



**CAHPS<sup>®</sup>**  
 Health Care Quality Information  
 From the Consumer Perspective

**HEDIS<sup>®</sup>**  
 Health Care Quality Information  
 Based on Health Plan Performance

# Health Plan Report Card

**2006**

- ◆ **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 Summary .....page E-3**

**Health Plans included in the Report Cards.....page E-4**

**2007 Health Plan Quality Comparison .....page E-6**

**Consumer Assessment of Health Plans (CAHPS<sup>®</sup>).....page E-8**

**CAHPS<sup>®</sup> Background and Demographic Profile of Survey Participants .....page E-9**

**Survey Methodology Change (CAHPS<sup>®</sup>).....page E-14**

**Interpreting the Results (CAHPS<sup>®</sup>) .....page E-16**

**Health Plan Rating Summary (CAHPS<sup>®</sup>) .....page E-17**

**Details for Selected Health Plan Results (CAHPS<sup>®</sup>).....page E-18**

**Health Care Rating Summary (CAHPS<sup>®</sup>).....page E-28**

**Details for Selected Health Care Results (CAHPS<sup>®</sup>).....page E-29**

**Grievance and Complaint Tables.....page E-32**

**HEDIS<sup>®</sup> Health Plan Report Card Summary.....page E-34**

**HEDIS<sup>®</sup> Results .....page E-36**

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<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality.  
 HEDIS<sup>®</sup> 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<sup>®</sup>) 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 provider during the previous year. This information is included to provide a consumer perspective for employees who are considering selecting or changing their health plan. The Health Plan Employer Data and Information Set (HEDIS<sup>®</sup>) 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.

The **2007 Health Plan Quality Comparison** (found on page E-6) provides summary quality scores that evaluate health plans based on the following three areas of care: Wellness and Prevention, Disease Management, and Consumer Satisfaction and Experiences. An overall rating score is presented for health plan performance on a broader spectrum of HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures, including the three areas of specialization mentioned above.

**ETF COMPLAINTS.** The charts starting on page E-32 represent the number of complaints, by plan, received by ETF in 2005. 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?").

### 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.*
- ICU Physician Staffing (IPS)—looks at staffing with doctors who have special training in critical care medicine called "intensivists." *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.*
- 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](http://www.leapfroggroup.org).

**Checkpoint** is a program sponsored by the Wisconsin Hospital Association that currently provides reliable data on 14 interventions that medical experts agree should be taken to treat heart attacks, heart failure and pneumonia, eight surgical services measures and five error prevention goals. More measures will be added to this site in the future. The 128 hospitals that currently participate in Checkpoint provide care to 99 percent of Wisconsin's patient population. For more information, visit the Checkpoint website at [www.wicheckpoint.org](http://www.wicheckpoint.org).

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

**The Wisconsin Collaborative for Healthcare Quality** website: <http://www.wchq.org> links consumers to a variety of performance measures comparing information from participating physician groups, hospitals and health plans. Consumers can view reports comparing the performance of providers on measures such as diabetes management, hypertension management, postpartum care, cancer screenings, access to care, critical care, surgery, health information technology, patient safety, patient satisfaction and more.

### **Other Information on Choosing a Health Plan**

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. For example **Section C (Common Questions & Answers)**, includes information on what to consider when choosing a provider, **Section G (Plan Descriptions)** includes a comparison grid in which health plans are compared on features such as mental health referrals, availability of a smoking cessation program and customer service call timeliness statistics. The individual health plan description pages found in **Section G** provide information on the health plans operations, providers available, and quality improvement initiatives.

## **HEALTH PLANS INCLUDED IN THE REPORT CARDS**

For the 2007 Health Plan Quality Comparison, all HMO health plans that were available in 2006 were included in the calculation of the composite scores. The results are only published for health plans that are available in 2007. No scores are available for the WPS Patient Choice plans, the Standard Plan or SMP because HEDIS<sup>®</sup> data (the primary data source for the composites) is not collected for these health plans.

The CAHPS<sup>®</sup> report card includes health plans that have been available in the ETF program since at least January 2005 and that will be available in 2007. CAHPS<sup>®</sup> data is collected from State employees, including the university and graduate assistants and State retirees. CAHPS<sup>®</sup> scores are not available for UnitedHealthcare SE or the WPS Patient Choice plans because they were new health plans in 2006 and CAHPS<sup>®</sup> asks about the experience of members that have been in a health plan for one year or more. CAHPS<sup>®</sup> scores for CompCareBlue Northwest are not available because state membership in the health plan was too low in 2005, which is part of the

time period respondents are asked about. Although results for Standard Plan and for SMP are included in the CAHPS<sup>®</sup> report card, these plans are not included in the star ratings because they reflect the performance of BlueCross & BlueShield of Wisconsin and WPS, the third party administrators during the period survey participants were asked to evaluate. The results that are presented in the CAHPS<sup>®</sup> report card for the Standard Plan and for SMP, should be interpreted with caution and should not be used to draw specific conclusions about the performance of either third party administrator. Scores for CompCareBlue Aurora Family are published in the CAHPS<sup>®</sup> report card even though the service area will not be available as a separate health plan in 2007. ETF felt it was still important to present the results of this health plan because the providers will be available through CompCareBlue Southeast for 2007.

The ETF Grievance and Complaints tables on pages E-32 and E-33 report grievance and complaints for all health plans received in 2005. Results are only displayed for health plans available to members in 2007.

The HEDIS<sup>®</sup> 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). The HEDIS<sup>®</sup> scores for Security Health Plan, a new health plan available in 2007, are displayed but not included in the ETF average because Security did not participate in 2006. This is the first year that a single set of HEDIS<sup>®</sup> scores is being presented for UnitedHealthcare of Wisconsin. Last year, HEDIS<sup>®</sup> results were reported separately for the Northeastern and the Southeastern regions because the purchase of the Northeast region (then Touchpoint) by UnitedHealthcare took place after the year being measured (2004) by the data collection occurring in 2005. No HEDIS<sup>®</sup> data is available for the WPS Patient Choice plans or for the Standard Plan and SMP.

## 2007 Health Plan Quality Comparison

HEALTH PLAN	Overall Quality Score	Wellness and Prevention Score	Disease Management Score	Consumer Satisfaction and Experiences Score
CompcareBlue Southeast	★	★	★★	★
CompcareBlue Northwest	★	★	★★	NA
Dean Health Plan	★★	★	★★	★★
GHC-Eau Claire	★★★	★★	★★	★★
GHC-South Central WI	★★★	★★★	★★★	★★
Gundersen Lutheran	★★	★★	★★	★★★
Health Tradition	★★	★★	★★	★★
Humana-Eastern	★★	★★	★★	★
Humana-Western	★★	★★	★★	★
Medical Associates HMO	★★	★★	★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★★	★★★	★★★	★★
Physicians Plus	★★	★★	★★	★★
Security Health Plan	★★	★★★	★★	NA
UnitedHealthcare NE	★	★★	★	★
UnitedHealthcare SE	★	★★	★	NA
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★★
WPS Prevea Health Plan	★★	★	★★	★★

## 2007 Quality Comparison Descriptions

### **Overall Quality Score**

*The overall score is based on a comprehensive set of HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures that address many domains of care. All the measures that are included in the three areas of focus described below are included in the overall quality score. In addition, mental health measures for the treatment of depression and follow up after a hospitalization for mental illness were also included in the overall quality score. The performance of each health plan is compared to the average performance of all health plans available in 2006, 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 as statistically above or below the average score. Detailed results of health plans available to members in 2007 are published in CAHPS (page E-8 through page E-31) and HEDIS (page E34 through page E-44) report cards.*

### **Wellness and Prevention Score**

*This composite includes HEDIS<sup>®</sup> measures such as Childhood and Adolescent Immunizations, Well Child Visits, Prenatal and Postpartum Care, and screenings for breast, cervical and colorectal cancers. 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<sup>®</sup> measures that address how an HMO treats members with Hypertension, Diabetes and Asthma.*

### **Consumer Satisfaction and Experiences Score**

*This composite includes CAHPS<sup>®</sup> scores that measure member satisfaction with their health plan and the health care they receive as well as their experiences with getting needed care, getting wellness information, health plan customer service and how their claims were processed.*

**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 Healthcare 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.

**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 is 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?

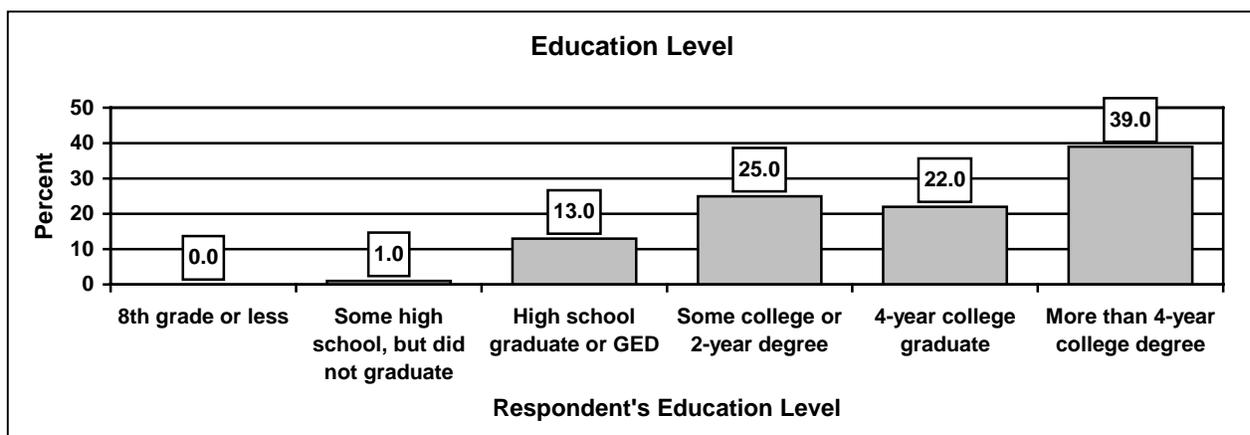
Answers to these and other questions are in this section to help you evaluate your health plan choices. The survey results are the opinions and judgments of the people who were surveyed. Your experience with a health plan could be different from those of the people surveyed. However, it can be helpful 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 Demographic Profile of Study Participants

**2006 ETF PARTICIPANT SURVEY.** The health plan report card section includes results of a random sample of active health plan members from 19 plans.<sup>1</sup> The survey was conducted in the spring of 2006, and a total of 6,767 members responded to the survey either via the Internet, mail or telephone. Plan members were asked to answer the survey questions based on their experiences with their health plan during the previous 12 months.

**WHO ADMINISTERED THE SURVEY.** The survey was administered by MORPACE International, Inc., an outside, independent, professional market research firm. It was coordinated by the Department of Employee Trust Funds (ETF).

**DEMOGRAPHIC PROFILE.** When taking the combined response over all of the health plans, approximately 47% who completed the survey are male. Additional demographic information is shown in the following bar charts for all survey participants. Demographic information is also available for each health plan on pages E-10 through E-13.



<sup>1</sup> 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.

## Length of Time in Health Plan

This chart shows:

- The percentage of people who responded “less than 1 year”, “at least 1 year but less than 2 years”, “at least 2 years but less than 5 years”, or “5 or more years” to the question, “How many years in a row have you been in this health plan?”

*Due to rounding, total percentages may not add up to exactly 100 percent.*

Health Plan Name	Less than 1 year	At least 1 year but less than 2 years	At least 2 years but less than 5 years	5 or more years
<b>Average—All Health Plans</b>	<b>8%</b>	<b>12%</b>	<b>32%</b>	<b>49%</b>
CompcareBlue Aurora Family*	12%	14%	43%	31%
CompcareBlue Southeast	14%	25%	56%	5%
Dean Health Plan	2%	4%	13%	81%
GHC-Eau Claire	12%	14%	26%	49%
GHC-South Central WI	9%	12%	30%	50%
Gundersen Lutheran	2%	5%	13%	80%
Health Tradition	9%	15%	39%	37%
Humana-Eastern	7%	7%	54%	33%
Humana-Western	7%	28%	35%	31%
Medical Associates	3%	5%	17%	76%
MercyCare Health Plan	4%	8%	38%	50%
Network Health Plan	4%	8%	24%	64%
Physicians Plus	3%	6%	13%	78%
State Maintenance Plan	16%	17%	54%	13%
Standard Plan	18%	6%	11%	65%
UnitedHealthcare NE	8%	25%	47%	20%
Unity-Community	13%	13%	34%	40%
Unity-UW Health	5%	8%	38%	48%
WPS Prevea Health Plan	4%	9%	31%	57%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

## Respondent's Age

This chart shows:

- The percentage of people who responded “18 to 24”, “25 to 34”, “35 to 44”, “45 to 54”, “55 to 64”, “65 to 74”, or “75 or older” to the question, “What is your age?”

