



Department of Banking, Insurance,  
Securities and Health Care  
Administration

## **Evaluation of the 2011 Rule H-2009-03 Managed Care Organization Data Filings**

**Prepared for the  
Division of Health Care Administration by  
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## Introduction

The purpose of this report is to chronicle performance and over-time trends of Vermont's managed care organizations and to identify areas of performance that may be appropriate for quality improvement initiatives.

This report marks a transition to the first full year of reporting relative to requirements defined by Vermont's managed care regulation, Rule H-2009-03 ("Rule 9-03"), which replaced the former Rule 10. The measures required for reporting are drawn from: 1) the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>), 2) the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) survey, and 3) Department-specified Rule 9-03 measures. HEDIS<sup>®</sup> and CAHPS<sup>®</sup> data are tools developed by the National Committee on Quality Assurance (NCQA) and are used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

The body of the report includes only those measures with results that are of special note either because they represent important opportunities for improvement or because they indicate noteworthy superior performance. The report appendix includes additional measure data reported by the managed care organizations ("MCOs" or "plans"). This year's report continues the practice of using symbols to quickly and clearly convey each MCO's performance with respect to specific measures.

To present the data in a useful context, this report uses statistical tests to compare MCO performance against two different benchmarks. For example, most MCO product experience is compared against NCQA's national and New England regional averages for "All Lines of Business minus PPO [Preferred Provider Organization]." Throughout the report, we refer to these averages as "MCO (w/o PPO)". PPO (including Exclusive Provider Organizations [EPO]) product experience is compared against NCQA's "PPO-only" national and New England regional averages, which are referred to in the report as "PPO." NCQA has calculated all averages. Although not every MCO in the United States submits data to NCQA, national and regional averages provide reasonable and generally accepted points of comparison. Additional statistical significance testing is done for performance measures included in the Department's annual on-line "Health Plan Report Card" publication, and for a few additional performance measures not included in the Health Plans Report Card. Longitudinal analyses and related significance tests are also presented for a subset of measures. No statistical tests are presented for the Department-specified Rule 9-03 measures. Instead whenever possible, Department-specified measure standards for satisfactory performance are used as the target achievement level against which MCO performance is assessed.

The following report sections provide a more detailed description of the analytic methodology used in this report and provide a summary of findings.

## **Managed Care Organizations and Completeness of Filings**

### Managed Care Organizations

The following managed care organizations are subject to Rule 9-03 oversight and are required to submit performance and other information specified by the Department, on or before July 15, 2011, which includes clinical performance measures during calendar year 2010 and the member's experience of care as measured in the Spring 2011:

- Blue Cross Blue Shield of Vermont – Vermont Health Partnership (BCBS)
- Blue Cross Blue Shield of Vermont – The Vermont Freedom Plan PPO (BCBS PPO)
- CIGNA Behavioral Health (CBH)
- CIGNA HealthCare Network/Network POS (CIGNA)
- CIGNA HealthCare PPO (CIGNA PPO)
- Magellan Behavioral Health (MBH)
- MVP Health Plan (MVP)
- MVP Health Plan – PPO and EPO (MVP PPO)
- PrimariLink (PrimariLink)
- The Vermont Health Plan (TVHP)

CBH, MBH and PrimariLink are entities that manage mental health and substance abuse services for Vermont's MCOs and are required to submit a subset of required Rule 9-03 measures.

For the fourth consecutive year, CIGNA HealthCare submitted HEDIS<sup>®</sup> and CAHPS<sup>®</sup> data for both its managed network products and its PPO products. For the second year, Blue Cross Blue Shield of Vermont submitted data for its BCBS PPO, and MVP submitted data for its PPO product.

Because reporting on PPO experience is relatively new and the rates for these products tend to be lower than those for other managed care products, i.e., HMO and POS, this report compares PPOs only to PPOs, not to other managed care products.

The performance measures required under Rule 9-03 are categorized into three groupings: 1) HEDIS<sup>®</sup> clinical effectiveness measures, 2) member satisfaction and experience of care measures, and 3) Department-specified Rule 9-03 measures. Occasionally data from one source are presented with data from another source to display all data related to a key category. The data included in this report are organized and presented as follows:

### **HEDIS<sup>®</sup> clinical measures**

- Preventive care
- Appropriate treatment of acute and chronic illnesses
- Caring for people needing mental health and substance abuse treatment
- Other selected utilization rates

### **Member satisfaction measures**

- CAHPS<sup>®</sup> and HEDIS<sup>®</sup> measures relating to the member's experience of care with an MCO

### **Department-specified Rule 9-03 measures**

- Geographic access and appointment waiting times
- Timeliness of making utilization review decisions
- Grievances and appeals
- Coordination and continuity of care indicators
- *Blueprint for Health*-related measures
- Physician satisfaction
- Providers – terminated and current

### Completeness of Filings and Data Collection Issues

Rule 9-03 requires that each MCO submit a significant quantity of data. In general, the Department requires each MCO to submit data responsive to each reporting requirement. However, CBH and MBH, which exclusively provide mental health and substance abuse review and services, are exempt from submitting a large number of HEDIS<sup>®</sup> measures related to other health care. PrimariLink provides mental health and substance abuse service reviews and is required to report only on utilization review decisions and the grievance resolution processes because of the limited breadth of its responsibilities.

In reviewing the MCO submissions, the following exceptions and deficiencies were noted:

- Only MVP (for its HMO/POS products only) used the hybrid-specified method (i.e., utilized medical record reviews) for the Adult and Child HEDIS<sup>®</sup> BMI measures. This resulted in MVP achieving much higher rates for these measures than the other MCOs for their HMO/POS products. The hybrid-specified method is more expensive and labor-intensive due to required chart reviews and MVP is commended for its commitment to these important measures. No other MCO used this method and as such their rates were substantially lower. Due to concerns raised by some MCOs regarding the usefulness of these particular measures and the expense of collecting this data using the hybrid method, the Department has agreed to work jointly with the MCOs to investigate the possibility of using alternative obesity measures in future reporting periods.
- BCBS/TVHP, on the recommendation of its auditors, did not report the measure for “Controlling High Blood Pressure” because of potential material bias in the rates.
- CIGNA did not utilize the hybrid methodology for HEDIS<sup>®</sup> measures for its PPO products. This decision was consistent with CIGNA’s national practice and only reported PPO rates using the administrative method (i.e., using claims data). Additionally, CIGNA did not report a rate for “Controlling High Blood Pressure” as this measure does not have an administrative data specification.
- MVP did not utilize the hybrid methodology for HEDIS<sup>®</sup> measures for its PPO products and only reported rates using the administrative method (i.e., using claim data). Additionally, MVP did not report a rate for “Controlling High Blood Pressure” as this measure does not have an administrative data specification.
- Rule 9-03 requires MCOs to include Department-approved standardized questions in their provider satisfaction surveys. None of the MCOs used all of the required questions, but BCBS/TVHP/BCBS PPO was the closest in using most of the Department-approved standardized questions.
- MVP was unable to accurately report concurrent reviews due to system constraints and is investigating how to correct this in time to report this data accurately for the July 15, 2012 data filing.

## Recommendations for Quality Improvement

This section of the report discusses quality improvement recommendations for managed care organizations. There are two criteria that are used to identify improvement opportunities for HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures: 1) the MCO's rate is statistically and practically<sup>1</sup> significantly worse than the better of the national or regional average, or 2) both the MCO's rate and the better of the national or regional average are below 50%. For most Department-specified Rule 9-03 measures, MCOs are expected to achieve a 90% performance level.

Opportunities for improvements are identified in the following tables using the criteria described above and are identified with a “stop sign” symbol like this ●. These opportunities are listed below and identify those that are shared by all MCOs and those that are specific to each MCO.

### Improvement Opportunities for All MCOs

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

- Chlamydia Screening in Women Ages 16 - 20
- Avoidance of Antibiotic Screening in Adults with Acute Bronchitis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Initiation of Alcohol and Other Drug Dependence
- Engagement of Alcohol and Other Drug Dependence
- Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase

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

- Adolescent Well Care Visits

One area of care in which MCOs can improve their overall performance are child and adolescent preventive measures. A high proportion of MCOs are performing below average on adolescent immunizations measures and on well-child visit measures.

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<sup>1</sup> Practical significance is defined as the MCO's performance varying by at least 4 percentage points from the benchmark average. The practical significance test is designed to identify differences that a reader would find important, by eliminating statistically significant differences that might be so small that the reader would find them immaterial.

## Improvement Opportunities for BCBS

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

- Adult BMI Assessment<sup>2</sup> Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>3</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>4</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>5</sup>
- Chlamydia Screening in Women Ages 20-24
- Immunizations for Adolescents: Combination
- Call Abandonment
- Call Answer Timeliness

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measures:

- Percentage of Members with Access to Non-Emergency Care
- Percentage of Members with Access to Preventive Care
- Percentage of Concurrent Reviews Meeting Decision Making Timeframes
- Percent of Urgent Pre-Service Reviews Meeting Decision Making Timeframes

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<sup>2</sup> Consider using the hybrid data collection methodology for this measure.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

## Improvement Opportunities for CIGNA

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

- Adult BMI Assessment<sup>6</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>7</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>8</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>9</sup>
- Well-Child Visits 3-6 Years of Age
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Tdap/TD
- Call Answer Timeliness

Improve performance levels to at least the 90% Rule 9-03 standard for the following measures:

- Percentage of Level 1 Physical Health, Urgent Grievances Meeting Decision Making Timeframes
- Percentage of Level 1 Pharmacy Pre-Service, Non-Urgent Grievances Meeting Decision Making Timeframes
- Percentage of Level 2 Physical Health, Urgent Grievances Meeting Decision Making Timeframes

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<sup>6</sup> Consider using the hybrid data collection methodology for this measure.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

## **Improvement Opportunities for CIGNA PPO**

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

- Adult BMI Assessment<sup>10</sup> Postpartum Care
- Well-Child Visits 3-6 Years of Age
- Customer Service Composite

Improve performance level to at least the 50% for the following measure:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>11</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>12</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>13</sup>

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measure:

- Percentage of Members with Access to Non-Emergency Care

## **Improvement Opportunities for CBH**

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measure:

- Percentage of Members with Access to Urgent Care

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<sup>10</sup> Consider using the hybrid data collection methodology for this measure.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

## **Improvement Opportunities for MBH**

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measure:

- Percentage of Members with Access to Inpatient Chemical Dependency Facilities in Essex, Orange, Orleans, and Caledonia counties.

## **Improvement Opportunities for MVP**

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

- Call Abandonment
- Able to Find Out How Much to Pay for Prescription Medications

## **Improvement Opportunities for MVP PPO**

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

- Adult BMI Assessment<sup>14</sup>
- Breast Cancer Screening
- Chlamydia Screening in Women Ages 20 – 24
- Timeliness of Prenatal Care
- Postpartum Care
- Flu Shots for Adults 50 – 64
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits 3-6 Years of Age
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Tdap/TD

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<sup>14</sup> Ibid.

