



Department of Financial Regulation

Rule H-2009-03
Evaluation of the 2012
Managed Care Organizations Data Filings

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PART I: REPORT OVERVIEW

1.1 Executive Summary

The purpose of this report is primarily to assess compliance with Vermont's Rule H-2009-03 quality requirements of the care and services that Vermonters receive as members of the four major managed health insurers in Vermont for HMO/POS and PPO products. In doing so, the report chronicles and compares standardized annual clinical and administrative performance measures against accepted national and regional benchmarks and multi-year performance trends of Vermont's health plans care (known as Managed Care Organizations (MCOs)). This report also identifies areas of performance that fall short of reaching a benchmark and may provide an opportunity for improvement. Key performance domains included in this report include:

- 1) MCO's Access to Providers/Services
- 2) MCO's Member Satisfaction, UR Determinations and Grievances;
- 3) MCO's Quality Measures Performance;
- 4) MCO's Over-Time Quality Measures Performance
- 5) DFR recommendations.

The report uses symbols to denote the results of statistical tests comparing MCO performance against two different benchmarks. For the most part, the benchmarks represent national and New England's regional averages calculated by the National Committee for Quality Assurance (NCQA). Although not every MCO in the United States submits data to NCQA, most do; and therefore NCQA's national and regional averages provide reasonable and generally accepted points of comparison. The Department performs additional statistical significance testing for performance measures, measure subsets, as well as longitudinal analyses.

The body of the report includes only those measures with results that are of special note either because they represent important opportunities for improvement or because they indicate noteworthy superior performance. There are four appendices included with this report, Appendix A and Appendix B contain graphs displaying performance over time; Appendix C contains additional measure data reported by the managed care organizations; and Appendix D contains technical documentation.

New in This Report

For the first time, the report includes tables that summarize change-over-time performance for CAHPS® and HEDIS® measures. These tables can be found the Part IV of the main body of the report. The CAHPS® data is presented in one table. The HEDIS® data are categorized into three different tables for measures of acute care, preventive care and chronic care. This analysis determined that all MCOs demonstrated statistically significant improvement on at least one CAHPS® survey measure and that most MCOs showed statistically significant improvements in the quality of care received by members for one or more effectiveness of care measure over time.

Also, for the first time since the state began to require MCO reporting in 1997, MVP does not have sufficient membership to report meaningful HEDIS® and CAHPS® results for its HMO product.

Access to Services

The MCOs are providing adequate geographic access for most services for most members. Consistent with previous reports, the primary areas for improving member access to services are in the area of mental health professionals, i.e., psychiatrists and inpatient chemical dependency services. Of particular note is the need for improved access to mental health professionals in the Northeast Kingdom. The access results for inpatient chemical dependency services may be affected by the Department's recent understanding that MCOs may not be using the same definition to identify inpatient chemical dependency providers. The Department is reviewing the definitions with the MCOs and will provide clarification for future reporting periods, as necessary.

Provider Satisfaction

The results of provider satisfaction surveys showed that the majority of Vermont providers who responded to the survey "agreed" or "strongly agreed" that they were satisfied with BCBSVT and MVP, while only half of the providers who responded to the CIGNA survey were satisfied. CIGNA had additional issues with their provider survey that are outlined under "2.4 Provider Satisfaction" in the report. The Department finds that CIGNA is non-compliant with the provider satisfaction requirements and has substantial opportunity to improve its use of Department-approved provider survey questions and response rate, as well as network provider satisfaction.

Quality Performance

The report includes a list for each MCO of opportunities to improve clinical outcomes. However, the Department has focused its recommendations for improvement on a set of measures that apply to all MCOs, where the average performance level did not meet 50% and/or did not meet the New England regional average. These recommendations are included in the Recommendations section of the report. **Because there is significant opportunity for improvement among the measures identified as "Recommendations for All MCOs," the Department recommends that MCOs select at least one measure from these to include as a new joint improvement project for 2013 to include in their annual QI Improvement Work Plan, which are due to the Department by March 31, 2013.**

Preauthorization Requests and Grievances

MCOs are completing UR review decisions in a timely manner. Grievances remain relatively rare, ranging from 6 grievances per 1000 members (TVHP) to 0.09 grievances per 1000 members (PrimariLink). When examining the rate at which grievances are overturned in the member's favor, BCBSVT and TVHP have rates that are substantially higher than the other MCOs for physical health grievances. Similarly, BCBSVT, TVHP and MBH have rates that are substantially higher than the other MCOs for mental health and substance abuse grievances.

All of the MCOs except MVP have at least one improvement opportunity related to the timeliness with which they complete grievance reviews. Only CBH and PrimariLink met requirements for the timeliness of mental health and substance abuse decisions.

1.2 Vermont MCOs, Enrollment & Market Share

1.2.1 Vermont MCO's Overview

Vermont Rule H-2009-03 and statutes (18 V.S.A. § 9414 and 8 V.S.A. §§ 15, 4089a, 4089b and 4724) hold MCOs to consumer protection and quality requirements. Each MCO subject to these regulations was required to submit a comprehensive set of performance indicators, and other information specified by the Department, on or before July 15, 2012.

In 2011, there were 10 entities required to submit data as part of these requirements. The majority of this information includes clinical performance measures for calendar year 2011 and member survey data field in the spring of 2012.

Insurance Entity	Abbreviations in Report	
	HMO w/o PPO	PPO
Blue Cross Blue Shield of Vermont	BCBSVT	BCBSVT PPO
CIGNA HealthCare	CIGNA	CIGNA PPO
MVP Health Care	MVP	MVP PPO
The Vermont Health Plan	TVHP	NA

Rates reported by Preferred Provider Organizations (PPOs) tend to be lower than those reported by other managed care products (e.g. HMOs, POS). In order to improve comparisons, MCOs are divided into one of two types:

- 1) All Lines of Business minus PPOs (referred to MCO (w/o PPO) in this report)
- 2) PPO

In this report, PPO products are only compared with other PPOs, while the HMOs w/o PPOs are compared only to each other.

In addition to the MCOs, there were three entities that manage mental health and substance abuse services for Vermont’s MCOs. They were required to submit a subset of measures.

Managed Mental Health Organization	Abbreviation in Report	Insurer
CIGNA Behavioral Health	CBH	CIGNA
Magellan Behavioral Health	MBH	BCBSVT & TVHP
PrimariLink	PrimariLink	MVP

For the fifth consecutive year, CIGNA submitted HEDIS® and CAHPS® data for both its managed network products and its PPO products. For the third year, Blue Cross Blue Shield of Vermont submitted data for its BCBSVT PPO, and MVP submitted data for its PPO product. In 2011 the membership of MVP’s HMO plan dropped below meaningful reporting thresholds. Based on discussion and approval by the Department, MVP did not report HEDIS® or CAHPS® data for this product.

The types of measures required under Rule H-2009-03 are categorized into three categories:

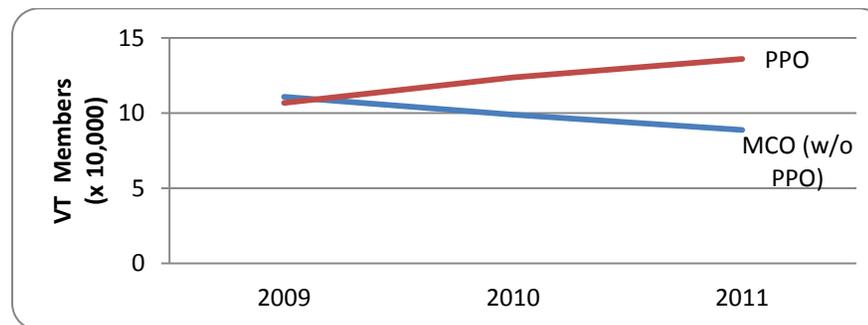
- 1) HEDIS® clinical effectiveness measures,
- 2) member satisfaction and experience of care measures, and
- 3) Department-specified Rule H-2009-03 measures.

Occasionally data from multiple categories are presented together to display all data related to a key category.

1.2.2 Enrollment Statistics and Market Share

Enrollment differs greatly between insurance entities, ranging from 30,728 members (MVP) to over 108,739 (BCBSVT combined). TVHP is the only entity that exhibited growth in non-PPO products from 2009 to 2011. BCBSVT's total proportion of MCO w/o PPO products has risen from 65% in 2009 to over 90% in 2011. Market share among MCOs has been fairly consistent in the PPO market.

Enrollment Trends, 2009 – 2011										
	BCBSVT	CIGNA	MVP	TVHP	MCO w/o PPO Total	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Total	All MCO Total
2009										
Members	42,648	23,536	14,701	29,772	110,657	27,145	61,432	18,089	106,666	217,323
Market Share	20%	11%	7%	14%	51%	12%	28%	8%	49%	100%
2010										
Members	41,244	20,410	5,150	32,038	98,842	26,818	69,015	27,803	123,636	222,478
Market Share	19%	9%	2%	14%	44%	12%	31%	12%	56%	100%
Growth 2009-2010	-3%	-13%	-65%	8%	-11%	-1%	12%	54%	16%	2%
2011										
Members	41,937	4,626	3,171	38,945	88,679	27,857	81,000	27,107	135,964	234,643
Market Share	19%	2%	1%	17%	39%	12%	36%	12%	61%	100%
Growth 2009-2011	-2%	-80%	-78%	31%	-20%	3%	32%	50%	27%	3%



Over the past three years, enrollment appears to be shifting from POS/HMO products into PPO/EPO products. This trend is most notable for CIGNA and MVP products. In fact, MVP's HMO membership was below the threshold for reporting HEDIS® and CAHPS® results for the first time since 1997. Statewide, PPO products have increased by close to a third from 2009 to 2011.

1.3 Access to Providers/Services; Travel Time Standards and Waiting Time Standards

Access to services is an important consideration for health plan members. Managed care organizations are responsible for ensuring sufficient numbers and types of contracted providers are available to provide health care services for members without unreasonable delay; and this requirement must be met in all service areas in which the MCO has members. In addition, the Rule requires that MCOs meet requirements for travel time standards and waiting time standards so that under normal circumstances members are able to obtain services from either their residence or place of business within the requirement driving and appointment waiting timeframes.

1.3.1 Geographic Access

Rule H-2009-03 stipulates travel time requirements to contracted providers from members' residences or places of business. The travel time standards vary by type of health care provider, however MCOs must ensure that 90% of its members have access to each provider type within the travel time specified in the Rule.

MCOs may submit a combined GeoAccess report for their PPO and HMO/POS products if at least 85% of the providers are shared among their different product networks. CIGNA submitted combined reports, while BCBSVT submitted separate reports for its PPO and HMO/POS products.

CBH and MBH submitted information about member access to mental health and substance abuse services within their provider networks, which is included in the charts and graphs that follow. To avoid duplication, CBH reports mental health and substance abuse service access for CIGNA which is reported in the following tables; CIGNA does not report any mental health and substance abuse access data. PrimariLink was not required to report any access data because it does not have its own contracted provider network.

It is important to note that travel time measurements only evaluate the proximity of providers to member's residences. With the exception of access to PCPs, the measures do not address whether a provider who is located within the required distance is accepting new patients, the status of wait times for appointments, or whether the provider has the clinical expertise or experience required to meet a specific patient's needs. Therefore, in theory, it is possible for an MCO to have an access score of 100% with only one provider under contract in a particular service area and all of its members living in close proximity to that one provider.

A review of the travel time submissions finds that there are deficiencies some service areas for some provider services. It should be noted that in some rural counties, particularly in Vermont's Northeast Kingdom, there are relatively fewer mental health and substance abuse providers and they may be located beyond the Rule H-2009-03 travel time standard for members in those service areas. This is not a new finding, but one that may require the assistance of other state agencies in partnership with the MCOs to solve.

In addition, each year the Department selects a different set of medical specialties to determine if MCOs meet the Rule H-2009-03 standard to provide at least 90% of members with access to specialty care within 60 minutes of travel time. During this reporting period, the selected specialties included:

- otolaryngology;
- gastroenterology, and
- midwifery.

The tables on the following pages report the areas where MCOs do not meet the access standards for at least 90% of their members on either a statewide or county-specific basis.

We did not include charts showing statewide results for the following providers because at least 90% of all MCO members have access within the required 30-minute travel time:

- PCPs for adults;
- PCPs for children;
- mental health providers in an outpatient or office setting (access within specific counties is shown for psychiatrists and psychologists where access falls below the 90% standard), and
- substance abuse providers in an outpatient or office setting.

Similarly, no charts showing statewide results are included for the following providers because at least 90% of all MCO members have access within the required 60-minute travel time:

- pharmacies;
- otolaryngology;
- midwifery;
- intermediate mental health providers; (intermediate mental health providers include: acute residential treatment, partial hospitalization programs and intensive outpatient programs);
- intermediate chemical dependency providers; (intermediate chemical dependency providers include: acute residential treatment, partial hospitalization programs and intensive outpatient programs), and
- mental health providers at inpatient facilities (access within specific counties is shown when access falls below the 90% standard).

MCOs that do not meet the travel access requirements under Rule H-2009-03 are marked with a red stop sign  and may represent opportunities for improvement.

1.3.2 Percentage of Members Statewide with Access to Outpatient Mental Health Services by Provider Type

Rule H-2009-03 requires that at least 90% of each MCO's members have access to outpatient mental health services within 30 minutes of travel time. Statewide access levels by provider type are reported in the table below.

Percentage of Members Statewide with Access to Outpatient Mental Health Services by Provider Type, 2012				
	Psychiatrists	Psychologists	All Master's Level Providers	All Ambulatory Mental Health Providers ¹
BCBSVT	91%	97%	100%	100%
CBH	100%	100%	100%	100%
MBH	91%	97%	100%	100%
MVP PPO	100%	100%	100%	100%
TVHP	92%	98%	100%	100%
BCBSVT PPO	89% 	97%	100%	100%

¹ Ambulatory mental health providers include individual clinicians and mental health clinics.

1.3.3 Access to Mental Health Providers for Selected Counties

Rule H-2009-03 requires that at least 90% of each MCO's members have access to psychiatrists, psychologists and master's level therapists within 30 minutes of travel time. Access information for selected counties that do not consistently meet the 90% standard for all provider types are reported in the table below.

Percentage of Members within Access to Outpatient Mental Health and Chemical Dependency Providers in Selected Counties, 2012					
	Psychiatrists	Psychologists		Psychiatrists	Psychologists
Essex County			Orange County		
BCBSVT	41% ●	66% ●	BCBSVT	66% ●	100%
BCBSVT PPO	49% ●	71% ●	BCBSVT PPO	68% ●	100%
CBH	100%	100%	CBH	100%	100%
MBH	49% ●	67% ●	MBH	70% ●	100%
MVP	85% ●	99%	MVP	100%	100%
TVHP	59% ●	61% ●	TVHP	75% ●	100%
Franklin County			Orleans County		
BCBSVT	79% ●	93%	BCBSVT	18% ●	28% ●
BCBSVT PPO	76% ●	93%	BCBSVT PPO	25% ●	35% ●
CBH	99%	97%	CBH	100%	100%
MBH	77% ●	94%	MBH	21% ●	31% ●
MVP	98%	96%	MVP	100%	100%
TVHP	76% ●	96%	TVHP	21% ●	32% ●
Grand Isle County			Windsor County		
BCBSVT	87% ●	100%	BCBSVT	56% ●	100%
BCBSVT PPO	85% ●	100%	BCBSVT PPO	49% ●	100%
CBH	100%	100%	CBH	100%	100%
MBH	86% ●	100%	MBH	55% ●	100%
MVP	100%	100%	MVP	100%	100%
TVHP	83% ●	100%	TVHP	58% ●	100%

1.3.4 Access to Gastroenterology in Essex County

Access to gastroenterologists within 60 minutes statewide is at the 100% level, which exceeds the 90% standard. However, in Essex County, only TVHP meets the access standard. This may not be surprising, since Essex County is located in the Northeast Kingdom and is the least populated county in Vermont.