*Due to rounding, total percentages may not add up to exactly 100 percent.*

Health Plan Name	18 to 24 Years	25 to 34 Years	35 to 44 Years	45 to 54 Years	55 to 64 Years	65 to 74 Years	75 years or older
<b>Average—All Health Plans</b>	<b>2%</b>	<b>12%</b>	<b>15%</b>	<b>27%</b>	<b>24%</b>	<b>12%</b>	<b>8%</b>
CompcareBlue Aurora Family*	3%	27%	19%	24%	19%	6%	2%
CompcareBlue Southeast	1%	16%	19%	26%	28%	9%	2%
Dean Health Plan	2%	10%	13%	30%	25%	12%	8%
GHC-Eau Claire	0%	7%	13%	37%	28%	10%	6%
GHC-South Central WI	9%	41%	14%	18%	12%	4%	1%
Gundersen Lutheran	0%	7%	15%	21%	28%	19%	9%
Health Tradition	3%	15%	22%	32%	18%	8%	3%
Humana-Eastern	1%	12%	15%	31%	29%	9%	3%
Humana-Western	0%	6%	8%	28%	35%	14%	9%
Medical Associates	1%	8%	17%	29%	22%	15%	8%
MercyCare Health Plan	2%	10%	25%	32%	20%	7%	4%
Network Health Plan	1%	10%	20%	31%	25%	10%	3%
Physicians Plus	2%	8%	11%	29%	29%	12%	9%
State Maintenance Plan	0%	9%	19%	37%	30%	5%	1%
Standard Plan	0%	1%	1%	5%	10%	30%	51%
UnitedHealthcare NE	0%	7%	16%	32%	31%	10%	4%
Unity-Community	1%	13%	17%	31%	20%	10%	9%
Unity-UW Health	3%	16%	20%	25%	23%	10%	3%
WPS Prevea Health Plan	0%	8%	13%	20%	28%	17%	14%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

## Self-Reported Health Status

This chart shows:

- The percentage of people who responded "poor", "fair", "good", "very good", or "excellent" to the question, "In general, how would you rate your overall health now?"

*Due to rounding, total percentages may not add up to exactly 100 percent.*

Health Plan Name	Poor	Fair	Good	Very Good	Excellent
<b>Average—All Health Plans</b>	<b>1%</b>	<b>7%</b>	<b>31%</b>	<b>45%</b>	<b>16%</b>
CompcareBlue Aurora Family*	2%	7%	36%	41%	14%
CompcareBlue Southeast	0%	8%	32%	43%	16%
Dean Health Plan	1%	9%	30%	42%	18%
GHC-Eau Claire	1%	7%	25%	49%	19%
GHC-South Central WI	1%	5%	25%	46%	24%
Gundersen Lutheran	1%	7%	27%	49%	16%
Health Tradition	0%	6%	27%	50%	17%
Humana-Eastern	1%	6%	31%	46%	16%
Humana-Western	1%	7%	28%	45%	19%
Medical Associates	2%	6%	30%	49%	13%
MercyCare Health Plan	1%	7%	32%	47%	13%
Network Health Plan	2%	7%	35%	43%	13%
Physicians Plus	1%	6%	32%	45%	16%
State Maintenance Plan	1%	6%	34%	40%	20%
Standard Plan	2%	14%	36%	38%	11%
UnitedHealthcare NE	2%	6%	36%	42%	14%
Unity-Community	1%	9%	32%	48%	11%
Unity-UW Health	1%	7%	22%	49%	21%
WPS Prevea Health Plan	1%	6%	34%	45%	15%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast

## Respondent's Education Level

This chart shows:

- The percentage of people who responded "8<sup>th</sup> grade or less", "some high school but did not graduate", "high school graduate or GED", "some college or 2-year degree", "4-year college graduate", or "more than 4-year college degree" to the question, "What is the highest grade or level of school that you have completed?"

*Due to rounding, total percentages may not add up to exactly 100 percent.*

Health Plan Name	8 <sup>th</sup> grade or less	Some high school	High school graduate or GED	Some college or 2-year degree	4-year college graduate	More than 4-year college degree
<b>Average—All Health Plans</b>	<b>0%</b>	<b>1%</b>	<b>13%</b>	<b>25%</b>	<b>22%</b>	<b>39%</b>
CompcareBlue Aurora Family*	0%	1%	9%	26%	23%	41%
CompcareBlue Southeast	0%	1%	12%	27%	24%	35%
Dean Health Plan	0%	1%	18%	31%	23%	27%
GHC-Eau Claire	1%	2%	18%	29%	21%	30%
GHC-South Central WI	0%	0%	4%	16%	20%	60%
Gundersen Lutheran	0%	1%	13%	26%	22%	39%
Health Tradition	0%	0%	15%	31%	24%	31%
Humana-Eastern	0%	0%	6%	20%	23%	51%
Humana-Western	0%	1%	15%	15%	16%	54%
Medical Associates	1%	1%	22%	25%	13%	38%
MercyCare Health Plan	0%	0%	13%	35%	22%	31%
Network Health Plan	0%	2%	20%	33%	22%	23%
Physicians Plus	0%	1%	13%	25%	23%	38%
State Maintenance Plan	0%	0%	10%	24%	26%	40%
Standard Plan	2%	2%	16%	14%	12%	54%
UnitedHealthcare NE	1%	1%	17%	30%	23%	28%
Unity-Community	0%	1%	14%	34%	24%	28%
Unity-UW Health	0%	0%	7%	23%	25%	45%
WPS Prevea Health Plan	0%	1%	15%	21%	25%	38%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

**HOW THE SURVEY METHODOLOGY HAS CHANGED.** In past years, the State of Wisconsin Department of Employee Trust Funds (ETF) conducted the Health Insurance Satisfaction Survey utilizing the telephone as the only data collection methodology. In an effort to make the data collection process more efficient and more convenient for members selected to participate, the 2006 study used Internet as the primary mode of data collection. While Internet was the primary data collection method, mail and telephone data collection served to supplement the Internet methodology. For 2007, it is likely that the Internet will continue to be the primary data collection method with mail serving as a supplement. As such, telephone data collection will not be used in 2007.

**HOW THE SURVEY WAS DONE.** During the spring of 2006, state employees and retirees that had been with their current health plan for a year or more were randomly selected to participate in the study. Selected sample for whom email addresses were available, were emailed an invitation to participate in the survey. The email invitation included information about the survey along with a link that, when clicked on, took survey participant directly to the survey. Members who did not have an email address were sent an invitation in the U.S. Postal mail. The invitation encouraged their participation via the Internet and included the website, User I.D., and Password. State employees and retirees, who did not respond to the initial invitation to participate via the Internet, were sent a mail survey. Finally, a small portion of the randomly selected sample that did not complete the survey via the Internet or mail was contacted to complete the survey by telephone. State employees and retirees who were selected to participate in the study were given the option of having another adult family member on their policy complete the survey if that person was the more appropriate person to answer questions about experiences with the health plan.

**WHY HISTORICAL DATA IS NOT DISPLAYED.** The historical summary rating chart will not be available due to the transition in data collection methodologies. Moving from a single methodology (e.g., telephone) to a mixed mode (e.g., Internet and mail) prohibits a historical comparison for 2006. Next year, a year-over-year comparison will be possible for the dual methodologies (e.g., Internet and mail).

**Percentage of completed surveys by methodology:**

	Number of Completed Surveys by Internet		Number of Completed Surveys by Mail		Number of Completed Surveys by Telephone		Total Number of Completed Surveys Across All Modes	
	Raw Count	%	Raw Count	%	Raw Count	%	Raw Count	%
<b>All Health Plans</b>	4775	70.6	1768	26.1	224	3.3	6767	100
CompcareBlue Aurora Family*	214	65.6	50	15.3	62	19.0	326	100
CompcareBlue Southeast	192	66.4	69	23.9	28	9.7	289	100
Dean Health Plan	355	77.7	102	22.3	0	0	457	100
GHC-Eau Claire	254	78.2	71	21.8	0	0	325	100
GHC-South Central WI	258	66.5	46	11.9	84	21.6	388	100
Gundersen Lutheran	238	62.1	145	37.9	0	0	383	100
Health Tradition	217	65.2	90	27.0	26	7.8	333	100
Humana-Eastern	284	74.5	73	19.2	24	6.3	381	100
Humana-Western	292	69.5	128	30.5	0	0	420	100
Medical Associates	133	61.0	85	39.0	0	0	218	100
MercyCare Health Plan	173	80.1	43	19.9	0	0	216	100
Network Health Plan	268	68.2	125	31.8	0	0	393	100
Physicians Plus	356	77.6	103	22.4	0	0	459	100
State Maintenance Plan	353	85.3	61	14.7	0	0	414	100
Standard Plan	160	37.2	270	62.8	0	0	430	100
UnitedHealthcare NE	294	73.5	106	26.5	0	0	400	100
Unity-Community	128	76.6	39	23.4	0	0	167	100
Unity-UW Health	343	86.4	54	13.6	0	0	397	100
WPS Prevea Health Plan	263	70.9	108	29.1	0	0	371	100

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

**BENEFITS OF THE NEW SURVEY MODES.** Historically all data collection for this study was conducted through telephone interviews. The Internet and mail survey modes provide several benefits to the survey participants. Most notably, both survey modes allow respondents to complete the survey when it is convenient for them and at their own pace. While the Internet is a convenient and efficient data collection method, access to the Internet may be limited or problematic for a portion of the survey participants. To account for this, a mail option was offered for those who did not have an opportunity to complete the survey via the Internet.

## INTERPRETING SURVEY RESULTS

**HOW THE STARS (★) SHOW HEALTH PLAN COMPARISONS.** The stars on pages E-17 through E-19, E-27, and E-28 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.

- 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 that 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. In other words, the noted difference is a “real” difference not caused by a chance occurrence.

There were some differences from one health plan to another in the health, age, and educational level of survey respondents. Since people's health, age, and educational background may influence the way they answer survey questions, minor statistical adjustments were made to average scores so that health plan comparisons could be made. These statistical adjustments are consistent with the National CAHPS<sup>®</sup> Benchmarking Database (NCBD) application of case mix adjustments ([www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)).

As explained above, overall satisfaction levels with health plan, health care, doctors and specialists tend to be influenced by certain demographic factors. Among insured recipients, general observation regarding overall satisfaction include:

- Older members tend to give higher ratings.
- More educated members tend to give lower ratings.
- Members who have been with a health plan longer tend to give a higher rating.
- Members who report better health status tend to give higher ratings.

**HOW THE BARS WORK.** 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. It is important to note that these results were not adjusted for demographic factors (e.g., health status, age, and education level), as were the health plan comparisons depicted by the stars. For detailed demographic information by health plan, please refer to pages E-10 through E-13.

# 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.  
 ★★ Score for health plan on the scale from 0-10 is **average** (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 page E-11 for more about the survey and how to interpret the survey results and for details about stars.

## Overall Ratings And Ratings By People Who Have Had 3 Or More Medical Visits In The Last 12 Months

E-17

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	
	Overall	3 or more visits	Overall	3 or more visits	Overall	3 or more visits	Overall	3 or more visits
<b>Average—All Health Plans</b>	<b>8.11</b>	<b>8.16</b>	<b>8.48</b>	<b>8.45</b>	<b>8.36</b>	<b>8.38</b>	<b>8.34</b>	<b>8.32</b>
CompcareBlue Aurora Family*	★	★	★	★★	★★	★	★★	★★
CompcareBlue Southeast	★	★	★★	★★	★★	★★	★★	★★
Dean Health Plan	★★★	★★★	★★	★★	★★	★★	★★	★★
GHC-Eau Claire	★★★	★★★	★★	★★	★★	★★	★★	★★
GHC-South Central WI	★★★	★★★	★★	★★	★★	★★	★★	★★
Gundersen Lutheran	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★
Health Tradition	★★★	★★★	★★	★★	★★★	★★★	★★	★★
Humana-Eastern	★	★	★★	★★	★★	★★	★★	★★
Humana-Western	★	★	★★	★★	★★	★★	★★	★★
Medical Associates	★★★	★★★	★★★	★★★	★★★	★★	★★★	★★★
MercyCare Health Plan	★★	★★	★★	★★	★★	★★	★★	★★
Network Health Plan	★★★	★★	★★	★★	★★	★★	★★	★★
Physicians Plus	★★★	★★★	★★	★★	★★	★★	★★	★★
State Maintenance Plan	NA	NA	NA	NA	NA	NA	NA	NA
Standard Plan	NA	NA	NA	NA	NA	NA	NA	NA
United Healthcare NE	★	★	★★	★	★★	★★	★★	★★
Unity-Community	★★	★★	★★	★★	★★	★★	★	★★
Unity-UW Health	★★★	★★★	★★★	★★★	★★	★★	★★	★★
WPS Prevea Health Plan	★★	★★	★★	★★	★★	★★	★★	★★

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.  
 NA denotes rating not available due to change in third party administrator from BlueCross & BlueShield of Wisconsin to WPS starting January 1, 2006.

## Health Plan Summary

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

- Rating of Health Plan
- Recommend Health Plan to Family and Friends

Health Plan	Overall Health Plan Rating			% Definitely/ Probably would recommend health plan to family and friends
	Total Sample**	Among those with 3 or more medical visits in last 12 months**	% Who rated health plan 7 or above	
<b>Average—All Health Plans</b>	<b>8.11</b>	<b>8.16</b>	<b>86</b>	<b>92</b>
CompcareBlue Aurora Family*	★	★	78	87
CompcareBlue Southeast	★	★	79	85
Dean Health Plan	★★★	★★★	93	95
GHC-Eau Claire	★★★	★★★	91	96
GHC-South Central WI	★★★	★★★	89	95
Gundersen Lutheran	★★★	★★★	90	97
Health Tradition	★★★	★★★	91	96
Humana-Eastern	★	★	79	90
Humana-Western	★	★	82	87
Medical Associates	★★★	★★★	93	95
MercyCare Health Plan	★★	★★	83	91
Network Health Plan	★★★	★★	90	95
Physicians Plus	★★★	★★★	92	97
State Maintenance Plan	NA	NA	65	75
Standard Plan	NA	NA	89	92
UnitedHealthcare NE	★	★	78	85
Unity-Community	★★	★★	86	90
Unity-UW Health	★★★	★★★	93	98
WPS Prevea Health Plan	★★	★★	90	95

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Rating repeated from page E-17 for convenience of side-by-side comparison.