- Rating of Overall Health Plan Experience
- Call Abandonment

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

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>15</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>16</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>17</sup>

### **Improvement Opportunities for TVHP**

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

- Adult BMI Assessment<sup>18</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>19</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>20</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>21</sup>
- Flu Shot For Adults 50-64
- Well-Child Visits 3-6 Years of Age
- Immunizations for Adolescents: Combination
- Use of Appropriate Medications for People with Asthma 12 – 50 Years of Age

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<sup>15</sup> Consider using the hybrid data collection methodology for this measure.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

- Rating of Overall Health Plan Experience
- Call Abandonment
- Call Answer Timeliness
- Getting to See a Specialist

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measures:

- Percentage of Members with Access to Non-Emergency Care
- Percentage of Members with Access to Preventive Care
- Percentage of Concurrent Reviews Meeting Decision Timeframes
- Percent of Urgent, Pre-Service Physical Health Grievances Meeting Decision Timeframes
- Percentage of Level 1 Urgent, Physical Health Grievances Meeting Decision Timeframes
- Percentage of Level 1 Urgent, Pre-Service Pharmacy Grievances Meeting Decision Timeframes

### **Improvement Opportunities for BCBS PPO**

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

- Adult BMI Assessment<sup>22</sup>
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 20 – 24
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits 3-6 Years of Age
- Immunizations for Adolescents: Combination

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<sup>22</sup> Consider using the hybrid data collection methodology for this measure.

- Controlling High Blood Pressure
- Rating of Overall Health Plan Experience
- Call Abandonment
- Call Answer Timeliness

Improve performance level to at least 50% for the following measure:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile<sup>23</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition<sup>24</sup>
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity<sup>25</sup>

Improve performance levels to at least the 90% standard under Rule 9-03 for the following measures:

- Percentage of Level 1 Non-Urgent, Pre-service Physical Health , Grievances Meeting Decision Timeframes
- Percentage of Level 1 Urgent, Pre-service Pharmacy Grievances Meeting Decision Timeframes

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<sup>23</sup> Consider using the hybrid data collection methodology for this measure.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

## Enrollment Statistics

MCO enrollment data varies greatly by size. For example, MVP has the lowest non-PPO member enrollment, while BCBS and TVHP (both products of BCBSVT) have the highest non-PPO enrollment.

Overall, BCBS has the highest total enrollment spread across three products (BCBS, TVHP, and BCBS PPO).

CIGNA PPO has the highest member enrollment among its PPO products and its PPO enrollment is nearly three times that of its HMO/POS enrollment.

MCO Enrollment, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO w/o PPO Total	CIGNA PPO	MVP PPO	BCBS PPO	PPO Total	All MCO Total
<b>Commercial</b>	41,244	20,410	5,150	32,038	98,842	69,015	27,803	26,818	123,636	222,478
<b>Market Share</b>	19%	9%	2%	14%	44%	31%	12%	12%	56%	100%

## Analysis of Managed Care Organization Filings

The following analysis evaluates the data submitted by the MCOs which includes HEDIS<sup>®</sup>, CAHPS<sup>®</sup>, and Department-specified Rule 9-03 measures. Department-specified Rule 9-03 measures were developed by the Department in cooperation with the MCOs. These measures are not found in a national measurement set such as HEDIS<sup>®</sup>.

The HEDIS<sup>®</sup> and CAHPS<sup>®</sup> data were subject to two different types of statistical analyses: point-in-time analysis and trend analysis, both of which are described below. The Department-specified Rule 9-03 measures are analyzed with respect to Department-required performance levels, and are not subject to any statistical tests.

### Point-in-Time Analysis

For the point-in-time analysis, the MCO data for the current reporting year are compared to the applicable New England regional and national HEDIS<sup>®</sup> and CAHPS<sup>®</sup> rates, as reported by NCQA. This year, MCO (without PPO) experience is compared to the “All Lines of Business minus PPO” national and New England regional averages. All PPO experience is compared to NCQA’s “PPO-only” national and New England regional averages. The statistical analysis includes all measures that the Department considered for inclusion in the 2011 Health Plan Report Card. Within the report, performance differences that reach statistical significance are referred to as “significantly different” from the national or New England regional average.

There are five HEDIS<sup>®</sup> measures that are not included in the point-in-time (and trend) analyses. The four measures listed below are excluded from the report because the data reported by the MCOs was insufficient to calculate meaningful rates:

- Persistence of Beta-blocker Treatment After a Heart Attack;
- Follow-up Care for Children Prescribed ADHD Medication, Continuation Phase;
- Pharmacotherapy Management of COPD Exacerbation – Dispensed a Systemic Corticosteroid Within 14 Days of the Event; and
- Pharmacotherapy Management of COPD Exacerbation – Dispensed a Bronchodilator Within 30 Days of the Event.

In addition, the measure for “Aspirin Use and Discussion” was not included in this report because NCQA does not publish an average for it.

## Trend Analysis

This is the ninth consecutive year in which there has been enough data to complete a statistical analysis to determine whether there was any significant change in MCO performance for specific measures over time. As in the past, the statistical test measures whether there is a significant change between two points in time: 1) performance during a base reference year and 2) performance during the most recent year. For this report, we used 2010 HEDIS<sup>®</sup> data and 2008 base-year data. The most recent CAHPS<sup>®</sup> data are from 2011, and the base year data is from 2009.

The trend analysis requires two elapsed time periods with no significant changes in measurement methodology over these time periods. Therefore, not all measures are good candidates for statistical analysis over a span of years because:

- the population meeting the measurement criteria is too small to generate reliable rates;
- the measurement specifications have changed significantly over time; or
- there is no earlier data point, as is the case with first-year measures.

## Graphing Trends

Wherever possible a line graph is included in this report, which shows the longest continuous data series in the Department's database. It is important to note that for specific HEDIS<sup>®</sup> measures that are rotated out of a given reporting cycle by NCQA, data for every other year are used to create the graph. Regardless of the number of years shown on the graph, statistical significance is assessed using only data from the base year and most recent year, as described above.

## Significance Tests

In order to determine that an MCO's performance significantly differed from the New England regional or national average in the point-in-time analysis, the Department requires that two separate relevance tests be met. The first is a statistical significance test, which requires a resulting "p" value of 0.05 or less. The second significance test is a "practical" significance test, which requires that there be at least four (4%) percentage points between the MCO's performance and the standard against which the MCO's performance is being evaluated.

For example, an MCO may have a rate of 94.25%, which is statistically significantly different from the average rate of 90.45% and would not meet the practical significance test because the rate differential is 3.80%, which is less than the required four (4%) percentage points. The practical significance test is designed to identify differences that a reader would find important, and eliminate statistically significant differences that might be so small that the reader would find them immaterial.

In interpreting the results of tests of trend analysis (change-over-time), a statistical significance test requiring a “p” value of 0.05 or less was used. No practical significance test is applied to the change-over-time measures.

In the sections that follow, tables depict MCO performance for each of the HEDIS<sup>®</sup> measures using the acronyms shown below:

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

## HEDIS® and CAHPS® SUPERSCORES

A “SUPERSCORE” provides an overall performance ranking of each MCO for a set of measures. For the third year, this report includes two superscores. One superscore is based on HEDIS® measures and the other is based on CAHPS® measures. The measures included in the superscore calculations are selected from the measures highlighted in this report and focus on effectiveness of care, access to services, and member’s experience of care and service. These ratings do not include managed mental health organizations or PPO (or EPO) products. Superscores are developed using four performance categories and are based on percentiles calculated by NCQA and reported in NCQA’s Quality Compass as national “All Lines of Business Minus PPO (MCO w/o PPO).” The MCO’s score for each measure is compared to NCQA’s percentiles for that measure and assigned to the applicable performance category as shown in the chart below.

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

Each performance ranking is then assigned a certain number of stars “★” for each measure and the rankings are then added across all measures. The number of stars earned by each MCO is then divided by the number of measures to create an overall average score. The overall average scores are rounded to the nearest whole number of stars. Each measure is weighted equally and composite measures are excluded.

### HEDIS® Access and Care Measures Superscore for MCO w/o PPO

The following measures that focus on effectiveness of care and access to services were included in the superscore calculation:

- Adult BMI Assessment
- Weight Assessment & Counseling for Children & Adolescents - BMI Percentile 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - BMI Percentile 12-17 Years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Nutrition 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Nutrition 12-17 Years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Physical Activity 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Physical Activity 12-17 Years
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 16-20
- Chlamydia Screening in Women Ages 21-24
- Flu Shot for Adults Ages 50-64
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- Appropriate Treatment for Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Follow-Up After Hospitalization for Mental Illness within 30 Days
- Follow-Up After Hospitalization for Mental Illness within 7 Days
- Use of Imaging Studies for Low Back Pain
- Use of Appropriate Medications for People with Asthma: All Ages
- Antidepressant Medication Management - Effective Acute Phase Treatment
- Antidepressant Medication Management - Effective Continuation Phase Treatment
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment
- Controlling High Blood Pressure
- Timeliness of Prenatal Care
- Postpartum Care
- Immunizations for Adolescents: Combination
- Immunizations for Adolescents: Acellular pertussis (Tdap)
- Immunizations for Adolescents: Meningococcal Vaccine
- Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARB
- Annual Monitoring for Patients on Persistent Medications: Anticonvulsants
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Well-Child Visits in the First 15 Months of Life (6 or more visits)
- Well-Child Visits 3-6 Years
- Adolescent Well-Care Visits
- Medical Assistance with Smoking and Tobacco Use Cessation: Advising to Quit
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Medications
- Medical Assistance with Smoking and Tobacco Use Cessation: Discussing Strategies

## Key Superscore Findings:

- The MCO's scores are fairly close.
- MVP received the highest superscore ranking this year, moving from two stars last year to three stars this year.
- CIGNA's ranking has fallen slightly from the score of 2.5 and three stars last year. BCBS and TVHP have had the same two-stars ranking for the past four years.

HEDIS <sup>®</sup> ACCESS AND CARE SUPERSCORE, 2010		
	Score	Stars
BCBS	2.29	★ ★
CIGNA	2.38	★ ★
MVP	2.71	★ ★ ★
TVHP	1.76	★ ★

## CAHPS<sup>®</sup> Experience of Care Superscore for MCOs (w/o PPO)

Only CAHPS<sup>®</sup> measures that focus on member experience involving MCO policy or procedures are included in the calculation of the CAHPS<sup>®</sup> superscore. For example, the measure “getting to see a specialist that you needed to see,” is included because access to specialists can involve MCO policy and procedures. The measures “how well doctors communicate” and “getting care quickly” are not included, because they assess elements of performance that are generally not under the control of the MCO. The CAHPS<sup>®</sup> superscore includes two HEDIS<sup>®</sup> “call answering” measures, as both “call abandonment” and “call answer timeliness” measure a member's experience with their insurer.

