



HEDIS[®]

Health Care Quality Information
Based on Health Plan Performance

CAHPS[®]

Health Care Quality Information
From the Consumer Perspective

2006 Detailed HEDIS[®] and CAHPS[®] Results

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

Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS®, the most widely used set of performance measures in the managed care industry, 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.

Definition of HEDIS® Measures and Scores Examined in this Report

HEDIS® 2007 (measurement year 2006) consists of 71 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 focused on 30 measures across 3 domains—Effectiveness of Care, Access/Availability of Care, and Use of Services for a total of 70 scores. For most of the scores examined, a higher score is considered better. However, there are two exceptions:

- For the Poor HbA1c Control (>9.0%) for the Comprehensive Diabetes Care measure, a lower score is better because it indicates that fewer people with diabetes were poorly controlled.
- For Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis, a lower score indicates that fewer people who should not receive antibiotics did in fact receive a prescription. Note that in order to be more consistent with other antibiotic misuse measures, NCQA has changed this measure so that a higher rate is better. The rate is now called “Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis”, but is presented in this report in its original form in order to be consistent with how it was displayed in the Report Card Section of the 2008 *It’s Your Choice* booklets.

Please see appendix #8 for a description of each measure analyzed in this report.

Methods for determining clinically significant differences

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

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

Limitations

Although HEDIS[®] data is a valuable method of evaluating how well an HMO takes action to keep 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, NCQA recommends to look for patterns in performance for multiple measures that address a particular issue, such as how well an HMO keeps members healthy or takes steps in implementing effective preventive medicine initiatives.

One limitation of only reporting clinically significant results, as defined in the previous section, is that as health plan scores improve over the years, the variability for measures decreases. This reduces the ability of clinic significance to distinguish performance differences between health plans, which may in fact be meaningful. For this reason, statistical significance is included in the calculation of the quality composite even though the results are not presented in this report.

HEDIS[®] data measures an HMO's entire block of Wisconsin business. NCQA strongly discourages HMOs from providing HEDIS[®] data that reflects the experience of particular employers because HEDIS[®] data is expensive and difficult to collect. Even large HMOs struggle to obtain an adequate sample for certain measures, such as treatment after a heart attack, due to limited events in their covered population.

HEDIS[®] Results

Individual HMOs Compared to State Average: Better than Average

The ETF HMOs are listed in order of number of measures for which they achieved a significantly better score than the average of all participating HMOs. A score is considered significantly better if it is 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.

GHC-SCW had 10 above average rates (and no below average rates)

- Adolescent Immunization Status/VZV
- Adolescent Immunization Status/Combination #2
- Appropriate Testing for Children With Pharyngitis
- Childhood Immunization Status/Combination #3
- Chlamydia Screening/ Chlamydia age 16-20
- Chlamydia Screening/ Chlamydia age 21-25
- Chlamydia Screening/ Chlamydia Combined Age Brackets
- Comprehensive Diabetes Care/ Eye Exam
- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- Well-Child Visits in the First 15 Months of Life (six or more visits)

Network Health Plan had 4 above average rates (and 1 below average rate)

- Adolescent Immunization Status/ Combination #2
- Adolescent Immunization Status/ VZV
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Well-Child Visits in the First 15 Months of Life (six or more visits)

GHC-Eau Claire had 4 above average rates (and 1 below average rate)

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

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

- Adolescent Immunization Status/Combination #2
- Antidepressant Medication Management/Effective Acute Phase Treatment
- Antidepressant Medication Management/Effective Continuation Phase Treatment
- Comprehensive Diabetes Care/Eye Exam

Gundersen Lutheran had 2 above average rates (and 2 below average rates)

- Childhood Immunization Status/Combination #3
- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

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

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

Anthem BCBS had 1 above average rate (and 8 below average rates)

- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

MercyCare Health Plan had 1 above average rates (and 2 below average rates)

- Adolescent Immunization Status/Combination #2

Physicians Plus had 1 above average rate (and 4 below average rates)

- Appropriate Testing for Children With Pharyngitis

UnitedHealthcare had 1 above average rate (and no below average rates)

- Follow-Up Care for Children Prescribed with Attention-Deficit/Hyperactivity Disorder: Continuation and Maintenance Phase

Arise Health Plan had no above average rates (and 1 below average rate)

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

Health Tradition had no above average rates (and 6 below average rates)

Humana had no above average rates (and 3 below average rates)

Medical Associates had no above average rates (and 4 below average rates)

Individual HMOs Compared to State Average: Below Average Performance

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

It is important to keep in mind that although an HMO may have scored below the average, it may have achieved the national average provided by NCQA. These cases are noted below. Measures, for which national averages are not available, are noted below as well.