NA denotes rating not available due to change in third party administrator from BlueCross & BlueShield of Wisconsin to WPS starting January 1, 2006.

# Customer Service and Claims Processing Summary

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

- **Customer Service Composite:**
  - Finding or understanding information
  - Getting help when calling customer service line
  - Filling out paperwork for health plan
- **Claims Processing Composite:**
  - Handling claims in a timely manner
  - Handling claims correctly

Customer Service and Claims Processing Summary		
Health Plan	Customer Service	Claims Processing
CompcareBlue Aurora Family*	★	★
CompcareBlue Southeast	★	★
Dean Health Plan	★★★	★★★
GHC-Eau Claire	★★★	★★★
GHC-South Central WI	★★★	★★★
Gundersen Lutheran	★★★	★★★
Health Tradition	★★	★★
Humana-Eastern	★	★
Humana-Western	★	★
Medical Associates	★★	★★
MercyCare Health Plan	★★	★
Network Health Plan	★★★	★★★
Physicians Plus	★★★	★★★
State Maintenance Plan	NA	NA
Standard Plan	NA	NA
UnitedHealthcare NE	★	★
Unity-Community	★★★	★★
Unity-UW Health	★★★	★★★
WPS Prevea Health Plan	★★	★★★

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast. NA denotes rating not available due to change in third party administrator from BlueCross & BlueShield of Wisconsin to WPS starting January 1, 2006.

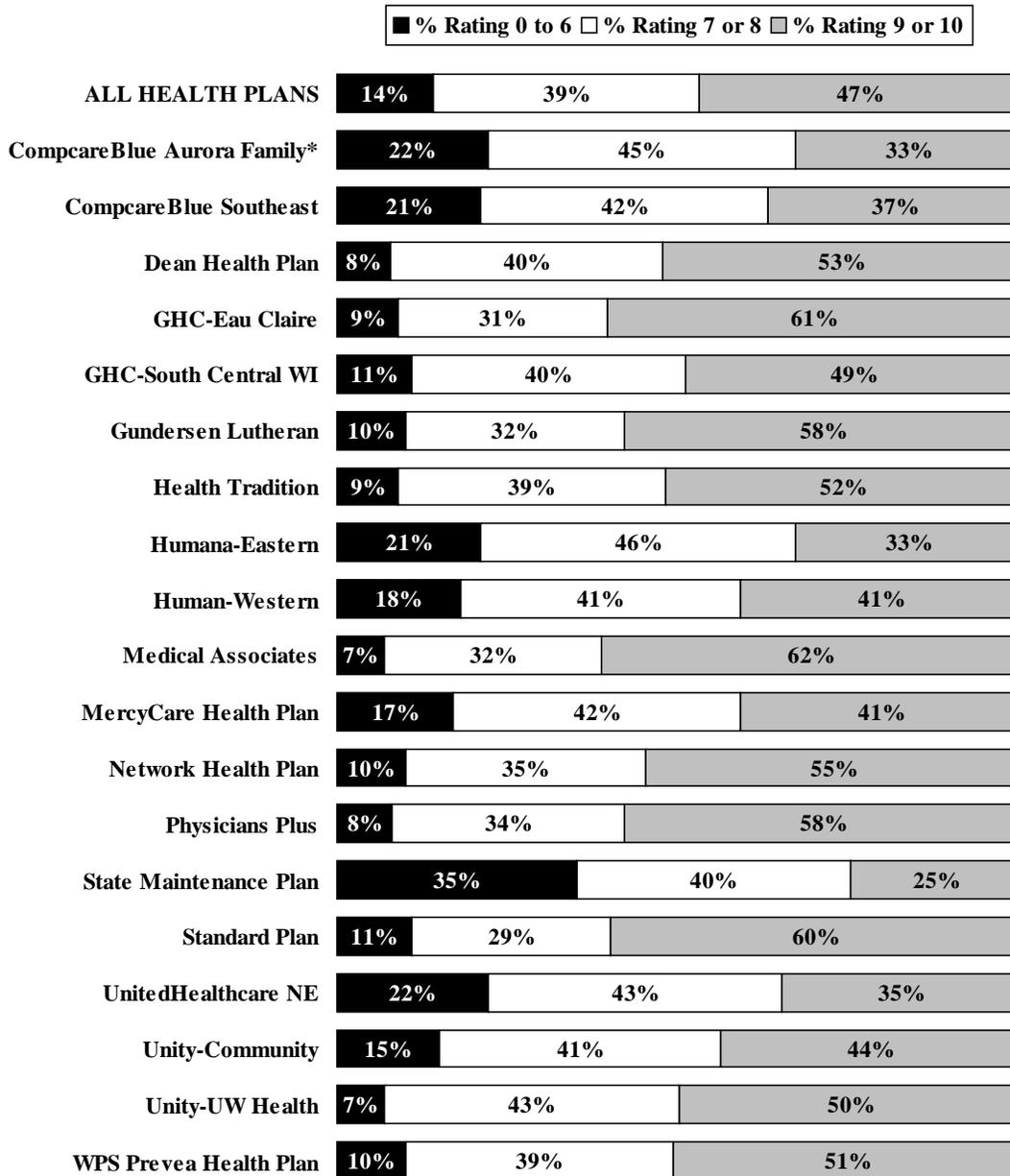
## Overall Health Plan Ratings Detail

### 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."

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

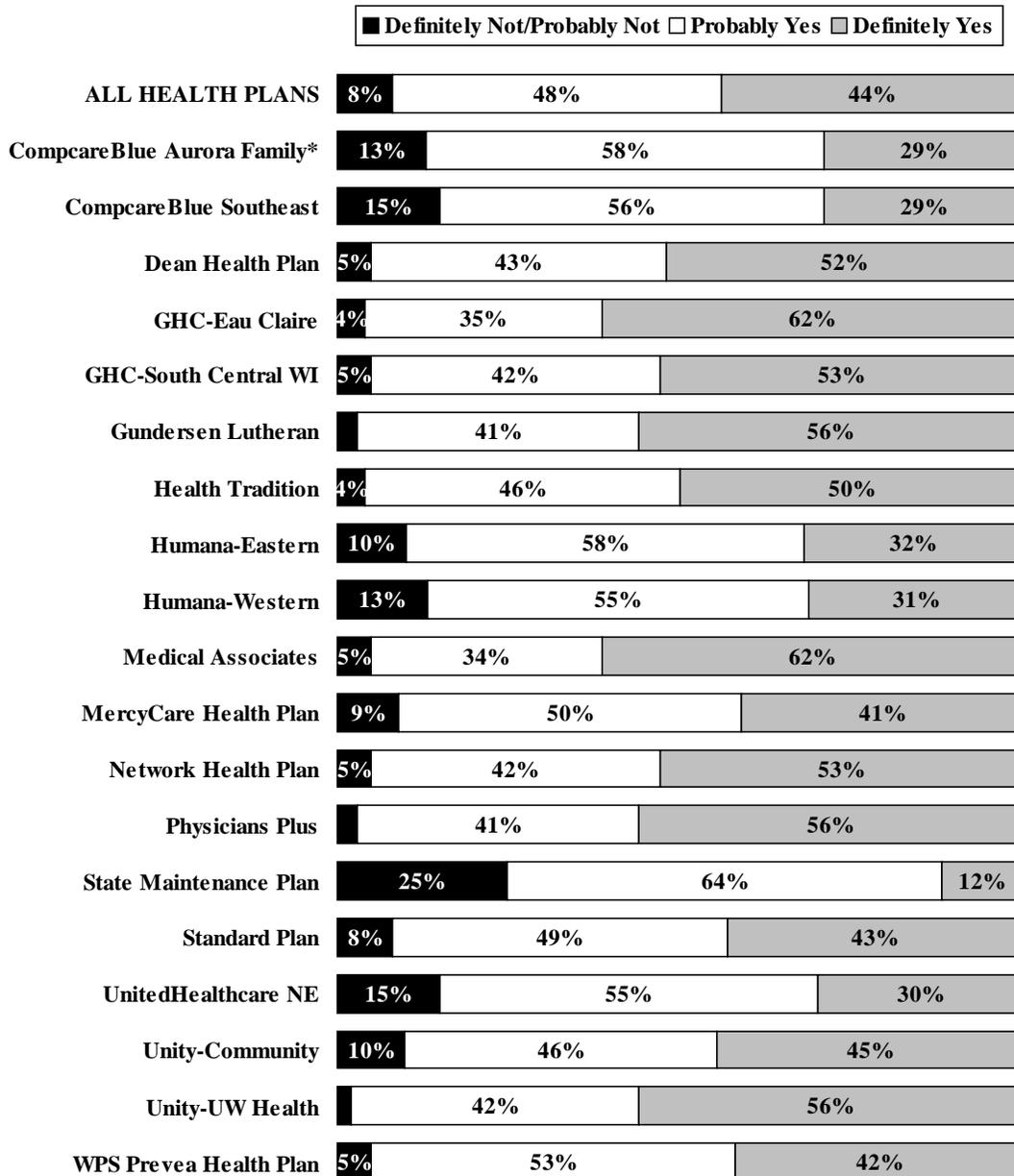
## Health Plan Recommendation Detail\*\*

Would you recommend your  
**HEALTH PLAN** to your  
family and 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?"

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

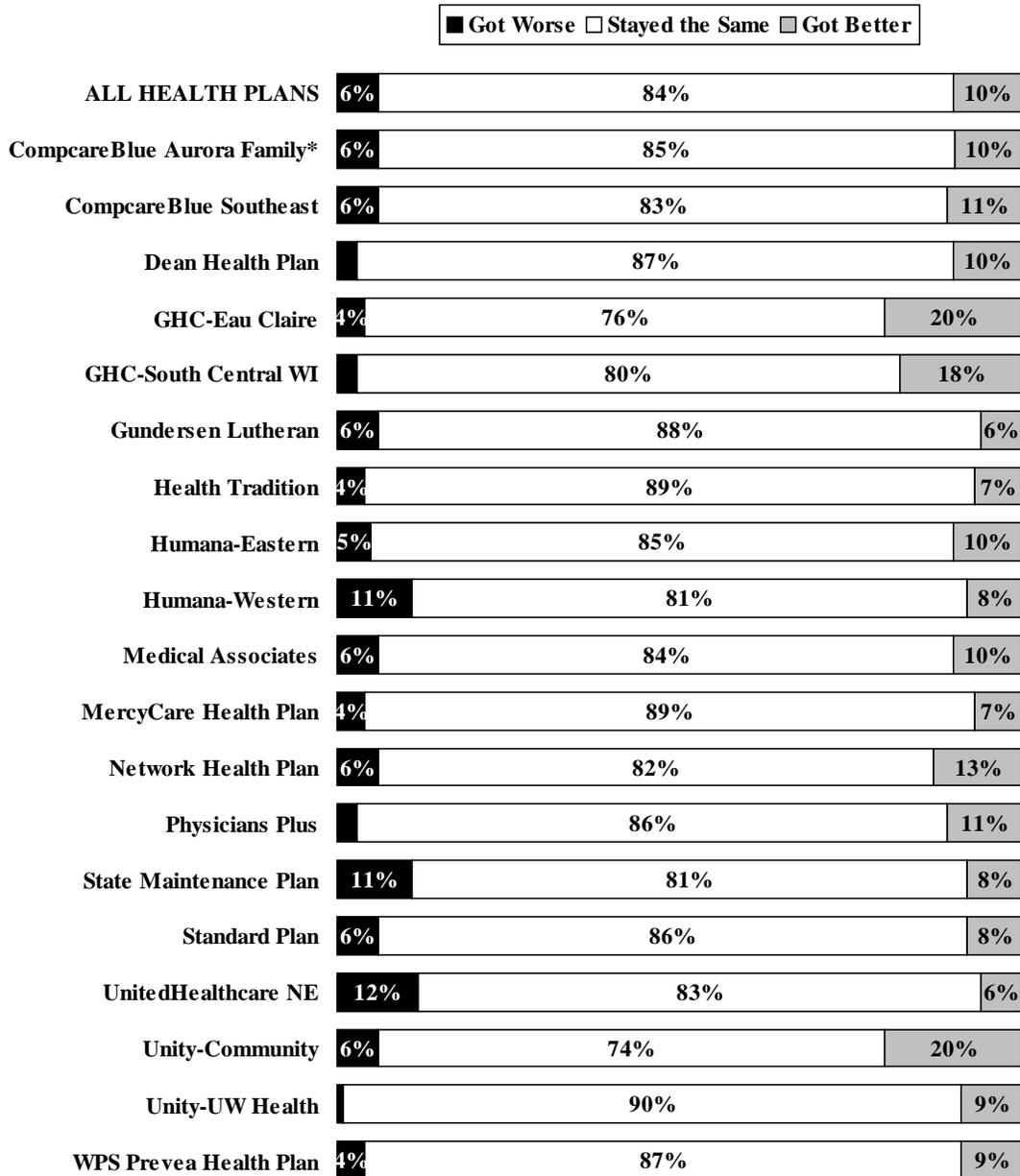
## Health Plan Performance Detail\*\*

**Over the past 12 months, did your plan's overall performance get better, stay the same, or get 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?"