The following CAHPS<sup>®</sup> survey measures are included in the experience of care superscore calculation:

- Getting to see a specialist that you needed to see
- Easy to get the care, tests or treatment you thought you needed
- How often customer service treated you with courtesy and respect
- Customer service gave information or help needed
- Claims processing was timely
- Claims were processed correctly
- Rate your overall health plan experience
- Got needed care as soon as wanted, when needed care right away
- Got appointment for routine health care as soon as wanted
- Able to find out how much to pay for a health care service or equipment

- Able to find out how much to pay for prescription medications

Key Superscore Findings:

- There is more variation in the superscores for CAHPS<sup>®</sup> effectiveness of care performance than there is in the HEDIS<sup>®</sup> experience of care performance.
- BCBS's performance is higher than the other MCOs, in part due to its higher member ratings on overall health plan experience, claims processing timeliness, and treating members with courtesy and respect.

<b>CAHPS<sup>®</sup> EXPERIENCE OF CARE SUPERSCORE, 2011</b>		
	<b>Score</b>	<b>Stars</b>
BCBS	3.18	★ ★ ★
CIGNA	2.27	★ ★
MVP	2.09	★ ★
TVHP	2.27	★ ★

By their very nature superscores are highly aggregated composite scores and do not show much variation between the MCOs. However, the following sections of this report analyze each performance measure for which Vermont's MCOs are being evaluated. These measures will show some significant differences in performance levels between the MCOs and in comparison with the national and New England regional averages.

## Preventive Care

The HEDIS<sup>®</sup> measures for preventive care include the following:

- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity Composite
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Children/Adolescents – Counseling for Physical Activity
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Total
  - Chlamydia Screening in Women Ages 16-20
  - Chlamydia Screening in Women Ages 21-24
- Prenatal and Postpartum Care
- Flu Shot for Adults Ages 50-64 (from the CAHPS<sup>®</sup> survey)
- Well-Child Visits in the First 15 Years of Life
- Well-Child Visits 3-6 Years
- Adolescent Well-Care Visits
- Immunization for Adolescents – Combination
- Immunization for Adolescents – Meningococcal
- Immunization for Adolescents – Tdap/TD

When reviewing the **point-in-time** tables, please note that the symbols have the following meanings:

- ▲ = Means that the MCO's point-in-time score *is better than* the national or New England regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- ◎ = Means that there is *no significant difference* between the MCO's point-in-time score and the national or New England regional average.
- ▼ = Means that the MCO's point-in-time score *is worse than* the national or New England regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.

- ◆ = Means that either: 1) the MCO's point-in-time score *is below* the better of the national or New England regional average by a statistically and practically significant amount, or 2) all rates (MCO, regional and national) are *below 50%*. Either of these conditions indicates an opportunity where the MCO can improve its performance.

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

- ▲ = Means that the MCO's *performance 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.
- ◎ = Means that the MCO's performance in the base year was *statistically no different* from its performance in the measurement year.
- ▼ = Means that the MCO's *performance 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.

## Adult BMI Assessment

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

Adult BMI Assessment, 2010 <sup>26</sup>										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	2%	1%	61%	2%			1%	1%	2%	
National Average	▼	▼	▲	▼	41%		▼	▼	▼	12%
Regional Average	▼	▼	▲	▼	50%		▼	▼	▼	24%
<b>Improvement Opportunity</b>	⬮	⬮		⬮			⬮	⬮	⬮	

<sup>26</sup> MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for MVP, which used the hybrid method.

## Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents (BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity) – Composite

This composite measure reports aggregated results for the following three measures:

### Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile

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

### Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition

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

### Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity

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

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents: BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity - Composite, 2010 <sup>27</sup>										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	1%	1%	67%	1%			1%	1%	1%	
National Average	▼	▼	▲	▼	36%		▼	▼	▼	11%
Regional Average	▼	▼	▲	▼	58%		▼	▼	▼	31%
<b>Improvement Opportunity</b>	⬮	⬮		⬮			⬮	⬮	⬮	

<sup>27</sup> MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for MVP, which used the hybrid method.

## Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile

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

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – BMI Percentile, 2010 <sup>28</sup>											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	1%	1%	68%	2%			1%	2%	2%	
	National Average	▼	▼	▲	▼	35%		▼	▼	▼	11%
	Regional Average	▼	▼	▲	▼	54%		▼	▼	▼	32%
	<b>Improvement Opportunity</b>	⬮	⬮		⬮			⬮	⬮	⬮	
3 – 11 years of age	Plan Rate	2%	2%	71%	2%			1%	2%	2%	
	National Average	▼	▼	▲	▼	35%		▼	▼	▼	11%
	Regional Average	▼	▼	▲	▼	54%		▼	▼	▼	32%
	<b>Improvement Opportunity</b>	⬮	⬮		⬮			⬮	⬮	⬮	
12 – 17 years of age	Plan Rate	1%	1%	65%	2%			1%	1%	2%	
	National Average	▼	▼	▲	▼	35%		▼	▼	▼	10%
	Regional Average	▼	▼	▲	▼	55%		▼	▼	▼	31%
	<b>Improvement Opportunity</b>	⬮	⬮		⬮			⬮	⬮	⬮	

<sup>28</sup> MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for MVP, which used the hybrid method.

## Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition

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

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents Counseling for Nutrition, 2010 <sup>29</sup>											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	1%	1%	65%	1%			1%	1%	1%	
	National Average	▼	▼	▲	▼	37%		▼	▼	▼	12%
	Regional Average	▼	▼	▲	▼	60%		▼	▼	▼	31%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	
3–11 years of age	Plan Rate	1%	1%	69%	1%			1%	1%	1%	
	National Average	▼	▼	▲	▼	39%		▼	▼	▼	13%
	Regional Average	▼	▼	▲	▼	61%		▼	▼	▼	31%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	
12–17 years of age	Plan Rate	1%	1%	61%	1%			1%	1%	1%	
	National Average	▼	▼	▲	▼	35%		▼	▼	▼	11%
	Regional Average	▼	▼	▲	▼	58%		▼	▼	▼	31%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	

<sup>29</sup> MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for MVP, which used the hybrid method.

## Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity

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

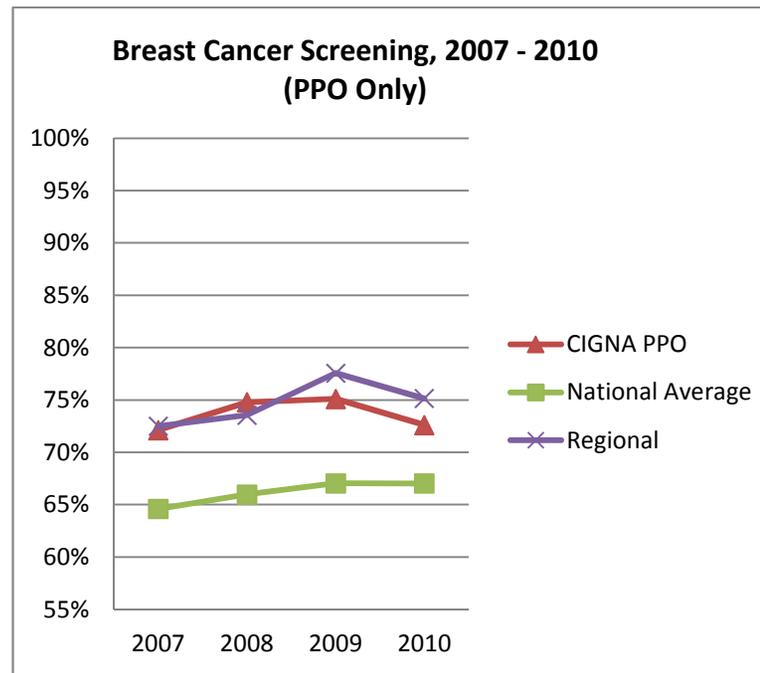
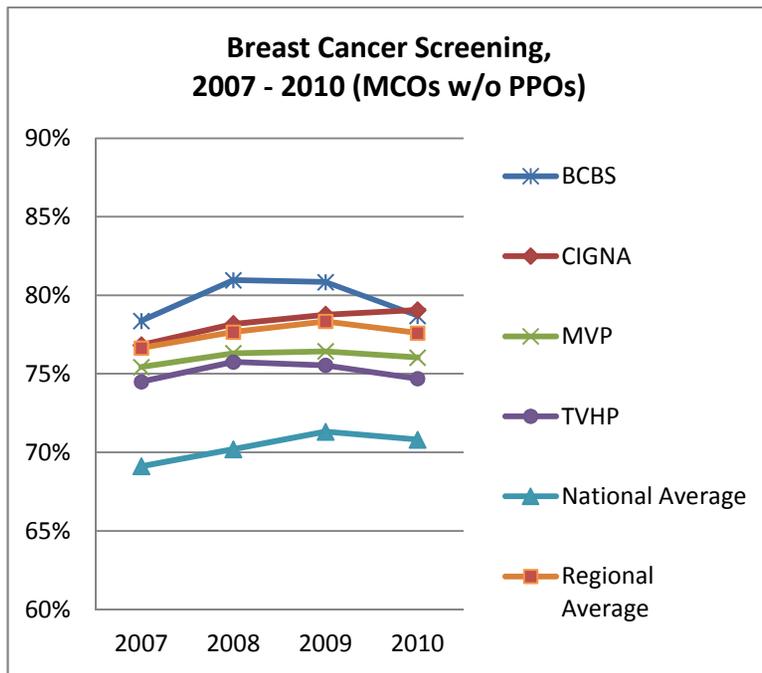
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents Counseling for Physical Activity, 2010 <sup>30</sup>											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	1%	0%	68%	1%			0%	1%	0%	
	National Average	▼	▼	▲	▼	35%		▼	▼	▼	11%
	Regional Average	▼	▼	▲	▼	59%		▼	▼	▼	29%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	
3–11 years of age	Plan Rate	1%	0%	68%	1%			0%	0%	1%	
	National Average	▼	▼	▲	▼	34%		▼	▼	▼	10%
	Regional Average	▼	▼	▲	▼	56%		▼	▼	▼	27%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	
12–17 years of age	Plan Rate	0%	0%	68%	0%			0%	1%	0%	
	National Average	▼	▼	▲	▼	37%		▼	▼	▼	11%
	Regional Average	▼	▼	⊙	▼	61%		▼	▼	▼	31%
	Improvement Opportunity	⬮	⬮		⬮			⬮	⬮	⬮	

<sup>30</sup> MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for MVP, which used the hybrid method.

## Breast Cancer Screening

This measure reports the percentage of women between 42 and 69 years of age who had a mammogram during the last 2 years. Early detection and treatment of breast cancer can significantly increase a woman's chances of survival.

