



CAHPS[®]
 Health Care Quality Information
 From the Consumer Perspective

HEDIS[®]
 Health Care Quality Information
 Based on Health Plan Performance

Health Plan Report Card

2005

- ◆ **The health plan you choose can make a difference in the quality of care you get.**
- ◆ **This health plan report provides useful information on health care quality from a consumer perspective and from actual clinical performance.**

Health Plan Report Card Summarypage E-3

Information about Health Plans included in the Report Cardspage E-4

2006 Health Plan Quality Comparisonpage E-6

Consumer Assessment of Health Plans (CAHPS[®]).....page E-8

CAHPS Background and Interpreting Results.....page E-9

Historical Rating Summary (CAHPS[®]).....page E-11

Overall Ratings (CAHPS[®])page E-12

Specific Topic Ratings (CAHPS[®])page E-14

Details for Selected Results (CAHPS[®]).....page E-17

Grievance and Complaint Tables.....page E-27

HEDIS[®] Health Plan Report Card Summarypage E-29

HEDIS[®] Resultspage E-31

The Department of Employee Trust Funds (ETF) would like to thank all of the respondents for participating in this year’s successful survey. We look forward to your continued enthusiastic support and cooperation in future member satisfaction surveys.

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality.
 HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

Health Plan Report Card Summary

CHOOSING A HEALTH PLAN. The health plan report card section provides employees and their families with the results of the annual member satisfaction survey and clinical evidence of health plan performance. Each year in the *It's Your Choice* booklet, selected survey questions and results as well as measures of actual care given to prevent and manage illness are included for members to review.

The Consumer Assessment of Health Plans (CAHPS®) section of the report card is a representation of survey respondents' perceptions and opinions of health care services provided by their health plan and primary care physician during the previous year. This information is included to provide a consumer perspective for employees considering selecting or changing their health plan. The Health Plan Employer Data and Information Set (HEDIS®) section of the report card demonstrates health plan performance from a clinical perspective. Health plan success is measured by determining whether or not members who should be receiving screenings or procedures to prevent or manage illness are receiving the recommended care.

A new section has been added this year entitled “**2006 Health Plan Quality Comparison**”. This section can be found on page E-6 and provides summary quality scores that evaluate health plans based on the following three areas of care: Wellness and Prevention, Disease Management, and Customer Service and Claims Processing. Ratings are also presented for health plan performance on a broader spectrum of HEDIS and CAHPS measures, including the three areas of specialization mentioned above.

ETF COMPLAINTS. The charts starting on page E-27 represent the number of complaints, by plan, received by ETF in 2004. Members are asked to complete their plan's grievance process before filing a complaint with ETF. **More information on filing a complaint can be found in Section B of the Question & Answer Section (see “What if I have a complaint about my health plan?”).** Please note that this information is separate from the CAHPS® consumer survey and is for informational purposes only.

QUALITY AND SAFETY INFORMATION

Leapfrog is a nationwide effort to address patient safety in hospitals and focuses on four hospital quality and safety practices:

- Computer Physician Order Entry (CPOE)—medication orders are entered electronically to prevent prescribing errors. *Applies to urban hospitals only.*
- Evidence-Based Hospital Referral (EHR)—information is provided to consumers on which hospitals have the best success rate with certain high-risk surgeries and conditions. *Applies to urban hospitals only*
- ICU Physician Staffing (IPS)—looks at staffing with doctors who have special training in critical care medicine called “intensivists.” *Applies to urban hospitals only*
- Leapfrog Quality Index-The National Quality Forum's 27 Safe Practices—these cover a range of practices that are designed to reduce the harm in certain processes, systems or environments of care. *Applies to rural and urban hospitals.*

For more information on Leapfrog, visit their website at www.leapfroggroup.org.

Checkpoint is a program sponsored by the Wisconsin Hospital Association that focuses on five error prevention measures and fourteen clinical interventions that medical experts agree should be taken to treat heart attacks, heart failure and pneumonia, which are the three most common causes of hospitalization. For more information, visit the Checkpoint website at www.wicheckpoint.org.

Please see the notable changes on page (i) for information on how ETF is involved with these quality efforts. Information Leapfrog and Checkpoint participation and data reporting is displayed in hospital listings the plan description pages in section G of this booklet.

www.healthclickwisconsin.org is a single website that links consumers to the most current and extensive public report on quality, safety and service performance for 122 Wisconsin hospitals and clinic care in over 20 major metropolitan areas in the state. This resource is jointly sponsored by the Wisconsin Collaborative for Healthcare Quality and the Wisconsin Hospital Association (Checkpoint).

Choosing a health plan is a complex and individual decision based on many considerations; such as cost, choice of primary care provider, location of services, hospital and provider network, ease of accessing services, ease of using the managed care system, and consumer satisfaction. In addition to information on quality, the *It's Your Choice* booklet includes supplemental health plan information that may be beneficial in choosing health plan coverage. **This information is available for review in Section C (Common Questions & Answers) and in Section G (Plan Descriptions) of this booklet.**

HEALTH PLANS INCLUDED IN THE REPORT CARDS

For the 2006 Health Plan Quality Comparison, all HMO health plans that were available in 2005 were included in the calculation of the composite scores. The results are only published for health plans that are available in 2006. CompcareBlue Northeast will not be available in 2006 and their scores are not published in this section.

The CAHPS report includes health plans that have been available in the ETF program since at least January 2004 and that will be available in 2006. No CAHPS data was collected in CompcareBlue Northwest in 2005 because CAHPS asks members their experience with their health plan over the last 12 months and this plan was only available to members as of January 1, 2005. As a new health plan in 2006, CAHPS scores are not available for UnitedHealthcare SE. Although CAHPS results are usually published for the self-insured plans, (Standard Plan and SMP) the results for these plans are not included in the report card because they reflect the performance of BlueCross & BlueShield of Wisconsin. In 2006, WPS will be the third party administrator of these plans.

The ETF Grievance and Complaints tables on pages E-27 and E-28 report grievance and complaints for all health plans received in 2004. Results are displayed for health plans for which ETF received complaints, including for health plans that are not available to members in 2006. In addition, statistics on complaints received about Navitus Health Solutions, ETF's pharmacy benefit manager, are displayed in the Complaints table.

The HEDIS report card includes all HMOs that are available to ETF members in 2006, for which there is available data. This data is collected for an HMO's entire block of business in Wisconsin and is not separated by health plan or employer. For example, data is not collected separately for Humana-Eastern and Humana-Western but rather is collected for Humana's entire block of business in Wisconsin (including non-ETF members). One exception is for the UnitedHealthcare SE and UnitedHealthcare NE regions. The Northeast region is reported separately from the Southeast region as its scores are based on those obtained through Touchpoint Health Plan, prior to its purchase by UnitedHealthcare. UnitedHealthcare SE scores were not used in calculating the ETF health plan average displayed in the HEDIS results because the health plan did not participate in ETF's program during the measurement year (2004).

Note that Atrium Health Plan HEDIS and CAHPS scores are included in this report card because it was purchased by CompCareBlue after the time this report card was produced.

2006 Health Plan Quality Comparison

HEALTH PLAN	Overall Quality Score	Wellness and Prevention Score	Disease Management Score	Customer Service and Claims Processing Score
CompcareBlue – Aurora Family	★	★★	★★	★★
CompcareBlue Northwest	★★	★★	★★	★★
CompcareBlue Southeast	★	★★	★★	★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★	★★
GHC-South Central	★★★	★★★	★★★	★★
Gundersen Lutheran	★★	★★	★★	★★
Health Tradition	★★	★	★★	★★
Humana-Eastern	★	★★	★★	★
Humana-Western	★	★★	★★	★
Medical Associates HMO	★★	★★	★★	★★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★★	★★	★★	★★★
Physicians Plus	★★	★★	★★	★★
UnitedHealthcare NE	★★	★★★	★★★	★
UnitedHealthcare SE	NA	NA	NA	NA
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★
WPS Prevea Health Plan	★★	★★	★★	★★

2006 Quality Comparison Descriptions

Overall Quality Score

The overall score is based on a comprehensive set of HEDIS and CAHPS measures that address many domains of care. All the measures that are included in the three areas of focus described below are included along with measures such as behavioral health, access to care, and member satisfaction with their health plan and the health care they receive. The performance of each health plan is compared to the average performance of all health plans available in 2005, except for the Standard Plan and the State Maintenance Plan (SMP).

If the composite score for a health plan is one standard deviation or more above the mean composite score, then the health plan's performance is noted with three stars. If the composite score for a health plan is one standard deviation or more below the mean composite score, then the health plan's performance is noted with one star. Scores that are less than one standard deviation above or below the average score are noted with two stars. One standard deviation is on average, how much each score varies from a set of scores. Note that there may be meaningful differences in the performance on individual measures that were not noted are statistically above or below the average score. Detailed results of health plans available to members in 2006 are published in this section.

Wellness and Prevention Score

This composite includes HEDIS measures such as Childhood and Adolescent Immunizations, Well Child Visits, Prenatal and Postpartum Care, and Cancer Screenings. This composite also includes survey questions that ask members about wellness information provided by their doctor and whether or not their doctor asked them about tobacco usage.

Disease Management Score

This composite includes HEDIS measures that address how an HMO treats members with Cardiovascular Disease, Diabetes and Asthma.

Customer Service and Claims Processing Score

This composite includes CAHPS scores that measure member experience with the customer service they receive from a health plan, including customer service telephone lines, information available on a health plan's Website, handling paperwork and claims processing.

CONSUMER ASSESSMENT OF HEALTH PLANS (CAHPS®). The Consumer Assessment of Health Plans (CAHPS®) survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Policy and Research, Harvard Medical School, RAND, Research Triangle Institute, and Westat. The CAHPS® survey instrument was thoroughly tested for reliability and validity by the CAHPS® development team. CAHPS® is designed to:

- Focus on information that consumers want when choosing a plan and present this information in easy to understand reports;
- Cover specific plan features such as access to specialists, quality of patient-physician interaction, and coordination of care;
- Provide standardized questionnaires for assessing experiences across different populations, health care delivery systems, and geographic areas;
- Improve the utility and value of survey questions and enhance the reliability and the comparability of survey results across different plans and population groups.

PARTICIPANT SURVEY. The health plan report card section represents the result of a random sample telephone survey of active health plan members conducted in the spring of 2005 by an independent marketing research firm, The Myers Group. Forty-six percent of those who responded stated that they were covered by their health plan for at least one year but less than five years, while forty-five percent were covered by their health plan for five years or more. The health plan report card section provides survey results for 18 health plans.

THINKING ABOUT QUALITY. One way to measure quality of care is to look at the technical side. For example, if people have surgery, do they get well? Do they recover quickly? The technical side of quality also includes looking at whether the care people receive helps them stay as healthy as possible. For example, do young children get the shots needed to prevent disease? Do people get checkups and other preventative care that catches health problems at an early stage? The technical side of health care quality is very important, but it doesn't give you the whole picture.

That's what the survey information in this health plan report card is about. The annual member satisfaction survey covers areas where people enrolled in the health plans are really the experts about how well their plan is working. The survey does not ask about technical issues that can be hard for patients to judge, such as the skill level of a surgeon. Instead, patients are asked about their experiences. Below are the types of questions they are asked:

- Could they get appointments quickly when they needed them?
- Did their doctors explain issues in a way they could understand?
- Were they treated with courtesy and respect by office staff?
- Could they get the information they needed from the health plan?

Answers to these and other questions are in this section to help you evaluate your health plan choices. The survey results are the opinions and judgements of the people who were surveyed. Your experience with a health plan could be different from those of the people surveyed. However, it can be helpful to know what other people's experiences have been. The survey

results are only meant to help consumers make more informed choices and are not the evaluation or recommendations of ETF.

Background on the Survey and Interpreting the Results

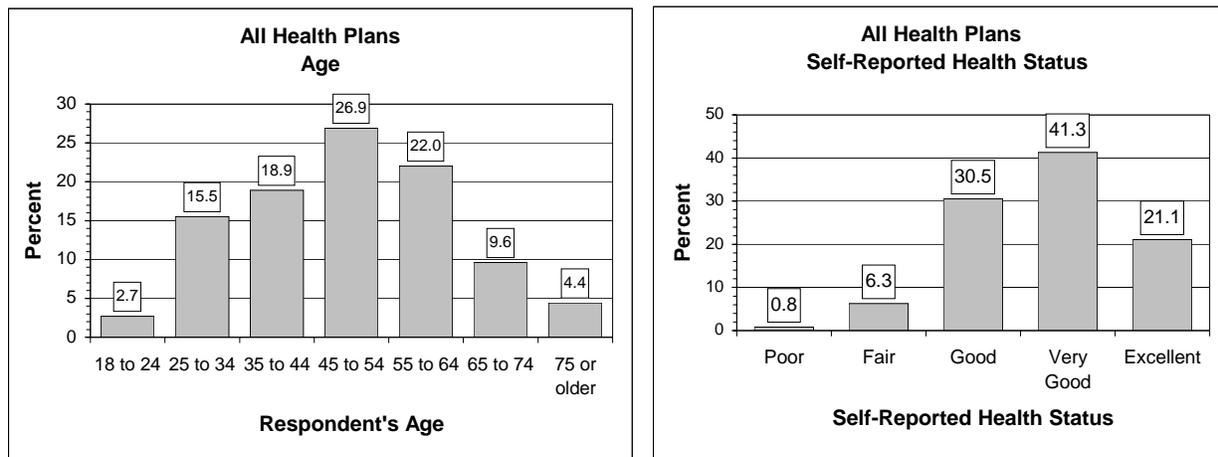
WHO DID THE SURVEY. The survey was completed by The Myers Group, an outside, independent, professional market research firm. It was coordinated by the Department of Employee Trust Funds (ETF).

WHO WAS SURVEYED. This report contains results from a survey of 5,768 members of 18 health plans. For each health plan, a representative group of plan members were randomly selected to participate in this study.¹ These people were asked to answer the survey questions based on their experiences with their health plan during the previous 12 months.

When taking the combined responses over all of the health plans:

- 54.5 percent of those who responded to the gender question stated that they are female
- 57.0 percent of those who responded to the education question stated that they have attained a four-year college degree or more.

Additional demographic information is shown in the following bar charts.



HOW THE SURVEY WAS DONE. The telephone survey was conducted during the spring of 2005. Participation was voluntary and confidential. Of the plan members who were randomly selected to be in the survey sample and were reached by telephone, approximately 78% of those contacted agreed to be interviewed.

HOW THE STARS (★) SHOW HEALTH PLAN COMPARISONS. The stars on pages E-13 through E-17 show the results of statistical tests between each plan's score and the overall score for all health plans. These tests tell which plans are rated **significantly** higher or lower than average.

¹ Respondents were randomly sampled with the intention to provide a precision level of $\pm 5\%$ at a 95% confidence interval for each participating health plan. This level of precision was largely achieved.