Anthem had 8 below average rates (and one above average rate)

- Antidepressant Medication Management/Effective Continuation Phase Treatment
- Call Timeliness
- Childhood Immunization Status/Combination #3 **(met national average)**
- Colorectal Cancer Screening
- Comprehensive Diabetes Care/ Poor HbA1c Control >9.0%
- Comprehensive Diabetes Care/ Eye Exam
- Comprehensive Diabetes Care/ Blood Pressure Control <130/80 Hg **(national average not available)**
- Well-Child Visits in the First 15 Months of Life (six or more visits)

Health Tradition had 6 below average rates (and no above average rates)

- Adolescent Immunization Status/ VZV
- Adolescent Immunization Status/ Combination #2
- Childhood Immunization Status/Combination #2
- Childhood Immunization Status/Combination #3 **(met national average)**
- Childhood Immunization Status/ Pneumococcal Conjugate **(met national average)**
- Colorectal Cancer Screening

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

- Adolescent Immunization Status/Combination #2
- Adolescent Immunization Status/VZV
- Timeliness of Prenatal Care **(met national average)**
- Well-Child Visits in the First 15 Months of Life (six or more visits)

Medical Associates had 4 below average rates (and no above average rates)

- Appropriate Treatment for Children With Upper Respiratory Infection
- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- Chlamydia Screening/ Chlamydia age 21-25
- Chlamydia Screening/ Chlamydia Combined Age Brackets

Physicians Plus had 4 below average rates (and 1 above average rate)

- Comprehensive Diabetes Care/ Eye Exam **(met national average)**
- Follow-Up Care for Children Prescribed with Attention-Deficit/Hyperactivity Disorder: Initiation Phase **(national average not available)**
- Follow-Up Care for Children Prescribed with Attention-Deficit/Hyperactivity Disorder: Continuation and Maintenance Phase **(national average not available)**
- Timeliness of Prenatal Care

Humana had 3 below average rates (and no above average rate)

- Comprehensive Diabetes Care/ Poor HbA1c Control >9.0%
- Comprehensive Diabetes Care/ Eye Exam **(met national average)**
- Use of Imaging Studies for Low Back Pain

Gundersen Lutheran had 2 below average rates (and 2 above average rates)

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

MercyCare Health Plan had 2 below average rate (and 1 above average rate)

- Appropriate Testing for Children With Pharyngitis
- Call Timeliness

Arise Health Plan had 1 below average rate (and no above average rates)

- Appropriate Testing for Children with Pharyngitis

GHC-Eau Claire had 1 below average rate (and 4 above average rates)

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

Network Health Plan had 1 below average rate (and 4 above average rates)

- Initiation of Alcohol and Other Drug Dependence Treatment

GHC-SCW had no below average rates (and 10 above average rates)

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

UnitedHealthcare had no below average rates (and 1 above average rate)

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

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The CAHPS® survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Policy and Research (AHRQ), the Harvard Medical School, RAND, Research Triangle Institute and Westat. Each year, ETF contracts with a vendor to survey state employees and retirees about their experiences with their health plans.

Summary of CAHPS® Measurement Tools

In addition to collecting CAHPS® data and reporting it in the ETF report card, Morpace Inc., the CAHPS® survey vendor, also conducts additional analysis that determines what factors are “key drivers” of overall satisfaction with a health plan and with health care. Key drivers for each of the health plans were compared to the 2007 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.

Appendixes #5, #6, and #7 provide comparisons of individual health plans to the ETF and the 2007 NCQA Quality Compass. Appendix #4 provides an explanation of the data presented in appendix #5 and appendix #6. More specifically:

- Appendix #5 summarizes how participating health plans compared to the NCQA and ETF averages on how people rated health plan, health care, primary doctor and specialists.
- Appendix #6 displays detailed results for health plan performance as compared to NCQA and ETF averages on six composite scores: Claims Processing, Customer Service, Getting Care Needed, How Well Doctors Communicate, Getting Care Quickly, and Shared Decision Making.
- Appendix #7 displays health plan performance compared to the NCQA Quality Compass and the ETF average for the three specific areas that were found to be the most highly correlated with overall satisfaction levels for all ETF health plans combined. These areas are:
 - Handled claims correctly (r=.62)
 - Handled claims quickly (r=.62)
 - Got info/help needed from customer service (r=.57)
 - Ability to get care believed necessary (r=.56)
 - Customer service treated you with courtesy & respect (r=.52)

