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CORRESPONDENCE MEMORANDUM

DATE: October 27, 2004
TO: Group Insurance Board
FROM: Sonya Sidky, Project Manager
 Health Benefits and Insurance Plans
SUBJECT: HEDIS[®] and CAHPS[®] 2003 Data

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

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

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

Each year, ETF contracts with a vendor to conduct over 6,000 telephone interviews of state employee and retiree members to ask them about their experiences with their health plan. Unlike HEDIS, data for the Standard Plan is collected. Starting in 1999, ETF adopted the CAHPS methodology for collecting consumer satisfaction data. The CAHPS report card was first published in the year 2000 "It's Your Choice" booklets. This year, 35 percent of respondents reported that they use the report cards published by ETF to make a health plan selection.

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

Board	Mtg Date	Item #
GIB	11/16/2004	4

Executive Summary

- HEDIS® results are incorporated into the Health Plan Report Card (section E) for the second year and CAHPS® results are published for the sixth year in the 2005 “It’s Your Choice” booklets.
- HEDIS® and CAHPS® results were used for the second time in 2004 to give credit during the premium negotiation process to high performing plans.
- Overall, participating HMOs scored higher on HEDIS® Effectiveness of Care measures than HMOs nationwide for the 2003 measurement year. Touchpoint was rated as the number two HMO in the country for the Effectiveness of Care measures by NCQA. Three of the five top HMOs for Effectiveness of Care in the East North Central Region (Illinois, Indiana, Michigan, Ohio, and Wisconsin) are participating HMOs: GHC South Central, Network Health Plan, and Touchpoint.
- On average, Wisconsin participating HMOs scored higher than the national averages on measures such as childhood and adolescent immunizations, Well-Child Visits in the First 15 Months of Life, Prenatal and Postpartum Care, Breast Cancer Treatment, Cervical Cancer Treatment, Chlamydia Screening, Beta Blocker Treatment after a Heart Attack, Cholesterol Management after Acute Cardiovascular Events, Controlling High Blood Pressure, Comprehensive Diabetes Care, Use of Appropriate Medications for People with Asthma, Follow-Up after Hospitalization for a Mental Illness, Antidepressant Medication Management, and Adult’s Access to Preventive and Ambulatory Health Services.
- Overall, average HMOs scores on HEDIS® measures in 2003 were similar to 2002. The most improved measures include:
 - Timeliness of Prenatal Care (up 6.8 percent) *see appendix #4*
 - Postpartum Care (up 6.7 percent) *see appendix #5*
 - Adolescent Immunization Status/ Combination #1 (up 4.9 percentage points)
 - Adolescent Immunization Status/ Hepatitis B (up 4.7 percentage points)
- There were a few measures in which the HMOs on average declined in performance from 2002 to 2003. Most noteworthy are:
 - Comprehensive Diabetes Care/ Kidney Disease Screening (declined by 6.2 percentage points) *see appendix #6*
 - Comprehensive Diabetes Care/ Eye Exam (declined by 3.4 percentage points and had declined by 5.6 percentage points from 2001 to 2002)
- There continue to be large differences in the relative performance of Wisconsin participating HMOs on their HEDIS® scores. A number of HMOs stood out as scoring higher or lower than the average of participating HMOs across several measures. For example, Touchpoint health plan performed significantly above average on 14 scores across four measures—Adolescent Immunization Status, Childhood Immunization Status, Cholesterol Management after Acute Cardiovascular Events, and Comprehensive Diabetic Care. By contrast, Prevea performed significantly below average on 14 scores across 6 measures—Adolescent Immunization Status, Childhood Immunization Status, Controlling High Blood Pressure, Cholesterol Management after Acute Cardiovascular Events and Comprehensive Diabetic Care, and Prenatal and Postpartum Care.
- Despite Prevea’s poor performance relative to other participating plans, Prevea’s HEDIS® scores compare better to the average in 2003 than they did in 2002. In a letter to ETF

regarding Prevea's HEDIS® scores, Lori Turek, Quality Improvement Manager, acknowledges that Prevea Health Plan is "fairly new to the quality arena" and is currently undertaking a number of quality initiatives in order to provide better treatment for their members and raise their HEDIS® scores. For example, in 2004, Prevea Health Plan implemented the LifeMasters Disease Management Program for members with diabetes, asthma, and/or coronary artery disease. Historically, low scores may have been due to measurement issues. Prevea has recently addressed this by working with an auditing firm (MetaStar) to improve their data collection methods and have their HEDIS® data audited. It should be noted that in measurement year 2004, some of the scores Prevea Health Plan submitted to ETF and to NCQA were incorrect due to a glitch in the software of their HEDIS® vendor, however this report includes the corrected scores. Some of the scores published in the 2005 "It's Your Choice" booklets are incorrect.