- For the "0 to 10" scale (0 meaning "worst possible" and 10 meaning "best possible"), scores are averages.
- For the questions that asked "how often," scores are averages on a scale from 1 to 4 (1 meaning "never" and 4 meaning "always").
- For the "yes-no" questions, scores are the percent who said "yes."
- For the questions that asked "how much of a problem," scores are averages on a scale from 1 to 3 (1 meaning "a big problem" and 3 meaning "not a problem").
- All plan comparisons in this report use the $p \leq 0.05$ significance level for testing of a difference. This means that—given the assumptions/conditions of the statistical test—there is one chance in 20 that a noted difference ("better than average" or "below average") came about just by chance.

MEASURING DIFFERENCES BETWEEN SCORES. Random sampling methodologies are often used to measure the opinions of a population, like all state employees. It is typically more practical and less expensive to survey a sample rather than an entire population. However, survey results from a randomly selected sample are not 100 percent accurate.

In order to identify real differences between individual health plan scores and the average health plan score, certain statistical tests are performed, which account for the inherent error associated with random sampling methodologies. All statistical testing performed for the health plan report card is conducted using a 0.05 level of significance (alpha value), which is generally accepted as a standard in the market research industry. Using a 0.05 level of significance means that—given the assumptions/conditions of the statistical test—there is a probability of 0.05 that a difference will be concluded when one does not exist.

Throughout the health plan report card you will notice references to “statistically significant differences” or “statistical testing.” “Statistically significant differences” means that—given the sample, the assumptions/conditions, and the level of significance—there is sufficient support for the statement that the population means are different.

INTERPRETING THE SURVEY RESULTS. When you compare plan results shown in the bar graphs, you should ignore small differences in percentages because survey results have a "margin of error." Differences between plans may result from chance alone rather than any real difference among plans. There were some differences from one health plan to another in the health and age of survey respondents. Since people's health and age may influence the way they answer survey questions, minor statistical adjustments were made so that these differences would not affect the plan-by-plan comparisons.

Historical Rating Summary

- The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.” The average scores are presented in the chart below.
- See pages E-17 through E-20 for more specific information on overall ratings.

Historical Rating Summary												
Health Plan	How people rated their HEALTH PLAN			How people rated their HEALTH CARE			How people rated their PRIMARY DOCTORS**			How people rated their SPECIALISTS**		
Year	2003	2004	2005	2003	2004	2005	2003	2004	2005	2003	2004	2005
All Health Plans	8.18	8.26*	8.40*	8.54	8.62*	8.68*	8.56	8.62	8.67*	8.50	8.52	8.55
Atrium Health Plan	7.94	8.05	8.21	8.50	8.53	8.47	8.48	8.52	8.61	8.31	8.41	8.54
CompcareBlue Aurora Family	7.38	7.55	8.11*	8.11	8.32	8.46	8.37	8.56	8.46	7.96	8.44	8.50
CompcareBlue Southeast	NA	NA	8.15	NA	NA	8.68	NA	NA	8.66	NA	NA	8.66
Dean Health Plan	8.56	8.43	8.56	8.69	8.65	8.70	8.72	8.69	8.71	8.59	8.52	8.56
GHC-Eau Claire	8.60	8.78*	8.75	8.79	8.92*	9.00	8.73	8.83	8.83	8.76	8.84	8.75
GHC-South Central	8.28	8.40	8.68*	8.32	8.61*	8.77	8.51	8.41	8.62*	8.45	8.46	8.22
Gundersen Lutheran	8.49	8.37	8.66*	8.64	8.54	8.79	8.69	8.70	8.77	8.60	8.47	8.82
Health Tradition	8.47	8.50	8.68	8.76	8.88	8.67	8.76	8.85	8.79	8.68	8.51	8.48
Humana-Eastern	7.80	8.01	7.92*	8.46	8.61	8.40	8.49	8.67	8.55	8.54	8.55	8.53
Humana-Western	8.00	8.02	7.99	8.64	8.72	8.85	8.69	8.85	8.83	8.66	8.69	8.67
Medical Associates	8.58	8.67	8.71	8.70	8.76	8.87	8.71	8.92	8.92	8.63	8.10*	8.26
MercyCare Health Plan	8.23	8.34	8.21*	8.47	8.62	8.55	8.43	8.46	8.76*	8.34	8.30	8.48
Network Health Plan	8.22	8.53*	8.65	8.36	8.72*	8.64	8.41	8.53	8.46	8.41	8.64	8.58
Physicians Plus	8.21	8.28	8.44	8.57	8.55	8.61	8.54	8.36	8.43	8.59	8.58	8.67
UnitedHealthcare NE	7.87	8.29*	7.96*	8.30	8.52*	8.73*	8.26	8.59*	8.71	8.25	8.48	8.65
Unity-Community	8.00	8.18	8.49	8.41	8.70	8.74	8.55	8.70	8.62	8.46	8.58	8.15
Unity-UW Health	8.40	8.34	8.68*	8.60	8.56	8.79*	8.64	8.60	8.79	8.68	8.77	8.58
WPS Prevea Health Plan	7.84	8.18*	8.47	8.58	8.56	8.66	8.36	8.61	8.72	8.39	8.38	8.44

*The average scores from 2004 were compared to the average scores from 2003 and the average scores from 2005 were compared to the average scores from 2004 to test for statistically significant differences. Statistically significant differences are bolded and indicated with an asterisk. See page E-10, **MEASURING DIFFERENCES BETWEEN SCORES** for more detail about “statistically significant differences.”

Overall Ratings by People Who Were Surveyed

- ★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all health plans.
- ★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all health plans.)
- ★ Score for health plan on the scale from 0-10 is **below the average** score for all health plans.

- This chart shows results for individual survey questions that asked people to give their overall ratings of their health plan, health care, primary doctors and specialists.
- The questions for overall ratings used a scale from 0 to 10, where 0 means “worst possible” and 10 means “best possible.” The average scores are presented in the chart below.
- See pages E-9 and E-10 for more about the survey and how to interpret the survey results and for details about stars.

Overall Ratings				
Health Plan	How people rated their HEALTH PLAN	How people rated their HEALTH CARE	How people rated their PRIMARY DOCTORS*	How people rated their SPECIALISTS*
Average—All Health Plans	8.40	8.68	8.67	8.55
Atrium Health Plan	★	★	★★	★★
CompcareBlue Aurora Family	★	★	★	★★
CompcareBlue Southeast	★	★★	★★	★★
Dean Health Plan	★★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★	★★
GHC-South Central	★★★	★★	★★	★
Gundersen Lutheran	★★★	★★	★★	★★★
Health Tradition	★★★	★★	★★	★★
Humana-Eastern	★	★	★★	★★
Humana-Western	★	★★★	★★★	★★
Medical Associates	★★★	★★★	★★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★★	★★	★	★★
Physicians Plus	★★	★★	★	★★
UnitedHealthcare NE	★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★★	★★	★★	★★
WPS Prevea Health Plan	★★	★★	★★	★★

- Even if you don't expect to visit the doctor very often, ratings from people who have received a lot of medical care can tell you a great deal about how well a health plan works. Their experience may be helpful when deciding which health plan might be best for you.
- Instead of showing answers from everyone who was surveyed, this chart only shows the answers from people who went to the doctor's office 3 or more times in the previous 12 months.
- See pages E-9 and E-10 for more about the survey and how to interpret the survey results and for details about stars.

★★★ Score for health plan on the scale from 0-10 is **better than the average** score for all health plans.

★★ **Average** (Score for health plan on the scale from 0-10 is neither higher nor lower than the average score for all health plans.)

★ Score for health plan on the scale from 0-10 is **below the average** score for all health plans.

Ratings by PEOPLE WHO HAVE HAD 3 OR MORE MEDICAL VISITS IN THE LAST 12 MONTHS				
Health Plan	How people with 3 or more visits rated their HEALTH PLAN	How people with 3 or more visits rated their HEALTH CARE	How people with 3 or more visits rated their PRIMARY DOCTORS	How people with 3 or more visits rated their SPECIALISTS
Average—All Health Plans	8.42	8.64	8.70	8.56
Atrium Health Plan	★★	★	★★	★★
CompcareBlue Aurora Family	★★	★	★	★★
CompcareBlue Southeast	★★	★★	★★	★★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★	★★★
GHC-South Central	★★★	★★	★★	★★
Gundersen Lutheran	★★★	★★	★★	★★★
Health Tradition	★★	★★	★★	★★
Humana-Eastern	★	★	★★	★★
Humana-Western	★	★★★	★★★	★★
Medical Associates	★★★	★★	★★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★★	★★	★	★★
Physicians Plus	★★	★★	★	★★
UnitedHealthcare NE	★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★★	★★★	★★★	★★
WPS Prevea Health Plan	★★	★★	★★	★★

What People Said About Specific Topics

- ★★★ Score for health plan is **better than the average** score for all health plans.
- ★★ **Average** (Score for health plan is neither higher nor lower than the average score for health all plans.)
- ★ Score for health plan is **below the average** score for all health plans.

- All of these topics combine survey results for more than one question.
- See pages E-9 and E-10 for more about the survey and how to interpret the survey results and for details about stars.

	Getting the care you need, when you need it		Medical Office Staff	Doctors
	Getting care that is needed	Getting care without long waits	Courtesy, respect and helpfulness of office staff	How well doctors communicate
Health Plan				
Atrium Health Plan	★★	★★	★★	★★
CompcareBlue Aurora Family	★★	★★	★★	★★
CompcareBlue Southeast	★★	★★	★★	★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★★	★★
GHC-South Central	★★	★★★	★★	★★
Gundersen Lutheran	★★	★★	★★	★★
Health Tradition	★★	★★	★★	★★
Humana-Eastern	★★	★★	★	★
Humana-Western	★★	★★★	★★★	★★
Medical Associates	★★	★★	★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★★	★★	★★	★★
Physicians Plus	★★	★	★★	★
UnitedHealthcare NE	★★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★
WPS Prevea Health Plan	★★	★★	★★★	★★★

- Health plan customer service and claims processing combine survey results for more than one question.
- See pages E-9 and E-10 for more about the survey and how to interpret the survey results and for details about stars.

★★★ Score for health plan is **better than the average** score for all health plans.

★★ **Average** (Score for health plan is neither higher nor lower than the average score for all health plans.)

★ Score for health plan is **below the average** score for all health plans.

The Health Plan			
Health Plan	Health plan customer service	Claims Processing	Rate health plan's efforts to provide educational materials on health/wellness issues
Atrium Health Plan	★★	★★	★★★
CompcareBlue Aurora Family	★★	★	★
CompcareBlue Southeast	★★	★★	★
Dean Health Plan	★★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★
GHC-South Central	★★★	★★	★★★
Gundersen Lutheran	★★	★★★	★★
Health Tradition	★★	★★★	★★
Humana-Eastern	★	★	★
Humana-Western	★	★	★
Medical Associates	★★★	★★★	★★
MercyCare Health Plan	★★	★	★★
Network Health Plan	★★★	★★★	★★
Physicians Plus	★★	★★	★★
UnitedHealthcare NE	★	★	★
Unity-Community	★★	★★	★★
Unity-UW Health	★★	★★★	★★★
WPS Prevea Health Plan	★★	★★	★★

- These topics consist of survey results for individual questions.
- See pages E-9 and E-10 for more about the survey and how to interpret the survey results and for details about stars.

★★★ Score for health plan is **better than the average** score for all plans.

★★ **Average** (Score for health plan is neither higher nor lower than the average score for all plans.)

★ Score for health plan is **below the average** score for all plans.

The Health Plan		
Health Plan	Over the past 12 months, did plan's overall performance get better, stay the same, or get worse?	Recommend health plan to family or friends?
Atrium Health Plan	★★	★
CompcareBlue Aurora Family	★★★	★
CompcareBlue Southeast	★★	★
Dean Health Plan	★★	★★
GHC-Eau Claire	★★	★★★
GHC-South Central	★★★	★★★
Gundersen Lutheran	★	★★★
Health Tradition	★★	★★★
Humana-Eastern	★★	★
Humana-Western	★★	★
Medical Associates	★★	★★★
MercyCare Health Plan	★★	★★
Network Health Plan	★★	★★★
Physicians Plus	★★	★★★
UnitedHealthcare NE	★	★
Unity-Community	★★	★
Unity-UW Health	★★	★★★
WPS Prevea Health Plan	★★	★★

Graphs that show details for selected results

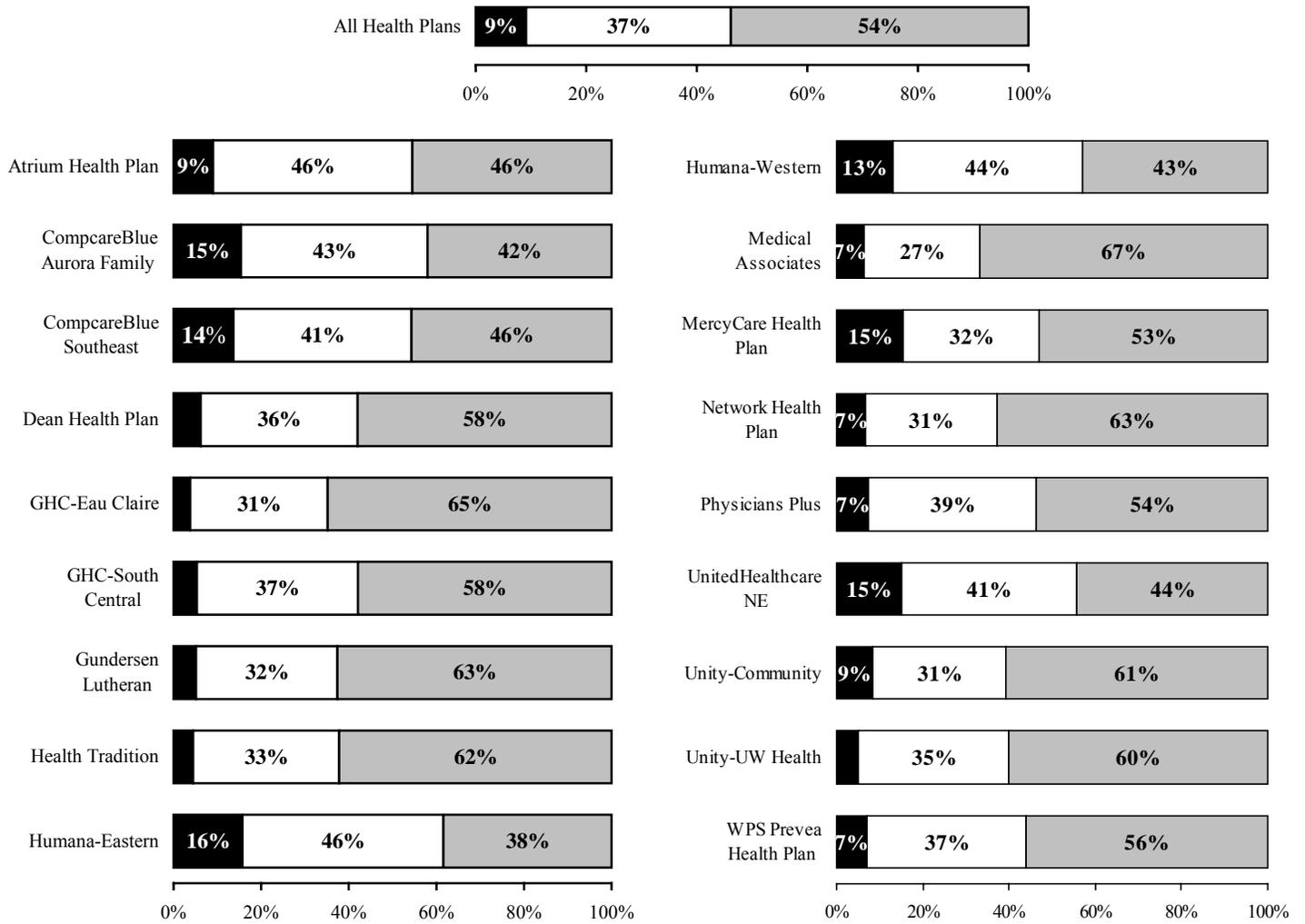
Overall Ratings*

How people rated their HEALTH PLAN

This graph shows:

- The percentage of people who rated their health plan from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.

