	9%	10%	10%	9%
Asian Indian					
Cambodian					
Chinese					
Filipino					
Hmong					
Japanese					
Korean					
Laotian					
Mixed Race					
Other Asian American					
Vietnamese					

Ethnicity	2019	2020	2021	2022	2023
All Hispanic/Latino Population	12%	12%	11%	12%	11%
Guatemalan					
Mexican/Mexican American/Chicano	12%	11%	11%	12%	10%
Other	14%	16%	12%	13%	11%
Puerto Rican					
Salvadorian					
Cuban					

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Concurrent Use of Benzodiazepines with Other Stratifications

Language	2019	2020	2021	2022	2023
All Population	**14%**	**18%**	**17%**	**14%**	**14%**
Arabic					
Armenian					
Cambodian					
Cantonese					
English	19%	19%	17%	17%	15%
Farsi					
Hindi					
Hmong					
Korean					
Mandarin					
Punjabi					
Russian					
Spanish	6%	6%	6%	5%	5%
Tagalog					
Vietnamese					

Income	2019	2020	2021	2022	2023
All Population	**14%**	**18%**	**17%**	**14%**	**14%**
0 to ≤138	12%	18%	19%	16%	17%
>138 to <150	19%	21%	18%	19%	17%
≥150 to <200	17%	18%	16%	16%	14%
≥200 to <250	17%	16%	14%	14%	14%
≥250 to <400	17%	17%	16%	15%	11%
≥400		16%	14%	14%	14%
Unsubsidized	20%	22%	21%	20%	21%

Geography	2019	2020	2021	2022	2023
All Population	**14%**	**18%**	**17%**	**14%**	**14%**
Rural	17%	17%	16%	15%	11%
Urban	18%	18%	17%	16%	14%

COVERED CALIFORNIA

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ALL POPULATION PERFORMANCE

Use of Opioids at High Dosage Summary

- **Definition**: The Use of Opioids at High Dosage measure is the percentage of members ages 18-64 who received prescriptions for opioids at a high dosage - average morphine milligram equivalent dose [MME] ≥90 for 90 days or more during the year. *Lower* performance is better as using opioids in high doses can lead to drug overdose and death.
- **Key Findings**:
  - The use of high dose opioids has been steadily declining from 2019 through 2023, from 7% to 3%. This likely represents a shift in clinical prescribing practices over the past several years and increasing focus on healthcare practitioners' role in mitigating the opioid epidemic.
  - There are fewer reportable results when we stratify this measure, even at the all-Covered California population level.
    - Stratification by Asian American subpopulation, Hispanic or Latino subpopulation, and language preference yields too small of denominator sizes to produce reportable results.

ALL POPULATION PERFORMANCE

Use of Opioids at High Dosage by Race/Ethnicity

Race/Ethnicity	2019	2020	2021	2022	2023
All Population	**7%**	**5%**	**4%**	**4%**	**3%**
American Indian / Alaska Native					
Asian American					
Black or African American	10%				
Hispanic or Latino	3%	2%	2%	2%	
Multi-racial		10%			
Native Hawaiian / Pacific Islander					
Non-Respondent	6%	5%	4%	5%	4%
Other	10%	6%	4%	4%	
White	7%	6%	5%	4%	4%

Values marked as high rate outliers (lower is better measure), based on z-scores or Interquartile Range, are identified with a red box. Lower rate outliers (lower is better) are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

ALL POPULATION PERFORMANCE

Use of Opioids at High Dosage with Other Stratifications

Income	2019	2020	2021	2022	2023
All Population	**7%**	**5%**	**4%**	**4%**	**3%**
0 to ≤138		10%			
>138 to <150	7%	5%	4%	4%	4%
≥150 to <200	6%	4%	4%	3%	2%
≥200 to <250	6%	5%	3%	4%	5%
≥250 to <400	5%	5%	4%	4%	3%
≥400				4%	4%
Unsubsidized	12%	8%	9%	8%	5%

Geography	2019	2020	2021	2022	2023
All Population	**7%**	**5%**	**4%**	**4%**	**3%**
Rural	5%	5%	3%	3%	3%
Urban	7%	5%	4%	4%	4%

COVERED CALIFORNIA

Values marked as high rate outliers (lower is better measure), based on z-scores or Interquartile Range, are identified with a red box. Lower rate outliers (lower is better) are identified with a blue circle.
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HEALTHCARE EVIDENCE INITIATIVE (HEI) MEASURES
QHP PERFORMANCE

Performance Metrics – QHP Performance

HEALTH CARE INITIATIVE (HEI)		
PERFORMANCE MEASURE	**Domain**	**PAGE**
QHP Performance Key Findings	*Key Findings may cover information across domains*	72
Breast Cancer Screening Rates (stratified by race/ethnicity)	Preventive Care	74
Child and Adolescent Well Care Visits (stratified by race/ethnicity)	Preventive Care	78
Adult Preventive Visits / 1000 members (stratified by race/ethnicity)	Utilization	82
Ambulatory ER Visits / 1000 members (stratified by race/ethnicity)	Utilization	85
No Utilization of Care	Utilization	89
Primary Care Total Visits / 1000 members	Utilization	91
Primary Care through Telehealth	Utilization	94
Behavioral Health Total Visits / 1000 members	Behavioral Health	97
Behavioral Health through Telehealth	Behavioral Health	100
Concurrent Use of Benzodiazepines (COB)	Behavioral Health	103
Use of High Dose Opioids (HDO)	Behavioral Health	105
Pharmacotherapy for Opioid Use Disorder (POD) from PLD file	Behavioral Health	107

QHP Performance Key Findings

Preventive Care Findings:

- **Breast Cancer Screening**: In 2023, members who identify as Hispanic or Latino in Molina HMO, Health Net PPO, and Blue Shield HMO had significantly lower Breast Cancer Screening rates, whereas Kaiser HMO showed significantly higher rates for this group compared to other racial and ethnic groups.
- **Child & Adolescent Well Care Visits:** While there are specific QHPs with consistently higher rates of Well Care Visits, there are no persistent statistically significant differences.

Utilization Findings:

- **No Utilization of Care:** While there are specific QHPs with consistently higher rates of non-utilization of care amongst their members, there are no persistent statistically significant differences.
- **Primary Care Visit Rates**: Blue Shield HMO and Blue Shield PPO have significantly higher rates of PC visits in 2022 and 2023 compared to other QHPs.
- **Primary Care via Telehealth**: In 2019, Kaiser HMO and Oscar EPO had the highest initial rates of PC Telehealth use, and they both continue to have the highest rates of PC delivery via telehealth in 2023.

