



STATE OF WISCONSIN  
Department of Employee Trust Funds  
Eric O. Stanchfield  
SECRETARY

801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax (608) 267-4549  
TTY (608) 267-0676  
<http://etf.wi.gov>

**CORRESPONDENCE MEMORANDUM**

**DATE:** January 23, 2007  
**TO:** Group Insurance Board  
**FROM:** Sonya Sidky, Project Manager  
Health Benefits and Insurance Plans  
**SUBJECT:** HEDIS<sup>®</sup> and CAHPS<sup>®</sup> 2005 Data

Each year, the Board is presented with a summary of health plan quality data. The following report is an analysis of:

- Health Plan Employer Data and Information Set (HEDIS<sup>®</sup>) submitted by the participating Health Maintenance Organizations (HMOs) to the Department of Employee Trust Funds (ETF).
- Consumer Assessment of Health Plans Survey (CAHPS<sup>®</sup>) data that was collected by ETF through the Internet, mail, and telephone interviews.

This memo advises the Board on how well participating health plans perform compared to each other as well as to health plans nationwide. This report includes the following information:

- An executive summary that details how HEDIS<sup>®</sup> and CAHPS<sup>®</sup> data was used by ETF as well as highlighting areas of strength and weakness of participating plans, including specific health plans with exceptionally good or bad performance.
- A detailed listing of HEDIS<sup>®</sup> measures that each health plan performed significantly better than or worse than the average of participating health plans.
- A detailed listing of CAHPS<sup>®</sup> measures that each health plan performed significantly better than or worse than the average of participating health plans.
- Several appendixes that provide additional data and information, such as HEDIS<sup>®</sup> trend information with a focus on Diabetes Care and an analysis of performance on customer service and claims processing questions that were found to be the most highly correlated with levels of satisfaction with a health plan.

**This informational piece does not require board action.**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Board	Mtg Date	Item #
GIB	02/13/2007	3

## Appendix #1: ETF participating health plan commercial national ranking

HEALTH PLAN	ACCESS TO CARE	OVERALL MEMBER SATISFACTION	PREVENTION	TREATMENT
Anthem Blue Cross and Blue Shield (Compcare) (Ranked 129th)	★★★	★★	★★★	★★★★
Dean Health Plan (Ranked 61st)	★★★	★★★★	★★★	★★★★
GHC South Central Wisconsin (Ranked 8th)	★★★★	★★★★★	★★★★★	★★★★★
Group Health Cooperative of Eau Claire (Ranked 208th) <i>not accredited<sup>1</sup></i>	★★★★	★★★★★	★★★★★	★★★★★
Gundersen Lutheran Health Plan (Ranked 211th) <i>not accredited<sup>1</sup></i>	★★★	★★★★	★★★★	★★★★
Humana Wisconsin Health Organization Insurance Corporation (Ranked 60th)	★★★	★★★	★★★★	★★★★
Medical Associates Health Plans (WI) (Ranked 55th)	★★★★	★★★★	★★★★	★★★★
MercyCare HMO (Ranked 126th)	★★★	★★★	★★★★	★★★★
Network Health Plan (Ranked 41st)	★★★★	★★★	★★★★★	★★★★
Physicians Plus Insurance Corporation (Ranked 219th) <i>not accredited<sup>1</sup></i>	★★★	★★★	★★★★	★★
Security health Plan (Ranked 24th)	★★★★	★★★★	★★★★★	★★★★★
UnitedHealthcare of Wisconsin (Ranked 114th)	★★★★	★★★	★★	★★★★
Unity Health Plans (Ranked 47th)	★★★★	★★★	★★★★	★★★★
WPS Prevea Health Plan (Ranked 156th)	★★★	★	★★★	★★★

The star ratings are based on a scale of one “star” to five “stars,” with five being the highest rating. Note that data for Health Tradition is not available.

Source: U.S News & World Report <http://www.usnews.com/usnews/health/best-health-insurance/topplans.htm>

### Access to care

Seven measures: getting needed care, getting care quickly, claims processing, customer service, well-child visits in the first 15 months, well-child visits in the third through sixth year, adolescent well-care visits.

### Overall member satisfaction

Four measures: communication with doctors; member satisfaction with care; member rating of personal doctor or nurse; overall rating of specialist.

### Prevention

Ten measures: early childhood immunizations, adolescent immunizations, treating children with upper respiratory infection, testing children with sore throats, timely prenatal care, timely postpartum care, chlamydia testing for young women, regular mammograms, regular Pap testing, colorectal cancer screening.

### Treatment

Twenty measures: medicating asthma appropriately; in diabetics, checking eyes, testing and controlling blood sugar, checking LDL cholesterol, and monitoring kidney disease; administering beta blockers after heart attack, controlling high blood pressure; controlling LDL cholesterol in heart patients; advising smokers to quit and offering strategies and medications for quitting; providing suitable specialist to manage acute depression and medicating depression appropriately; following up after hospitalization for mental illness; initiating and continuing treatment for alcoholism and substance abuse.

<sup>1</sup>Not all participating health plans seek NCQA accreditation and therefore would not have the opportunity to earn the 15 out of 100 points that make up the accreditation portion of the score used for ranking performance.

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. HEDIS<sup>®</sup> data measures 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 because HEDIS<sup>®</sup> data is expensive and difficult to collect. 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 organizations, 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 survey state employees and retiree members about their experiences with their health plan. Unlike HEDIS<sup>®</sup>, data for the Standard Plan is collected, although not included in the analysis this year due to the change in third-party administrators. Starting in 1999, ETF adopted the CAHPS<sup>®</sup> methodology for collecting consumer satisfaction data. The CAHPS<sup>®</sup> report card was first published in the year 2000 "It's Your Choice" booklets. The methodology changed in 2006 from an all telephone survey to a mixed mode survey with the Internet being the primary data collection method, and mail and telephone interviews as secondary data collection methods. In 2006, 44 percent of respondents reported that they use the report cards published by ETF to make a health plan selection.

### **Executive Summary**

- HEDIS<sup>®</sup> results are incorporated into the Health Plan Report Card (section E) for the fourth year and CAHPS<sup>®</sup> results are published for the eighth year in the 2007 "It's Your Choice" booklets.
- HEDIS<sup>®</sup> and CAHPS<sup>®</sup> results were used for the fourth time in 2006 to give credit during the premium negotiation process to high performing HMO health plans. The top performing health plans were GHC South Central, Network Health Plan and GHC Eau Claire. The poorest performing health plans were the UnitedHealthcare and the CompCareBlue plans.
- Performance based on the quality composite system used in health plan negotiations was published for the second year in the 2007 "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<sup>®</sup> measures than HMOs nationwide for the 2005 measurement year. Many participating HMO's performed higher than national averages for CAHPS<sup>®</sup> as well, however the change in survey methodology (from all telephone survey to a primarily Internet based survey) lowered scores across all health plans. Appendix #1 displays participating HMO performance based on NCQA's composite categories: Access to Care, Overall Member Satisfaction, Prevention, and Treatment.

These rankings are based on HEDIS® and CAHPS® measures as well as NCQA accreditation standards. Some participating health plans make a business decision not to seek NCQA accreditation and therefore would not have the opportunity to earn the 15 out of 100 points that make up the accreditation portion of the score used for ranking performance. This means that a health plan such as GHC Eau Claire can do very well on the composites and receive a low ranking on the NCQA/US News report. Detailed results by health plan can also be viewed at: <http://www.usnews.com/usnews/health/best-health-insurance/topplans.htm>.

- Participating health plans continue to outperform the national average on key disease management measure such as:
  - ✓ Comprehensive Diabetes Care: LDL-C Level<100 mg/dL
  - ✓ Comprehensive Diabetes Care: HbA1c Testing
  - ✓ Comprehensive Diabetes Care: Poor HbA1c Control >9.0%
  - ✓ Comprehensive Diabetes Care: Eye Exam
  - ✓ Comprehensive Diabetes Care: Kidney Disease Screening

See appendix #2 for a comparison of 2005 to 2004 ETF health plan averages and to 2005 national averages for each score. See appendixes 3 through 8 for detailed health plan performance and trend on Comprehensive Diabetes Care.

- There continue to be large differences in the relative performance of Wisconsin participating HMOs on their HEDIS® scores. See appendix #9 for a summary of the number of scores that each health plan performed better or worse than the ETF and the national average. A number of HMOs stood out as scoring higher or lower than the average of participating HMOs across several measures. For example GHC South Central and Network Health Plan each scored significantly above-average on nine scores across the following measures:
  - ✓ GHC South Central--Adolescent Immunization Status, Appropriate Testing for Children with Pharyngitis, Childhood Immunization Status, Chlamydia Screening, Comprehensive Diabetes Care and Well-Child Visits.
  - ✓ Network Health Plan--Adolescent Immunization Status, Childhood Immunization Status, Comprehensive Diabetes Care, Call Timeliness and Well-Child Visits.

