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CORRESPONDENCE MEMORANDUM

DATE: January 24, 2008
TO: Group Insurance Board
FROM: Sonya Sidky, Project Manager
Health Benefits and Insurance Plans
SUBJECT: HEDIS[®] and CAHPS[®] Performance in 2006

This informational piece does not require Board action.

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

- The Healthcare Effectiveness Data and Information Set (HEDIS[®]) submitted by the participating Health Maintenance Organizations (HMOs) to the Department of Employee Trust Funds (ETF).
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) data collected by ETF through Internet and mail surveys.
- The 2007 Disease Management Survey Results collected by ETF from all participating health plans.

How this Report is Structured

This report includes a brief summary of health plan performance on HEDIS[®], CAHPS[®], and the disease management survey. In-depth descriptions of these quality indicators and results for measures examined for this study are available in the attached report, *2006 Detailed HEDIS[®] and CAHPS[®] Results*. The report includes several appendixes, which display summary statistics and results by health plan.

HEDIS[®] Description

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.

CAHPS[®] Description

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.

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

Signature Date

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A New Tool for Assessing Quality

New this year is a discussion of ETF's efforts to make health plans more accountable for managing health care. This was achieved by asking health plans to respond to a disease management survey and answer questions about HEDIS® and CAHPS® deficiencies. Health plans that could demonstrate they were actively measuring and managing care for chronic conditions tended to have higher HEDIS® and CAHPS® scores. Although ETF is just beginning to examine how health plans manage care and track data, it is clear this approach adds an important tool to better understand why certain health plans perform better than others. Appendix #1 of the attached report includes a brief summary by health plan.

How HEDIS® and CAHPS® Results were Used

Once again, HEDIS® and CAHPS® results were used to give credit to high-performing HMO health plans during the negotiation process. The top performing health plans were GHC-SCW, Network Health Plan and GHC-Eau Claire. The poorest performing health plans were Anthem BCBS and Humana. Performance based on the quality composite system used in health plan negotiations was published in the *It's Your Choice* booklets. Health plan performance was noted by a four star rating system on overall quality, wellness and prevention, disease management, and customer service/claims processing. In 2006, 41 percent of respondents reported that they use the information published in the *It's Your Choice* booklets to make a health plan selection.

In addition, the health plans use the HEDIS® and CAHPS® results along with other reports from ETF for quality improvement purposes.

Overall Health Plan Performance

Our participating health plans continue to perform well on quality measures, when compared to health plans nationwide. Although there are some shifts in participating health plans on performance rankings, previously high performers continued to rate high and poor performers continued to perform poorly.

HEDIS®

Overall, participating HMOs continued to score higher on HEDIS® measures than HMOs nationwide for the 2006 measurement year. Participating HMOs performed better than the national average on measures such as Childhood Immunizations, Adolescent Immunizations, Colorectal Cancer Screenings, Breast Cancer Screenings, and Comprehensive Diabetes Care. We continue to note big differences in the relative performance of Wisconsin participating HMOs on their HEDIS® scores. For example GHC-SCW scored significantly above average on ten scores across seven measures and Anthem BCBS performed significantly below average on eight scores across five measures.

Although the HEDIS® scores of participating HMOs continue to be higher than that of HMOs nationwide, there is still significant room for improvement in several areas of care including appropriate use of antibiotics, cancer screening, and mental health. The most notable improvements in 2006 were with scores within the Childhood and Adolescent Immunization measures.

CAHPS®

Overall, member satisfaction with their **health plan** remained the same, while member satisfaction with their **health care** decreased. Interestingly enough, member satisfaction with their **primary doctors** and **specialists** increased. Respondents often commented that they

were very pleased with the care that they received from their primary doctor and specialists, but that they were frustrated with barriers to getting care, such as needing to schedule appointments months in advance to see their providers.

We continue to note big differences in member satisfaction levels with the best and worst performing health plans. For example, GHC-Eau Claire rated significantly better than the ETF average on eight of the ten measures examined. By contrast, Anthem BCBS Northwest, Anthem BCBS Southeast, and the State Maintenance Plan each rated significantly worse than the ETF average on six measures.