Areas that fall into the key driver category are further classified into actions health plans should take based on what percentile they fall into when comparing their score to the Quality Compass. Health plans that achieve the 75th percentile level should consider this an area of strength and should maintain their efforts. Health plans between the 50th and 75th percentiles should monitor their progress—they are not doing as well as the top health plans, but they are doing better than the majority of health plans. Health plans that score below the 50th percentile have an opportunity to improve their performance in that area.

- Appendix #4 displays the scores used for the composites detailed in appendix #7.

Note that it is possible for a health plan to receive a lower score as compared to the ETF average and rank higher against the 2006 Quality Composite. This is because for the overall ratings, the ETF methodology considers the total rating from 0 to 10 while the Quality Compass only considers the percentage of respondents who rate their health plan from 8 to 10.

For the calculations used by ETF for the health plan report card, the raw scores are adjusted for self-reported health status, education level and age. Studies have demonstrated that older respondents and respondents who report better health tend to rate their health care more favorably when compared to their counterparts, while more educated respondents tend to rate their health plan less favorably.

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 #5 and Appendix #6 that they score significantly above the ETF average.

GHC-Eau Claire had 6 above average scores (and no below average scores):

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

Medical Associates had 5 above average scores (and 1 below average score):

- How People Rated their Health Plan
- How People Rated their Health Care
- How People Rated their Primary Doctors
- Getting Care Needed composite
- How Well Doctors Communicate composite

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

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

GHC-SCW had 3 above average scores (and no below average scores):

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

Network Health Plan had 3 above average scores (and 1 below average scores):

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

Unity-UW has 3 above average scores (and 2 below average scores):

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

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

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

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

- How People Rated their Health Care
- How People Rated their Specialists
- Getting Care Quickly composite

Unity-Community has 3 above average scores (and no below average scores):

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

Humana-Eastern has 1 above average score (and 3 below average scores):

- How People Rated their Specialists

Physicians Plus had 1 above average score (and 1 below average score):

- How People Rated their Health Plan

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

Anthem BCBS Northwest had no above average scores (and 4 below average scores)

Anthem BCBS Southeast had no above average scores (and 4 below average scores)

Dean Health Plan had no above average scores (and 1 below average score)

MercyCare Health Plan had no above average scores (and 1 below average score).

UnitedHealthcare NE had no above average scores (and 3 below average scores).

UnitedHealthcare SE had no above average scores (and 1 below average score).

The Standard Plan had no above average scores (and 1 below average score).

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

WPS Patients Choice had no above average scores (and 2 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 #5 and Appendix #6 that they score significantly below the ETF average. Scores that met the 2007 Quality Compass 50th percentile are noted below.

Anthem BCBS Northwest 4 below average scores (and no above average scores):

- How People Rated their Health Plan
- Claims Processing composite
- Customer Service composite (Quality Compass not available for this composite)
- Getting Care Quickly composite (Met Quality Compass 50th percentile)

Anthem BCBS Southeast had 4 below average scores (and no above average scores):

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

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

- How People Rated their Health Plan
- Claims Processing composite
- Customer Service composite (Quality Compass not available for this composite)
- Getting Care Needed composite

Humana-Eastern had 3 below average scores (and 1 above average score):

- How People Rated their Health Plan
- Claims Processing composite
- Customer Service composite (Quality Compass not available for this composite)

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

- How People Rated their Health Plan
- Claims Processing composite
- Customer Service composite (Quality Compass not available for this composite)

UnitedHealthcare NE had 3 below average scores (and no above average scores):

- How People Rated their Health Plan (Met Quality Compass 50th percentile)
- Claims Processing composite
- Customer Service composite (Quality Compass not available for this composite)

Unity-UW has 2 below average scores (and 3 above average scores):

- Getting Care Needed composite
- Getting Care Quickly composite

WPS Patient Choice had 2 below average scores (and no above average scores):

- How People Rated their Health Plan
- Claims Processing composite

Dean Health Plan has 1 below average score (and no above average scores):

- Getting Care Needed composite

Medical Associates had 1 below average score (and 5 above average scores):