By contrast, WPS Prevea Health Plan performed significantly below-average on eight scores across five measures—Adolescent Immunization Status, Appropriate Testing for Children with Pharyngitis, Childhood Immunization Status, Comprehensive Diabetes Care, and Call Timeliness.

- On average, participating health plans achieved higher levels of satisfaction than HMOs included in the National CAHPS® Benchmarking Database for the following measures:
  - ✓ How People Rated their Health Plan
  - ✓ How People Rated their Health Care
  - ✓ Getting Care Needed composite
  - ✓ Getting Care Quickly composite
  - ✓ How Well Doctors Communicate
  - ✓ Courteous and Helpful Office Staff composite

- On average, participating health plans achieved lower levels of satisfaction than HMOs included in the National CAHPS® Benchmarking Database for the following measure:
  - ✓ How People Rated their Specialists
- There was a big difference in the satisfaction levels with the best performing health plans and the worse performing HMOs. For example, for the ten measures of satisfaction examined in this study (see Appendix #10 and #11 for detailed results) Gundersen Lutheran rated significantly better than the ETF average on eight of them. By contrast, CompCareBlue Aurora Family (in the CompCareBlue Southeast service area in 2007) rated significantly worse than the ETF average on six scores. The better performing health plans tended to have higher scores on the claims processing and customer service questions. Please see appendix #12 for detailed results by health plan on the two claims processing questions and the customer service question that were the most highly correlated with overall levels of satisfaction with a health plan. Appendix #13 provides a more detailed explanation of appendix #11 and appendix #12.

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

HEDIS® 2006 (measurement year 2005) consists of 67 measures across eight 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 24 measures across three domains—Effectiveness of Care, Access/Availability of Care, and Use of Services, for a total of 57 scores. For most of the scores examined, a higher score is considered better. However, the one exception 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 people with diabetes were poorly controlled. Please see appendix #14 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 ten 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 its 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, it is recommended that the information be reviewed 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. A score is considered significantly better if it is ten 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 Security Health Plan are reported here because it is an available plan in 2007. Since Security was not a participating health plan in the measurement year, its scores are not included in the ETF average.

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

- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #2
- Appropriate Testing for Children With Pharyngitis
- Childhood Immunization Status/Combination #3 (first year measure)
- Chlamydia Screening/ Chlamydia age 16-20
- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ Monitoring for Kidney Disease
- Well-Child Visits in the First 15 Months of Life (six or more visits)

#### **Network Health Plan had nine above-average rates (and one below-average rate)**

- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ VZV
- Childhood Immunization Status/Combination #3 (first year measure)

- Childhood Immunization Status/ Pneumococcal Conjugate (first year measure)
- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ LDL-C Level <130
- Comprehensive Diabetes Care/ Monitoring for Kidney Disease
- Call Timeliness
- Well-Child Visits in the First 15 Months of Life (six or more visits)

**Security Health Plan had seven above-average rates (and no below-average rates)**

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #2
- Appropriate Testing for Children With Pharyngitis
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment
- Comprehensive Diabetes Care/Eye Exam
- Well-Child Visits in the First 15 Months of Life (six or more visits)

**GHC-Eau Claire had three above-average rates (and no below-average rates)**

- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment
- Call Timeliness

**Physicians Plus had two above-average rates (and three below-average rates)**

- Appropriate Testing for Children With Pharyngitis
- Appropriate Treatment for Children With Upper Respiratory Infection

**MercyCare Health Plan had two above-average rates (and two below-average rates)**

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

**CompcareBlue had one above-average rate (and four below-average rates)**

- Antidepressant Medication Management/ Optimal Practitioner Contacts for Medication Management

**Dean Health Plan had one above-average rate (and four below-average rates)**

- Persistence of Beta-Blocker Treatment after a Heart Attack

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

- Adolescent Immunization Status/ VZV

**Unity Health Plan had one above-average rate (and no below-average rates)**

- Call Timeliness

**UnitedHealthcare had one above-average rate (and three below-average rates)**

- Well-Child Visits in the First 15 Months of Life (six or more visits)

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

**Health Tradition had no above-average rates (and four below-average rates)**

**Humana had no above-average rates (and two below-average rates)**

**WPS Prevea Health Plan had no above-average rates (and eight 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 ten 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 Security Health Plan are reported here because it is an available plan in 2007. Since Security was not a participating health plan in the measurement year, its scores are not included in the ETF average.

It is important to keep in mind that although an HMO may have scored below the average, it may have achieved the national average provided by NCQA. However, in the scores reported below, none of the health plans met the national average. No national averages were available for measures noted as first year measures.

**WPS Prevea Health Plan had eight below-average rates (and no above-average rates)**

- Adolescent Immunization Status/ MMR
- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Appropriate Testing for Children With Pharyngitis
- Childhood Immunization Status/Combination #2
- Childhood Immunization Status/Hepatitis B
- Comprehensive Diabetes Care/ Eye Exam
- Call Timeliness

**CompcareBlue had four below-average rates (and one above-average rate)**

- Colorectal Cancer Screening
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Call Timeliness
- Well-Child Visits in the First 15 Months of Life (six or more visits)

**Dean Health Plan had four below-average rates (and one above-average rate)**

- Adolescent Immunization Status/Combination #2
- Adolescent Immunization Status/VZV
- Childhood Immunization Status/ Pneumococcal Conjugate (first year measure)
- Well-Child Visits in the First 15 Months of Life (six or more visits)

**Health Tradition had four below-average rates (and no above-average rates)**

- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Childhood Immunization Status/Combination #3 (first year measure)
- Childhood Immunization Status/ Pneumococcal Conjugate (first year measure)

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

- Chlamydia Screening/ Chlamydia age 16-20
- Chlamydia Screening/ Chlamydia age 21-25
- Chlamydia Screening/ Chlamydia Combined Age Brackets

**Physicians Plus had three below-average rates (and two above-average rates)**

- Comprehensive Diabetes Care/ Monitoring for Kidney Disease
- Call Timeliness
- Well-Child Visits in the First 15 Months of Life (six or more visits)

**UnitedHealthcare had three below-average rates (and one above-average rate)**

- Comprehensive Diabetes Care/ LDL-C Level <130
- Comprehensive Diabetes Care/ LDL-C Level <100
- Comprehensive Diabetes Care/ Poor HbA1c Control >9.0%

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

- Follow-Up After Hospitalization for Mental Illness/ 7-day follow-up
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**Humana had two below-average rates (and no above-average rates)**

- Adolescent Immunization Status/ MMR
- Adolescent Immunization Status/ Hepatitis B

**MercyCare Health Plan had two below-average rates (and two above-average rates)**

- Appropriate Testing for Children With Pharyngitis
- Comprehensive Diabetes Care/ Monitoring for Kidney Disease

**Network Health Plan had one below-average rate (and nine above-average rates)**

- Initiation of Alcohol and Other Drug Dependence Treatment

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

**GHC-Eau Claire had no below-average rates (and three above-average rates)**

**Security Health Plan had no below-average rates (and seven above-average rates)**

**Unity Health Plan had no below-average rates (and one above-average rate)**

**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 exchange for contributing to this database, ETF receives a report that includes all health plan scores compared to national average and regional benchmarks.

MORPACE International, ETF's CAHPS® survey vendor, also conducts additional analysis that determines what factors are "Key Drivers" of overall satisfaction with a health plan and with health care. Key drivers for each of the health plans were compared to the 2006 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. The NCQA Quality Compass repository of CAHPS® data is different from that of NCBD in that NCQA only accepts data from health plans while NCBD accepts data from employers and consortiums, as well as from health plans.

Appendixes #10, #11, and #12 provide comparisons of individual health plans to the ETF and national benchmarks. Appendix #13 provides an explanation of the data presented in Appendix #11 and appendix #12. More specifically:

- Appendix #10 summarizes how participating plans compared to the NCQA, NCBD, and ETF averages on how people rated their health plan, their health care, their primary doctor and their specialists.
- Appendix #11 displays detailed results for plan performance as compared to NCQA, NCBD and ETF averages on six composite scores: Claims Processing, Customer Service, Getting Care Needed, How Well Doctors Communicate, Getting Care Quickly, and Courteous and Helpful Office Staff.
- Appendix #12 displays health plan performance compared to the NCQA Quality Compass and the ETF average for the three specific areas that were found to be the most highly correlated with overall satisfaction levels for all ETF health plans combined. These areas are handling claims in reasonable time ( $r=.52$ ); health plan handling claims correctly ( $r=.52$ ); and getting help needed when calling customer service ( $r=.51$ ). Areas 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 consider this an area of strength and should maintain 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 have an opportunity to improve their performance in that area.
- Appendix #13 displays the scores used for the composites detailed in appendix #11 and the MORPACE Key Driver Analysis in Appendix #12.

