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**CORRESPONDENCE MEMORANDUM**

**DATE:** October 10, 2005  
**TO:** Group Insurance Board  
**FROM:** Sonya Sidky, Project Manager  
Health Benefits and Insurance Plans  
**SUBJECT:** HEDIS<sup>®</sup> and CAHPS<sup>®</sup> 2004 Data

The following report is an analysis of the Health Plan Employer Data and Information Set (HEDIS<sup>®</sup>) submitted by the participating HMOs to the Department of Employee Trust Funds (ETF) and the Consumer Assessment of Health Plans Survey (CAHPS<sup>®</sup>) data that was collected by ETF through telephone interviews. This memo is meant to inform the Board how well participating health plans perform compared to each other as well as plans nationwide. **This informational piece does not require board action.**

HEDIS<sup>®</sup> is the most widely used set of performance measures in the managed care industry. HEDIS<sup>®</sup> is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization. The purpose of HEDIS<sup>®</sup> is to improve upon the quality of care provided by organized delivery systems by providing measures designed to increase accountability of managed care.

ETF has been collecting HEDIS<sup>®</sup> data since 1996 (1995-measurement year) and has expanded the use of this data as the quality of the data collected by the HMOs has improved. It should be noted that the HEDIS<sup>®</sup> data measured reflects an HMO's entire block of Wisconsin business. NCQA strongly discourages HMOs from providing HEDIS<sup>®</sup> data that reflects the experience of particular employers. HEDIS<sup>®</sup> data is expensive and difficult to collect and even large HMOs struggle to obtain an adequate sample for certain measures, such as treatment after a heart attack, with limited events in their covered population.

The CAHPS<sup>®</sup> survey was developed collaboratively by several leading health care research organization such as the Agency for Health Care Policy and Research (AHRQ), the Harvard Medical School, RAND, Research Triangle Institute and Westat.

Each year, ETF contracts with a vendor to conduct over 6,000 telephone interviews of state employee and retiree members to ask them about their experiences with their health plan. Unlike HEDIS, data for the Standard Plan is collected. Starting in 1999, ETF adopted the CAHPS methodology for collecting consumer satisfaction data. The CAHPS report card was

Reviewed and approved by Tom Korpady, Division of Insurance Services.

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Signature

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first published in the year 2000 “It’s Your Choice” booklets. This year, 34 percent of respondents reported that they use the report cards published by ETF to make a health plan selection.

### **Executive Summary**

- HEDIS® results are incorporated into the Health Plan Report Card (section E) for the third year and CAHPS® results are published for the seventh year in the 2006 “It’s Your Choice” booklets.
- HEDIS® and CAHPS® results were used for the third time in 2005 to give credit during the premium negotiation process to high performing HMO health plans. The top performing health plans were GHC South Central, GHC Eau Claire and Network Health Plan. The poorest performing health plans were the Humana plans and the CompcareBlue plans.
- Performance based on the quality composite system used in health plan negotiations was published for the first time in the 2006 “It’s Your Choice” booklets. Health plan performance was noted by a three-star rating system on overall quality, wellness and prevention, disease management, and customer service/claims processing.
- Overall, participating HMOs scored higher on HEDIS® and CAHPS® measures than HMOs nationwide for the 2004 measurement year. Five participating health plans made the top fifty list for U.S. News & World Report/NCQA America’s Best Health Plans: Commercial, 2005:
  - GHC South Central (Ranked 23rd)
  - Dean Health Plan (Ranked 31st)
  - Network Health Plan (Ranked 32nd)
  - Unity Health Plans (Ranked 42nd)
  - Medical Associates Health Plans (WI and IA) (Ranked 48th)

These rankings are based on HEDIS® and CAHPS® measures as well as NCQA Accreditation standards. Not all participating health plans seek NCQA accreditation and therefore would not have the opportunity to make this list.

- Participating health plans continue to outperform the national average on key disease management measure:
  - Cholesterol Management after Acute Cardiovascular Events: LDL-C Level<100 mg/dL
  - Comprehensive Diabetes Care: LDL-C Level<100 mg/dL
  - Comprehensive Diabetes Care: Poor HbA1c Control >9.0%
  - Comprehensive Diabetes Care: Eye Exam

See appendixes 4 through 7 for detailed health plan performance and trend on these measures. See appendix 2 for a comparison of 2004 to 2003 ETF health plan averages and to 2004 national averages for each score.