QHP Performance Key Findings

Behavioral Health Findings:

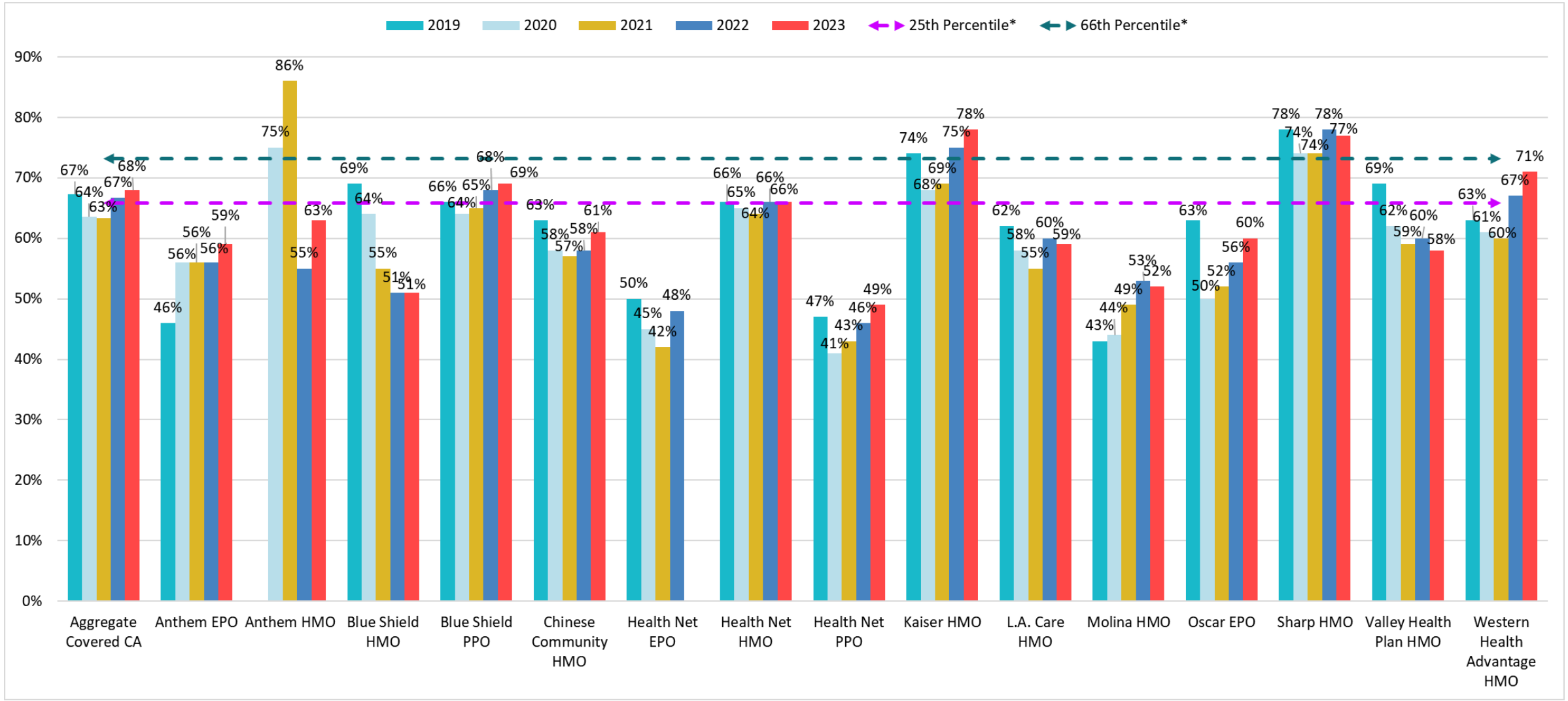
- **Behavioral Health Visits**: Behavioral health visits increased sharply across most QHPs from 2019 - 2022, with a continued rise in Anthem EPO, Blue Shield HMO, Kaiser HMO, and Sharp HMO into 2023.
- **Behavioral Health via Telehealth:** Kaiser HMO and Chinese Community Health Plan HMO have the highest rates of Behavioral health via telehealth in 2023.
- **Concurrent Use of Benzodiazepines & High Dose Opioids**: There has been overall improvement in these measures from 2019-2023 without significant performance differences among QHPs. Additionally, there are fewer QHPs with reportable results year over year from 2019 to 2023, which indicates a smaller population of members having these events to be eligible for these measures.

Breast Cancer Screening Summary

- **Definition**: The percentage of members, 50-74 years of age, who have received a mammogram in the last two years to screen for breast cancer. Breast cancer is the most common cancer among American women, screening and early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options.
- **Key Findings**:
  - Overall, certain QHPs have consistently higher rates of Breast Cancer Screening and others have consistently low rates. However, there are no statistically significant differences in the rates of Breast Cancer Screening when we compare across QHPs.
  - When stratifying by race/ethnicity:
    - In 2023, Breast Cancer Screening rates among members identifying as Hispanic/Latino were statistically significantly lower for Blue Shield HMO, Health Net PPO, and Molina HMO than in other plans.
    - In 2023, in contrast, Breast Cancer Screening rates among members identifying as Hispanic or Latino were statistically significantly higher for Kaiser HMO than for members in other plans.

QHP PERFORMANCE

Breast Cancer Screening by QHP Over Time



Blank bars are suppressed data due to counts too low to report.

** QRS National percentile figures for MY2022 indicated as follows: 66th percentile at 0.73 and 25th percentile at 0.66.*

QHP PERFORMANCE

Breast Cancer Screening MY2022 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net EPO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**56%**	**55%**	**51%**	**68%**	**58%**	**48%**	**66%**	**46%**	**75%**	**60%**	**53%**	**56%**	**78%**	**60%**	**67%**	**66%**
American Indian / Alaska Native	61%			65%					78%							**66%**
Asian American	52%	42%	57%	65%	59%		65%	38%	74%	51%	61%	39%	78%	59%	65%	**63%**
Black or African American	59%		54%	74%			69%	44%	77%	61%	63%	65%				**70%**
Hispanic or Latino	60%	62%	43%	71%			69%	48%	80%	64%	52%	58%	83%	72%	72%	**68%**
Multi-racial	41%		64%	66%			66%	55%	75%	58%		68%				**67%**
Native Hawaiian / Pacific Islander									71%							**65%**
Non-Respondent	54%	55%	49%	67%	49%		67%	50%	74%	58%	53%	59%	77%	59%	63%	**65%**
Other	57%		55%	71%	61%		65%	51%	74%	61%	57%	63%	81%	46%	69%	**68%**
White	56%	54%	54%	69%		47%	64%	50%	74%	58%	57%	60%	77%	53%	69%	**67%**

COVERED CALIFORNIA

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

QHP PERFORMANCE

Breast Cancer Screening MY2023 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**59%**	**63%**	**51%**	**69%**	**61%**	**66%**	**49%**	**78%**	**59%**	**52%**	**60%**	**77%**	**58%**	**71%**	**67%**
American Indian / Alaska Native	66%			65%				77%							**66%**
Asian American	55%	62%	56%	66%	61%	65%	42%	76%	50%	59%	45%	79%	58%	65%	**63%**
Black or African American	60%	57%	44%	74%		68%	50%	79%	53%	52%	68%				**69%**
Hispanic or Latino	65%	68%	44%	71%		68%	50%	83%	64%	51%	66%	80%	64%	75%	**68%**
Multi-racial	51%		55%	68%		56%	54%	74%	56%						**66%**
Native Hawaiian / Pacific Islander								77%							**67%**
Non-Respondent	55%	59%	48%	69%	48%	67%	50%	77%	59%	54%	60%	77%	56%	68%	**66%**
Other	59%	60%	53%	72%	65%	66%	50%	76%	60%	53%	68%	77%	55%	75%	**68%**
White	57%	64%	51%	70%		63%	55%	76%	58%	55%	65%	76%	54%	72%	**69%**