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 2006 Quality Composite. This is because for the overall ratings, the ETF methodology considers the total rating from zero to ten while the Quality Compass only considers the percentage of respondents who rate their health plan from eight to ten.

In the calculations used by ETF for the health plan report card, the raw scores are adjusted for self-reported health status, education level and age. NCBD also adjusts for these factors. 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, while more educated respondents tend to rate their health plan less favorably.

The transition from an all telephone survey to an Internet-based survey with mail and telephone follow-up resulted in lower scores for participating health plans, therefore several health plans did not appear to perform as favorably compared to national benchmarks as they have in the past. It is likely that the new methodology yielded more accurate results because, as past studies on survey-mode effect have demonstrated, people have the tendency to respond more honestly to an Internet or mail survey than to a telephone interview.

### **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 #10 and Appendix #11 that they score significantly above the ETF average.

##### **Gundersen Lutheran had eight 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
- How People Rated their Specialists
- Claims Processing composite
- Customer Service composite
- Getting Care Needed composite
- Courteous and Helpful Office Staff composite

##### **Medical Associates had six 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
- How People Rated their Specialists
- Getting Care Needed composite
- Courteous and Helpful Office Staff composite

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

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

##### **GHC South Central had four above-average scores (and no below-average scores)**

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

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

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

**Dean Health Plan had three above-average scores (and no below-average scores)**

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

**Network Health Plan had three above-average scores (and no below-average scores)**

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

**Physicians Plus had three above-average scores (and one below-average score)**

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

**Health Tradition had two above-average scores (and no below-average scores)**

- How People Rated their Health Plan
- How People Rated their Primary Doctors

**Unity-Community has one above-average score (and one below-average score)**

- Customer Service composite

**WPS Prevea Health Plan had one above-average score (and no below-average scores)**

- Claims Processing composite

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

**Compare Blue Southeast had no above-average scores (and three below-average scores)**

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

**Humana-Western had no above-average scores (and three below-average scores)**

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

**UnitedHealthcare NE had no above-average scores (and three 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 #10 and Appendix #11 that they score significantly below the ETF average. Performance relative to the NCBD average is noted.

#### **CompareBlue Aurora Family had six 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 (**below NCBD national average**)
- Getting Care Quickly composite (**met NCBD national average**)
- Courteous and Helpful Office Staff composite (**met NCBD national average**)

#### **CompareBlue Southeast had three below-average scores (and no above-average scores)**

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

#### **Humana-Eastern had three below-average scores (and no above-average scores)**

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

#### **Humana-Western had three below-average scores (and no above-average scores)**

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

#### **UnitedHealthcare NE had three below-average scores (and no above-average scores)**

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

#### **MercyCare Health Plan had one below-average score (and no above-average scores)**

- Claims Processing composite (**NCBD national average not available**)

#### **Physicians Plus had one below-average score (and three above-average scores)**

- Getting Care Quickly composite (**above NCBD national average**)

#### **Unity Community had one below-average score (and one above-average score)**

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

#### **Dean Health Plan had no below-average scores (and three above-average scores)**

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

#### **GHC South Central had no below-average scores (and four above-average scores)**

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

**Health Tradition had no below-average scores (and two above-average scores)**

**Medical Associates had no below-average scores (and six above-average scores)**

**Network Health Plan had no below-average scores (and three above-average scores)**

**Unity-UW had no below-average scores (and four above-average scores)**

**WPS Prevea Health Plan had no below-average scores (and one above-average score)**

### **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, Network Health Plan and Security Health Plan, scored high on several HEDIS® measures while an HMO, such as WPS Prevea Health Plan, scored below-average across several important measures and had fewer high scores. Certain health plans, such as Gundersen Lutheran and Medical Associates stand out as having high CAHPS® scores, while other health plans such as CompCareBlue Humana and UnitedHealthcare have areas of weakness such as customer service and claims processing that need to be addressed.

GHC South Central and GHC Eau Claire were top performers as measured by both the ETF quality composite and the NCQA/US News & World Report composites.

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.

Please see the appendixes for more detailed HEDIS® and CAHPS® results, including:

- How health plans performed in four composite areas nationally: Access to Care, Overall Member Satisfaction, Prevention, and Treatment (Appendix #1).
- How health plans performed on HEDIS® measures compared to the 2004 performance with a focus on Comprehensive Diabetes Care (Appendixes #2 through #8).
- A summary of the number of HEDIS® scores that each health plan met the national average, performed significantly better than the ETF average, and performed significantly worse than the ETF average (Appendix #9).
- Performance by health plan as compared to the NCQA Quality Compass, the NCBD national averages, and the ETF health plan average overall satisfaction ratings with Health Plan, Health Care, Primary Doctors, and Specialists (Appendix #10).
- Performance by health plan as compared to the NCQA Quality Compass, the NCBD national averages, and the ETF health plan average on six composite areas: Claims Processing, Customer Service, Getting Care Needed (Appendix #11).

- Performance by health plan as compared to the NCQA Quality Compass and the ETF average on the questions that were found to be most highly correlated with overall health plan satisfaction: handled claims in a timely manner, handled claims correctly, and getting help needed when called customer service (Appendix #12).

### **Summary of Appendixes**

Appendix 1: ETF participating health plan commercial national ranking.

Appendix 2: Comparison of 2005 Participating HMO averages to 2004 HMO averages and 2005 National Averages.

Appendix 3: Comprehensive Diabetes Care: HbA1c Testing: A comparison between 2004 and 2005 HMO performance.

Appendix 4: Comprehensive Diabetes Care: Poor HbA1c Control >9.0%: A comparison between 2004 and 2005 HMO performance.

Appendix 5: Comprehensive Diabetes Care: Cholesterol Screening: A comparison between 2004 and 2005 HMO performance.

Appendix 6: Comprehensive Diabetes Care: LDL-C Level<100 mg/dL: A comparison between 2004 and 2005 HMO performance.

Appendix 7: Comprehensive Diabetes Care: Eye Exam: A comparison between 2004 and 2005 HMO performance.

Appendix 8: Comprehensive Diabetes Care: Kidney Disease Screening: A comparison between 2004 and 2005 HMO performance.

Appendix 9: Measurement Year 2005 HEDIS® HMO Performance on 57 scores.

Appendix 10: 2005 Overall Levels of Satisfaction by Health Plan.

Appendix 11: 2005 Performance in Six Areas of Care by Health Plan.

Appendix 12: MORPACE International Key Drivers of Satisfaction with Health Plan.

Appendix 13: Six Composite scores and MORPACE Key Driver Analysis.

Appendix 14: Description of 2006 HEDIS® Measures (measurement year 2005).