- There continue to be large differences in the relative performance of Wisconsin participating HMOs on their HEDIS® scores. A number of HMOs stood out as scoring higher or lower than the average of participating HMOs across several measures. For example, UnitedHealthcare NE health plan performed significantly above average on 13 scores across five measures—Adolescent Immunization Status, Childhood Immunization Status,

Cholesterol Management after Acute Cardiovascular Events, Comprehensive Diabetes Care and Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life. By contrast, Health Tradition performed significantly below average on 10 scores across 6 measures— Adolescent Immunization Status, Chlamydia Screening, Cholesterol Management after Acute Cardiovascular Events, Prenatal and Postpartum Care/ Postpartum Care, and Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.

- Health Tradition HEDIS performance got worse relative to other health plans because on average, scores are increasing a little for most scores, while Health Tradition experienced slight to moderate decreases in several scores. Health Tradition did improve their score on a few key measures such as Comprehensive Diabetes Care: Eye Exams and Comprehensive Diabetes Care: LDL-C Level<100 mg/dL. Staff spoke to Health Tradition's Compliance Officer, Jacalyn Kuhlman, RN about this year's HEDIS score and she indicated that there may be data measurement issues that contributed to the lower score and that Health Tradition is committed to taking steps to improve the data collection process and disease management. Here is what Ms. Kuhlman had to say:

“We recognize there is disparity between our HEDIS results and the ETF and national averages for several measures this year. We do not believe that this is a provider or care issue, but, are concerned that this is an issue with data. Many of our network providers are from the Mayo facility in Rochester, which is known for its high quality care. Source code for our HEDIS project is written in house. It is audited, but, only those measures identified as core measures each year. Currently, we are looking to outsource our HEDIS project except for medical record review to an NCQA certified vendor. We have identified 3 companies that meet our requirements and will be asking for product demonstrations from 2 finalists in the next few weeks. At the same time, we are close to signing a contract for disease/condition management services. We fully expect that by taking these two significant steps toward improvement, we will see improved HEDIS scores next year. It is our goal to ensure quality care is provided for our members with good outcomes.”

- WPS Prevea Health Plan has taken steps and succeeded in improving their HEDIS scores. In 2004, WPS Prevea Health implemented the LifeMasters Disease Management Program for members with diabetes, asthma, and/or coronary artery disease. WPS Prevea's HEDIS scores have improved for a number of disease management scores including: Cholesterol Management after Acute Cardiovascular Events: LDL-C Screening, Cholesterol Management after Acute Cardiovascular Events: LDL-C Level<100 mg/dL, Comprehensive Diabetes Care: LDL-C Screening, Comprehensive Diabetes Care: LDL-C Level<100 mg/dL, and Comprehensive Diabetes Care: Poor HbA1c Control >9.0 percent.
- Although UnitedHealthcare NE (formerly Touchpoint) continues to be the best performer on HEDIS, staff has some concerns that this success may not continue. In 2004, UnitedHealthcare, an insurer whose HEDIS scores are greatly inferior to those of Touchpoint Health Plan, purchased Touchpoint Health Plan. UnitedHealthcare's HEDIS results are presented in this report and in the report card because they are an option for 2006, however their scores are not included in the participating health plan average. UnitedHealthcare's HEDIS scores are very weak in key areas (Comprehensive Diabetes Care and Cholesterol Management after Acute

Cardiovascular Events) in which UnitedHealthcare NE is very strong. UnitedHealthcare management assured ETF staff that the model that made Touchpoint so successful in achieving high scores would be applied to UnitedHealthcare's entire membership in Wisconsin. The Northeast region continues to participate in a program that pays providers for good performance, however UnitedHealthcare has confirmed that the current contract will expire in March of 2007, with disease management programs and the clinical quality bonus program ending on December 31, 2006. Negotiations to expand the program into southeast Wisconsin and to extend the existing contract in northeast Wisconsin have failed. UnitedHealthcare will not pursue further negotiations. Member satisfaction with UnitedHealthcare is another area of concern. Results from the CAHPS study indicate that while members are still very satisfied with the quality of health care they received from UnitedHealthcare NE, they are very unhappy with the transition to UnitedHealthcare's customer service and claims processing system. UnitedHealthcare NE experienced a statistically significant decrease in satisfaction levels with their health plan.