- Overall, participating plans had a statistically significant increase in respondent levels of satisfaction with their **health plan** and their **health care** from measurement year 2003 to measurement year 2004.
- The following plans had significant increases in satisfaction levels with their **health plan**: GHC Eau Claire (already the highest rated plan in 2003), Network Health Plan, Prevea Health Plan, and Touchpoint Health Plan.
- The following plans had significant increases in satisfaction levels with **health care**: GHC Eau Claire (already the highest rated plan in 2003), GHC South Central, Prevea Health Plan, and Touchpoint Health Plan.
- Touchpoint Health Plan had a significant increase in satisfaction levels with **primary doctors**.
- Medical Associates had a significant decrease in satisfaction levels with **specialists**.
- Although overall participating HMOs achieved higher levels of satisfaction than HMOs around the country, there was a big difference in the satisfaction levels with the best performing HMOs and the worse performing HMOs. For example for the 10 measures of satisfaction examined in this study (see Appendix #8 and #9 for detailed results) GHC Eau Claire rated significantly better than the ETF average on all of them while CompCareBlue Aurora Family rated significantly worse than the ETF average on 7 scores and CompCareBlue Northeast rated significantly worse than the ETF average on 6 scores.

Definition of HEDIS Measures and Scores Examined in this Study

HEDIS® 2004 (measurement year 2003) consists of 51 measures across 8 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care (CAHPS)
- Health Plan Stability
- Use of Services
- Cost of Care
- Informed Health Care Choices
- Health Plan Descriptive Information

For the purposes of this study, we focus on 18 measures across 3 domains—Effectiveness of Care, Access/Availability of Care, and Use of Services for a total of 51 scores. For most of the 51 scores examined, a higher score is considered better; however, the one exception to this is the HbA1c control rate for the Comprehensive Diabetes Care measure. For this particular score, a lower score is better because it indicates that fewer diabetics were poorly controlled. (Please see Appendix 1 for a description of each measure analyzed in this report, including changes from 2003 to 2004.)

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 participating in 2005 for the Effectiveness of Care, Access/Availability of Care, and Use of Services domains were compared according to NCQA guidelines. For measures in which an HMO has a denominator greater than 100, a difference of at least 10 percentage points between scores is needed to conclude that the difference is meaningful. For measures in which an HMO has a denominator between 30 to 99, a difference of at least 20 percentage points between scores is needed to conclude that the difference is meaningful.

Limitations

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

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

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

Individual HMOs Compared to State Average: Better than Average Performance

The ETF HMOs are listed in order of number of measures for which they achieved a significantly better score than the average of all participating HMOs with audited data. A score is considered significantly better if it is 10 percentage points above the mean for a plan with a sample size of 100 or greater or 20 percentage points above the mean for a plan with a sample size of at least 30 but less than 100. Not all HMOs were included in all of the measures (see Appendix #3) due to sample size issues; therefore, it is important to keep in mind that smaller HMOs or HMOs that have a limited presence in Wisconsin do not have as much opportunity to either overachieve or underachieve.

Touchpoint Health Plan had 14 above average rates (and 3 below average ratings)

- Adolescent Immunization Status/MMR
- Adolescent Immunization Status/Hepatitis B
- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Childhood Immunization Status/Combination #1
- Childhood Immunization Status/Combination #2
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <130
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <100
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Screening
- Comprehensive Diabetic Care/Eye Exam
- Comprehensive Diabetic Care/LDL-C Level <130
- Comprehensive Diabetic Care/LDL-C Level <100
- Comprehensive Diabetic Care/Monitoring for Diabetic Nethorpathy

GHC-South Central had 7 above average rates (and no below average rates)

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #2
- Chlamydia Screening/ Chlamydia age 16-20
- Chlamydia Screening/ Chlamydia age 21-25
- Chlamydia Screening/ Chlamydia Total
- Cholesterol Management after Acute Cardiovascular Events: LDL-C Level <130
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy

Network-Fox Valley had 6 above average rates (and 1 below average rate)

- Adolescent Immunization Status/ Combination #1
- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ Hepatitis B
- Adolescent Immunization Status/MMR
- Adolescent Immunization Status/ VZV
- Childhood Immunization Status/ Combination #2

Physicians Plus had 4 above average rates (and one below average rate)

- Adolescent Immunization Status/ Hepatitis B
- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #1
- Adolescent Immunization Status/ Combination #2

CompcareBlue had 3 above average ratings (and 4 below average rates)

- Antidepressant Medication Management/Optimal Practitioner Contacts for Medication Management
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment

Gundersen Lutheran had 3 above average rates (and no below average rates)

- Adolescent Immunization Status/ Hepatitis B
- Adolescent Immunization Status/ Combination #1
- Comprehensive Diabetic Care/Monitoring for Diabetic Nephropathy

GHC-Eau Claire had 2 above average ratings (and one below average rating)

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

Health Tradition had 2 above average rates (and 5 below average rates)

- Comprehensive Diabetic Care/Eye Exam
- Comprehensive Diabetes Care/ Poor HbA1c Control (9.0)

Prevea Health Plan had 2 above average rates (and 14 below average rates)

- Follow-Up After Hospitalization for Mental Illness/ 7-day follow-up
- Well-Child Visits in the First 15 Months of Life

Medical Associates had one above average rates (and 6 below average rates)

- Controlling High Blood Pressure/ Blood Pressure Measure

Atrium Health Plan had no above average rates (and no below average rates)

Dean Health Plan had no above average rates (and 5 below average rates)

Humana had no above average rate (and 7 below average rates)

MercyCare Health Plan had no above average rates (and 5 below average rates)

Unity had no above average rates (and one below average rate)

Individual HMOs Compared to State Average: Below Average Performance

The HMOs are listed in the order of the most rates with a below average score. A score is considered significantly below average if it is 10 percentage points below the mean for a plan with a sample size of 100 or greater or 20 percentage points below the mean for a plan with a sample size of at least 30 but less than 100. As with above average performance, it should be taken into consideration that the smaller HMOs that experienced sample size issues were excluded from some measures (see Appendix 3).

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

Prevea Health Plan had 14 below average rates (and 2 above average rates)

- Adolescent Immunization Status/ MMR
- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Childhood Immunization Status/ Hepatitis B
- Childhood Immunization Status/ Combination #1
- Childhood Immunization Status/ Combination #2
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <100 (national average not available)
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <130
- Comprehensive Diabetes Care/ LDL-C Screening
- Comprehensive Diabetes Care/ LDL-C Level <100 (national average not available)
- Comprehensive Diabetes Care/ LDL-C Level <130
- Comprehensive Diabetes Care/ Poor HbA1c Control (9.0)
- Controlling High Blood Pressure/ Blood Pressure Measure
- Prenatal and Postpartum Care/ Timeliness of Prenatal Care

Humana had 7 below average rates (and no above average rates)

- Adolescent Immunization Status/ Combination #1 **(met the national average)**
- Antidepressant Medication Management/ Effective Acute Phase Treatment
- Antidepressant Medication Management/ Effective Continuation Phase Treatment
- Childhood Immunization Status/ Combination #1
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Level <100 (national average not available)
- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nethropathy **(met the national average)**

Medical Associates had 6 below average rates (and one above average rate)

- Adolescent Immunization Status/ Hepatitis B **(met the national average)**
- Chlamydia Screening/ Age 16-20
- Chlamydia Screening/ Age 21-26
- Chlamydia Screening/ Chlamydia Total
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Dean Health Plan had 5 below average rates (and no above average rates)

- Adolescent Immunization Status/Combination #1
- Adolescent Immunization Status/Combination #2
- Adolescent Immunization Status/ Hepatitis B
- Comprehensive Diabetes Care/Monitoring for Diabetic Nephropathy
- Controlling High Blood Pressure/ Blood Pressure Measure

Health Tradition had 5 below average rates (and 2 above average rates)

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

MercyCare Health Plan had 5 below average rate (and no above average rates)

- Adolescent Immunization Status/ Combination #1 **(met the national average)**
- Adolescent Immunization Status/ Hepatitis B **(met the national average)**
- Antidepressant Medication Management/ Effective Acute Phase Treatment
- Antidepressant Medication Management/ Effective Continuation Phase Treatment
- Cholesterol Management after Acute Cardiovascular Events/ LDL-C Screening