Percentage of Members with Access to Gastroenterology Statewide and in Essex County, 2012		
	Statewide ²	Essex County
BCBSVT	100%	80% ●
BCBSVT PPO	100%	87% ●
CIGNA	100%	87% ●
MVP PPO	100%	76% ●
TVHP	100%	98%

1.3.5 Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties

To meet the geographic access standard for inpatient mental health facilities, 90% of members must have access within 60 minutes of driving time. The counties where the 90% standard was not met by all MCOs are shown in the table below.

Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties, 2012						
County	BCBSVT	BCBSVT PPO	CBH	MBH	MVP	TVHP
Essex	95%	93%	100%	95%	33% ●	96%
Orleans	100%	100%	100%	100%	32% ●	100%

² The actual statewide percentage is slightly below 100% and has been rounded up to 100%.

1.3.6 Percentage of Members with Access to Inpatient Chemical Dependency Facilities - Statewide and Selected Counties

To meet the geographic access standard for an inpatient chemical dependency (CD) facility, 90% of members must have access within 60 minutes of driving time. The counties where the 90% standard was not met by all MCOs are shown in the table below. Given the wide variation across the data reported by the MCOs, the Department is researching whether the same methodology and definitions were applied consistently by all MCOs and will provide additional clarification for reporting in future years, as necessary.

Percentage of Members within Access Standards to Inpatient Chemical Dependency Facilities Statewide and for Selected Counties, 2012						
	BCBSVT	BCBSVT PPO	CBH	MBH	MVP	TVHP
Statewide	54% 	64% 	100%	59% 	98%	60% 
Essex County	36% 	44% 	100%	44% 	33% 	57% 
Lamoille County	13% 	13% 	100%	13% 	100%	12% 
Orleans County	5% 	6% 	100%	6% 	60% 	6% 

1.3.7 Percentage of Members with Access to Appointments within the Rule H-2009-03 Waiting Time Standards

The access standard for appointment times are shown below:

- 24 hours for urgent care;
- 2 weeks for non-emergency, non-urgent care, and
- 90 days for preventive care, including routine physical examinations.

MCOs with performance levels below 90% are identified as having an opportunity for improvement. Since there is no standard for preventive care for mental health, CBH and MBH are designated with “NA.” It should be noted that MCOs are able to choose how to measure this standard, and the different methods selected by the MCOs are noted in the footnotes.

Percentage of Members with Access to Appointments within the Rule 9-03 Time Standards, 2012							
	BCBSVT & TVHP ³	CBH ⁴	CIGNA ⁵	CIGNA PPO	MBH ⁶	MVP ⁷	Rule Standard
Urgent Care	89%	65%	87%	92%	100%	100%	90%
Improvement Opportunity	●	●	●				
Non-Urgent Care	81%	92%	92%	92%	97%	100%	90%
Improvement Opportunity	●						
Preventive Care	85%	NA	98%	98%	NA	100%	90%
Improvement Opportunity	●						

³ Member satisfaction survey with PCP and OB/GYN providers; rates reported for are for PCPs only.

⁴ Members responding “usually/always” to questions of the Experience of Care Survey

⁵ Members responding “usually/always” to questions on the CAHPS Survey

⁶ MVP reviewed wait time for services based on time from request for authorization of services

⁷ MVP conducted appointment book audits of all high volume practices.

1.4 Provider Satisfaction

Rule H-2009-03 requires that MCOs conduct an annual survey of their provider network. For the 2012 data filing, MCOs used their own sampling and survey methodology, along with including a set of standardized state-approved survey questions, as required. The state-approved survey questions are scored on a five-point scale using the following responses:

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

The standard state-approved provider survey questions include:

1. Overall, I am satisfied with [MCO].
2. I would recommend [MCO] to other practitioners and to my patients.
3. [MCO's] staff is responsive when I need assistance.
4. [MCO's] quality of communications, such as care management tools, policy bulletins and manuals, is adequate.
5. [MCO] provides adequate support to patients with chronic conditions, or other serious illness.
6. [MCO's] prescription drug formulary is adequate.⁸
7. The amount of time spent obtaining [MCO] pre-approval for select prescription drugs is appropriate.⁹
8. The amount of time spent obtaining [MCO] pre-approval for services (other than prescription drugs) for my patients is appropriate.
9. I have adequate access to [MCO's] Vermont utilization management department (e.g., when coverage for a service has been denied).
10. [MCO's] reimbursement levels are adequate.
11. [MCO's] claims payments are timely.
12. [MCO's] claims processing is accurate.
13. There are an adequate number and breadth of practitioners in [MCO's] network when I need to refer patients for other services.

⁸ MBHOs are not required to use this question

⁹ MBHOs are not required to use this question

The results below are for the “Strongly Agree” and “Agree” categories, unless identified below in a footnote.

Based on a review of the survey responses, we have noted the following:

- BCBSVT and TVHP used a mixed mode methodology to reach its providers. This included the use of mail, Internet, and telephone to survey primary care and specialist practices. Survey questions used a five-point scale and the results report the top two responses (“Satisfied” and “Very Satisfied”).
- CBH sent an electronic survey via email to its mental health and substance abuse practitioners in Vermont and received 143 responses.
- CIGNA fields a national survey of its PCPs and specialists via the Internet. Providers were notified via email to visit CIGNA’s website to share their opinions. CIGNA does not identify itself as the survey sponsor. For the purposes of reporting the data to the Department, CIGNA combines responses of specialists, PCPs and OB/GYNs. Only 24 completed surveys were collected from Vermont providers. CIGNA’s survey included 10 out of the 13 standard state questions, and did not always use the exact language for each of the standard questions, and did not use the required five-point scale. These modifications are explained in the table below as footnotes. The Department finds that because of the low response rate, and the failure to use the required questions and five-point scale, CIGNA did not comply with the Rule 9-03 requirement.
- MBH mailed surveys to its Vermont network providers who had at least one authorization for services between January and June 2011. Providers could either mail-back or fax-back their survey responses.
- MVP used a mail survey, sending surveys to 740 physicians and health professionals in Vermont, and received 105 responses. This is a 14% response rate.
- PrimariLink does not have its own provider network and, as in the past, is not required to submit a provider satisfaction survey.
- Based on a review of each MCO’s survey methodology, it appears that each plan, with the exception of CIGNA, is in compliance with the requirement to include standard state questions to their provider satisfaction surveys and to collect responses using a five-point scale.

In addition, MCOs are required to summarize the results of any corrective actions that they have undertaken during the reporting year to improve provider satisfaction from the previous year’s low scoring survey results. The following charts provide an analysis of the provider survey results and improvement activities reported by the MCOs.

The results below are for the “Strongly Agree” and “Agree” categories, unless identified below in a footnote.

Provider Satisfaction Survey Results, 2012					
	BCBSVT/ BCBSVT PPO/ TVHP	CBH	CIGNA POS & PPO	MBH	MVP
Overall, I am satisfied with [MCO].	91%	50%	50% ¹⁰	70%	85%
I would recommend [MCO] to other practitioners and to my patients.	83% (to colleagues) 81% (to patients)	43%	29% ¹¹	60%	74%
[MCO’s] staff is responsive when I need assistance.	91%	53%	57%	77%	71%
[MCO’s] quality of communications, such as care management tools, policy bulletins and manuals, is adequate.	82%	48%	60% ¹²	59%	72%
[MCO] provides adequate support to patients with chronic conditions, or other serious illness.	66%	31%	NR	39%	65%
MCO’s prescription drug formulary is adequate.	53%	NA	33% ¹³	NA	69%
The amount of time spent obtaining [MCO] pre-approval for select prescription drugs is appropriate.	38%	NA	27% ¹⁴	NA	41%
The amount of time spent obtaining [MCO] pre-approval for services (other than prescription drugs) for my patients is appropriate.	29%	47%	30%	63%	49%
I have adequate access to [MCO’s] Vermont utilization management department (e.g., when coverage for a service has been denied).	58%	29%	NR	44%	56%
[MCO’s] reimbursement levels are adequate.	58%	20%	50% ¹⁵	20%	62%
[MCO’s] claims payments are timely.	90%	40%	55% ¹⁶	70%	69%
[MCO’s] claims processing is accurate.	83%	53%	NA	63%	66%
There are an adequate number and breadth of practitioners in [MCO’s] network when I need to refer patients for other services.	64%	28%	89% ¹⁷	45%	80%

¹⁰ CIGNA used a seven-point scale and measured results for the top three categories for this measure.

¹¹ CIGNA used a 10-point scale and measured results for the top three categories for this measure.

¹² The question was phrased “Overall rating of information and communications you receive from Cigna” and measured as the top three on a five-point scale

MCO Actions Taken in Response to Last Year's Provider Survey Results

MCO Actions Taken in Response to Prior Year Survey Results, 2012					
Corrective Actions	BCBSVT/ BCBSVT PPO /TVHP	CBH	CIGNA POS & PPO	MBH	MVP
Worked to improve timeliness of claims adjustment	X				
Worked to improve resolution of inquiry upon first contact with customer service	X				
Worked to Improved provider website			X		
Streamline drug prior authorization process			X		
Worked to increase staffing for provider telephone				X	
Worked to improve care management program				X	X
Worked to improved authorization process					X
Worked to improve claims processing		X			

¹³ The question was phrased "Based on your experience in the past six months, please rate Cigna on the following: Pharmacy program (i.e., formulary, coverage, home delivery service)"

¹⁴ The question was phrased" Based on your experience in the past six months, please rate Cigna on the drug prior authorization process (i.e., accessibility of information and ease of use)."

¹⁵ The question was phrased "Competitiveness of fee schedules"

¹⁶ The question was phrased "Claims processing (i.e., accuracy and timeliness of claims payments)"

¹⁷ The question was phrased "The Cigna network has enough of the physicians you prefer."

1.5 Methodology for Evaluating MCO Performance

The following analysis evaluates the data submitted by the MCOs which includes HEDIS®, CAHPS®, and Department-specified Rule H-2009-03 measures, with the exception of geographic access data, and appointment wait time data which were presented in the previous section. Department-specified Rule H-2009-03 measures were developed by the Department in cooperation with the MCOs. These measures are not found in a national measurement set such as HEDIS®.

The HEDIS® and CAHPS® data were subject to two different types of statistical analyses: point-in-time analysis and trend analysis whereas the Department-specified Rule 9-03 measures were measured against performance levels and not subject to any statistical tests. The details of the analysis can be found in the technical documentation section included in Appendix D.

In order to determine if an MCO's performance significantly differed from the New England regional or national average in the point-in-time analysis, the Department requires that two separate criteria be met. The first is statistical significance (i.e. a "p" value of 0.05 or less) and the second is practical significance test (i.e. a difference of at least four percentage points between the MCO's performance and the relevant standard). The combination of these tests is designed to identify true differences that readers would find important.

The change-over-time analyses only rely on statistical significance (i.e. a "p" value of 0.05 or less) and no practical significance test is applied.

Tables depicting MCO performance for HEDIS® measures use the following acronyms:

- **NA** means "**not applicable**" and indicates that the population of members meeting the conditions for this measure is too small to produce a meaningful score (or rate), an MCO has no cases to report, or a significance test or trend analysis cannot be performed because there are no data with which to make the comparison.
- **NR** means "**not required to report**" and indicates that an MCO did not report the measure because it is not required to do so; and
- **FTR** means "**failed to report**" and indicates that an MCO was required to report data, but failed to do so.

1.6 Global Performance Rankings - SUPERSCORES

SUPERSCORES have been included in this report in the last four years to provide an overall performance ranking for each MCO based on its performance on selected clinical and survey measures for HMO/POS products only. The idea of creating SUPERSCORES is to provide an overall comparative ranking of each MCO. This year's report includes Superscores for PPOs, as well as for HMO/POS (subsequently referred to as "HMOs"). Two Superscores are based on HEDIS® measures and the other two are based on CAHPS® measures. The measures included in the SUPERSCORE calculations are selected from the measures highlighted in this report and focus on effectiveness of care, access to services, and member's experience of care and service. The score for each measure is compared to NCQA's percentiles for that measure and assigned to the applicable performance category as shown in the chart below.

SUPERSCORE RANKING	PERCENTILE	STARS
Excellent	90th percentile or higher	★★★★
Good	75th through 89th percentile	★★★
Fair	50th through 74th percentile	★★
Poor	Less than the 50th percentile	★

Details about how the measures are derived may be found in Appendix D. *These superscore rankings do not include managed mental health organizations.*

Key HEDIS® SUPERSCORE rankings:

- The scores for HMOs are fairly close.
- CIGNA received the highest score and its ranking has three stars.
- BCBSVT and TVHP have had the same two-stars ranking for the past five years.
- CIGNA PPO has the highest score overall, while MVP PPO has the lowest score.

HMO SUPERSCORE, 2012 HEDIS® Effectiveness of Care Measures			PPO SUPERSCORE , 2012 HEDIS® Effectiveness of Care Measures		
	Score	Ranking		Score	Ranking
BCBSVT	2.15	★★	BCBSVT PPO	2.36	★★
CIGNA	2.50	★★★	CIGNA PPO	2.66	★★★
TVHP	1.94	★★	MVP PPO	1.85	★★

Key CAHPS® SUPERSCORE rankings:

- There is more variation in the CAHPS® SUPERSCORES than there is in the HEDIS® SUPERSCORES.
- BCBSVT remains the highest CAHPS® scoring plan among the HMOs.
- CIGNA PPO is the highest scoring plan among the PPOs, while MVP PPO has the lowest score with only one star.

HMO SUPERSCORE, 2012 CAHPS® Experience of Care Measures			PPO SUPERSCORE , 2012 CAHPS® Experience of Care Measures		
	Score	Ranking		Score	Ranking
BCBSVT	3.27	★★★	BCBSVT PPO	2.36	★★
CIGNA	2.18	★★	CIGNA PPO	2.73	★★★
TVHP	2.36	★★	MVP PPO	1.36	★

PART II: MEMBER SATISFACTION, UR DECISIONS AND GRIEVANCES

This section of the report discusses quality improvement recommendations for managed care organizations. There are two criteria that are used to identify improvement opportunities for HEDIS® and CAHPS® measures: 1) the HMO's¹⁸ or PPO's rate is statistically and practically¹⁹ significantly worse than the better of the national or regional average, or 2) both the HMO's or PPO's rate and the better of the national or regional average are below 50%. For most Department-specified Rule H-2009-03 measures, MCOs are expected to achieve a 90% performance level.

Opportunities for improvements are identified in the following tables using the criteria described above and are identified with a “stop sign”.

When reviewing the tables, symbols have the following meaning:

- ▲ = Means that the HMO's or PPO's score *is better than* the national or New England regional average
- ◎ = Means that there is *no significant difference* between the HMO's or PPO's score and the national or New England regional average
- ▼ = Means that the HMO's or PPO's point-in-time score *is worse than* the national or New England regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- = Means that either: 1) the HMO's or PPO's point-in-time score *is below* the better of the national or New England regional average by a statistically and practically significant amount, or 2) all rates (HMO or PPO, regional and national) are *below 50%*. Either of these conditions indicates an opportunity where the HMO or PPO can improve its performance.

¹⁸ As noted above in this report the term HMO encompasses HMO, HMO/POS and POS

¹⁹ Practical significance is defined as the MCO's performance varying by at least four percentage points from the benchmark. The practical significance test is designed to identify differences that a reader would find important, by eliminating statistically significant differences that might be so small that the reader would find them immaterial.