- Overall, participating health plans had a statistically significant increase in respondent levels of satisfaction with their **health plan**, their **health care**, and their **primary doctors** from survey year 2004 to survey year 2005.
- The following health plans had significant increases in satisfaction levels with their **health plan**: CompCareBlue Aurora Family, GHC South Central, Gundersen Lutheran, and Unity UW. The following health plans had a significant decrease in satisfaction levels with their **health plan**: Humana Eastern, MercyCare Health Plan, and UnitedHealthcare NE.
- The following health plans had significant increases in satisfaction levels with **health care**: UnitedHealthcare NE, and Unity UW. No health plans had a significant decrease in satisfaction levels with **health care**.
- The following health plans had a significant increase in satisfaction levels with **primary doctors**: GHC South Central, and MercyCare Health Plan. No health plans had a significant decrease in satisfaction levels with **primary doctors**.
- No health plan had a significant increase or decrease in satisfaction levels with **specialists**.
- Although overall participating health plans achieved higher levels of satisfaction than HMOs around the country, there was a big difference in the satisfaction levels with the best performing health plans and the worse performing HMOs. For example, for the 10 measures of satisfaction examined in this study (see Appendix #9 and #10 for detailed results) GHC Eau Claire rated significantly better than the ETF average on 7 of them while Humana Eastern rated significantly worse than the ETF average on 5 scores.

#### **Definition of HEDIS Measures and Scores Examined in this Study**

HEDIS® 2005 (measurement year 2004) consists of 61 measures across 8 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care (CAHPS)
- Health Plan Stability

- Use of Services
- Cost of Care
- Informed Health Care Choices
- Health Plan Descriptive Information

For the purposes of this study, we focus on 22 measures across 3 domains—Effectiveness of Care, Access/Availability of Care, and Use of Services for a total of 56 scores. For most of the 56 scores examined, a higher score is considered better; however, the one exception to this is the HbA1c control rate for the Comprehensive Diabetes Care measure. For this particular score, a lower score is better because it indicates that fewer diabetics were poorly controlled. (Please see appendix 1 for a description of each measure analyzed in this report.)

### **Methods for determining statistically significant differences**

According to NCQA, when comparing differences among HMOs, the number of cases should be greater than 100 for each plan. Although NCQA indicates that HMOs should report numerators and denominators for measures in which the denominator is less than 30, the reported rate should not be calculated in these cases.

The reported rates for the 15 HMOs included in this report for the Effectiveness of Care, Access/Availability of Care, and Use of Services domains were compared according to NCQA guidelines. For measures in which an HMO has a denominator greater than 100, a difference of at least 10 percentage points between scores is needed to conclude that the difference is meaningful. For measures in which an HMO has a denominator between 30 to 99, a difference of at least 20 percentage points between scores is needed to conclude that the difference is meaningful.

### **Limitations**

Although HEDIS® data is a valuable method of evaluating how well an HMO takes action to keep their members healthy, there are some limitations that should be acknowledged when comparing the reported rates of multiple HMOs. For example, results can differ for the following reasons:

- Random Chance
- Different Population of Members
- Data Collection and Record keeping Issues

These limitations should be kept in mind when comparing the performance of HMOs. NCQA recommends that no measure be looked at in isolation. Rather, look for patterns in performance for multiple measures that address a particular issue such as how well an HMO keeps its members healthy or takes steps in implementing effective preventive medicine initiatives.

### **Individual HMOs Compared to State Average: Better than Average Performance**

The ETF HMOs are listed in order of number of measures for which they achieved a significantly better score than the average of all participating HMOs with audited data. A score is considered significantly better if it is 10 percentage points above the mean for a plan with a sample size of 100 or greater or 20 percentage points above the mean for a plan with a sample size of at least 30 but less than 100. Not all HMOs were included in all of the measures (see

Appendix #3) due to sample size issues; therefore, it is important to keep in mind that smaller HMOs or HMOs that have a limited presence in Wisconsin do not have as much opportunity to either overachieve or underachieve. The results for UnitedHealthcare SE are reported here because they are an available plan in 2006. Since they were not a participating health plan in the measurement year, their scores are not included in the ETF average.