CompcareBlue had 4 below average rates (and 3 above average rates)

- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ Monitoring for Diabetic Nephropathy
- Use of Appropriate Medications for People with Asthma/ Asthma age 5-9
- Use of Appropriate Medications for People with Asthma/ Asthma age 18-56

Touchpoint Health Plan had 3 below average rates (and 14 above average rates)

- Children's Access to Primary care Practitioners/ Access 7-11 years
- Children's Access to Primary care Practitioners/ Access 12-19 years (national average is not available)
- Adolescent Well-Care Visits

GHC-Eau Claire had one below average rate (and 2 above average rates)

- Adolescent Immunization Status/ Hepatitis B **(met the national average)**

Network-Fox Valley had 1 below average rate (and 6 above average rates)

- Antidepressant Medication Management/ Effective Acute Phase Treatment

Physicians Plus had one below average rate (and 4 above average rates)

- Well-Child Visits in the First 15 Months of Life

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

Adolescent Immunization Status/ VZV

Atrium Health Plan had no below average rates (and no above average rates)

GHC-South Central had no below average rates (and 7 above average rates)

Gundersen Lutheran had no below average rates (and 3 above average rates)

Summary of CAHPS Measurement Tools

In addition to collecting CAHPS data and reporting it in the ETF report card, ETF has been submitting CAHPS data to the National CAHPS Benchmarking Database (NCBD) since 2001. This national repository of data is sponsored by AHRQ and is administered by Westat and Shaller Consulting. Data is submitted to NCBD at both the plans sponsor and the health plan

level. In return for participating in this database, ETF receives a report that includes all health plan scores compared to the national average. Regional benchmarks are also provided.

The Myers group also conducts additional analysis that determines what factors are “Key Drivers” of overall satisfaction with a health plan. A multiple linear regression analysis was run on Wisconsin participating plan data to determine consumer rating of customer service, getting needed care, and claims processing had the most impact on overall satisfaction. Ratings on how well doctors communicate, getting care quickly, and courteous and helpful office staff are considered “Secondary Drivers” because they do not have as much impact on overall satisfaction levels as do the other three composites.

Composite scores for the three key drivers for each of the health plans were compared to the 2004 NCQA Quality Compass in order to determine the most appropriate action for the health plan. The Quality Compass consists of the HEDIS data, including CAHPS that health plans around the country submit to NCQA to seek accreditation. Composites that fall into the key driver category are further classified into actions health plans should take based on what percentile they fall into when comparing their score to the Quality Compass. Plans that achieve the 75th percentile level should market and maintain their position their efforts; plans between the 50th and 75th percentiles should monitor their progress—they are not doing as well as the top plans, but they are doing better than the majority of plans; plans that score below the 50th percentile should investigate and improve in that area.

Overall, Wisconsin health plans do better than the NCBD and the Quality Compass averages. Please see appendix #8 for a summary of how participating plans compared to the ETF and the NCBD averages on How People Rated their Health Plan, their health care, their primary doctor and specialists. Appendix #9 displays detail results for plan performance on the six composite scores (see appendix #7) that are determinates of overall satisfaction. Plan performance is compared to the ETF average, the 2004 Quality Composite, and the NCBD averages as well.

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 2004 Quality Composite, because in the calculations used by ETF for the health plan report card, the raw scores are adjusted for self reported health status and age. Studies have demonstrated that older respondents and respondents who report better health tend to rate their health care more favorably when compared to their counterparts.

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 #8 and Appendix #9 that they score significantly above the ETF average.

GHC-Eau Claire had 10 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
- How Well Doctors Communicate composite
- Getting Care Quickly composite
- Courteous and Helpful Office Staff composite

Health Tradition had 5 above average scores (and no below average scores):

- How People Rated their Health Plan
- How People Rated their Health Care
- How People Rated their Primary Doctors
- How Well Doctors Communicate composite
- Courteous and Helpful Office Staff composite

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

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

Network Health Plan had 3 above average scores (and no below average scores):

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

Dean Health Plan had 2 above average scores (and one below average score):

- How People Rated their Health Plan
- Claims Processing composite

Medical Associates had 2 above average scores (and no below average scores):