2.1 Member's Experience of Care - CAHPS® Survey

This section of the report covers a range of measures that quantify members' experiences with their MCO or PPO. The topics covered in this section include the following:

- members' experiences with their health plan and provider network as measured by the CAHPS® survey;
- the percentage of utilization review decisions that fell below the Rule H-2009-03 timeliness standard; and
- the percentage of member complaints and grievances that were upheld or overturned, and were decided within the required timeframes.

Taken together these different types of measures provide a picture of members' experiences with their health plan.

In order to gauge how happy members are with the services they receive from their health plans and health care providers in health plan networks, Rule 9-03 required BCBSVT, CIGNA, CIGNA PPO, MVP PPO, TVHP, and BCBSVT PPO to report the results of a member experience of care and service survey for their adult commercial population. This section of the report provides the survey results for selected measures by reporting the percentage of members who were satisfied with MCO or PPO performance.

Change over time is also examined to identify whether performance has improved, stayed the same, or declined. Change over time is measured by determining if there are statistically significant changes in performance between the baseline measurement year (2010) and the most recent measurement year (2012).

Details about the survey, including response rates and respondent characteristics, may be found in Appendix C. Appendix A includes charts detailing relevant measures over time.

2.1.1 Rate Your Overall Health Plan Experience

This measure reports members' overall satisfaction with their HMO or PPO and is commonly seen as the key gauge of how satisfied members are with their specific managed care organization. These rates represent the percentage of members responding with a rating of 8,9, or 10 to the question, "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?"

Rate Your Overall Health Plan Experience, 2012									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	84%	70%	53%			55%	67%	50%	
Compared to National Average	▲	⊙	▼	66%		⊙	▲	▼	58%
Compared to Regional Average	▲	⊙	▼	69%		⊙	▲	▼	58%
Improvement Opportunity			●					●	
Change Over Time 2010-2012	▲	▲	▲			⊙	▲	⊙	

2.1.2 Call Answering and Call Abandonment

These are not CAHPS®, but rather HEDIS® measures that use administrative data. These measures are included in this section of the report because they relate to member experience with plan customer service.

Call Abandonment

This measure reports the percentage of callers who hung up before their call was answered by a live person. A lower percentage is better. Because this measure is frequently under 4% no test of practical significance is used in the evaluation of the point-in-time measure. Moreover, due to very large denominators, small percentage differences can be statistically different. The Department presents the rates out to two decimal places so that differences between the rates can be observed.

Call Answer Timeliness

This measure reports the percentage of calls answered by a live person within 30 seconds. A higher percentage is better.

Call Abandonment and Call Answer Timeliness, 2011									
		BCBSVT ²⁰	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Call Abandonment	Plan Rate	5.42%	1.28%	5.42%		5.42%	1.25%	1.77%	
	Compared to National Average	▼	▲	▼	2.63%	▼	▲	▲	1.96%
	Compared to Regional Average	▼	▲	▼	2.38%	▼	▲	▼	1.56%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	FTR	▲	FTR		FTR	▲	▲	
Call Answer Timeliness	Plan Rate	40%	74%	40%		40%	77%	85%	
	Compared to National Average	▼	▼	▼	78%	▼	◎	▲	78%
	Compared to Regional Average	▼	▼	▼	78%	▼	◎	▲	80%
	Improvement Opportunity	●	●	●		●			
	Change Over Time 2009-2011	FTR	▲	FTR		FTR	▲	▲	

A chart showing performance over time may be found in Appendix A.

²⁰ BCBSVT and TVHP reported adopting a “concierge model” for customer service that focuses on providing complete and accurate information on the first call and achieving high member satisfaction. However, this approach can result in longer wait times.

2.1.3 Customer Service: Composite and Individual Measures

Composite Measure

NCQA combines the rates from two CAHPS® questions to create a Customer Service Composite measure that includes:

How often did Customer Service staff treat you with courtesy or respect?

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?”

How often did your health plan’s Customer Service give you the information or help you needed?

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?”

Customer Service: Composite and Individual Measures, 2012										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	94%	84%	92%			88%	85%	78%	
	Compared to National Average	▲	◎	◎	86%		▲	◎	◎	82%
	Compared to Regional Average	▲	◎	◎	88%		▲	◎	◎	83%
	Change Over Time 2010-2012	◎	◎	◎			◎	◎	◎	
How often did Customer Service staff treat you with courtesy or respect?	Plan Rate	97%	93%	96%			95%	95%	85%	
	Compared to National Average	◎	◎	◎	93%		◎	◎	◎	91%
	Compared to Regional Average	◎	◎	◎	95%		◎	◎	◎	92%
	Change Over Time 2010-2012	◎	◎	◎			◎	◎	◎	
How often did your health plan’s Customer Service give you the information or help you needed?	Plan Rate	92%	75%	88%			82%	76%	72%	
	Compared to National Average	▲	◎	◎	79%		▲	◎	◎	74%
	Compared to Regional Average	▲	▼	◎	82%		▲	◎	◎	74%
	Improvement Opportunity		●							
	Change Over Time 2010-2012	◎	◎	◎			◎	◎	◎	

2.1.4 Claims Processing: Composite and Individual Measures

Composite Measure

NCQA measures both the timeliness and the accuracy of the HMO's and PPO's claims payment function in this composite. Poor handling of claims can be costly to the member and to health care providers both in terms of dollars and time spent on follow-up and resolution.

Claims Processing is Timely

This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims quickly?"

Claims are Processed Correctly

This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims correctly?"

Claims Processing Composite, 2012									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	94%	91%	92%		92%	92%	90%	
	Compared to National Average	▲	◎	◎	89%	▲	▲	◎	88%
	Compared to Regional Average	◎	◎	◎	90%	▲	▲	◎	88%
	Change Over Time 2010-2012	◎	◎	◎		◎	▲	◎	
Claims Processing is Timely	Plan Rate	92%	91%	87%		89%	90%	90%	
	Compared to National Average	▲	◎	◎	88%	◎	◎	◎	86%
	Compared to Regional Average	◎	◎	◎	89%	◎	◎	◎	87%
	Change Over Time 2010-2012	◎	◎	◎		◎	◎	◎	
Claims are Processed Correctly	Plan Rate	96%	92%	96%		95%	94%	91%	
	Compared to National Average	▲	◎	▲	90%	▲	▲	◎	90%
	Compared to Regional Average	▲	◎	▲	91%	▲	▲	◎	89%
	Change Over Time 2010-2012	◎	◎	◎		◎	▲	◎	

2.1.5 Getting Needed Care: Composite and Individual Measures

Composite

NCQA combines the rates from the two CAHPS® questions shown below to create a “Getting Needed Care” composite measure:

Getting to See A Specialist

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often was it easy to get appointments with specialists?”

Easy to Get the Care, Tests or Treatment You Needed

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?”

Getting Needed Care, 2012									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	88%	91%	88%		84%	88%	84%	
	Compared to National Average	⊙	▲	⊙	86%	⊙	⊙	⊙	86%
	Compared to Regional Average	⊙	⊙	⊙	87%	⊙	⊙	⊙	86%
	Change Over Time 2010-2012	⊙	▲	⊙		▼	⊙	⊙	
Getting to See A Specialist	Plan Rate	82%	87%	86%		80%	83%	81%	
	Compared to National Average	⊙	⊙	⊙	83%	⊙	⊙	⊙	84%
	Compared to Regional Average	⊙	⊙	⊙	85%	⊙	⊙	⊙	83%
	Change Over Time 2010-2012	⊙	▲	⊙		⊙	⊙	⊙	
Easy to Get the Care, Tests or Treatment You Needed	Plan Rate	95%	93%	89%		87%	94%	87%	
	Compared to National Average	▲	▲	⊙	88%	⊙	▲	⊙	88%
	Compared to Regional Average	▲	⊙	⊙	90%	⊙	▲	⊙	89%
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙	

2.1.6 Getting Care Quickly: Composite and Individual Measures

Composite

NCQA combines the rates from the two CAHPS questions shown below to create a “Getting Care Quickly” composite measure.

Getting Care Quickly When You Need Care Right Away

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?”

Getting Routine Care As Soon As Wanted

The measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?”

Getting Care Quickly, 2012									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	90%	90%	92%		89%	92%	86%	
	Compared to National Average	▲	⊙	▲	86%	⊙	▲	⊙	87%
	Compared to Regional Average	⊙	⊙	⊙	89%	⊙	⊙	⊙	89%
	Change Over Time 2010-2012	⊙	⊙	⊙		▲	⊙		
Getting Care Quickly When You Needed Care Right Away	Plan Rate	94%	87%	93%		90%	92%	86%	
	Compared to National Average	▲	⊙	⊙	88%	⊙	⊙	⊙	89%
	Compared to Regional Average	⊙	⊙	⊙	91%	⊙	⊙	⊙	90%
	Change Over Time 2010-2012	⊙	▼	▲		⊙	⊙	⊙	
Getting Routine Care As Soon As Wanted	Plan Rate	87%	92%	91%		89%	92%	86%	
	Compared to National Average	⊙	▲	⊙	85%	⊙	▲	⊙	86%
	Compared to Regional Average	⊙	▲	⊙	88%	⊙	▲	⊙	88%
	Change Over Time 2010-2012	⊙	▲	⊙		⊙	⊙	⊙	

2.1.7 How Well Doctors Communicate: Composite and Individual Measures

Composite

To create this composite, NCQA combines members' satisfaction levels from the four CAHPS® questions shown below.

How Often Doctors Listen Carefully

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal physician listen carefully to you?”

How Often Doctors Explain Things in an Understandable Way

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?”

How Often Doctors Show Respect

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor show respect for what you had to say?”

How Often Doctors Spend Enough Time with Their Patients

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor spend enough time with you?”

How Well Doctors Communicate, 2012										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO Average)		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	96%	95%	94%			94%	95%	93%	
	Compared to National Average	⊙	⊙	⊙	94%		⊙	⊙	⊙	95%
	Compared to Regional Average	⊙	⊙	⊙	95%		⊙	⊙	⊙	95%
	Change Over Time 2010-2012	⊙	⊙	⊙			⊙	⊙	⊙	

Table continued below.

How Well Doctors Communicate, 2012

		BCBSVT	CIGNA	TVHP	MCO (w/o PPO Average)	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
How Often Doctors Listen Carefully	Plan Rate	96%	95%	94%		95%	94%	93%	
	Compared to National Average	⊙	⊙	⊙	94%	⊙	⊙	⊙	95%
	Compared to Regional Average	⊙	⊙	⊙	95%	⊙	⊙	⊙	95%
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙	
How Often Doctors Explain Things in an Understandable Way	Plan Rate	97%	97%	95%		96%	96%	94%	
	Compared to National Average	⊙	⊙	⊙	95%	⊙	⊙	⊙	96%
	Compared to Regional Average	⊙	⊙	⊙	96%	⊙	⊙	⊙	96%
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙	
How Often Doctors Show Respect	Plan Rate	97%	96%	96%		96%	96%	95%	
	Compared to National Average	⊙	⊙	⊙	95%	⊙	⊙	⊙	96%
	Compared to Regional Average	⊙	⊙	⊙	96%	⊙	⊙	⊙	96%
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙	
How Often Doctors Spend Enough Time with Their Patients	Plan Rate	95%	93%	92%		91%	93%	91%	
	Compared to National Average	⊙	⊙	⊙	92%	⊙	⊙	⊙	92%
	Compared to Regional Average	⊙	⊙	⊙	93%	⊙	⊙	⊙	93%
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙	

2.1.8 Shared Decision Making: Composite and Individual Measures

Composite

NCQA combines the percentage of members who responded “definitely yes” to the two questions listed below to create this composite.

Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?

This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?”

Did a Doctor or Other Provider Ask Which Choice Was Best for You?

This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?”

Shared Decision Making, 2012									
		BCBS VT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite Measure	Plan Rate	74%	65%	70%		70%	66%	63%	
	Compared to National Average	▲	◎	◎	63%	▲	◎	◎	62%
	Compared to Regional Average	▲	◎	◎	67%	▲	◎	◎	66%
	Change Over Time 2010-2012	▲	◎	◎		◎	◎	◎	
Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?	Plan Rate	78%	67%	75%		75%	69%	70%	
	Compared to National Average	▲	◎	◎	67%	▲	◎	◎	67%
	Compared to Regional Average	▲	◎	◎	72%	◎	◎	◎	71%
	Change Over Time 2010-2012	◎	◎	◎		◎	◎	◎	
Did a Doctor or Other Provider Ask Which Choice Was Best for You?	Plan Rate	69%	63%	64%		65%	62%	57%	
	Compared to National Average	▲	◎	◎	58%	▲	◎	◎	57%
	Compared to Regional Average	▲	◎	◎	62%	◎	◎	◎	61%
	Change Over Time 2010-2012	▲	◎	◎		◎	◎	◎	

2.1.9 How Often Did You and a Doctor Talk about Preventive Care?

This measure reports the percentage of members who responded “definitely yes” and “usually yes” to the CAHPS® question, “In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?”

How Often Did You and a Doctor Talk about Prevention?, 2012									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	66%	65%	59%			64%	63%	58%	
Compared to National Average	▲	◎	◎	61%		◎	◎	◎	60%
Compared to Regional Average	◎	◎	▼	67%		◎	◎	▼	64%
Improvement Opportunity			●					●	
Change Over Time 2010-2012	◎	◎	◎			◎	◎	◎	

2.1.10 How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?

This measure reports the percentage of members who responded “definitely yes” and “usually yes” to the CAHPS® question, “In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?”

How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?, 2012									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	84%	83%	79%			79%	84%	84%	
Compared to National Average	▲	◎	◎	79%		◎	◎	◎	79%
Compared to Regional Average	◎	◎	◎	83%		◎	◎	◎	83%
Change Over Time 2010-2012	◎	◎	◎			◎	◎	◎	

2.1.11 Plan Information on Costs: Composite and Individual Measures

Composite

NCQA combines the percentage of members who responded “usually” or “always” to the questions listed below to create a “Plan Information on Costs” composite.

Able to Find Out How Much to Pay for a Health Care Service or Equipment

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?”

Able to Find Out How Much to Pay for Prescription Medications

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?”

Plan Information on Costs, 2012										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average	
Composite Measure	Plan Rate	74%	65%	66%		64%	58%	59%		
	Compared to National Average	▲	⊙	⊙	67%	⊙	⊙	⊙	63%	
	Compared to Regional Average	⊙	⊙	⊙	71%	⊙	⊙	⊙	62%	
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙		
Able to find out, how much to pay for a health care service or equipment?	Plan Rate	77%	59%	65%		61%	56%	56%		
	Compared to National Average	▲	⊙	⊙	66%	⊙	⊙	⊙	60%	
	Compared to Regional Average	⊙	▼	⊙	71%	⊙	⊙	⊙	62%	
	Change Over Time 2010-2012	⊙	⊙	⊙		⊙	⊙	⊙		
Able to find out, how much to pay for prescription medications?	Plan Rate	71%	72%	67%		66%	60%	61%		
	Compared to National Average	⊙	⊙	⊙	68%	⊙	⊙	⊙	66%	
	Compared to Regional Average	⊙	⊙	⊙	70%	⊙	⊙	⊙	66%	
	Change Over Time 2010-2012	⊙	⊙	▲		⊙	⊙	⊙		

2.2 Utilization Review Decisions

Rule H-2009-03 requires that MCOs make utilization review (UR) decisions within the following specified timeframes:

- concurrent review: within 24 hours;
- urgent, pre-service review (including all mental health and substance abuse services and prescription drugs): within 72 hours;
- non-urgent, pre-service review: within 15 days, and
- post-service review: within 30 days.