COVERED CALIFORNIA

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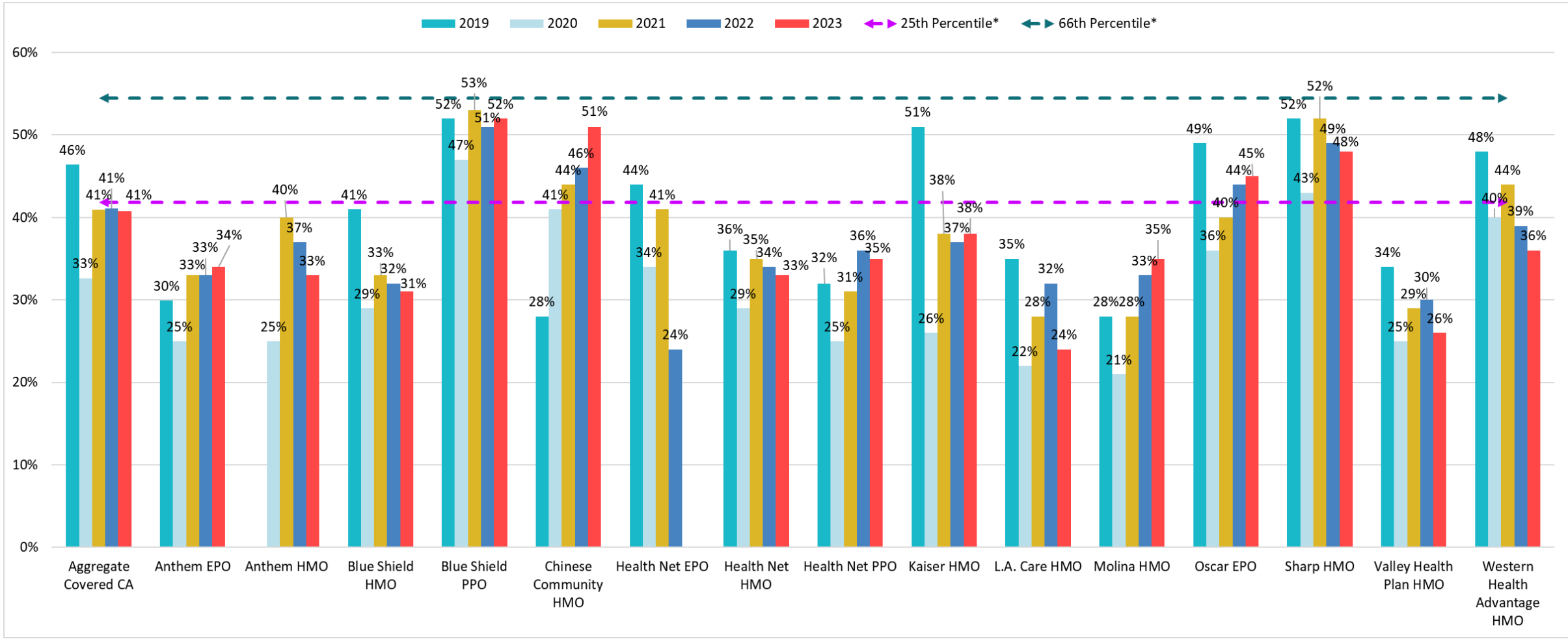
Child and Adolescent Well-Care Visits Summary

- **Definition**: The Child and Adolescent Well Care Visit measure is the percentage of members, aged 3-21 years, who had at least one comprehensive well-care visit with a primary care or an OB/GYN practitioner during the year.
- **Key Findings**:
  - While Blue Shield PPO and Sharp Health Plan HMO consistently have the highest All Population rates of Well Care Visits, and Health Net EPO and Valley Health Plan HMO has the lowest All Population rates, these differences in performance between QHPs are not statistically significant.
  - When stratifying by race/ethnicity, Blue Shield PPO (2022 and 2023) and Sharp HMO (2022) have multiple occurrences of statistically significantly higher Well Care Visit rates for multiple subpopulations as compared to other QHPs.

QHP PERFORMANCE

Child and Adolescent Well-Care Visits by QHP Over Time



Blank bars are suppressed data due to counts too low to report.
** QRS National percentile figures for MY2022 indicated as follows: 66th percentile at 0.54 and 25th percentile at 0.42.*

HEI

QHP PERFORMANCE

Child and Adolescent Well-Care Visits MY2022 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net EPO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CA Rate
All Population	**33%**	**37%**	**32%**	**51%**	**46%**	**24%**	**34%**	**36%**	**37%**	**32%**	**33%**	**44%**	**49%**	**30%**	**39%**	**41%**
American Indian / Alaska Native				33%					44%							**36%**
Asian American	36%	39%	35%	53%	50%		33%	40%	38%	34%	36%	42%	49%	32%	56%	**41%**
Black or African American			25%	45%					36%	47%	47%					**38%**
Hispanic or Latino	32%	32%	29%	48%			28%	35%	36%	29%	31%	43%	45%	32%	35%	**36%**
Multi-racial	35%	41%	40%	53%			45%	41%	41%	27%	48%	57%	48%			**45%**
Native Hawaiian / Pacific Islander																**28%**
Non-Respondent	34%	35%	33%	53%			36%	38%	39%	36%	36%	44%	51%	27%	39%	**43%**
Other	38%	42%	31%	54%			37%	36%	37%	28%	39%	42%	51%	30%	40%	**42%**
White	31%	39%	29%	51%			35%	33%	37%	36%	33%	44%	49%	28%	38%	**42%**

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

HEI

QHP PERFORMANCE

Child and Adolescent Well-Care Visits MY2023 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**34%**	**33%**	**31%**	**52%**	**51%**	**33%**	**35%**	**38%**	**24%**	**35%**	**45%**	**48%**	**26%**	**36%**	**41%**
American Indian / Alaska Native				29%				41%							**34%**
Asian American	44%	34%	30%	55%	44%	32%	38%	39%	27%	45%	40%	54%	30%		**40%**
Black or African American		27%	34%	52%			26%	31%	19%						**34%**
Hispanic or Latino	36%	29%	30%	49%		28%	31%	37%	22%	34%	41%	44%	23%	33%	**37%**
Multi-racial	33%	40%	31%	57%		42%	43%	43%	21%		64%	51%			**46%**
Native Hawaiian / Pacific Islander															**27%**
Non-Respondent	35%	35%	31%	53%		36%	33%	39%	24%	31%	46%	49%	27%	36%	**42%**
Other	35%	32%	32%	53%		31%	36%	41%	23%	34%	39%	47%	36%	38%	**42%**
White	30%	32%	30%	52%		35%	35%	37%	26%	37%	46%	48%	22%	38%	**41%**

COVERED CALIFORNIA

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Adult Preventive Visits per 1000 Members Summary

- **Definition**: The Adult Preventive Visits measure is the annual number of preventive care visits per 1,000 enrolled members , for adults aged 18 and older. Preventive visits include wellness exams or check-ups, counseling sessions, and visits to check on behaviors like tobacco and alcohol use.
- **Key Findings**:
  - Across QHPs, rates of Adult Preventive Visits vary over time and by race/ethnicity. However, none of the differences are statistically significant.