■ % rating 0 to 6 □ % rating 7 or 8 ▒ % rating 9 or 10



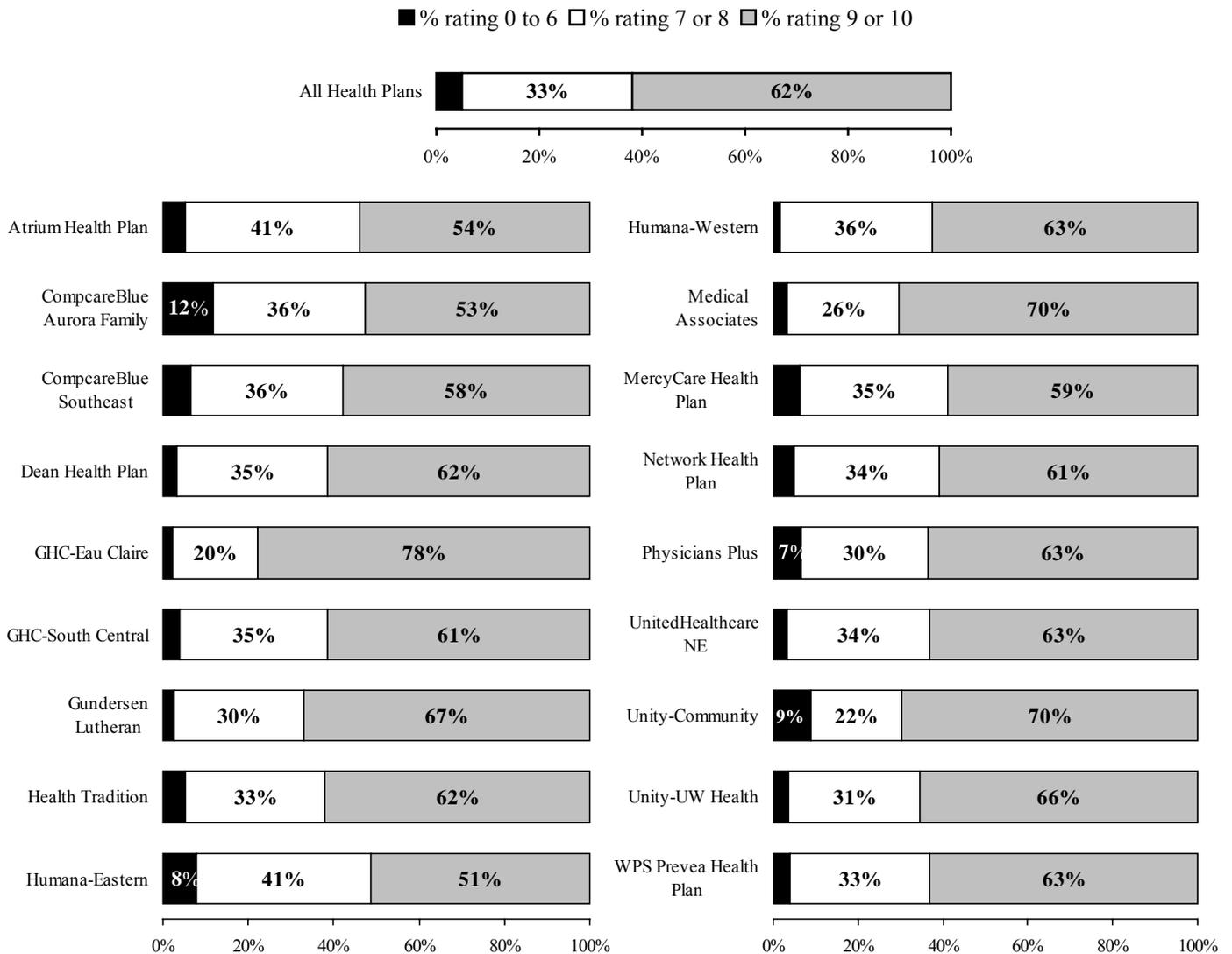
*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Overall Ratings*

How people rated their HEALTH CARE

This graph shows:

- The percentage of people who rated their health care from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their health care on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

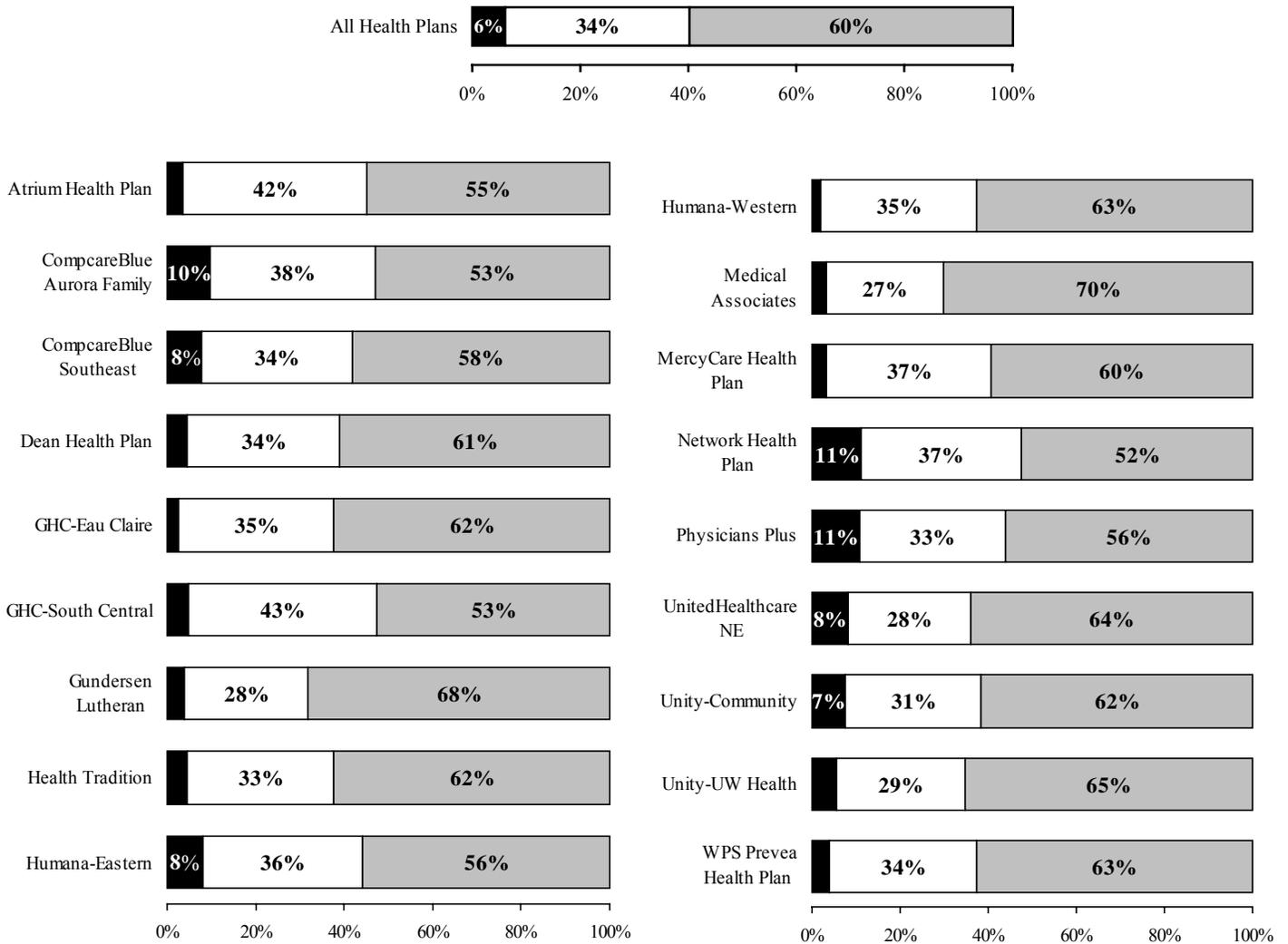
Overall Ratings*

How people rated their PRIMARY DOCTORS

This graph shows:

- The percentage of people who rated their primary doctors from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their primary doctors on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.

■ % rating 0 to 6 □ % rating 7 or 8 ▒ % rating 9 or 10



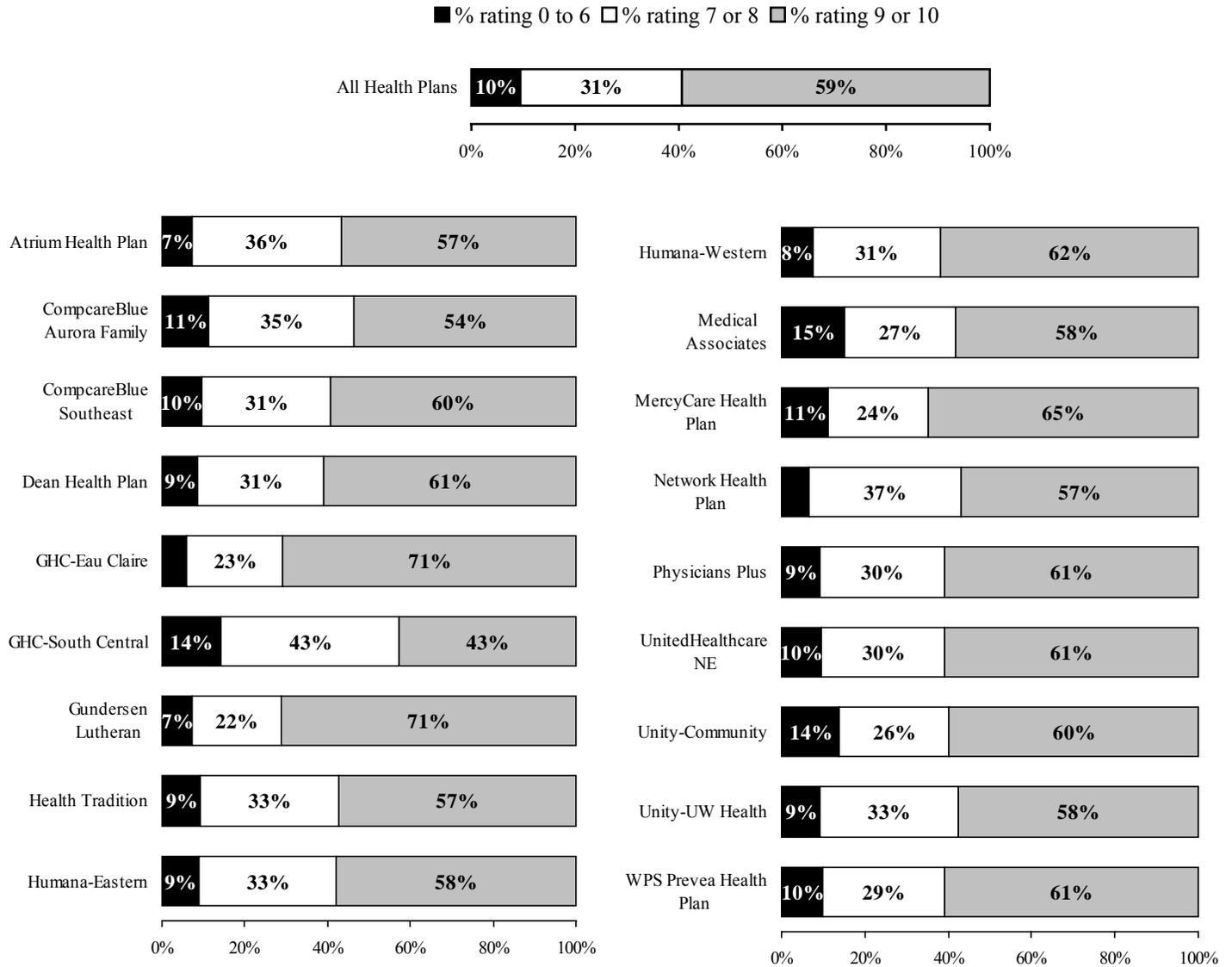
*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Overall Ratings*

How people rated their SPECIALISTS

This graph shows:

- The percentage of people who rated their specialists from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their specialists plan on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.



