





# Annual Partnership County Data Report 2024: Tehama County

### April 2024



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# **Membership / County Overview**





## Current County Enrollment (March 2024)

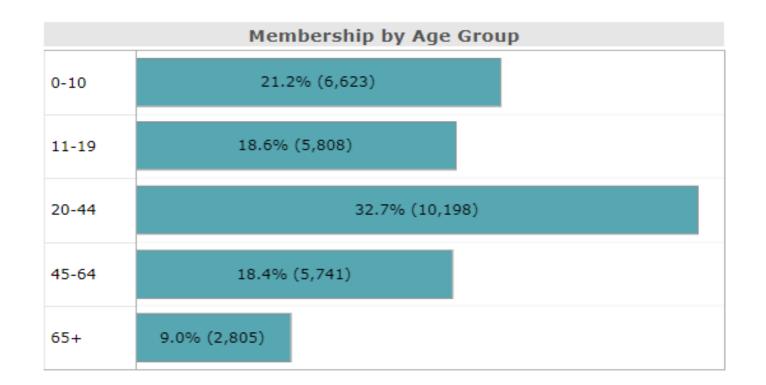
Membership by County							
SONOMA	12.0% (110,241)						
SOLANO	11.3% (103,547)						
BUTTE	9.4% (86,393)						
SHASTA	7.6% (70,125)						
PLACER	6.5% (60,013)						
HUMBOLDT	6.5% (59,588)						
YOLO	6.0% (54,972)						
MARIN	5.1% (47,110)						
SUTTER	4.8% (44,294)						
MENDOCINO	4.5% (41,461)						
YUBA	4.0% (36,680)						
LAKE	3.8% (34,930)						
TEHAMA	3.4% (31,250)						
NEVADA	3.1% (28,772)						
NAPA	3.0% (27,425)						
SISKIYOU	2.0% (18,208)						
GLENN	1.5% (13,818)						
DEL NORTE	1.4% (12,439)						
COLUSA	1.2% (1 <sup>0,598</sup> )						
LASSEN	0.9% (8,632)						
PLUMAS	0.7% (5,964)						
TRINITY	0.6% (5,666)						
MODOC	0.4% (4,015)						
SIERRA	0.1% (874)						

Partnership enrollment: ~917,000 in March 2024





## County Age Groups and Gender (March 2024)



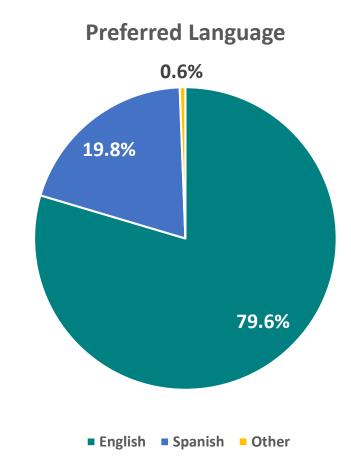
	Membership by Gender	
FEMALE	52.5% (16,354)	
MALE	47.5% (14,821)	





## County Member Ethnicity & Preferred Language (March 2024)

	Membership by Ethnicity							
WHITE	49.2% (15,354)							
HISPANIC	35.4% (11,050)							
UNKNOWN	11.7% (3,668)							
OTHER	1.2% (362)							
NATIVE AMERICAN	<b>1</b> .0% (318)							
BLACK	0.8% (246)							
ASIAN/PACIFIC ISLANDER	0.3% (103)							
ASIAN INDIAN	0.2% (62)							
FILIPINO	0.2% (52)							
VIETNAMESE	0.0% (14)							







## County Membership Assignment Status (April 2024)

Provider Panel Capacity This report shows the number of PHC members assigned to each clinic and their capacity to accept new members. Includes only clinics currently serving members.