**UnitedHealthcare NE had 13 above average rates (and 3 below average ratings)**

- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Childhood Immunization Status/Combination #1
- Childhood Immunization Status/Combination #2
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <130
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <100
- Comprehensive Diabetes Care/Eye Exam
- Comprehensive Diabetes Care/LDL-C Level <130
- Comprehensive Diabetes Care/LDL-C Level <100
- Comprehensive Diabetes Care/Monitoring for Diabetic Nephropathy
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**GHC-South Central had 9 above average rates (and no below average rates)**

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Appropriate Testing for Children With Pharyngitis
- Chlamydia Screening/ Chlamydia age 16-20
- Chlamydia Screening/ Chlamydia Total
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <100
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <130
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy

**Network Health Plan 6 above average rates (and no below average rates)**

- Adolescent Immunization Status/ Combination #1
- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ Hepatitis B
- Adolescent Immunization Status/ VZV
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy
- Initiation of Alcohol and Other Drug Dependence Treatment

**Physicians Plus had 5 above average rates (and 2 below average rates)**

- Adolescent Immunization Status/ Combination #1
- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ Hepatitis B
- Appropriate Testing for Children With Pharyngitis
- Follow-Up After Hospitalization for Mental Illness/ 7-day follow-up

**GHC-Eau Claire had 3 above average ratings (and one below average rating)**

- Antidepressant Medication Management/Effective Acute Phase Treatment

- Antidepressant Medication Management/Effective Continuation Phase Treatment
- Colorectal Cancer Screening

**Gundersen Lutheran had 2 above average rates (and no below average rates)**

- Adolescent Immunization Status/ Hepatitis B
- Chlamydia Screening/ Chlamydia age 21-25

**Health Tradition had one above average rate (and 10 below average rates)**

- Comprehensive Diabetes Care/Eye Exam

**Humana had one above average rate (and 3 below average rates)**

- Engagement of Alcohol and Other Drug Dependence Treatment

**Medical Associates had one above average rates (and 3 below average rates)**

- Antidepressant Medication Management/Effective Acute Phase Treatment

**Unity Health Plan had one above average rates (and one below average rate)**

- Follow-Up After Hospitalization for Mental Illness/ 7-day follow-up

**WPS Prevea Health Plan had one above average rate (and 7 below average rates)**

- Antidepressant Medication Management/Effective Acute Phase Treatment

**CompcareBlue had no above average ratings (and 4 below average rates)**

**Dean Health Plan had no above average rates (and 2 below average rates)**

**MercyCare Health Plan had no above average rates (and 4 below average rates)**

**UnitedHealthcare SE had no above average rates (and 8 below average rates)**

***Individual HMOs Compared to State Average: Below Average Performance***

The HMOs are listed in the order of the most rates with a below average score. A score is considered significantly below average if it is 10 percentage points below the mean for a plan with a sample size of 100 or greater or 20 percentage points below the mean for a plan with a sample size of at least 30 but less than 100. As with above average performance, it should be taken into consideration that the smaller HMOs that experienced sample size issues were excluded from some measures (see Appendix 3). The results for UnitedHealthcare SE are reported here because they are an available plan in 2006. Since they were not a participating health plan in the measurement year, their scores are not included in the ETF average.

It is also important to keep in mind that although an HMO may have scored below the average, they may have achieved the national average provided by NCQA. Those rates in which the HMO met (or came within a percentage point of meeting) the national average are noted below.