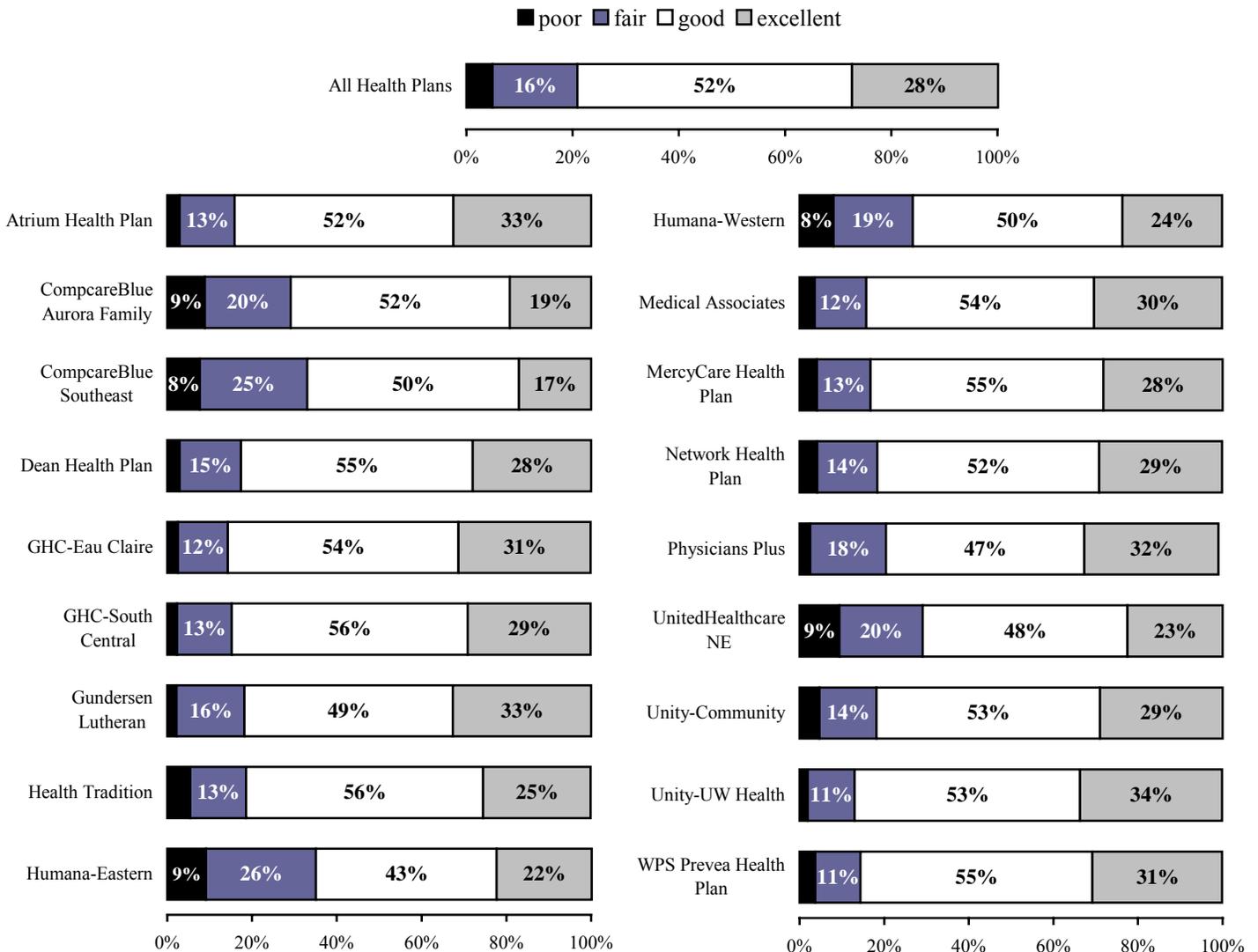
*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Health Plan*

Plan's efforts to provide educational materials on health/wellness issues**

This graph shows:

- The percentage of people who responded "excellent," "good," "fair," or "poor" to the question, "How would you rate your health plan's effort to provide you or your family with educational information on health and wellness issues such as smoking cessation, weight loss, and mammograms, etc.?"
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

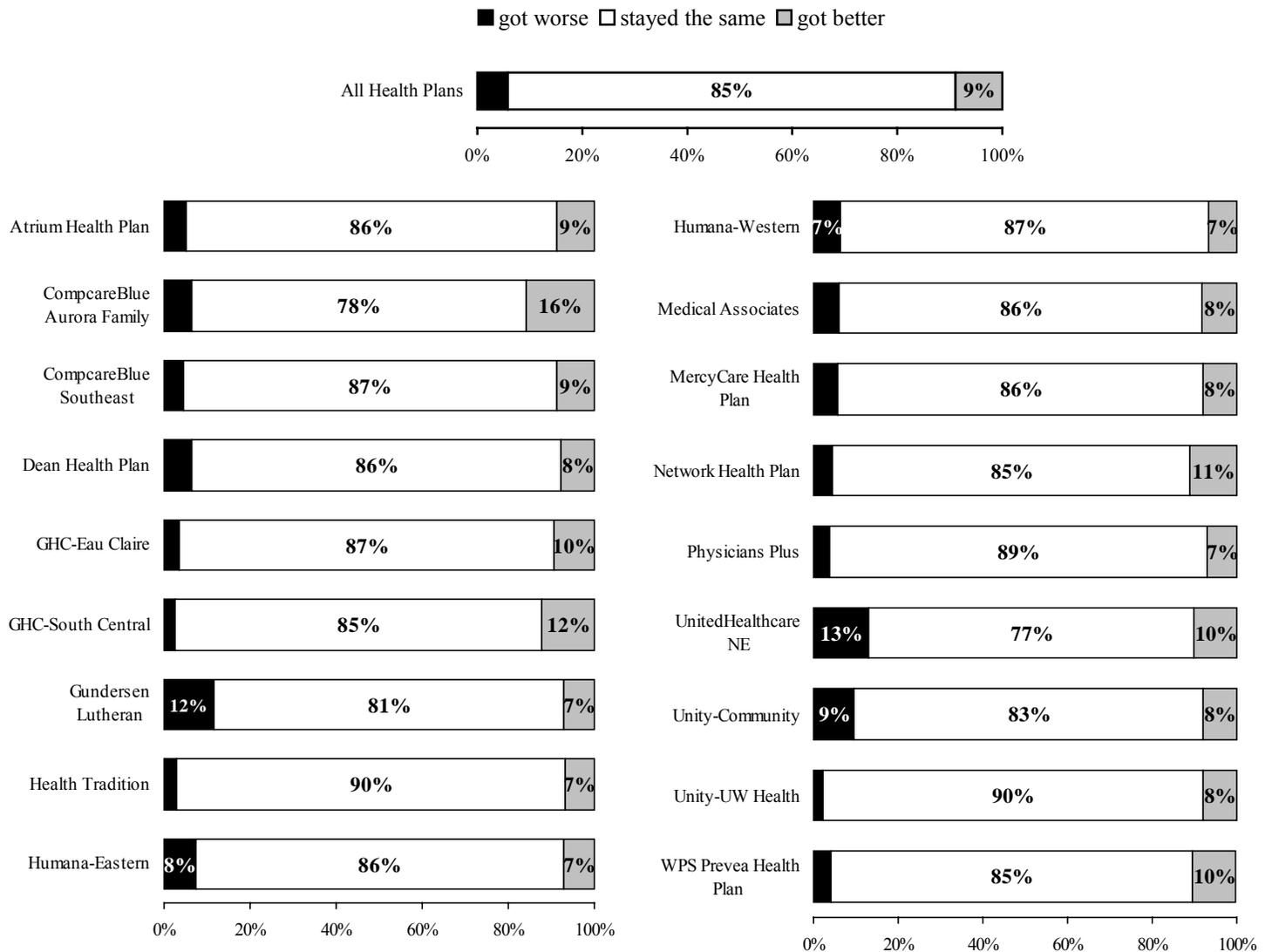
**This question is an addition to the CAHPS® scripted questions.

Health Plan*

Plan's overall performance got better, stayed the same, or got worse**

This graph shows:

- The percentage of people who said it is "got worse," "stayed the same," or "got better" to the question, "Over the past 12 months, did your health plan's overall performance get better, stay the same, or get worse?"
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

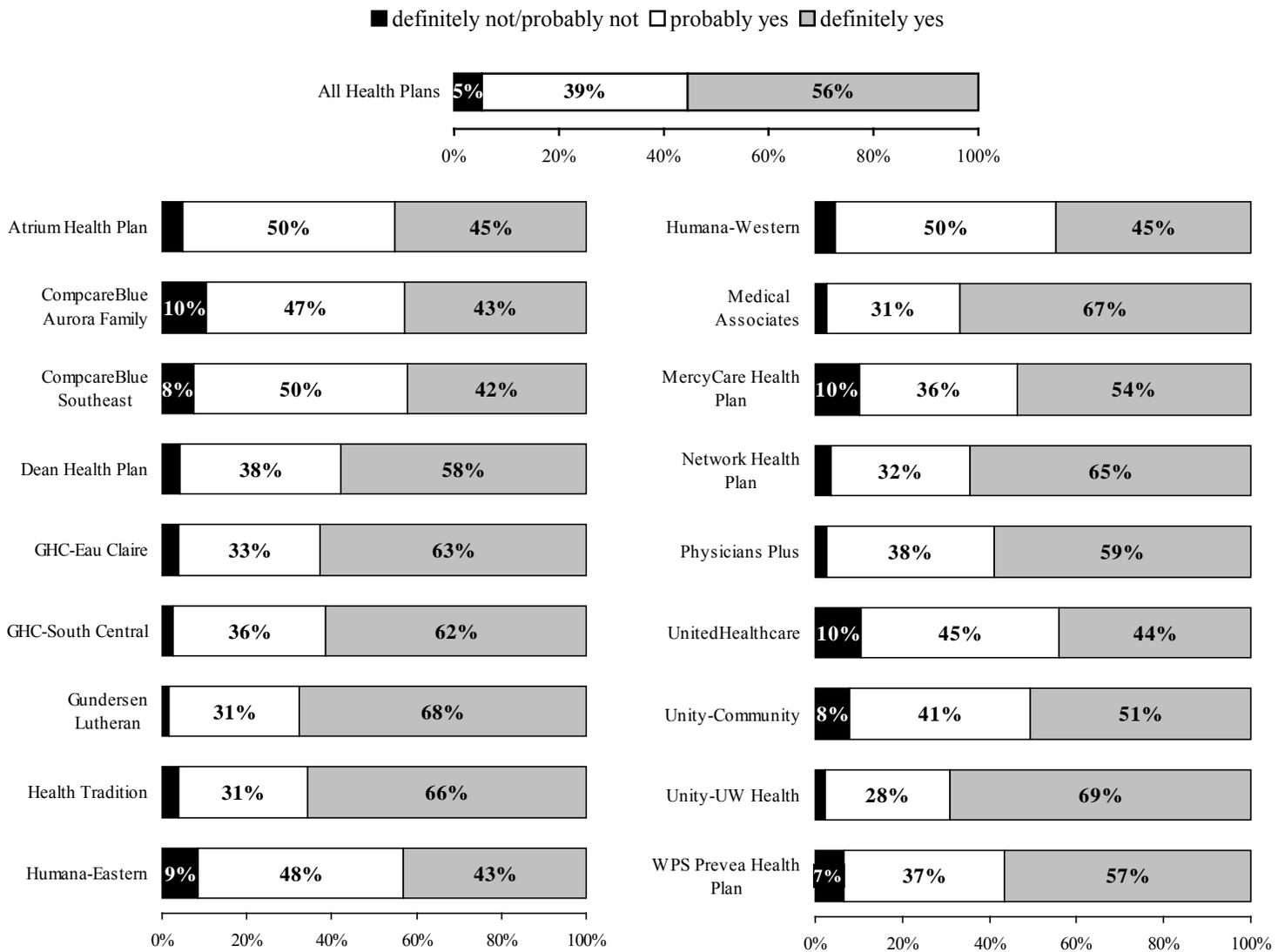
**This question is an addition to the CAHPS® scripted questions.

Health Plan*

Recommend health plan to family or friends**

This graph shows:

- The percentage of people who said it is "**definitely not**"/ "**probably not**," "**probably yes**," or "**definitely yes**" to the question, "Would you recommend your health plan to your family or friends?"
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

**This question is an addition to the CAHPS® scripted questions.

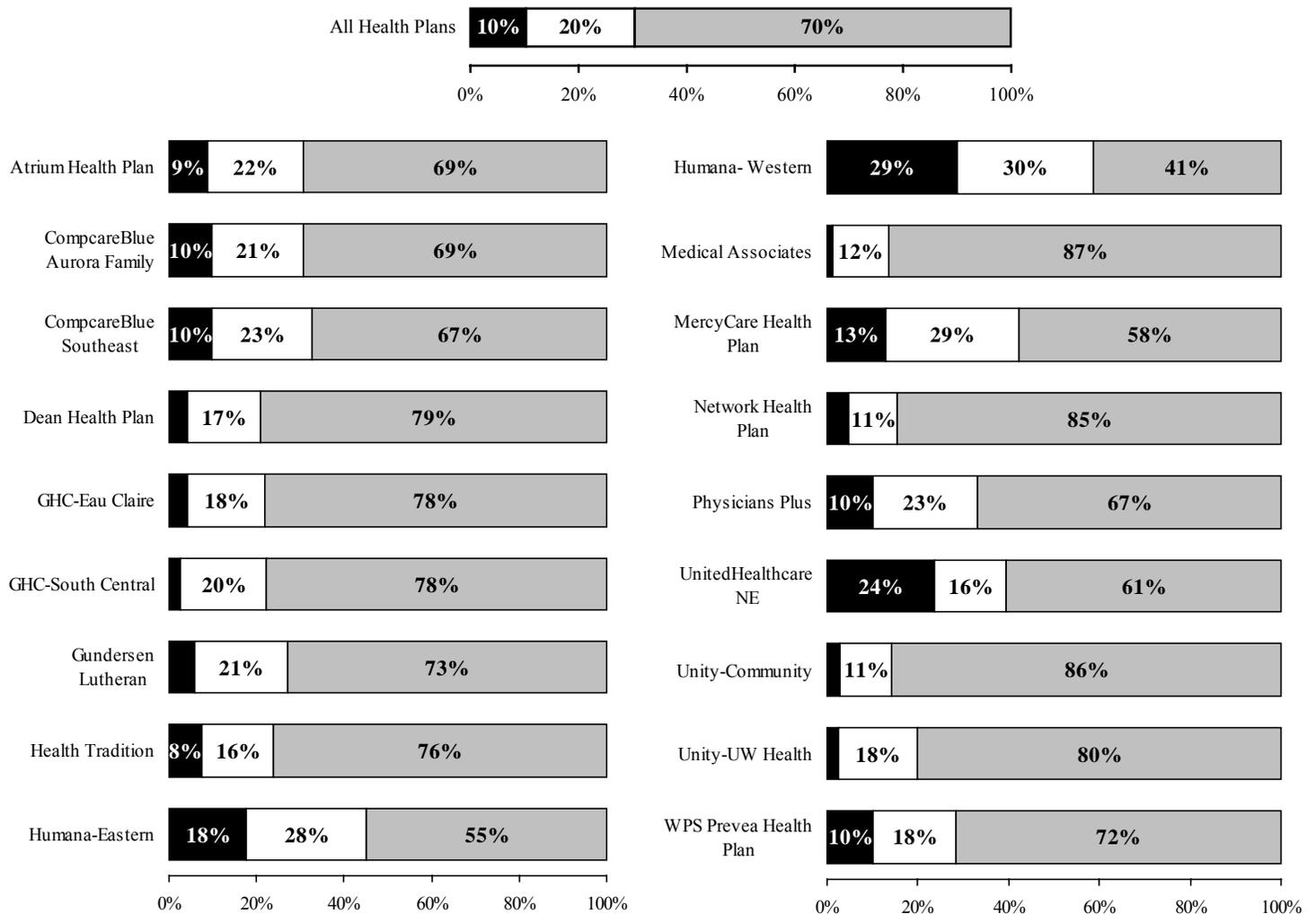
Health Plan*

How much of a problem, if any, to get needed help when called health plan's customer service

This graph shows:

- The percentage of people who said it is **"a big problem," "a small problem,"** or **"not a problem"** to the question, "In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"
- This question was answered by those who answered "yes" to the question asking if the person had called the health plan's customer service to get information or help. The percent of those who answered "Yes" to this preliminary question ranges from 30 to 49 percent by health plan.
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.