					April 2024			
PCP Affiliation I	D PCP Full Name	PCP County	Clinic Type	Current Enrollment Status	Member Count	% of Members		
Total Members	Assigned to Primary Care Sites	11,050	100.0%					
34191 0004	AMPLA HEALTH LOS MOLINOS	TEHAMA	FQHC/ RHC	Open	2,033	18.4%		
34167 0004	ADVENTIST HEALTH	TEHAMA	FQHC/ RHC	Open	1,625	14.7%		
15154 0038	GREENVILLE RANCHERIA	TEHAMA	INDIAN HEALTH SERVI	Open	1,468	13.3%		
82610 0004	FRONTIER VILL FAMILY HEALTH	TEHAMA	FQHC/ RHC	Open	1,454	13.2%		
82760 0001	ROLLING HILLS CLINIC	TEHAMA	INDIAN HEALTH SERVI	Open	1,384	12.5%		
83301 0001	TARICHI PRIMARY CARE	TEHAMA	FQHC/ RHC	Open	1,157	10.5%		
65499 0004	ROLLING HILLS CLINIC	TEHAMA	INDIAN HEALTH SERVI	Open	1,067	9.7%		
12570 0005	TCHS MEDICAL CLINIC	TEHAMA	FQHC/ RHC	Open	753	6.8%		
34167 0007	ADVENTIST HEALTH	TEHAMA	FQHC/ RHC	Open	26	0.2%		
34191 0005	AMPLA HEALTH LOS MOLINOS	TEHAMA	FQHC/ RHC	Open	21	0.2%		
15154 0039	GREENVILLE RANCHERIA	TEHAMA	INDIAN HEALTH SERVI	Open	20	0.2%		
82610 0007	FRONTIER VILL FAMILY HEALTH	TEHAMA	FQHC/ RHC	Open	15	0.1%		
65499 0005	ROLLING HILLS CLINIC	TEHAMA	INDIAN HEALTH SERVI	Open	8	0.1%		
82760 0004	ROLLING HILLS CLINIC	TEHAMA	INDIAN HEALTH SERVI	Open	8	0.1%		
83301 0004	TARICHI PRIMARY CARE	TEHAMA	FQHC/ RHC	Open	6	0.1%		
12570 0008	TCHS MEDICAL CLINIC	TEHAMA	FQHC/ RHC	Open	5	0.0%		



Open

Current Patients Only

Closed





# **Obstetrics / Maternity Data**





# County Maternity Data & Resources (2022)

- Hospitals with maternity services (does not include Kaiser):
  - St. Elizabeth Community Hospital: 556 deliveries total in 2022
- Tehama County births by residence of mother: 788
  - Source: CDPH
- Prenatal care providers:
  - CommonSpirit Dignity Health Women's Health Services

If you have corrections for this info, please email: <u>rmoore@partnershiphp.org</u>, <u>llago@partnershiphp.org</u>, or <u>ctownsend@partnershiphp.org</u>.