**Health Tradition had 10 below average rates (and one above average rate)**

- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Chlamydia Screening/ Chlamydia age 16-20
- Chlamydia Screening/ Chlamydia age 21-25

- Chlamydia Screening/ Chlamydia Total
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <100
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <130
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Screening
- Prenatal and Postpartum Care/ Postpartum Care
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**UnitedHealthcare SE had 8 below average rates (and no above average rates)**

- Colorectal Cancer Screening
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <100
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <130
- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ LDL-C Level <130
- Comprehensive Diabetes Care/ LDL-C Level <100
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy
- Comprehensive Diabetes Care/ Poor HbA1c Control >9.0%

**WPS Prevea Health Plan had 7 below average rates (and one above average rate)**

- Adolescent Immunization Status/ MMR
- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Appropriate Testing for Children With Pharyngitis
- Comprehensive Diabetes Care/ LDL-C Level <130
- Comprehensive Diabetes Care/ Eye Exam (met the national average)
- Controlling High Blood Pressure/ Blood Pressure Measure

**CompcareBlue had 4 below average rates (and no above average rates)**

- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy
- Use of Appropriate Medications for People with Asthma/ Asthma age 5-9
- Use of Appropriate Medications for People with Asthma/ Asthma age 10-17

**MercyCare Health Plan had 4 below average rate (and no above average rates)**

- Adolescent Immunization Status/ Combination #1
- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ Hepatitis B
- Appropriate Testing for Children With Pharyngitis

**Medical Associates had 3 below average rates (and one above average rate)**

- Use of Appropriate Medications for People with Asthma/ Asthma age 18-56
- Use of Appropriate Medications for People with Asthma/ Asthma Total
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**Humana had 3 below average rates (and one above average rate)**

- Comprehensive Diabetes Care/ Eye Exam (met the national average)
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy
- Initiation of Alcohol and Other Drug Dependence Treatment

**UnitedHealthcare NE had 3 below average rates (and 13 above average rates)**

- Children's Access to Primary care Practitioners/ Access 7-11 years
- Children's Access to Primary care Practitioners/ Access 12-19 years
- Adolescent Well-Care Visits

**Dean Health Plan had 2 below average rates (and no above average rates)**

- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/ Hepatitis B

**Physicians Plus had 2 below average rates (and 5 above average rates)**

- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment

**GHC-Eau Claire had one below average rate (and 3 above average rates)**

- Initiation of Alcohol and Other Drug Dependence Treatment

**Unity Health Plan had one below average rate (and one above average rate)**

- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <130

**GHC-South Central had no below average rates (and 9 above average rates)**

**Gundersen Lutheran had no below average rates (and 2 above average rates)**

**Network Health Plan had no below average rates (and 6 above average rates)**

**Summary of CAHPS Measurement Tools**

In addition to collecting CAHPS data and reporting it in the ETF report card, ETF has been submitting CAHPS data to the National CAHPS Benchmarking Database (NCBD) since 2001. This national repository of data is sponsored by AHRQ and is administered by Westat and Shaller Consulting. Data is submitted to NCBD at both the plans sponsor and the health plan level. In return for participating in this database, ETF receives a report that includes all health plan scores compared to the national average. Regional benchmarks are also provided.

The Myers group also conducts additional analysis that determines what factors are “Key Drivers” of overall satisfaction with a health plan and with health care. A multiple linear regression analysis was run on Wisconsin participating plan data determined that consumer rating of customer service, getting needed care, and claims processing had the most impact on overall satisfaction levels with a health plan. Similarly, how well doctors communicate, getting care needed, and courteous and helpful office staff, were found to have the most impact on overall satisfaction levels with health care. Getting care quickly was not found to be a “Key Driver” in satisfaction levels with a health plan or with health care.

Composite scores for the key drivers for each of the health plans were compared to the 2005 NCQA Quality Compass in order to determine the most appropriate action for the health plan. The Quality Compass consists of the HEDIS data, including CAHPS that health plans around the country submit to NCQA to seek accreditation. Composites that fall into the key driver category are further classified into actions health plans should take based on what percentile

they fall into when comparing their score to the Quality Compass. Health plans that achieve the 75<sup>th</sup> percentile level should market and maintain their position their efforts. Health plans between the 50<sup>th</sup> and 75<sup>th</sup> percentiles should monitor their progress—they are not doing as well as the top health plans, but they are doing better than the majority of health plans. Health plans that score below the 50<sup>th</sup> percentile should investigate and improve in that area.

Overall, Wisconsin health plans do better than the NCBD and the NCQA Quality Compass averages. Please see appendix #9 for a summary of how participating plans compared to the ETF, NCQA and the NCBD averages on how people rated their health plan, their health care, their primary doctor and specialists. Appendix #10 displays detail results for plan performance on the six composite scores (see appendix #8) that are determinates of overall satisfaction. Health plan performance is compared to the ETF average, the 2005 Quality Compass and the 2005 NCBD averages.