- Shared Decision Making composite (Quality Compass not available for this composite)

MercyCare Health Plan had 1 below average score (and no above average scores):

- Customer Service composite (Quality Compass not available for this composite)

Network Health Plan had 1 below average score (and 3 above average scores):

- How People Rated their Primary Doctors (Met Quality Compass 50th percentile)

Physicians Plus had 1 below average score (and 1 above average score):

- Getting Care Quickly composite (Met Quality Compass 50th percentile)

UnitedHealthcare SE had 1 below average score (and no above average scores):

- Claims Processing composite

The Standard Plan had 1 below average score (and no above average scores):

- How Well Doctors Communicate composite (Met Quality Compass 90th percentile)

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

GHC-Eau Claire had no below average scores (and 6 above average scores).

GHC-SCW had no below average scores (and 3 above average scores).

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

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

Unity-Community had no below average score (and 3 above average scores).

Conclusions

Overall HMOs in Wisconsin continue to perform better than HMOs across the country. However, there are significant differences in the performance of HMOs. HMOs such as GHC-SCW, Network Health Plan, GHC-Eau Claire and Security Health Plan scored high on several HEDIS[®] measures while an HMO such as Anthem BCBS scored below average across several important measures and had few high scores.

Certain health plans such as GHC-Eau Claire, Medical Associates, and Gundersen Lutheran stand out as having high CAHPS[®] scores, while other health plans such as Anthem BCBS and Humana continue to have areas of weakness, such as customer service and claims processing that need to be addressed. These findings are significant and point to areas in which improvement could be made to better serve Wisconsin state and local employees.

These findings, and the findings of future studies, must continue to be shared with consumers and addressed with the HMOs. In fact, according to NCQA, organizations that have their HEDIS[®] scores published typically score higher than organizations that do not have their scores published. Please see the appendixes for more detailed HEDIS[®] and CAHPS[®] results.

Summary of Appendixes

Appendix 1: Status of Managed Care by Health Plan. {This appendix provides a summary of ETF's efforts to make health plans accountable for managing care and a brief summary of the progress being made by each health plan.}

Appendix 2: ETF Participating Health Plan Commercial National Ranking. {This appendix shows how health plans performed in following national composite areas: Consumer Assessment, Prevention, and Treatment.}

Appendix 3: Measurement Year 2006 HEDIS[®]: HMO Performance on 70 scores. {This appendix summarizes the number of HEDIS[®] scores that each health plan met the national, performed significantly better than the ETF average, and performed significantly worse than the ETF average.}

Appendix 4: Description of Six Composite Scores and Morpace Inc. Key Driver Analysis. {This appendix lists the questions that are included in each of the six composite scores display in appendix #6. Definitions of each of the three recommended areas of action for health plans that are shown in appendix #7 are defined.}

Appendix 5: 2007 Overall Levels of Satisfaction by Health Plan. {This appendix shows health plan performance compared to the NCQA Quality Compass and the ETF average for overall satisfaction ratings with Health Plan, Health Care, Primary Doctor, and Specialists.}

Appendix 6: 2006 Performance in Six Areas of Care by Health Plan. {This appendix shows health plan performance compared to the NCQA Quality Compass and the ETF average for six composite areas: Getting Care Quickly, Shared Decision Making, How Well Doctors Communicate, Claims Processing, Customer Service, and Getting Care Needed.}

Appendix 7: 2006 Morpace Inc. Key Drivers of Satisfaction with Health Plan. {This appendix shows health plan performance compared to the NCQA Quality Compass and the ETF average on the questions that are most highly correlated with overall health plan satisfaction: handled claims in a timely manner, handled claims correctly, and getting help needed when called customer service, getting care needed, and treated with respect by customer service.}

Appendix 8: Description of 2007 HEDIS[®] Measures (measurement year 2006). {This appendix describes the 30 scores reported in this study in the Effectiveness of Care, Access and Availability of Care, and Use of Services domains.}

Appendix 9: Childhood Immunization Status: Pneumococcal Conjugate. {This appendix displays a bar chart with comparison of 2005 to 2006 health plan scores.}

Appendix 10: Adolescent Immunization Status: Chicken Pox. {This appendix displays a bar chart with comparison of 2005 to 2006 health plan scores.}

Appendix 11: Comparison of 2006 Participating HMO Averages to 2005 HMO Averages and to 2005 National Averages. {This appendix shows average comparisons for the 30 scores examined in this study.}