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

GHC South Central had one above average score (and 2 below average scores):

- Customer Service composite

Humana-Eastern has one above average score (and 3 below average scores):

- Getting Care Quickly composite

Unity-Community has one above average score (and no below average scores):

- Courteous and Helpful Office Staff composite

Unity-UW has one above average score (and one below average score):

- How People Rated their Specialists

Atrium Health plan had no above average scores (and one below average score)

CompareBlue Aurora Family had no above average scores (and 7 below average scores)

Compare Blue Northeast had no above average scores (and 6 below average scores)

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

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

Physicians Plus had no above average scores (and 3 below average scores)

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

The Standard Plan (and SMP) had no above average scores (and 4 below average scores)

Touchpoint Health Plan had no above average scores (and no below average scores)

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

The participating health plans are listed in the order of the number of the four satisfaction rating questions and the six composite scores detailed in Appendix #8 and Appendix #9 that they score significantly below the ETF average. Performance relative to the NCBD average is noted.

CompareBlue Aurora Family had 7 below average scores (and no above average scores):

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

CompareBlue Northeast had 6 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**)
- How People Rated their Primary Doctors (**met NCBD national average**)
- Claims Processing composite (**NCBD national average not available**)
- Customer Service composite (**below NCBD national average**)
- Getting Care Needed composite (**met NCBD national average**)

The Standard Plan and SMP had 4 below average scores (and no above average scores):

- Customer Service composite (**met NCBD national average**)
- How Well Doctors Communicate composite (**above NCBD national average**)
- Getting Care Quickly composite (**above NCBD national average**)
- Courteous and Helpful Office Staff composite (**above NCBD national average**)

Humana-Eastern had 3 below average scores (and one above average score):

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

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

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

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

Physicians Plus had 3 below average scores (and no above average score):

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

GHC South Central had 2 below average scores (and one above average score):

- How People Rated their Primary Doctors (**met NCBD national average**)
- Courteous and Helpful Office Staff composite (**above NCBD national average**)

Atrium Health Plan has one below average score (and no above average scores):

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

Dean Health Plan has one below average score (and 2 above average scores):

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

Unity-UW has one below average score (and one above average score):

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

GHC Eau Claire had no below average scores (and 10 above average scores):

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

Health Tradition had no below average scores (and 5 above average scores).

Medical Associates had no below average scores (and 2 above average scores).

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

Network Health Plan had no below average scores (and 3 above average scores).

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

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

Unity Community 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 Touchpoint, GHC-South Central, and Network health Plan scored high on several HEDIS measures while HMOs such as Prevea and Humana scored below average on scores across several important measures and had few high scores. Some HMO's such as GHC Eau Claire and Health Tradition stand out as having extremely high CAHPS scores, while other HMOs, most notably, CompcareBlue have areas of weakness that need to be addressed. Nonetheless, CompcareBlue did score above the national average for How Well Doctors Communicate, Getting Care Quickly, and Courteous and Helpful Office Staff.

Group Insurance Board 11/12/04
HEDIS® and CAHPS® 2003 Data Cont.

ETF is making progress with HMOs such as Prevea, who are influenced by our requirements to rise to the level of quality provided by other HMOs around the state by implementing quality initiatives and having their HEDIS® data audited.

These findings are significant and address actionable areas in which improvements could be made to better serve Wisconsin state and local employees. These findings, and the findings of future studies, need to continue to be shared with consumers and addressed with the HMOs. In fact, according to NCQA, organizations that have their HEDIS scores published score higher than organizations that do not have their scores published.

Summary of Appendixes

Appendix 1: Description of 2004 HEDIS® Measures (measurement year 2003)

Appendix 2: Comparison of 2003 Participating HMO averages to 2002 HMO averages and 2003 National Averages

Appendix 3: HEDIS® 2003 State HMO Performance on 51 scores

Appendix 4: Timeliness of Prenatal Care): A comparison between 2002 and 2003 HMO performance

Appendix 5: Postpartum Care: A comparison between 2002 and 2003 HMO performance

Appendix 6: Comprehensive Diabetes Care/ Kidney Disease Screening: A comparison between 2002 and 2003 HMO performance

Appendix 7: Myers Group Opportunity Analysis

Appendix: 8: 2003 Overall Levels of Satisfaction by Health Plan

Appendix 9: 2003 Performance in Six areas of Care by Health Plan