

## **Anti-Depressant Medication Management: Composite**

This composite assesses the overall performance level of each MCO with regard to anti-depressant medication management, when considering the acute and continuation phases of treatment, and with regard to number of contacts with a provider during those treatment phases.

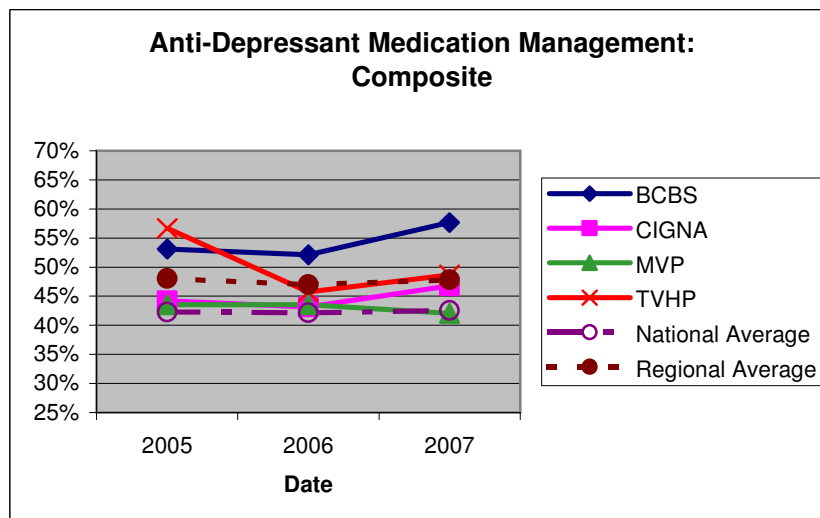
### **Major Findings**

- BCBS' performance level is significantly above both the MCO (w/o PPO) national and regional averages. The other MCOs' performance levels are consistent with both MCO (w/o PPO) national and regional averages.
- All MCO performance levels have remained unchanged over time.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO-regional averages.
- The absolute levels of performance for all MCOs, including CIGNA's PPO, are low.

### Improvement Opportunities

All MCOs, including CIGNA's PPO, have an opportunity to improve their performance levels by at least 10% in light of the low absolute level of performance.

<b>Anti-Depressant Medication Management: Composite, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	58%	47%	42%	49%		44%	
<b>National Average</b>	<b>O</b>	n	n	n	43%	n	43%
<b>Regional Average</b>	<b>O</b>	n	n	n	48%	n	47%
<b>Change Over Time 2005-2007</b>	Same	Same	Same	Same			



## **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 medications and remained on an anti-depressant drug during the entire 12-week acute treatment phase.

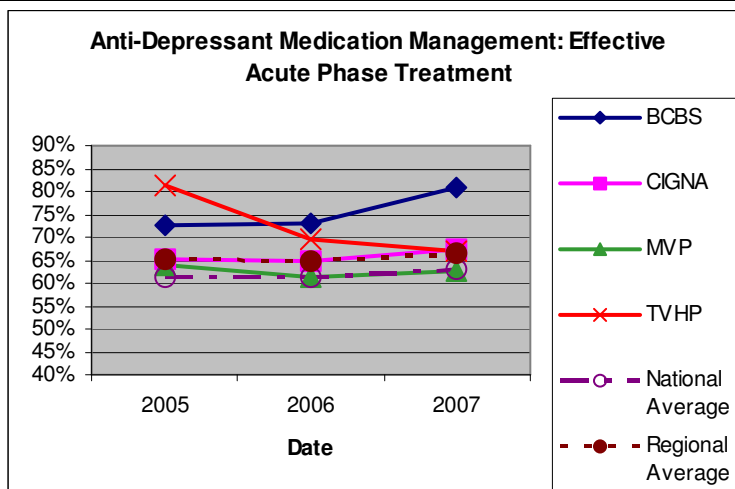
### **Major Findings**

- BCBS' performance level is significantly above both the MCO (w/o PPO) national and regional averages. The other MCOs' performance levels are consistent with both MCO (w/o PPO) national and regional averages.
- BCBS' performance level improved and TVHP's performance level declined between 2005 and 2007. All the other MCOs' performance levels remained unchanged over time.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.
- The absolute levels of performance by CIGNA, MVP, TVHP and CIGNA PPO are low.

### **Improvement Opportunities**

- CIGNA, MVP, TVHP and CIGNA PPO have an opportunity to improve their performance levels by at least 10%, in light of the low absolute levels of performance, and to a level comparable with that of BCBS.

<b>Anti-Depressant Medication Management: Effective Acute Phase Treatment, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	81%	67%	63%	67%		64%	
<b>National Average</b>	<b>O</b>	n	n	n	63%	n	64%
<b>Regional Average</b>	<b>O</b>	n	n	n	66%	n	67%
<b>Change Over Time 2005-2007</b>	I	Same	Same	D			



## **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 6 months.

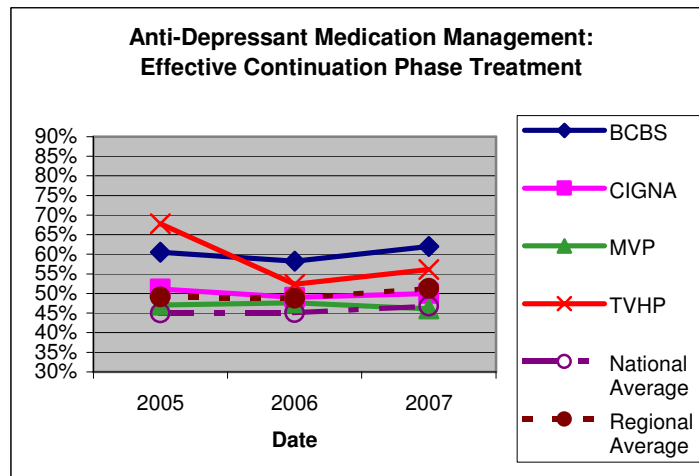
### **Major Findings**

- BCBS' performance level is significantly above both the MCO (w/o PPO) national and regional averages. TVHP's performance level is significantly above the MCO (w/o PPO) national average and consistent with the MCO (w/o PPO) regional average. The other MCOs' performance levels are consistent with both MCO (w/o PPO) national and regional averages.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.
- All the MCOs' performance levels remained unchanged over time.
- The absolute levels of performance by all MCOs, including the CIGNA PPO, are low.

### **Improvement Opportunities**

- All MCOs, including the CIGNA PPO, have an opportunity to improve their performance levels by at least 10% in light of the low absolute level of performance.

<b>Anti-Depressant Medication Management: Effective Continuation Phase Treatment, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	62%	50%	46%	56%		52%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	46%	n	48%
<b>Regional Average</b>	<b>O</b>	n	n	n	51%	n	53%
<b>Change Over Time 2005-2007</b>	Same	Same	Same	Same			



## **Anti-Depressant Medication Management: Optimal Practitioner Contact for Medication Management**

This measure reports the percentage of adults diagnosed with a new episode of depression who were treated with anti-depressants and who had at least three contacts with a provider during the 12-week acute treatment phase.

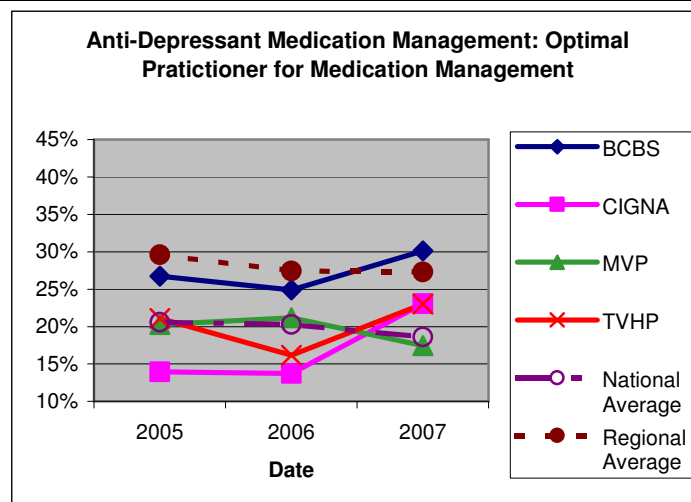
### **Major Findings**

- BCBS' performance level is significantly above the MCO (w/o PPO) national average and consistent with the higher MCO (w/o PPO) regional average.
- MVP's performance level is significantly below the MCO (w/o PPO) regional average and consistent with the MCO (w/o PPO) national average. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- All the MCOs' performance levels remained unchanged over time.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.
- The absolute levels of performance for all MCOs, including the CIGNA PPO, are low.

### **Improvement Opportunities**

- All MCOs, including the CIGNA PPO, have an opportunity to improve their performance levels by at least 10% in light of the low absolute level of performance.

<b>Optimal Practitioner Contact for Medication Management, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	30%	23%	17%	23%		17%	
<b>National Average</b>	<b>O</b>	n	n	n	19%	n	16%
<b>Regional Average</b>	n	n	<b>B</b>	n	27%	n	23%
<b>Change Over Time 2005-2007</b>	Same	Same	Same	Same			



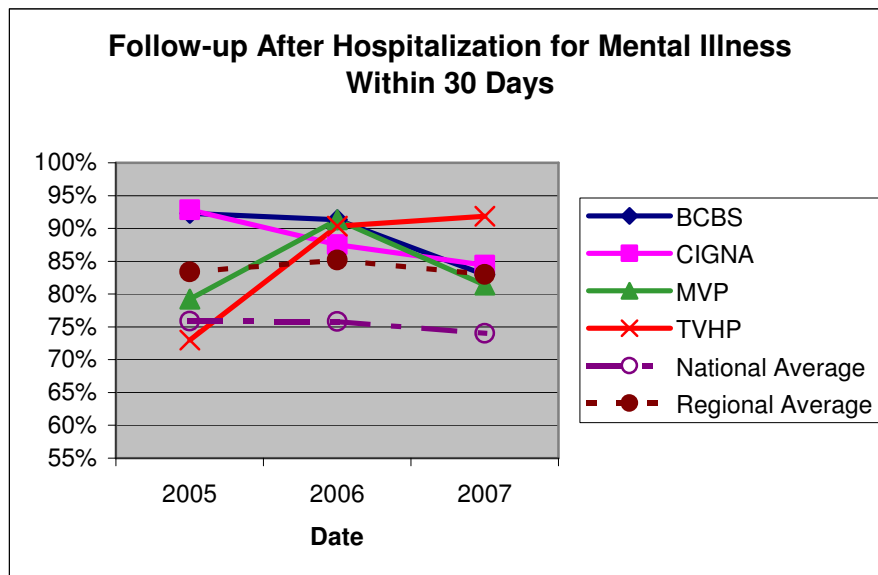
## **Follow-up After Hospitalization for Mental Illness Within 30 Days**

This measure reports the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and seen on an ambulatory basis or were in intermediate treatment with a mental health provider within 30 days of being discharged from the hospital.

### **Major Findings**

- TVHP's performance level is significantly above the MCO (w/o PPO) national average and consistent with the higher MCO (w/o PPO) regional average. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA PPO's performance level is significantly above the PPO national average and consistent with the higher PPO regional average.
- TVHP's performance improved significantly between 2005 and 2007. The other MCOs' performance levels remained unchanged over time.

<b>Follow-up After Hospitalization for Mental Illness Within 30 Days, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	83%	84%	81%	92%		83%	
<b>National Average</b>	n	n	n	<b>O</b>	74%	<b>O</b>	63%
<b>Regional Average</b>	n	n	n	n	83%	n	78%
<b>Change Over Time 2005-2007</b>	Same	Same	Same	I			



## **Follow-up After Hospitalization for Mental Illness Within 7 Days**

This measure reports the percentage of members 6 years of age and older hospitalized for treatment of selected mental health disorders who were seen on an ambulatory basis or were in intermediate treatment with a mental health provider within seven days of being discharged from the hospital.

### **Major Findings**

- a. The performance levels of all MCOs, except that of MVP, are significantly above the MCO (w/o PPO) national average.
- b. TVHP's performance level is also significantly above the higher MCO (w/o PPO) regional average.
- c. The other MCOs' performance levels are consistent with the MCO (w/o PPO) regional average.
- d. CIGNA PPO's performance level is consistent with the PPO national and PPO regional averages.

### **Improvement Opportunities**

- MVP has the opportunity to improve its performance level to significantly above the MCO (w/o PPO) national average.
- CIGNA PPO has the opportunity to improve its performance level to significantly above the PPO national average.

<b>Follow-up After Hospitalization for Mental Illness Within 7 Days, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	68%	75%	70%	80%		53%	
<b>National Average</b>	<b>O</b>	<b>O</b>	n	<b>O</b>	56%	n	42%
<b>Regional Average</b>	n	n	n	<b>O</b>	66%	n	58%

## **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.

### **Major Findings**

- BCBS' performance level is consistent with both the MCO (w/o PPO) national and regional averages.
- BCBS' performance is low in terms of absolute numbers.
- The remaining MCOs, including the CIGNA PPO, did not have enough cases to report data.

### **Improvement Opportunity**

- BCBS has an opportunity to improve its performance level by at least 10% in light of the low absolute level of performance.

<b>Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	35%	NA	NA	NA		NA	
<b>National Average</b>	n	NA	NA	NA	34%	NA	32%
<b>Regional Average</b>	n	NA	NA	NA	44%	NA	38%

## **Mental Health and Chemical Dependency Unplanned Readmissions Within 30 Days of Discharge**

This Rule 10-specific measure represents the percentage of MCO members who were hospitalized for mental health or chemical dependency services, discharged, and subsequently readmitted within 30 days. An unplanned readmission suggests a possible inappropriately early discharge or ineffective outpatient follow-up care.

### **Major Findings**

- The number of admissions for both mental health and chemical dependency treatment is relatively small, so there is wide variation in the percentage of unplanned readmissions for both mental health and chemical dependency when looking across years.
- In 2007, CIGNA's and MVP's unplanned readmission rates for mental health appear lower than those of the other MCOs.
- In 2007, CBH, MBH and TVHP have rates of unplanned mental health readmissions that are noticeably higher than their rates reported in the prior year.
- CBH's 2007 rate for unplanned chemical dependency readmissions is noticeably higher than those of the other MCOs for the second consecutive year.
- After three consecutive years of having no unplanned chemical dependency readmissions within 30 days of discharge, CIGNA's rate has increased.

#### Improvement Opportunity:

- MBH and TVHP have an opportunity to investigate the increases in their unplanned mental health readmission rates in 2007.
- CIGNA PPO and CBH have the opportunity to investigate their relatively high unplanned readmission rates for both mental health and chemical dependency in 2007.

<b>Mental Health and Chemical Dependency Readmissions Within 30 Days of Discharge, 2004 through 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>	<b>TVHP</b>
<b>2004</b>							
<b>Mental Health</b>	6%	0%	NR	14%	10%	11%	3%
<b>Chemical Dependency</b>	33%	0%	NR	9%	11%	8%	11%
<b>2005</b>							
<b>Mental Health</b>	6%	8%	NR	4%	11%	10%	6%
<b>Chemical Dependency</b>	33%	0%	NR	4%	12%	2%	28%
<b>2006</b>							
<b>Mental Health</b>	10%	19%	NR	8%	8%	15%	11%
<b>Chemical Dependency</b>	6%	0%	NR	17%	5%	3%	0%
<b>2007</b>							
<b>Mental Health</b>	10%	2%	14%	14%	12%	3%	17%
<b>Chemical Dependency</b>	8%	10%	11%	19%	6%	4%	0%

**Rule 10-Specific Measure - Mental Health Utilization:  
Inpatient Discharges Per 1000 Members and Average Length  
of Stay by Age**

This Rule 10-specific measure represents the utilization of inpatient mental health services in terms of the number of discharges and the average length of stay. This is the first year this measure has been collected as a Rule 10-specific measure, following NCQA's decision to discontinue the equivalent HEDIS<sup>®</sup> measure.