Note that it is possible for a health plan to receive a lower score as compared to the ETF average and rank higher against the 2005 Quality Composite. The calculations used by ETF for the health plan report card, the raw scores are adjusted for self-reported health status and age. Studies have demonstrated that older respondents and respondents who report better health tend to rate their health care more favorably when compared to their counterparts. Furthermore for the overall ratings, the ETF methodology considers the total rating from 0 to 10 while the Quality Compass only considers the percentage of respondents who rate their health plan from 8 to 10.

### CAHPS Results

#### **Individual Health Plans Compared to State Average: Better than Average Performance**

The participating health plans are listed in the order of the number of the four satisfaction rating questions and the six composite scores detailed in Appendix #9 and Appendix #10 that they score significantly above the ETF average.

#### **GHC-Eau Claire had 7 above average scores (and no below average scores):**

- How People Rated their Health Plan
- How People Rated their Health Care
- How People Rated their Primary Doctors
- Claims Processing composite
- Customer Service composite
- Getting Care Needed composite
- Getting Care Quickly composite

#### **Medical Associates had 5 above average scores (and no below average scores):**

- How People Rated their Health Plan
- How People Rated their Health Care
- How People Rated their Primary Doctors
- Claims Processing composite
- Customer Service composite

**GHC South Central had 4 above average score (and one below average score):**

- How People Rated their Health Plan
- Customer Service composite
- Getting Care Quickly composite
- Courteous and Helpful Office Staff composite

**Gundersen Lutheran had 4 above average scores (and no below average scores)**

- How People Rated their Health Plan
- How People Rated their Health Care
- How People Rated their Specialists

**Humana-Western had 4 above average scores (and 3 below average scores):**

- How People Rated their Health Care
- How People Rated their Primary Doctors
- Getting Care Quickly composite
- Courteous and Helpful Office Staff composite

**Network Health Plan had 4 above average scores (and one below average score):**

- How People Rated their Health Plan
- Claims Processing composite
- Customer Service composite
- Getting Care Needed composite

**Dean Health Plan had 2 above average scores (and no below average scores):**

- How People Rated their Health Plan
- Customer Service composite

**Health Tradition had 2 above average scores (and no below average scores):**

- How People Rated their Health Plan
- Claims Processing composite

**Unity-UW has 2 above average scores (and no below average scores):**

- How People Rated their Health Plan
- Claims Processing composite

**WPS Prevea Health Plan had 2 above average scores (and no below average scores)**

- How Well Doctors Communicate composite
- Courteous and Helpful Office Staff composite

**UnitedHealthcare NE had one above average score (and 3 below average scores)**

- How Well Doctors Communicate composite

**CompareBlue Aurora Family had no above average scores (and 4 below average scores)**

**Compare Blue Southeast had no above average scores (and one below average score)**

**Humana-Eastern has no above average score (and 5 below average scores)**

**MercyCare Health Plan had no above average scores (and no below average scores)**

**Physicians Plus had no above average scores (and 2 below average scores)**

**The Standard Plan had no above average scores (and 3 below average scores)**

**The State Maintenance Plan had no above average scores (and 4 below average scores)**

**Unity-Community has no above average scores (and no below average scores)**

**Individual Health Plans Compared to State Average: Worse than Average Performance**

The participating health plans are listed in the order of the number of the four satisfaction rating questions and the six composite scores detailed in Appendix #9 and Appendix #10 that they score significantly below the ETF average. Performance relative to the NCBD average is noted.