QHP PERFORMANCE

Adult Preventive Visits / 1000 MY2022 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net EPO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CA Rate
All Population	**211**	**328**	**300**	**366**	**508**	**194**	**303**	**250**	**209**	**287**	**159**	**368**	**251**	**166**	**244**	**270**
American Indian / Alaska Native	160	222	259	220	0	0	188	149	156	199		345	233	0		**188**
Asian American	252	419	400	419	541		391	298	221	330	246	333	289	212	274	**317**
Black or African American	179	257	264	367		0	246	211	228	219	167	410	202	101	236	**247**
Hispanic or Latino	206	265	254	306	291	205	250	202	218	260	138	325	227	98	189	**234**
Multi-racial	185	252	275	355	521	0	284	256	195	288	178	394	208	163	176	**252**
Native Hawaiian / Pacific Islander			242	274	0	0			140		271		204	0		**170**
Non-Respondent	213	302	287	365	447	188	282	249	206	274	160	349	254	150	251	**271**
Other	231	326	266	372	485		308	273	201	298	186	393	277	140	222	**272**
White	200	266	247	371	323	196	267	249	198	308	174	387	254	116	260	**268**

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

QHP PERFORMANCE

Adult Preventive Visits /1000 MY2023 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**224**	**322**	**279**	**381**	**519**	**317**	**257**	**219**	**236**	**176**	**365**	**260**	**155**	**269**	**273**
American Indian / Alaska Native	173	254	241	245	0		196	171	113		364	239			**204**
Asian American	269	425	308	417	564	408	316	231	294	269	330	308	186	239	**311**
Black or African American	195	244	253	366		249	224	226	178	176	399	247	103	278	**240**
Hispanic or Latino	219	254	260	313	274	261	212	226	200	149	314	230	104	207	**233**
Multi-racial	188	273	251	375	607	282	218	210	230	196	371	232	125	257	**257**
Native Hawaiian / Pacific Islander		189	243	278	0			158				283		0	**187**
Non-Respondent	235	288	273	387	362	297	246	213	223	190	355	259	156	285	**275**
Other	220	308	283	390	539	312	253	211	246	199	432	296	141	239	**277**
White	211	278	275	391	332	280	258	210	246	197	394	261	129	288	**279**

Values marked as low rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High rate outliers are identified with a blue circle.
Blank cells are suppressed data due to counts too low to report.

QHP PERFORMANCE

Emergency Room Visits per 1000 Members Summary

Definition: The Emergency Room (ER) Visits measure is the annual number of ER visits per 1,000 enrolled members ages 18 and older. Higher ER visit rates can be a signal that some members cannot easily get care in a doctor's office or get help by phone and that some members are not getting the support needed to manage a health problem at home. In a survey of Californians, the percentage of adults reported as not having a usual source of care or using the emergency room as their usual source of care rose from 28.3% in 2019 to 29.6% in 2021.[2]

- **Key Findings**:
  - Chinese Community HMO has statistically significant lower rates of ER visits in 2019-2023 as compared to other QHPs.
  - When stratifying by race/ethnicity across QHPs rates of ER visits vary but none of the observed differences are statistically significant.

QHP PERFORMANCE

Emergency Room Visits / 1000 Members over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**171**	**139**	**162**	**171**	**171**
Anthem EPO	176	161	186	203	204
Anthem HMO		159	168	141	143
Blue Shield HMO	195	153	164	176	181
Blue Shield PPO	197	158	187	197	199
Chinese Community HMO	68	53	62	70	63
Health Net EPO	148	91	167	166	N/A
Health Net HMO	139	108	114	147	156
Health Net PPO	118	95	116	146	141
Kaiser HMO	175	146	172	177	174
L.A. Care HMO	173	136	141	146	130
Molina HMO	126	132	151	136	140
Oscar EPO	91	87	110	111	107
Sharp HMO	135	130	160	155	156
Valley Health Plan HMO	160	122	141	154	142
Western Health Advantage HMO	202	162	220	209	181

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.
N/A indicates plan was not offered that year

QHP PERFORMANCE

Emergency Room Visits /1000 Members MY2022 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net EPO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**203**	**141**	**176**	**197**	**70**	**166**	**147**	**146**	**177**	**146**	**136**	**111**	**155**	**154**	**209**	**171**
American Indian / Alaska Native	353	210	323	392			324	311	339	397						**346**
Asian American	130	68	98	118	61		79	63	118	69	81	45	78	96	138	**99**
Black or African American	382	232	290	308			220	249	276	246	237	153	276	272	244	**272**
Hispanic or Latino	200	200	222	233			178	169	204	178	136	148	174	266	214	**196**
Multi-racial	229	160	199	212			165	167	169	149	129	102	135	242	297	**179**
Native Hawaiian / Pacific Islander	209	292	179	269					231	198						**211**
Non-Respondent	209	169	196	202	79	317	166	164	190	158	142	120	170	164	221	**185**
Other	192	150	187	209	102		163	136	189	145	155	118	176	178	241	**183**
White	217	173	198	200	111	143	175	171	173	151	144	114	149	183	201	**182**

Values marked as high rate outliers (lower is better measure), based on z-scores or Interquartile Range, are identified with a red box. Lower rate outliers (lower is better) are identified with a blue circle.

Blank cells are suppressed data due to counts too low to report.

QHP PERFORMANCE

Emergency Room Visits /1000 Members MY2023 by Race/Ethnicity

Race/Ethnicity	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Oscar EPO	Sharp HMO	Valley Health Plan HMO	Western Health Advantage HMO	CCA Rate
All Population	**204**	**143**	**181**	**199**	**63**	**156**	**141**	**174**	**130**	**140**	**107**	**156**	**142**	**181**	**171**
American Indian / Alaska Native	371	254	278	357			301	330	244	266		308	808		**330**
Asian American	124	75	100	127	53	87	73	118	69	89	56	104	95	145	**102**
Black or African American	311	255	268	287		259	218	276	194	222	164	205	233	362	**262**
Hispanic or Latino	197	184	217	229		194	163	201	165	136	132	159	213	210	**192**
Multi-racial	235	160	173	211		159	152	170	132	122	81	123	109	299	**175**
Native Hawaiian / Pacific Islander	498	256	320	247				218	273						**240**
Non-Respondent	216	167	206	210	64	167	144	188	142	157	113	172	146	177	**187**
Other	211	168	192	202	129	171	147	187	123	143	128	181	171	195	**182**
White	219	167	201	200		187	164	170	130	155	106	154	179	167	**180**

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.

No Utilization of Care Summary

Definition: The No Utilization of Care measure is the percentage of members with 12 months of continuous enrollment, age 18 and older, who had no medical or drug services submitted on claims or encounters during the year. A higher rate means a larger share of members got no healthcare services – including no preventive visits, vaccines, or other routine care. In general, a lower measure rate is better as many people, even those in good health, benefit from preventive services like a cancer screening, flu vaccine, or a check-up.

- **Key Findings:**
  - Molina HMO, Valley HMO, and CCHP HMO had the highest rates of non-utilization among their members as compared to the other QHPs in 2023. However, Health Net PPO in 2021 is the only Issuer with one year of statistically significantly higher rates of non utilization. All other differences observed are not statistically significant.