**Major Findings**

- a. MVP appears to have a rate of discharges per 1000 members that is noticeably higher than those of the other MCOs. This higher rate appears to be driven by the relatively high rate of discharges in the 13 to 17 years old age group.
- b. BCBS appears to have an average length of stay (ALOS) that is noticeably higher than that of the other MCOs. This higher ALOS appears to be driven by higher ALOS for the 13 to 17 and 18 to 64 age groups.

<b>Rule 10-Specific Measure Mental Health Utilization--Inpatient Discharges/1000 Members and Average Length of Stay by Age, 2007</b>										
	<b>BCBS</b>		<b>CIGNA</b>		<b>CIGNA PPO</b>		<b>MVP</b>		<b>TVHP</b>	
<b>Age</b>	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay
<b>0 – 12</b>	0.59	5.25	0.83	10.00	0.36	1.00	0.69	10.00	0.00	NA
<b>13 – 17</b>	6.15	19.18	4.03	7.75	3.58	3.82	9.47	7.64	4.16	6.13
<b>18 – 64</b>	3.00	9.79	1.90	5.97	3.66	3.31	3.42	7.69	3.09	7.74
<b>65 +</b>	2.20	6.92	0.00	NA	1.62	19.50	2.52	13.00	0.00	NA
<b>Total</b>	2.88	11.03	1.89	6.57	3.09	4.01	3.45	7.82	2.73	7.56

**Rule 10-Specific Measure – Chemical Dependency Utilization: Inpatient Discharges Per 1000 Members and Average Length of Stay by Age**

This Rule 10-specific measure reports the utilization of inpatient chemical dependency services in terms of the number of discharges and the average length of stay. This is the first year this measure has been collected as a Rule 10-specific measure, following NCQA’s decision to discontinue the equivalent HEDIS® measure.

**Major Findings**

- a. MVP has a noticeably lower number of discharges per 1000 members than the other MCOs.
- b. CIGNA has noticeably higher average lengths of stay than the other MCOs.

<b>Rule 10-Specific Measure Chemical Dependency Utilization--Inpatient Discharges/1000 Members and Average Length of Stay by Age, 2007</b>										
	<b>BCBS</b>		<b>CIGNA</b>		<b>CIGNA PPO</b>		<b>MVP</b>		<b>TVHP</b>	
<b>Age</b>	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay	Discharges	Average Length of Stay
<b>0 – 12</b>	0.00	NA	0.00	NA	0.00	NA	0.00	NA	0.00	NA
<b>13 – 17</b>	1.13	18.33	1.51	16.00	1.96	5.50	0.68	8.30	1.04	17.00
<b>18 – 64</b>	1.63	8.16	1.61	9.54	1.20	4.83	0.68	9.55	2.05	7.49
<b>65 +</b>	1.18	4.43	0.00	NA	0.81	12.33	2.52	4.00	0.00	NA
<b>Total</b>	1.36	8.61	1.33	10.16	1.07	5.37	0.62	9.00	1.68	7.91

## **Introduction: Selected Utilization Rates**

Rule 10 requires a substantial amount of utilization information to be filed with the Department. Unlike other measures, utilization measures do not easily lend themselves to evaluative analysis, as there is a lack of consensus regarding optimum levels of utilization when considering service efficiency and quality of care. Furthermore, utilization data must be risk adjusted before comparisons can be made, and HEDIS<sup>®</sup> data are not adjusted for severity of illness. Therefore, this section of the report includes only those measures where further investigation or improvement in performance is clearly indicated. The complete data tables for each of the other utilization measures can be found in the Appendix.

The following HEDIS<sup>®</sup> utilization measures are discussed in this section of the report:

- Ambulatory care: outpatient visits/procedures, emergency room visits, ambulatory surgery, observation room stays
- Outpatient prescription drugs: average use per member per year, average cost/prescription per member per month
- Antibiotic utilization: average number of antibiotic prescriptions per member per year
- Antibiotic utilization: average number and percentage of prescriptions per member per year for antibiotics of concern

**Summary Table for Ambulatory Care Services:  
Visits/Procedures per 1000 Members**

Ambulatory care encompasses the vast array of outpatient services delivered to MCO members. The services reported below represent some of the most frequently used services. Ambulatory visits include office visits and appointments for minor outpatient procedures. Observation room stays represent a strategy that MCOs have employed to avoid more expensive inpatient admissions in cases for which inpatient care is urgently needed on a short-term basis.

**Major Findings**

- a. In 2007, the total ambulatory visit rate for all MCOs (including the CIGNA PPO), exceeded the MCO (w/o PPO) national average, but was below the MCO (w/o PPO) regional average with the exception of BCBS. BCBS’ total ambulatory visit rate appears to be consistent with the higher MCO (w/o PPO) regional rate.
- b. In 2007, CIGNA has a noticeably higher ER visit rate than the other MCOs and the MCO (w/o PPO) national and MCO (w/o PPO) regional averages. The other MCOs are close to the MCO (w/o PPO) national and regional average.
- c. In 2007, CIGNA PPO’s ER visit rate is below both the PPO national and regional averages.
- d. In 2007, MVP’s Ambulatory Surgery rates are noticeably above both the MCO (w/o PPO) national and MCO (w/o PPO) regional averages and the rates of the other MCOs. Both BCBS’ and TVHP’s rates are less than half of the national MCO (w/o PPO) national and regional averages.
- e. In 2007, the use of observation rooms varied noticeably across MCOs, with TVHP having the highest at 19 episodes per 1000 members and the CIGNA PPO having the lowest at 4 episodes per 1000 members.

<b>Ambulatory Care Services: Visits/Procedures Per 1000 Members, 2004 - 2007</b>				
	<b>Total Ambulatory Visits</b>	<b>Total Emergency Room</b>	<b>Total Ambulatory Surgery</b>	<b>Total Observation Room</b>
<b>BCBS</b>				
<b>2004</b>	3900	172	133	16
<b>2005</b>	3975	197	133	19
<b>2006</b>	4069	200	97	18
<b>2007</b>	4042	201	54	17
<b>CIGNA</b>				
<b>2004</b>	3741	187	109	7
<b>2005</b>	3777	193	117	5
<b>2006</b>	3816	201	123	3
<b>2007</b>	3923	313	201	6
<b>MVP</b>				
<b>2004</b>	3629	185	132	8
<b>2005</b>	3735	194	134	9
<b>2006</b>	3812	197	147	8
<b>2007</b>	3746	204	150	8

<b>Ambulatory Care Services: Visits/Procedures Per 1000 Members, 2004 – 2007 (continued)</b>				
	<b>Total Ambulatory Visits</b>	<b>Total Emergency Room</b>	<b>Total Ambulatory Surgery</b>	<b>Total Observation Room</b>
<b>TVHP</b>				
<b>2004</b>	3662	189	133	19
<b>2005</b>	3753	214	138	20
<b>2006</b>	3833	218	92	20
<b>2007</b>	3708	204	55	19
<b>National Average MCO (w/o PPO)</b>				
<b>2004</b>	3605	177	114	10
<b>2005</b>	3719	188	119	10
<b>2006</b>	3561	201	126	10
<b>2007</b>	3671	201	126	10
<b>Regional Average MCO (w/o PPO)</b>				
<b>2004</b>	4011	196	122	10
<b>2005</b>	4096	211	127	11
<b>2006</b>	4124	218	128	11
<b>2007</b>	4096	215	124	10
<b>CIGNA PPO</b>				
<b>2007</b>	3748	178	137	4
<b>National Average PPO</b>				
<b>2007</b>	3560	191	121	10
<b>Regional Average PPO</b>				
<b>2007</b>	3892	200	112	8

## **Outpatient Prescription Drug Utilization: Number of Prescriptions Per Member Per Year and Average Prescription Costs Per Member Per Month**

This measure reports the average number of prescriptions per member per year and the average cost per prescription per member per month.

### **Major Findings**

- a. For all MCOs, except MVP, both the average number of prescriptions per member per year and the average prescription drug costs per member per month continued to increase in 2007. This is consistent with the MCO (w/o PPO) national and regional trends.
- b. For MVP both the average number of prescriptions per member per year and the average prescription drug costs per member per month decreased slightly between 2006 and 2007, bringing it more in line with the MCO (w/o PPO) national average.

<b>Outpatient Prescription Drug Utilization: Average Number of Prescriptions Per Member Per Year and Average Prescription Costs Per Member Per Month, 2003 – 2007</b>		
	<b># PMPM</b>	<b>Cost PMPM</b>
<b>BCBS</b>		
<b>2003</b>	10.6	\$50.22
<b>2004</b>	11.3	\$58.19
<b>2005</b>	11.47	\$51.55
<b>2006</b>	12.05	\$56.71
<b>2007</b>	12.43	\$60.97
<b>CIGNA</b>		
<b>2003</b>	8.9	\$36.08
<b>2004</b>	9.4	FTR
<b>2005</b>	10.42	\$47.58
<b>2006</b>	11.26	\$54.83
<b>2007</b>	11.43	\$55.49
<b>MVP</b>		
<b>2003</b>	10.5	\$43.05
<b>2004</b>	11.1	\$48.86
<b>2005</b>	11.77	\$52.95
<b>2006</b>	12.40	\$60.29
<b>2007</b>	11.40	\$56.86
<b>TVHP</b>		
<b>2003</b>	9.9	\$46.57
<b>2004</b>	10.4	\$54.04
<b>2005</b>	10.66	\$48.34
<b>2006</b>	11.64	\$53.85
<b>2007</b>	11.27	\$54.53

<b>Outpatient Prescription Drug Utilization: Average Number of Prescriptions Per Member Per Year and Average Prescription Costs Per Member Per Month, 2003 – 2007</b>		
	<b># PMPM</b>	<b>Cost PMPM</b>
<b>National Average MCO (w/o PPO)</b>		
<b>2003</b>	10.2	\$42.68
<b>2004</b>	10.6	\$46.90
<b>2005</b>	11.05	\$49.82
<b>2006</b>	11.55	\$53.89
<b>2007</b>	12.19	\$54.05
<b>Regional Average MCO (w/o PPO)</b>		
<b>2003</b>	10.7	\$46.43
<b>2004</b>	11.1	\$51.93
<b>2005</b>	11.53	\$55.13
<b>2006</b>	12.07	\$59.06
<b>2007</b>	12.07	\$60.70
<b>CIGNA PPO</b>		
<b>2007</b>	11.19	\$51.16
<b>National Average PPO</b>		
	11.03	\$51.32
<b>Regional Average PPO</b>		
	11.61	\$60.70

## **Antibiotic Utilization: Average Number of Antibiotic Prescriptions Per Member Per Year**

This measure reports the rate of outpatient antibiotic usage in terms of the average number of antibiotic prescriptions per member per year. Overuse of antibiotics is of concern due to the rise of antibiotic-resistant bacteria.

### **Major Findings**

- a. Looking at the utilization rates for 2007 across MCOs for members between ages 0 and 64, BCBS' utilization rates appear somewhat higher for most age categories than the rates of the other MCOs.
- b. In 2007, TVHP's utilization rate appears somewhat higher than those of CIGNA, CIGNA PPO and MVP for members between 50 and 64 years of age.

### **Improvement Opportunity**

- BCBS has an opportunity to investigate why the antibiotic utilization rate appears to be higher for members between 0 and 64 years of age, compared to other MCOs' rates.
- TVHP has an opportunity to investigate why the antibiotic rate for members between 50 and 64 years of age appears to be somewhat higher than CIGNA's, CIGNA PPO's and MVP's rates.

<b>Average Number of Antibiotics Prescriptions PMPY</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2006</b>					
<b>0 - 9</b>	0.96	0.88	NR	0.97	0.94
<b>10 - 17</b>	0.62	0.59	NR	0.60	0.64
<b>18 - 34</b>	0.71	0.61	NR	0.62	0.67
<b>35 - 49</b>	0.69	0.65	NR	0.61	0.66
<b>50 - 64</b>	0.83	0.73	NR	0.69	0.78
<b>65 - 74</b>	0.92	1.17	NR	0.82	0.81
<b>75 - 84</b>	1.05	0.63	NR	1.67	0.67
<b>85+</b>	6.32	NA	NR	0.24	0.00
<b>Total</b>	0.76	0.69	NR	0.67	0.72
<b>2007</b>					
<b>0 - 9</b>	0.93	0.89	0.85	0.86	0.88
<b>10 - 17</b>	0.62	0.59	0.56	0.55	0.61
<b>18 - 34</b>	0.67	0.59	0.57	0.61	0.63
<b>35 - 49</b>	0.67	0.65	0.58	0.60	0.59
<b>50 - 64</b>	0.80	0.72	0.72	0.71	0.76
<b>65 - 74</b>	0.85	1.10	0.87	0.84	0.79
<b>75 - 84</b>	0.99	1.23	1.18	1.20	0.80
<b>85+</b>	5.09	0.00	0.75	0.82	0.00
<b>Total</b>	0.93	0.89	0.85	0.86	0.88

## **Antibiotic Utilization: Average Number of Prescriptions Per Member Per Year for Antibiotics of Concern**

This measure reports the average number of prescriptions per member per year for a list of 36 specific antibiotics whose overuse is of particular concern. Overuse of these antibiotics can lead to the growth of antibiotic-resistant bacteria. To date NCQA has not published any regional or national averages.

### **Major Findings**

- a. Looking at utilization rates for members between 0 and 64 years of age in 2006 and 2007, all MCOs appear to have relatively comparable utilization rates.
- b. The relatively small number of members in the 65+ age range may make it difficult to compare results in this age range.

<b>Average Number of Prescriptions for Antibiotics of Concern PMPY</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2006</b>					
<b>0 - 9</b>	0.37	0.33	NR	0.43	0.41
<b>10 - 17</b>	0.20	0.19	NR	0.20	0.20
<b>18 - 34</b>	0.27	0.23	NR	0.23	0.27
<b>35 - 49</b>	0.29	0.27	NR	0.27	0.28
<b>50 - 64</b>	0.36	0.32	NR	0.32	0.35
<b>65 - 74</b>	0.42	0.48	NR	0.39	0.43
<b>75 - 84</b>	0.39	0.11	NR	0.64	0.27
<b>85+</b>	1.26	NA	NR	0.00	0.00
<b>Total</b>	0.30	0.27	NR	0.29	0.30
<b>2007</b>					
<b>0 - 9</b>	0.39	0.40	0.36	0.38	0.37
<b>10 - 17</b>	0.21	0.19	0.21	0.20	0.20
<b>18 - 34</b>	0.27	0.24	0.23	0.24	0.25
<b>35 - 49</b>	0.3	0.31	0.28	0.27	0.27
<b>50 - 64</b>	0.35	0.34	0.33	0.32	0.33
<b>65 - 74</b>	0.40	0.46	0.41	0.43	0.35
<b>75 - 84</b>	0.62	0.39	0.55	0.49	0.47
<b>85+</b>	0.36	0.00	0.33	0.27	0.00
<b>Total</b>	0.31	0.30	0.29	0.28	0.28

## **Antibiotic Utilization: Percentage of All Antibiotic Prescriptions That Are Antibiotics of Concern**

This measure reports the percentage of prescribed antibiotics that are antibiotics of concern. Overuse of these antibiotics can lead to the growth of antibiotic-resistant bacteria. To date NCQA has not published any regional or national averages.

### **Major Findings**

- a. The percentage of antibiotics of concern as compared to total antibiotic use appears to be relatively comparable across HMOs for members between 0 and 64 years of age and between 2006 and 2007.
- b. The relatively small number of members in the 65+ age range may make it difficult to compare results in this age range.