**Humana-Eastern had 5 below average scores (and no above average scores):**

- How People Rated their Health Plan (**met NCBD national average**)
- How People Rated their Health Care (**met NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)
- Customer Service composite (**met NCBD national average**)
- Courteous and Helpful Office Staff composite (**above NCBD national average**)

**CompareBlue Aurora Family had 4 below average scores (and no above average scores):**

- How People Rated their Health Plan (**above NCBD national average**)
- How People Rated their Health Care (**met NCBD national average**)
- How People Rated their Primary Doctors (**met NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)

**The State Maintenance Plan had 4 below average scores (and no above average scores):**

- How People Rated their Health Plan (**below NCBD national average**)
- How People Rated their Health Care (**met NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)
- Customer Service composite (**met NCBD national average**)

**Humana-Western had 3 below average scores (and 4 above average scores):**

- How People Rated their Health Plan (**above NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)
- Customer Service composite (**below NCBD national average**)

**UnitedHealthcare NE had 3 below average scores (and one above average score):**

- How People Rated their Health Plan (**above NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)
- Customer Service composite (**below NCBD national average**)

**The Standard Plan had 3 below average scores (and no above average scores):**

- Claims Processing composite (**NCBD national average not available**)
- How Well Doctors Communicate composite (**above NCBD national average**)
- Getting Care Quickly composite (**above NCBD national average**)

**Physicians Plus had 2 below average scores (and no above average score):**

- How People Rated their Primary Doctors (**met NCBD national average**)
- Getting Care Quickly composite (**above NCBD national average**)

**Compare Blue Southeast had one below average score (and no below average scores):**

- How People Rated their Health Plan (**above NCBD national average**)

**GHC South Central had one below average score (and 4 above average scores):**

- How People Rated their Specialists (**met NCBD national average**)

**Network Health Plan had one below average scores (and 4 above average scores):**

- How People Rated their Primary Doctors (**met NCBD national average**)

**Dean Health Plan has no below average scores (and 2 above average scores).**

**GHC Eau Claire had no below average scores (and 7 above average scores).**

**Gundersen Lutheran had no below average scores (and 4 above average scores).**

**Health Tradition had no below average scores (and 2 above average scores).**

**Medical Associates had no below average scores (and 5 above average scores).**

**MercyCare Health Plan had no below average scores (and no above average scores).**

**Unity Community had no below average scores (and no above average scores).**

**Unity-UW has no below average scores (and 2 above average scores).**

**WPS Prevea Health Plan had no below average scores (and 2 above average scores).**

### **Conclusions**

Overall Wisconsin HMOs continue to perform better than HMOs across the country. However, there are significant differences in the performance of HMOs. HMOs such as UnitedHealthcare NE, GHC-South Central, and Network health Plan scored high on several HEDIS measures while HMOs such as Health Tradition and UnitedHealthcare SE scored below average on scores across several important measures and had fewer high scores. Certain health plans such as GHC Eau Claire and Medical Associates stand out as having high CAHPS scores, while other health plans such as Humana Eastern, CompCareBlue Aurora Family and the State Maintenance Plan have areas of weakness that need to be addressed.

ETF has made progress with HMOs such as WPS Prevea Health Plan, who were influenced by our requirements to take steps such as implementing a disease management program and improving their data collection and auditing processes in order provide better care for members and raise their HEDIS scores. Similarly, Health Tradition has committed to improving their disease management practices and data collection process.

These findings are significant and address actionable areas in which improvements could be made to better serve Wisconsin state and local employees. These findings, and the findings of

future studies, need to continue to be shared with consumers and addressed with the HMOs. In fact, according to NCQA, organizations that have their HEDIS scores published score higher than organizations that do not have their scores published.

### **Summary of Appendixes**

Appendix 1: Description of 2005 HEDIS® Measures (measurement year 2004)

Appendix 2: Comparison of 2004 Participating HMO averages to 2003 HMO averages and 2004 National Averages

Appendix 3: Measurement Year 2004 HEDIS® HMO Performance on 56 scores

Appendix 4: Cholesterol Management after Acute Cardiovascular Events: LDL-C Level<100 mg/dL: A comparison between 2003 and 2004 HMO performance

Appendix 5: Comprehensive Diabetes Care: LDL-C Level<100 mg/dL: A comparison between 2003 and 2004 HMO performance

Appendix 6: Comprehensive Diabetes Care: Poor HbA1c Control >9.0 Percent: A comparison between 2003 and 2004 HMO performance

Appendix 7: Comprehensive Diabetes Care: Eye Exam: A comparison between 2003 and 2004 HMO performance

Appendix 8: Myers Group Opportunity Analysis

Appendix: 9: 2004 Overall Levels of Satisfaction by Health Plan

Appendix 10: 2004 Performance in Six areas of Care by Health Plan