MCOs with performance levels below 90% are identified as having an opportunity for improvement because the percentage rate fell below the required standard. Improvement opportunities are noted using a “stop sign” on the same line next to the reported percentage rate.

Percentage of UR Decisions Meeting Rule H-2009-03 Decision-Making Timeframes, 2011									
	BCBSVT	BCBSVT PPO	CBH	CIGNA	MBH	MVP PPO	Primari-Link	TVHP	Rule Standard
Concurrent Reviews									
≤ 1 day	77% 	80% 	100%	90%	100%	33% 	100%	77% 	90%
Urgent Pre-Service Reviews									
≤ 72 Hours or with an extension	100%	100%	100%	97%	100%	95%	100%	100%	90%
Non-Urgent Pre-Service Reviews									
≤ 15 days or with an extension	100%	100%	100%	100%	100%	100%	100%	100%	90%
Post-Service Reviews									
≤ 30 days or with an extension	100%	100%	100%	98%	100%	95%	100%	100%	90%

2.3 Member Grievances

Rule H-2009-03 requires MCOs to submit data about member grievances, including:

- grievances per 1000 members;
- number and percentage of members that filed more than one grievance;
- number and percentage of grievances that were overturned in a member’s favor, and
- number and percentage of grievances that were resolved within Rule-specified timeframes.

2.3.1 Grievances per 1000 Members

For the most recent reporting period (January 2011–December 2011), grievances per 1000 members varied widely among the MCOs and PPOs.

Grievances per 1000 Members, January 2011 – December 2011								
	BCBSVT	BCBSVT PPO	CBH ²¹	CIGNA ²²	MBH	MVP PPO	Primari-Link	TVHP
January 2011 – December 2011	4.34	3.43	0.62	3.56	0.87	2.87	0.09	6.20

2.3.2 Members with More Than One Grievance

Annually, MCOs report the number of members who have filed more than one grievance. Because the absolute number of members filing grievances is small, and the number filing more than one grievance is even smaller, there are large variations in the reported percentage rates. Be careful when drawing conclusions; small numbers may reduce the reliability of the results.

Percent of Members Who Filed More than One Grievance, January 2011 – December 2011								
	BCBSVT	BCBSVT PPO	CBH ²³	CIGNA ²⁴	MBH	MVP PPO	Primari-Link	TVHP
January 2011 – December 2011	5%	5%	29%	10%	3%	5%	50% ²⁵	6%

²¹ Results are for Network/Network POS, PPO/OAP (Open Access Plus), Employer Products.

²² Results are for Network/Network POS and PPO combined.

²³ Results are for Network/Network POS, PPO/OAP (Open Access Plus), Employer Products.

²⁴ Results are for Network/Network POS and PPO combined.

²⁵ Only two members submitted grievances during the measurement period.

2.3.3 Percentage of Physical Health Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of physical health grievances that were filed during the reporting period and the number of grievances overturned in the member's favor. Using these data, percentages are calculated that convey the results of grievance determinations.

Physical Health Grievances Overturned in Member's Favor, January 2011 – December 2011					
	BCBSVT	BCBSVT PPO	CIGNA ²⁶	MVP PPO	TVHP
Total Number of Grievances Resolved	172	62	164	55	183
Number of Grievances Resolved at 1st Level	154	57	144	49	165
Percent of 1st Level Grievances Resolved in Member's Favor	51%	47%	28%	18%	50%
Number of Grievances Resolved at 2nd Level	18	5	20	6	18
Percent of 2nd Level Grievances Resolved in Member's Favor	56%	40%	15%	0%	67%
Total Percentage of Grievances Resolved in Member's Favor	51%	47%	26%	16%	51%

2.3.4 Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of mental health and substance abuse grievances filed and the number overturned in the member's favor.

Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor, January 2011 – December 2011						
	BCBSVT	BCBSVT PPO	CBH ²⁷	MBH ²⁸	Primari-Link	TVHP
Total Number of Grievances Resolved	38	33	14	103	3	23
Number of Grievances Resolved at 1st Level	37	33	10	103	2	21
Percent of 1st Level Grievances Resolved in Member's Favor	49%	52%	20%	53%	0%	57%
Number of Grievances Resolved at 2nd Level	1	0	4	NA	1	2
Percent of 2nd Level Grievances Resolved in Member's Favor	0%	NA	0%	NA	0%	50%
Total Percentage of Grievances Resolved in Member's Favor	47%	52%	14%	53%	0%	57%

²⁶ Results are for Network/Network POS and PPO/OAP (Open Access Plus)

²⁷ Results are for Network/Network POS, PPO/OAP (Open Access Plus), Employer Products.

²⁸ MBH does not conduct 2nd level reviews. Rather, they are handled by BCBSVT.

2.3.5 Percentage of Pharmacy Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of pharmacy grievances filed and the number overturned in the member's favor. Using these data, percentages are calculated that convey the results of grievance determinations.

Pharmacy Grievances Overturned in Member's Favor, January 2011 - December 2011					
	BCBSVT	BCBSVT PPO	CIGNA ²⁹	MVP PPO	TVHP
Total Number of Grievances Resolved	7	10	4	11	13
Number of Grievances Resolved at 1st Level	7	10	4	11	12
Percent of 1st Level Reviews Resolved in Member's Favor	57%	40%	75%	18%	42%
Number of Grievances Resolved at Voluntary 2nd Level Review	0	0	0	0	1
Percent of Voluntary 2nd Level Reviews Resolved in Member's Favor	NA	NA	NA	NA	100%
Total Percentage of Grievances Resolved in Member's Favor	57%	40%	75%	18%	46%

²⁹ Results are for Network/Network POS and PPO combined.

2.3.6 Timeliness in Making Review Decisions Relating to Physical Health Grievances, Pharmacy Grievances and Grievances Unrelated to an Adverse Benefit Decision

Rule H-2009-03 requires that grievance decisions about physical health services be made within the following timeframes for both Level 1 and voluntary Level 2 grievances:

- physical health service denials requiring concurrent review: ≤ 24 hours;
- physical health pre-service denials requiring urgent review: ≤ 72 hours;
- physical health pre-service denials not requiring urgent review: ≤ 30 days;
- physical health post-service denials: ≤ 60 days;
- pharmacy pre-service denials requiring urgent review: ≤ 72 hours;
- pharmacy pre-service denials not requiring urgent review: ≤ 30 days;
- pharmacy health post-service denials: ≤ 60 days, and
- grievances unrelated to an adverse benefit decision ≤ 60 days.

The tables below display the percentage of grievance decisions made within the appropriate timeframes or that exceeded the timeframe, but for which a time extension was justified. MCOs with performance levels below 90% are identified as having opportunities for improvement. Improvement opportunities are noted on the same line with the reported rates.

Percentage of Grievances for Physical Health, Prescription Drugs, and Those Unrelated to an Adverse Benefit Decision in Compliance with Rule H-2009-03 Timeframes by Type of Grievance, January 2011 – December 2011³⁰

	BCBSVT	BCBSVT PPO	CIGNA	MVP PPO	TVHP
LEVEL 1 GRIEVANCES					
Physical Health, Concurrent	NA	NA	NA	NA	NA
Physical Health, Urgent Per-Service	90%	100%	100%	100%	75% ●
Physical Health, Non-Urgent Pre-Service	100%	75% ●	63% ●	100%	98%
Physical Health, Post-Service	100%	98%	86%	100%	97%
Pharmacy, Pre-Service, Urgent Pre-Service	33% ●	63% ●	NA	100%	89% ●
Pharmacy, Pre-Service, Non-Urgent Pre-Service	NA	NA	100%	100%	NA
Pharmacy, Post-Service	100%	100%	100%	100%	100%
Grievances Unrelated to an Adverse Benefit Decision	100%	100%	100%	100%	100%
VOLUNTARY LEVEL 2 GRIEVANCES					
Physical Health, Concurrent	NA	NA	NA	NA	NA
Physical Health, Urgent Pre-Service	NA	NA	NA	NA	100%
Physical Health, Non-Urgent Pre-Service	80% ●	100%	100%	100%	100%
Physical Health, Post-Service	100%	100%	100%	NA	100%
Pharmacy, Urgent Pre-Service	NA	NA	NA	NA	100%
Pharmacy, Non-Urgent Pre-Service	NA	NA	NA	NA	NA
Pharmacy, Post-Service	NA	NA	NA	NA	NA
Grievances Unrelated to an Adverse Benefit Decision	NA	100%	NA	NA	NA

³⁰ Grievances resolved within the appropriate timeframe or with a justified extension being have been counted as meeting the Rule 9-03 standard.

2.3.7 Timeliness in Making Mental Health and Substance Abuse Grievance Review Decisions

Rule H-2009-03 requires that 90% of mental health and substance abuse grievance decisions be made within the following timeframes for both Level 1 and voluntary Level 2 grievances:

- mental health and substance abuse service denials requiring concurrent review: ≤ 24 hours;
- mental health and substance abuse pre-service denials requiring urgent review: ≤ 72 hours;
- mental health and substance abuse pre-service denials not requiring urgent review: ≤ 30 days, and
- mental health and substance abuse post-service denials: ≤ 60 days.

Timeliness in Making Mental Health and Substance Abuse Grievance Review Decisions, January 2011 – December 2011						
	BCBSVT	BCBSVT PPO	CBH	MBH	Primari Link	TVHP
LEVEL 1 GRIEVANCES						
Concurrent	100%	100%	100%	92%	100%	75% 
Urgent Pre-Service	100%	100%	100%	100%	NA	83% 
Non-Urgent Pre-Service	100%	83% 	NA	82% 	NA	89% 
Post-Service	75% 	100%	100%	100%	NA	100%
VOLUNTARY LEVEL 2 GRIEVANCES						
Concurrent	NA	NA	100%	NA	NA	NA
Urgent Pre Service	NA	NA	NA	NA	NA	100%
Non-Urgent Pre-Service	NA	NA	NA	NA	NA	NA
Post-service	100%	NA	100%	NA	100%	100%

2.3.8 Grievances Unrelated to an Adverse Benefit Decision: Percent Distribution and Number per 1000 Members

Rule H-2009-03 requires MCOs to report grievances about unrelated to denial determinations, such as those involving health plan quality that generally includes the following factors: 1) provider performance and office management, 2) plan administration, and 3) access to health care services.

Grievances Unrelated to an Adverse Benefit Decision: Number and Percent per 1000 Members, January 2011 – December 2011								
	BCBSVT	BCBSVT PPO	CBH	CIGNA	MBH	MVP PPO	Primari- Link	TVHP
PROVIDER PERFORMANCE & OFFICE MANAGEMENT								
Number of Grievances	12	10	3	3	2	3	0	20
Percent of Grievances	71%	59%	100%	100%	15%	10%	0%	59%
PLAN ADMINISTRATION								
Number of Grievances	3	7	0	0	11	26	0	13
Percent of Grievances	18%	41%	0%	0%	85%	90%	0%	38%
ACCESS TO HEALTH CARE								
Number of Grievances	2	0	0	0	0	0	0	1
Percent of Grievances	12%	0%	0%	0%	0%	0%	0%	3%
Total Number of Grievances	17	17	3	3	13	29	0	37
Number of Grievances per 1000 Members	0.40	0.49	0.62	0.062	0.87	0.93	0.00	0.87

PART III: ANNUAL MCO PERFORMANCE ON QUALITY MEASURES

This section of the report provides comparative data for 2012 HEDIS® Effectiveness of Care measures. “The Healthcare Effectiveness of Data and Information Set (HEDIS®) is one of the most widely used set of health care performance measures in the United States.” The measures below have been grouped using the same categories of clinical conditions provided in the “2012 HEDIS® Technical Specifications for Health Plans.”

3.1 Prevention and Screening

3.1.1 Adult BMI Assessment

This measure reports the percentage of members between 18 and 74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the last two years. BMI is one indicator of an individual’s appropriate level of body fat. Since obesity is one of the leading contributors to cardiac disease, joint conditions, and adult-onset diabetes, prevention of obesity will reduce health care risks.

HMOs and PPOs are allowed to report this measure using either administrative (claims) data or the hybrid methodology (using claims data and medical chart review sampling). To appropriately compare measures, it is necessary for each MCO to submit data using the same methodology. However, the MCOs choose to report this measure using different methods during this reporting period. BCBSVT and MVP reported this measure using the administrative method. On the other hand, CIGNA reported this measure using the hybrid method. This resulted in much lower rates being reported by BCBSVT and MVP, than those reported by CIGNA.

Adult BMI Assessment, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	2%	71%	2%			2%	69%	2%	
Compared to National Average	▼	▲	▼	55%		▼	▲	▼	26%
Compared to Regional Average	▼	▲	▼	69%		▼	▲	▼	37%
Improvement Opportunity	●		●			●		●	
Change Over Time 2009-2011	▼	▲	▼			▼	NA	◎	

3.1.2 Weight Assessment for Children/Adolescents: BMI Percentile

This measure reports the percentage of members between 3 and 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had their body mass index (BMI) documented during the measurement year.

HMOs and PPOs are allowed to report this measure using either administrative (claims) data or the hybrid method (claims data and chart review sampling). BCBSVT, MVP PPO, TVHP and BCBSVT PPO reported using the administrative method, which resulted in much lower rates than those reported by CIGNA and CIGNA PPO, which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – BMI Percentile, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Total	Plan Rate	4%	55%	3%			6%	63%	4%	
	Compared to National Average	▼	▲	▼	45%		▼	▲	▼	25%
	Compared to Regional Average	▼	⊙	▼	59%		▼	▲	▼	42%
	Improvement Opportunity	●		●			●		●	
	Change Over Time 2009-2011	▲	▲	▲			▲	NA	▲	
3 - 11 years of age	Plan Rate	5%	56%	4%			7%	67%	5%	
	Compared to National Average	▼	▲	▼	45%		▼	▲	▼	25%
	Compared to Regional Average	▼	⊙	▼	60%		▼	▲	▼	43%
	Improvement Opportunity	●		●			●		●	
	Change Over Time 2009-2011	▲	▲	▲			▲	NA	▲	
12 - 17 years of age	Plan Rate	4%	53%	3%			6%	57%	3%	
	Compared to National Average	▼	▲	▼	45%		▼	▲	▼	24%
	Compared to Regional Average	▼	⊙	▼	58%		▼	▲	▼	41%
	Improvement Opportunity	●		●			●		●	
	Change Over Time 2009-2011	▲	▲	▲			▲	NA	▲	

3.1.3 Weight Assessment for Children/Adolescents: Counseling for Nutrition

This measure reports the percentage of members between 3 and 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for nutrition.

MCOs are allowed to report this measure using either administrative (claims) data or the hybrid method (claims data and chart review sampling). BCBSVT, MVP PPO, TVHP and BCBSVT PPO reported using the administrative method, which resulted in much lower rates than those reported by CIGNA and CIGNA PPO, which used the hybrid method.

Weight Assessment for Children/Adolescents – Counseling for Nutrition, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Total	Plan Rate	3%	73%	3%		4%	74%	3%	
	Compared to National Average	▼	▲	▼	46%	▼	▲	▼	28%
	Compared to Regional Average	▼	▲	▼	64%	▼	▲	▼	44%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	
3 - 11 years of age	Plan Rate	4%	78%	3%		4%	80%	3%	
	Compared to National Average	▼	▲	▼	49%	▼	▲	▼	30%
	Compared to Regional Average	▼	▲	▼	67%	▼	▲	▼	46%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	
12 - 17 years of age	Plan Rate	3%	65%	2%		3%	67%	2%	
	Compared to National Average	▼	▲	▼	43%	▼	▲	▼	26%
	Compared to Regional Average	▼	⊙	▼	61%	▼	▲	▼	42%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	

3.1.4 Weight Assessment for Children/Adolescents: Counseling for Physical Activity

This measure reports the percentage of members between 3 and 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for physical activity.

MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBSVT, MVP PPO, TVHP and BCBSVT PPO reported using the administrative method, which resulted in much lower rates than those reported by CIGNA and CIGNA PPO, which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Physical Activity, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Total	Plan Rate	2%	70%	2%		3%	72%	2%	
	Compared to National Average	▼	▲	▼	43%	▼	▲	▼	26%
	Compared to Regional Average	▼	▲	▼	59%	▼	▲	▼	42%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	
3 - 11 years of age	Plan Rate	3%	70%	2%		4%	72%	3%	
	Compared to National Average	▼	▲	▼	42%	▼	▲	▼	25%
	Compared to Regional Average	▼	▲	▼	59%	▼	▲	▼	42%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	
12 - 17 years of age	Plan Rate	2%	70%	1%		2%	72%	1%	
	Compared to National Average	▼	▲	▼	45%	▼	▲	▼	27%
	Compared to Regional Average	▼	▲	▼	61%	▼	▲	▼	42%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	▲	▲	▲		▲	NA	▲	

3.1.5 Childhood Immunization Status

This measure reports the percentage of children 2 years of age who had the following vaccinations by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three H influenza type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; two hepatitis A; two or three rotavirus; and two flu vaccines.

For this report, the Department presents a composite rate and three of nine different combinations, which are based on recommended immunizations by the Vermont Department of Health.³¹ The full set of combinations may be found in Appendix D.³²

Childhood Immunization Status: Composite and Individual Measures, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	44%	38%	43%			47%	NR	12%	
	Compared to National Average	⊙	⊙	⊙	48%		⊙	NA	▼	39%
	Compared to Regional Average	▼	⊙	⊙	50%		⊙	NA	▼	48%
	Improvement Opportunity						●		●	
Combo 2	Plan Rate	75%	54%	71%			76%	56%	22%	
	Compared to National Average	⊙	▼	▼	78%		⊙	▼	▼	65%
	Compared to Regional Average	▼	▼	▼	80%		⊙	▼	▼	76%
	Improvement Opportunity	●	●	●				●	●	
Combo 3	Plan Rate	74%	52%	70%			73%	NR	19%	
	Compared to National Average	⊙	▼	⊙	76%		⊙	NA	▼	63%
	Compared to Regional Average	▼	▼	▼	78%		⊙	NA	▼	75%
	Improvement Opportunity	●	●	●					●	
Combo 10	Plan Rate	15%	20%	18%			24%	NR	6%	
	Compared to National Average	▼	⊙	⊙	23%		⊙	NA	▼	17%
	Compared to Regional Average	▼	⊙	⊙	24%		⊙	NA	▼	23%
	Improvement Opportunity	●	●	●			●		●	

³¹ The VDH recommendations are found at: <http://healthvermont.gov/hc/imm/documents/ChildhoodIZSchedule7-2012.pdf>

³² Definitions for the different combinations can be found at: <http://www.ncqa.org/portals/0/Childhood%20Immunization%20Status.pdf>

3.1.6 Immunizations for Adolescents: Composite and Individual Measures

Composite: This measure provides a snapshot of the average of the combination of three rates.

Combination: This measure reports the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Meningococcal: This measure reports the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine by their 13th birthday.

Tdap/TD: This measure reports the percentage of adolescents 13 years of age who had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus, diphtheria toxoids vaccine (Td), by their 13th birthday.

Immunizations for Adolescents: Composite and Individual Measures, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	65%	63%	61%		61%	50%	33%	
	Compared to National Average	⊙	⊙	▼	66%	⊙	▼	▼	55%
	Compared to Regional Average	⊙	⊙	▼	67%	⊙	▼	▼	62%
	Improvement Opportunity			●			●	●	
Combination	Plan Rate	51%	57%	46%		47%	41%	27%	
	Compared to National Average	▼	⊙	▼	59%	⊙	▼	▼	48%
	Compared to Regional Average	▼	⊙	▼	60%	▼	▼	▼	53%
	Improvement Opportunity	●		●		●	●	●	
Meningococcal	Plan Rate	52%	60%	47%		47%	42%	29%	
	Compared to National Average	▼	⊙	▼	62%	⊙	▼	▼	51%
	Compared to Regional Average	▼	⊙	▼	63%	▼	▼	▼	60%
	Improvement Opportunity	●		●		●	●	●	
Tdap/TD	Plan Rate	91%	74%	91%		90%	69%	43%	
	Compared to National Average	▲	⊙	▲	77%	▲	⊙	▼	65%
	Compared to Regional Average	▲	⊙	▲	79%	▲	⊙	▼	71%
	Improvement Opportunity							●	

3.1.7 Breast Cancer Screening

This measure reports the percentage of women between 42 and 69 years of age who had a mammogram during the last two years. Early detection and treatment of breast cancer can significantly increase a woman's chances of survival.

Breast Cancer Screening, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	78%	76%	73%			70%	72%	70%	
Compared to National Average	▲	▲	⊙	71%		⊙	▲	⊙	67%
Compared to Regional Average	⊙	⊙	⊙	77%		▼	⊙	▼	75%
Improvement Opportunity						●		●	
Change Over Time 2009-2011	▼	▼	▼			▼	▼	⊙	

3.1.8 Cervical Cancer Screening

This measure reports the percentage of women between the ages of 21 and 64 who received one or more Pap tests to screen for cervical cancer during the measurement period. Early detection and treatment of cervical cancer can significantly increase a woman's chances of survival.

Cervical Cancer Screening, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	79%	76%	77%			73%	74%	73%	
Compared to National Average	⊙	⊙	⊙	77%		⊙	⊙	⊙	74%
Compared to Regional Average	⊙	▼	⊙	80%		▼	▼	▼	79%
Improvement Opportunity		●				●	●	●	
Change Over Time 2009-2011	▼	▼	▼			▼	▼	▼	

3.1.9 Colorectal Cancer Screening

This measure reports the percentage of members between the ages of 50 and 75 who had appropriate screening for colorectal cancer. Early detection and treatment of colorectal cancer can significantly increase the chance of survival.

Colorectal Cancer Screening, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	75%	67%	65%			62%	52%	35%	
Compared to National Average	▲	▲	⊙	62%		▲	⊙	▼	55%
Compared to Regional Average	⊙	⊙	▼	71%		⊙	▼	▼	61%
Improvement Opportunity			●				●	●	
Change Over Time 2009-2011	⊙	▼	⊙			▲	▲	⊙	

3.1.10 Chlamydia Screening in Women

This measure reports the total percentage of sexually active women between 16 and 24 years of age who received at least one test for chlamydia during 2011. Chlamydia screening is an important public health strategy to control a common sexually transmitted disease.

Chlamydia Screening in Women, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Total	Plan Rate	44%	46%	44%		44%	48%	41%	
	Compared to National Average	⊙	⊙	⊙	45%	⊙	▲	⊙	42%
	Compared to Regional Average	▼	⊙	▼	53%	▼	▼	▼	52%
	Improvement Opportunity	●		●		●	●	●	
	Change Over Time 2009-2011	▲	⊙	▲		⊙	▲	⊙	
16 - 20 years of age	Plan Rate	40%	39%	42%		42%	44%	37%	
	Compared to National Average	⊙	⊙	⊙	42%	⊙	▲	⊙	40%
	Compared to Regional Average	▼	⊙	▼	49%	▼	▼	▼	49%
	Improvement Opportunity	●	●	●		●	●	●	
	Change Over Time 2009-2011	⊙	⊙	▲		⊙	▲	⊙	
21 - 24 years of age	Plan Rate	48%	55%	47%		46%	52%	44%	
	Compared to National Average	⊙	⊙	⊙	48%	⊙	▲	⊙	45%
	Compared to Regional Average	▼	⊙	▼	57%	▼	⊙	▼	56%
	Improvement Opportunity	●		●		●		●	
	Change Over Time 2009-2011	⊙	⊙	⊙		⊙	⊙	⊙	

3.2 Respiratory Conditions Measures

3.2.1 Care for Children with Respiratory Infections - Composite

This composite measure combines performance on the two measures detailed below to create a Care for Children composite.

Appropriate Treatment for Children with Upper Respiratory Infection

This measure reports the percentage of children between the ages of 3 months and 18 years of age who were diagnosed with an upper respiratory infection and were not given an antibiotic prescription until at least three days after the initial doctor's visit. If an infection is from a virus, a child will be feeling better within 3 days and will not need an antibiotic. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Appropriate Testing of Children with Pharyngitis

This measure reports the percentage of children between 2 and 18 years of age who were diagnosed with a sore throat and who were prescribed an antibiotic and received a strep test. By giving a strep test, the doctor is verifying that bacteria, not a virus, caused the infection and that prescribing an antibiotic is the appropriate treatment. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Care for Children with Respiratory Infections , 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	92%	88%	89%			89%	88%	90%	
	Compared to National Average	▲	⊙	▲	82%		▲	▲	▲	81%
	Compared to Regional Average	⊙	⊙	⊙	91%		⊙	⊙	⊙	91%
	Change Over Time 2009-2011	⊙	⊙	⊙			⊙	⊙	⊙	
Appropriate Testing of Children with Pharyngitis	Plan Rate	89%	84%	87%			85%	84%	89%	
	Compared to National Average	▲	⊙	▲	80%		▲	▲	▲	79%
	Compared to Regional Average	⊙	⊙	⊙	89%		▼	▼	⊙	90%
	Improvement Opportunity						●	●		
	Change Over Time 2009-2011	▲	⊙	⊙			▲	⊙	⊙	
Appropriate Treatment for Children with Upper Respiratory Infection	Plan Rate	94%	90%	92%			93%	91%	92%	
	Compared to National Average	▲	⊙	▲	84%		▲	▲	▲	82%
	Compared to Regional Average	⊙	⊙	⊙	92%		⊙	⊙	⊙	92%
	Change Over Time 2009-2011	⊙	⊙	⊙			⊙	⊙	⊙	

3.2.2 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure is the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate represents better performance. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	18%	11%	18%			19%	19%	22%	
Compared to National Average	▼	▼	▼	24%		⊙	⊙	⊙	21%
Compared to Regional Average	▼	▼	▼	23%		⊙	⊙	⊙	23%
Improvement Opportunity	⬮	⬮	⬮			⬮	⬮	⬮	
Change Over Time 2009-2011	⊙	▼	⊙			⊙	⊙	⊙	

3.2.3 Use of Spirometry Testing in the Assessment and Diagnosis of COPD

This measure reports the percentage of members 40 years of age and older with a new diagnosis of or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	48%	NA	36%			29%	29%	NA	
Compared to National Average	⊙	NA	⊙	43%		⊙	▼	NA	40%
Compared to Regional Average	⊙	NA	⊙	47%		▼	▼	NA	45%
Improvement Opportunity	⬮		⬮			⬮	⬮		
Change Over Time 2009-2011	▲	NA	⊙			⊙	⊙	NA	

3.2.4 Use of Appropriate Medications for People with Asthma

This measure reports the percentage of members between 5 and 64 years of age who were identified as having persistent asthma and who were prescribed medications that are considered appropriate for long-term control of asthma. If used properly, medications are able to minimize the symptoms of asthma for most patients.

Use of Appropriate Medications for People with Asthma, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Total	Plan Rate	95%	98%	93%		91%	92%	91%	
	Compared to National Average	⊙	⊙	⊙	92%	⊙	⊙	⊙	92%
	Compared to Regional Average	⊙	⊙	⊙	93%	⊙	⊙	⊙	92%
Ages 5 - 11 years	Plan Rate	100%	NA	93%		NA	100%	NA	
	Compared to National Average	⊙	NA	⊙	96%	NA	⊙	NA	97%
	Compared to Regional Average	⊙	NA	⊙	97%	NA	⊙	NA	98%
Ages 12 - 18 years	Plan Rate	94%	NA	93%		NA	98%	NA	
	Compared to National Average	⊙	NA	⊙	93%	NA	⊙	NA	93%
	Compared to Regional Average	⊙	NA	⊙	93%	NA	⊙	NA	95%
Ages 19 - 50 years	Plan Rate	95%	NA	91%		92%	91%	89%	
	Compared to National Average	▲	NA	⊙	89%	⊙	⊙	⊙	88%
	Compared to Regional Average	▲	NA	⊙	90%	⊙	⊙	⊙	89%
Ages 51 - 64 years	Plan Rate	95%	NA	95%		88%	91%	94%	
	Compared to National Average	⊙	NA	⊙	93%	⊙	⊙	⊙	93%
	Compared to Regional Average	⊙	NA	⊙	93%	⊙	⊙	⊙	93%

3.3 Cardiovascular Conditions Composite

Composite: This measure combines the two measures listed below to create a composite measure for cholesterol management for patients with cardiovascular conditions. Reducing cholesterol in patients with known heart disease is important, as treatment can reduce the risk of heart attack and stroke.

Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening: This measures the percentage of members 18 to 75 years of age, who were discharged after hospitalization with a cardiovascular condition, and were screened for cholesterol during the measurement year.

Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level <100: This measures the percentage of members 18 to 75 years of age, who were discharged after hospitalization with a cardiovascular condition, and who have LDL levels less than 100 mg/dl.

Cholesterol Management, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	74%	46%	71%			68%	NR	41%	
	Compared to National Average	⊙	▼	⊙	74%		⊙	NR	▼	67%
	Compared to Regional Average	⊙	▼	▼	78%		⊙	NR	▼	69%
	Improvement Opportunity		●	●					●	
	Change Over Time 2009-2011	⊙	▼	⊙			⊙	NR	NA	
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	Plan Rate	89%	88%	88%			83%	67%	82%	
	Compared to National Average	⊙	⊙	⊙	88%		⊙	▼	⊙	83%
	Compared to Regional Average	⊙	⊙	⊙	91%		⊙	▼	⊙	86%
	Improvement Opportunity							●		
	Change Over Time 2009-2011	⊙	⊙	⊙			⊙	⊙	NA	
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100	Plan Rate	59%	4%	53%			53%	FTR	1%	
	Compared to National Average	⊙	▼	▼	60%		⊙	FTR	▼	50%
	Compared to Regional Average	▼	▼	▼	65%		⊙	FTR	▼	52%
	Improvement Opportunity	●	●	●					●	
	Change Over Time 2009-2011	⊙	▼	⊙			⊙	FTR	NA	

3.4 Diabetes Measures

3.4.1 Comprehensive Diabetes Care

Composite

This measure combines seven different diabetes treatment measures listed below to evaluate how well HMOs and PPOs care for people with diabetes. Overall management of diabetes is key to reducing debilitating and life-threatening complications and improving a member's quality of life.

HbA1c Testing

This measure calculates the percentage of members diagnosed with diabetes who had a test for blood sugar (glucose) during the measurement year.

Poor HbA1c Control >9%

This measure reports the percentage of members with diabetes who had HbA1c measures above 9% during the measurement year.

Good HbA1c Control <8%

This measure reports the percentage of members with diabetes who had HbA1c measures below 8% during the measurement year.

Diabetic Eye Exam

This measure reports on the percentage of members diagnosed with diabetes who received a diabetic eye exam during the measurement year.

LDL-C Screening

This measure calculates the percentage of members diagnosed with diabetes who received cholesterol screening during the measurement year.

LCL-C Level <100

This measure calculates the percentage of members diagnosed with diabetes who received cholesterol screening during the measurement year and had an LDL-C level below 100 mg/dl.