<b>Percentage of All Antibiotic Prescriptions That Are Antibiotics of Concern</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2006</b>					
<b>0 - 9</b>	39%	38%	NR	45%	43%
<b>10 - 17</b>	32%	32%	NR	34%	31%
<b>18 - 34</b>	38%	37%	NR	37%	40%
<b>35 - 49</b>	42%	42%	NR	45%	42%
<b>50 - 64</b>	43%	44%	NR	47%	45%
<b>65 - 74</b>	46%	41%	NR	47%	53%
<b>75 - 84</b>	37%	18%	NR	38%	40%
<b>85+</b>	20%	NA	NR	0%	NA
<b>Total</b>	40%	40%	NR	43%	42%
<b>2007</b>					
<b>0 - 9</b>	41%	45%	43%	44%	43%
<b>10 - 17</b>	33%	32%	37%	35%	33%
<b>18 - 34</b>	41%	41%	41%	39%	40%
<b>35 - 49</b>	45%	48%	47%	45%	46%
<b>50 - 64</b>	44%	47%	46%	45%	43%
<b>65 - 74</b>	48%	42%	47%	51%	44%
<b>75 - 84</b>	62%	32%	47%	41%	58%
<b>85+</b>	7%	0%	44%	33%	0%
<b>Total</b>	42%	44%	44%	43%	42%

## **Introduction: Member Experience**

Non-MBHOs (BCBS, CIGNA, CIGNA PPO, MVP and TVHP) are required to report the results of a member experience survey for their adult commercial population. The Department requires that the survey be administered according to NCQA CAHPS® 4.0H protocols and by an NCQA-certified vendor. This section of the report discusses the survey results with regard to selected measures. The analysis looks at the percentage of members that were satisfied with MCO 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 was statistically significant change in performance between two points in time: a base measurement year (2006) and the most recent measurement year (2008).

When reviewing the following charts, please note that the symbols have the following meanings:

- **"B"** means that the MCO's score is below the national or regional average by a statistically significant amount; therefore, the difference cannot be explained by chance alone.
- **"O"** means that the MCO's score is above the national or regional average by a statistically significant amount; therefore, the difference cannot be explained by chance.
- **"n"** means that there is no significant difference between the MCO's score and the national or regional average.

When reviewing the change-over-time evaluations, please note that the results are reported as follows:

- **"I"** means that the MCO's performance has improved between the base year and the measurement year by an amount that is statistically significant; therefore, the improved performance cannot be explained by chance alone.
- **"D"** means that the MCO's performance has declined between the base year and the measurement year by an amount that is statistically significant; therefore, the decline in performance cannot be explained by chance alone.
- **"same"** means that the MCO's performance in the base year is statistically no different from its performance in the measurement year.

## **Survey Response Rate and Characteristics of Respondents**

### **Major Findings**

- a. The survey response rates ranged from 32% for CIGNA to 49% for BCBS. CIGNA PPO's rate was 36%, TVHP's rate was 37% and MVP's rate was 42%. These response rates are below the NCQA target of 55%.
- b. In general, the "typical" respondent was female between the ages of 25 and 64 years and was likely to have a college degree or more. Moreover, she was likely to describe her health as 'very good' or 'excellent' and has a person who she thinks of as a personal doctor. Consistent with prior year findings, BCBS' respondents appear to be better educated than those of the other MCOs.

### **Improvement Opportunity:**

- All MCOs have an opportunity to improve their response rate to the NCQA target of 55%.

	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>Response Rate</b>	49%	32%	36%	42%	37%
<b>% Of Respondents Who Were Female</b>	64%	58%	59%	62%	60%
<b>% Of Respondents Between 25 – 64 Years of Age</b>	91%	94%	77%	91%	93%
<b>% With High School Diploma or Less</b>	18%	27%	32%	29%	29%
<b>% With 4-Year College Degree or More</b>	59%	42%	35%	42%	43%
<b>% Who rate their overall health as 'excellent' or 'very good'</b>	72%	61%	55%	66%	69%
<b>% With A Person They Think of As Their Personal MD</b>	96%	94%	93%	96%	97%

## **Rate Your Overall Health Plan Experience**

This measure reports members' overall satisfaction with their MCO and is commonly seen as the key gauge of how satisfied members are with their specific managed care organization. These rates represent the percent of members responding with an 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?"

### **Major Findings**

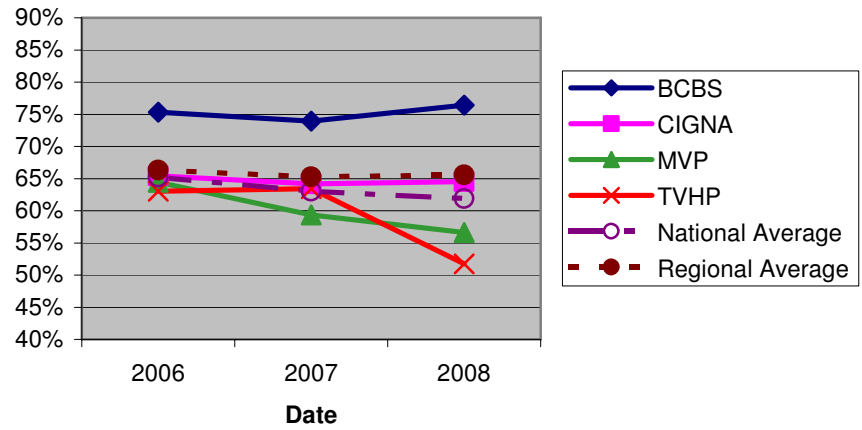
- a. BCBS' performance level is significantly above both the MCO (w/o PPO) national average and the regional average.
- b. MVP's and TVHP's performance levels are significantly below both the MCO (w/o PPO) national and regional averages.
- c. CIGNA's performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- d. MVP's and TVHP's performance levels declined between 2006 and 2008.
- e. CIGNA PPO's performance level is significantly below both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA, MVP, and TVHP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) regional average.
- CIGNA PPO has the opportunity to improve its performance level to significantly above the PPO regional average.

<b>Rate Your Overall Health Plan Experience, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	76%	65%	57%	52%		52%	
<b>National Average</b>	<b>O</b>	n	<b>B</b>	<b>B</b>	62%	<b>B</b>	62%
<b>Regional Average</b>	<b>O</b>	n	<b>B</b>	<b>B</b>	66%	<b>B</b>	57%
<b>Change Over Time 2006-2008</b>	Same	Same	<b>D</b>	<b>D</b>			

### Rate Your Overall Health Plan Experience



## **Call Answering and Call Abandonment: Composite**

One element of customer service is the performance of an MCO's call center. This measure reports each MCO's combined performance in terms of the number of calls abandoned prior to contact with a live person (call abandonment) and the number of calls answered by a live person within 30 seconds (call answer timeliness). It should be noted that these are HEDIS® measures, which measure actual performance, while CAHPS® measures evaluate member satisfaction. These measures are reported in this section of the report because they relate to customer service. Higher percentages indicate better performance.

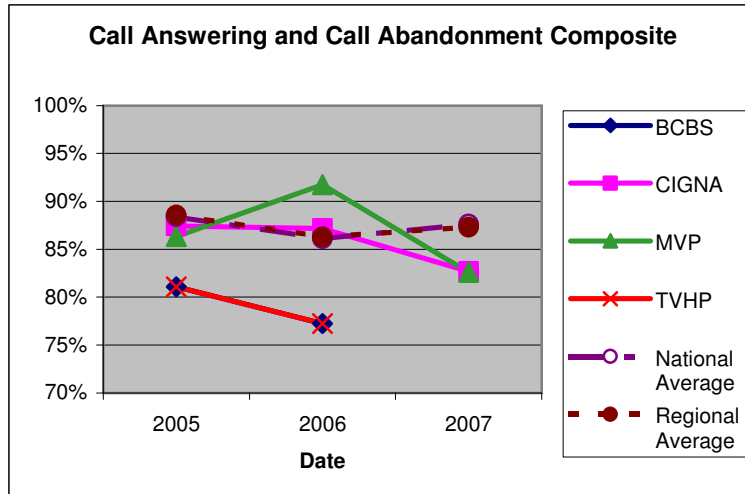
### **Major Findings**

- a. CIGNA's and MVP's performance levels are significantly below both the MCO (w/o PPO) national and regional averages.
- b. BCBS and TVHP failed to report this measure due to data collection issues.
- c. CIGNA's and MVP's performance levels declined between 2005 and 2007.
- d. CIGNA's PPO performance level is significantly below both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA and MVP have the opportunity to improve their performance levels to the MCO (w/o PPO) national average.
- CIGNA PPO has the opportunity to improve its performance level to the PPO regional average.
- BCBS and TVHP must correct all data collection issues so that they can report Call Answering and Call Abandonment.

<b>Call Answering and Call Abandonment Composite, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	FTR	83%	83%	FTR		81%	
<b>National Average</b>	NA	<b>B</b>	<b>B</b>	NA	87%	<b>B</b>	88%
<b>Regional Average</b>	NA	<b>B</b>	<b>B</b>	NA	88%	<b>B</b>	87%
<b>Change Over Time 2005-2007</b>	NA	D	D	NA			



## **Call Answer Timeliness**

This measure reports the percentage of calls answered by a live voice within 30 seconds. It should be noted that this is a HEDIS® measure, which measures actual performance, while CAHPS® measures evaluate member satisfaction. This measure is reported in this section of the report because it relates to customer service.

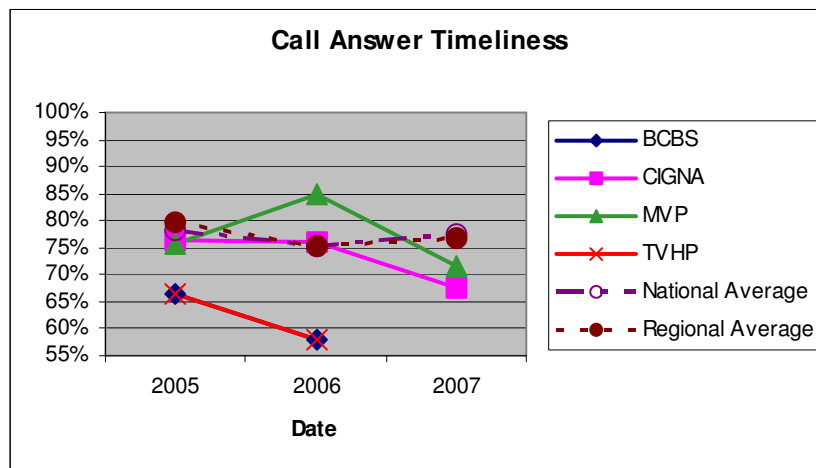
### **Major Findings**

- CIGNA's and MVP's performance levels are significantly below both the MCO (w/o PPO) national regional averages.
- BCBS and TVHP failed to report this measure due to data collection issues.
- CIGNA's and MVP's performance levels declined between 2005 and 2007.
- CIGNA PPO performance level is significantly below both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA and MVP have the opportunity to improve their performance levels to the MCO (w/o PPO) regional average.
- CIGNA PPO has the opportunity to improve its performance level to the PPO regional average.
- BCBS and TVHP must correct all data collection issues so that they can report Call Answer Timeliness.

<b>Call Answer Timeliness, 2007</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	FTR	67%	72%	FTR		65%	
<b>National Average</b>	NA	<b>B</b>	<b>B</b>	NA	77%	<b>B</b>	78%
<b>Regional Average</b>	NA	<b>B</b>	<b>B</b>	NA	78%	<b>B</b>	75%
<b>Change Over Time 2005-2007</b>	NA	<b>D</b>	<b>D</b>	NA			



## **Call Abandonment**

This measure reports the percentage of callers who hung up before the call was answered by a live voice. It should be noted that this is a HEDIS® measure, which measures actual performance, while CAHPS® measures evaluate member satisfaction. This measure is reported in this section of the report because it relates to customer service. For this measure, a lower score represents better performance.

## **Major Findings**

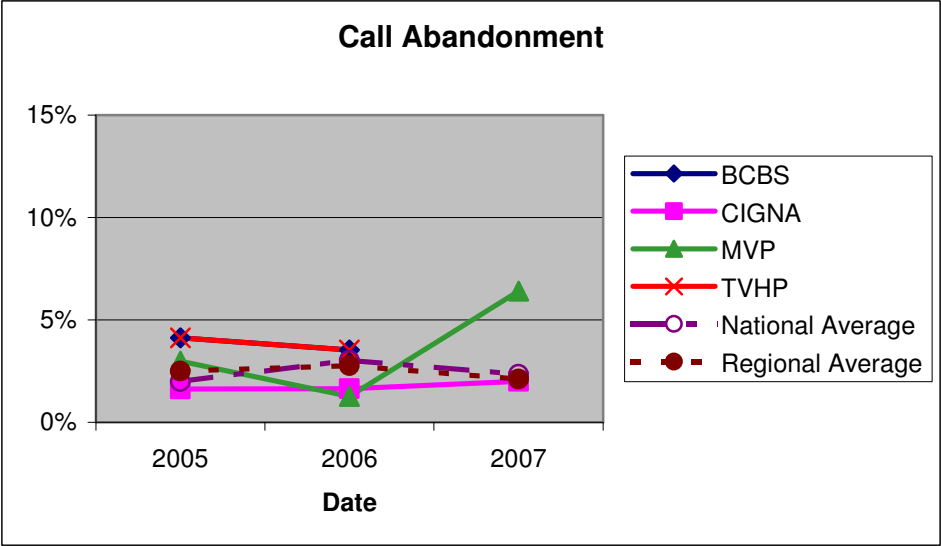
- a. MVP's performance level is significantly below the MCO (w/o PPO) regional average and national average. CIGNA's performance level is consistent with both the MCO (w/o PPO) national and regional averages. Due to the very large denominators for these measures, relatively small differences become significant. Since the rates are rounded to a whole number in the report, the extent of the numerical differences is not fully evident.
- b. BCBS and TVHP failed to report this measure due to data collection issues.
- c. CIGNA's and MVP's performance levels declined between 2005 and 2007.
- d. CIGNA PPO's performance levels are consistent with both the PPO national and PPO regional averages.

## **Improvement Opportunities**

- MVP has the opportunity to improve its level of performance to the MCO (w/o PPO) regional average.
- CIGNA has the opportunity to improve its level of performance to significantly above the MCO (w/o PPO) regional average.
- CIGNA PPO has the opportunity to improve its level of performance significantly above the PPO- regional average.
- BCBS and TVHP must correct all data collection issues so that they can report Call Abandonment.

<b>Call Abandonment, 2007*</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	FTR	2%	6%	FTR		3%	
<b>National Average</b>	NA	n	<b>B</b>	NA	3%	n	2%
<b>Regional Average</b>	NA	n	<b>B</b>	NA	2%	n	2%
<b>Change Over Time 2005-2007</b>	NA	D	D	NA			

\*Please note that for this measure the test of practical significance was not used, as most MCO rates are typically 4% or below.



## **Customer Service: Composite**

This measure combines the MCOs' rates from four CAHPS® questions to create a Customer Service Composite measure. The four questions that make up this composite include:

- How often did Customer Service staff treat you with courtesy or respect?
- In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
- In the last 12 months, how often did your health plan's Customer Service give you the information or help you needed? and
- In the last 12 months, how often were the forms from your health plan easy to fill out?

The questions that comprise this composite are reported in detail on the following pages.

## **Major Findings**

- a. All MCOs performed at levels consistent with the MCO (w/o PPO) national average.
- b. CIGNA's and MVP's performance levels are significantly below the MCO (w/o PPO) regional average. BCBS' and TVHP's performance is consistent with the MCO (w/o PPO) regional average.
- c. CIGNA PPO performed at levels consistent with both the PPO national and PPO regional average.

### Improvement Opportunities

- CIGNA and MVP have the opportunity to improve their performance levels to the MCO (w/o PPO) regional average.

<b>Customer Service Composite, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	84%	82%	82%	84%		82%	
<b>National Average</b>	n	n	n	n	83%	n	82%
<b>Regional Average</b>	n	<b>B</b>	<b>B</b>	n	86%	n	80%

## **How Often Did Customer Service Staff Treat You With Courtesy or Respect?**

This measure reports the percentage of members contacting their Customer Service staff who responded “usually” or “always” to the CAHPS® question, “How often did Customer Service staff treat you with courtesy or respect?”