QHP PERFORMANCE

No Utilization of Care Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**18%**	**18%**	**9%**	**12%**	**17%**
Anthem EPO	22%	20%	11%	15%	19%
Anthem HMO		21%	9%	14%	20%
Blue Shield HMO	17%	16%	9%	12%	16%
Blue Shield PPO	13%	12%	6%	9%	11%
Chinese Community HMO	29%	29%	15%	21%	28%
Health Net EPO	19%	17%	11%	13%	N/A
Health Net HMO	18%	20%	9%	11%	14%
Health Net PPO	33%	33%	21%	19%	24%
Kaiser HMO	17%	17%	8%	12%	16%
L.A. Care HMO	20%	21%	13%	16%	23%
Molina HMO	42%	31%	16%	23%	30%
Oscar EPO	26%	24%	10%	14%	18%
Sharp HMO	16%	16%	8%	13%	15%
Valley Health Plan HMO	29%	28%	14%	21%	28%
Western Health Advantage HMO	20%	18%	10%	13%	16%

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Blank cells are suppressed data due to counts too low to report.
N/A indicates plan was not offered that year

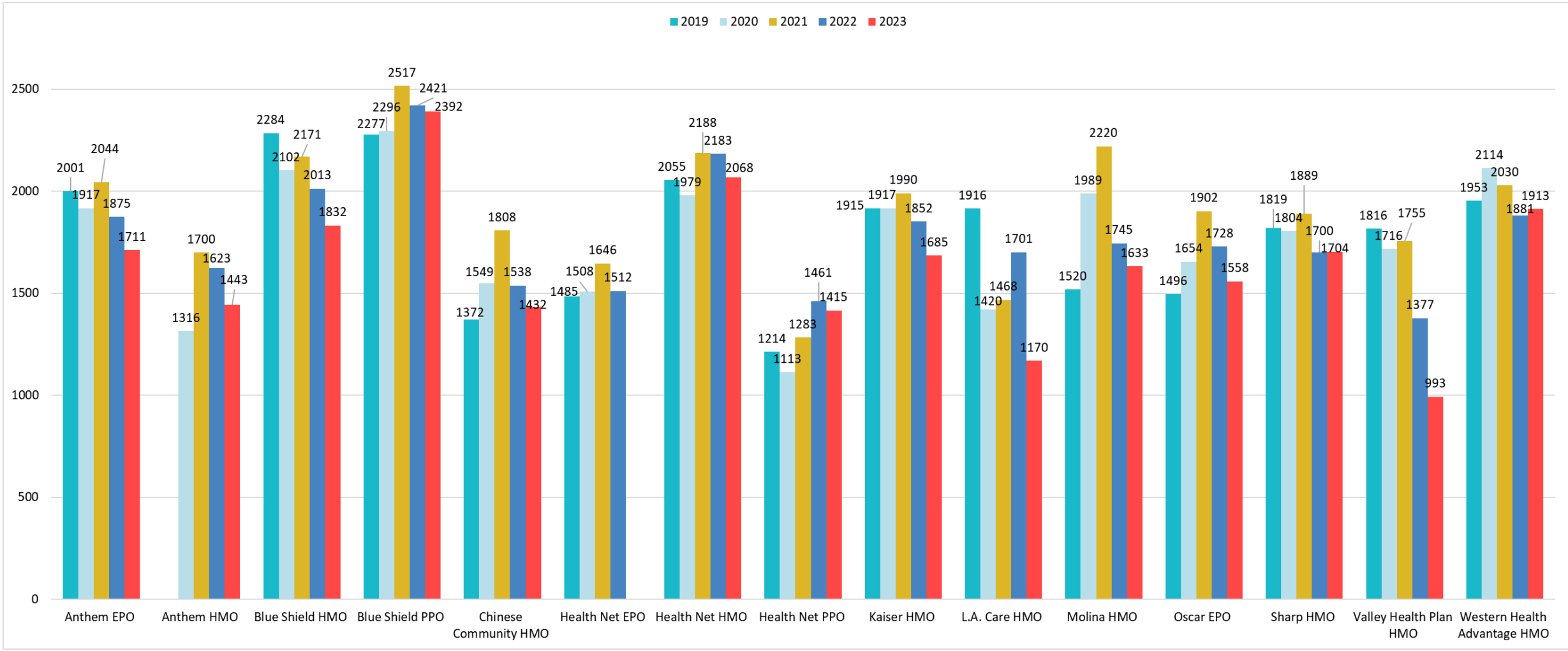
QHP PERFORMANCE

Primary Care Visits per 1000 Members Summary

- **Definition**: Number of adult members aged 18 and older who received a primary care visit during the measurement year per 1000 enrolled members. Primary care visits are classified as being delivered by a provider whose taxonomy is consistent with being a primary care practitioner.
- **Key Findings**:
  - Health Net HMO, Blue Shield PPO, and Western Health Advantage have some of the highest rates of primary care use over 2019 – 2023. Only in 2022 and 2023 was Blue Shield PPO's higher rate statistically significant.
  - Anthem HMO, Health Net PPO, and Valley Health Plan HMO have some of the lowest rates of primary care use over 2019 – 2023, but these differences compared to other QHPs are not statistically significant.

QHP PERFORMANCE

Primary Care Visits per 1000 Members by QHP Over Time



Blank bars are suppressed data due to counts too low to report.

QHP PERFORMANCE

Primary Care Visits /1000 Members Summary Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**1991**	**1938**	**2071**	**1954**	**1774**
Anthem EPO	2001	1917	2044	1875	1711
Anthem HMO		1316	1700	1623	1443
Blue Shield HMO	2284	2102	2171	2013	1832
Blue Shield PPO	2277	2296	2517	2421	2392
Chinese Community HMO	1372	1549	1808	1538	1432
Health Net EPO	1485	1508	1646	1512	N/A
Health Net HMO	2055	1979	2188	2183	2068
Health Net PPO	1214	1113	1283	1461	1415
Kaiser HMO	1915	1917	1990	1852	1685
L.A. Care HMO	1916	1420	1468	1701	1170
Molina HMO	1520	1989	2220	1745	1633
Oscar EPO	1496	1654	1902	1728	1558
Sharp HMO	1819	1804	1889	1700	1704
Valley Health Plan HMO	1816	1716	1755	1377	993
Western Health Advantage HMO	1953	2114	2030	1881	1913

COVERED CALIFORNIA

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Blank cells are suppressed data due to counts too low to report.
N/A indicates the plan was not offered during that year