Breast Cancer Screening, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	79%	79%	76%	75%			73%	71%	71%	
National Average	▲	▲	▲	◎	71%		▲	◎	◎	67%
Regional Average	◎	◎	◎	◎	78%		◎	▼	▼	75%
<b>Improvement Opportunity</b>								⬮	⬮	
Change Over Time 2007-2010	▼	◎	◎	◎			▼			



## Cervical Cancer Screening

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

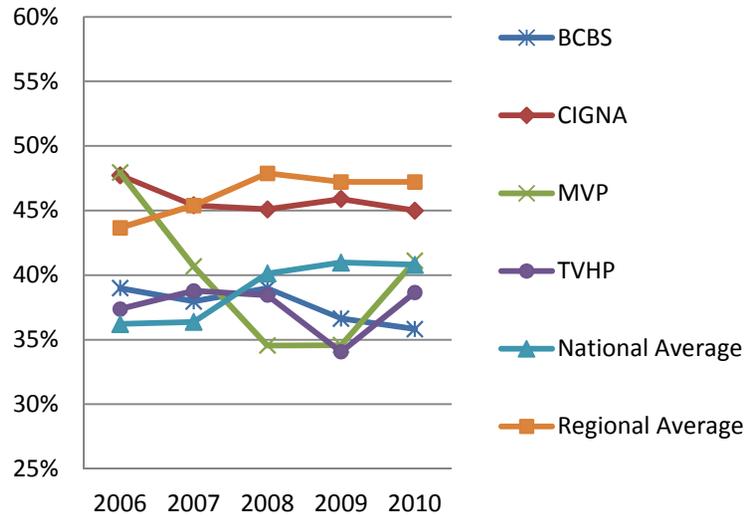
Cervical Cancer Screening, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	81%	80%	79%	78%			76%	78%	74%	
National Average	⊙	⊙	⊙	⊙	77%		⊙	⊙	⊙	75%
Regional Average	⊙	⊙	⊙	⊙	81%		⊙	⊙	▼	80%
<b>Improvement Opportunity</b>									⬮	

## Chlamydia Screening in Women

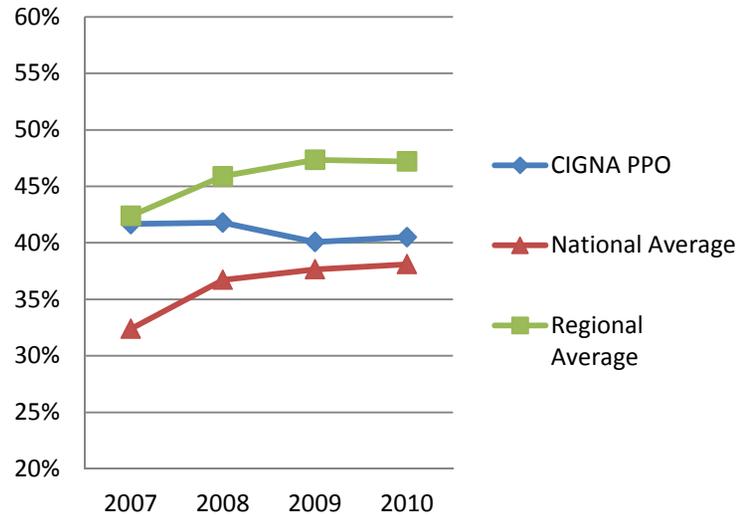
This measure reports the total percentage of sexually active women between 16 and 24 years of age who received at least one test for chlamydia during 2010. Chlamydia screening is an important public health strategy to control a common sexually transmitted disease.

Chlamydia Screening in Women, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	40%	47%	43%	44%			44%	41%	43%	
	National Average	⊙	⊙	⊙	⊙	43%		⊙	⊙	⊙	40%
	Regional Average	▼	⊙	⊙	▼	51%		▼	▼	▼	50%
	<b>Improvement Opportunity</b>	⬮			⬮			⬮	⬮	⬮	
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
16 – 20 years of age	Plan Rate	36%	45%	41%	39%			41%	36%	41%	
	National Average	▼	⊙	⊙	⊙	41%		⊙	⊙	⊙	38%
	Regional Average	▼	⊙	⊙	▼	47%		▼	▼	▼	47%
	<b>Improvement Opportunity</b>	⬮			⬮			⬮	⬮	⬮	
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
21 – 24 years of age	Plan Rate	46%	51%	46%	50%			49%	47%	45%	
	National Average	⊙	⊙	⊙	⊙	46%		▲	⊙	⊙	42%
	Regional Average	▼	⊙	⊙	⊙	55%		⊙	▼	▼	53%
	<b>Improvement Opportunity</b>	⬮							⬮	⬮	
	Change Over Time 2008-2010	⊙	⊙	⊙	▲			⊙			

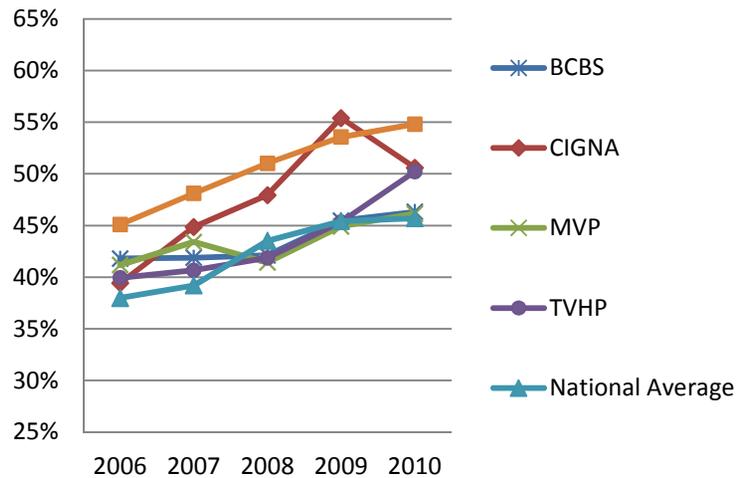
**Chlamydia Screening in Women Ages 16 - 20, 2006 - 2010 (MCOs w/o PPOs)**



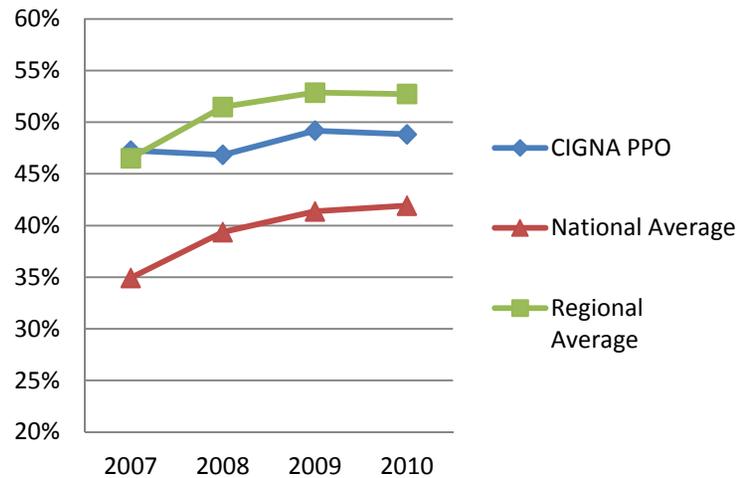
**Chlamydia Screening in Women Ages 16 - 20, 2007 - 2010 (PPO Only)**



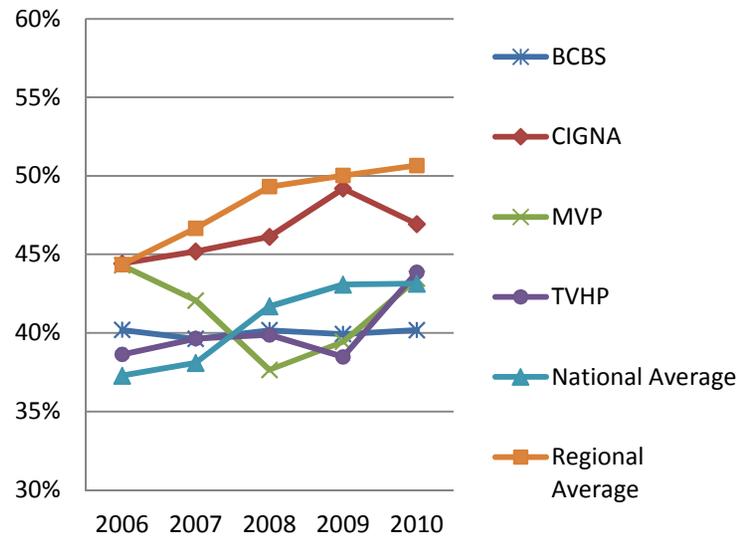
**Chlamydia Screening in Women Ages 20 - 24/5, 2006 - 2010 (MCOs w/o PPOs)**



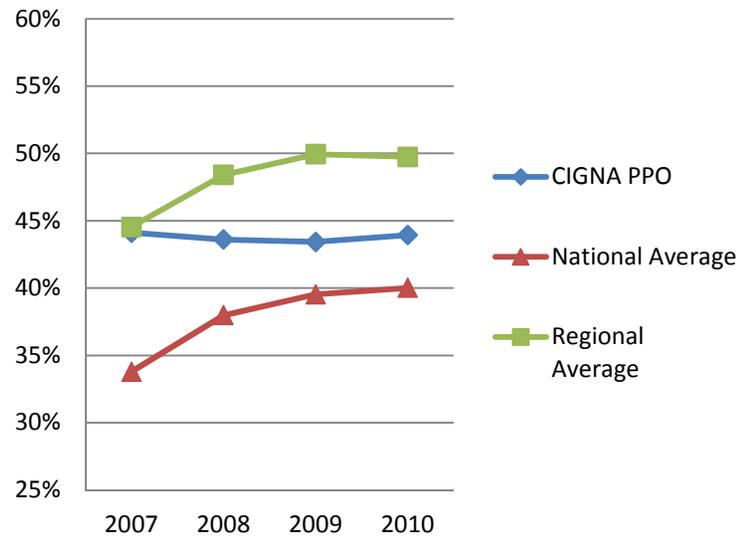
**Chlamydia Screening in Women Ages 20 - 24/5, 2007 - 2010 (PPO Only)**



**Chlamydia Screening in Women Total,  
2006 - 2010 (MCOs w/o PPOs)**



**Chlamydia Screening in Women Total,  
2007 - 2010 (PPO Only)**



## Prenatal and Postpartum Care - Composite

This measure combines the Timeliness of Prenatal Care and Postpartum Care measures described below.

### Timeliness of Prenatal Care

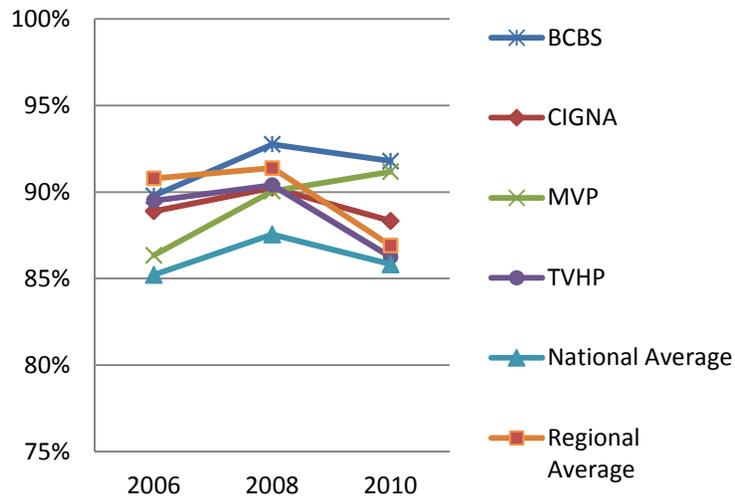
This measure reports the percentage of members who received a prenatal care visit in the first trimester or within 42 days of enrollment in an MCO. Prenatal care improves the chances of giving birth to a healthy child.