**Appendix #2: Comparison of 2005 Participating HMO averages to 2004 averages and 2005 National Averages**

Domain	Measure	Element Description	2004 ETF Average	2005 ETF Average*	2005 National Average	2005 ETF minus National Average	2005 ETF minus 2004 ETF	Not trendable*
<b>Effectiveness of Care</b>								
	Childhood Immunization Status	DTP/DTaP	90.1%	89.6%	86.1%	3.5%	-0.5%	
	Childhood Immunization Status	IPV	94.0%	94.2%	90.3%	3.9%	0.2%	
	Childhood Immunization Status	MMR	93.0%	95.1%	93.0%	2.1%	2.1%	
	Childhood Immunization Status	HiB	89.6%	95.8%	92.9%	2.9%	6.2%	
	Childhood Immunization Status	Hepatitis B	90.8%	93.6%	90.0%	3.6%	2.8%	
	Childhood Immunization Status	VZV	87.4%	91.5%	89.9%	1.6%	4.1%	
	Childhood Immunization Status	Pneumococcal Conjugate	NA	63.3%	First-year measure	NA	NA	
	Childhood Immunization Status	Combination #2	75.0%	82.3%	77.7%	4.6%	7.3%	
	Childhood Immunization Status	Combination #3	NA	57.6%	First-year measure	NA	NA	
	Adolescent Immunization Status	MMR	85.5%	84.6%	78.5%	6.1%	-0.9%	
	Adolescent Immunization Status	Hepatitis B	78.1%	80.7%	71.8%	8.9%	2.6%	
	Adolescent Immunization Status	VZV	59.2%	65.6%	60.2%	5.4%	6.4%	
	Adolescent Immunization Status	Combination #2	51.1%	58.1%	53.7%	4.4%	7.0%	
	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Treatment for Children With Upper Respiratory Infection	89.6%	88.7%	82.9%	5.8%	-0.9%	
	Appropriate Testing for Children With Pharyngitis	Appropriate Testing for Children With Pharyngitis	80.4%	76.4%	69.7%	6.7%	NA	X
	Colorectal Cancer Screening	Colorectal Cancer Screening	57.0%	57.4%	52.3%	5.1%	0.4%	
	Breast Cancer Screening	Breast Cancer Screening	79.9%	77.7%	72.0%	5.7%	NA	X
	Cervical Cancer Screening	Cervical Cancer Screening	84.4%	84.5%	81.8%	2.7%	0.1%	
	Chlamydia Screening	Chlamydia age 16-20	33.4%	37.5%	34.4%	3.1%	4.1%	
	Chlamydia Screening	Chlamydia age 21-25	31.9%	34.6%	35.2%	-0.6%	2.7%	
	Chlamydia Screening	Chlamydia Combined Age Brackets	32.6%	36.0%	34.9%	1.1%	3.4%	
	Controlling High Blood Pressure	Blood Pressure Measure	68.8%	69.7%	68.8%	0.9%	0.9%	
	Beta Blocker Treatment After a Heart Attack	Treatment Measure	97.6%	96.7%	96.6%	0.1%	-0.9%	
	Persistence of Beta-Blocker Treatment after a Heart Attack	Persistence of Beta-Blocker Treatment after a Heart Attack	NA	69.0%	70.3%	-1.3%	NA	
	Comprehensive Diabetes Care	HbA1c Testing	91.7%	92.2%	87.5%	4.7%	0.5%	
	Comprehensive Diabetes Care	Poor HbA1c Control >9.0%	19.9%	20.9%	29.7%	-8.8%	1.0%	
	Comprehensive Diabetes Care	Eye Exam	66.5%	67.8%	54.8%	13.0%	1.3%	
	Comprehensive Diabetes Care	LDL-C Screening	92.1%	93.8%	92.3%	1.5%	1.7%	
	Comprehensive Diabetes Care	LDL-C Level <130 mg/dL	71.2%	74.3%	67.5%	6.8%	3.1%	
	Comprehensive Diabetes Care	LDL-C Level <100 mg/dL	48.1%	51.3%	43.8%	7.5%	3.2%	
	Comprehensive Diabetes Care	Monitoring for Diabetic Nethropathy	61.5%	63.2%	55.1%	8.1%	1.7%	

\*The 2005 scores for these measures are not comparable to the 2004 scores due to a material methodology change

**Appendix #2: Comparison of 2005 Participating HMO averages to 2004 averages and 2005 National Averages**

Domain	Measure	Element Description	2004 ETF Average	2005 ETF Average*	2005 National Average	2005 ETF minus National Average	2005 ETF minus 2004 ETF	Not trendable*
<b>Effectiveness of Care continued</b>								
	Use of Appropriate Medications for People with Asthma	Asthma age 5-9	80.7%	97.5%	95.7%	1.8%	NA	X
	Use of Appropriate Medications for People with Asthma	Asthma age 10-17	72.4%	92.0%	91.7%	0.3%	NA	X
	Use of Appropriate Medications for People with Asthma	Asthma age 18-56	74.8%	90.4%	88.5%	1.9%	NA	X
	Use of Appropriate Medications for People with Asthma	Asthma Combined Age Brackets	74.4%	91.3%	89.9%	1.4%	NA	X
	Follow-Up After Hospitalization for Mental Illness	30-day follow-up	81.7%	82.9%	75.9%	7.0%	1.2%	
	Follow-Up After Hospitalization for Mental Illness	7-day follow-up	57.1%	58.3%	55.8%	2.5%	1.2%	
	Antidepressant Medication Management	Optimal Practitioner Contacts for Medication Management	20.2%	22.0%	20.6%	1.4%	1.8%	
	Antidepressant Medication Management	Effective Acute Phase Treatment	66.5%	65.1%	61.4%	3.7%	-1.4%	
	Antidepressant Medication Management	Effective Continuation Phase Treatment	50.2%	48.6%	45.0%	3.6%	-1.6%	
	Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	NA	76.6%	75.4%	1.2%	NA	
<b>Access/Availability of Care</b>								
	Adults' Access to Preventive/Ambulatory Health Services	Access Age 20-44	94.4%	94.4%	92.7%	1.7%	0.0%	
	Adults' Access to Preventive/Ambulatory Health Services	Access Age 45-64	96.2%	96.3%	94.8%	1.5%	0.1%	
	Adults' Access to Preventive/Ambulatory Health Services	Access Age 65 and older	97.4%	98.1%	96.4%	1.7%	0.7%	
	Children's Access to Primary care Practitioners	Access 12-24 months	97.5%	97.8%	97.0%	0.8%	0.3%	
	Children's Access to Primary care Practitioners	Access 25 months-6 years	87.6%	89.7%	89.3%	0.4%	2.1%	
	Children's Access to Primary care Practitioners	Access 7-11 years	86.0%	86.9%	88.6%	-1.7%	0.9%	
	Children's Access to Primary care Practitioners	Access 12-19 years	86.0%	87.1%	86.1%	1.0%	1.1%	
	Prenatal and Postpartum Care	Timeliness of Prenatal Care	93.3%	93.6%	91.8%	1.8%	0.3%	
	Prenatal and Postpartum Care	Postpartum Care	83.7%	84.6%	81.5%	3.1%	0.9%	
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation of Alcohol and Other Drug Dependence Treatment (Total)	39.0%	35.9%	44.5%	-8.6%	-3.1%	
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Engagement of Alcohol and Other Drug Dependence Treatment (Total)	18.1%	12.5%	14.1%	-1.6%	-5.6%	
	Call Timeliness	Call Timeliness	NA	75.7%	78.1%	-2.4%	NA	
	Call Abandonment	Call Abandonment	NA	3.5%	2.5%	1.0%	NA	
<b>Use of Services</b>								
	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the First 15 Months of Life (six or more visits)	74.4%	72.1%	71.1%	1.0%	-2.3%	
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	63.5%	64.8%	65.6%	-0.8%	1.3%	
	Adolescent Well-Care Visits	Adolescent Well-Care Visits	34.9%	35.5%	38.8%	-3.3%	0.6%	

\*The 2005 scores for these measures are not comparable to the 2004 scores due to a material methodology change

	2300 2005	2250 2004	2400 2005	2400 2004
	Diabetes Care: HbA1c Testing	Diabetes Care: HbA1c Testing	Compreh ensive Diabetes Care: Poor HbA1c Control >9.0%	Comprehensiv e Diabetes Care: Poor HbA1c Control >9.0%
ETF Plan Average	92.2%	91.7%	20.9%	19.9%
National Average	87.5%	86.5%	29.7%	30.7%
CompcareBlue	92.8%	92.8%	20.4%	20.4%
Dean Health Plan	94.2%	92.7%	21.9%	23.4%
GHC-Eau Claire	93.3%	93.9%	12.6%	11.6%
GHC-South Central \	96.8%	92.0%	15.8%	23.4%
Gundersen Lutheran	91.7%	91.7%	18.2%	19.2%
Health Tradition	93.2%	86.9%	28.0%	11.7%
Humana	89.5%	89.5%	24.8%	24.8%
Medical Associates	93.2%	93.2%	14.1%	14.1%
MercyCare Health Pl	88.2%	91.3%	22.0%	22.8%
Network Health Plan	96.3%	96.3%	14.1%	16.8%
Physicians Plus	89.3%	90.1%	27.6%	22.4%
Security Health Plan	95.6%	95.6%	16.3%	12.7%
UnitedHealthcare	90.0%	83.0%	34.5%	38.2%
Unity Health Insuran	92.5%	92.9%	18.7%	23.1%
WPS Prevea Health	90.0%	86.6%	20.4%	28.7%