### **Major Findings**

- TVHP’s and BCBS’ performance levels are significantly above the MCO (w/o PPO) national average and consistent with the higher regional average.
- The other MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and consistent with BCBS’ and TVHP’s performances.
- CIGNA PPO has the opportunity to improve its performance level to significantly above the PPO national average

<b>How Often Did Customer Service Staff Treat You With Courtesy or Respect, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	95%	90%	89%	96%		87%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	90%	n	89%
<b>Regional Average</b>	n	n	n	n	93%	n	89%

## **Written Materials or Internet Provided the Information You Needed About How Your Health Plan Works**

This measure reports the percentage of members seeking information who responded “usually” or “always” to the CAHPS question, “In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?”

### **Major Findings**

- a. All the MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- b. CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

<b>Written Materials or Internet Provided the Information You Needed About How Your Health Plan Works, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	67%	69%	66%	62%		66%	
<b>National Average</b>	n	n	n	n	65%	n	66%
<b>Regional Average</b>	n	n	n	n	65%	n	63%

## **Customer Service Gave Information or Help Needed**

This measure reports the percentage of members seeking information 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?”

### **Major Findings**

- TVHP’s performance level is significantly above the MCO national average.
- CIGNA’s performance is consistent with the MCO (w/o PPO) national average and significantly below with the MCO (w/o PPO) regional average.
- BCBS’ and MVP’s performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- BCBS, CIGNA, and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and consistent with TVHP’s performance.
- CIGNA PPO has the opportunity to improve its performance level to significantly above the PPO national average.

<b>Customer Service Gave Information or Help Needed, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	81%	72%	75%	83%		77%	
<b>National Average</b>	n	n	n	<b>O</b>	75%	n	74%
<b>Regional Average</b>	n	<b>B</b>	n	n	79%	n	71%

## **Health Plan Forms Easy to Fill Out**

This measure reports the percentage of members asked to complete health care forms and who responded “usually” or “always” to the CAHPS question, “In the last 12 months, how often were the forms from your health plan easy to fill out?”

### **Major Findings**

- a. All the MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- b. CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

<b>Health Plan Forms Easy to Fill Out, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	95%	97%	95%	94%		96%	
<b>National Average</b>	n	n	n	n	96%	n	94%
<b>Regional Average</b>	n	n	n	n	96%	n	95%

## **Claims Processing: Composite**

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

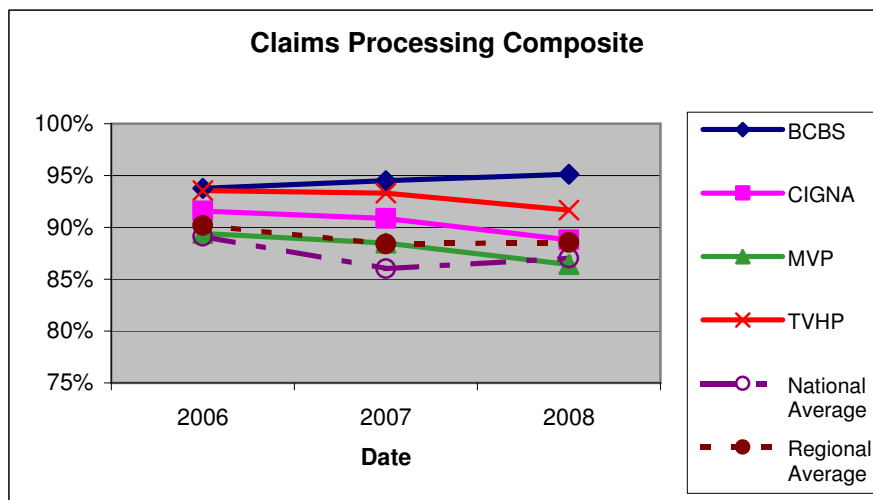
### **Major Findings**

- BCBS' and TVHP's performance levels are significantly above the MCO (w/o PPO) national average. BCBS' performance level is also significantly above the MCO (w/o PPO) regional average.
- The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- The performance levels of all MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.

### Improvement Opportunities

- CIGNA and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and to be consistent with the performance of BCBS and TVHP.

<b>Claims Processing: Composite 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	95%	89%	86%	92%		90%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	87%	n	87%
<b>Regional Average</b>	<b>O</b>	n	n	n	89%	n	86%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	Same			



## 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?"

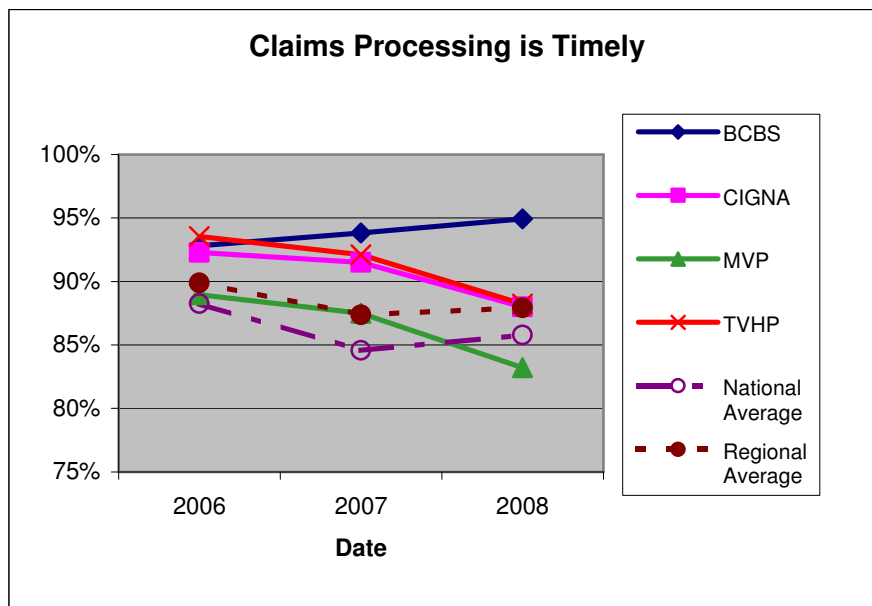
### Major Findings

- BCBS' performance level is significantly above both the MCO (w/o PPO) national and regional averages. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- TVHP's performance level declined between 2006 and 2008. The performance levels of the other MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.

### Improvement Opportunities

- CIGNA, MVP and TVHP have the opportunity to improve their levels of performance to a level significantly above the MCO (w/o PPO) regional average, and to be consistent with the performance of BCBS.

Claims Processing is Timely, 2008							
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average	CIGNA PPO	PPO Average
<b>Plan</b>	95%	88%	83%	88%		89%	
<b>National Average</b>	O	n	n	n	86%	n	85%
<b>Regional Average</b>	O	n	n	n	88%	n	85%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	D			



## **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?"

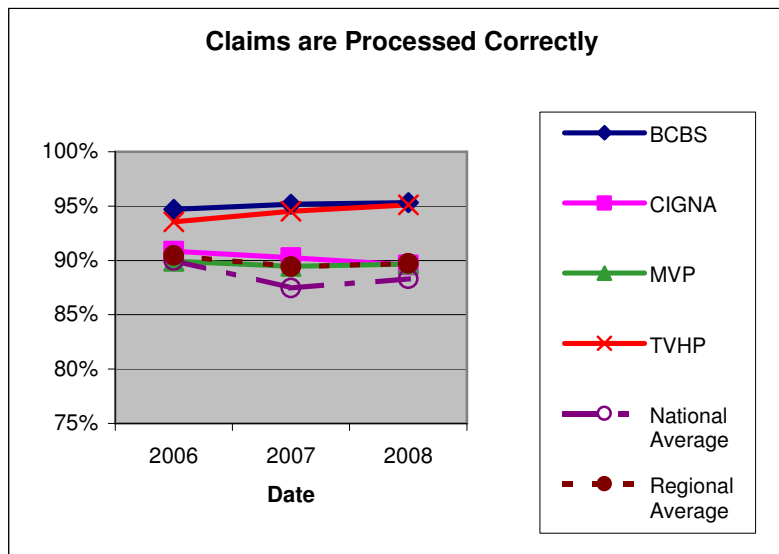
### **Major Findings**

- BCBS' and TVHP's performance levels are significantly above both the MCO (w/o PPO) national and regional averages. CIGNA and MVP performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- The performance levels of all MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.

### Improvement Opportunities

- CIGNA and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and to be consistent with the performance of BCBS and TVHP.

<b>Claims are Processed Correctly, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	95%	90%	90%	95%		91%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	88%	n	88%
<b>Regional Average</b>	<b>O</b>	n	n	<b>O</b>	90%	n	87%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	Same			



## **Getting Needed Care: Composite**

This measure combines the MCOs' rates from two CAHPS® questions to create a "Getting Needed Care" Composite measure. The two questions that make up this composite are "How often was it easy to get appointments with specialists?" and "How often was it easy to get the care, tests, or treatment you thought you needed through your health plan?"

## **Major Findings**

- a. BCBS' performance level is significantly above the MCO (w/o PPO) national average and consistent with the MCO (w/o PPO) regional average.
- b. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- c. CIGNA PPO's performance level is significantly above the PPO national average and consistent with the PPO regional average.

<b>Getting Needed Care Composite, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	89%	87%	83%	86%		89%	
<b>National Average</b>	<b>O</b>	n	n	n	84%	<b>O</b>	84%
<b>Regional Average</b>	n	n	n	n	86%	n	85%

## **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?”

### **Major Findings**

- a. All MCOs performed at levels consistent with both the MCO (w/o PPO) national and regional averages.
- b. CIGNA PPO performed at levels consistent with both the PPO national and PPO regional averages.

<b>Getting to See a Specialist, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	83%	84%	81%	84%		85%	
<b>National Average</b>	n	n	n	n	81%	n	81%
<b>Regional Average</b>	n	n	n	n	83%	n	82%

## **Easy to Get the Care, Tests, or Treatment**

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?”

### **Major Findings**

- a. BCBS’ and CIGNA’s performance levels are significantly above the MCO (w/o PPO) national average. BCBS’ performance level is also significantly above the MCO (w/o PPO) regional average.
- b. MVP’s and TVHP’s performance levels are consistent with both the MCO (w/o PPO) national and HMO regional averages.
- c. CIGNA PPO’s performance level is significantly above both the PPO national and regional averages.

<b>Easy to Get the Care, Tests, or Treatment, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO-Average</b>
<b>Plan</b>	95%	91%	86%	89%		93%	
<b>National Average</b>	<b>O</b>	<b>O</b>	n	n	87%	<b>O</b>	88%
<b>Regional Average</b>	<b>O</b>	n	n	n	89%	<b>O</b>	88%

## **Getting Care Quickly: Composite**

This measure combines the MCOs' rates from two CAHPS questions, which measure member satisfaction with how quickly members received care right away when they needed it and how quickly they received routine care, to create a "Getting Care Quickly" composite measure. The questions that comprise this composite are reported in detail on the following pages.

### **Major Findings**

- a. BCBS' performance level is significantly above both the MCO (w/o PPO) national and regional average.
- b. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- c. CIGNA PPO's performance level is also significantly above the PPO national average and consistent with the PPO regional average.

### **Improvement Opportunities**

- CIGNA, MVP and TVHP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) regional average and consistent with BCBS'.

<b>Getting Care Quickly Composite, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	92%	89%	88%	88%		92%	
<b>National Average</b>	<b>O</b>	n	n	n	86%	<b>O</b>	88%
<b>Regional Average</b>	<b>O</b>	n	n	n	88%	n	88%

## **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?"

### **Major Findings**

- a. BCBS' performance level is significantly above the MCO (w/o PPO) national average and consistent with the MCO (w/o PPO) regional average.
- b. The other MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- c. CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.

<b>When You Needed Care Right Away for an Illness or Injury, How Often Did You Get Care as Soon as You Wanted, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	92%	89%	88%	88%		91%	
<b>National Average</b>	<b>O</b>	n	n	n	87%	n	90%
<b>Regional Average</b>	n	n	n	n	89%	n	89%

## **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?”

### **Major Findings**

- a. BCBS’ performance level is significantly above both the MCO (w/o PPO) national and regional averages.
- b. CIGNA’s performance level is significantly above the MCO (w/o PPO) national average and consistent with the regional average.
- c. MVP’s and TVHP’s performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- d. CIGNA PPO’s performance level is significantly above both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA, MVP and TVHP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) regional average.

<b>How Often Did You Get an Appointment for Regular or Routine Care as Soon as You Wanted, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	92%	90%	87%	88%		92%	
<b>National Average</b>	<b>O</b>	<b>O</b>	n	n	85%	<b>O</b>	85%
<b>Regional Average</b>	<b>O</b>	n	n	n	87%	<b>O</b>	87%

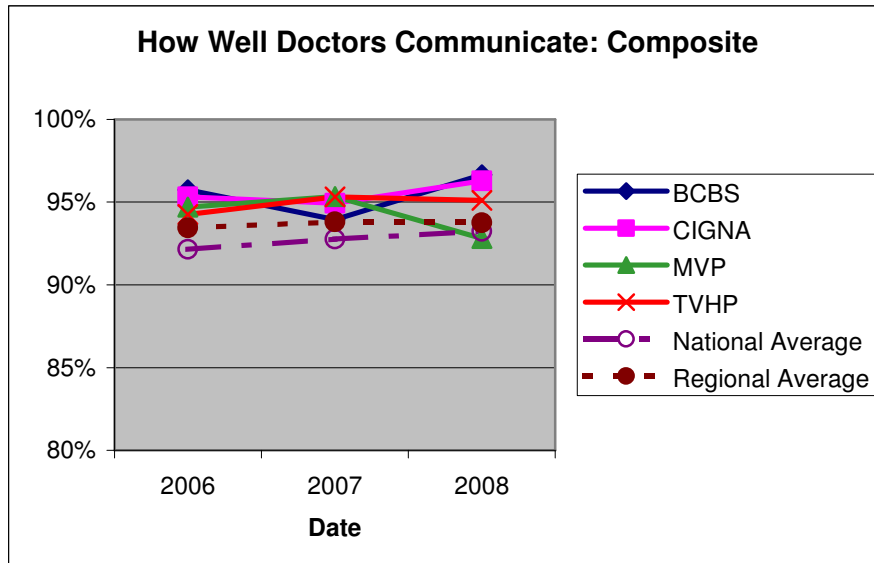
## **How Well Doctors Communicate: Composite**

This measure combines members' satisfaction levels with regard to how well their personal doctors listened carefully, clearly explained information in an understandable manner, showed them respect and gave them the time they needed. The questions that comprise this composite are reported in detail on the following pages.

### **Major Findings**

- All the MCOs' performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- MVP's performance level declined between 2006 and 2008.
- CIGNA PPO's performance level is consistent with both the PPO national and PPO regional averages.

<b>How Well Doctors Communicate: Composite, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	97%	96%	93%	95%		95%	
<b>National Average</b>	n	n	n	n	93%	n	95%
<b>Regional Average</b>	n	n	n	n	94%	n	94%
<b>Change Over Time 2006-2008</b>	Same	Same	D	Same			



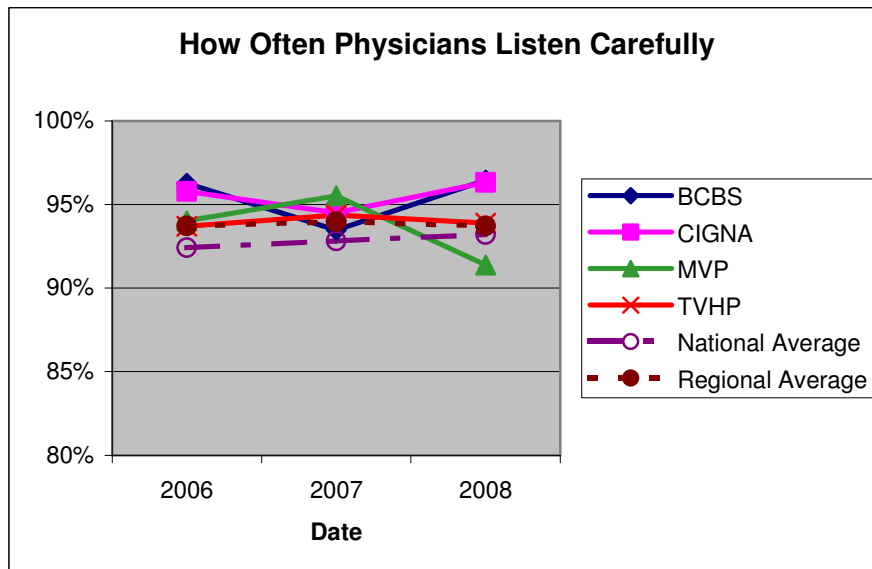
## **How Often Physicians Listen Carefully**

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?”