■ a big problem □ a small problem □ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

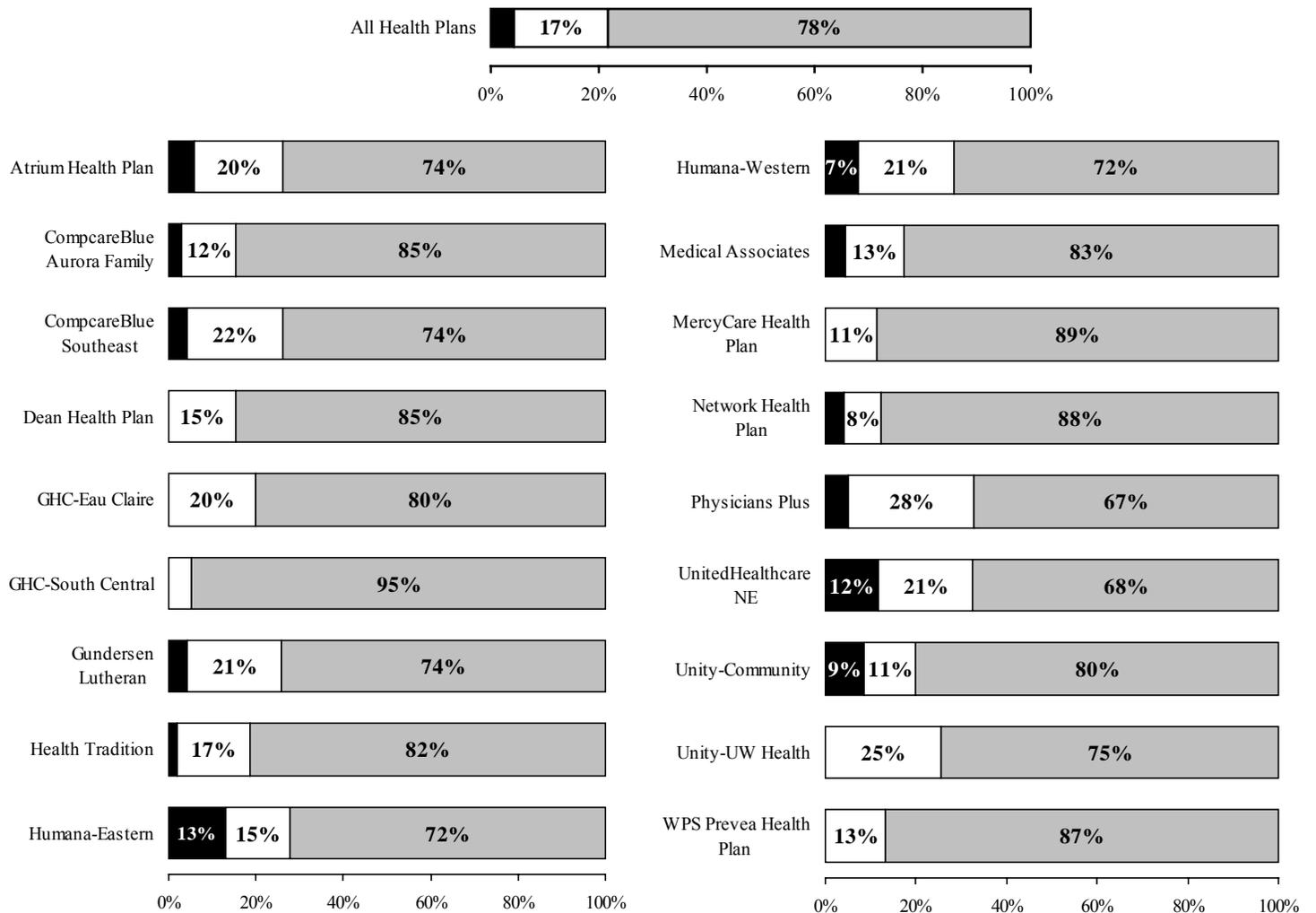
Health Plan*

How much of a problem, if any, did you have with paperwork for health plan

This graph shows:

- The percentage of people who said it is "**a big problem**," "**a small problem**," or "**not a problem**" to the question, "In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?"
- This question was answered by those who answered "yes" to the question asking if the person had filled out any paperwork for the health plan. The percent who answered "Yes" to this preliminary question ranges from 13 to 25 percent by health plan.
- When you compare plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.

■ a big problem □ a small problem ▒ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

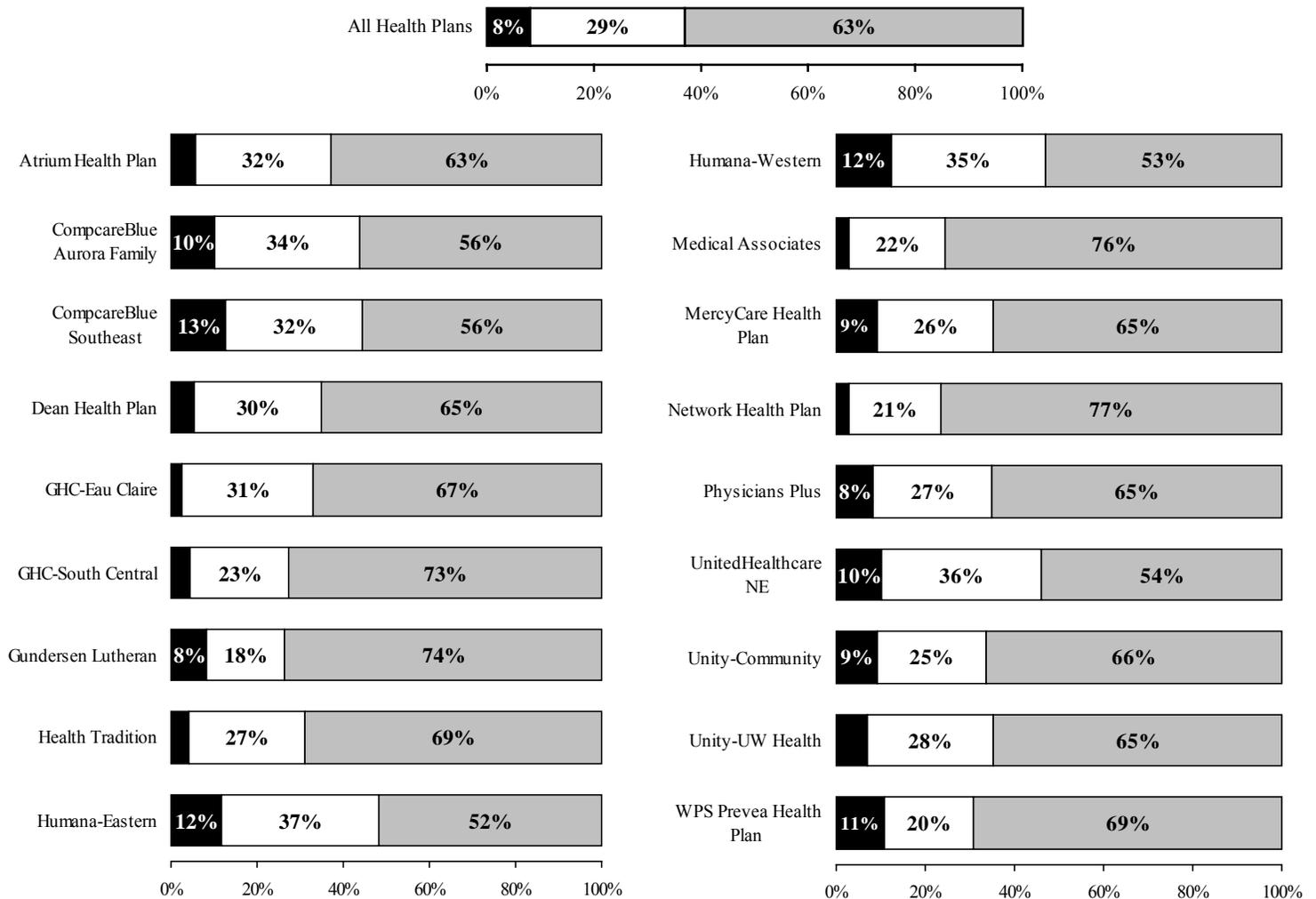
Health Plan*

How much of a problem, if any, was it to find or understand information about how plan works in written materials or on the Internet

This graph shows:

- The percentage of people who said it is "a big problem," "a small problem," or "not a problem" to the question, "In the last 12 months, how much of a problem, if any, was it to find or understand this information [about how your health plan works in written materials or on the Internet]?"
- This question was answered by those who answered "yes" to the question asking if the person looked for any information about how the health plan works. The percent of those who answered "Yes" to this preliminary question ranges from 29 to 56 percent by health plan.
- When you compare health plans in this graph, keep in mind that "small differences" in percentages are not meaningful. See page E-10 for more on health plan differences.

■ a big problem □ a small problem ▒ not a problem



*Bar chart labels of less than 7% may not be visible due to limited space caused by small percentage results.

Grievance and Complaint Tables

2004 HEALTH PLAN GRIEVANCE REPORT¹ (SELF REPORTED BY EACH PLAN)

Plan Name	Total	Overturned Mbr's Favor	Health Plan Compromise	Percent Overturned	2004 Contracts ²	Percentage of Total Contracts	Percentage of Total Grievances
Atrium Health Plan	17	10	1	65%	2,051	2.32%	2.72%
CompcareBlue Aurora Family	13	7	0	54%	2,131	2.41%	2.08%
CompcareBlue Northeast ³	30	14	1	50%	704	0.67%	4.05%
CompcareBlue Southeast	10	4	0	0%	2,308	2.61%	1.60%
Dean Health Plan	118	48	6	46%	24,973	28.22%	18.85%
GHC Eau Claire	0	NA	NA	NA	1,014	1.15%	0.00%
GHC South Central	74	44	5	66%	9,073	10.25%	11.82%
Gundersen Lutheran	18	7	0	39%	2,488	2.81%	2.88%
Health Tradition	26	15	3	69%	1,846	2.09%	4.15%
Humana-Eastern	161	136	2	86%	7,038	7.95%	25.72%
Humana-Western	35	28	1	83%	3,166	3.58%	5.59%
Medical Associates	0	NA	NA	0%	537	0.61%	0.00%
MercyCare Health Plan	10	5	0	50%	626	0.71%	1.60%
Network Health Plan	24	15	0	63%	3,979	4.50%	3.83%
Physicians Plus	32	5	6	34%	9,423	10.65%	5.11%
Standard Plans (all)	70	28	3	44%	13,815	13.19%	9.45%
UnitedHealthcare NE	28	12	0	43%	4,168	4.71%	4.47%
Unity Community	6	0	0	0%	876	0.99%	0.96%
Unity-UW Health	38	2	1	8%	11,980	13.54%	6.07%
Valley Health Plan ³	15	6	2	53%	1,703	1.63%	2.02%
WPS Prevea Health Plan	16	6	0	38%	813	0.92%	2.56%
Total	741	392	31	57%	104,712	100.00%	100.00%

¹This information is collected by ETF and is not part of the CAHPS[®] survey.

²Includes state employees, local government employees, and retirees.

³Not participating in the program for 2006

Most Common Types of Grievances Reported:

- 31.7% Unauthorized Services
- 27.8% Non-Covered Services
- 9.2% Referral

HEALTH INSURANCE COMPLAINTS RECEIVED BY EMPLOYEE TRUST FUNDS IN 2004¹

Plan Name	Number of ETF Complaints	Percentage of Total Complaints
Atrium Health Plan	1	0%
CompcareBlue Aurora Family	4	2%
CompcareBlue North ³	3	1%
CompcareBlue Northeast ³	2	1%
CompcareBlue Southeast	5	2%
Dean Health Plan	9	4%
GHC-Eau Claire	0	0%
GHC-South Central	6	3%
Gundersen Lutheran	1	0%
Health Tradition	2	1%
Humana-Eastern	21	10%
Humana-Western	2	1%
Medical Associates	0	0%
MercyCare Health Plan	1	0%
Navitus Health Solutions ²	102	50%
Network Health Plan	1	0%
Physicians Plus	1	0%
Standard Plan	17	8%
State Maintenance Plan	11	5%
UnitedHealthcare NE	4	2%
Unity-Community	1	0%
Unity-UW Health	4	2%
Valley Health Plan ³	5	2%
WPS Prevea Health Plan	1	0%

Other Points of Interest:

- Insurance complaint trends are tracked and used to evaluate benefit design, quality of plan service and opportunities for member outreach and education.
- ETF Quality Assurance Services staff received 209 new formal complaints in 2004. In addition, they assisted over 675 members with informal health, pharmacy benefit and disability insurance complaints.
- Of the 201 formal complaints reviewed and closed in 2004, 48% were resolved in favor of the member.

¹This information is collected by ETF and is not part of the CAHPS[®] survey.

²Navitus provided pharmacy benefit coverage for all state group health insurance program participants in 2004.

³Not participating in the program for 2006

Most Common Types of Complaints:

- 22% Excluded or Non-Covered Benefit
- 18% General Program Provisions and Design
- 12% Co-payment Reduction for Prescription
- 9% Billing and Claims Processing

HEDIS[®] SUMMARY

What is HEDIS[®]? HEDIS[®] (Health Plan Employer Data and Information Set) is the most widely used set of performance measures in the managed care industry. HEDIS[®] is developed and maintained by the National Committee for Quality Assurance (NCQA), a not for profit organization. One purpose of HEDIS[®] is to improve the quality of health care by providing measures designed to increase accountability of managed care.

HEDIS[®] measures were originally designed as performance measures for private employers that purchase health insurance, but it has been adapted for use by public purchasers, regulators, and consumers. HEDIS[®] measures are designed to address health care issues that are meaningful to consumers and purchasers. Measures must have important health implications and health care systems should have the ability to take actions to improve their performance. Each measure includes the percentage of eligible members that received a treatment or screening. For example, if 180 of 200 women aged 52 to 69 received a mammogram in the last two years, the HMO would receive a score of 90 percent.