### Postpartum Care

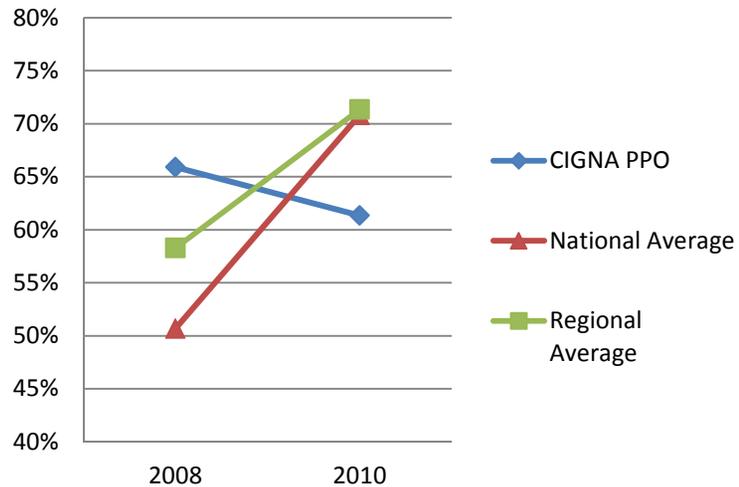
This measure reports the percentage of members who had a postpartum visit on or between 21 and 56 days after delivery. Postpartum Care is important to monitor the health of both the mother and the newborn.

Prenatal and Postpartum Care, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO)		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	92%	88%	91%	86%			61%	44%	91%	
	National Average	▲	◎	◎	◎	86%		▼	▼	▲	71%
	Regional Average	▲	◎	◎	◎	87%		▼	▼	▲	71%
	<b>Improvement Opportunity</b>							●	●		
	Change Over Time 2008-2010	◎	◎	◎	◎			◎			
Timeliness of Prenatal Care	Plan Rate	96%	98%	96%	90%			77%	43%	94%	
	National Average	▲	▲	◎	◎	91%		◎	▼	▲	76%
	Regional Average	◎	▲	◎	◎	92%		◎	▼	▲	78%
	<b>Improvement Opportunity</b>								●		
	Change Over Time 2008-2010	◎	◎	◎	▼			◎			
Postpartum Care	Plan Rate	87%	78%	85%	82%			46%	44%	88%	
	National Average	◎	◎	◎	◎	81%		▼	▼	▲	66%
	Regional Average	◎	◎	◎	◎	82%		▼	▼	▲	64%
	<b>Improvement Opportunity</b>							●	●		
	Change Over Time 2008-2010	◎	◎	◎	◎			▼			

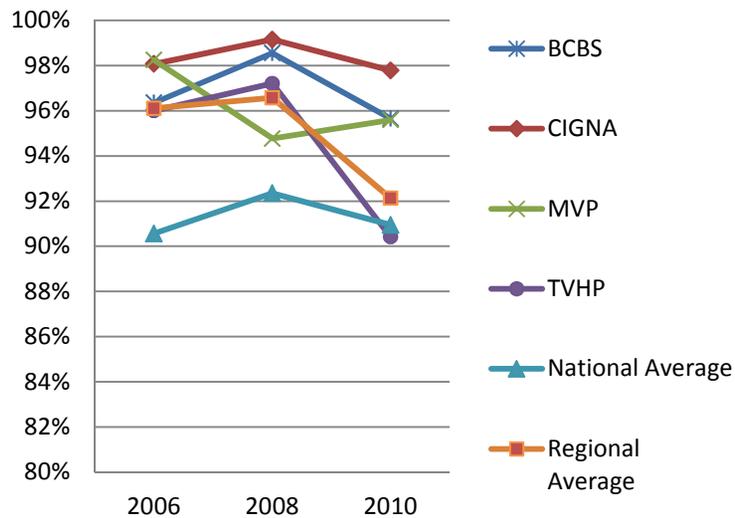
**Prenatal and Postpartum Care Composite, 2006 - 2010 (MCOs w/o PPOs)**



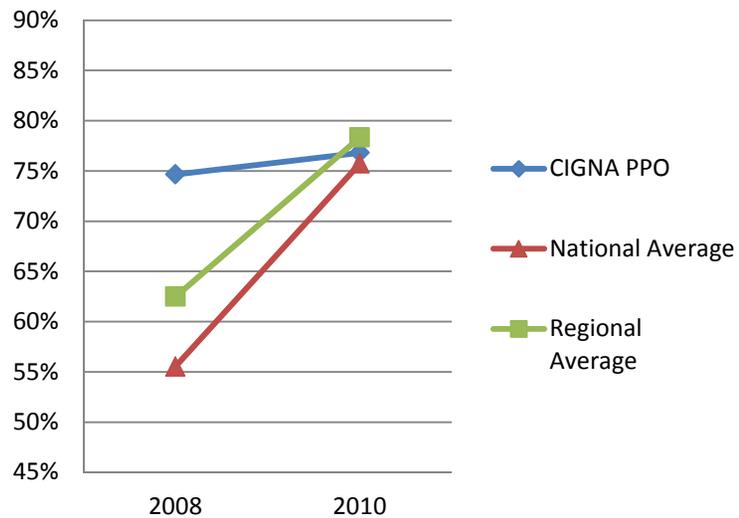
**Prenatal and Postpartum Care Composite, 2008 - 2010 (PPO Only)**

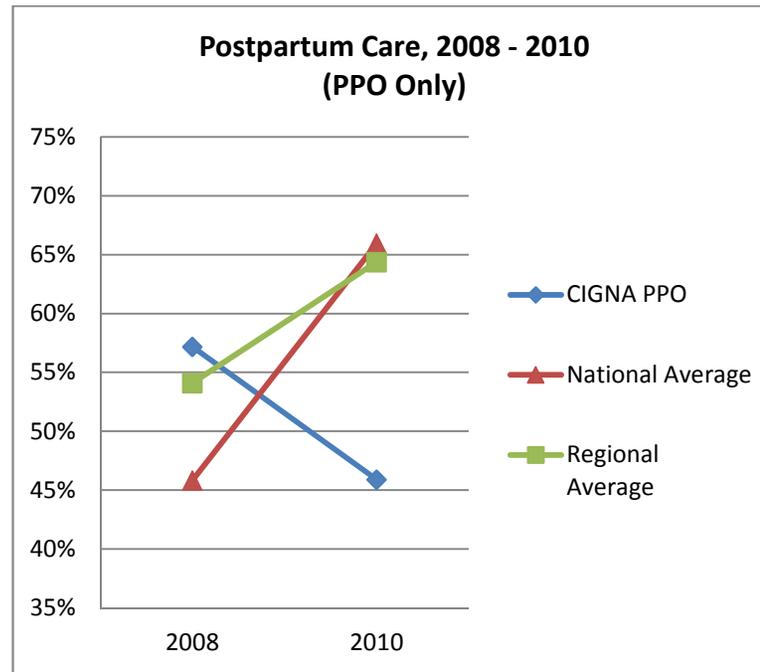
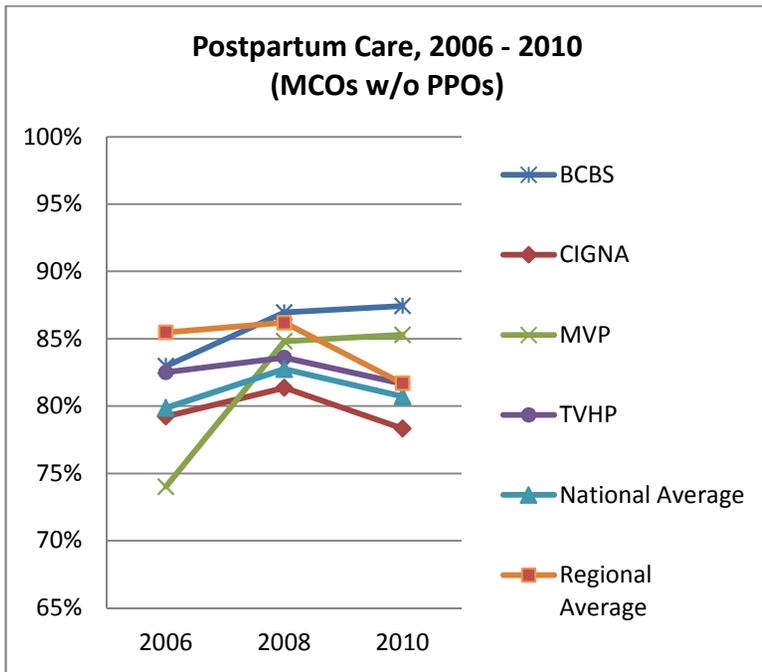


**Timeliness of Prenatal Care, 2006 - 2010 (MCOs w/o PPOs)**



**Timeliness of Prenatal Care, 2008 - 2010 (PPO Only)**

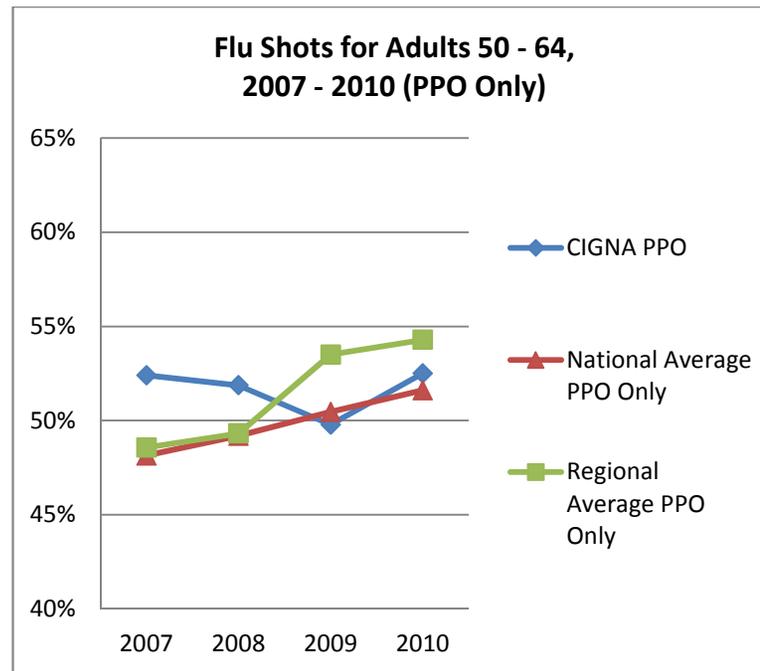
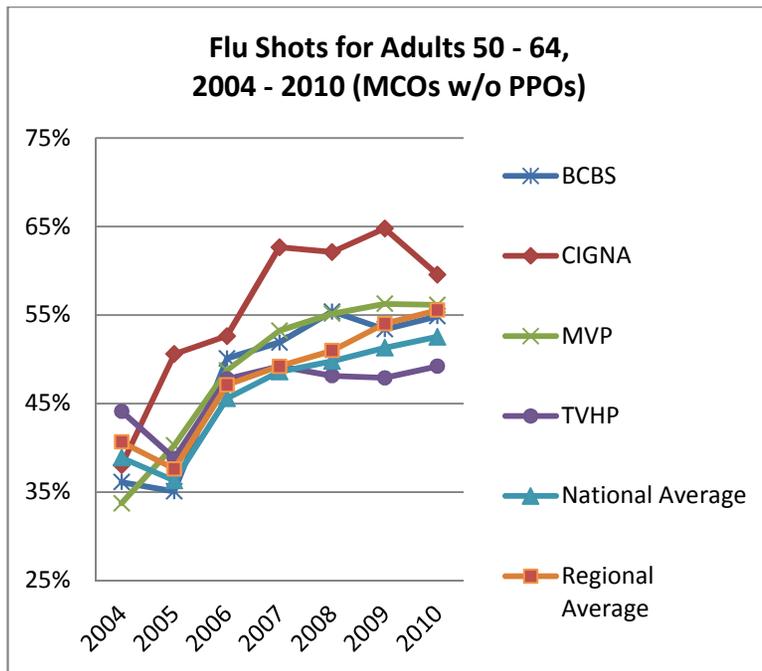