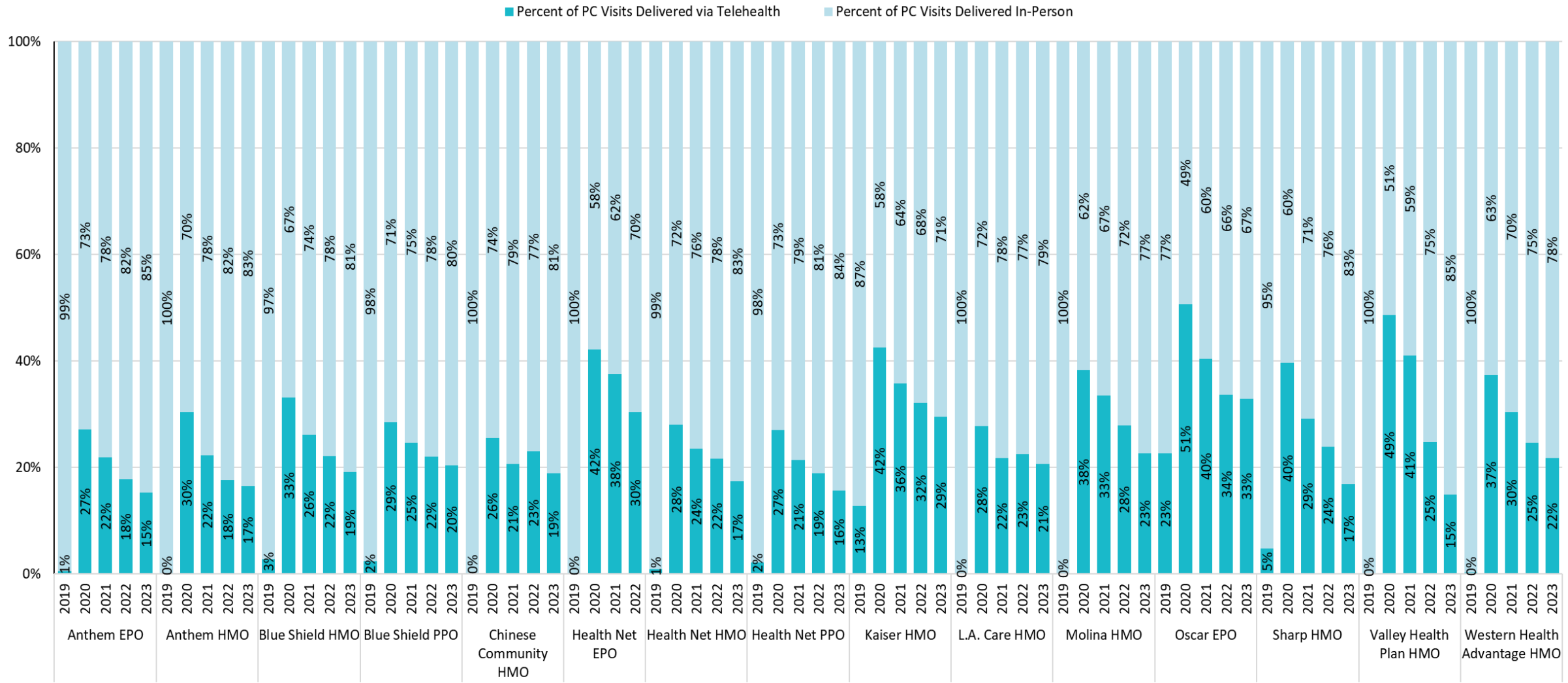
QHP PERFORMANCE

Primary Care Delivery via Telehealth Summary

- **Definition**: The Primary Care Through Telehealth measure is the annual share of all primary care visits that were delivered via telehealth for adults aged 18 and older. The other portion of primary care visits were done in-person. Typically, telehealth occurs by phone and can include real time video communications between a patient and clinician. Patients typically report high satisfaction when getting care by telehealth[3,4], and value its convenience and the ability to get care at home. However, some patients, especially those with lower incomes, may face barriers to using telehealth due to its availability or technologic barriers.[5]
- **Key Findings**:
  - Prior to the COVID-19 pandemic, only Kaiser and Oscar EPO had a significant portion of primary care delivered via Telehealth. Since 2020, we have seen near universal adoption of telehealth for the delivery of primary care, yet the persistence and rates of use vary by QHP.
    - In 2023, Oscar EPO (33%) had the highest portion of its primary care delivered via telehealth, followed by Kaiser HMO (29%).
    - From 2020 to 2023, Sharp HMO and Valley Health Plan had their rates of PC via Telehealth decline the most, by more than 50% from peak.

QHP PERFORMANCE

Primary Care Delivery via Telehealth Over Time



QHP PERFORMANCE

Primary Care Delivery via Telehealth Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**6%**	**35%**	**30%**	**26%**	**23%**
Anthem EPO	0%	27%	22%	18%	15%
Anthem HMO		30%	22%	18%	17%
Blue Shield HMO	3%	33%	26%	22%	19%
Blue Shield PPO	2%	29%	25%	22%	20%
Chinese Community HMO	0%	26%	21%	23%	19%
Health Net EPO		42%	38%	30%	N/A
Health Net HMO	1%	28%	24%	22%	17%
Health Net PPO	2%	27%	21%	19%	16%
Kaiser HMO	13%	42%	36%	32%	29%
L.A. Care HMO	0%	28%	22%	23%	21%
Molina HMO	0%	38%	33%	28%	23%
Oscar EPO	23%	51%	40%	34%	33%
Sharp HMO	5%	40%	29%	24%	17%
Valley Health Plan HMO	0%	49%	41%	25%	15%
Western Health Advantage HMO	0%	37%	30%	25%	22%

COVERED CALIFORNIA

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N/A indicates the plan was not offered during that measurement year