How can consumers use HEDIS[®]? Consumers can use HEDIS[®] measures to compare the performance of their health care options during the open enrollment period. In order to evaluate an HMO's performance, consumers should consider a number of measures relating to health care. It can be misleading to make simple comparisons based on a single measure. Furthermore, HEDIS[®] measures should only be considered as one tool of many in selecting a health plan. Other plan selection considerations include the Consumer Assessment of Health Plans (CAHPS[®]) member satisfaction data, providers available in a plan, and employee share of insurance costs. Consumers may also use HEDIS[®] data to educate themselves about recommended preventative health screenings, procedures and provider contacts recommended for members who have been diagnosed with conditions such as diabetes, heart disease, asthma, and depression. Consumers should keep in mind that measure rates can differ based on factors other than true and meaningful differences. For example, rates could differ because of random chance, different member populations and data collection issues.

Accuracy of results. HEDIS[®] measures have been developed and refined for about 10 years. In that time, Managed Care Organizations (or HMOs) have become increasingly better at data collection and reporting. Audited data may be more reliable than un-audited data because the auditing process ensures that only accurate measures are reported.

Different member populations. HEDIS[®] scores may differ across HMOs for a number of reasons, such as true differences in performance or lack of reliable data. Scores can also differ due to the various member populations each HMO serves. Every practitioner and Managed Care Organization provides care for a distinct subset of health care consumers. Some consumers are old, some are young, some are healthy, others have been chronically ill since birth. Some patients adhere closely to recommendations given by their health care professionals while others may be labeled "noncompliant." These are some of the many reasons that Managed Care Organizations may have different results even if they are *delivering care identically*. It may well be non-random events that cause Managed Care Organizations to serve different populations. For example, geography, marketing strategies to enroll employers in a specific industry, benefit

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

design or the provider network may heavily influence the gender, ethnicity or educational status of the member population.

How should HEDIS® scores be interpreted? Generally, NCQA recommends that a difference in score not be interpreted as meaningful unless there is a 10-percentage point difference between the scores being compared. In cases in which there is a small sample size (N<100), a 20-percentage point difference is considered clinically significant and meaningful. A clinically meaningful difference is different than a statistically significant difference between two scores. A difference can be statistically significant and not have a material affect on the treatment that members receive.

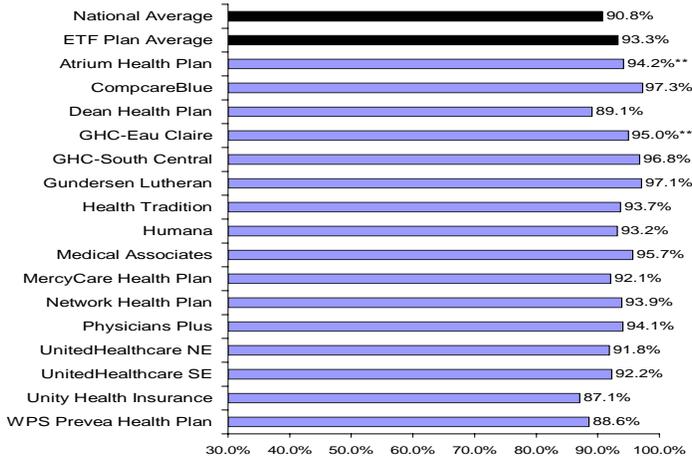
Small sample sizes may also impact scores. This may be the result of a smaller HMO not having enough eligible members for the measure to make up an adequate sample. A minimum sample size of N=30 is needed for a measure to be included in any type of comparison. Scores for plans with low sample sizes are labeled as “NA” in the HEDIS® results section of this report card.

Items to consider when comparing the HMOs included in this report card:

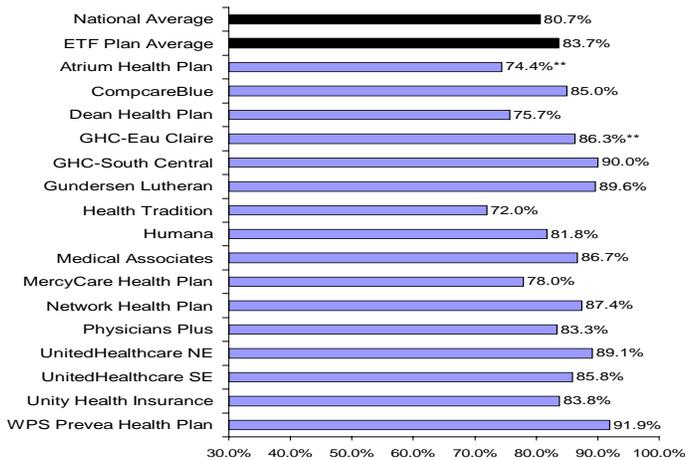
- HEDIS® data is not available for the Standard Plans because Preferred Provider Plans do not emphasize the quality improvement and reporting functions of Managed Care Organizations.
- The Wisconsin averages included in this report card include only HMOs that participate in the State program. The scores for UnitedHealthcare SE are included in the HEDIS results because they are an available plan in 2006, however because they were not part of State program in 2005, their scores are not included in ETF average presented in this section.
- The scores for UnitedHealthcare NE reflect the performance of Touchpoint Health Plan. UnitedHealthcare acquired Touchpoint Health Plan in 2004
- The interpretation of meaningful differences must take into account the sample size. If the sample size is 100 or greater, then a difference of 10 percentage points is considered to be a meaningful difference. However, if the sample size is less than 100, then a difference of at least 20 percentage points is needed before a difference would be considered meaningful. Scores based on a sample size of less than 100 are identified by a double asterisk (**) after the score in the HEDIS® results section of this report card.
- Members can create their own interactive report card to evaluate the HMOs that are accredited by NCQA, by visiting the NCQA website: <http://www.ncqa.org> and clicking on the Report Cards link.
- In January 2004, the State carved out the pharmacy benefit from the benefits that are offered by the health plans. As a result, not all health plans included ETF members in certain measures that are affected by pharmacy data. These measures include Appropriate Testing for Children with Pharyngitis, Use of Appropriate of Medications for People with Asthma, and Antidepressant Medication Management. Health plans that did *not* include ETF members in their data are: CompCareBlue, GHC-Eau Claire, Gundersen Lutheran, Medical Associates, and Network Health Plan. This issue does not apply to UnitedHealthcare SE, since they have no ETF members during the 2004 measurement year.

HEDIS® Results

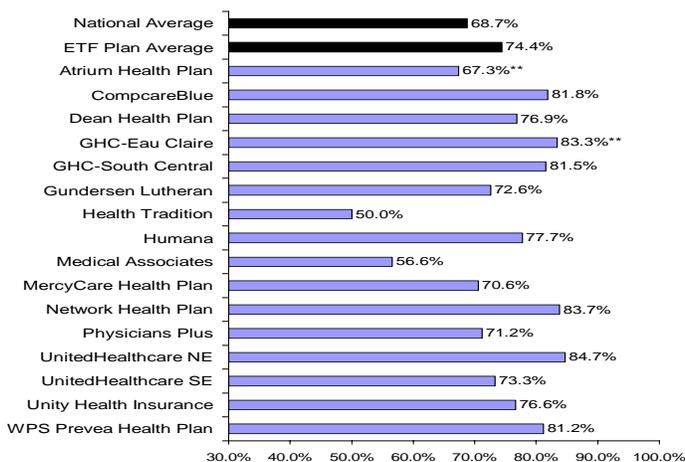
Timeliness of Prenatal Care



Postpartum Care



Well-Child Visits in the First 15 Months of Life



Women and Children's Health

What percentage of pregnant women began prenatal care during the first 13 weeks of pregnancy or within 42 days of enrollment if more than 13 weeks pregnant when enrolled?

Prenatal care can be delivered by a variety of appropriate obstetrical, primary care or nurse-midwife practitioners. Healthy diet, counseling, vitamin supplementation, identification of maternal risk factors and health promotion all need to occur early in a pregnancy to have a maximum impact on outcomes. Poor outcomes include spontaneous abortions, low birth-weight babies, large-for-gestational-age babies, and neonatal infections.

What percentage of women who had live births had a postpartum visit between 21 and 56 days after delivery?

The 8 weeks after giving birth are a period of physical, emotional and social changes for the mother during a time when she is also adjusting to caring for her new baby. To give practitioners a chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 and 6 weeks after giving birth. The first postpartum visit should include a physical exam and an opportunity for the health care practitioner to answer questions and give family planning guidance and counseling on nutrition.

What percentage of children had six or more well-child visits by the time they turned 15 months of age?

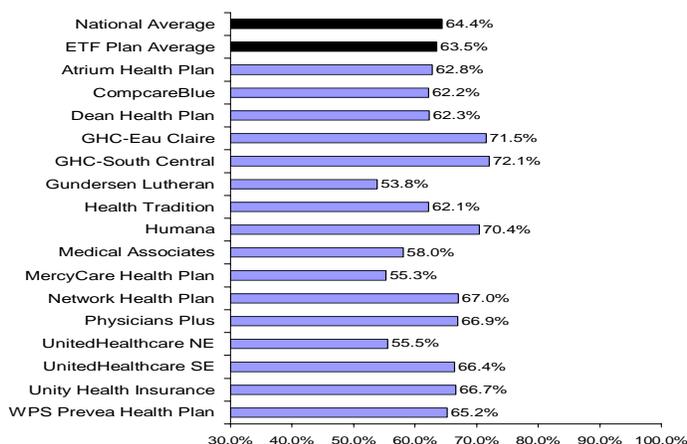
Regular check-ups are one of the best ways to detect physical, developmental behavioral and emotional problems. These visits are of particular importance during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor-skills, hand-eye coordination and social and emotional growth. The American Academy of Pediatrics recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9 and 12 months of age.

* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

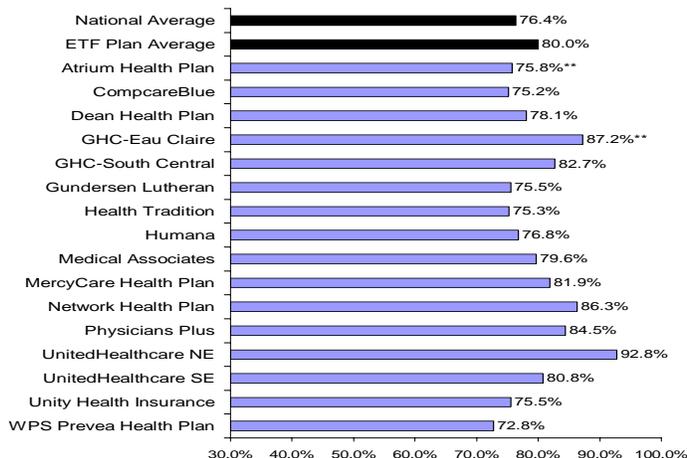
**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Women and Children's Health

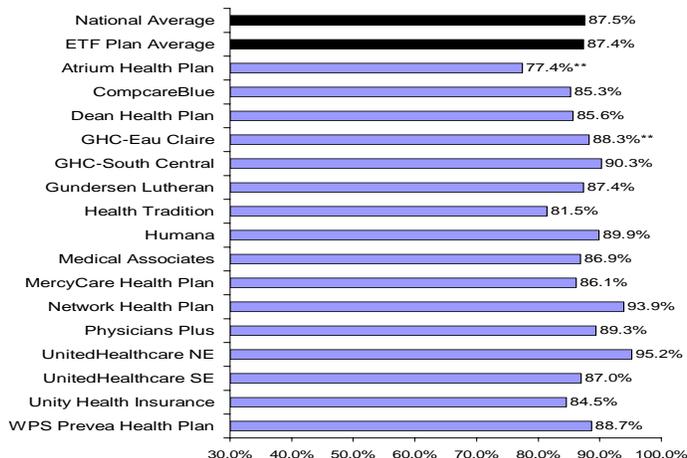
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



Childhood Immunization Status: Combination #1



Childhood Immunization Status: Chicken Pox



What percentage of children who are 3, 4, 5, and 6 years old received at least one well-child visit with a primary care practitioner?

Well-child visits during the pre- and early school years are particularly important. A child can be helped through early detection of vision, speech, and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems. The American Academy of Pediatrics recommends annual well-child visits for 2 to 6 year olds.

Did children receive important immunizations before their second birthday, including:

- At least four shots of diphtheria-tetanus-pertussis (DTaP)
- At least three polio vaccinations (IPV/OPV)
- At least one measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HIB) vaccinations, with at least one falling between the child's first and second birthday
- Three hepatitis B vaccinations, with at least one falling between the child's sixth month and second birthday
- One chicken pox (VZV) or documented illness

Childhood immunizations help prevent serious illnesses, such as polio, tetanus, whooping cough, hepatitis, influenza and chicken pox. Recent focus on preventing chicken pox (**displayed separately from the five immunizations**) has led to rapid increases in immunizations; from 1997 to 2000, managed care organizations nationwide almost doubled their chicken pox immunization rates.

For information on childhood immunizations in Wisconsin, please go to:

<http://www.dhfs.state.wi.us/immunization/vfc.htm>

* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Did adolescents receive important immunizations by age thirteen?

- MMR-2 (second dose of measles-mumps-rubella)
- Three hepatitis B
- One chicken pox (VZV) or documented illness

The Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians and Advisory Committee on Immunizations Practices recommend that by the time children are 13, they should have received their second dose of measles-mumps and rubella and three hepatitis B immunizations. They also recommend that children who have not had chicken pox receive that vaccination as well **(displayed separately from combination #1).**

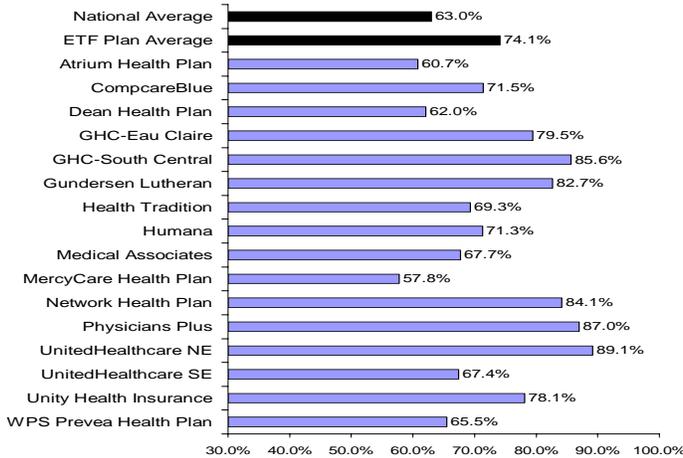
Children are usually immunized against MMR during early childhood, but an immunization booster shot during adolescence is required to ensure continued protection against illness. Immunization rates may be low because many parents may not be aware of the importance of vaccinations and the recommended schedule for receiving them. Innovative health plans have worked with local schools to educate parents and students about immunizations.

Did children between ages 2 and 18 who were diagnosed with pharyngitis get prescribed an antibiotic at an outpatient visit and receive a group A streptococcus (group A strep) test?