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

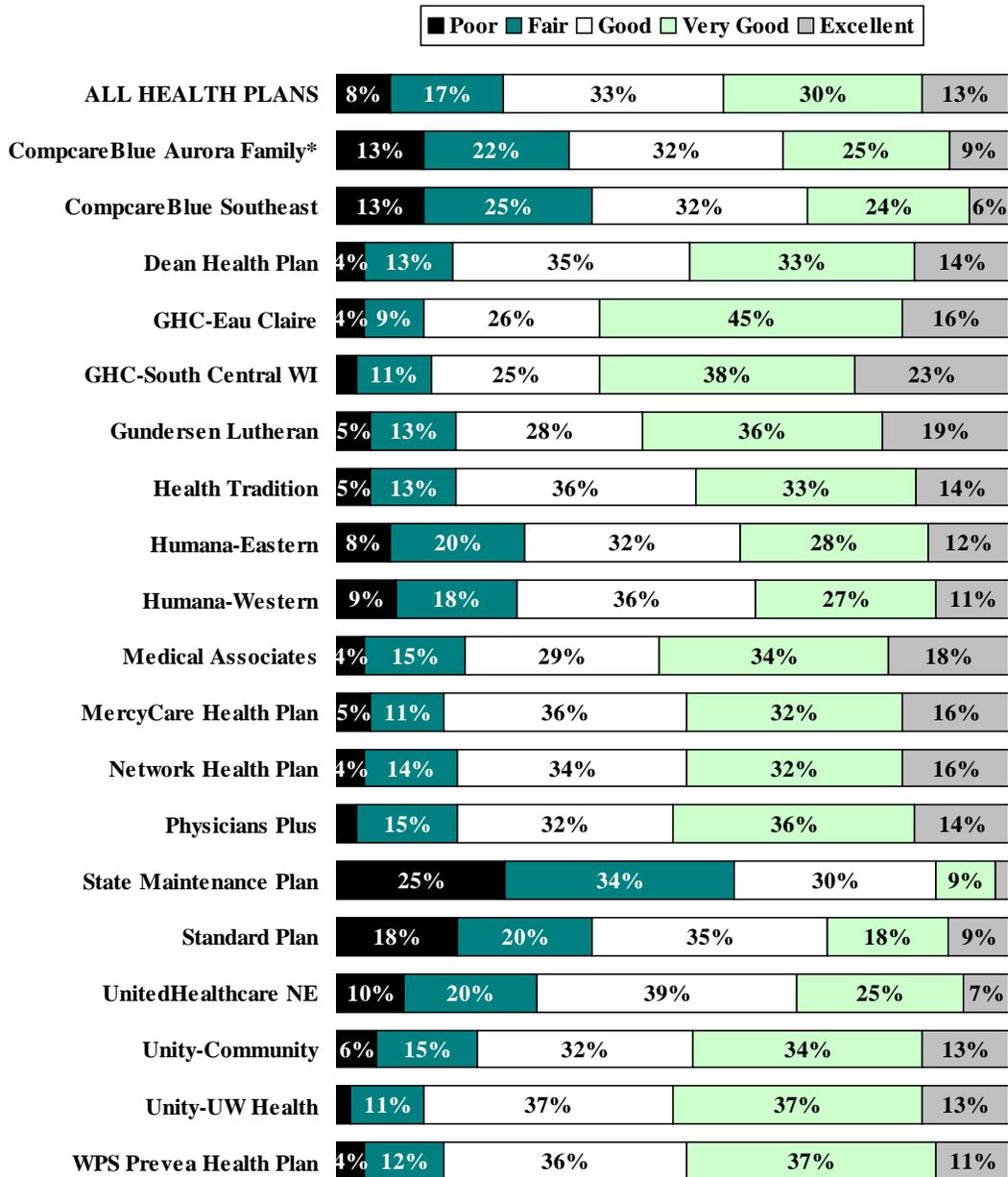
## Health and Wellness Education Detail\*\*

### Plans efforts to provide educational materials on health and wellness issues

This graph shows:

- The percentage of people who responded "excellent", "very good", "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.?"

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

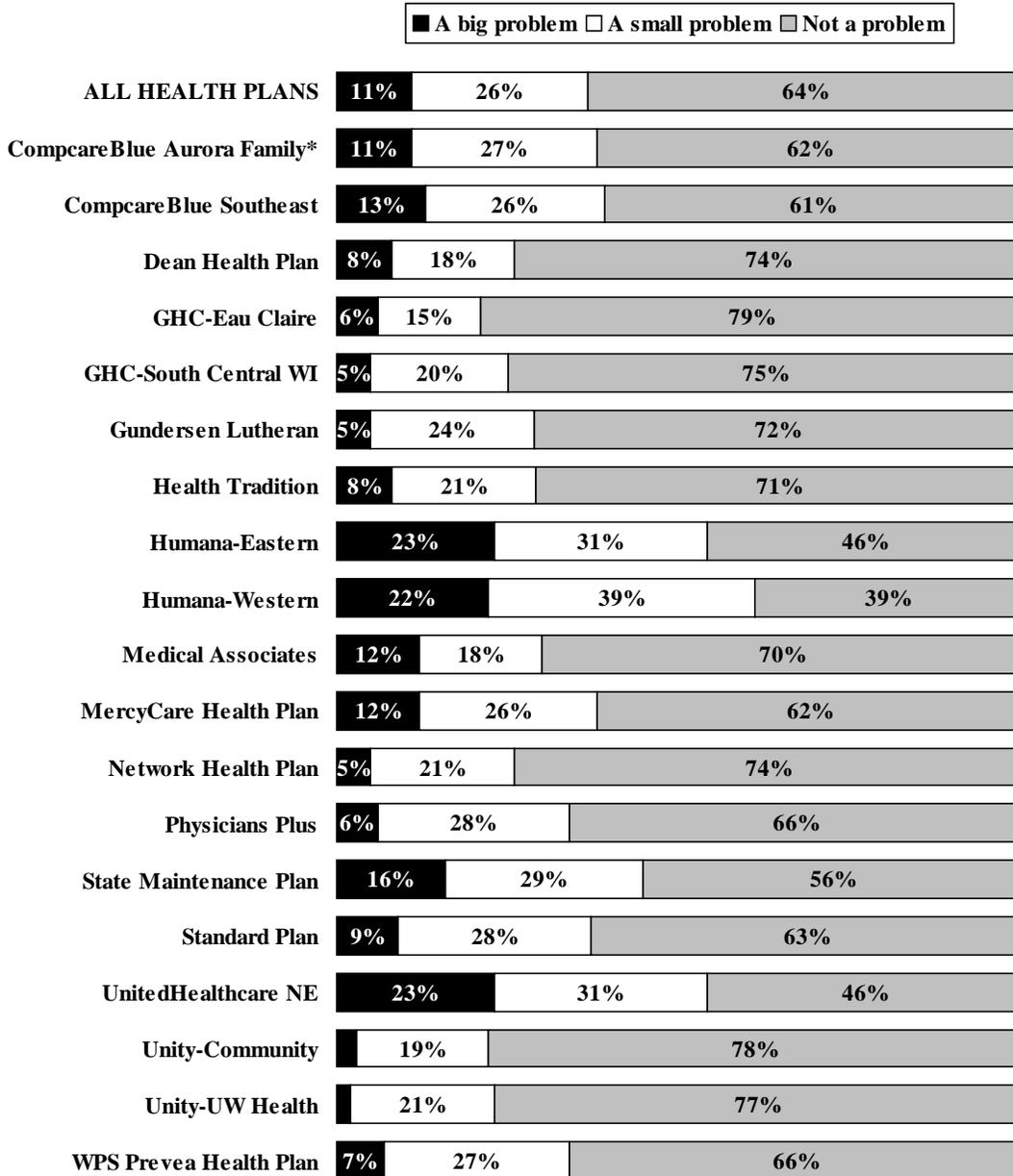
**Customer Service  
Detail\*\***

**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 37 to 61 percent by health plan.

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

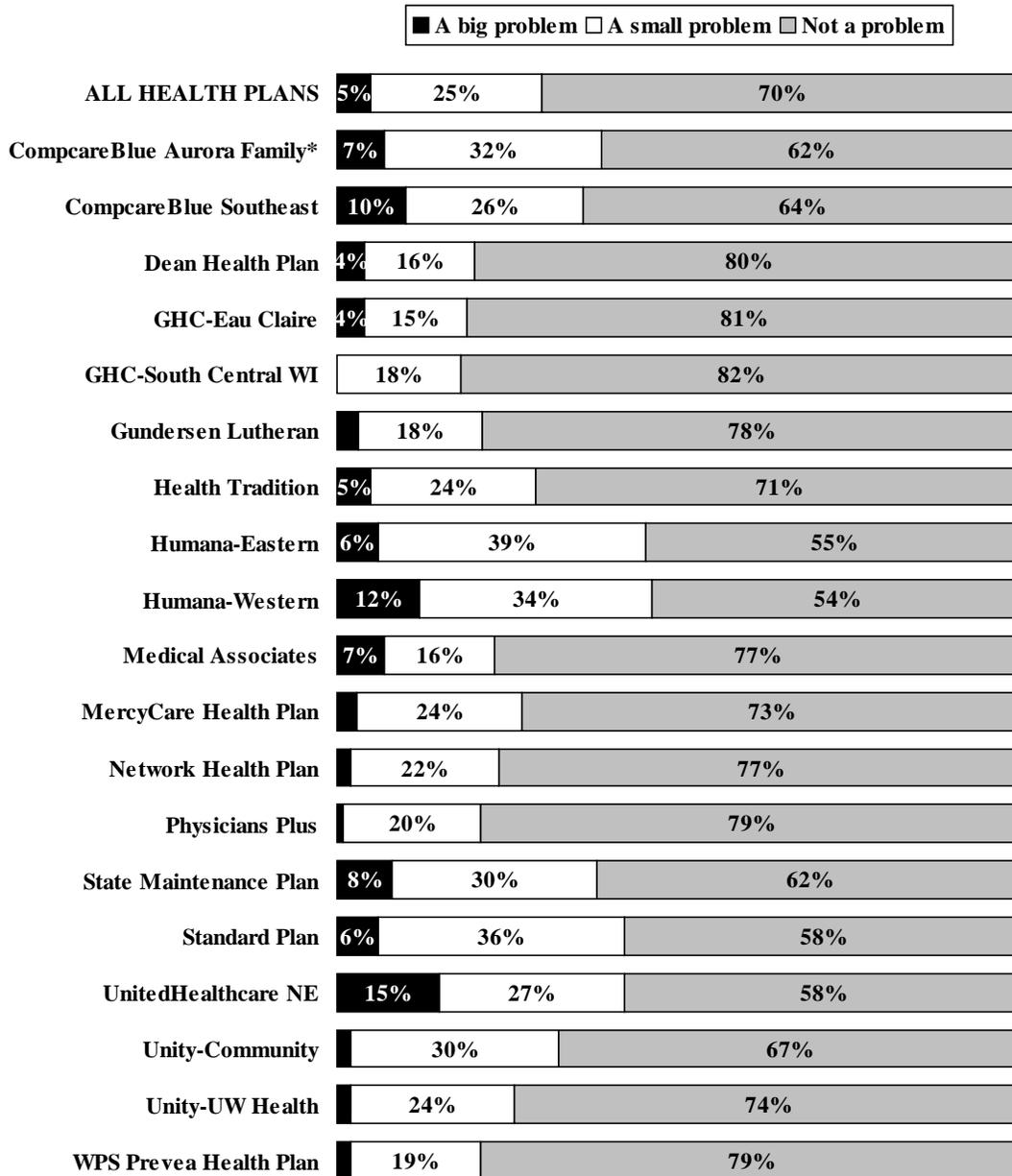
**Customer Service  
Detail\*\***

**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 that answered "yes" to this preliminary question ranges from 17 to 37 percent by health plan.