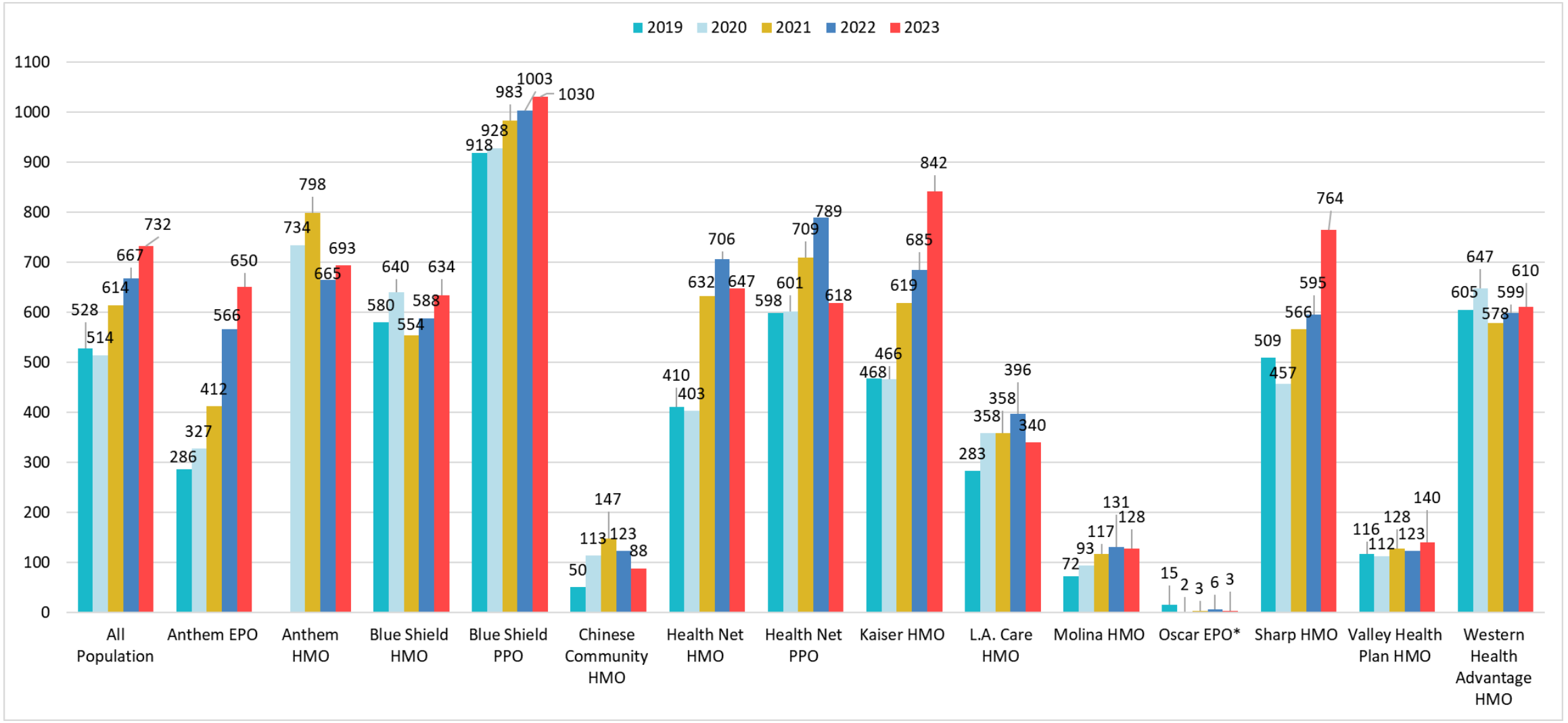
QHP PERFORMANCE

Behavioral Health Visits per 1000 Members Summary

- **Definition**: The Behavioral Health Visits measure is the annual number of behavioral health visits per 1,000 enrolled members age 18 and older. Behavioral health clinicians include counselors, psychologists, psychiatrists, social workers and other therapists. Most visits are for individual patient therapy though other visits involve group therapy or various behavioral health treatments.
- **Key Findings**:
  - There has been a year over year increase in Behavioral Health Visits at the all-population level and for the majority of QHPs from 2019 through 2023.
    - The exceptions to this trend were: CCHP, Health Net HMO and PPO, LA Care and Molina who all saw Behavioral Health Visits decline from 2022 to 2023.
    - There are no persistent statistically significant differences in the overall rate BH Visits when comparing across QHPs. However, Blue Shield PPO consistently has the highest rate of BH Visits compared to other QHPs. Chinese Community HMO, Molina HMO, and Valley Health Plan HMO consistently have low rates of BH Visits compared to other QHPs from 2019-2023.

QHP PERFORMANCE

Behavioral Health Visits per 1000 Members Over Time



COVERED CALIFORNIA

**Oscar EPO did not provide behavioral health data during the measurement period*
Blank columns are suppressed data due to counts too low to report.

QHP PERFORMANCE

Behavioral Health Visits /1000 Members Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**528**	**514**	**614**	**667**	**732**
Anthem EPO	286	327	412	566	650
Anthem HMO		734	798	665	693
Blue Shield HMO	580	640	554	588	634
Blue Shield PPO	918	928	983	1003	1030
Chinese Community HMO	50	113	147	123	88
Health Net EPO	1040	1113	1531	1112	N/A
Health Net HMO	410	403	632	706	647
Health Net PPO	598	601	709	789	618
Kaiser HMO	468	466	619	685	842
L.A. Care HMO	283	358	358	396	340
Molina HMO	72	93	117	131	128
Oscar EPO*	15	2	3	6	3
Sharp HMO	509	457	566	595	764
Valley Health Plan HMO	116	112	128	123	140
Western Health Advantage HMO	605	647	578	599	610

COVERED CALIFORNIA

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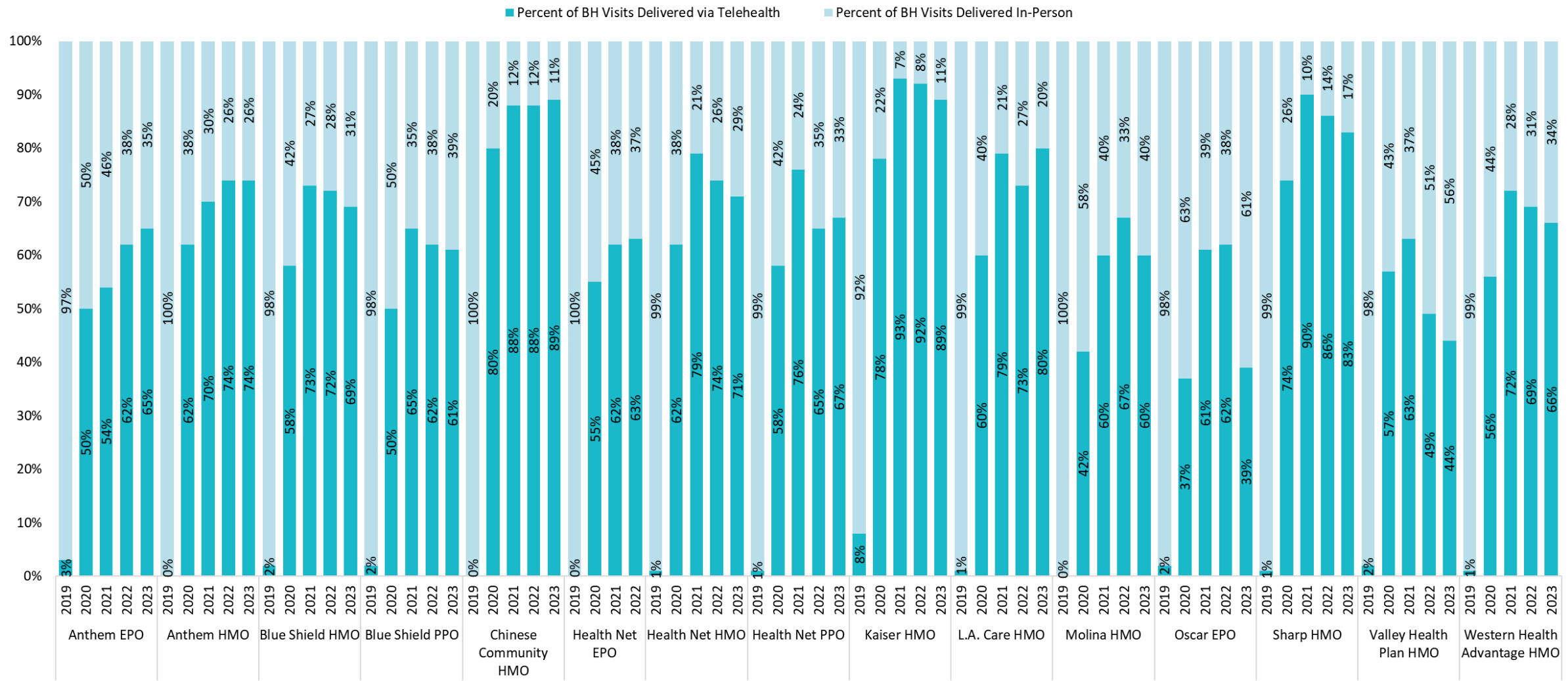
N/A indicates the plan was not offered during that measurement year
**We received incomplete behavioral health data from Oscar EPO during the measurement period.*

Behavioral Health Delivery via Telehealth Summary

- **Definition**: The Behavioral Health Care Through Telehealth measure is the portion of ambulatory behavioral health visits that were delivered via telehealth for adults aged 18 and older. The remaining portion of ambulatory behavioral health care was delivered in-person. Typically, telehealth occurs by phone and can include real time video communications between a patient and clinician. Patients typically report high satisfaction when getting care by telehealth[3,4], and value its convenience and the ability to get care at home. However, some patients, especially those with lower incomes, may face barriers to using telehealth due to its availability or technologic barriers.[5]
- **Key Findings**:
  - All QHPs saw rapid increases in their rate of telehealth use for behavioral health between 2019 and 2020. In 2023, telehealth is the modality through which the majority of behavioral health services are delivered across QHPs, except for Oscar EPO and Valley Health Plan HMO.
  - Kaiser HMO has statistically significantly higher rates of Behavioral Health telehealth when compared to other QHPs in 2020 and 2022 and Chinese Community HMO has statistically significantly higher rates of telehealth use in 2020.
    - Both Kaiser HMO and CCHP perform 89% of behavioral health visits via telehealth in 2023, which may indicate that their models of care for behavioral health services are more reliant on telehealth than other health plans.