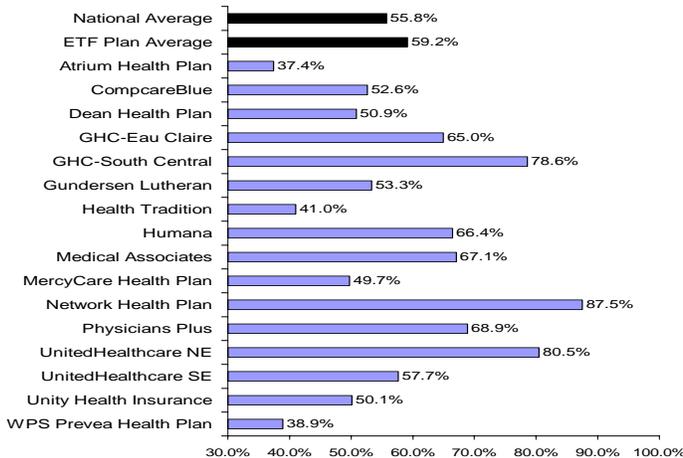
Pharyngitis is the only condition among URIs whose diagnosis can easily be objectively validated through administrative and laboratory data, and it can serve as an important indicator of appropriate antibiotic use among all respiratory tract infections. Excessive use of antibiotics is highly prevalent for pharyngitis.

About 35 percent of the total 9 million antibiotics prescribed for pharyngitis in 1998 were estimated to be inappropriate. The overuse of antibiotics has been proven to be directly linked to the prevalence of antibiotic resistance in the community. Promoting judicious use of antibiotics is important to reduce levels of antibiotic resistance.

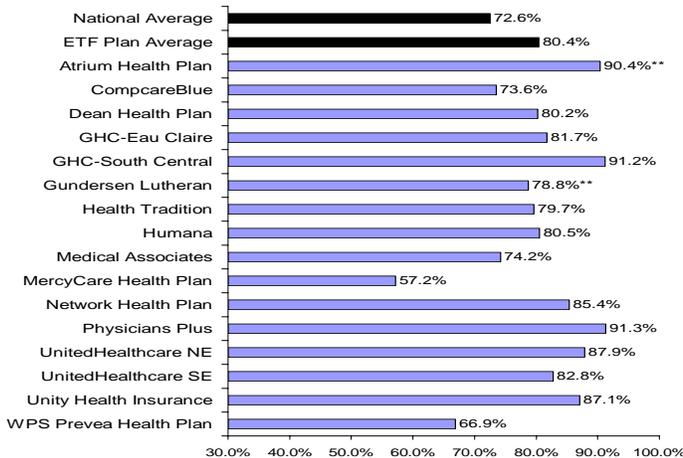
Adolescent Immunization Status: Combination #1



Adolescent Immunization Status: Chicken Pox



Appropriate Testing for Children with Pharyngitis

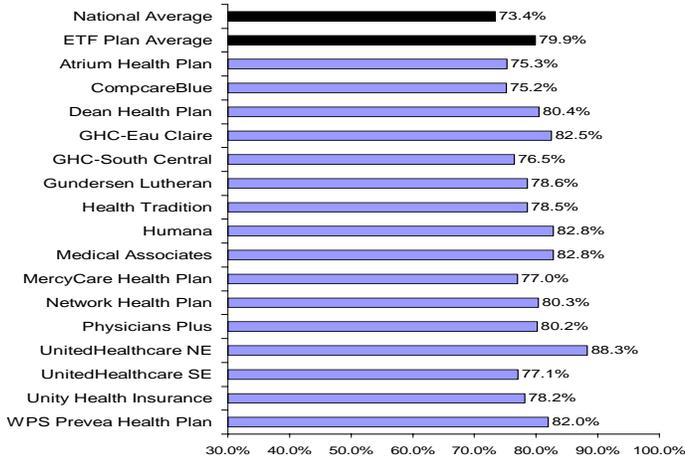


* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

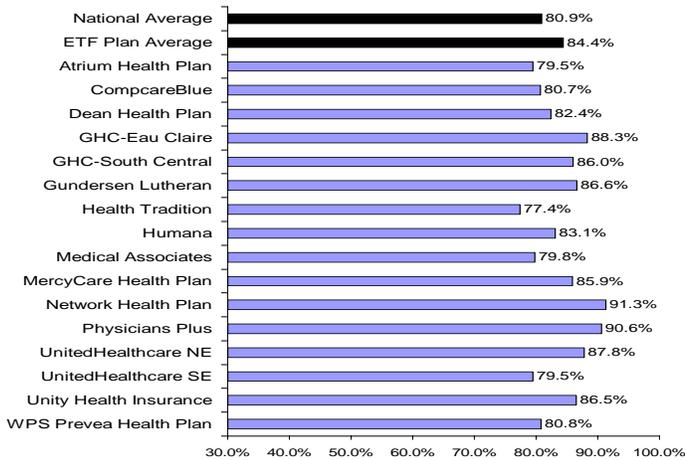
**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Cancer Screenings

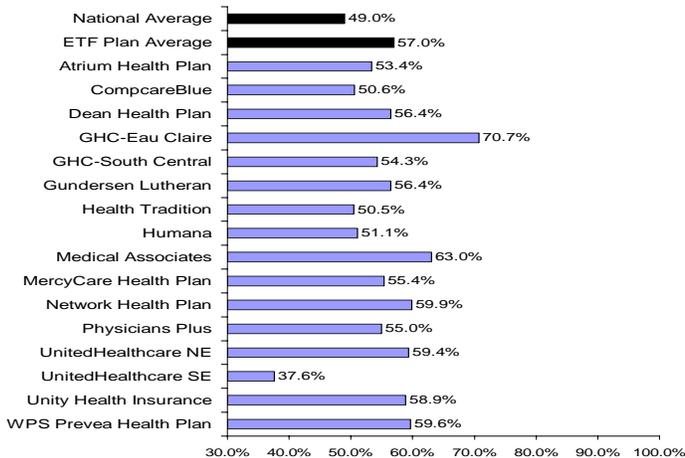
Breast Cancer Screening



Cervical Cancer Screening



Colorectal Cancer Screening



Did women 52 to 69 years old have a mammogram within the last two years?

Breast cancer is the second most common type of cancer among American women, with approximately 192,200 new cases reported each year. Early detection gives women more treatment choices and a better chance of survival. Mammography screening has been shown to reduce mortality by 20 to 30 percent among women age 50 and older.

What percentage of women ages 21 to 64 had at least one Pap test during the past three years?

Approximately 13,000 new cases of cervical cancer are diagnosed annually, and about 4,100 women die of the disease each year. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society, recommend Pap testing every one to three years for all women who have been sexually active or who are over 18 years old. Cervical cancer can be detected in its early stages by regular screening using a Pap test.

Did adults age 50 to 80 have had appropriate screening for colorectal cancer? “Appropriate screening” is defined by meeting 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
- colonoscopy during the measurement year or the nine years prior to the measurement year.

Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States. It places significant economic burden on society, with treatment costing over \$6.5 billion per year.

* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

What percentage of adults age 46 to 85 years old that were diagnosed with hypertension had their blood pressure controlled?

Control is demonstrated by a blood pressure reading that is less than or equal to both 140 mm Hg systolic and 90 mm Hg diastolic at the last office visit during the measurement year. Approximately 50 million Americans, including 30 percent of the adult population, have high blood pressure. Numerous clinical trials have shown that aggressive treatment of high blood pressure reduced mortality from heart disease, stroke and kidney failure. A pool of past clinical trials demonstrated that a 5–6 mm Hg reduction in diastolic blood pressure was associated with a 42 percent reduction in stroke mortality and a 14 percent–20 percent reduction in mortality from coronary heart disease.

What percentage of members age 18 to 75 who had an acute cardiovascular event within the prior year:

- had their LDL-C (cholesterol) screened between 60 and 365 days after the event?
- have a documented LDL-C level <100 mg/dL?

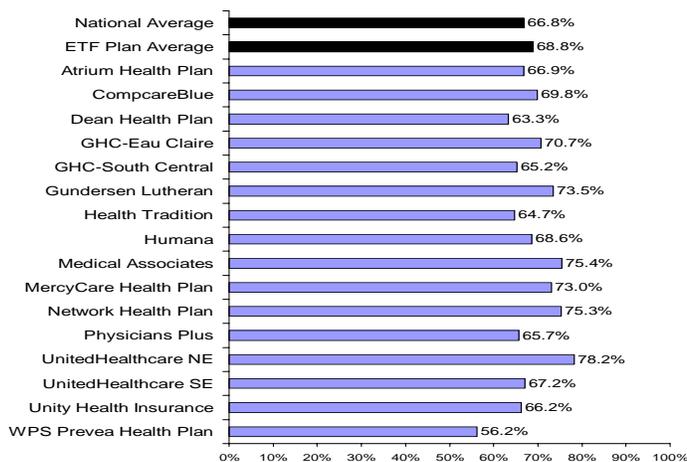
Total blood cholesterol is directly related to the development of coronary artery disease and coronary heart disease, with most of the risk associated with LDL cholesterol. Reducing cholesterol in patients with known heart disease is critically important, as treatment can reduce morbidity (heart attacks and strokes) and mortality by as much as 40 percent.

The National Cholesterol Education Program (NCEP) guidelines established the need for close monitoring of LDL cholesterol in patients with coronary heart disease and set a target for low-density lipoprotein cholesterol (LDL-C) of ≤100 mg/dL for such patients.

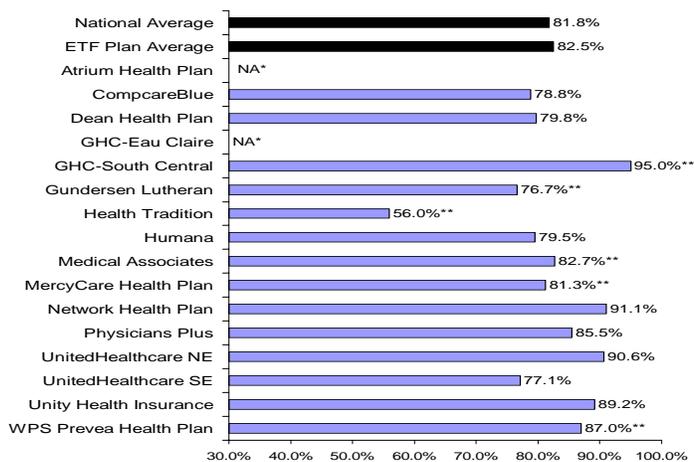
For information on heart disease in Wisconsin, visit the Wisconsin Cardiovascular Health Program at:

<http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm>

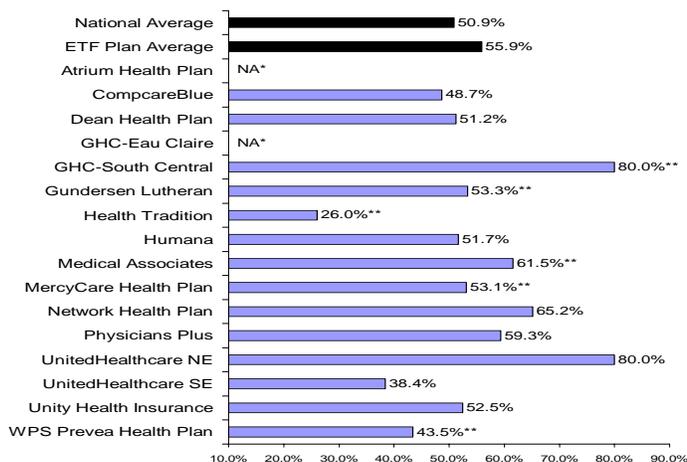
Controlling High Blood Pressure



Cholesterol Screening after a Heart Attack



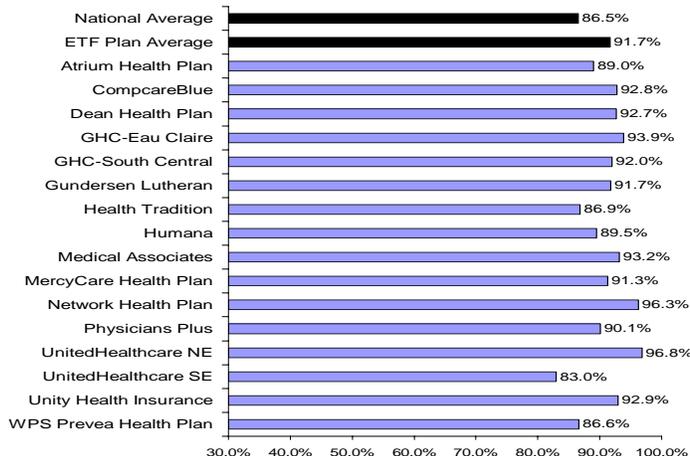
Cholesterol Level after a Heart Attack: LDL-C<100



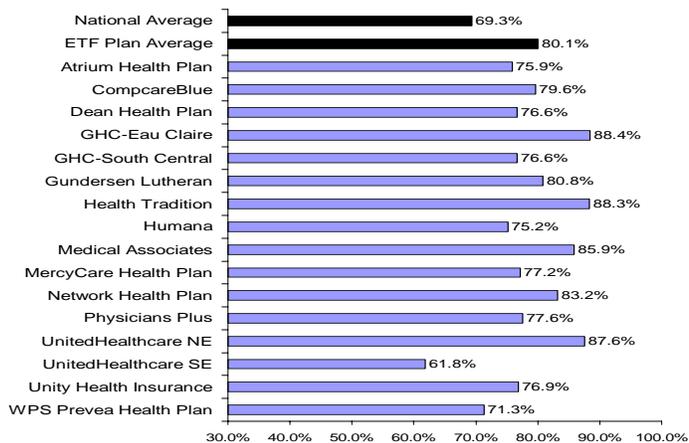
* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

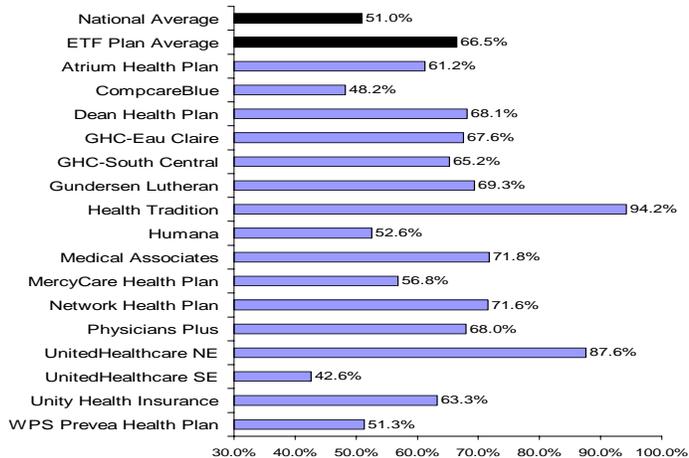
Diabetes Care: HbA1c Testing



Diabetes Care: not Poorly Controlled HbA1c (9% or less)



Diabetes Care: Eye Exam



What percent of members with diabetes age 18 to 75 years old who:

- received a hemoglobin (HbA1c) screening (long term glucose blood test)
- have a HbA1c percentage that is not considered poorly controlled (9% or less)
- received a retinal eye examination
- received a LDL-C (cholesterol) screening
- had a controlled LDL-C level (LDL-C<100 mg/dl)
- have been monitored for kidney disease

Diabetes is one of the most costly and highly prevalent chronic diseases in the United States. Approximately 17 million Americans have diabetes; half of these cases are undiagnosed.