## Maternity Data by Provider (2022)

				NTSV	V C-Section Rate		y Elective		Breastf	eeding	Rate (CDPH)	Episi	otomy Rate		VBAC	Rate	VBAC Routinely Available	Certified N Midwife De Rate	elivery
	Partnership Region			Denomina Sco tor [%]		Denomina tor So	Score (%)	Rating	Denomina S tor		Rating	Denomina Sco tor [%]	-	Denomina tor	Score [%]	Rating	Yes/No	Denomina So tor [%	
Adventist Health Clear Lake	Southwest		Clearlake	40	10 Above Average	-		Above Average	158	-	Average	130	2.3 Average		• •	<u> </u>	No	155	0
Sutter Lakeside Hospital	Southwest	Lake	Lakeport	72	20.8 Above Average	e 47	2.10%	Below Average	236	62.3	Below Average	171	0.6 Above Average	2			No	246	0
Marin Health Medical Center	Southwest	Marin	Greenbrae	480	21 Above Average	e 63	0%	Above Average	e 1077	89.4	Superior	1093	0.5 Superior	207	37.2	2 Superior	Yes	1490	43.6
Adventist Health Ukiah Valley	Southwest	Mendocino	Ukiah	227	22.5 Average				715	81.5	Above Average	537	1.7 Average				No	748	47.1
Sutter Santa Rosa Regional Hospital	Southwest	Sonoma	Santa Rosa	525	21.3 Above Average				1264	74.8	Average	1053	0.9 Above Average	2			No	1552	1.4
Santa Rosa Memorial Hospital	Southwest	Sonoma	Santa Rosa	175	21.1 Above Average	30.0	3.3%	Below Average	459	90.2	Superior	368	0.0 Superior	91	36.3	3 Superior	Yes	534	50.2
Providence Queen of the Valley Medical Center	Southeast	Napa	Napa	228	22.4 Average	34	5.90%	Below Average	630	83	Above Average	478	0.6 Above Average	e 108	25	5 Above Average	Yes	688	0
NorthBay Medical Center	Southeast	Solano	Fairfield	489	26.4 Below Average	144	1.40%	Average	1089	72.5	Average	1078	1.3 Average	260	12.7	7 Average	Yes	1619	0
Dignity Health Woodland Memorial Hospital	Southeast	Yolo	Woodland	176	16.5 Above Average	e 40	0%	Above Average	457	82.5	Above Average	382	1.6 Average				No	521	0
Sutter Davis Hospital	Southeast	Yolo	Davis	403	17.4 Superior				1063	91.6	Superior	894	1.1 Above Average	142	34.5	5 Superior	Yes	1143	59.4
Sutter Coast Hospital	Northwest	Del Norte	Crescent City	79	21.5 Above Average				211	74.9	Average	169	5.9 Below Average	2			No	242	0
Mad River Community Hospital	Northwest	: Humboldt	Arcata	135	20.7 Above Average	e 20	0%	Above Average	447	83.9	Above Average	304	1.6 Average				No	398	22.9
Providence St. Joseph Hospital Eureka	Northwest	Humboldt	Eureka	240	20.8 Above Average	e 41	0%	Above Average	379	67.5	Below Average	515	2.3 Average	104	19.2	2 Average	Yes	723	17.7
Banner Lassen Medical Center	Northeast	Lassen	Susanville	72	22.2 Average	22	0%	Above Average	218	74.8	Average	136	7.4 Below Average	2			No	197	0
Dignity Health Mercy Medical Center Redding	Northeast	Shasta	Redding	524	22.9 Average	213	1.40%	Average	1507	75	Above Average	1124	1.7 Average				No	1677	0
Dignity Health Mercy Medical Center Mount Shasta	Northeast	Siskiyou	Mount Shasta	a 41	34.1 Below Average	9	11.10%	Below Average	99	80.8	Average	78	1.3 Average				No	119	0
Fairchild Medical Center	Northeast	Siskiyou	Yreka	36	36.1 Below Average	2 11	9.10%	Below Average	170	80	Average	104	6.7 Below Average	41	17.2	1 Average	Yes	182	0
Dignity Health St. Elizabeth Community Hospital	Northeast	Tehama	Red Bluff	190	18.9 Above Average	e 47.0	0.0	Above Average	453	72.8	Average	403	2.2 Average				No	556	18.3
Oroville Hospital	Eastern	Butte	Oroville	121	25.6 Below Average				465	60.2	Below Average	253	5.1 Average				No	429	43.8
Enloe Medical Center - Esplanade Campus	Eastern	Butte	Chico	635	20.5 Above Average				1730	86.6	Above Average	1380	1.8 Average	260	22.3	3 Average	Yes	1916	22.9
Dignity Health Sierra Nevada Memorial Hospital	Eastern	Nevada	Grass Valley	133	25.6 Below Average				281	90.7	Superior	245	3.7 Average				No	339	10.6
Tahoe Forest Hospital	Eastern	Nevada	Truckee	140	15 Superior				290	94.5	Superior	278	4.3 Average				No	375	0
Sutter Roseville Medical Center	Eastern	Placer	Roseville	853	23.3 Average				2068	74.2	Average	1704	2.7 Average	310	13.5	5 Average	Yes	2402	0
Adventist Health and Rideout	Eastern	Yuba	Marysville	508	21.9 Above Average				1641	67.2	Below Average	1254	2 Average	288	10.8	8 Average	Yes	1791	0.7