Monitoring for Diabetic Nephropathy

This measure calculates the percentage of members diagnosed with diabetes who were monitored for kidney disease during the measurement year.

Blood Pressure Control <140/80

This measure reports the percentage of members diagnosed with diabetes whose blood pressure was controlled at a level less than 140/80 mm Hg. This is the first year this measure is reported; as a result, there is no change-over-time assessment available.

Blood Pressure Control <140/90

This measure reports the percentage of members diagnosed with diabetes whose blood pressure was controlled at a level of less than 140/90 mm Hg.

CIGNA PPO did not report rates for a number of measures, as noted in the tables below. The very low rates for CIGNA and MVP PPO for some of the measures are due to the use of the administrative rather than the hybrid method of data collection.

Comprehensive Diabetes Care, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	71%	43%	70%		69%	NR	41%	
	Compared to National Average	⊙	▼	⊙	72%	⊙	NR	▼	66%
	Compared to Regional Average	▼	▼	▼	76%	⊙	NR	▼	70%
	Improvement Opportunity	●	●	●				●	
	Change Over Time 2009-2011	⊙	▼	⊙		⊙	NR	▼	
HbA1c Testing	Plan Rate	91%	91%	92%		91%	85%	89%	
	Compared to National Average	⊙	⊙	⊙	90%	▲	⊙	⊙	87%
	Compared to Regional Average	⊙	⊙	⊙	92%	⊙	▼	⊙	90%
	Improvement Opportunity						●		
	Change Over Time 2009-2011	⊙	▼	⊙		⊙	▲	⊙	
Poor HbA1c Control > 9% ³³	Plan Rate	40%	98%	46%		41%	NR	100%	
	Compared to National Average	▼	▼	▼	28%	▼	NR	▼	34%
	Compared to Regional Average	▼	▼	▼	25%	▼	NR	▼	31%
	Improvement Opportunity	●	●	●		●		●	
	Change Over Time 2009-2011	⊙	▼	▼		⊙	NR	⊙	

Table continued on next page.

³³ For this measure a lower score indicates better performance than a higher score. Consistent with all other measures, performance that is statistically significantly better than the benchmarks is indicated by an up arrow. Performance that is statistically significantly below the benchmarks is indicated by a down arrow.

Comprehensive Diabetes Care, 2011

		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Good HbA1c Control < 8%	Plan Rate	61%	2%	55%		59%	NR	0%	
	Compared to National Average	⊙	▼	▼	61%	⊙	NR	▼	55%
	Compared to Regional Average	▼	▼	▼	65%	⊙	NR	▼	60%
	Improvement Opportunity	●	●	●				●	
	Change Over Time 2009-2011	⊙	▼	⊙		⊙	NR	⊙	
Diabetic Eye Exam	Plan Rate	67%	50%	66%		60%	46%	41%	
	Compared to National Average	▲	⊙	▲	57%	▲	⊙	▼	48%
	Compared to Regional Average	⊙	▼	⊙	69%	⊙	▼	▼	57%
	Improvement Opportunity		●				●	●	
	Change Over Time 2009-2011	⊙	▼	⊙		⊙	⊙	⊙	
LDL-C Screening	Plan Rate	80%	76%	81%		81%	72%	79%	
	Compared to National Average	▼	▼	▼	85%	⊙	▼	⊙	81%
	Compared to Regional Average	▼	▼	▼	87%	⊙	▼	▼	84%
	Improvement Opportunity	●	●	●			●	●	
	Change Over Time 2009-2011	▼	▼	⊙		⊙	⊙	⊙	
LDL-C Level < 100	Plan Rate	42%	2%	43%		39%	NR	0%	
	Compared to National Average	▼	▼	▼	48%	⊙	NR	▼	42%
	Compared to Regional Average	▼	▼	▼	51%	▼	NR	▼	47%
	Improvement Opportunity	●	●	●		●		●	
	Change Over Time 2009-2011	▼	▼	▲		⊙	NR	⊙	
Blood Pressure Control < 140/90	Plan Rate	69%	0%	67%		63%	NR	0%	
	Compared to National Average	⊙	▼	⊙	66%	⊙	NR	▼	59%
	Compared to Regional Average	⊙	▼	⊙	70%	⊙	NR	▼	65%
	Improvement Opportunity		●					●	
	Change Over Time 2009-2011	⊙	NA	⊙		⊙	NR	NA	

Table continued on next page.

Comprehensive Diabetes Care, 2011

		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Blood Pressure Control < 140/80	Plan Rate	50%	0%	46%		45%	NR	0%	
	Compared to National Average	▲	▼	⊙	44%	▲	NR	▼	38%
	Compared to Regional Average	⊙	▼	⊙	48%	⊙	NR	▼	44%
	Improvement Opportunity		●					●	
Monitoring for Diabetic Nephropathy	Plan Rate	85%	79%	86%		88%	79%	77%	
	Compared to National Average	⊙	⊙	⊙	84%	▲	⊙	⊙	78%
	Compared to Regional Average	⊙	▼	⊙	85%	▲	⊙	⊙	81%
	Improvement Opportunity		●						
	Change Over Time 2009-2011	⊙	▼	⊙		⊙	⊙	⊙	

3.5 Musculoskeletal Conditions

3.5.1 Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

This measure assesses whether patients diagnosed with rheumatoid arthritis have had at least one outpatient prescription dispensed for a disease modifying anti-rheumatic drug which can slow bone erosions, improve functional status and improve quality of life.

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	90%	NA	96%			98%	90%	87%	
Compared to National Average	⊙	NA	▲	88%		▲	⊙	⊙	87%
Compared to Regional Average	⊙	NA	⊙	90%		▲	⊙	⊙	89%
Change Over Time 2009-2011	⊙	NA	⊙			⊙	⊙	NA	

3.5.2 Use of Imaging Studies for Low Back Pain

This measure assesses whether imaging studies (e.g., x-rays, MRIs, CT scans) are overused in evaluating patients with acute low back pain. In interpreting this measure, a higher score is better and indicates that imaging studies were being used more appropriately.

Use of Imaging Studies for Low Back Pain, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	87%	81%	83%			88%	85%	88%	
Compared to National Average	▲	⊙	▲	74%		▲	▲	▲	74%
Compared Regional Average	▲	⊙	▲	77%		▲	▲	▲	77%
Change Over Time 2009-2011	⊙	⊙	⊙			▲	⊙	⊙	

3.6 Behavioral Health (Mental Health and Substance Abuse)

3.6.1 Anti-Depressant Medication Management Composite

This composite assesses the overall performance level of each MCO with regard to anti-depressant medication management during the acute and continuation phases of treatment.

3.6.1.1 Anti-Depressant Medication Management: Effective Acute Phase Treatment

This measure reports the percentage of adults newly diagnosed with depression who were treated with anti-depressant medication and remained on an anti-depressant drug during the entire 12-week acute treatment phase.

3.6.1.2 Anti-Depressant Medication Management: Effective Continuation Phase Treatment

This measure reports the percentage of adults diagnosed with a new episode of depression who were treated with anti-depressant medication and who remained on an anti-depressant drug for at least six months.

Antidepressant Medication Management, 2011									
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	77%	NA	70%		67%	65%	60%	
	Compared to National Average	▲	NA	▲	57%	▲	▲	◎	57%
	Compared to Regional Average	▲	NA	▲	62%	◎	◎	◎	60%
	Change Over Time 2009-2011	◎	NA	◎		◎	◎	◎	
Effective Acute Phase Treatment	Plan Rate	84%	NA	78%		76%	75%	70%	
	Compared to National Average	▲	NA	▲	66%	▲	▲	◎	65%
	Compared to Regional Average	▲	NA	▲	70%	▲	▲	◎	68%
	Change Over Time 2009-2011	◎	NA	◎		◎	◎	◎	
Effective Continuation Phase Treatment	Plan Rate	70%	NA	62%		57%	55%	51%	
	Compared to National Average	▲	NA	▲	49%	▲	▲	◎	49%
	Compared to Regional Average	▲	NA	▲	54%	◎	◎	◎	52%
	Change Over Time 2009-2011	◎	NA	◎		◎	◎	◎	

3.6.2 Follow-Up After Hospitalization for Mental Illness

3.6.2.1 Within 7 Days

This measure reports the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and within 7 days of discharge were seen by a mental health provider either on an ambulatory basis or in an intermediate treatment facility.

3.6.2.2 Within 30 Days

This measure reports the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and within 30 days of discharge were seen by a mental health provider either on an ambulatory basis or in an intermediate treatment facility.

Follow-Up After Hospitalization for Mental Illness, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Within 7 Days	Plan Rate	74%	NA	71%			78%	46%	62%	
	Compared to National Average	▲	NA	▲	59%		▲	◎	◎	54%
	Compared to Regional Average	◎	NA	◎	71%		▲	▼	◎	66%
	Improvement Opportunity							●		
	Change Over Time 2009-2011	◎	NA	◎			◎	▼	NA	
Within 30 Days	Plan Rate	89%	NA	91%			95%	65%	79%	
	Compared to National Average	▲	NA	▲	76%		▲	◎	◎	73%
	Compared to Regional Average	◎	NA	◎	86%		▲	▼	◎	82%
	Improvement Opportunity							●		
	Change Over Time 2009-2011	◎	NA	◎			◎	▼	NA	

3.6.3 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

This measure looks at the combined percentages of adolescents and adults diagnosed with alcohol or other drug dependency who start alcohol or other drug dependency (AOD) treatment and continue with treatment for at least 30 days. Initiation of treatment is defined either as an AOD inpatient admission, or two outpatient AOD treatments within 14 days of an initial diagnosis. Continuation of treatment (engagement) means having two additional AOD treatments within 30 days. Continuation of treatment can improve outcomes for individuals with AOD disorders.

Initiation and Engagement of Alcohol and Other Drug Treatment, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	30%	NA	30%			30%	27%	29%	
	Compared to National Average	⊙	NA	⊙	28%		⊙	⊙	⊙	28%
	Compared to Regional Average	⊙	NA	⊙	30%		⊙	⊙	⊙	31%
	Improvement Opportunity	⬮		⬮			⬮	⬮	⬮	
	Change Over Time 2009-2011	⊙	NA	⊙			⊙	⊙	⊙	
Initiation of Alcohol and Other Drug Dependence Treatment	Plan Rate	37%	NA	37%			37%	35%	41%	
	Compared to National Average	⊙	NA	⊙	40%		⊙	▼	⊙	41%
	Compared to Regional Average	⊙	NA	▼	42%		⊙	▼	⊙	42%
	Improvement Opportunity	⬮		⬮			⬮	⬮	⬮	
	Change Over Time 2009-2011	⊙	NA	⊙			⊙	⊙	⊙	
Engagement of Alcohol and Other Drug Dependence Treatment	Plan Rate	22%	NA	23%			23%	19%	18%	
	Compared to National Average	▲	NA	▲	15%		▲	⊙	⊙	16%
	Compared to Regional Average	▲	NA	▲	17%		⊙	⊙	⊙	19%
	Improvement Opportunity	⬮		⬮			⬮	⬮	⬮	
	Change Over Time 2009-2011	⊙	NA	⊙			⊙	⊙	⊙	

3.6.4 Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase

This measure assesses the percentage of children ages 6 through 12 years who were prescribed and dispensed an ADHD prescription drug and who had one follow-up visit within 30 days of the initial prescription fill date.

Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase, 2011								
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	43%	NA	NA		NA	52%	NA	
Compared to National Average	⊙	NA	NA	39%	NA	▲	NA	39%
Compared to Regional Average	⊙	NA	NA	44%	NA	⊙	NA	48%
Improvement Opportunity	●							
Change Over Time 2009-2011	⊙	NA	NA		NA	⊙	NA	

3.7 Medication Management

3.7.1 Annual Monitoring for Patients on Persistent Medications Composite

This measure reports the percentage of members 18 years of age and older who received at least a 180-day supply of outpatient medication therapy for selected conditions and had at least one therapeutic monitoring of the medication during the year.³⁴ Regular monitoring and follow-up is recommended for patients who take these medications to assess continued effectiveness and side-effects and adjust dosages accordingly.

3.7.1.1 Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)

This measure reports the percentage of members receiving at least one six-month supply of ACE or ARB medications (drugs to treat high blood pressure) who were monitored by a doctor at least once in the measurement year.

3.7.1.2 Annual Monitoring for Patients on Persistent Medications: Anticonvulsants

This measure reports the percentage of members receiving at least one six-month supply of anticonvulsants (drugs used to control seizures) who were monitored by a doctor at least once during the measurement year.

3.7.1.3 Annual Monitoring for Patients on Persistent Medications: Diuretics

This measure reports the percentage of members receiving at least one six-month supply of diuretics (drugs used to control excess fluid in the body that can lead to high blood pressure or heart failure) who were monitored by a doctor at least once during the measurement year.

For details, see the table on the following page.

³⁴ Data for Annual Monitoring for Patients on Digoxin is not displayed separately because none of the MCOs had a denominator that met the reporting threshold. Performance for this measure is, however, incorporated into the composite.

Annual Monitoring for Patients on Persistent Medications, 2011

		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average	BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	79%	82%	78%		79%	76%	79%	
	Compared to National Average	⊙	⊙	▼	82%	⊙	⊙	⊙	78%
	Compared to Regional Average	⊙	⊙	▼	83%	⊙	⊙	⊙	80%
	Improvement Opportunity			●					
	Change Over Time 2009-2011	▲	⊙	▲		▲	⊙	⊙	
Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)	Plan Rate	80%	82%	78%		79%	77%	79%	
	Compared to National Average	⊙	⊙	▼	82%	⊙	⊙	⊙	79%
	Compared to Regional Average	⊙	⊙	▼	83%	⊙	⊙	⊙	81%
	Improvement Opportunity			●					
	Change Over Time 2009-2011	▲	⊙	▲		▲	⊙	⊙	
Anticonvulsants	Plan Rate	56%	NA	59%		61%	56%	62%	
	Compared to National Average	⊙	NA	⊙	60%	⊙	⊙	⊙	57%
	Compared to Regional Average	▼	NA	⊙	65%	⊙	⊙	⊙	63%
	Improvement Opportunity	●							
	Change Over Time 2009-2011	⊙	NA	⊙		⊙	⊙	⊙	
Diuretics	Plan Rate	79%	83%	78%		79%	76%	79%	
	Compared to National Average	⊙	⊙	⊙	82%	⊙	⊙	⊙	78%
	Compared to Regional Average	▼	⊙	▼	83%	⊙	⊙	⊙	80%
	Improvement Opportunity	●		●					
	Change Over Time 2009-2011	▲	⊙	▲		▲	⊙	⊙	

3.8 Measures Collected Through the CAHPS® Health Plan Survey

3.8.1 Flu Shot for Adults Ages 50-64

This measure is a two-year rolling average of the percentage of adults between the ages of 50 and 64 who received flu shots. Flu shots can reduce the severity of flu symptoms and prevent deaths.

Flu Shots for Adults 50 – 64 Years of Age, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	59%	61%	52%			51%	58%	45%	
Compared to National Average	▲	▲	◎	53%		◎	▲	▼	51%
Compared to Regional Average	◎	▲	▼	57%		▼	◎	▼	56%
Improvement Opportunity			●			●		●	
Change Over Time 2009-2011	▲	◎	◎			◎	▲	◎	

3.8.2 Medical Assistance with Smoking and Tobacco Use Cessation

This measure reports the percentage of people who reported that they were advised by their doctor to quit using tobacco, discussed with their doctor medication to help them quit and discussed strategies other than medication to help them to quit. A composite measure, which is a summary of the three component measures, is also reported.