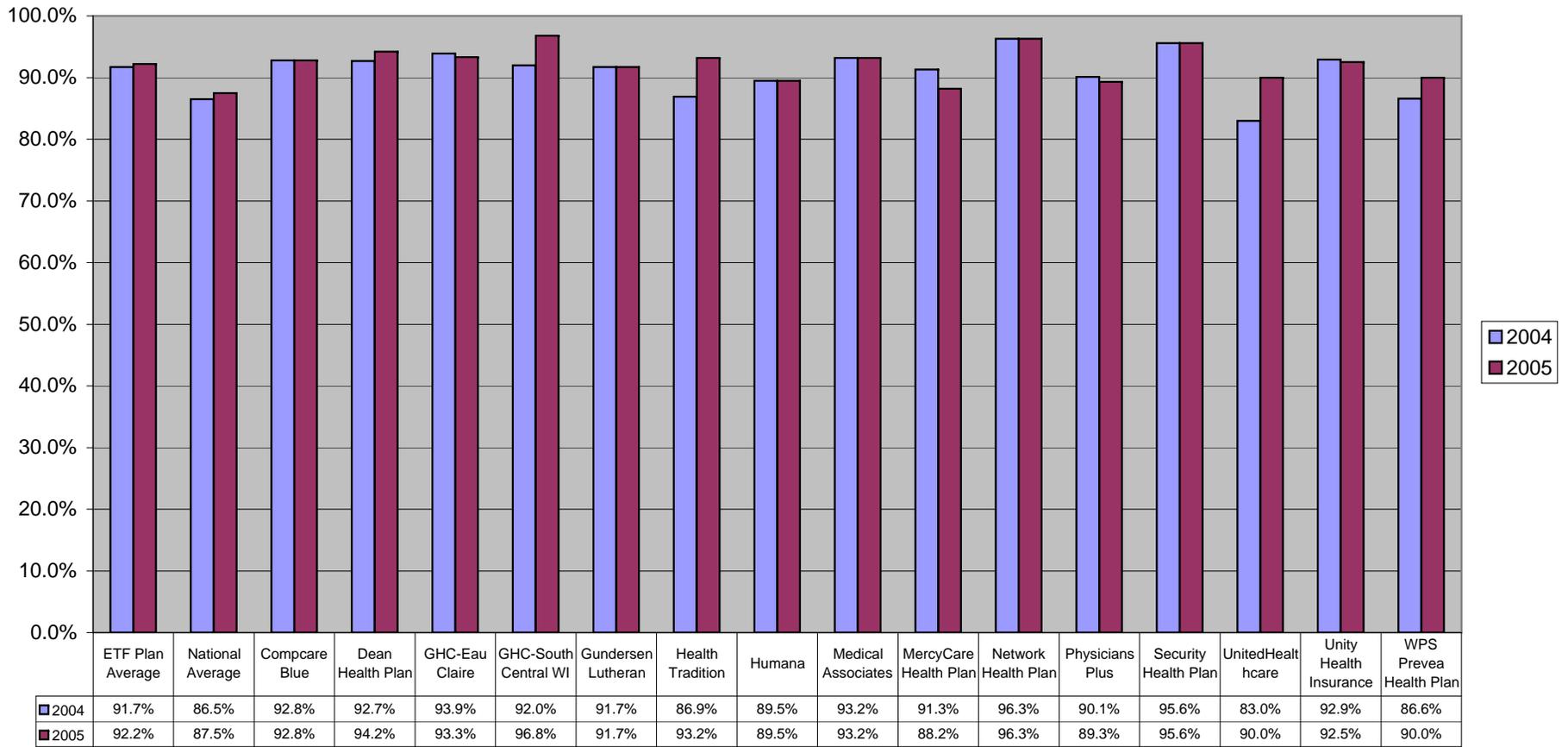
2600	2006	2750	2750
2005	2004	2005	2004

Comprehensive Diabetes Care: Cholesterol Screening	Diabetes Care: Screening	Cholesterol Level<100 mg/dL	Comprehensive Diabetes Care: LDL-C Level<100 mg/dL
93.8%	92.1%	51.3%	48.1%
92.3%	91.0%	43.8%	40.2%
94.3%	94.3%	49.6%	49.6%
96.4%	91.2%	55.2%	49.4%
97.2%	94.9%	57.7%	52.6%
96.1%	92.9%	51.8%	40.9%
93.2%	91.2%	52.6%	46.7%
91.2%	88.8%	47.7%	44.5%
92.2%	92.2%	45.7%	45.7%
94.4%	94.4%	43.6%	43.6%
92.5%	93.3%	55.2%	45.2%
98.8%	97.0%	56.4%	52.4%
91.2%	88.3%	49.3%	47.7%
94.2%	93.2%	46.2%	44.5%
93.4%	87.1%	40.9%	32.6%
91.5%	91.0%	51.8%	45.5%
90.5%	84.4%	61.1%	38.2%

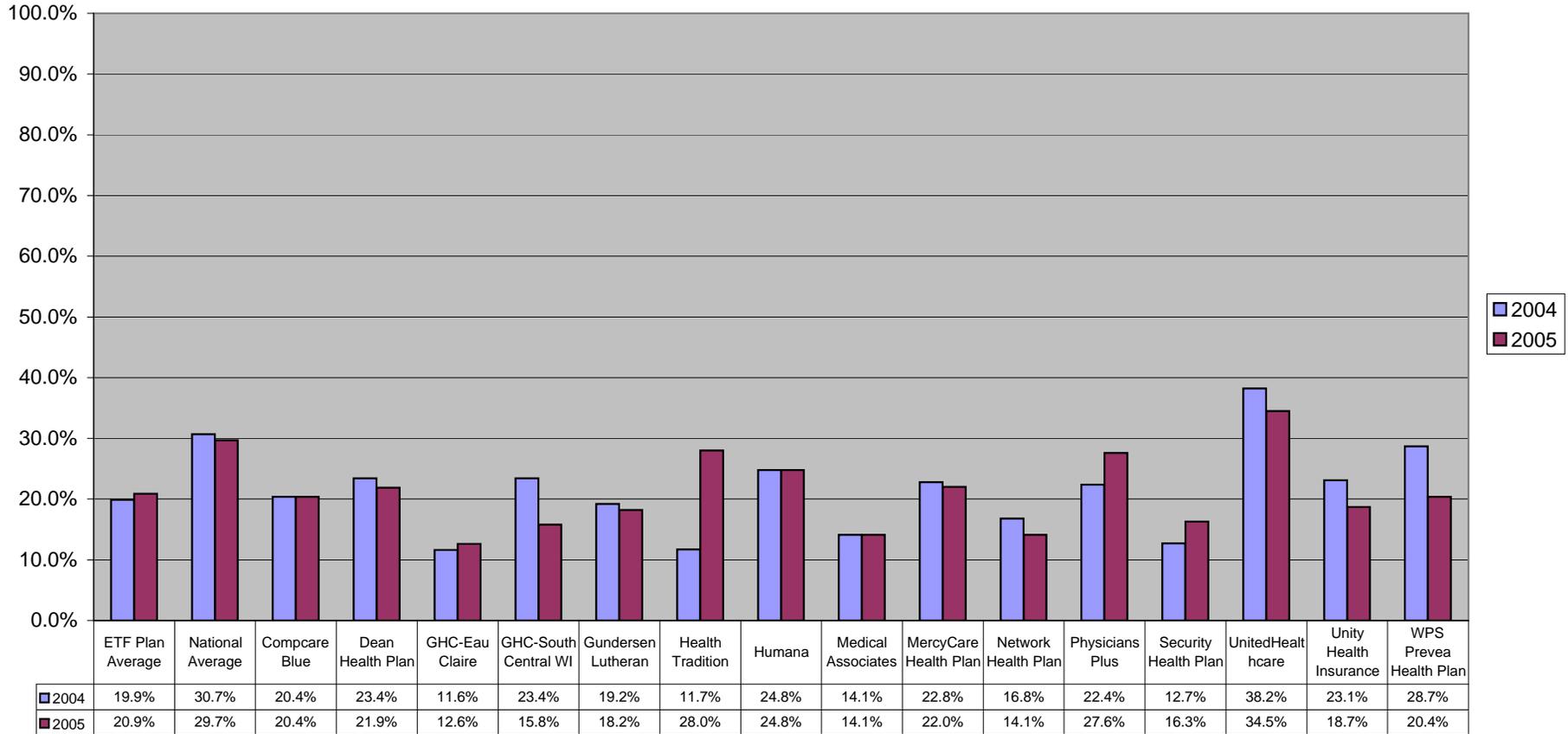
2500	2500	2800	2800
2005	2004	2005	2004

Comprehensive Diabetes Care: Eye Exam	Comprehensive Diabetes Care: Kidney Disease Screening	Diabetes Care: Kidney Disease Screening	Diabetes Care: Kidney Disease Screening
67.8%	66.5%	63.2%	61.5%
54.8%	51.0%	55.1%	52.0%
58.1%	48.2%	57.6%	48.7%
64.7%	68.1%	65.2%	57.9%
76.7%	67.6%	68.8%	65.5%
83.2%	65.2%	81.5%	77.9%
75.2%	69.3%	71.3%	65.9%
71.8%	94.2%	58.6%	52.1%
58.9%	52.6%	56.2%	48.9%
71.8%	71.8%	62.0%	62.0%
60.8%	56.8%	51.2%	53.0%
79.4%	71.6%	74.1%	73.9%
69.8%	68.0%	52.9%	64.8%
82.7%	72.0%	69.8%	59.9%
58.4%	42.6%	62.8%	47.4%
68.1%	63.3%	62.8%	60.3%
51.8%	51.3%	60.3%	57.4%