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

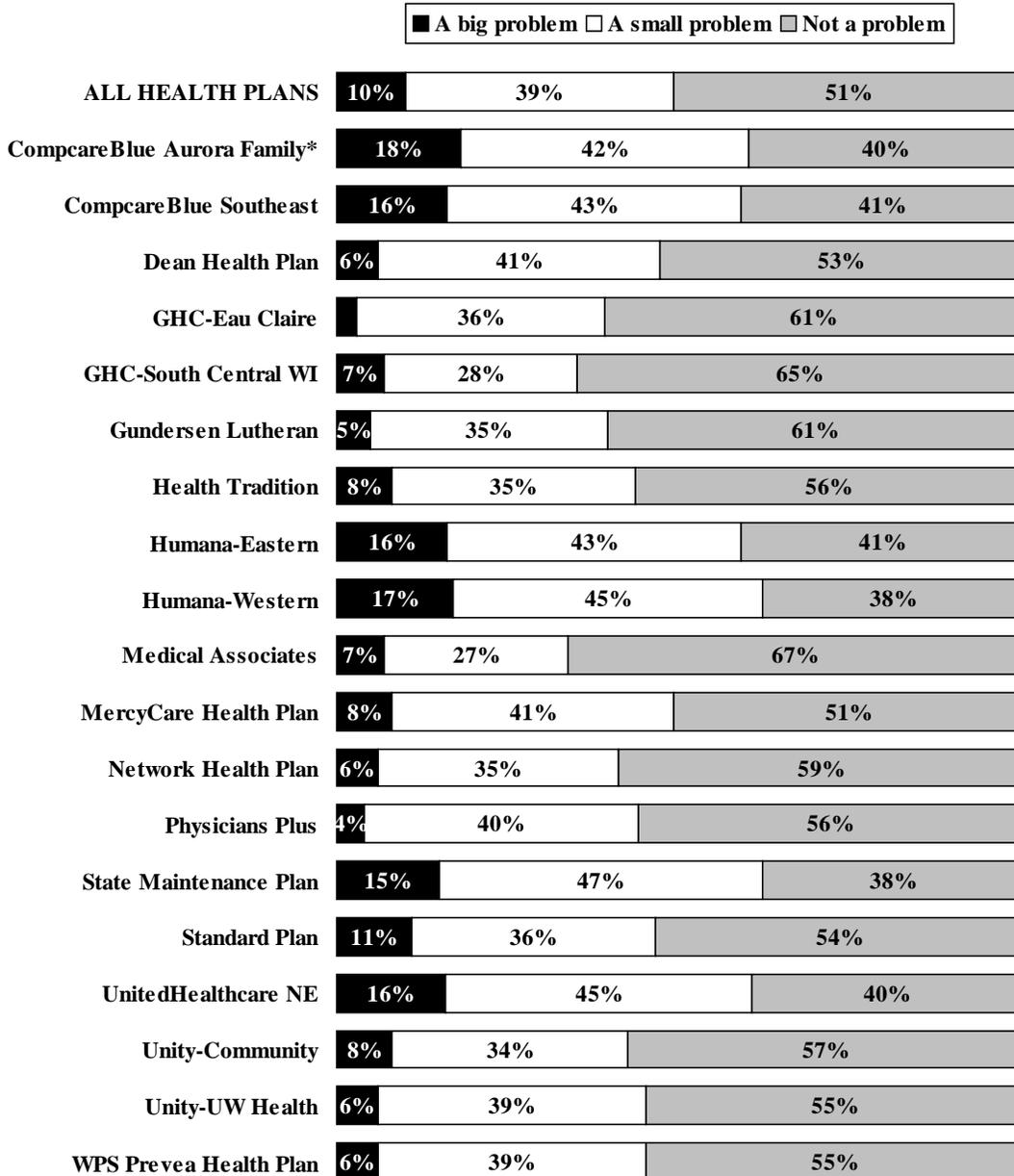
**Customer Service  
Detail\*\***

**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 44 to 71 percent by health plan.

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Bar chart labels of less than 4% may not be visible due to limited space caused by small percentage results.

## Health Care Summary

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

- Rating of Health Care
- Rating of Physician/Nurse\*\*\*
- Rating of Specialist\*\*\*

Health Plan	Overall Health Care Rating				
	Total Sample**	Among those with 3 or more medical visits in last 12 months**	% who rated Health Care 7 or above	% Rating Primary Doctor 7 or above	% Rating Specialists 7 or above
<b>Average—All Health Plans</b>	<b>8.48</b>	<b>8.45</b>	<b>92</b>	<b>89</b>	<b>88</b>
CompcareBlue Aurora Family*	★	★★	87	81	80
CompcareBlue Southeast	★★	★★	90	88	88
Dean Health Plan	★★	★★	92	90	88
GHC-Eau Claire	★★	★★	94	93	86
GHC-South Central WI	★★	★★	89	87	86
Gundersen Lutheran	★★★	★★★	95	95	91
Health Tradition	★★	★★	92	92	89
Humana-Eastern	★★	★★	91	87	85
Humana-Western	★★	★★	94	92	92
Medical Associates	★★★	★★★	96	96	92
MercyCare Health Plan	★★	★★	90	89	82
Network Health Plan	★★	★★	89	86	88
Physicians Plus	★★	★★	91	89	92
State Maintenance Plan	NA	NA	88	88	85
Standard Plan	NA	NA	96	92	89
UnitedHealthcare NE	★★	★	92	89	90
Unity-Community	★★	★★	89	88	75
Unity-UW Health	★★★	★★★	94	90	91
WPS Prevea Health Plan	★★	★★	94	89	89

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

\*\*Rating repeated from page E-17 for convenience of side-by-side comparison.

\*\*\*Primary doctor and specialist star ratings are shown on page E-17.

NA denotes rating not available due to change in third party administrator from BlueCross & BlueShield of Wisconsin to WPS starting January 1, 2006.

## Health Care Service Summary

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

★★ Score for health plan is **average** (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.

- **Getting Needed Care Composite:**
  - Getting a personal doctor or nurse you are happy with
  - Seeing a specialist that you need to see
  - Getting the care, test, or treatment you or a doctor believe necessary
  - Waiting for health care approval
- **Getting Care Quickly Composite:**
  - Getting help or advice during regular office hours
  - Getting care as soon as you want for illness or injury
  - Getting an appointment as soon as you want
  - Getting into an exam room within 15 minutes of appointment
- **Courteous and Helpful Office Staff Composite:**
  - Treating you with courtesy and respect
  - Helpful as they should be
- **How Well Doctors Communicate:**
  - Listening carefully to you
  - Explaining things in a way you could understand
  - Showing respect for what you have to say
  - Spending enough time with you

Health Plan	Getting the care you need, when you need it		Medical Office Staff	Doctors
	Getting needed care	Getting care quickly	Courteous and helpful office staff	How well doctors communicate
CompcareBlue Aurora Family*	★★	★	★	★★
CompcareBlue Southeast	★★	★★	★★	★★
Dean Health Plan	★★	★★	★★	★★
GHC-Eau Claire	★★	★★★	★★	★★
GHC-South Central WI	★★	★★★	★★	★★
Gundersen Lutheran	★★★	★★	★★★	★★
Health Tradition	★★	★★	★★	★★
Humana-Eastern	★★	★★	★★	★★
Humana-Western	★★	★★	★★	★★
Medical Associates	★★★	★★	★★★	★★
MercyCare Health Plan	★★	★★	★★	★★
Network Health Plan	★★	★★	★★	★★
Physicians Plus	★★	★	★★	★★
State Maintenance Plan	NA	NA	NA	NA
Standard Plan	NA	NA	NA	NA
UnitedHealthcare NE	★★	★★	★★	★★
Unity-Community	★★	★★	★★	★★
Unity-UW Health	★★	★★	★★	★★
WPS Prevea Health Plan	★★	★★	★★	★★

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast. NA denotes rating not available due to change in third party administrator from BlueCross & BlueShield of Wisconsin to WPS starting January 1, 2006.

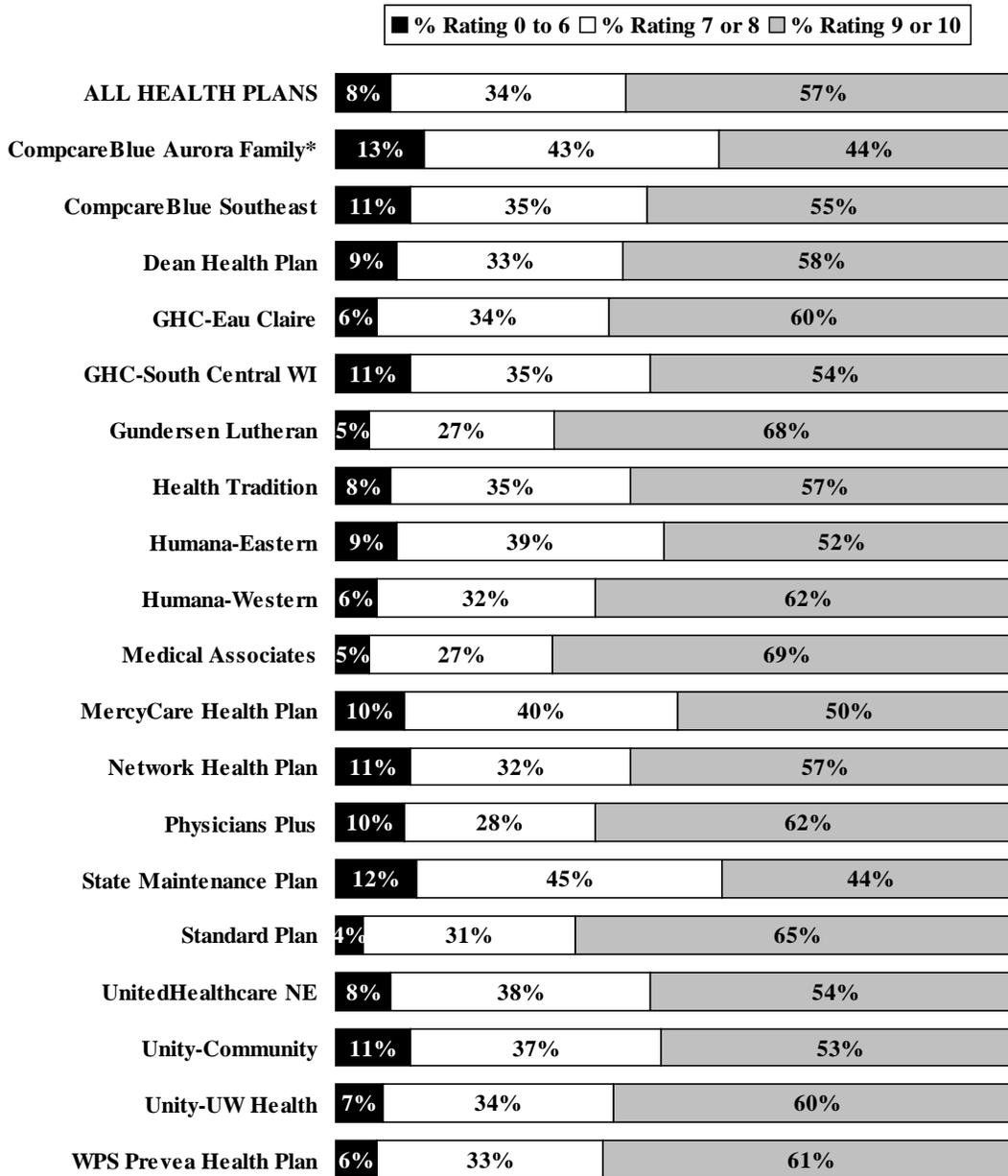
## Overall Ratings Detail

# 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."

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

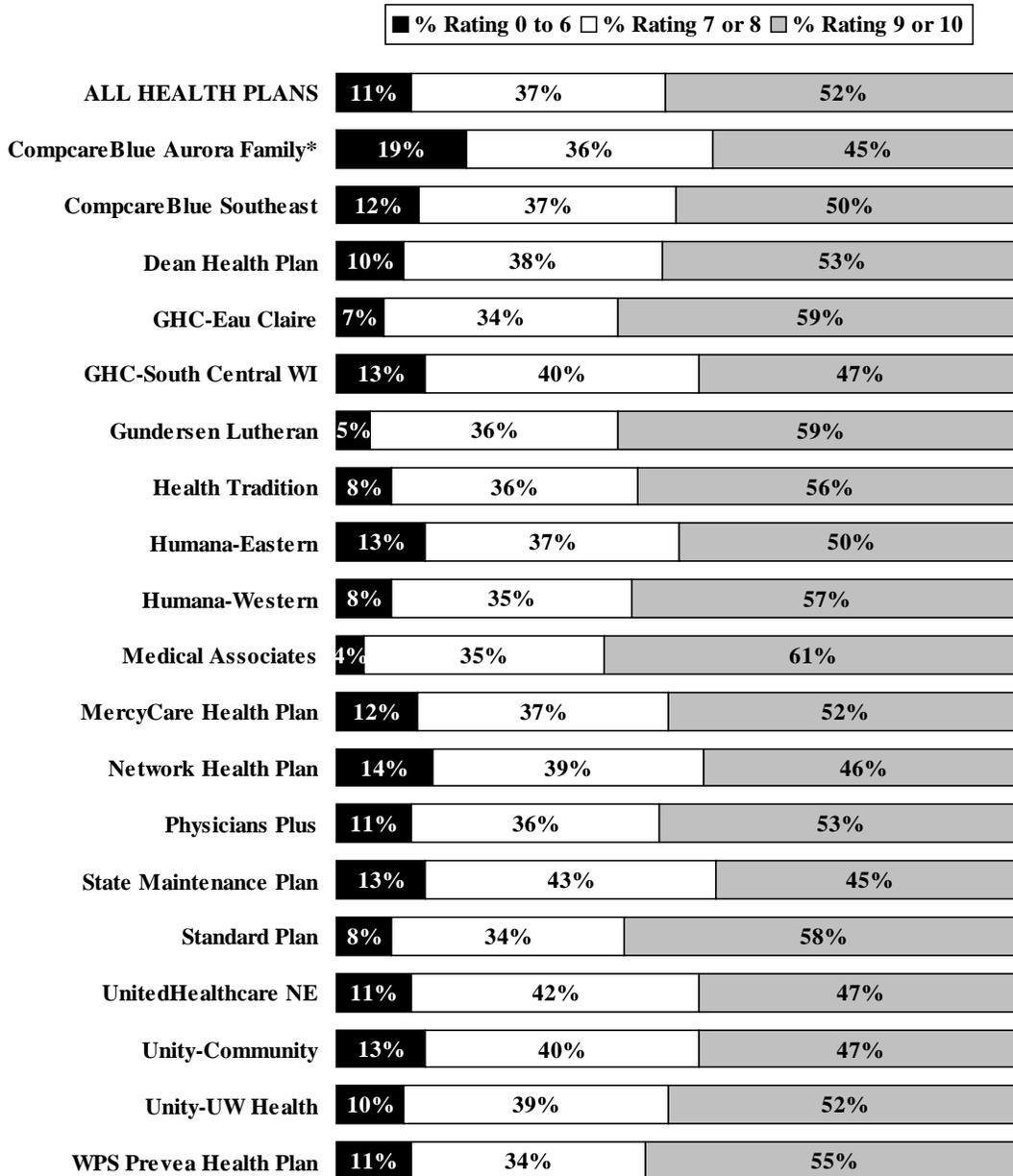
## Overall Ratings Detail

# Primary Doctor

This graph shows:

- The percentage of people who rated their primary doctor from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their primary doctor on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

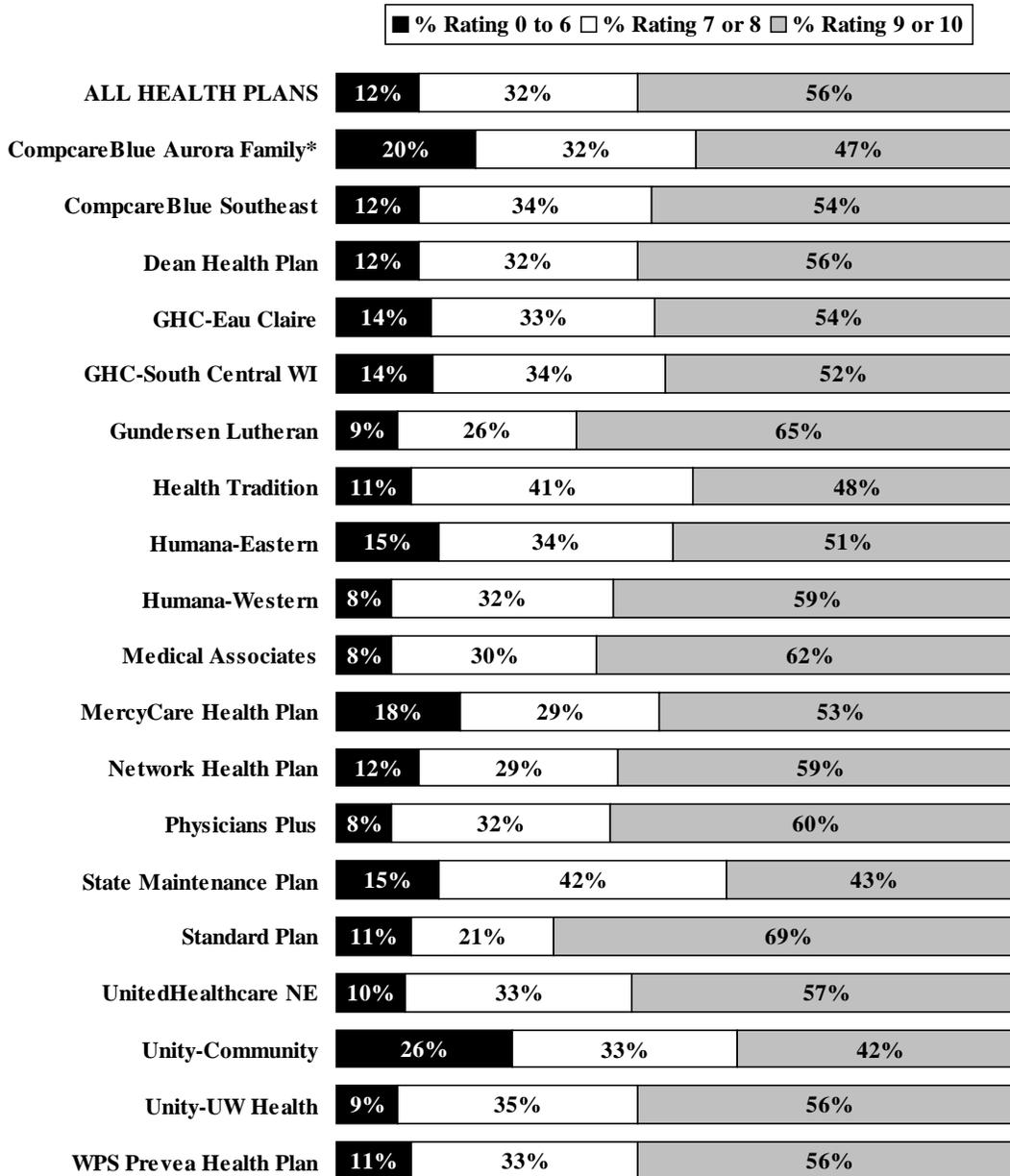
## Overall Ratings Detail

# Specialists

This graph shows:

- The percentage of people who rated their specialist from "0 to 6," "7 to 8," or "9 to 10."
- Everyone who was surveyed was asked to rate their specialist on a scale from 0 to 10 with 0 meaning "worst possible" and 10 meaning "best possible."

*Due to rounding, the bars may not add up to exactly 100 percent.*



\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

# Grievance and Complaint Tables for Plans Available in 2007

## 2005 HEALTH PLAN GRIEVANCE REPORT<sup>1</sup> (SELF REPORTED BY EACH PLAN)

Plan Name	Total	Overtured Mbr's Favor	Health Plan Compromise	Percent Overtured	Percentage of Total Contracts	Percentage of Total Grievances
CompcareBlue Aurora Family*	13	7	0	54%	2.14%	1.30%
CompcareBlue Northwest	0	NA	NA	NA	0.06%	0.00%
CompcareBlue Southeast	43	28	2	70%	2.67%	4.29%
Dean Health Plan	125	44	4	38%	24.13%	12.48%
Group Health Cooperative Eau Claire	0	NA	NA	NA	1.34%	0.00%
Group Health Cooperative South Central WI	61	39	1	66%	8.69%	6.09%
Gundersen Lutheran	22	9	1	45%	2.33%	2.20%
Health Tradition	20	9	3	60%	1.91%	2.00%
Humana-Eastern	230	154	41	85%	6.39%	22.95%
Humana-Western	92	70	8	85%	4.22%	9.18%
Medical Associates	4	2	0	50%	0.51%	0.40%
MercyCare	10	5	0	50%	0.61%	1.00%
Network Health Plan	32	18	0	56%	4.05%	3.19%
Physicians Plus	30	10	6	53%	9.25%	2.99%
Standard Plans (all) <sup>2</sup>	121	53	3	46%	11.68%	12.08%
UnitedHealthcare of Wisconsin	99	56	0	57%	4.24%	9.88%
Unity-Community	6	1	0	17%	0.85%	0.60%
Unity-UW Health	32	6	2	25%	11.83%	3.19%
WPS Prevea Health Plan	23	7	0	30%	0.79%	2.30%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

<sup>1</sup>This information is collected by ETF and is not part of the CAHPS<sup>®</sup> survey.

<sup>2</sup>Includes State and Local Standard Plans, State Maintenance Plan, Local Annuitant Health Plan and Medicare Plus \$1,000,000; administered by BlueCross & BlueShield of Wisconsin in 2005.

### **Most Common Health Plan Grievance Types Reported:**

- Excluded or Non-covered Benefit (26 percent of all grievances reported)
- Unauthorized Services (20 percent of all grievances reported)

**HEALTH INSURANCE COMPLAINTS  
RECEIVED BY EMPLOYEE TRUST FUNDS IN 2005<sup>1</sup>**

<b>Plan Name</b>	<b>Number of ETF Complaints</b>	<b>Percentage of Total Contracts</b>	<b>Percentage of Total ETF Health Insurance Complaints</b>
CompcareBlue Aurora Family*	1	2.14%	1.15%
CompcareBlue Northwest	0	0.06%	0.00%
CompcareBlue Southeast	3	2.67%	3.45%
Dean Health Plan	17	24.13%	19.54%
Group Health Cooperative Eau Claire	1	1.34%	1.15%
Group Health Cooperative South Central WI	7	8.69%	8.05%
Gundersen Lutheran	3	2.33%	3.45%
Health Tradition	2	1.91%	2.30%
Humana-Eastern	6	6.39%	6.90%
Humana-Western	4	4.22%	4.60%
Medical Associates	0	0.51%	0.00%
MercyCare Health Plan	0	0.61%	0.00%
Network Health Plan	1	4.05%	1.15%
Physicians Plus	1	9.25%	1.15%
Standard Plans (all) <sup>2</sup>	20	11.68%	22.99%
UnitedHealthcare of Wisconsin	4	4.24%	4.60%
Unity-Community	0	0.85%	0.00%
Unity-UW Health	11	11.83%	12.64%
WPS Prevea Health Plan	1	0.79%	1.15%

\*Not available as a health plan option for 2007, however providers are available through CompcareBlue Southeast.

<sup>1</sup>This information is collected by ETF and is not part of the CAHPS<sup>®</sup> survey.

<sup>2</sup> Includes State and Local Standard Plans, State Maintenance Plan, Local Annuitant Health Plan and Medicare Plus \$1,000,000; administered by BlueCross & BlueShield of Wisconsin in 2005.

**Most Common Health Plan Complaint Types Reported:**

- Excluded or Non-covered Benefit (20 percent of all complaints reported)
- Unauthorized Services (14 percent of all complaints reported)

# HEDIS<sup>®</sup> SUMMARY

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

HEDIS<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>?** Consumers can use HEDIS<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>) member satisfaction data, providers available in a plan, and employee share of insurance costs. Consumers may also use HEDIS<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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.

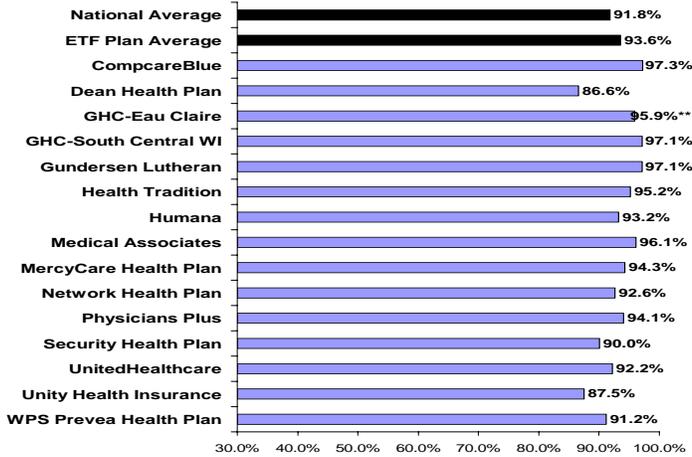
Small sample sizes may also impact scores. This may be the result of a smaller HMO not having enough eligible members for the measure to make up an adequate sample. A minimum sample size of N=30 is needed for a measure to be included in any type of comparison. Scores for plans with low sample sizes are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

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

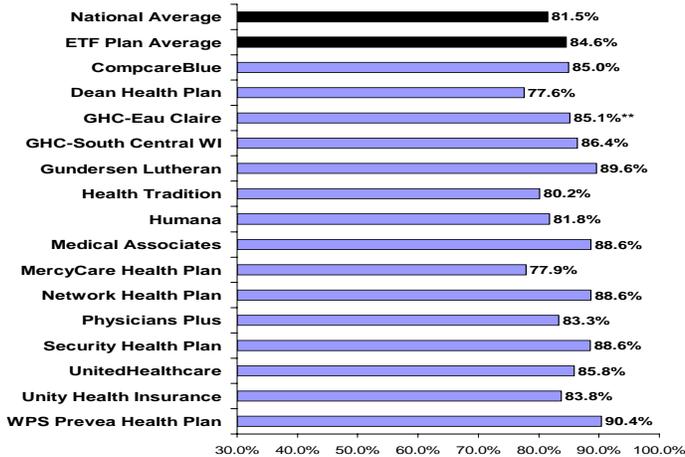
- HEDIS® data is not available for the Standard Plans because Preferred Provider Plans do not emphasize the quality improvement and reporting functions of Managed Care Organizations.
- The Wisconsin averages included in this report card include only HMOs that participate in the State program. The scores for Security Health Plan are included in the HEDIS® results because they are an available plan in 2007, however because they were not part of State program in 2006, their scores are not included in ETF average presented in this section.
- As explained above, 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.