QHP PERFORMANCE

Behavioral Health Delivery via Telehealth Over Time



QHP PERFORMANCE

Behavioral Health Delivery via Telehealth Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**4%**	**62%**	**78%**	**76%**	**75%**
Anthem EPO	3%	50%	54%	62%	65%
Anthem HMO		62%	70%	74%	74%
Blue Shield HMO	2%	58%	73%	72%	69%
Blue Shield PPO	2%	50%	65%	62%	61%
Chinese Community HMO		80%	88%	88%	89%
Health Net EPO		55%	62%	63%	N/A
Health Net HMO	1%	62%	79%	74%	71%
Health Net PPO	1%	58%	76%	65%	67%
Kaiser HMO	8%	78%	93%	92%	89%
L.A. Care HMO	1%	60%	79%	73%	80%
Molina HMO	0%	42%	60%	67%	60%
Oscar EPO*	2%	37%	61%	62%	39%
Sharp HMO	1%	74%	90%	86%	83%
Valley Health Plan HMO	2%	57%	63%	49%	44%
Western Health Advantage HMO	1%	56%	72%	69%	66%

COVERED CALIFORNIA

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**We received incomplete behavioral health data from Oscar EPO during the measurement period.*

Concurrent Use of Benzodiazepines Summary

- **Definition**: The Concurrent Use of Benzodiazepines measure is the percentage of members ages 18-64 who have prescriptions for opioid and benzodiazepine medications at the same time. Taking opioids in combination with benzodiazepines, which is a depressant drug, increases the risk of difficulties in breathing and of life-threatening overdose or death. *A lower rate means better performance.*
- **Key Findings**:
  - All QHPs that had reportable populations for this measure saw improved performance on this measure from 2022 to 2023, except for LA Care HMO whose rate remained stable and Blue Shield HMO whose rate increased by 1 percentage point.
  - Kaiser HMO consistently has the lowest rate of Concurrent Use of Benzodiazepines performance, and Health Net PPO, Blue Shield PPO, and Western Health Advantage HMO have consistently had the highest identified concurrent use of benzodiazepines and opioids across 2019-2023. These differences are not statistically significant.

QHP PERFORMANCE

Concurrent Use of Benzodiazepines Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**14%**	**18%**	**17%**	**14%**	**14%**
Anthem EPO	14%	17%	16%	17%	15%
Anthem HMO				12%	11%
Blue Shield HMO	17%	16%	13%	15%	16%
Blue Shield PPO	23%	23%	22%	21%	19%
Chinese Community HMO					
Health Net EPO					N/A
Health Net HMO	16%	18%	17%	18%	14%
Health Net PPO	22%	28%	27%	27%	20%
Kaiser HMO	12%	12%	10%	9%	7%
L.A. Care HMO	11%	14%	12%	13%	13%
Molina HMO	10%	11%	10%	10%	9%
Sharp HMO	12%	17%	12%	16%	12%
Valley Health Plan HMO					
Western Health Advantage HMO	21%	20%	21%	24%	

COVERED CALIFORNIA

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N/A indicates plan was not offered during that year

Use of Opioids at High Dosage Summary

- **Definition**: The Use of Opioids at High Dosage measure is the percentage of members age 18-64 who received prescriptions for opioids at a high dosage - average morphine milligram equivalent dose [MME] ≥90 for 90 days or more during the year. Lower performance is better as using opioids in high dosage can lead to drug overdose and death.
- **Key Findings**:
  - When evaluating this measure at the QHP level, the number of QHPs with reportable denominator sizes has decreased over time, from eight in 2019 to only two in 2023. This trend is likely related to shifting practices around opioid prescribing and an increasing focus on healthcare providers' role in managing the opioid epidemic.
  - While we see variation in rates across QHPs, there are no persistent statistically significant differences.

QHP PERFORMANCE

Use of Opioids at High Dosage Over Time

QHP Issuer	2019	2020	2021	2022	2023
All Population	**7%**	**5%**	**4%**	**4%**	**3%**
Anthem EPO	8%	5%	3%	4%	6%
Anthem HMO					
Blue Shield HMO	3%	3%	2%	2%	
Blue Shield PPO	7%	5%	5%	5%	4%
Chinese Community HMO					
Health Net EPO					N/A
Health Net HMO	5%	5%	4%	5%	
Health Net PPO	8%	9%			
Kaiser HMO	10%	6%	5%	5%	
L.A. Care HMO	5%				
Molina HMO					
Sharp HMO	11%				
Valley Health Plan HMO					
Western Health Advantage HMO					

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QHP PERFORMANCE

Pharmacotherapy for Opioid Use Disorder

- **Definition**: The Pharmacotherapy for Opioid Use Disorder Measure evaluates the portion of members with an opioid use disorder (OUD) who received medication treatment to help them overcome OUD by reducing the cravings for the drug and easing the withdrawal symptoms.
- **Key Findings**:
  - When evaluating this measure at the QHP level for MY2023, only 5 of 14 QHPs have reportable results given limited numerator or denominator sizes.
  - The Pharmacotherapy for Opioid Use Disorder measure often reports on a smaller subset of members with opioid use disorder because the measure assesses members during a defined enrollment window and who got a medication for addiction treatment during a particular time period.

QHP PERFORMANCE

Pharmacotherapy for Opioid Use Disorders

QHP Issuer	2023
All Population	**20%**
Anthem EPO	18%
Anthem HMO	
Blue Shield HMO	24%
Blue Shield PPO	14%
Chinese Community HMO	
Health Net HMO	
Health Net PPO	17%
Kaiser HMO	33%
L.A. Care HMO	
Molina HMO	
Sharp HMO	
Valley Health Plan HMO	
Western Health Advantage HMO	

COVERED CALIFORNIA

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COVERED CALIFORNIA

CITATIONS

CITATIONS

1. "Fee Schedules - General Information." Centers for Medicare & Medicaid Services, 2024, https://www.cms.gov/medicare/payment/fee-schedules
2. Jabbarpour, Y., Jetty, A., Byun, H., Siddiqi, A., Petterson, S., & Park, J. (2024, February 28). The Health of US Primary Care: 2024 Scorecard Report — No One Can See You Now. The Milbank Memorial Fund and The Physicians Foundation.
3. Ramaswamy, A., Yu, M., Drangsholt, S., Ng, E., Culligan, P., Schlegel, P., & Hu, J. (2020). Patient Satisfaction With Telemedicine During the COVID-19 Pandemic: A Retrospective Cohort Study (Preprint). Journal of Medical Internet Research, 22, 10.2196/20786.
4. Andrews, E., Berghofer, K., Long, J., Prescott, A., & Caboral-Stevens, M. (2020). Satisfaction with the use of telehealth during COVID-19: An integrative review. International Journal of Nursing Studies Advances, 2, 10.1016/j.ijnsa.2020.100008.
5. Joynt, J. (2023). Telehealth Experiences and Preferences Among Californians With Low Incomes. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2023/05/THExperiencesPreferencesCaliforniansLowIncomes.pdf