## Flu Shot for Adults Ages 50-64

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

Flu Shot for Adults 50-64, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	55%	60%	56%	49%			53%	47%	51%	
National Average	⊙	▲	⊙	⊙	53%		⊙	⊙	⊙	52%
Regional Average	⊙	⊙	⊙	▼	56%		⊙	▼	⊙	54%
<b>Improvement Opportunity</b>				⬮				⬮		
Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			



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

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

Well-Child Visits in the First 15 Months of Life, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	88%	89%	88%	84%			83%	67%	72%	
National Average	▲	▲	◎	▲	76%		▲	◎	◎	73%
Regional Average	◎	◎	◎	◎	86%		◎	▼	▼	83%
<b>Improvement Opportunity</b>								⬮	⬮	

## Well-Child Visits 3-6 Years of Age

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

Well-Child Visits 3-6 Years of Age, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	83%	77%	74%	79%			76%	75%	77%	
National Average	▲	▲	◎	▲	72%		▲	▲	▲	68%
Regional Average	◎	▼	▼	▼	85%		▼	▼	▼	85%
<b>Improvement Opportunity</b>		⬮	⬮	⬮			⬮	⬮	⬮	

## Adolescent Well-Care Visits

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

Adolescent Well-Care Visits, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	51%	54%	48%	50%			48%	47%	45%	
National Average	▲	▲	▲	▲	43%		▲	▲	▲	39%
Regional Average	▼	▼	▼	▼	61%		▼	▼	▼	60%
<b>Improvement Opportunity</b>	⬮	⬮	⬮	⬮			⬮	⬮	⬮	

## Immunizations for Adolescents: Combination

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

Immunizations for Adolescents: Combination, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	37%	27%	47%	32%			NA	15%	30%	
National Average	▼	▼	⊙	▼	52%		NA	▼	▼	39%
Regional Average	▼	▼	⊙	▼	56%		NA	▼	▼	42%
<b>Improvement Opportunity</b>	⬮	⬮		⬮				⬮	⬮	

## Immunizations for Adolescents: Meningococcal

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

Immunizations for Adolescents: Meningococcal, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	42%	30%	47%	39%			NA	19%	41%	
National Average	▼	▼	⊙	▼	55%		NA	▼	⊙	44%
Regional Average	▼	▼	▼	▼	61%		NA	▼	⊙	51%
<b>Improvement Opportunity</b>	⬮	⬮	⬮	⬮				⬮		

## Immunizations for Adolescents: Tdap/TD

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

Immunizations for Adolescents: Tdap/TD, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	79%	54%	97%	73%			NA	33%	82%	
National Average	▲	▼	▲	⊙	69%		NA	▼	▲	55%
Regional Average	⊙	▼	▲	⊙	77%		NA	▼	▲	60%
<b>Improvement Opportunity</b>		⬮						⬮		

## Appropriate Treatment of Acute and Chronic Illnesses

NCQA's measures that address acute conditions focus on providing appropriate care. Three of the measures – Appropriate Treatment of Children with Upper Respiratory Infection, Appropriate Testing of Children with Pharyngitis, and Avoidance of Antibiotic Use in Adults with Acute Bronchitis – look at whether providers are appropriately using antibiotics when providing care. There is growing concern that inappropriate and unnecessary use of antibiotics in treating common childhood and adult illnesses is leading to the development of antibiotic-resistant bacteria that cannot be effectively controlled.

For many years NCQA has collected data on how well providers serve MCO members with the chronic diseases such as asthma and diabetes. Now, NCQA also collects data for measures on the four chronic conditions shown below and for the use of medications to treat chronic care conditions:

- chronic respiratory conditions;
- chronic cardiovascular conditions;
- chronic musculoskeletal conditions;
- chronic behavioral health conditions, and
- medications to treat chronic diseases.

NCQA rotates these chronic disease measures so only a subset of these measures is reported annually.

The following measures are reported in this section:

### Acute Care

- Appropriate Treatment of Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Appropriate Use of Imaging Studies for Low Back Pain

### Chronic Care

- Use of Appropriate Medications for People With Asthma
- Use of Spirometry Testing in the Assessment of and Diagnosis of COPD
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis
- Annual Monitoring for Patients on Persistent Medications
- Controlling High Blood Pressure

## Care for Children Composite

This composite measure combines each MCO's performance regarding appropriate treatment for children with upper respiratory infections and appropriate testing of children with pharyngitis to create a Care for Children composite.

### Appropriate Treatment for Children with Upper Respiratory Infection

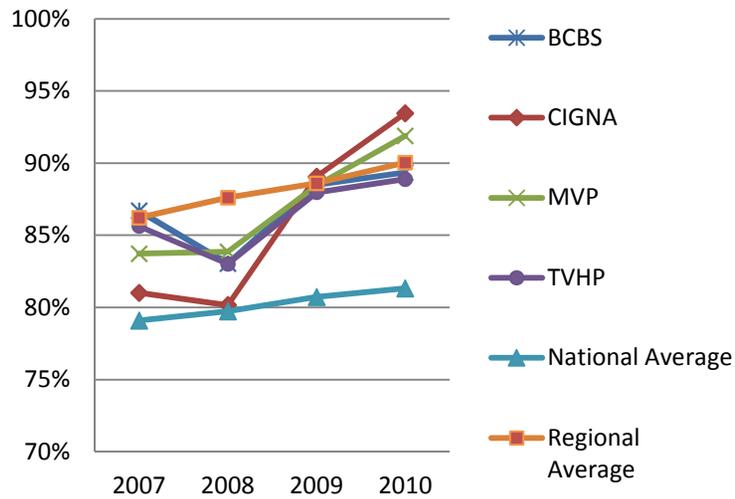
This measure reports the percentage of children between the ages of 3 months and 18 years of age who were diagnosed with an upper respiratory infection and were not given an antibiotic prescription until at least three days after the initial doctor's visit. If an infection is from a virus, a child will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

### Appropriate Testing of Children with Pharyngitis

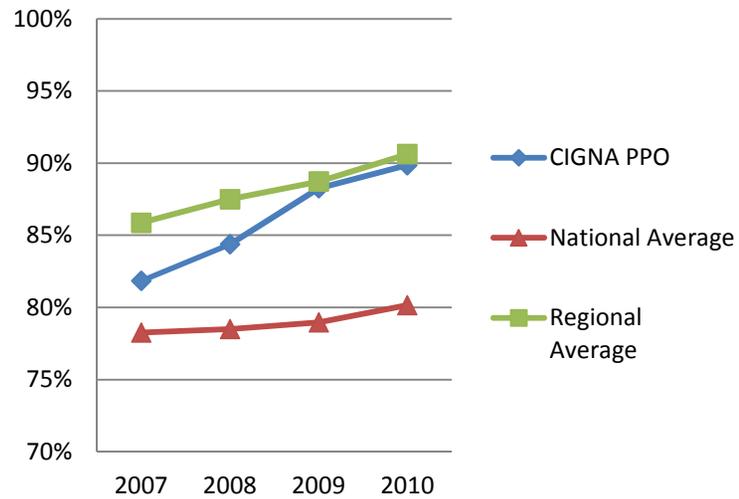
This measure reports the percentage of children between 2 and 18 years of age who were diagnosed with a sore throat and who were prescribed an antibiotic and received a strep test. By giving a strep test, the doctor is verifying that bacteria, not a virus, caused the infection and that prescribing an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

Care for Children, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	89%	93%	92%	89%			90%	91%	90%	
	National Average	▲	▲	▲	▲	81%		▲	▲	▲	80%
	Regional Average	◎	◎	◎	◎	90%		◎	◎	◎	91%
	Change Over Time 2009-2010	▲	▲	▲	◎			▲			
Appropriate Testing of Children with Pharyngitis	Plan Rate	88%	88%	90%	88%			86%	86%	88%	
	National Average	▲	▲	▲	▲	78%		▲	▲	▲	77%
	Regional Average	◎	◎	◎	◎	88%		◎	◎	◎	89%
	Change Over Time 2008-2010	▲	▲	▲	▲			▲			
Appropriate Treatment for Children with Upper Respiratory Infection	Plan Rate	90%	97%	93%	90%			93%	96%	91%	
	National Average	▲	▲	▲	◎	85%		▲	▲	▲	84%
	Regional Average	◎	▲	◎	◎	92%		◎	◎	◎	92%
	Change Over Time 2008-2010	◎	▲	◎	◎			◎			

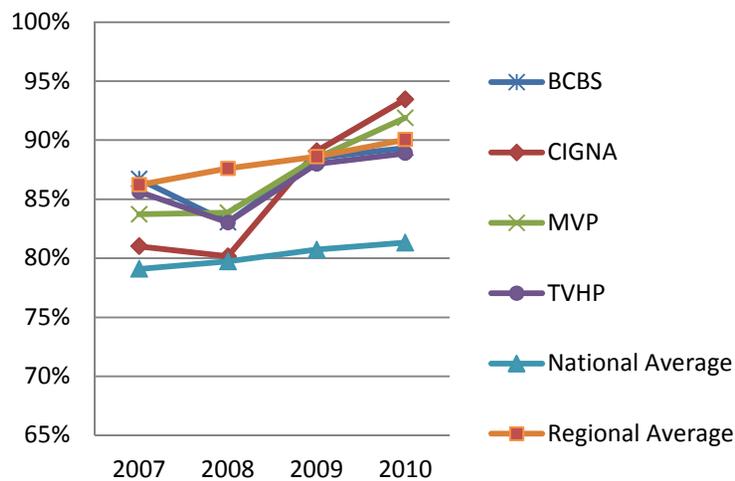
**Care for Children Composite,  
2007 - 2010 (MCOs w/o PPOs)**