### Appendix #3: Comprehensive Diabetes Care: HbA1c Testing

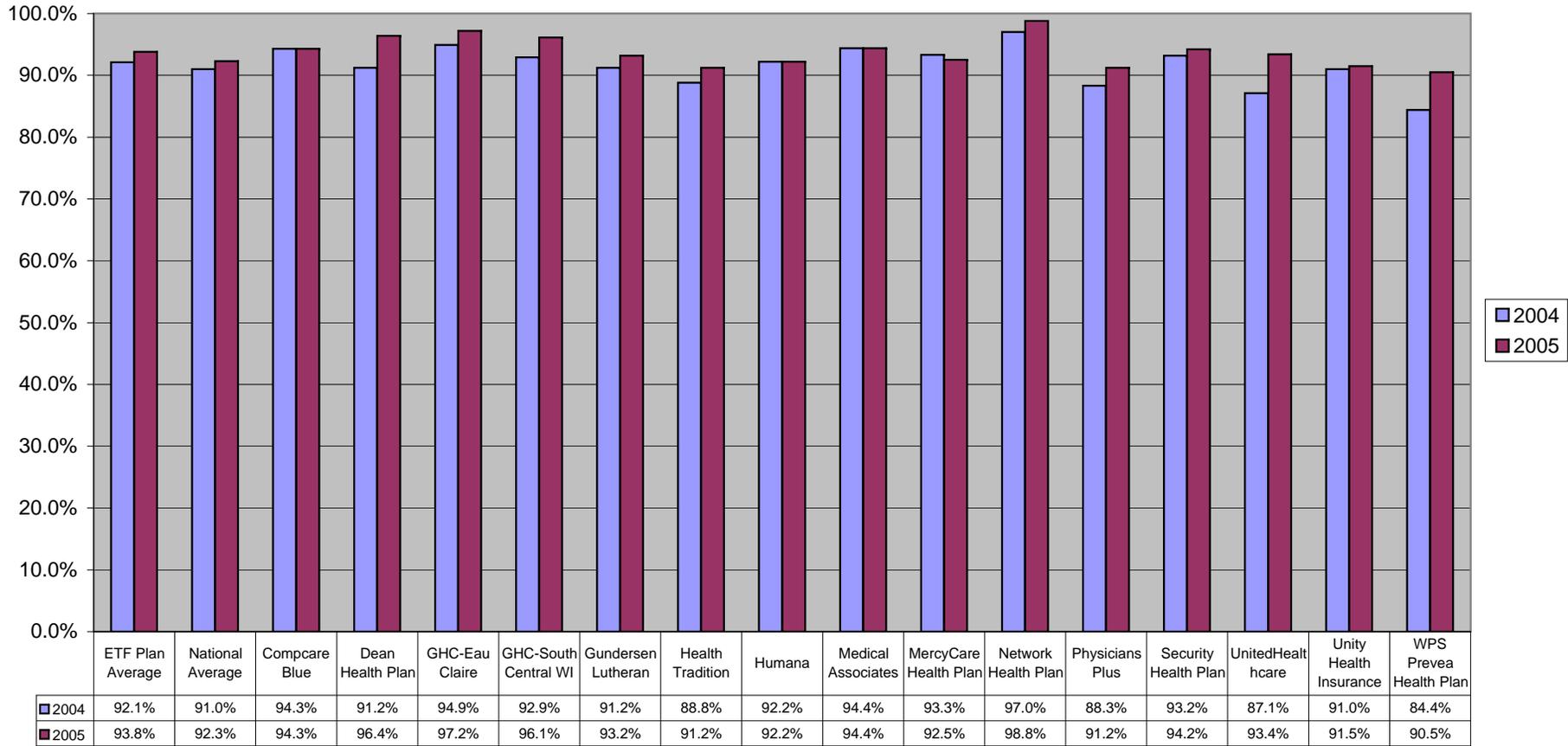


**Appendix #4: Comprehensive Diabetes Care: Poor HbA1c Control >9.0%**

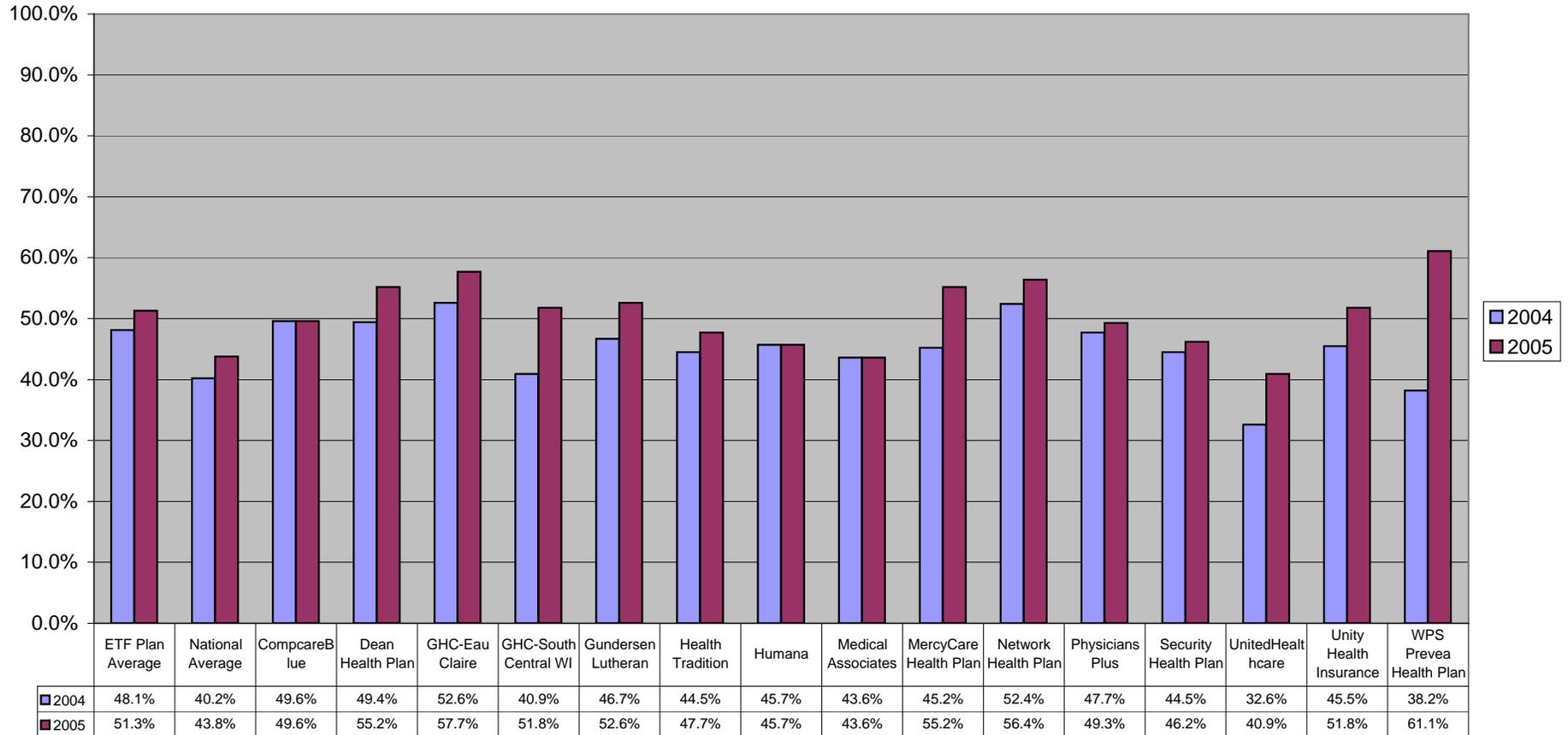


***A lower score indicates better performance.  
A decrease in score from 2004 to 2005 indicates improvement.***

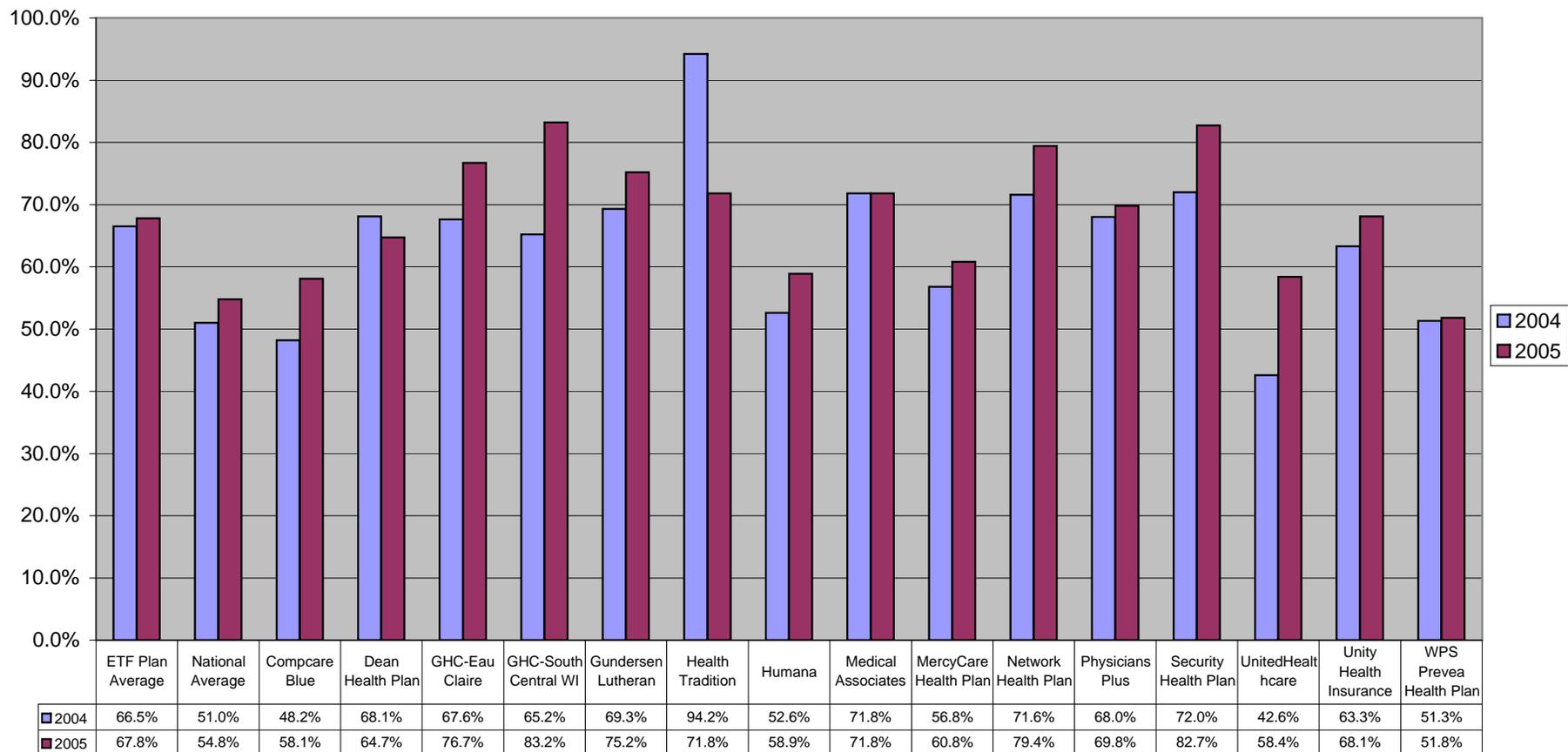
### Appendix #5: Comprehensive Diabetes Care: Cholesterol Screening



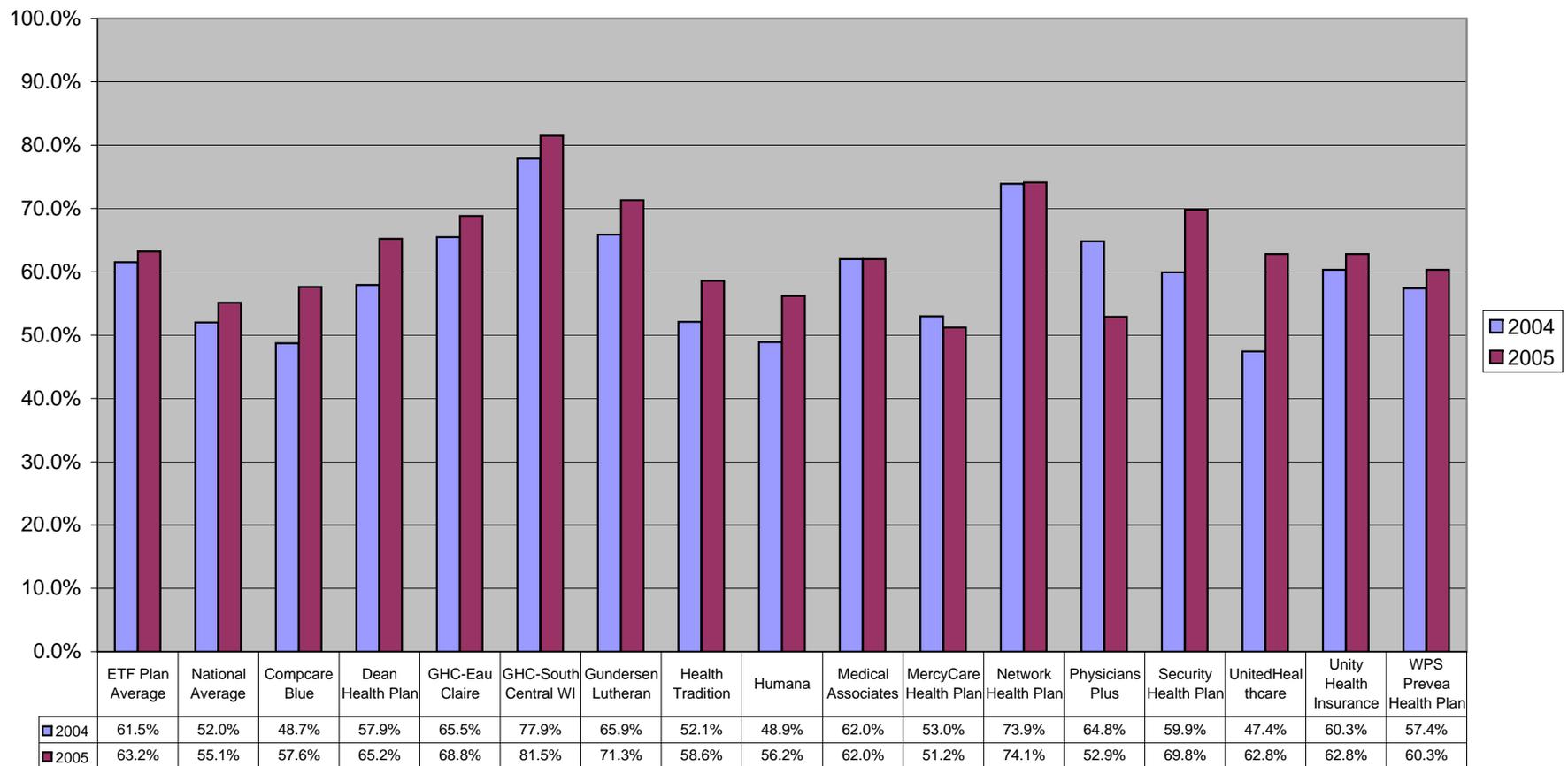
### Appendix #6: Comprehensive Diabetes Care: LDL-C Level<100 mg/dL



### Appendix #7: Comprehensive Diabetes Care: Eye Exam



### Appendix #8: Comprehensive Diabetes Care: Kidney Disease Screening



Appendix #9: Measurement Year 2005 HEDIS HMO Performance on 57 scores

PLAN	Met national average? <sup>1</sup>			Met ETF mean score? <sup>2</sup>			Comparison to ETF mean score <sup>3</sup>			
	Yes	No	NA <sup>4</sup>	Yes	No	NA <sup>4</sup>	better	not different	worse	NA <sup>4</sup>
CompCareBlue	39	16	2	28	29	0	1	52	4	0
Dean Health Plan	42	13	2	37	20	0	1	52	4	0
GHC-Eau Claire	40	7	10	40	9	8	3	46	0	8
GHC-South Central	50	3	4	52	3	2	9	46	0	2
Gundersen Lutheran	38	13	6	35	18	4	0	51	2	4
Health Tradition	30	20	7	19	33	5	0	48	4	5
Humana	40	14	3	24	32	1	0	54	2	1
Medical Associates	37	10	10	26	23	8	1	45	3	8