# HEDIS® Results

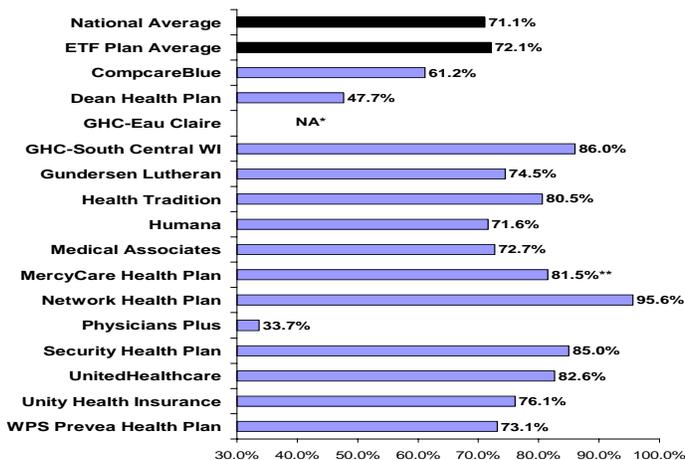
Timeliness of Prenatal Care



Postpartum Care



Well-Child Visits in the First 15 Months of Life



\* 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

**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?**

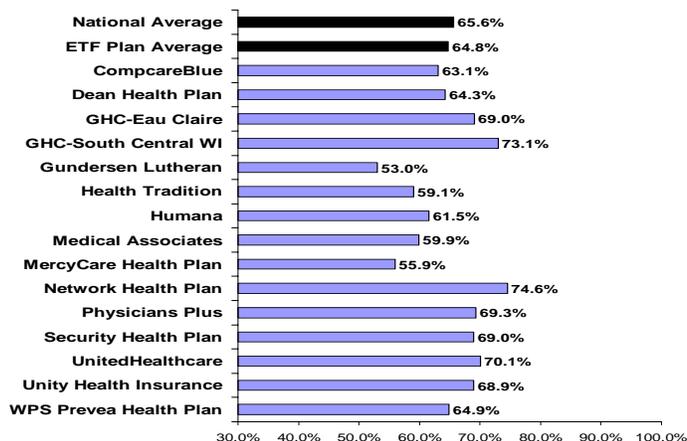
The 8 weeks after giving birth are a period of physical, emotional and social changes for the mother during a time when she is also adjusting to caring for her new baby. To give practitioners a chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that 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?**

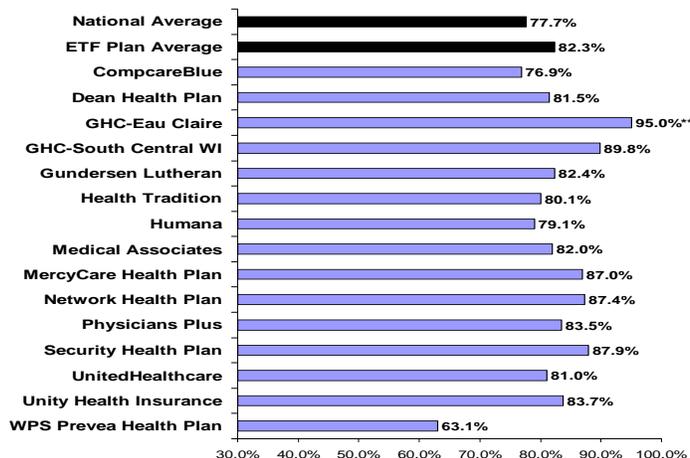
Regular check-ups are one of the best ways to detect physical, developmental behavioral and emotional problems. These visits are of particular importance during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor-skills, hand-eye coordination and 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.

## Women and Children's Health

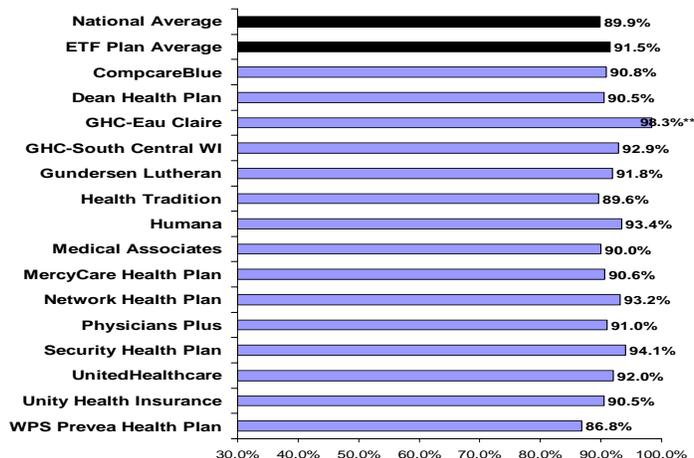
**Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life**



**Childhood Immunization Status: Combination #2**



**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 years 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 and also included in Combination #2**) has lead to rapid increases in immunizations nationwide and in Wisconsin

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

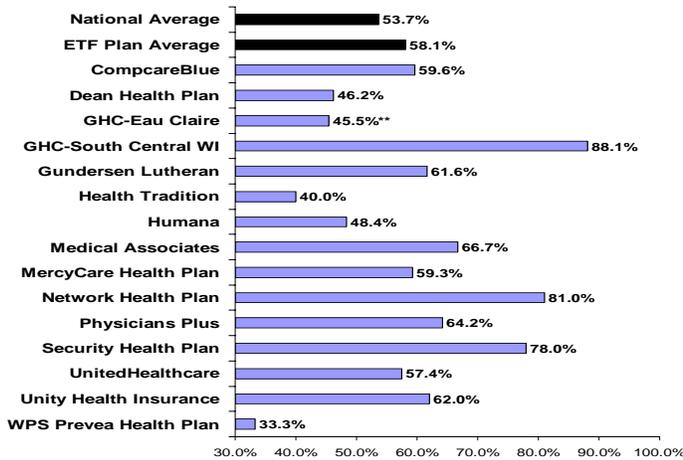
The Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians and Advisory Committee on Immunizations Practices recommend that by the time children are 13, they should have received their second dose of measles-mumps and rubella and three hepatitis B immunizations. They also recommend that children who have not had chicken pox receive that vaccination as well **(displayed separately and also included in combination #2).**

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.

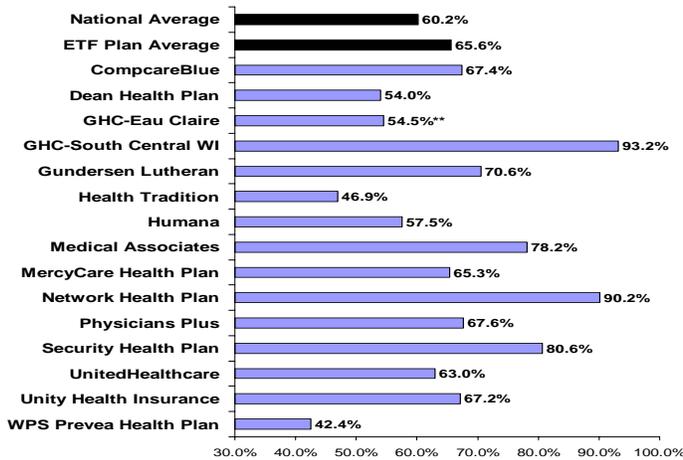
**Did children between ages 2 and 18 who were diagnosed with pharyngitis get prescribed an antibiotic at an outpatient visit and receive a group A streptococcus (group A strep) test?**

Pharyngitis is the only condition among Upper Respiratory Infections 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.

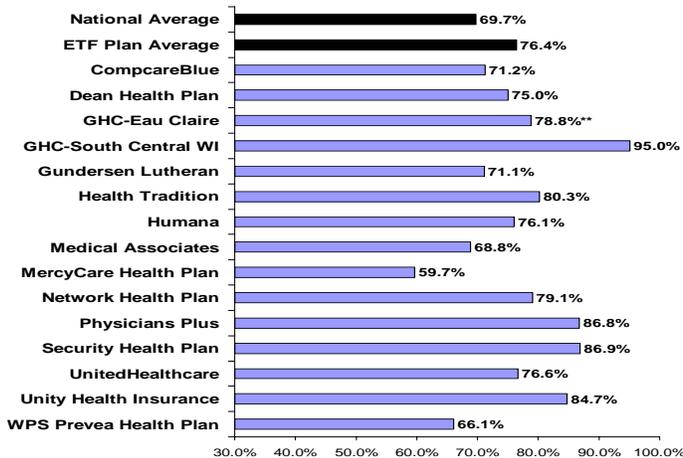
Adolescent Immunization Status: Combination #2



Adolescent Immunization Status: Chicken Pox



Appropriate Testing for Children with Pharyngitis



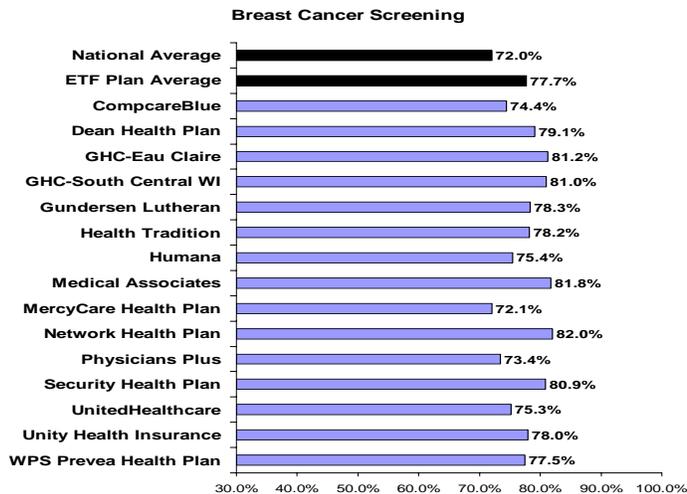
\* HEDIS® scores are not available because the sample size is too small to be meaningful. N<30.

\*\*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

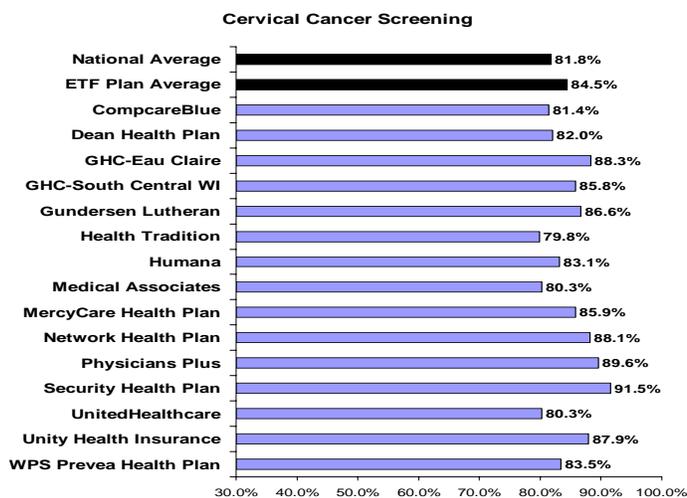
### Did women 52 to 69 years old have a mammogram within the last two years?

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?

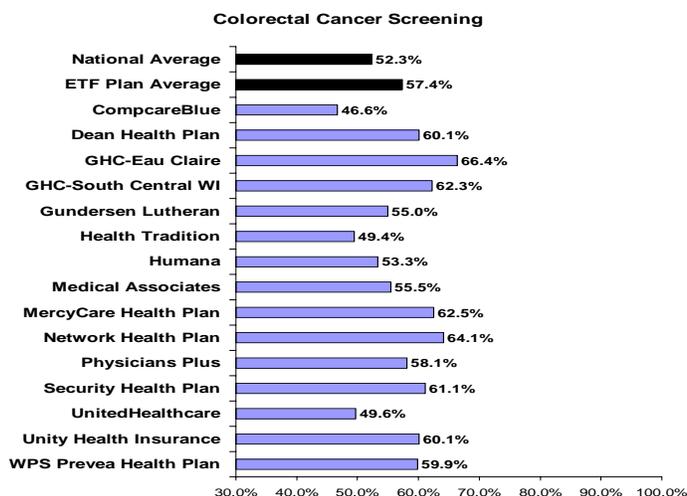
Approximately 13,000 new cases of cervical cancer are diagnosed annually, and about 4,100 women die of the disease each year. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society, recommend Pap 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:

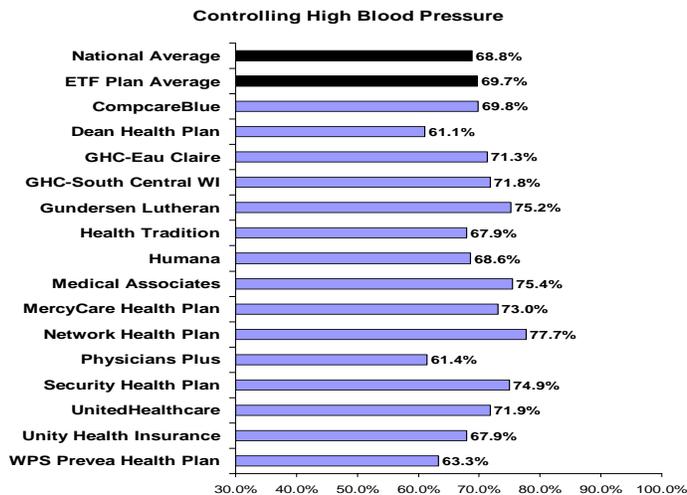
- fecal occult blood test (FOBT) during the measurement year
- flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year
- colonoscopy during the 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.



## Living with Illness

### 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.

## Living with Illness

### What percentage of members age 18 to 75 with cardiovascular conditions 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?

Changes made to this measure may have caused unreliable results and ETF is following NCQA's recommendation to refrain from publishing the scores reported for this measure this year. Important information about cholesterol management for people with cardiovascular conditions can be found below.

Based on the scores ETF reported in the report card last year, participating HMOs on average scored similarly to the national average for cholesterol screening after a heart attack with the ETF average score at 82.5 percent and the national average at 81.1 percent. On average, participating HMOs were more likely to achieve LDL-C levels <100 mg/dL for their patients (55.9 percent) than were HMOs around the nation (50.9 percent).