### **Major Findings**

- All the MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- The performance levels of all MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

<b>How Often Physicians Listen Carefully, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	96%	96%	91%	94%		94%	
<b>National Average</b>	n	n	n	n	93%	n	95%
<b>Regional Average</b>	n	n	n	n	94%	n	94%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	Same			



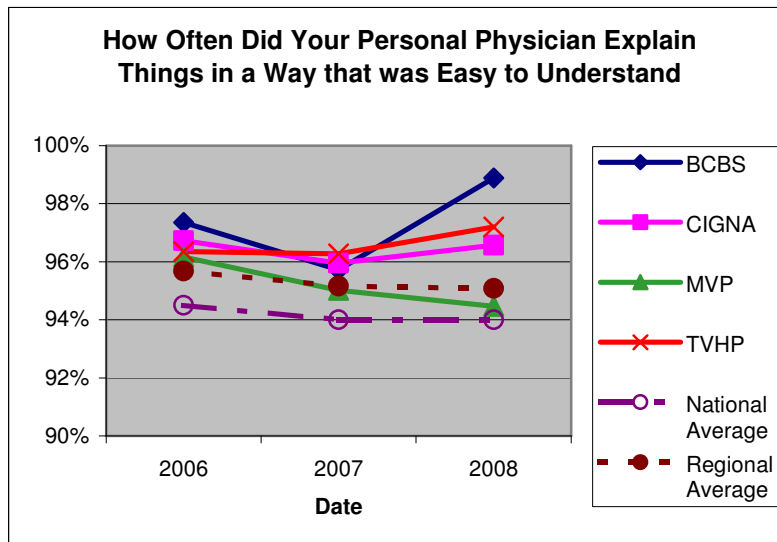
## How Often Doctors Explain Things in an Understandable Way

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?”

### Major Findings

- BCBS’ performance level is significantly higher than the MCO (w/o PPO) national average and consistent with the MCO (w/o PPO) regional average.
- The other MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- The performance levels of all MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

How Often Doctors Explain Things in an Understandable Way, 2008								
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	PPO Average
<b>Plan</b>	99%	97%	94%	97%			95%	
<b>National Average</b>	<b>O</b>	n	n	n	94%		n	96%
<b>Regional Average</b>	n	n	n	n	95%		n	95%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	Same				



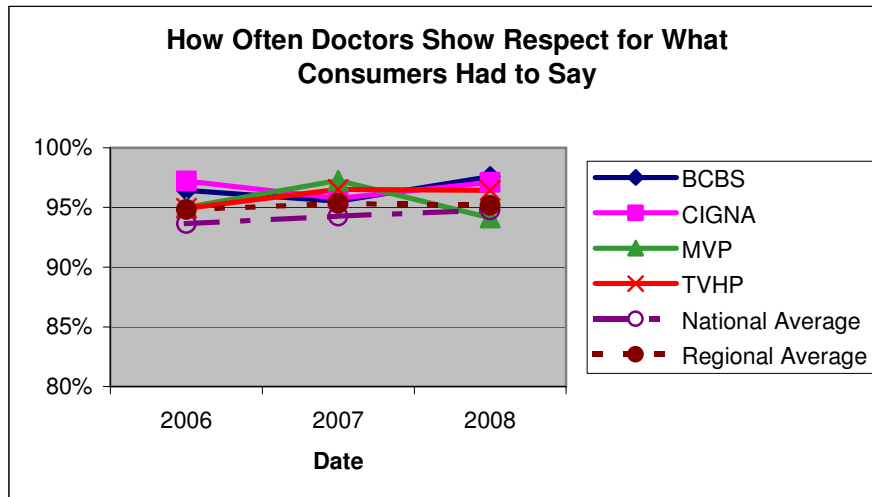
## **How Often Doctors Show Respect**

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?”

### **Major Findings**

- All the MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- The performance levels of all MCOs remained unchanged between 2006 and 2008.
- CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

<b>How Often Doctors Show Respect for What Consumers Had to Say, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	98%	97%	94%	96%		95%	
<b>National Average</b>	n	n	n	n	94%	n	96%
<b>Regional Average</b>	n	n	n	n	95%	n	96%
<b>Change Over Time 2006-2008</b>	Same	Same	Same	Same			



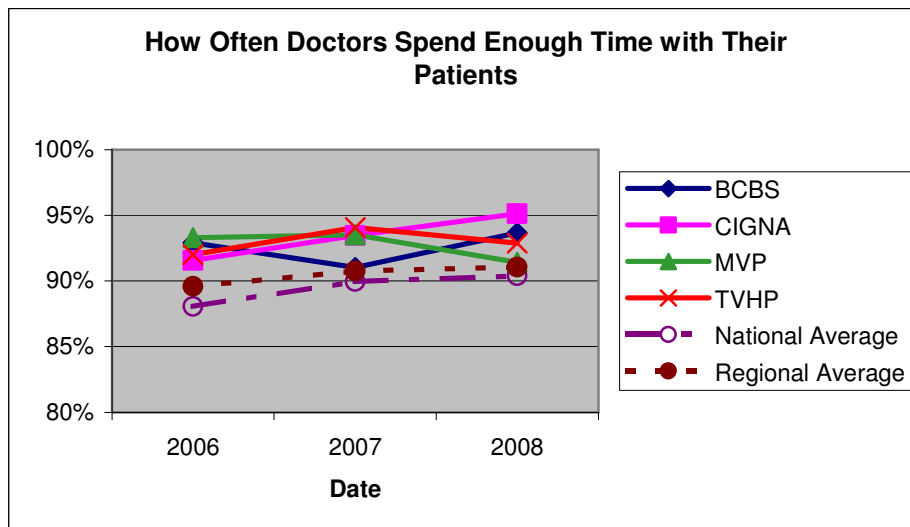
## How Often Doctors Spend Enough Time with Their Patients

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?”

### Major Findings

- CIGNA’s performance level is significantly above both the MCO (w/o PPO) national and regional averages. The other MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA improved its performance level between 2006 and 2008. The other MCOs’ performance levels remained unchanged over time.
- CIGNA PPO’s performance level is consistent with PPO national average and significantly above the PPO regional average.

How Often Doctors Spend Enough Time with Their Patients, 2008							
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average	CIGNA PPO	PPO Average
<b>Plan</b>	94%	95%	91%	93%		96%	
<b>National Average</b>	n	<b>O</b>	n	n	90%	n	93%
<b>Regional Average</b>	n	<b>O</b>	n	n	91%	<b>O</b>	92%
<b>Change Over Time 2006-2008</b>	Same	<b>I</b>	Same	Same			



## **Shared Decision Making: Composite**

This is a composite measure that reports the percentage of members who responded “definitely yes” to questions as to whether their doctors involved them in determining the best treatment for them.

### **Major Findings**

- a. BCBS’ and TVHP’s performance levels are significantly above both the MCO (w/o PPO) national and regional averages. MVP’s performance level is consistent with both the MCO (w/o PPO) national and regional averages.
- b. CIGNA’s performance level is significantly below the MCO (w/o PPO) regional average and consistent with the MCO (w/o PPO) national average.
- c. CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and consistent with the other MCOs.

<b>Shared Decision Making Composite, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	70%	58%	63%	70%		64%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	59%	n	61%
<b>Regional Average</b>	<b>O</b>	<b>B</b>	n	<b>O</b>	63%	n	61%

## **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 a question as to whether their doctor talked with them about the pros and cons of each treatment choice or health care option.

### **Major Findings**

- a. BCBS’ and TVHP’s performance levels are significantly above both the MCO (w/o PPO) national and regional averages.
- b. CIGNA’s performance level is significantly below the MCO (w/o PPO) regional average.
- c. All other MCOs’ performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- d. CIGNA PPO’s performance level is consistent with both the PPO national and PPO regional averages.

### **Improvement Opportunities**

- CIGNA, and MVP have the opportunity to improve their performance levels to significantly above the MCO (w/o PPO) national average and consistent with the performance levels of BCBS and TVHP.
- CIGNA PPO has an opportunity to improve its level of performance to significantly above the PPO national average.

<b>Did Your Doctor Talk with You About the Pros and Cons of Each Choice for Your Treatment or Health Care, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	74%	62%	67%	73%		66%	
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	64%	n	65%
<b>Regional Average</b>	<b>O</b>	<b>B</b>	n	<b>O</b>	67%	n	66%

## **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 a question as to whether their doctor asked them to identify which choice they thought was best for them.

### **Major Findings**

- BCBS’ and TVHP’s performance levels are significantly above both the MCO (w/o PPO) national and regional averages.
- CIGNA’s and MVP’s performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA PPO’s performance level is significantly above the PPO national average and consistent with the PPO regional average.
- The absolute levels of performance for all MCOs are low.

### **Improvement Opportunities**

- All MCOs have an opportunity to improve their performance levels by at least 10% in light of the low absolute levels of performance.

<b>Did a Doctor or Other Provider Ask Which Choice Was Best for You, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>		<b>CIGNA PPO Average</b>
<b>Plan</b>	66%	54%	58%	66%			62%
<b>National Average</b>	<b>O</b>	n	n	<b>O</b>	55%		<b>O</b> 56%
<b>Regional Average</b>	<b>O</b>	<b>B</b>	n	<b>O</b>	59%		n 57%

## **How Often Did You and a Doctor Talk about Prevention?**

This measure reports the percentage of members who responded “definitely yes” and “usually yes” to a question as to whether their doctor talked with them about specific things they could do to prevent illness.

### **Major Findings**

- a. BCBS’ and CIGNA’s performance levels are significantly above the MCO (w/o PPO) national average.
- b. CIGNA’s performance level is also significantly above the MCO (w/o PPO) regional average.
- c. MVP’s and TVHP’s performance levels are consistent with both the MCO (w/o PPO) national and regional averages.
- d. CIGNA PPO’s performance level is significantly above both the PPO national and PPO regional averages.
- e. The absolute levels of performance for all MCOs are low.

### **Improvement Opportunities**

- All MCOs have an opportunity to improve their performance levels by at least 10% in light of the low absolute levels of performance.

<b>How Often Did You and a Doctor Talk About Specific Things You Could do to Prevent Illness, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	64%	67%	60%	60%		69%	
<b>National Average</b>	<b>O</b>	<b>O</b>	n	n	58%	<b>O</b>	56%
<b>Regional Average</b>	n	<b>O</b>	n	n	62%	<b>O</b>	63%

## **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 a question as to whether their doctor seemed informed about the care they had received from other health providers.

### **Major Findings**

- The performance levels of all MCOs, with the exception of MVP, are significantly above the MCO (w/o PPO) national average.
- MVP’s performance level is consistent with both the MCO (w/o PPO) national and regional averages.
- CIGNA PPO’s performance level is significantly above both the PPO national and PPO regional average.

### Improvement Opportunities

- MVP has the opportunity to improve its performance level to significantly above the MCO (w/o PPO) national average and consistent with that of the other MCOs.

<b>How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers, 2008</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO (w/o PPO) Average</b>	<b>CIGNA PPO</b>	<b>PPO Average</b>
<b>Plan</b>	83%	84%	78%	86%		87%	
<b>National Average</b>	<b>O</b>	<b>O</b>	n	<b>O</b>	78%	<b>O</b>	77%
<b>Regional Average</b>	n	n	n	N	81%	<b>O</b>	82%

## **Plan Information on Costs: Composite**

This is a composite measure that reports the percentage of members who responded that they were “usually” or “always” able to find out how much to pay for a health care service, piece of equipment or specific prescription medicine.

## **Major Findings**

- a. NCQA did not publish national or regional averages for this second-year measure.
- b. All MCOs including CIGNA PPO, had performance levels that were low in absolute terms.

### Improvement Opportunity:

- All MCOs, including CIGNA PPO, have an opportunity to improve their performance levels by at least 10% in light of the low absolute level of performance.

<b>Plan Information on Costs: Composite, 2008</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2008</b>	68%	66%	60%	69%	63%

## **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 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?”

### **Major Findings**

- a. NCQA did not publish national or regional averages for this second-year measure.
- b. CIGNA’s and CIGNA PPO’s performance levels appear lower than those of BCBS, MVP and TVHP.
- c. All MCO and CIGNA PPO performance levels are low in absolute terms.

### **Improvement Opportunity:**

- All MCOs, including CIGNA PPO, have an opportunity to improve by at least 10% in light of the low absolute levels of performance.

<b>Able to Find Out How Much to Pay for a Health Care Service or Equipment, 2008</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2008</b>	72%	60%	58%	74%	67%

## **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 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?”

### **Major Findings**

- a. NCQA did not publish national or regional averages for this second-year measure.
- b. BCBS’, CIGNA PPO’s and TVHP’s performance levels appear to be lower than CIGNA’s and MVP’s performance levels.
- c. All MCOs, including CIGNA PPO, performance levels are low in absolute terms.

#### Improvement Opportunity:

- All MCOs, including CIGNA PPO, have an opportunity to improve performance levels by at least 10% in light of the low absolute levels of performance.

<b>Able to Find Out How Much to Pay for Prescription Medications, 2008</b>					
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>TVHP</b>
<b>2008</b>	64%	72%	63%	74%	60%

## **Introduction: Member Experience Act 129 Mental Health and Substance Abuse Experience of Care Survey**

Rule 10 requires MCOs to submit a copy of their most recent Act 129 Mental Health and Substance Abuse Experience of Care Survey results. The Act 129 Experience of Care Survey asks members who have received mental health and/or substance abuse services how satisfied they are with the services they received. Although all reporting MCOs delegate behavioral health services to a managed behavioral health organization (MBHO), the surveys are conducted and submitted by the MCOs. Based on the information supplied, three areas of analysis have been reported in order to evaluate the quality of mental health and substance abuse services. The three areas and their respective questions are as follows:

### Getting Timely Approvals and Needed Information

- The percentage of members who did not have a problem with delays while awaiting approval.
- The percentage of members who did not have a problem getting the help or information they needed when they called customer service.

### Getting Treatment When Wanted

- The percentage of members who sought counseling services right away and were able to obtain them within 24 hours.
- The frequency with which members were able to get routine appointments for counseling or treatment within two weeks of their request for an appointment.

### Ability to See Counselor of Choice

- The percentage of members able to receive counseling and treatment from their counselor of choice.
- The reasons why members were unable to see their counselor of choice.

To evaluate these data, the “usually” and “always” answers were used when evaluating the frequency with which a desired outcome was achieved (e.g., was able to get an appointment within 24 hours). The “not a problem” response was used to evaluate how well services were delivered (e.g., problem getting assistance from Customer Service). Because no external organization, such as NCQA, creates national or regional averages, MCO rates were evaluated against a 90% standard, which is the threshold used for other Rule 10-specific measures.

The survey is distributed by mail, with one follow-up reminder mailing. The response rates achieved by each of the MCOs were low, as the following percentages indicate:

BCBS	23.2%
CIGNA	20.5%
MVP	20.5%
TVHP	20.7%

These rates suggest an opportunity for the MCOs and the Department to explore mechanisms for increasing survey response rates, such as improving the survey, increasing the number of follow-up mailings and/or performing telephone follow-up calls.

## **Getting Timely Approvals and Needed Information**

These questions examine whether members feel that their services were delayed by the MCO's referral/approval process and whether members obtained the help they needed from the MCO's customer service function.

### **Major Findings**

- a. CIGNA's rates are noticeably lower than those of the other MCOs for the measure "Percentage of Members Having No Problems with Obtaining Timely MCO Approvals for Services."
- b. BCBS' and TVHP's rates are noticeably lower than those of the other MCOs for the measure "Percentage of Members Having No Problem in Obtaining the Help from Customer Services that They Needed."
- c. No MCO achieved the target rate of 90%.