		Early Elective Delivery	-	Episiotomy Rate	VBAC rate	CNM delivery rate
Above Avg	<21.9%	<1%	>75%	<1.2%	>25%	>10%
Avg	22-23.6%	1-2%	70-75%	1.5 - 5.0%	10 - 25%	
Below Avg	>23.6%	>2%	<70%	>5.0%	<10%	<10%



# Attachment: HEDIS Information

### Report Year 2023, Measurement Year 2022

- Managed Care Accountability Site (MCAS) Measurement Set Descriptions
- Performance on MCAS Measures





### 7.0 Measurement Year 2022 Managed Care Accountability Site (MCAS) Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
*Breast Cancer Screening (BCS)	Non-Medicare Total	• The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.
		The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
Cervical Cancer Screening (CCS)	• Total	<ul> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>
*Child and Adolescent Well-		• The percentage of members 3–21 years of age who had at least one comprehensive well- care visit with a PCP or an OB/GYN practitioner during the measurement year.
Care Visits (WCV)	• Total	<ul> <li>Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.</li> </ul>
Childhood Immunization Status (CIS)	Combination 10	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
		<ul> <li>Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul>
*Chlamydia Screening in Women (CHL)	• Total	• The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
		<ul> <li>Total. The sum of the age stratifications.</li> </ul>

### Partnership HealthPlan of California Measurement Year 2022 / Reporting Year 2023



HEDIS Measure	Measure Indicator	Measure Definition
Controlling High Blood Pressure (CBP)	• Total	• The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	• Total	<ul> <li>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	• Total	<ul> <li>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
Immunizations for Adolescents (IMA)	Combination 2	<ul> <li>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</li> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul>
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul> <li>HbA1c poor control (&gt;9.0%)</li> </ul>	<ul> <li>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed.         <ul> <li>HbA1c poor control (&gt;9.0%). The most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>
Lead Screening in Children (LSC)	• Total	<ul> <li>The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</li> <li>At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.</li> </ul>



HEDIS Measure	Measure Indicator	Measure Definition						
		• The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.						
Prenatal and Postpartum Care (PPC)       •         *Well-Child Visits in the First 30 Months of Life (W30)       •	<ul> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	<ul> <li>Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> </ul>						
		<ul> <li>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul>						
	Well-Child Visits in the	• The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:						
	<ul> <li>First 15 Months</li> <li>Well-Child Visits for Age 15 Months–30 Months.</li> </ul>	<ul> <li>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ul>						

\*-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures



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\*-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures



# Performance on MCAS Measures (2022)

	MCAS Measures														
MCP Name	Children's Health Domain					Reproductive Health Domain			Cancer Prevention Domain		Chronic Disease Management		Behavioral Health Domain		
	CIS-10	IMA-2	LSC	W30-6	W30–2	WCV	CHL-Tot	PPC-Post	PPC-Pre	BCS	CCS	CBP	HBD-H9 <sup>8</sup>	FUA–30Day	FUM–30Day
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	29.93%	29.68%	53.04%	49.10%	69.45%	45.49%	49.66%	87.60%	89.60%	43.35%	49.39%	61.56%	33.58%	34.23%	59.71%
California Health & Wellness Plan	31.14%	28.95%	39.66%	51.10%	66.10%	44.61%	53.23%	82.19%	92.24%	47.67%	52.80%	62.63%	32.22%	33.93%	51.28%
NCQA 2023 50th percentile	30.90%	34.30%	63%	58.38%	66.76%	48.07%	56.04%	78.10%	84.23%	52.20%	57.11%	61.31%	37.96%	36.34%	54.87%