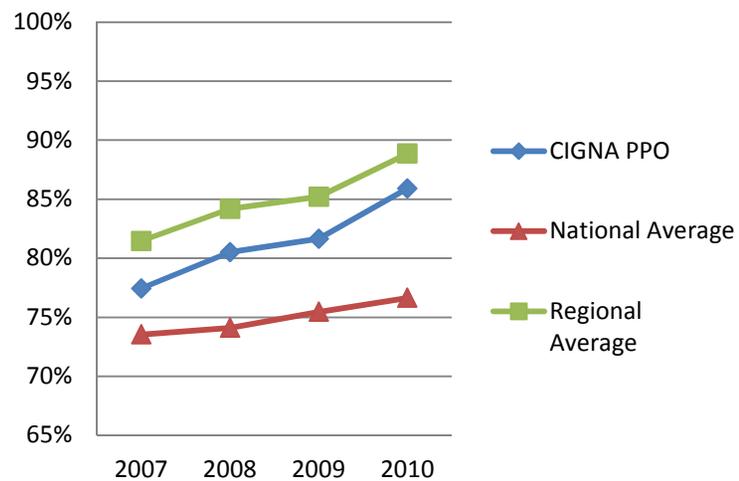
**Care for Children Composite,  
2007 - 2010 (PPO Only)**



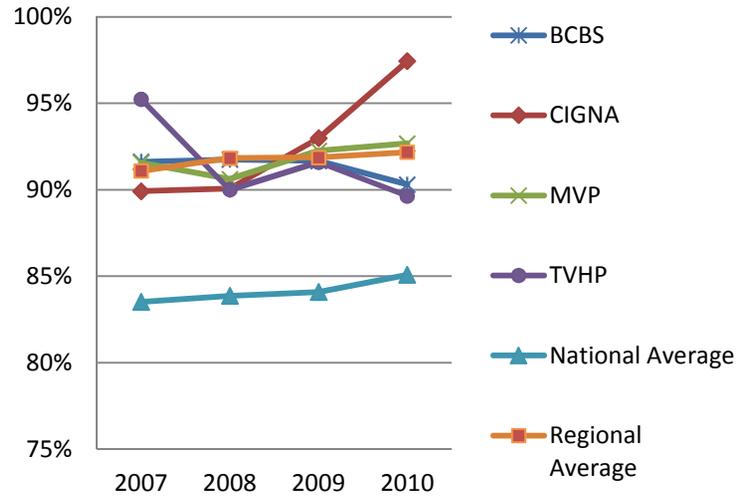
**Appropriate Testing of Children with  
Pharyngitis,  
2007 - 2010 (MCOs w/o PPOs)**



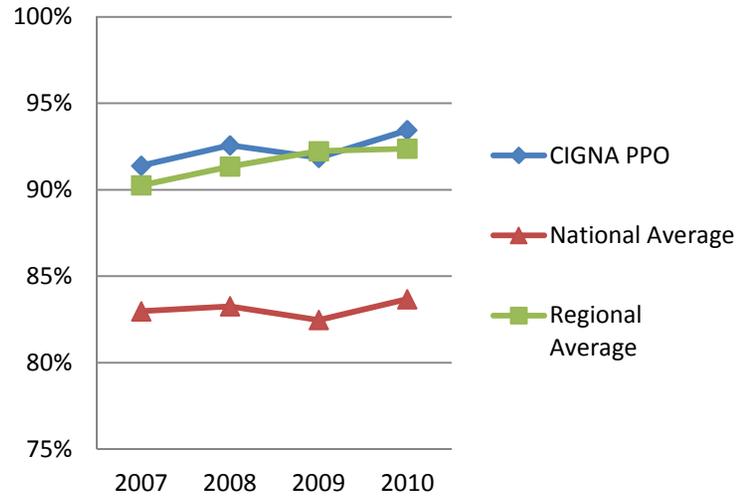
**Appropriate Testing of Children with  
Pharyngitis,  
2007 - 2010 (PPO Only)**



**Appropriate Treatment for Children with Upper Respiratory Infection, 2007 - 2010 (MCOs w/o PPOs)**



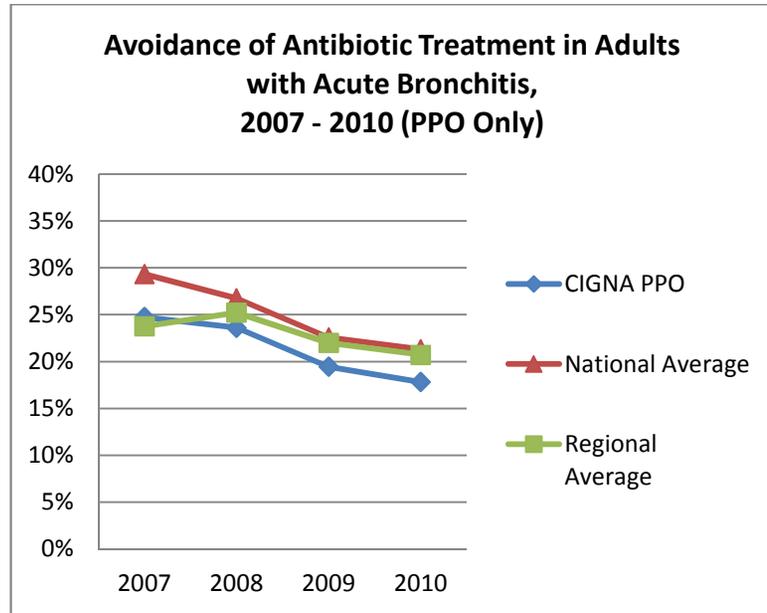
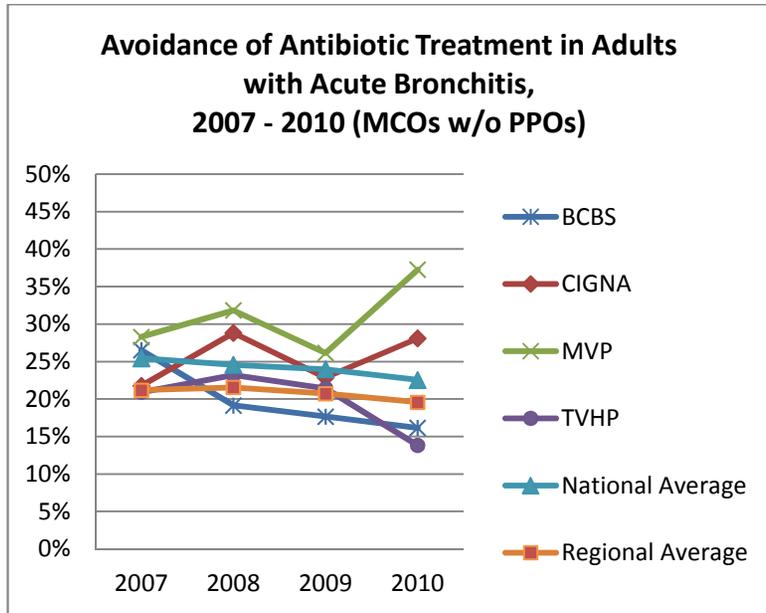
**Appropriate Treatment for Children with Upper Respiratory Infection, 2007 - 2010 (PPO Only)**



## Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

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

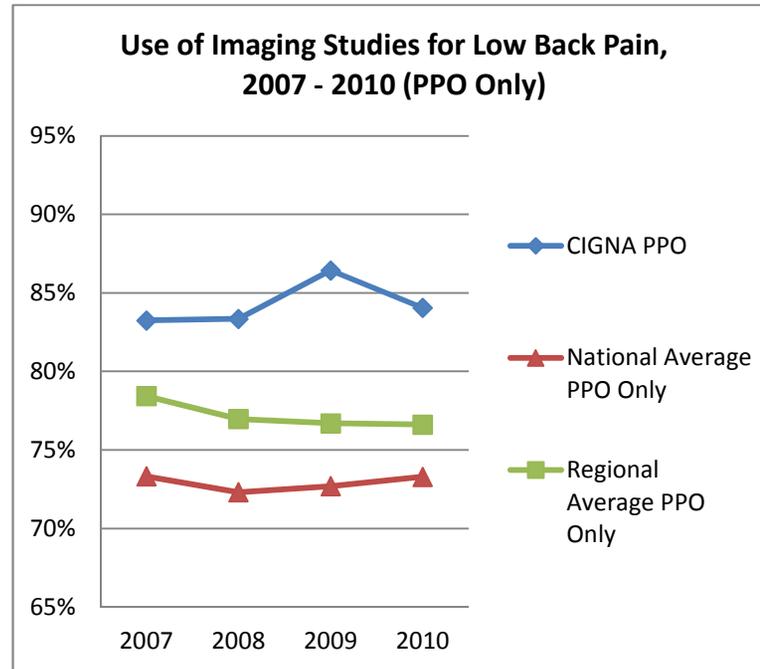
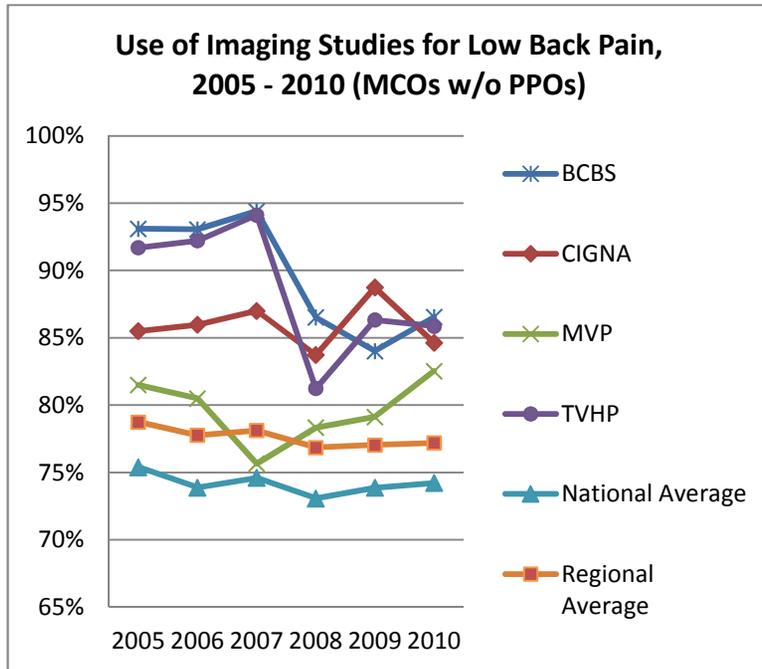
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, 2010									
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average	CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	16%	28%	37%	14%		19%	18%	18%	
National Average	▼	⊙	▲	▼	23%	⊙	⊙	⊙	21%
Regional Average	⊙	⊙	▲	▼	20%	⊙	⊙	⊙	21%
<b>Improvement Opportunity</b>	⬢	⬢	⬢	⬢		⬢	⬢	⬢	
Change Over Time 2008-2010	⊙	⊙	⊙	▼		▼			