#### Improvement Opportunity:

- All MCOs have an opportunity to improve performance levels to at least 90% for both measures.

<b>Getting Timely Approvals and Needed Information, 2008</b>				
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>
<b>Percentage of Members Having No Problems with Delays while Awaiting Approval</b>	80%	71%	88%	86%
<b>Percentage of Members Having No Problem in Obtaining the Help from Customer Service</b>	63%	76%	82%	61%

## **Getting Treatment When Wanted**

These questions assess whether members were able to obtain urgently needed counseling and treatment within 24 hours, and obtain routine appointments within two weeks of the request. They measure compliance with Rule 10.203J(1)(b)(ii) and 10.203J(1)(b)(iii), respectively.

### **Major Findings**

- a. None of the MCOs met the 90% target of members being able to get urgent care within 24 hours.
- b. All MCOs' performance levels exceed the 90% target for member ability to obtain routine appointments within two weeks of the requested appointment time.

#### Improvement Opportunity:

- All MCOs have an opportunity to improve their performance levels to 90% regarding a member's ability to obtain urgent counseling within 24 hours of the request for services.

<b>Getting Treatment When Wanted, 2008</b>				
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>
<b>Percentage of Members Seeking Urgent Care Who Were Able to Obtain Counseling Within 24 Hours.</b>	71%	68%	68%	80%
<b>Percentage of Members Seeking Non-urgent Appointments Who Were Able to Obtain an Appointment within 2 Weeks of Request</b>	93%	94%	95%	94%

## **Ability to See Counselor of Choice**

This measure assesses the percentage of members who were able to see their counselor of choice.

### **Major Findings**

- a. All MCOs met the 90% target.

<b>Ability to See Counselor of Choice, 2008</b>				
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>
<b>Percent of members able to see counselor of choice</b>	93%	91%	94%	97%

## **Reasons Counselor of Choice Was Not Available to Member**

This measure assesses the most common reasons why members were not able to see their counselor of choice.

### **Major Findings**

- a. For BCBS, CIGNA and MVP, the most common reason for a counselor's unavailability is the counselor's out-of-network status.
- b. The most common reasons for TVHP's members not being able to see their desired counselors are that the counselors are not accepting new patients and have a lack of available appointment times.

<b>Reasons Preferred Counselor Was Not Available to Member, 2008</b>				
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>
<b>Not in network</b>	48%	36%	57%	20%
<b>Not accepting new patients</b>	32%	20%	21%	40%
<b>No available time</b>	16%	24%	7%	40%
<b>Other</b>	4%	20%	14%	0%

## **Introduction: Access to Services**

Rule 10 requires that at least 90% of Vermont members have access to specified providers within specific travel times. Non-MBHOs, CBH and MBH were required to submit this information, which is included in the charts and graphs that follow. For access to mental health and substance abuse services, CBH reported experience for CIGNA. PrimariLink was not required to report any data, since it does not have its own contracted provider network.

Areas are identified where access does not meet the Rule 10 travel-time standard, but it is also acknowledged that there are rural counties, particularly in the Northeast Kingdom, in which there are fewer available providers and the closest provider may be located beyond the Rule 10 travel time standard. This issue is identified earlier in this report as a statewide public health opportunity for improvement. Under the leadership of the Act 129 Mental Health and Substance Abuse Task Force, MCOs have shared information about their mental health and substance abuse network composition so that they can determine whether there are additional provider contracting opportunities.

It is important to note that these access measures only evaluate the proximity of providers to members' residences. With the exception of access to PCPs, it does not address whether a provider who is located within the required distance is accepting new patients, what the wait time is for appointments, or whether the provider has the expertise required by the patient. Therefore, in theory, it is possible for an MCO to have an access score of 100% when it has only one provider under contract and all of its members in a particular county live in close proximity to the one provider.

Each year access to different selected medical specialists is measured to see if MCOs meet the Rule 10 standard of providing at least 90% of members with access within 60 minutes of travel time. This year the selected specialties are:

- Infertility specialists;
- Neurosurgeons, and
- Vascular surgeons.

The results for the MCOs are displayed on a table in the following section.

Every three years MCOs are required to report on access to selected services. The Rule 10 standard for the services listed below requires that at least 90% of members have access to these services within 60 minutes of travel time:

- Laboratory;
- Outpatient radiology facility;
- Optometry;
- MRI facility, and
- Inpatient medical rehabilitation.

For the specialty surgical services listed below, the Rule 10 standard requires that at least 90% of members have access to these providers within 90 minutes of travel time:

- Cardiac catheterization laboratory;
- Kidney transplant;
- Major trauma;
- Neonatal intensive care; and
- Open-heart surgery.

The tables on the following pages report the areas where access does not meet the Rule 10 requirement that at least 90% of MCO members have access within the specified time requirement.

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

- PCPs for adults;
- PCPs for children;
- Ambulatory mental health providers, which includes psychiatrists, psychologists, and master's level providers; and
- Ambulatory chemical dependency providers.

Similarly, no chart is included for pharmacy access because at least 90% of all MCO members have access to a pharmacy within 60 minutes travel time.

## **Percentage of Members with Access to Specialty Providers**

Rule 10 requires that specialty medical providers, other than mental health and chemical dependency providers, be located within 60 minutes driving time for at least 90% of an MCO's members. Each year the Department identifies three specific specialties for which the MCOs must provide access information. The three specialties for 2008 are infertility specialists, neurosurgeons and vascular surgeons.

### **Major Findings**

- a. Members of all four MCOs have access to at least one infertility specialist and one neurosurgeon within the required timeframes.
- b. CIGNA and MVP members have access to vascular surgeons within the required timeframes.
- c. Slightly less than 90% of BCBS and TVHP members have access to vascular surgeons.

### **Improvement Opportunities**

- BCBS and TVHP have an opportunity to improve the level of access to vascular surgeons to 90%.

<b>Percentage of Members with Access to Specialty Providers, 2008</b>			
	<b>Infertility Specialists</b>	<b>Neurosurgeons</b>	<b>Vascular Surgeons</b>
<b>BCBS</b>	91%	91%	87%
<b>CIGNA</b>	92%	99%	100%
<b>MVP</b>	93%	95%	93%
<b>TVHP</b>	91%	91%	88%

## **Percentage of Members with Access to Specific Services, Measured Every Three Years**

Rule 10 requires that laboratory, outpatient radiology, optometry, MRI facility, and inpatient medical rehabilitation be within 60 minutes driving time for at least 90% of an MCO's members. Access to these services is measured every three years.

### **Major Findings**

a. All MCOs meet the access requirements for these five services.

<b>Percentage of Members with Access to Specific Services, Measured Every Three Years, 2008</b>					
	<b>Laboratory</b>	<b>Outpatient Radiology</b>	<b>Optometry</b>	<b>MRI Facility</b>	<b>Inpatient Medical Rehabilitation</b>
<b>BCBS</b>	100%	100%	100%	100%	100%
<b>CIGNA</b>	93%	96%	100%	96%	100%
<b>MVP</b>	100%	100%	100%	100%	95%
<b>TVHP</b>	100%	100%	100%	100%	100%

## **Percentage of Members with Access to Specific Surgical Services, Measured Every Three Years**

Rule 10 requires that cardiac catheterization lab, kidney transplant, major trauma, neonatal intensive care, and open heart surgery, be within 90 minutes driving time for at least 90% of an MCO's members. Access to these services is measured every three years.

### **Major Findings**

- a. All MCOs meet the access requirements for cardiac catheterization, major trauma, neonatal intensive care and open heart surgery services.
- b. All MCOs, except MVP, meet the requirements for access to kidney transplant services.

#### Improvement Opportunity:

- MVP has an opportunity to improve member access to kidney transplant services to 90%

<b>Percentage of Members with Access to Specific Surgical Services, Measured Every Three Years, 2008</b>					
	<b>Cardiac Catheterization Lab</b>	<b>Kidney Transplant</b>	<b>Major Trauma</b>	<b>Neonatal Intensive Care</b>	<b>Open Heart Surgery</b>
<b>BCBS</b>	100%	98%	98%	98%	98%
<b>CIGNA</b>	100%	100%	100%	100%	100%
<b>MVP</b>	100%	78%	100%	94%	94%
<b>TVHP</b>	100%	98%	98%	98%	98%

## **Percentage of Members with Access to Intermediate Mental Health Providers and Intermediate Chemical Dependency Providers**

Rule 10 establishes an access standard for intermediate mental health providers and intermediate chemical dependency providers of one provider within 30 minutes driving time. Intermediate mental health and chemical dependency providers provide intensive outpatient and partial hospitalization services. The table below displays results for the entire network. The tables on the following pages show the access issues for selected counties.

### **Major Findings**

- a. MBH, MVP and TVHP do not meet the requirements for access to intermediate mental health providers
- b. MVP does not meet the requirement for access to intermediate chemical dependency providers.

### **Improvement Opportunities:**

- As noted earlier in this report, this access issue may be a statewide public health opportunity for improvement, rather than an individual MCO opportunity for improvement.

	<b>Percentage of Members with Access to Intermediate Mental Health Providers, 2008</b>	<b>Percentage of Members with Access to Intermediate Chemical Dependency Providers, 2008</b>
<b>BCBS</b>	90%	94%
<b>CBH</b>	94%	95%
<b>MBH</b>	88%	95%
<b>MVP</b>	71%	88%
<b>TVHP</b>	87%	95%

## **Percentage of Members with Access to Intermediate Mental Health Providers for Selected Counties**

Rule 10 establishes an access standard that 90% of each MCO's members must have access to an intermediate mental health facility within 30 minutes driving time.

### **Major Findings**

- a. None of the MCOs have networks in Addison, Bennington, Essex, and Lamoille Counties that meet the Rule 10 standard.
- b. In addition MVP's network does not meet the Rule 10 standard in Caledonia, Franklin, and Grande Isle Counties.
- c. In addition, TVHP's network does not meet the Rule 10 standard in Caledonia, Franklin, and Orange Counties.
- d. In addition, BCBS and MBH do not have networks that meet the Rule 10 standard in Caledonia and Orange Counties.

#### Improvement Opportunity:

- As noted earlier in this report, this access issue may be a statewide public health opportunity for improvement, rather than an individual MCO opportunity for improvement.

<b>Percentage of Members with Access to Intermediate Mental Health Facilities for Selected Counties, 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>	<b>TVHP</b>
<b>Addison</b>	56%	65%	53%	57%	87%
<b>Bennington</b>	18%	7%	17%	4%	16%
<b>Caledonia</b>	58%	100%	51%	0%	47%
<b>Essex</b>	30%	77%	32%	0%	28%
<b>Franklin</b>	100%	100%	100%	20%	22%
<b>Grande Isle</b>	100%	100%	100%	63%	100%
<b>Lamoille</b>	81%	69%	82%	7%	81%
<b>Orange</b>	77%	96%	77%	91%	74%

## **Percentage of Members with Access to Intermediate Chemical Dependency Providers for Selected Counties**

Rule 10 establishes an access standard that 90% of each MCO's members must have access to an intermediate chemical dependency (CD) facility within 30 minutes' driving time.

### **Major Findings**

- a. None of the MCOs have networks that meet the standard in Addison, Essex, and Lamoille Counties.
- b. In addition, CBH, MVP and TVHP do not meet the Rule 10 access standard in Bennington County.

#### Improvement Opportunity:

- As noted earlier in this report, this access issue may be a statewide public health opportunity for improvement, rather than an individual MCO opportunity for improvement.

<b>Percentage of Members with Access to Intermediate CD Facilities for Selected Counties, 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>	<b>TVHP</b>
<b>Addison</b>	62%	87%	59%	60%	63%
<b>Bennington</b>	96%	32%	92%	7%	89%
<b>Essex</b>	66%	77%	75%	81%	87%
<b>Lamoille</b>	74%	68%	77%	85%	76%

## **Percentage of Members with Access to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties**

Rule 10 establishes an access standard for psychiatrists, psychologists and master's level therapists that 90% of each MCO's members must have access to one provider within 30 minutes for each of the licensing groups.

### **Major Findings**

- a. Members of all five MCOs have access to at least one master's level clinician within the required timeframes.
- b. BCBS, MBH and TVHP do not meet the standard for psychiatrist or psychologist access in Essex County.
- c. BCBS, MBH and TVHP do not meet the standard for psychologist access in Orleans County.
- d. BCBS, MBH and TVHP do not meet the standard for psychiatrist access in Caledonia County.

### **Improvement Opportunity:**

- Individual MCOs (in particular MBH, BCBS and TVHP) should regularly determine whether there are qualified psychiatrists and psychologists in these counties who are not currently in their networks.

<b>Percentage of Members with Access to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties, 2008</b>			
	<b>Psychiatrist</b>	<b>Psychologist</b>	<b>Master of Social Work &amp; Other Master Level</b>
<b>Essex</b>			
<b>BCBS</b>	25%	77%	100%
<b>CBH</b>	100%	100%	100%
<b>MBH</b>	29%	78%	100%
<b>MVP</b>	90%	96%	90%
<b>TVHP</b>	22%	83%	100%
<b>Orleans</b>			
<b>BCBS</b>	100%	49%	100%
<b>CBH</b>	100%	100%	100%
<b>MBH</b>	100%	38%	100%
<b>MVP</b>	100%	100%	100%
<b>TVHP</b>	100%	37%	100%
<b>Caledonia</b>			
<b>BCBS</b>	87%	100%	100%
<b>CBH</b>	100%	100%	100%
<b>MBH</b>	83%	100%	100%
<b>MVP</b>	100%	100%	100%
<b>TVHP</b>	85%	100%	100%

## **Percent of Members with Access to Inpatient Mental Health and Chemical Dependency Facilities for Selected Counties**

Rule 10 establishes an access standard that 90% of each MCO's members must have access to an inpatient mental health facility and a chemical dependency facility within 60 minutes driving time.

### **Inpatient Mental Health Facilities**

#### **Major Findings**

- a. None of the members living in Essex, Orleans and Caledonia Counties who receive services from BCBS, MBH, MVP or TVHP have access to an inpatient mental health facility that meets the Rule 10 access standard.
- b. None of the members living in Caledonia County who receive services from BCBS, MBH or TVHP have access to an inpatient mental health facility that meets the Rule 10 access standard.
- c. Only members who receive services from CBH are reported as having access to an inpatient mental health facility that meets the access standard.

#### Improvement Opportunity:

- As noted earlier in this report, this access issue may be a statewide public health opportunity for improvement, rather than an individual MCO opportunity for improvement.

<b>Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties, 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>	<b>TVHP</b>
<b>Essex</b>	0%	100%	0%	41%	0%
<b>Orleans</b>	26%	100%	22%	54%	22%
<b>Caledonia</b>	49%	100%	42%	100%	40%

## **Inpatient Chemical Dependency Facilities**

### **Major Findings**

- a. BCBS, MBH, MVP and TVHP members living in Essex and Orleans Counties do not have adequate access to inpatient chemical dependency facilities.
- b. BCBS, MBH and TVHP members living in Caledonia and Orange Counties do not have adequate access to inpatient chemical dependency facilities.

#### Improvement Opportunity:

- As noted earlier in this report, this access issue may be a statewide public health opportunity for improvement, rather than an individual MCO opportunity for improvement.

<b>Percentage of Members with Access to Inpatient Chemical Dependency Facilities for Selected Counties, 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>	<b>TVHP</b>
<b>Essex</b>	0%	100%	0%	37%	0%
<b>Orange</b>	68%	100%	75%	100%	78%
<b>Orleans</b>	26%	100%	22%	47%	22%
<b>Caledonia</b>	37%	100%	31%	97%	31%

## **Percentage of Members with Access to Appointments within the Rule 10 Time Standards**

Rule 10 establishes an access standard that at least 90% of the time MCO members' appointments be available within the following timeframes:

- 24 hours for urgent care;
- 2 weeks for non-emergent care, and
- 90 days for preventive care.