MercyCare Health Plan	39	11	7	30	22	5	2	48	2	5
Network Health Plan	47	7	3	47	9	1	9	46	1	1
Physicians Plus	43	11	3	37	19	1	2	51	3	1
Security Health Plan	46	9	2	43	14	0	7	50	0	0
UnitedHealthcare	43	12	2	28	29	0	1	53	3	0
Unity Health Insurance	50	5	2	49	8	0	1	56	0	0
WPS Prevea Health Plan	31	21	5	23	31	3	0	46	8	3
<b>TOTAL</b>	<b>615</b>	<b>172</b>	<b>68</b>	<b>518</b>	<b>299</b>	<b>38</b>	<b>37</b>	<b>744</b>	<b>36</b>	<b>38</b>
<sup>1</sup> Met or came within a percentage point of meeting the national Quality Compass average, except for call abandonment rate which is defined as met if it is within a tenth of a percentage point.										
<sup>2</sup> Met or came within a percentage point of meeting the average of ETF HMOs, except for call abandonment rate which is defined as met if it is within a tenth of a percentage point.										
<sup>3</sup> Better or worse performance is defined as at least a 10-percentage point difference from the ETF mean score for plans with a denominator of 100 or greater and a 20-percentage point difference for plans with a denominator of 30 to 99.										
<sup>4</sup> Scores are not available because the HMO has a denominator of less than 30. National averages are not available for the two first-year measures.										