Medical Assistance with Smoking and Tobacco Use Cessation: Composite and Individual Measures, 2011										
		BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Composite	Plan Rate	68%	NA	60%			57%	NA	56%	
	Compared to National Average	⊙	NA	⊙	59%		⊙	NA	⊙	53%
	Compared to Regional Average	⊙	NA	▼	71%		NA	NA	NA	NR ³⁵
	Improvement Opportunity			●						
Advising to Quit	Plan Rate	87%	NA	80%			72%	NA	69%	
	Compared to National Average	▲	NA	⊙	78%		⊙	NA	⊙	72%
	Compared to Regional Average	⊙	NA	⊙	86%		NA	NA	NA	NR
	Improvement Opportunity									
Discussing Medications	Plan Rate	55%	NA	53%			48%	NA	53%	
	Compared to National Average	⊙	NA	⊙	53%		⊙	NA	⊙	48%
	Compared to Regional Average	▼	NA	▼	66%		NA	NA	NA	NR
	Improvement Opportunity	●		●			●			
Discussing Strategies	Plan Rate	62%	NA	49%			50%	NA	48%	
	Compared to National Average	▲	NA	⊙	48%		▲	NA	⊙	40%
	Compared to Regional Average	⊙	NA	▼	63%		NA	NA	NA	NR
	Improvement Opportunity			●					●	

³⁵ Note: there are no regional averages for these measures.

3.9 Utilization Measures

3.9.1 Well-Child Visits in the First 15 Months of Life (6 or More Visits)

This measure reports the percentage of children who received at least six well-child visits within the first 15 months of life. Having regular well-child check-ups is one of the best ways to achieve early detection of physical, developmental, behavioral and emotional problems.

Well-Child Visits in the First 15 Months of Life, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	88%	92%	84%			89%	87%	74%	
Compared to National Average	▲	▲	◎	78%		▲	▲	◎	76%
Compared to Regional Average	◎	◎	◎	85%		◎	◎	▼	87%
Improvement Opportunity								●	
Change Over Time 2009-2011	◎	◎	◎			◎	◎	NA	

3.9.2 Well-Child Visits 3-6 Years of Age

This measure reports the percentage of children between 3 and 6 years of age who received one or more well-child visits with a PCP during the measurement year. Well-child visits during the pre-school and early school years are important for the early detection of physical, developmental, behavioral and emotional problems.

Well-Child Visits 3-6 Years of Age, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	84%	84%	82%			85%	84%	80%	
Compared to National Average	▲	▲	▲	72%		▲	▲	▲	70%
Compared to Regional Average	◎	◎	▼	86%		◎	◎	▼	87%
Improvement Opportunity			●					●	
Change Over Time 2009-2011	◎	◎	◎			▲	▲	◎	

3.9.3 Adolescent Well-Care Visits

This measure reports the percentage of enrolled members between 12 and 21 years of age who had at least one comprehensive well-care visit during the measurement year. Adolescents benefit from annual preventive health care visits that address the changing physical, emotional and social aspects of their health.

Adolescent Well-Care Visits, 2011									
	BCBSVT	CIGNA	TVHP	MCO (w/o PPO) Average		BCBSVT PPO	CIGNA PPO	MVP PPO	PPO Average
Plan Rate	50%	47%	49%			45%	56%	46%	
Compared to National Average	▲	◎	▲	43%		▲	▲	▲	41%
Compared to Regional Average	▼	▼	▼	62%		▼	▼	▼	62%
Improvement Opportunity	⬮	⬮	⬮			⬮	⬮	⬮	
Change Over Time 2009-2011	▼	▼	◎			▼	▲	◎	

3.9.4 Plan All-Cause Readmission Rates

In order to measure coordination and continuity of care, the Department elected to use a new HEDIS® measure: Plan All-Cause Readmissions. This measure counts the number of acute inpatient hospital stays for patients aged 18 and older during the measurement year that were followed by an acute readmission for any diagnosis within 30 days, and compares actual readmissions to the predicted probability of an acute readmission. This measure is calculated by dividing the observed rate by the Average Adjusted Probability (i.e., the expected rate). In interpreting this measure, a lower rate is better.

All HMOs have ratios that are below both the National and Regional averages. The CIGNA PPO ratio exceeds both the national and regional ratios. MVP's ratio is below both ratios and the ratio for BCBSVT PPO is between the national and regional ratios.

All-Cause Readmission Rates, 2011			
MCO (w/o PPO)		PPO	
BCBSVT	0.66	BCBSVT	0.81
CIGNA	0.32	CIGNA	0.99
TVHP	0.73	MVP	0.58
National Average	0.81	National Average	0.80
Regional Average	0.79	Regional Average	0.82

3.10 Blueprint for Health Measures

MCOs are required to submit data on specific measures that assess provider adoption and MCO support for Vermont’s *Blueprint for Health* to meet Section 6.6(B)6 of Rule H-2009-03. The three Blueprint measures appear in succession below:

3.10.1 Percentage of contracted primary care providers (PCPs) receiving enhanced payment to support medical home operations:

The numerator for this measure is the number of contracted PCPs receiving enhanced payments to support medical home operations. The denominator for this measure is the total number of contracted PCPs in the network.

Percentage of contracted primary care providers (PCPs) receiving enhanced payment to support medical home operations, 2011			
MCO	Number of contracted PCPs receiving enhanced payment	Total number of contracted PCPs	Percentage of contracted PCPs receiving enhanced payment
BCBSVT/TVHP/ BCBSVT PPO ³⁶ (PCPs and associated mid-level providers)	440	1155	38%
CIGNA ³⁷	361	762	47%
MVP HMO & PPO (PCPs only) ³⁸	284	571	50%
MVP HMO & PPO (PCPs and associated mid-level providers)	416	846	49%

³⁶ Calculated on a cumulative basis as of YTD May 2012

³⁷ Calculated on an annual basis, includes PPO/OAP (Open Access Plus)/Network/Network POS

³⁸ Calculated on an annual basis

3.10.2 Per member per month (PMPM) value of enhanced practice payments to support medical home operation

MCOs reported the total PMPM value of the enhanced practice payments they are making to support medical home operations for the Blueprint. The total PMPM value is calculated as the total enhanced practice payments over the total member months.

Per member per month (PMPM) value of enhanced practice payments to support medical home operation	
MCO	PMPM value of enhanced practice payments to support medical home operation
BCBSVT / TVHP / BCBSVT PPO ³⁹	\$1.97
CIGNA ⁴⁰	\$1.84
MVP HMO & PPO ⁴¹	\$1.48

³⁹ Includes PCPs as well as Mid-Levels measured on a cumulative basis as of YTD May 2012

⁴⁰ Includes PPO/OAP(Open Access Plus) /Network/Network POS

⁴¹ Calculated on an annual basis

3.10.3 Names and the percentage of Vermont Hospital Service Areas (VSAs) where the MCOs/PPOs are making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms

Names and the percentage of Vermont Hospital Service Areas (VSAs) where the MCO is making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms			
Name of Hospital Service Area	BCBSVT / TVHP / BCBSVT PPO	CIGNA ⁴²	MVP HMO & PPO
Barre	Y	Y	Y
Bennington	Y	Y	Y
Brattleboro	Y	Y	Y
Randolph	Y	Y	Y
Rutland	Y	Y	Y
Burlington	Y	Y	Y
Middlebury	Y	Y	Y
Morrisville	Y	Y	Y
Newport	Y	Y	Y
St. Albans	Y	Y	Y
St. Johnsbury	Y	Y	Y
Springfield	Y	Y	Y
White River Junction	Y	Y	Y
Percentage of VSAs where the MCO is making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms	100%	100%	100%

⁴² Includes PPO/OAP/Network/Network POS.

PART IV: SUMMARY ANALYSES OF MCO PERFORMANCE OVER-TIME

For the first time in this report the Department is presenting summary data on HMO and PPO performance over time by totaling the number of measures for which each plan has demonstrated improvement, has had no change, and has reported a decline in performance. For this first analysis the Department has utilized the data presented in this report for 2010 – 2012 for CAHPS® and 2009 – 2011 for HEDIS®.

4.1 Member’s Experience of Care Over-Time Summary

The CAHPS® data included in the analysis met the following criteria:

- The HMO or PPO must have had a reportable rate in the baseline reporting year (2010) and in the current reporting year (2012)
- The HMO or PPO rates must be below 90% in the baseline reporting year, as it is often difficult to improve a rate beyond 90%.

The following table displays the measures included for each MCO and PPO. Measures marked with a “Y” are included; those marked with a > 90% are excluded because the HMO or PPO had a rate >90% in the base year.

Measure	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Rating of Overall Health Plan Experience	Y	Y	Y	Y	Y	S
Call Abandonment	FTR	Y	FTR	FTR	Y	Y
Call Answer Timeliness	FTR	Y	FTR	FTR	Y	Y
How often did Customer Service staff treat you with courtesy or respect?	>90%	>90%	>90%	>90%	Y	Y
How often did your health plan’s Customer Service give you the information or help you needed?	Y	Y	Y	Y	Y	Y
Claims Processing is Timely	>90%	Y	>90%	>90%	Y	Y
Claims are Processed Correctly	>90%	>90%	>90%	>90%	Y	>90%
Getting to See A Specialist	Y	Y	Y	Y	Y	Y
Easy to Get the Care, Tests or Treatment You Needed	>90%	>90%	>90%	>90%	>90%	Y
Getting Care Quickly When You Needed Care Right Away	>90%	>90%	Y	Y	>90%	Y
Getting Routine Care As Soon As Wanted	Y	>90%	Y	Y	Y	Y
How Often Doctors Listen Carefully	>90%	>90%	>90%	>90%	>90%	>90%
How Often Doctors Explain Things in an Understandable Way	>90%	>90%	>90%	>90%	>90%	>90%
How Often Doctors Show Respect	>90%	>90%	>90%	>90%	>90%	>90%
How Often Doctors Spend Enough Time with Their Patients	>90%	>90%	>90%	>90%	>90%	>90%
Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?	Y	Y	Y	Y	Y	Y
Did a Doctor or Other Provider Ask Which Choice Was Best for You?	Y	Y	Y	Y	Y	Y
How Often Did You and a Doctor Talk about Preventive Care?	Y	Y	Y	Y	Y	Y
How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?	Y	Y	Y	Y	Y	Y
Able to Find Out How Much to Pay for a Health Care Service or Equipment	Y	Y	Y	Y	Y	Y
Able to Find Out How Much to Pay for Prescription Medications	Y	Y	Y	Y	Y	Y

Our analysis showed the following change-over-time results for the CAHPS® survey measures:

- The MCO and PPO plans have a sizable number of CAHPS® measures that are performing above 90%.
- There were no measures in either the MCO or PPO that showed a statistically significant decline in performance over time.
- CIGNA showed statistically significant improvement for the most (four) CAHPS® measures. BCBSVT, TVHP and MVP showed improvement in two measures.
- CIGNA had a combination of thirteen (13) measures that improved or already scored greater than 90%, while MVP PPO had seven (7) measures that improved or already scored greater than 90%.

Change Over Time Performance - CAHPS® Experience of Care Measures, 2010-2012						
	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
No. of Measures that Improved	2	4	2	0	4	2
No. of Measures that Improved or Scored > 90%	11	13	10	8	10	7
No. of Measures with No Change	8	8	9	11	11	14
No. of Measures that Declined	0	0	0	0	0	0

Additional charts that display performance over-time for CAHPS® Experience of Care measures are located in the Appendix A.

4.2 Acute Care Over-Time Summary

The HEDIS® data included in the analysis met the following criteria:

- The MCO must have had a reportable rate in the base year (2009) and the current year (2011).
- If the MCO's rate is above 90% in the base year, it is included in the high performing category, as it is difficult for an HMO's or PPO's rate to improve beyond 90%. Unlike in the CAHPS® section of the report, the Department has only provided one table and graph because combining the performance categories has minimal impact on the results.

The table below shows which measures were included in the analysis. An "NA" indicates that the MCO did not have a sufficiently large denominator to report the measure.

Measure	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Appropriate Testing of Children with Pharyngitis	Y	Y	Y	Y	Y	y
Appropriate Treatment for Children with Upper Respiratory Infection	>90%	>90%	>90%	>90%	>90%	>90%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Y	Y	Y	Y	Y	Y
Use of Imaging Studies for Low Back Pain	Y	Y	Y	Y	Y	Y
Follow-Up After Hospitalization for Mental Illness: 7 Days	Y	NA	Y	Y	Y	NA
Follow-Up After Hospitalization for Mental Illness: 30 Days	Y	NA	Y	Y	Y	NA
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	Y	NA	NA	NA	Y	NA
Initiation of Alcohol and Other Drug Dependence Treatment	Y	NA	Y	Y	Y	Y
Engagement of Alcohol and Other Drug Dependence Treatment	Y	NA	Y	Y	Y	Y

A summary review of change-over-time performance for the HEDIS® Acute Care measures shows the following:

- Only BCBSVT PPO showed statistically significant improvement in change-over-time for more than one acute care measures.
- Only four measures for CIGNA were included in this analysis, due to small denominator size.

HEDIS® Acute Care Measures - Change Over Time 2009 - 2011						
	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Number of Measures that Improved or Already Scored >90%	1	1	1	3	1	1
Number of Measures that Stayed the Same	8	2	7	5	6	5
Number of Measures that Declined	0	1	0	0	2	0

Additional charts that display performance over-time for acute care measures are located in the Appendix B.

4.3 Preventive Care Over-Time Summary

The HEDIS® data was gathered from reporting years 2009 through 2011. Only data meeting the following criteria were included in the analysis:

- MCOs must have had a reportable rate in the baseline reporting year (2009) and the current reporting year (2011).
- The rate was calculated in a consistent manner, and where appropriate, the hybrid method was used to calculate the rate. Rates not meeting this criterion are excluded from the analysis and are labeled as “non-credible” using “NC” in the table below.
- If an MCO’s rate is above 90% in the base year, it is included in the high performing category.

The table below shows which measures were included and excluded for each MCO.

Measures	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Adult BMI Assessment	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile 3-11 Years of Age	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile 12-17 Years of Age	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Nutrition 3-11 Years of Age	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Nutrition 12-17 Years of Age	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Physical Activity 3-11 Years of Age	NC	Y	NC	NC	NA	NC
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Physical Activity 12-17 Years of Age	NC	Y	NC	NC	NA	NC
Breast Cancer Screening	Y	Y	Y	Y	Y	Y
Cervical Cancer Screening	Y	Y	Y	Y	Y	Y
Colorectal Cancer Screening	Y	Y	Y	Y	Y	Y
Chlamydia Screening in Women 16-20 Years of Age	Y	Y	Y	Y	Y	Y
Chlamydia Screening in Women 21-24 Years of Age	Y	Y	Y	Y	Y	Y
Flu Shot for Adults Ages 50-64	Y	Y	Y	Y	Y	Y
Medical Assistance with Smoking and Tobacco Use Cessation: Composite and Individual Measures	NA	NA	NA	NA	NA	NA
Well-Child Visits in the First 15 Months of Life (6 or More Visits)	>90	Y	Y	Y	Y	NA
Well-Child Visits 3-6 Years of Age	Y	Y	Y	Y	Y	Y
Adolescent Well-Care Visits	Y	Y	Y	Y	Y	Y
Immunizations for Adolescents: All Measures	NA	NA	NA	NA	NA	NA
Childhood Immunization Status: All Combinations	NA	NA	NA	NA	NA	NA

A summary review of the change-over-time for the HEDIS® Preventive Care measures shows the following:

- CIGNA and CIGNA PPO showed improvement on the largest number of measures.
- All MCOs, with the exception of MVP PPO, showed improvement on at least one measure

HEDIS® Preventive Care Measures - Change Over Time 2009 - 2011						
	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Number of Measures that Improved or Already Scored >90%	2	7	1	2	5	0
Number of Measures that Stayed the Same	4	5	6	4	2	7
Number of Measures that Declined	3	4	2	3	2	1

Additional graphs that display performance over-time for preventive care measures are located in the Appendix B.