### **Major Findings**

- a. CBH, CIGNA POS and CIGNA PPO members do not appear to have sufficiently timely access to urgent care services, although CIGNA POS and PPO members do have adequate access 89% of the time.
- b. BCBS/TVHP and CIGNA PPO members do not appear to have timely access to non-emergent care.
- c. BCBS/TVHP members do not appear to have timely access to preventive care.

### **Improvement Opportunity**

- CBH, CIGNA POS and CIGNA PPO have an opportunity to improve wait times for urgent care services.
- BCBS/TVHP and CIGNA PPO have an opportunity to improve wait times for non-emergent care.
- BCBS/TVHP have an opportunity to improve wait times for preventive care.

<b>Percentage of Members with Access Appointments Within the Rule 10 Appointment Time Standards, 2008</b>						
	<b>BCBS<sup>6</sup>/TVHP<sup>7</sup></b>	<b>CBH</b>	<b>CIGNA POS</b>	<b>CIGNA PPO</b>	<b>MBH</b>	<b>MVP<sup>8</sup></b>
<b>Urgent Care</b>	91%	68%	89%	89%	99%	98%
<b>Non-emergent Care</b>	81%	94%	90%	87%	99%	93%
<b>Preventive Care</b>	85%	NA	97%	98%	NA	95%

6. BCBS separately reported waiting times for mental health and substance abuse visits as follows:

- Urgent care (24 hours) – 99%
- Routine care (14 days) – 93%

7. TVHP separately reported waiting times for mental health and substance abuse visits as follows:

- Urgent care (24 hours) – 100%
- Routine care (14 days) – 99%

8. MVP separately reported waiting times for mental health and substance abuse visits as follows:

- Emergency care (immediate access) – 100%
- Urgent care (24 hours) – 100%
- Non-emergent care (10 days) – 100%

## **Introduction: Utilization Review Decisions**

Rule 10 requires that MCOs make utilization review (UR) decisions within the following specified timeframes:

- Expedited review: within 24 hours
- Non-expedited pre-service review: within 15 days
- Non-expedited post-service review: within 30 days

## **Percentage of UR Decisions Meeting Rule 10 Decision-Making Timeframes**

Rule 10 establishes the following timeframes during which MCOs must make UR decisions:

- Expedited review: within 24 hours
- Non-expedited pre-service review: within 15 days
- Non-expedited post-service review: within 30 days

### **Major Findings**

- Of those MCOs making expedited UR decisions, all met the required timeframe. "NA" means that the MCO did not have any expedited cases.
- All MCOs made non-expedited, pre-service UR decisions within the required timeframes.

<b>Percentage of UR Decisions Meeting Rule 10 Decision-Making Timeframes, 2008</b>							
	<b>BCBS</b>	<b>CBH</b>	<b>CIGNA</b>	<b>MBH</b>	<b>MVP</b>	<b>PrimariLink</b>	<b>TVHP</b>
<b>Expedited</b>							
<b>&lt; or = 1 day</b>	NA	99.7%	90%	100%	NA	NA	NA
<b>&gt; 1 day</b>	NA	0.3%	10%	0%	NA	NA	NA
<b>Non-expedited Pre-service</b>							
<b>&lt; or = 15 days</b>	100%	100%	100%	100%	100%	100%	100%
<b>&gt; 15 days</b>	0%	0%	0%	0%	0%	0%	0%
<b>Extension</b>	0%	0%	0%	0%	0%	0%	0%
<b>No Extension</b>	0%	0%	0%	0%	0%	0%	0%
<b>Non-expedited Post-service</b>							
<b>&lt; or = 30 days</b>	88%	100%	100%	100%	100%	100%	93%
<b>&gt; 30 days</b>	12%	0%	0%	0%	0%	0%	7%
<b>Extension</b>	100%	0%	0%	0%	0%	0%	100%
<b>No Extension</b>	0%	0%	0%	0%	0%	0%	0%

## **Introduction: Member Grievances**

Rule 10 requires that MCOs make grievance decisions within the following specified timeframes at least 90% of the time:

### Physical Health Grievances

- Level 1: expedited review: within 72 hours
- Level 1: pre-service: within 30 days (15 days if the MCO requires a mandatory 2<sup>nd</sup> level review)
- Level 1: post-service: within 60 days (30 days if the MCO requires a mandatory 2<sup>nd</sup> level review)
- Level 2: expedited review: within 2 days
- Level 2: pre-service: within 30 days (15 days if the MCO requires a mandatory 2<sup>nd</sup> level review)
- Level 2: post-service: within 30 days (15 days if the MCO requires a mandatory 2<sup>nd</sup> level review).

### Mental Health and Substance Abuse Grievances

- Level 1: expedited: within 24 hours
- Level 1: not expedited: within 10 days
- Level 2: expedited: within 2 days
- Level 2: not expedited: within 30 days

### Quality Grievances

- Level 1: 30 days

The number of grievances filed by members remains very small. Few members filed more than one grievance.

For the two most recent reporting periods, BCBS and TVHP have grievance rates per 1000 members that appear noticeably higher than those of the other plans. The percentages of grievances overturned in the member's favor after the first or second level review also appear higher for both MCOs and for CIGNA in comparison to the rates of MVP.

For several measures line charts are included in the report. Since no statistical tests have been run comparing the data, drawing conclusions must be done with caution.

With regard to Mental Health and Substance Abuse grievances, CBH has a noticeably higher percentage of grievances overturned in the member's favor than do the other MCOs.

## **Grievances per 1000 Members, Past Seven Reporting Periods**

All MCOs have been filing grievance reports for the last eleven semi-annual reporting periods. Beginning with the July 2004 Rule 10 Data Filing Report, the Department developed and implemented a revised standard definition of grievance. Only data from the last seven reporting periods are reported.

### **Major Findings**

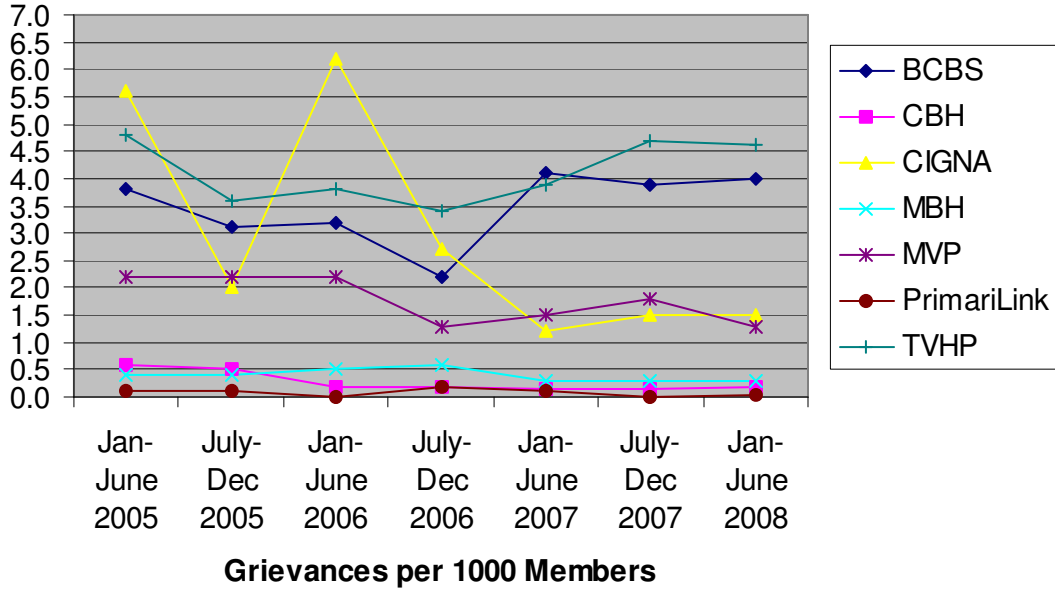
- a. Grievance rates per 1000 members are low.
- b. From January 2007 through June 2008, BCBS and TVHP have grievance rates per 1000 members that appear substantially higher than all other plans.
- c. MVP has a much lower rate of post-service non-expedited reviews as shown on page 205 in the Appendix.

### **Improvement Opportunity:**

- BCBS and TVHP may have opportunities to lower their grievance rates per 1000 members.

<b>Grievances per 1000 Members, January 2005 – June 2008</b>							
	<b>BCBS</b>	<b>CBH</b>	<b>CIGNA</b>	<b>MBH</b>	<b>MVP</b>	<b>PrimariLink</b>	<b>TVHP</b>
<b>Jan-June 2005</b>	3.8	0.6	5.6	0.4	2.2	0.1	4.8
<b>July- Dec 2005</b>	3.1	0.5	2.0	0.4	2.2	0.1	3.6
<b>Jan-June 2006</b>	3.2	0.2	6.2	0.5	2.2	0.0	3.8
<b>July- Dec 2006</b>	2.2	0.2	2.7	0.6	1.3	0.2	3.4
<b>Jan-June 2007</b>	4.1	0.13	1.2	0.3	1.5	0.1	3.9
<b>July- Dec 2007</b>	3.9	0.13	1.5	0.3	1.8	0.0	4.7
<b>Jan-June 2008</b>	4.0	0.2	1.5	0.3	1.3	0.05	4.6

### Grievances per 1000 Members, January 2005 – June 2008



## **Members with More Than One Grievance, Past Seven Reporting Periods**

Twice a year, 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, MCOs can exhibit wide percentage swings that are not very meaningful.

### **Major Findings**

- a. During the two most recent reporting periods, CIGNA and TVHP appear to have higher rates of members with more than one grievance than do the other MCOs.
- b. CBH's rate of members with more than one grievance was the highest rate among the MCOs during the most recent reporting period.
- c. There have not been any PrimariLink members with more than one grievance in at least the last three years.

<b>Members with More Than One Grievance, January 2005 – June 2008</b>							
	<b>BCBS</b>	<b>CBH</b>	<b>CIGNA</b>	<b>MBH</b>	<b>MVP</b>	<b>PrimariLink</b>	<b>TVHP</b>
<b>Jan-June 2005</b>	3%	18%	5%	5%	0%	0%	1%
<b>July – Dec 2005</b>	4%	5%	0%	4%	3%	0%	3%
<b>Jan-June 2006</b>	2%	13%	9%	8%	6%	0%	6%
<b>July- Dec 2006</b>	3%	29%	7%	3%	0%	0%	5%
<b>Jan-June 2007</b>	4%	0%	0%	9%	0%	0%	4%
<b>July- Dec 2007</b>	4%	0%	13%	10%	3%	0%	7%
<b>Jan-June 2008</b>	4%	8% <sup>9</sup>	4%	0%	0%	0%	7%

<sup>9</sup> The rate includes State of Vermont employees for the first time.

## **Percentage of Physical Health Grievances Overturned in Member's Favor, July 2007 through June 2008**

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

### **Major Findings**

- a. BCBS, CIGNA and TVHP have dramatically higher percentages of grievances resolved in the member's favor than does MVP. It is unclear whether this might be a result of poor initial UR decision-making or generous grievance review processes by these MCOs, or the result of stringent grievance reviews by MVP.

<b>Physical Health Grievances Overturned in Member's Favor, July 2007 – June 2008</b>				
	<b>BCBS</b>	<b>CIGNA<sup>10</sup></b>	<b>MVP</b>	<b>TVHP</b>
<b>Total Grievances Resolved</b>	335	297	52	239
<b># of Grievances Resolved during 1<sup>st</sup> Level Review</b>	294	268	46	220
<b>% of 1<sup>st</sup> Level Reviews Resolved in Member's Favor</b>	46%	42%	11%	54%
<b># of Grievances Resolved during 2<sup>nd</sup> Level Review</b>	41	29	6	19
<b>% of 2<sup>nd</sup> Level Reviews Resolved in Member's Favor</b>	27%	31%	0%	53%
<b>% of Total Grievances Resolved in Member's Favor</b>	44%	41%	10%	54%

<sup>10</sup> Combined Network/Network POS and PPO

## **Percentage of Behavioral Health Grievances Overturned in Member's Favor, July 2007 through June 2008**

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.

### **Major Findings**

- a. PrimariLink had only one grievance to resolve over 12 months.
- b. CBH has a noticeably higher percentage of grievances overturned in the member's favor than do the other MCOs.

### **Improvement Opportunity**

- CBH has an opportunity to investigate why a high percentage of grievances are overturned in the member's favor and to determine whether changes should be made in the utilization review process or in grievance review process.

<b>Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor, July 2007 – June 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>PrimariLink</b>	<b>TVHP</b>
<b>Total Grievances Resolved</b>	14	10	82	1	13
<b># of Grievances Resolved during 1<sup>st</sup> Level Review</b>	12	7	82	1	11
<b>% of 1<sup>st</sup> Level Reviews Resolved in Member's Favor</b>	25%	57%	22%	0%	27%
<b># of Grievances Resolved during 2<sup>nd</sup> Level Review</b>	2	3	0	0	2
<b>% of 2<sup>nd</sup> Level Reviews Resolved in Member's Favor</b>	0%	33%	NA	NA	0%
<b>% of Total Grievances Resolved in Member's Favor</b>	21%	50%	22%	0%	23%

## **Timeliness in Making Physical Health and Quality Grievance Review Decisions, July 2007 through June 2008**

Rule 10 requires that physical health grievance decisions be made within the following specified timeframes:

- Level 1: expedited review: within 72 hours
- Level 1: pre-service: within 30 days (15 days if the HMO requires a mandatory 2<sup>nd</sup> level review)
- Level 1: post-service: within 60 days
- Level 2: expedited review: within 2 days of receiving all information
- Level 2: pre-service: within 30 days (15 days if the HMO requires a mandatory 2<sup>nd</sup> level review)
- Level 2: post-service: within 30 days
- Quality grievances must be decided within 30 days.

### **Major Findings**

- a. All MCOs except BCBS resolved 90% or more of their Level 1 physical health and quality grievances within the required timeframes.
- b. MVP resolved 100% of its Level 1 and Level 2 physical health and quality grievances within the required timeframes.
- c. BCBS made fewer than 90% of its Level 1 physical health, expedited grievances within the required timeframes. BCBS reports that it made verbal decisions within the timeframe, but was late with written decisions. BCBS did not obtain extensions for these cases.
- d. BCBS did not decide its one Level 2 physical health, expedited grievance within the required timeframe. BCBS reports that this was due to the member postponing the hearing.
- e. CIGNA made fewer than 90% of its Level 2 physical health, pre-service decisions within the required timeframes. CIGNA obtained extensions for none of these cases.
- f. TVHP made fewer than 90% of its Level 2 physical health, post-service decisions within the required timeframe. TVHP did not obtain extensions for 13% of these cases.

### **Improvement Opportunity:**

- BCBS has an opportunity to increase to 90% the timeliness of its written decisions for its Level 1 physical health, expedited grievances.
- CIGNA has an opportunity to increase to 90% the timeliness of its Level 2 physical health, pre-service grievance decisions.
- TVHP has an opportunity to increase to 90% the timeliness of its Level 2 physical health, post-service grievance decisions.
- CIGNA and TVHP have opportunities to increase to 90% the percentage of physical health grievances not decided within the required timeframes for which extensions were sought.