Complications from the disease cost the country nearly \$100 billion annually. In addition, diabetes accounts for nearly 20 percent of all deaths in persons over age 25. Many complications, such as amputations, blindness and kidney failure, can be prevented if diabetes is detected and addressed in the early stages.

Diabetes is a multi-faceted disease, affecting multiple organs and requiring the involvement of a multidisciplinary health care team. It is difficult to assess comprehensive diabetic care without examining several factors. This measure contains a variety of indicators that provide a comprehensive view of how providers and Managed Care Organizations are addressing this disease.

Many Managed Care Organizations have developed comprehensive diabetes management programs that help members with diabetes maintain control over their blood sugar and minimize the risk of complications. These programs can be very beneficial to quality of life and are cost-effective in the long run.

Diabetes continued on next page

* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Diabetes Continued

The challenge faced by Managed Care Organizations is to bring more members with diabetes into these programs and help them incorporate healthy behaviors and monitoring practices into their lifestyle.

According to the Wisconsin Diabetes Prevention and Control Program:

- Diabetes is the 4th leading cause of death in Wisconsin; each year, 3600 Wisconsin residents die from diabetes and many more suffer debilitating complications such as heart disease, kidney disease, blindness, and amputations.
- Diabetes costs an estimated 2.1 billion dollars in health care costs and loss of productivity each year in Wisconsin.
- Much of the health and economic burden of diabetes can be averted through known prevention measures.

For information on efforts to control diabetes in Wisconsin, visit the Wisconsin Diabetes Prevention and Control Program website at:

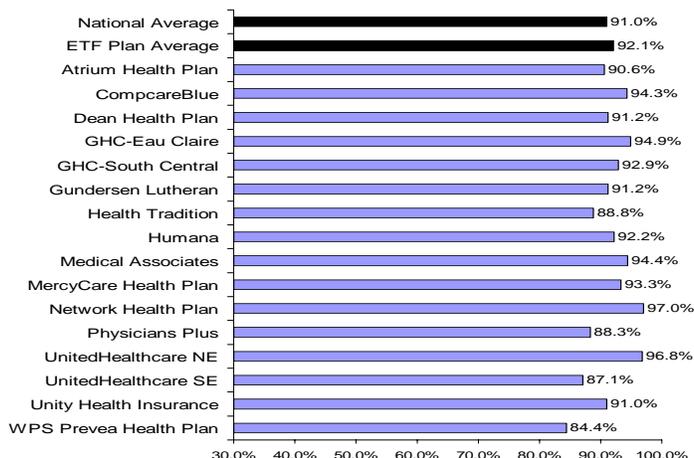
<http://dhfs.wisconsin.gov/health/diabetes/overview.htm>

Many resources are available for employers and people with diabetes or at risk of developing diabetes at the Alliance website at:

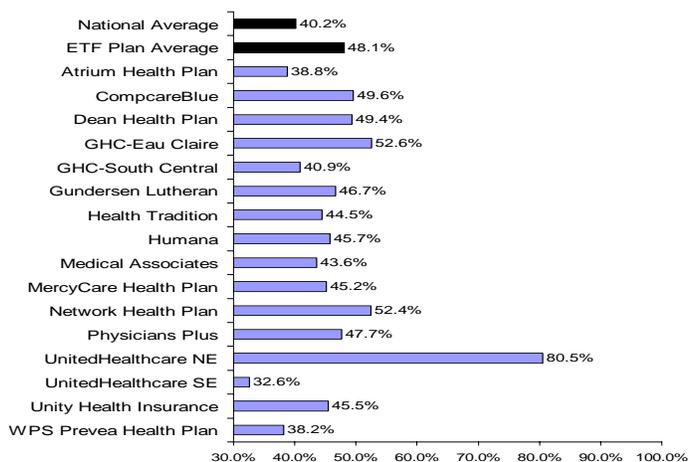
<http://www.alliancehealthcoop.com/diabetes/index.htm>

Although geared towards Wisconsin employers, this website includes many tools and guides for people affected by diabetes including personal care tools and information about managing diabetes in the work place.

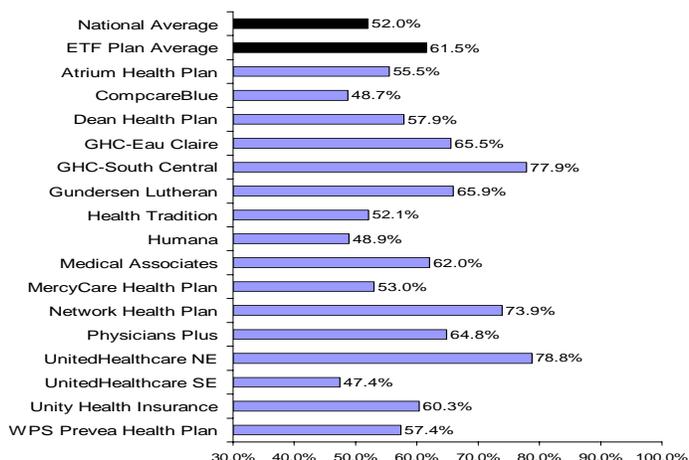
Diabetes Care: Cholesterol Screening



Diabetes Care: LDL-C Level <100



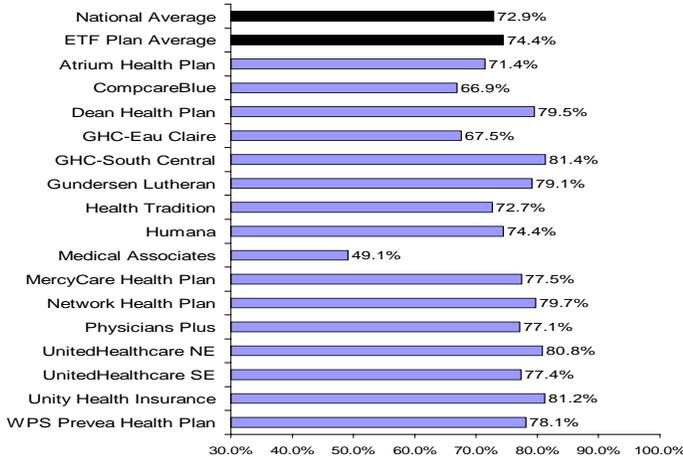
Diabetes Care: Kidney Disease Screening



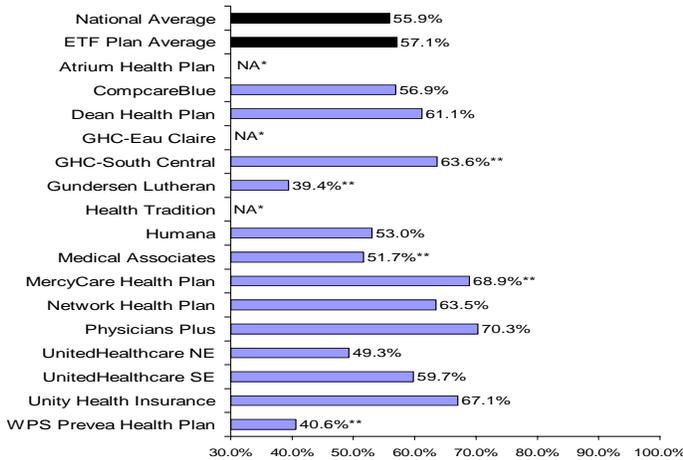
* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

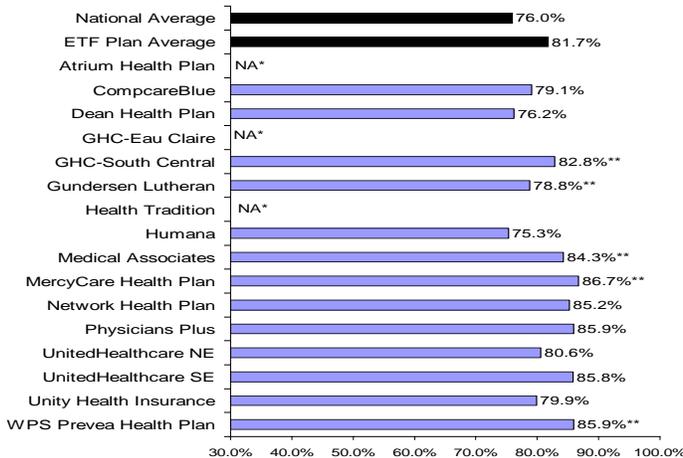
Use of Appropriate Medications for People with Asthma



7-Day Follow Up after Hospitalization for Mental Illness



30-Day Follow-Up after Hospitalization for Mental Illness



What percentage of members age 5 to 56 with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma?

Asthma is the most common chronic childhood disease, affecting an estimated 5 million children. Overall, approximately 15 million people in the United States have asthma. People with asthma collectively have more than 100 million days of restricted activity and 5,000 deaths annually. Successful management of asthma can be achieved for most asthmatics if they take medications that provide long-term control. In addition, patient education regarding medication use, symptom management and avoidance of asthma triggers can greatly reduce the impact of the disease.

What percentage of members age 6 and older who were hospitalized for selected mental disorders and were seen on an outpatient basis by a mental health provider within 30 days or within 7 days after their discharge?

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient’s transition to the home or work environment is supported and gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems, and provide continuing care. In 2001, 51.3 percent of members nationwide who had been hospitalized for mental illness received follow-up care within seven days of discharge, and 73.2 percent received follow-up care within 30 days. Managed Care Organizations need to make a practice of scheduling follow-up appointments when a patient is discharged and should also educate patients and practitioners about the importance of follow-up visits. Systems should be established to generate reminder or “reschedule” notices that are mailed to patients in the event that a follow-up visit is missed or canceled. In many cases, it may also be necessary to develop outreach systems or to assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.

* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

Behavioral Health Care

Did members age 18 years and older, treated with antidepressants for a new diagnosis of depression receive the necessary care, including:

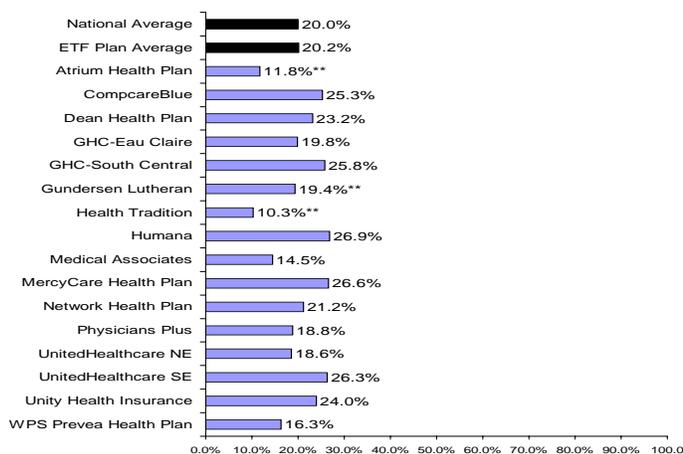
- Adequate clinical management of new treatment episodes (at least three follow-up office visits during the first 12 weeks after diagnosis and start of medications)
- Adequate acute phase trial medications (stayed on medication for 12 weeks)
- Completion of a period of continuous treatment for major depression (stayed on medication for 180 days)

Based on current treatment protocols outlined in the 1993 Agency for Healthcare Research and Quality (AHRQ) *Depression in Primary Care* guideline, these measures address clinical management and pharmacological treatment of depression. In any given year, an estimated 18.8 million American adults suffer from a depressive disorder or depression. Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes. Fortunately, many people can improve through treatment with appropriate medications.

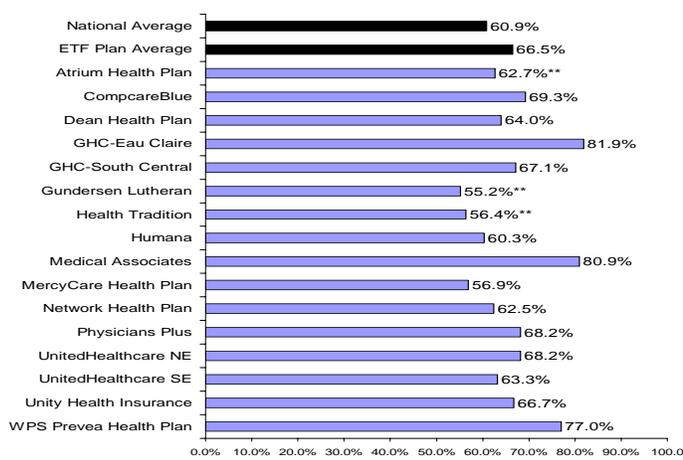
Patients who have a moderate to severe case of major depression are generally good candidates for treatment with antidepressant medication. If pharmacological therapy is initiated, the AHRQ *Depression in Primary Care* guideline defines three phases of treatment: acute, continuation and maintenance.

The acute phase, lasting through the first 12 weeks of treatment, allows the clinician to monitor drug response and assure a full remission of symptoms. However, the attainment of remission may be followed by relapse unless a continuation phase (4 to 9 months) is instituted. Finally, for a select group of patients with major depressive disorder, a maintenance phase must be adopted to prevent future recurrences of symptoms and distress.

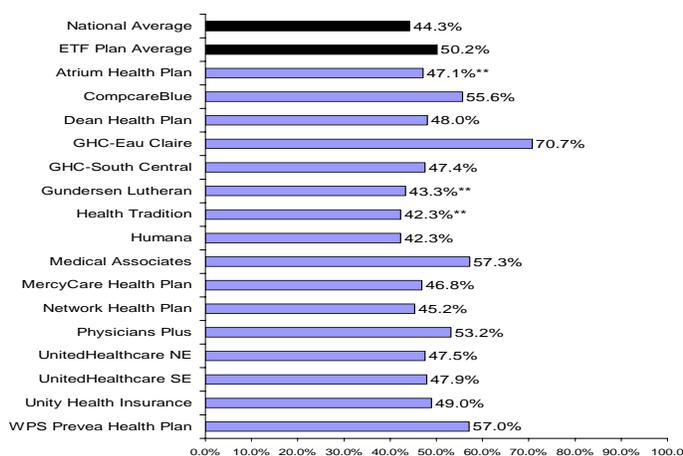
Optimal Practitioner Contacts for Antidepressant Medication Management



Effective Acute Phase Treatment for Antidepressant Medication Management



Effective Continuation Phase Treatment for Antidepressant Medication Management



* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

**HEDIS® scores are derived from a denominator <100. Only differences of 20 percentage points or more from this score should be interpreted as meaningful.

INTENTIONALLY BLANK