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.

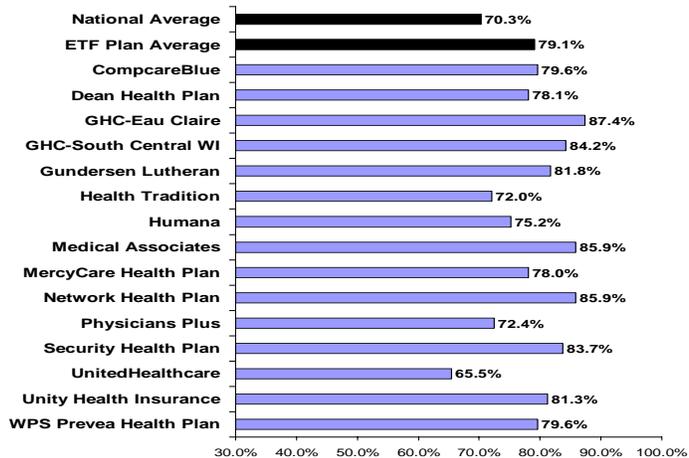
For information on heart disease in Wisconsin, visit the Wisconsin Cardiovascular Health Program at:

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

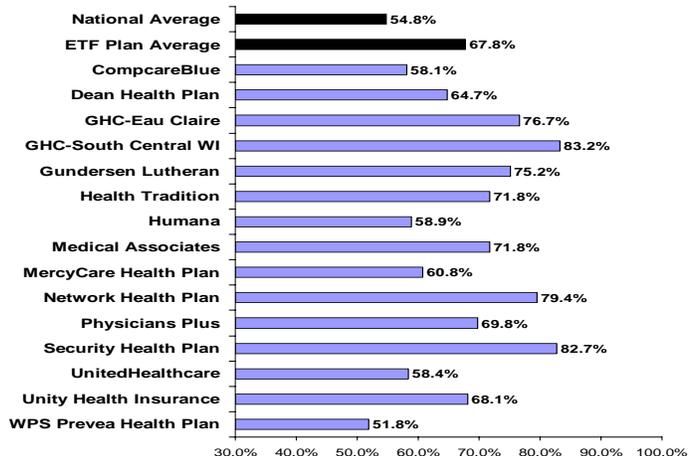
Diabetes Care: HbA1c Testing



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:**

- 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*

*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:

- An estimated 329,460 adults (8%) have diabetes (94,130 are undiagnosed). An estimated 4,000 (0.3%) children and adolescents have diabetes. About 19% of Wisconsin residents 65 and older have diabetes.
- In 2002, estimated direct costs (health care) of diabetes totaled \$3.12 billion dollars and indirect costs (loss of productivity) were estimated at \$1.35 billion, for a total cost of \$4.47 billion in Wisconsin.

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

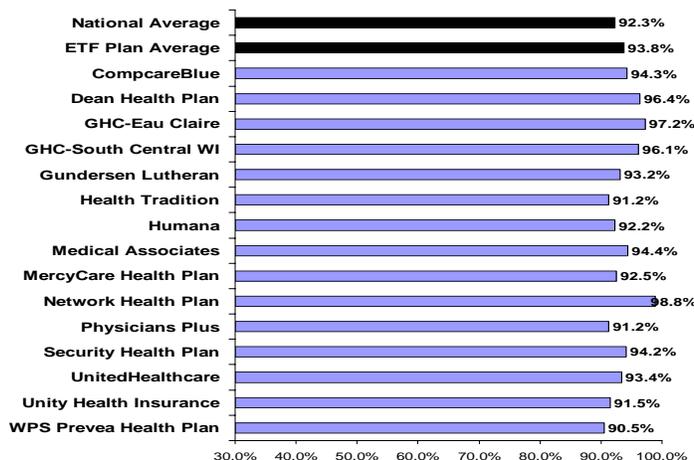
<http://dhfs.wisconsin.gov/health/diabetes/overview.htm>

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

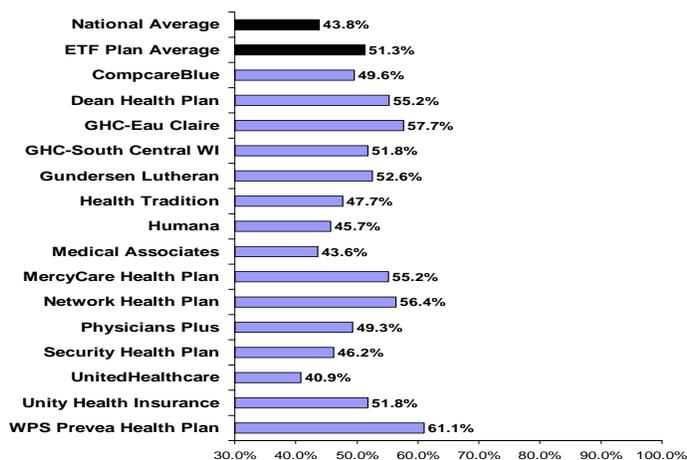
<http://www.alliancehealthcoop.com/diabetes/index.htm>

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.

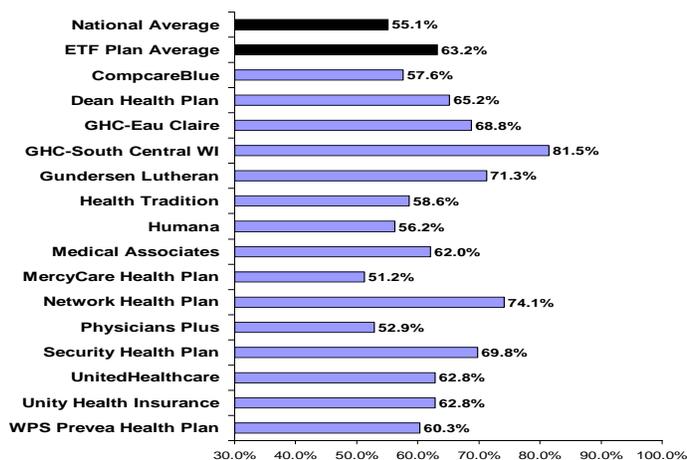
Diabetes Care: Cholesterol Screening



Diabetes Care: LDL-C Level <100



Diabetes Care: Kidney Disease Screening



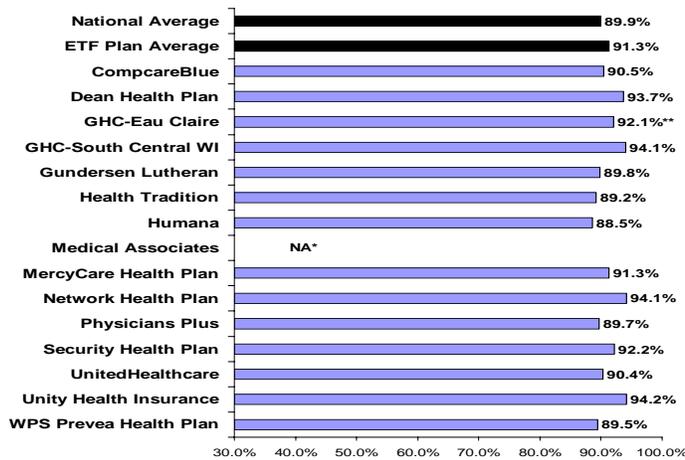
**What percentage of members age 5 to 56 with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma?**

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.

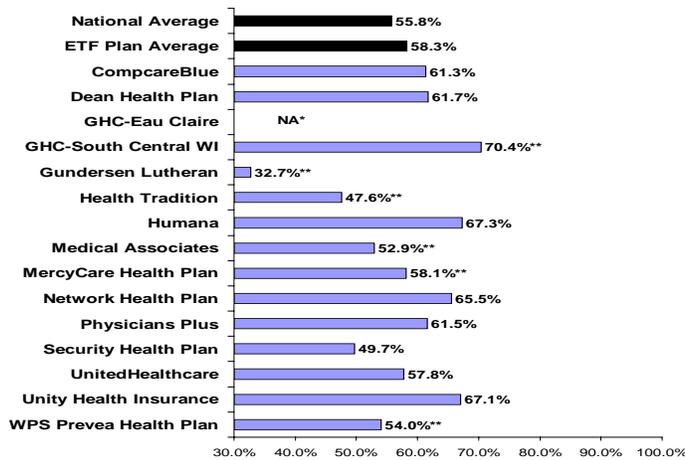
**What percentage of members age 6 and older who were hospitalized for selected mental disorders and were seen on an outpatient basis by a mental health provider within 30 days or within 7 days after their discharge?**

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.

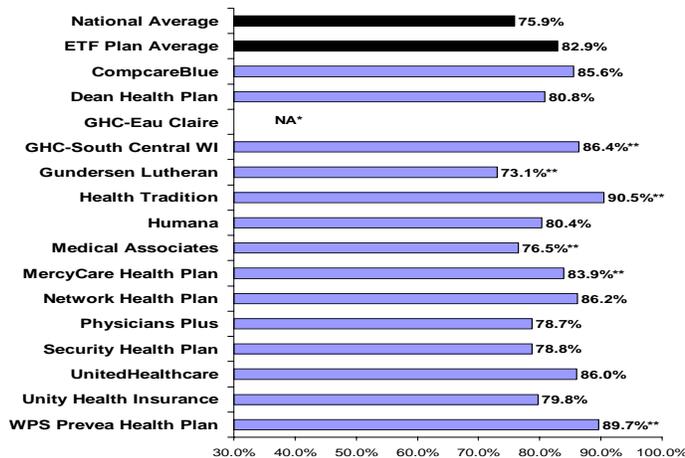
Use of Appropriate Medications for People with Asthma



7-Day Follow Up after Hospitalization for Mental Illness



30-Day Follow-Up after Hospitalization for Mental Illness



\* 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:**

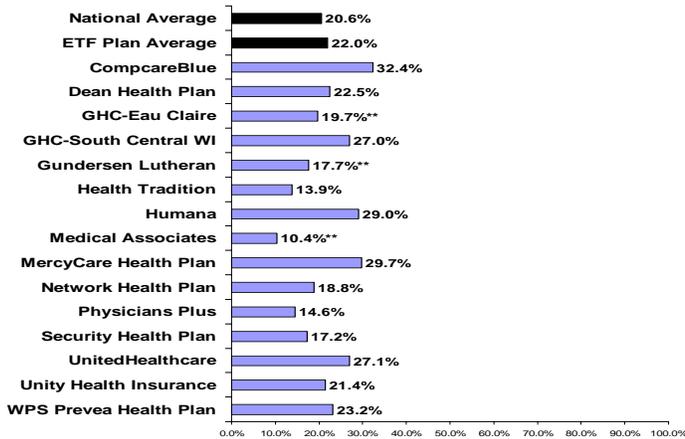
- Adequate clinical management of new treatment episodes (at least three follow-up office visits during the first 12 weeks after diagnosis and start of medications)
- Adequate acute phase trial medications (stayed on medication for 12 weeks)
- Completion of a period of continuous treatment for major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

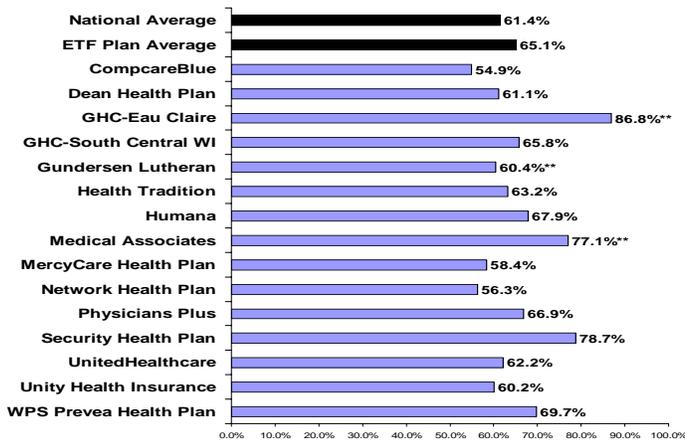
Patients who have a moderate to severe case of major depression are generally good candidates for treatment with antidepressant medication. If pharmacological therapy is initiated, the AHRQ *Depression in Primary Care* guideline defines three phases of treatment: acute, continuation and maintenance.

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.

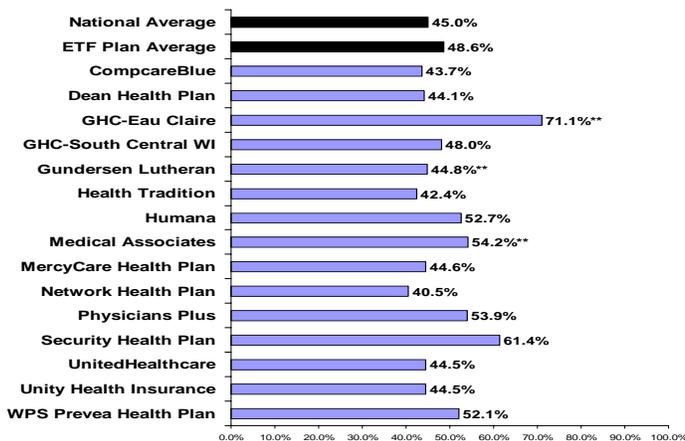
**Optimal Practitioner Contacts for Antidepressant Medication Management**



**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.