<b>Percentage of Physical Health and Quality Grievances Decided within Required Timeframe by Type of Grievance, July 2007 – June 2008</b>				
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>
<b>Level 1</b>				
<b>Physical Health, Expedited</b>	71% <sup>11</sup>	NA	NA	NA
<b>Physical Health, Pre-service</b>	98%	92%	100%	95%
<b>Physical Health, Post-service</b>	99%	100% <sup>12</sup>	100%	100%
<b>Quality Grievances</b>	97%	100%	100%	91%
<b>Level 2</b>				
<b>Physical Health, Expedited</b>	0% <sup>13</sup>	100%	NA	NA
<b>Physical Health, Pre-service</b>	100%	83%	100%	100%
<b>Physical Health, Post-service</b>	100%	95%	100%	47%

<b>Percentage of Physical Health and Quality Grievances Not Decided within Required Timeframes for which Extensions Were Not Obtained, July 2007 – June 2008</b>				
	<b>BCBS</b>	<b>CIGNA<sup>14</sup></b>	<b>MVP</b>	<b>TVHP</b>
<b>Level 1</b>				
<b>Physical Health, Expedited</b>	0% <sup>15</sup>	NA	NA	NA
<b>Physical Health, Pre-service</b>	50%	100%	0%	100%
<b>Physical Health, Post-service</b>	100%	100%	0%	0%
<b>Quality Grievances</b>	100%	0%	0%	100%
<b>Level 2</b>				
<b>Physical Health, Expedited</b>	100% <sup>16</sup>	0%	NA	NA
<b>Physical Health, Pre-service</b>	0%	0%	0%	0%
<b>Physical Health, Post-service</b>	0%	100%	0%	13%

NOTE: NA indicates that the MCO had no grievances filed in that category.

<sup>11</sup> For each of the two non-compliant grievances, a verbal decision was rendered within the required timeframe, but the written decisions were delivered within the following three days.

<sup>12</sup> Actual rate is 99.5%, which was rounded up to 100%. CIGNA had one 1 grievance that exceeded the timeframe.

<sup>13</sup> Although the grievance was not decided within the time frame it is because the member postponed the hearing.

<sup>14</sup> Network/Network POS and PPO combined.

<sup>15</sup> For the two non-compliant grievances, a verbal decision was rendered within timeframe, but written decision was delivered within the following three days.

<sup>16</sup> See footnote 12.

## **Timeliness in Making Behavioral Health Grievance Review Decisions, July 2007 through June 2008**

Rule 10 requires that mental health and substance abuse grievance decisions be made within the following specified timeframes:

- Level 1: expedited: within 24 hours
- Level 1: not expedited: within 10 days
- Level 2: expedited: within 2 days
- Level 2: not expedited: within 30 days

### **Major Findings**

- a. All MCOs, except BCBS, decided mental health and substance abuse grievances within the required timeframes.
- b. BCBS obtained an extension for the Level 2, non-expedited grievance review that took over 30 days to decide.

<b>Percentage of Behavioral Health Grievances Decided Within Required Timeframe, July 2007 – June 2008</b>					
	<b>BCBS</b>	<b>CBH</b>	<b>MBH</b>	<b>P'Link</b>	<b>TVHP</b>
<b>Level 1</b>					
<b>Behavioral Health, Expedited</b>	100%	100%	100%	NA	100%
<b>Behavioral Health, Not Expedited</b>	100%	100%	100%	100%	100%
<b>Level 2</b>					
<b>Behavioral Health, Expedited</b>	100%	NA	NA	NA	NA
<b>Behavioral Health, Not Expedited</b>	0%	100%	NA	NA	100%

NOTE: NA indicates that the MCO had no grievances filed in that category.

## **Type of Quality Grievance: Percent Distribution and Quality Grievances per 1000 Members, July 2007 through June 2008**

Rule 10 requires reporting quality grievances in one of three categories: grievances concerning provider performance and office management, grievances concerning MCO administration, and grievances concerning access to health care services.

### **Major Findings**

- The number of quality grievances per 1000 members is very small.
- The majority of quality grievances for CBH, CIGNA, and TVHP relate to provider performance and office management.
- The largest percentage of quality grievances for BCBS, MBH and MVP relate to MCO administration, followed by provider performance and office management.

<b>Type of Quality Grievance: Percentage Distribution and Quality Grievances per 1000 Members, July 2007 – June 2008</b>							
	<b>BCBS</b>	<b>CBH</b>	<b>CIGNA<sup>17</sup></b>	<b>MBH</b>	<b>MVP</b>	<b>P'Link</b>	<b>TVHP</b>
<b>Provider Performance &amp; Office Management</b>	12	3	2	11	4	0	7
<b>% of Quality Grievances</b>	41%	60%	100%	38%	33%	NA	64%
<b>Plan Administration</b>	14	0	0	13	8	0	3
<b>% of Quality Grievances</b>	48%	0%	0%	45%	67%	NA	27%
<b>Access to Health Care</b>	3	2	0	5	0	0	1
<b>% of Quality Grievances</b>	10%	40%	0%	17%	0%	NA	9%
<b>Total Number of Quality Grievances</b>	29	5	2	29	12	0	11
<b>Number of Quality Grievances per 1000 Members</b>	0.66	0.35	0.02	0.21	0.57	0	0.07

<sup>17</sup> Network/Network POS and PPO combined

## **Emergency Room/PCP Communication**

This measure assesses the frequency with which hospital emergency rooms (ERs) are sending written communication of an ER visit to the member's primary care provider (PCP). This requirement applies only to non-MBHOs.

The Department recommended that each MCO examine 40 patient records per assessed hospital per measurement time period. In the event that a hospital experienced fewer than 40 ER visits during the measurement time period, the Department recommended that all visit records be examined to measure compliance. The MCOs then are to determine, by contacting physician offices or otherwise, the percentage of members' medical records maintained by the members' PCPs that contain documentation of the ER visit. MVP reviewed 40 or more ER records in seven of the 10 hospitals it reviewed. CIGNA reviewed 40 or more ER records in nine out of 11 hospitals it reviewed.

BCBS and TVHP used an alternate method approved by the Department during their 2005 Triennial Reviews. Both MCOs required the surveyed hospitals to conduct a self-audit and report the results to the MCOs. First, it is important to note that the hospitals reported ranges of compliance, rather than compliance rates. Moreover, with the exception of the rates for Mt. Ascutney Hospital, the compliance levels reported by the hospitals (shown in the BCBS & TVHP column in the chart below) differ significantly from the compliance rates that resulted from the other MCOs' compliance audits for these same hospitals. This raises questions regarding the accuracy of the hospital-submitted data relative to the rates generated by MVP and CIGNA through record review.

CIGNA and MVP have been surveying approximately half of the network hospitals each year. Using this Department-approved method, all hospitals have been surveyed over a two-year reporting period.

### **Major Findings**

- a. The compliance rates that hospitals self-reported to BCBS and TVHP are with one exception noticeably higher than those rates calculated based by the CIGNA and MVP record audits, raising questions about the reliability of the self-reported rates.
- b. None of the compliance rates calculated by CIGNA and MVP reached the target compliance rate of 90%.

#### **Improvement Opportunity:**

- BCBS and TVHP have an opportunity to validate hospital self-reported compliance rates.
- CIGNA and MVP have an opportunity to work with their network hospitals to improve compliance rates to 90%.

<b>Emergency Room/PCP Communications Compliance Rates, 2007</b>			
<b>Name of Hospital Surveyed</b>	<b>BCBS &amp; TVHP*</b>	<b>CIGNA</b>	<b>MVP</b>
<b>Alice Peck Memorial Hospitals</b>	67%	--	--
<b>Brattleboro Memorial Hospital</b>	93%	62%	74%
<b>Central Vermont Medical Center</b>	80%	41%	61%
<b>Cheshire Medical Center</b>	86%	--	--
<b>Copley Hospital</b>	87%	--	68%
<b>Cottage Hospital</b>	100%	--	--
<b>Dartmouth Hitchcock Medical Center</b>	60%	--	--
<b>Fletcher Allen Health Care</b>	100%	45%	60%
<b>Grace Cottage Hospital</b>	87%	--	--
<b>Gifford Medical Center</b>	80%	63%	--
<b>Littleton Hospital</b>	100%	--	--
<b>Mount Ascutney Hospital</b>	60%	67%	--
<b>North Country Hospital</b>	100%	64%	--
<b>NE Vermont Regional Hospital</b>	100%	21%	--
<b>Northwestern Medical Center</b>	100%	47%	--
<b>Porter Hospital</b>	80%	--	73%
<b>Rutland Regional Medical Center</b>	80%	69%	76%
<b>Southwestern Vermont Medical Center</b>	100%	44%	63%
<b>Springfield Hospital</b>	100%	38%	80%
<b>Upper Connecticut Valley Hospital</b>	36%	--	--
<b>Weeks Medical Center</b>	36%	--	--

\* Based on self-audits conducted by each hospital

## **Introduction: Provider Satisfaction**

Rule 10 requires that MCOs conduct an annual satisfaction survey of their provider network. MCOs may use their own methodology and survey. The survey methodology is summarized briefly for each MCO.

BCBS and TVHP used a mixed mode methodology (mail, telephone, electronic survey submission, and Internet) to survey both PCPs and specialists. The survey used a five-point Likert scale. The results report the top two categories of responses ("satisfied" and "very satisfied").

CIGNA used the Internet exclusively to conduct a national survey of its PCPs, OB/GYNs and specialists. Physicians were sent an e-mail invitation to visit a website and share their opinion on managed care companies. CIGNA was not identified as the sponsoring organization. Physicians were offered an honorarium for participating in the survey. The survey instrument used seven-point, five-point and four-point Likert scales. For the questions using the seven-point scale, the top three responses are reported ("completely satisfied", "very satisfied", "somewhat satisfied") and for questions using the four or five-point scale, the top two responses are reported ("excellent" and "very good").

CBH mailed surveys to the top 5000 providers nationally based on claims paid. The survey instrument used a five-point Likert scale, and the top two responses are reported.

MBH mailed surveys and offered an online survey option to increase response rates. The survey tool used a five-point Likert scale with the middle response being "satisfied." Therefore, the top three responses are reported, potentially over-stating the satisfaction rate compared to other five-point scales used in which the middle response is "neutral."

MVP surveyed Vermont office managers for PCPs by telephone. The survey instrument uses a combination of three-point and four-point Likert scales. Depending on the phrasing of the scale, either the top one or top two responses are reported. As a result, MVP's results could be either under-reported or over-reported compared to survey results based on a five-point Likert scale.

The reader is cautioned that because the MCOs did not use a common survey or survey the same types of providers, it is not reasonable to draw any hard conclusions from the comparative analysis presented below. Moreover, the volatility of the rate changes between 2007 and 2008 suggests that the value of comparing changes year-to-year is low. For example, MVP's rate for "MCO compares better than other MCOs" went from 51% in 2007 to 81% in 2008.

## **Key Findings**

- a. The response rate for three of the five MCOs was between 27% and 32%. Only MVP, using a telephone survey, obtained a significantly higher response rate (93%). CIGNA did not report its response rate.
- b. CIGNA's, CBH's and MVP's levels of overall provider satisfaction with the MCO are noticeably lower than BCBS/TVHP's and MBH's rates.
- c. Key areas of dissatisfaction appear to be the following:
  - Rating of Claims Payment Process: CIGNA (25%) and MVP (47%)
  - Finding Prior Authorization Process Easy: CIGNA (19%) and CBH (58%)
  - Satisfaction with the pharmacy management programs: CIGNA (19%); MVP (43%)
  - Effective communication with providers: CIGNA (20%)
- d. The Internet is an increasingly important means of communication with providers who are insisting on more functionality from insurers.

## **Improvement Opportunity**

- All MCOs, except MVP, have opportunities to improve their provider response rates.
- CBH has an opportunity to improve levels of provider satisfaction with regard to "Overall Satisfaction with the MCO," and "Finding Prior Authorization Process Easy."
- CIGNA has an opportunity to improve levels of provider satisfaction with regard to "Overall Satisfaction with the MCO," "Claims Payment Process," "Prior Authorization Process," "Pharmacy Management Process," and "Effective Communication with Providers" by at least 10%.
- MVP has an opportunity to improve provider satisfaction with regard to "Overall Satisfaction with the MCO," "Claims Payment Process," and "Pharmacy Management Program" by at least 10%.

## Provider Satisfaction Survey Results

<b>Summary Results of Provider Satisfaction Surveys</b>					
	<b>BCBS + TVHP Combined</b>	<b>CIGNA</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>
<b>Response Rate</b>	21%	FTR	27% (nationally)	32%	93%
<b># of Responses</b>	283	30 (Vermont Only)	41	494	51
<b>Overall satisfaction with the MCO</b>	81%	39%	49%	82%	57%
<b>Rating of Claims Payment Process</b>	85%	25%	NA	91%	47%
<b>Percent Finding Referral Process Easy</b>	NA	NA	NA	NA	82%
<b>Percent Finding Prior Authorization Process Easy</b>	71%	19%	58%	82% <sup>18</sup>	71%
<b>Satisfaction with the Pharmacy Management Program</b>	NA	19%	NA	NA	43% <sup>19</sup>
<b>MCO Compares Better than Other MCOs</b>	56%	NA	NA	81%	28%
<b>Effective Communications with Providers</b>	81% <sup>20</sup>	20%	NA	91% <sup>21</sup>	76% <sup>22</sup>

FTR = Failed To Report

NA = Not Applicable

<sup>18</sup> Measured as "satisfied with call made to MBH regarding authorizations"

<sup>19</sup> Measured as "ease of getting through for pharmacy prior authorization"

<sup>20</sup> Measured as "satisfaction with the Provider Relations staff compared with other plans"

<sup>21</sup> Measured as "satisfied with newsletter"

<sup>22</sup> Measured as "usually has first contact resolution with professional relations staff"

## **MCO Actions Taken in Response to Survey Results**

The Department requires that each MCO summarize corrective actions taken based on the MCO's prior years provider satisfaction survey results. The table below reports what actions MCOs have taken in response to survey results.

Improving provider relations, including providing additional training, and improving the MCOs' websites were the most common corrective actions.

<b>Actions</b>	<b>BCBSVT/ TVHP Combined</b>	<b>CIGNA</b>	<b>CBH</b>	<b>MBH</b>	<b>MVP</b>
<b>Process improvement within Customer Service</b>	<b>x</b>			<b>x</b>	
<b>Improved website</b>	<b>x</b>	<b>x</b>		<b>x</b>	<b>x</b>
<b>Process improvement within Provider Relations</b>	<b>x</b>		<b>x</b>	<b>x</b>	<b>x</b>
<b>Established continuous provider contact</b>	<b>x</b>	<b>x</b>			
<b>Process improvement within UM</b>					<b>x</b>
<b>Process improvement with Claims</b>			<b>x</b>		<b>x</b>
<b>Increased reimbursement rates for MDs</b>		<b>x</b>	<b>x</b>		
<b>Increased provider training</b>	<b>x</b>	<b>x</b>		<b>x</b>	
<b>Improve Complaint and Appeals Process</b>				<b>x</b>	

## Terminated Physician Contracts

Rule 10 requires that MCOs report on Vermont network provider terminations initiated by the MCO over the preceding calendar year. This measure examines only MCO-initiated terminations. MCO-initiated provider terminations may demonstrate the MCO's commitment to providing a network of quality providers. Actively assessing provider performance and managing provider participation ensures an accessible and high quality network of providers. To allow meaningful cross-MCO comparisons, only terminated physicians are reported in the table below.

### **Major Findings**

- a. In 2007, CBH terminated two physicians for breach of contract.
- b. In 2007, MBH terminated two physicians for loss of license to practice medicine in Vermont.
- c. In 2007, MVP terminated eight physicians: five for non-compliance, two for failure to have a valid license, and one because MVP did not renew the physician's contract. No reason for contract non-renewal was provided.
- d. In 2007, TVHP terminated one physician because of poor quality.

<b>Physicians Terminated by MCOs During 2004 – 2007</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>BCBS</b>	0	0	0	0
<b>CIGNA<sup>23</sup></b>	2	1	4	0 <sup>24</sup>
<b>CBH</b>	30	FTR	4	3 <sup>25</sup>
<b>MBH</b>	1	20	3	2 <sup>26</sup>
<b>MVP</b>	4	7	5	3
<b>TVHP</b>	0	0	0	1

<sup>23</sup> Network/Network POS and PPO combined

<sup>24</sup> CIGNA reported 10 providers did not finish MCO-initiated recredentialing

<sup>25</sup> CBH reported an additional 44 providers that did not finish the MCO-initiated recredentialing process or that they were unable to locate.

<sup>26</sup> MBH also reported an additional 24 providers that closed, became inactive, did not finish the MCO-initiated recredentialing process, resigned, or were terminated from a group.