4.4 Chronic Care Over-Time Summary

The analysis included HEDIS® data that met the following criteria:

- The MCO must have a reportable rate in the base year (2009) and the current year (2011). The “NA” indicates that a rate was not reportable.
- The MCO’s rate was calculated in a consistent manner, and where appropriate the hybrid method was used to calculate a rate. Rates not meeting this standard are indicated by an “NC” in the following table listing the measures and labeled “non-credible” in the summary table below.
- If the MCO’s rate is above 90% in the base year, it is included in the high performing category, as it is difficult for an HMO’s or PPO’s rate to improve beyond 90%. Unlike in the CAHPS® section of the report, the Department has only provided one table and graph because combining the two performance categories had minimal impact on the results.

The table below shows which measures were included for each MCO.

Measure	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Use of Appropriate Medications for People with Asthma All Ages	NA	NA	NA	NA	NA	NA
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Y	NA	Y	Y	Y	NA
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Y	NA	Y	Y	Y	NA
Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)	Y	Y	Y	Y	Y	Y
Annual Monitoring for Patients on Persistent Medications: Anticonvulsants	Y	NA	Y	Y	Y	Y
Annual Monitoring for Patients on Persistent Medications: Diuretics	Y	Y	Y	Y	Y	Y
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening	Y	Y	Y	Y	Y	NA
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level < 100	Y	NC	Y	Y	NA	NA
Comprehensive Diabetes Care: HbA1c Testing	>90%	>90%	>90%	Y	Y	Y
Comprehensive Diabetes Care: Poor HbA1c Control > 9%	Y	NC	Y	Y	NR	NC
Comprehensive Diabetes Care: Good HbA1c Control < 8%	Y	NC	Y	Y	NR	NC
Comprehensive Diabetes Care: Diabetic Eye Exam	Y	Y	Y	Y	Y	Y
Comprehensive Diabetes Care: LDL-C Screening	Y	Y	Y	Y	Y	Y
Comprehensive Diabetes Care: LDL-C Level <100	Y	NC	Y	Y	NR	NC
Comprehensive Diabetes Care: Blood Pressure Control < 140/90	Y	NC	Y	Y	NR	NC
Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy	Y	Y	Y	Y	Y	Y
Anti-Depressant Medication Management: Effective Acute Phase Treatment	Y	NA	Y	Y	Y	Y
Anti-Depressant Medication Management: Effective Continuation Phase Treatment	Y	NA	Y	Y	Y	Y

A summary review of the change-over-time for the HEDIS® Chronic Care measures shows the following:

- Five of the MCOs showed statistically significant improvement or high performance on at least one of the chronic care measures.
- All of MVP's measures stayed the same of those meeting the criteria to be included in this analysis.
- The Department notes that several of these measures have small denominators, which can result in large swings on an annual basis and can make the change-over-time analysis less reliable

HEDIS® Chronic Care Measures - Change Over Time 2010-2012						
	BCBSVT	CIGNA	TVHP	BCBSVT PPO	CIGNA PPO	MVP PPO
Number of Measures that Improved or Scored > 90%	4	1	4	2	1	0
Number of Measures that Stayed the Same	11	4	12	15	11	10
Number of Measures that Declined	2	3	1	0	0	0

Additional graphs that display performance over-time for chronic care measures are located in the Appendix B.

PART V: DEPARTMENT RECOMMENDATIONS TO IMPROVE MCO QUALITY

This section of the report discusses quality improvement recommendations for MCOs. There are two criteria that were used to identify improvement opportunities for HEDIS® and CAHPS® measures: 1) the HMO's or PPO's rate is statistically and practically⁴³ significantly below the better of the national or regional average, or 2) both the HMO's (or PPO's) rate and the better of the national or regional average are below 50%. For most Department-specified Rule H-2009-03 measures, MCOs are expected to achieve a 90% performance level.

Opportunities for improvement were identified in the previously presented tables using the criteria described above and are identified with a “●” symbol. These opportunities are listed below and identify those that are shared by all plans and those that are specific to each MCO or PPO.

5.1 Improvement Opportunities for All MCOs

5.1.1 Hybrid Measures

While Vermont MCOs demonstrate satisfactory performance on many measures, there is always room for improvement. A recurring limitation of the Department's ability to adequately and comparatively assess MCO performance is due to the lack of adequate data for some measures. Several measures require a combination of data collected administratively (i.e. data from claims) and data gathered through chart review. When MCOs do not complete both parts of the data collection and rely solely on administrative data, the results are, in most cases, not meaningful.

An example of this type of measure is assessing the BMI percentile for children and adolescents. The rates reported by Cigna using the appropriate methodology yielded meaningful rates (55% for their MCO and 63% for their PPO). In contrast, the rates for BCBSVT, MVP, and TVHP were all below 10% due to their reliance on administrative data alone. In those situations where the data were collected differently, the Department cannot determine whether or not there is a difference in performance between MCOs for annual measure performance. Similarly, this also limits the Department ability to determine meaningful measures performance over-time.

Collecting data from chart review is more costly and disruptive to providers than data collected administratively. Nonetheless, the measures provide information that may inform health care policy and improve the quality of care to MCO members in Vermont.

⁴³ Practical significance is defined as the MCO's or PPO's performance varying by at least four percentage points from the benchmark. The practical significance test is designed to identify differences that a reader would find important, by eliminating statistically significant differences that might be so small that the reader would find them immaterial.

This has not been an issue in past years, but the Department has recently seen a departure from collecting record review data due in part to cost. While the Department has not mandated hybrid collection of specific measures and is working with MCOs to establish reasonable collection criteria, the Department strongly encourages the use of appropriate collection methodology. The Department is also investigating means to collect hybrid measures in a less invasive manner.

5.1.2 Improvement Opportunities for Specific Measures

The Department has identified several measures in which the performance is notably below 50% or the performance could be improved to the higher New England regional average. As a result, the Department has identified these as priorities which MCOs should consider when selecting opportunities for quality improvement. These areas include:

- Chlamydia Screening in Women Ages 16 – 20
 - Avoidance of Antibiotic Use in Adults with Acute Bronchitis
 - Initiation and Engagement of Alcohol and Other Drug Dependence
 - Adolescent Well-Care Visits
-
- For **Chlamydia Screening in Women Ages 16 – 20**, the MCOs' rates are below national and regional averages of 49%. Chlamydia is the most common sexually transmitted disease in the US. It causes no symptoms in 75% of infected women and is curable and easily diagnosed. Improving screening has been a goal of the Vermont Youth Health Improvement Initiative.
 - For **Avoidance of Antibiotic Use in Adults with Acute Bronchitis**, the national and regional averages are in the low 20% range and the HMOs are below the averages. Antibiotics are ineffective against viral illnesses and are not recommended for routine treatment of acute bronchitis. The unnecessary use of antibiotics is a long-term public health concern due to its contribution to antibiotic-resistant infections. In addition to current poor performance, there is no evidence of improvement over time.
 - Alcohol and other drug dependence is a significant public health problem. Low performance is particularly concerning in Vermont due to the amount of binge drinking⁴⁴. National and regional rates of **Initiation and Engagement of Alcohol and Other Drug Dependence** are low. Initiation rates fall in the 40% range and engagement is below 20%. Even though MCO performance exceeds national averages for engagement, the low absolute rates provide ample opportunity for improvement.

⁴⁴ See www.americashealthrankings.org/VT/2012.

- Improving **Adolescent Well-Care Visits** was a 2012 goal of the Youth Health Improvement Initiative in Vermont. For this measure all of the MCOs' rates are between 45% and 56%. While performing well relative to national averages, both the HMO and PPO plans are statistically significantly below the regional average (for both HMOs and PPOs) of 62%.

5.1.3 Improve performance levels to at least 50% for the following measures:

- Chlamydia Screening in Women Ages 16 - 20
- Avoidance of Antibiotic Screening in Adults with Acute Bronchitis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Initiation of Alcohol and Other Drug Dependence
- Engagement of Alcohol and Other Drug Dependence
- Childhood Immunization Rates: Combo 7: All MCOs
- Childhood Immunization Rates: Combo 8: All MCOs
- Childhood Immunization Rates: Combo 10: All MCOs
- Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase

5.1.4 Improve performance levels to or above the New England regional average for the following measures:

- Adolescent Well-Care Visits
- Comprehensive Diabetes Care: Poor HbA1c Control

Opportunities for Improvement for Individual MCOs

The Department has identified the following performance measures where improvement opportunities exist for individual MCOs to achieve at least the Rule H-2009-03 standard of 90% or to improve performance to or above the higher regional (New England) average.

5.2 Improvement Opportunities for BCBSVT

5.2.1 Improve performance levels to or above the regional average for the following measures:

- Call Abandonment
- Call Answer Timeliness
- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity
- Chlamydia Screening in Women Ages 21-24
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Medications
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Meningococcal
- Childhood Immunization Rates: Combo 2
- Childhood Immunization Rates: Combo 3
- Childhood Immunization Rates: Combo 4
- Annual Monitoring for Patients on Persistent Medications: Anticonvulsants
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100
- Comprehensive Diabetes Care: Good HbA1c Control <8
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: LDL-C Level <100

5.2.2 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Concurrent Reviews Meeting Decision Making Timeframes
- Level I Pharmacy Pre-Service, Urgent Meeting Decision Making Timeframes

- Level II Physical Health, Pre-service Not Urgent Reviews Meeting Decision Making Timeframes
- Level I Mental Health and Substance Abuse Post-Service Reviews Completed within the Required Timeframe
- Members with Access to Urgent Care
- Members with Access to Non-Emergency Care
- Members with Access to Preventive Care

5.3. Improvement Opportunities for BCBSVT PPO

5.3.1 Improve performance levels to or above the regional average for the following measures:

- Call Abandonment
- Call Answer Timeliness
- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Medications
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21-24
- Flu Shot for Adults Ages 50-64
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Meningococcal
- Appropriate Testing of Children with Pharyngitis

5.3.2 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Concurrent Reviews Meeting Decision Making Timeframes
- Physical Health, Pre-service Not Urgent Reviews Meeting Decision Making Timeframes
- Level I Pharmacy Pre-Service, Urgent Reviews Meeting Decision Making Timeframes
- Level I Mental Health and Substance Abuse Pre-Service Non-Urgent Reviews Completed within the Required Timeframe
- Members with Access to Urgent Care
- Members with Access to Non-Emergency Care
- Members with Access to Preventive Care
- Members with Access to Psychiatrists

5.4 Improvement Opportunities for CIGNA

5.4.1 Improve performance levels to or above the regional average for the following measures:

- Call Answer Timeliness
- How often did your health plan's Customer Service give you the information or help you needed?
- Cervical Cancer Screening
- Childhood Immunization Rates: Combo 2
- Childhood Immunization Rates: Combo 3
- Childhood Immunization Rates: Combo 4
- Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level <100
- Comprehensive Diabetes Care: Good HbA1c Control <8
- Comprehensive Diabetes Care: Diabetic Eye Exam
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: LDL-C Level <100
- Comprehensive Diabetes Care: Blood Pressure Control <140/90
- Comprehensive Diabetes Care: Blood Pressure Control <140/80
- Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy

5.4.2 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Level I Physical Health, Pre-service Not Urgent Reviews Meeting Decision Making Timeframes
- Members with Access to Urgent Care

5.5 Improvement Opportunities for CIGNA PPO

5.5.1 Improve performance levels at or above the regional average for the following measures:

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Meningococcal
- Childhood Immunization Rates: Combo 2
- Appropriate Testing of Children with Pharyngitis
- Follow-up After Hospitalization for Mental Illness: 7 days
- Follow-up After Hospitalization for Mental Illness: 30 days
- Comprehensive Diabetes Care: HbA1c Testing
- Comprehensive Diabetes Care: Diabetic Eye Exam
- Comprehensive Diabetes Care: LDL-C Screening

- Comprehensive Diabetes Care: LDL-C Level <100

5.6 Improvement Opportunities for CIGNA Behavioral Health

5.6.1 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Members with Access to Urgent Care

5.7 Improvement Opportunities for Magellan Behavioral Health (MBH)

5.7.1 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Access to Psychiatrists in Essex, Franklin, Grand Isle, Orange, Orleans and Windsor Counties
- Access to Psychologists in Essex and Orleans Counties
- Pre-Service Non-Urgent Grievance Reviews within Required Timeframes

5.8 Improvement Opportunities for MVP Health Care

5.8.1 Improve performance levels at or above the regional average for the following measures:

- Rating of Overall Health Plan Experience
- Call Abandonment
- How Often Did You and a Doctor Talk about Preventive Care?
- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Nutrition
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - Counseling for Physical Activity
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Strategies
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening in Women Ages 21-24
- Flu Shot for Adults Ages 50-64
- Well-Child Visits in the First 15 Months of Life (6 or More Visits)
- Well-Child Visits 3-6 Years of Age

- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Meningococcal
- Immunizations for Adolescents: Tdap/TD
- Childhood Immunization Rates: Combo 2
- Childhood Immunization Rates: Combo 3
- Childhood Immunization Rates: Combo 4
- Childhood Immunization Rates: Combo 6
- Childhood Immunization Rates: Combo 9
- Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level <100
- Comprehensive Diabetes Care: Good HbA1c Control <8
- Comprehensive Diabetes Care: Diabetic Eye Exam
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: LDL-C Level <100
- Comprehensive Diabetes Care: Blood Pressure Control <140/90
- Comprehensive Diabetes Care: Blood Pressure Control <140/80

5.8.2 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Concurrent Reviews Completed Within Decision Making Timeframes
- Access to Psychiatrists in Essex, Franklin, Grand Isle, Orange, Orleans and Windsor Counties

5.9 Improvement Opportunities for TVHP

5.9.1 Improve performance levels at or above the regional average for the following measures:

- Rating of Overall Health Plan Experience
- Call Abandonment
- Call Answer Timeliness
- How Often Did You and a Doctor Talk about Preventive Care?
- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity
- Colorectal Cancer Screening
- Chlamydia Screening in Women Ages 21-24
- Flu Shot for Adults Ages 50-64
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Medications
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Strategies

- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Meningococcal
- Childhood Immunization Rates: Combo 2
- Childhood Immunization Rates: Combo 3
- Childhood Immunization Rates: Combo 4
- Annual Monitoring for Patients on Persistent Medications: ACE or ARB
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100
- Comprehensive Diabetes Care: Good HbA1c Control <8
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: LDL-C Level <100
- Well-Child Visits 3-6 Years of Age

5.9.2 Improve performance levels to at least the 90% standard under Rule H-2009-03 for the following measures:

- Concurrent Reviews Meeting Decision Making Timeframes
- Level I Physical Health, Urgent Reviews Meeting Decision Making Timeframes
- Level I Pharmacy Pre-Service, Urgent Reviews Meeting Decision Making Timeframes
- Level I Mental Health and Substance Abuse Concurrent Reviews Meeting Decision Making Timeframes
- Level I Mental Health and Substance Abuse Pre-Service Urgent Reviews Meeting Decision Making Timeframes
- Level I Mental Health and Substance Abuse Pre-Service Non-Urgent Reviews Meeting Decision Making Timeframes
- Members with Access to Urgent Care
- Members with Access to Non-Emergency Care
- Members with Access to Preventive Care