## Appendix #13: Six Composite scores and MORPACE Key Driver Analysis

Each of the six composites includes scores on multiple survey questions:

- 1) Getting Needed Care
  - Getting a provider you are happy with
  - Seeing a specialist you need to see
  - Getting care, test or treatments needed
  - Delays in care while waiting for approval
- 2) Getting Care Quickly
  - Getting the help/advice you needed
  - Obtaining care right away for an illness/injury/condition
  - Obtaining care when wanted, not when needed right away
  - Waiting time in the doctor's office
- 3) How Well Doctors Communicate
  - Doctors listening carefully to you
  - Doctors explaining things in an understandable way
  - Doctors showing respect for what you had to say
  - Doctors spending enough time with you
- 4) Courteous and Helpful Office Staff
  - Office staff treating you with courtesy and respect
  - Office staff as helpful as you thought they should be
- 5) Customer Service
  - Finding/understanding information
  - Getting help when calling customer service
  - Experience with plan paperwork
- 6) Claims Processing
  - Claims handled in a reasonable time
  - Claims handled correctly

### Dependent Variable

The composites are correlated with how people rated their overall satisfaction with their health plan. The percentage of respondents who ranked their health plan from 8 to 10 (on a scale of 0 to 10) is compared to NCQA's Quality Compass. The health plan is ranked among health plans that reported to NCQA in 2005 and that allowed their data to be publicly reported.

### Composite Categories:

#### Plan Strength

Key driver of satisfaction and plan rates are at/above the 75<sup>th</sup> percentile when compared to Quality Compass 2005. Recommended action: Market and Maintain

#### Plan Opportunity

Key Driver of satisfaction but plan rates below the 50<sup>th</sup> percentile when compared to Quality Compass 2005. Recommended action: Investigate and Improve

#### Monitor

Key driver of satisfaction, but rates between the 50<sup>th</sup> and 75<sup>th</sup> percentile when compared to Quality Compass 2005. Recommended action: Monitor.

## Appendix #14: Description of HEDIS<sup>®</sup> 2006 Measures (Measurement Year 2005)

The measures examined from the **Effectiveness of Care Domain** include:

- **Childhood Immunization Status**—the percentage of children that receive the appropriate immunizations by their second birthday
  - Four shots of DTaP (diphtheria-tetanus-pertussis)
  - Three OPV/IPV (oral or injectable polio virus)
  - One dose of MMR (measles-mumps-rubella)
  - A minimum of two Hib (haemophilus influenza type B)
  - Three Hepatitis B
  - One VZV (chicken pox)
  - Combination #2—children who have received all the vaccines specified above
  - Pneumococcal conjugate (First Year Measure)
  - Combination #3 (First Year Measure)
- **Adolescent Immunization Status**—the percentage of 13 year-olds that received all of the appropriate immunizations
  - MMR-2 (second dose of measles-mumps-rubella)
  - Three Hepatitis B
  - VZV (chicken pox, if they have not already had the disease)
  - Combination #2—adolescents who received all the vaccines specified above
- **Appropriate Testing for Children With Pharyngitis**--- the percentage of children 2–18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode. This measure assesses the adequacy of clinical management of pharyngitis episodes for members who received an antibiotic prescription.
- **Appropriate Treatment for Children With Upper Respiratory Infection**--- The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the Episode Date. This process measure assesses if antibiotics were inappropriately prescribed for children with URI.
- **Breast Cancer Screening**—the percentage of female members from age 52 to 69 who had at least one mammogram during the past two years.
- **Cervical Cancer Screening**—the percentage of women, age 21 to 64, who had at least one Pap test during the past three years.
- **Colorectal Cancer Screening**---the percentage of adults 50–80 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined by any one of the four criteria below:
  - fecal occult blood test (FOBT) during the measurement year
  - flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year

- double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year. Clinical synonyms, including air contrast enema may also be used
- colonoscopy during the measurement year or the nine years prior to the measurement year
- **Chlamydia Screening in Women**—assesses the percentage of sexually active women, age 16 to 25, who were screened for chlamydia at least once during the measurement year
  - Women age 16-20
  - Women age 21-25
  - Total women age 16-25
- **Controlling High Blood Pressure**—looks at whether blood pressure was controlled among adults, age 46 to 85, who were diagnosed with hypertension
- **Beta Blocker Treatment After a Heart Attack**—looks at one way of preventing a second heart attack—it estimates the number of members, ages 35 and older, who were discharged from the hospital after surviving a heart attack and subsequently received a prescription for a type of drug called a beta blocker (excluding those members who have a valid reason to not take the drug)
- **Comprehensive Diabetes Care**—looks at how well a health plan cares for common and serious chronic diabetes in members age 18 to 75
  - Glycohemoglobin (HbA1c) blood test
  - Poorly controlled diabetes (HbA1c>9.0 percent)
  - LDL-C screening
  - LDL-C level below 130 mg/dL
  - LDL-C level below 100 mg/dL
  - Eye exam
  - Kidney Disease Screening
- **Use of Appropriate Medications for People with Asthma**—evaluates whether members with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma
  - Age 5-9
  - Age 10-17
  - Age 18-56
  - Combined ages
- **Follow-up After Hospitalization for Mental Illness**—looks at the continuity of care for mental illness by estimating the percentage of members, age six or older, who were hospitalized for selected mental disorders and were subsequently seen on an outpatient basis by a mental health provider after their discharge
  - 30 day follow-up
  - 7 day follow-up
- **Antidepressant Medication Management**—looks at whether people treated with drugs for depression are getting good care

- Optimal Practitioner Contacts for Medication Management—at least three follow-up office visits
  - Effective Acute Phase Treatment—three months
  - Effective Continuation Phase Treatment—six months
- **Use of Imaging Studies for Low Back Pain**--assesses if imaging studies (plain x-ray, MRI, CT scan) are over utilized in the evaluation of patients with acute low back pain.

Measures examined from the **Use of Services** domain include:

- **Adults' Access to Preventive/Ambulatory Health Services**—indicates whether adult members are getting preventive and ambulatory services from their plan and looks at the percentage of members who have had a preventive or ambulatory visit
  - Age 20-44
  - Age 45-65
  - Age 65 and older
- **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**--- this measure calculates two rates using the same population of members with Alcohol and Other Drug (AOD) dependence:
  - Initiation of AOD Dependence Treatment: The percentage of adults diagnosed with AOD dependence who initiate treatment through either:
    - ❖ an inpatient AOD admission, or
    - ❖ an outpatient service for AOD dependence and an additional AOD services within 14 days
  - Engagement of AOD Treatment is an intermediate step between initially accessing care (in the initiation treatment) and completing a full course of treatment. This measure is designed to assess the degree to which members engage in treatment with two additional AOD services within 30 days after initiation.
- **Children's Access to Primary Care Practitioners**—looks at visits to pediatricians, family physicians and other primary care providers as a way to assess general access to care for children
  - Age 12-24 months
  - Age 25 months-6 years
  - Age 7-11
  - Age 12-19
- **Prenatal and Postpartum Care**
  - Timeliness of prenatal care—the percentage of pregnant women who began prenatal care during the first 13 weeks of pregnancy or within 43 days of enrollment if a woman was more than 13 weeks pregnant when she enrolled
  - Postpartum care—the percentage of women who had live births and who had a postpartum visit between 21 days and 56 days after delivery.

Measures examined from the **Access/Availability of Care** domain include:

- **Adolescent Well-Care Visits**—looks at the use of regular check-ups by adolescents. It reports the percentage of adolescents 12-21 who had one or more well-care visits with a primary care provider or OB/GYN during the measurement year.
- **Call Answer Timeliness**— reports the percentage of calls received by member services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.
- **Call Abandonment**-- the percentage of calls received by member services call centers (during operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice.
- **Well-Child Visits in the First 15 Months of Life**—looks at the adequacy of well-child care for infants. It estimates the percentage of children who had six or more visits by the time they turn 15 months of age.
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life**—looks at the use of routine check-ups by preschool and early school aged children who are 3, 4, 5, and 6 years old who received at least one well-child visit with a primary care practitioner during the measurement year.

Note that Cholesterol Management for Patients with Cardiovascular Conditions is not reportable this year because changes made to this measure may have caused unreliable results. As a result, NCQA issued a recommendation to refrain from publishing the results of this measure.