## Use of Imaging Studies for Low Back Pain

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

Use of Imaging Studies for Low Back Pain, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	87%	85%	83%	86%			81%	84%	84%	
National Average	▲	▲	⊙	▲	74%		▲	▲	▲	73%
Regional Average	▲	▲	⊙	▲	77%		▲	▲	▲	77%
Change Over Time 2008-2010	⊙	⊙	⊙	▲			⊙			



## Use of Appropriate Medications for People with Asthma

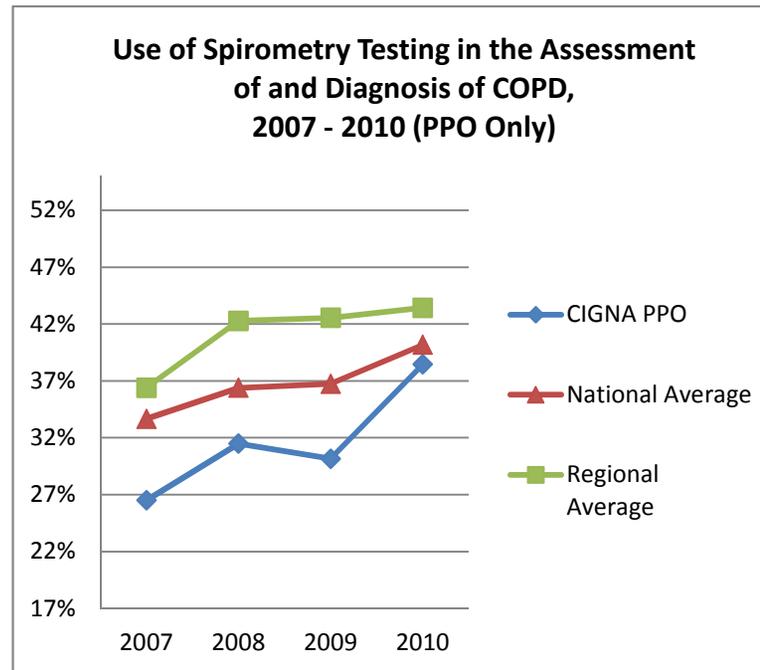
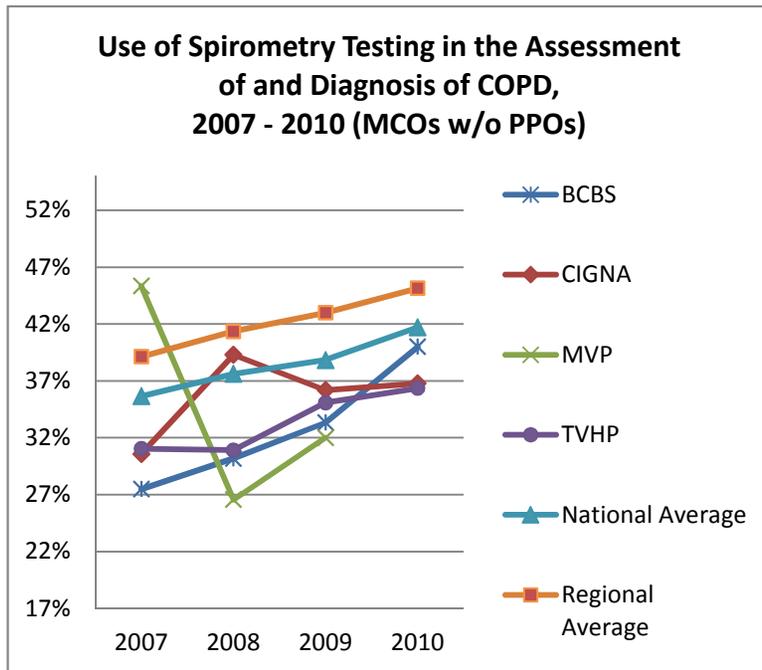
This measure reports the percentage of members between 5 and 50 years of age who were identified as having persistent asthma and who were prescribed medications that are considered appropriate for long-term control of asthma. If used properly, medications are able to minimize the symptoms of asthma for most patients.

Use of Appropriate Medications for People with Asthma, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	96%	95%	95%	89%			92%	91%	92%	
	National Average	⊙	⊙	⊙	⊙	93%		⊙	⊙	⊙	93%
	Regional Average	⊙	⊙	⊙	⊙	93%		⊙	⊙	⊙	93%
5 – 11 years of age	Plan Rate	99%	NA	NA	100%			NA	96%	NA	
	National Average	⊙	NA	NA	⊙	97%		NA	⊙	NA	97%
	Regional Average	⊙	NA	NA	⊙	98%		NA	⊙	NA	97%
12 – 50 years of age	Plan Rate	95%	96%	95%	87%			90%	90%	92%	
	National Average	⊙	⊙	⊙	▼	92%		⊙	⊙	⊙	92%
	Regional Average	⊙	⊙	⊙	▼	92%		⊙	⊙	⊙	92%
	<b>Improvement Opportunity</b>				⬮						

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

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

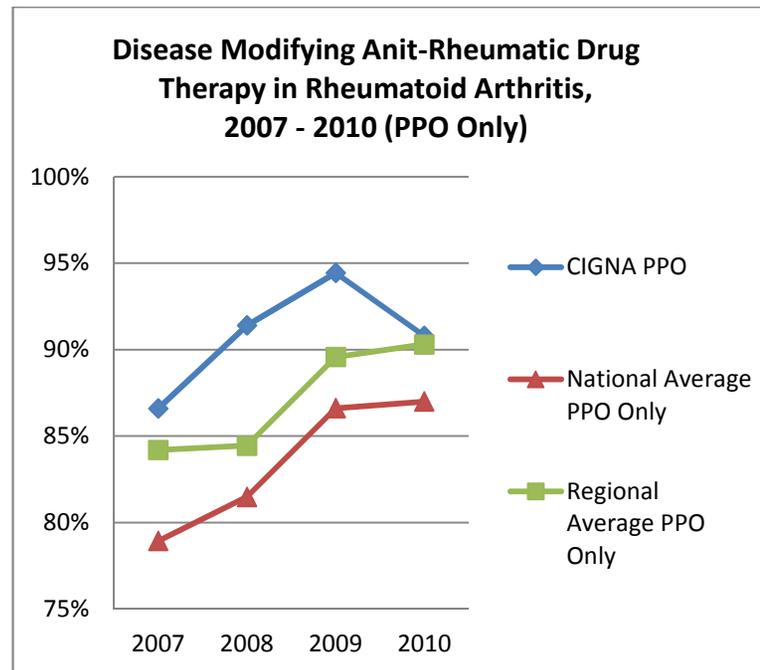
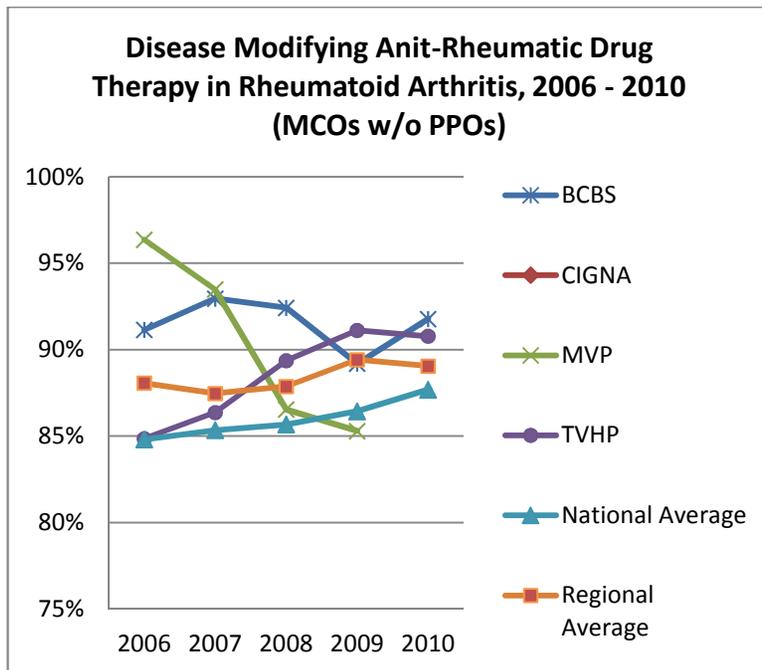
Use of Spirometry Testing in the Assessment and Diagnosis of COPD, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	40%	37%	NA	37%			38%	NA	48%	
National Average	⊙	⊙	NA	⊙	42%		⊙	NA	⊙	40%
Regional Average	⊙	⊙	NA	⊙	45%		⊙	NA	⊙	43%
<b>Improvement Opportunity</b>	⬢	⬢		⬢			⬢		⬢	
Change Over Time 2008-2010	⊙	⊙		⊙			⊙			



## Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

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

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	92%	NA	NA	91%			91%	89%	95%	
National Average	⊙	NA	NA	⊙	88%		⊙	⊙	⊙	87%
Regional Average	⊙	NA	NA	⊙	89%		⊙	⊙	⊙	90%
Change Over Time 2008-2010	⊙	NA	NA	⊙			⊙			



## **Annual Monitoring for Patients on Persistent Medications Composite**

This measure reports the percentage of members 18 years of age and older who received at least a 180-day supply of outpatient medication therapy for selected conditions and had at least one therapeutic monitoring of the medication during the year.<sup>31</sup> Regular monitoring and follow-up is recommended for patients who take these medications to assess continued effectiveness and side-effects and adjust dosages accordingly.

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

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

### Annual Monitoring for Patients on Persistent Medications: Anticonvulsants

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

### Annual Monitoring for Patients on Persistent Medications: Diuretics

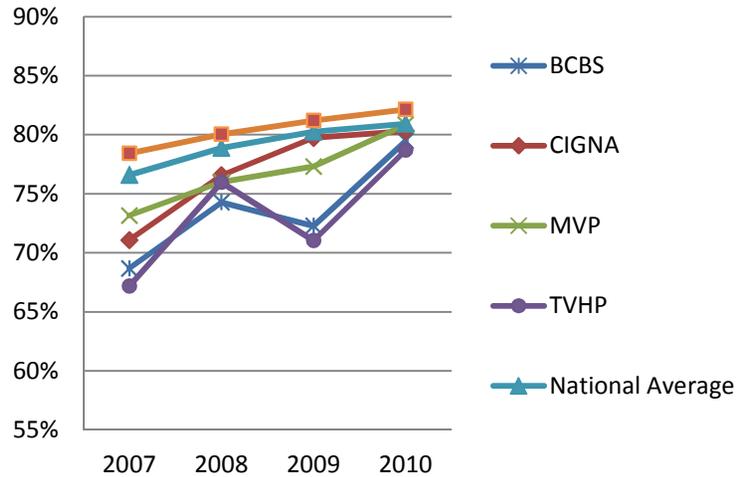
This measure reports the percentage of members receiving at least one six-month supply of diuretics (drugs used to control excess fluid in the body that can lead to high blood pressure or heart failure) who were monitored by a doctor at least once during the measurement year.

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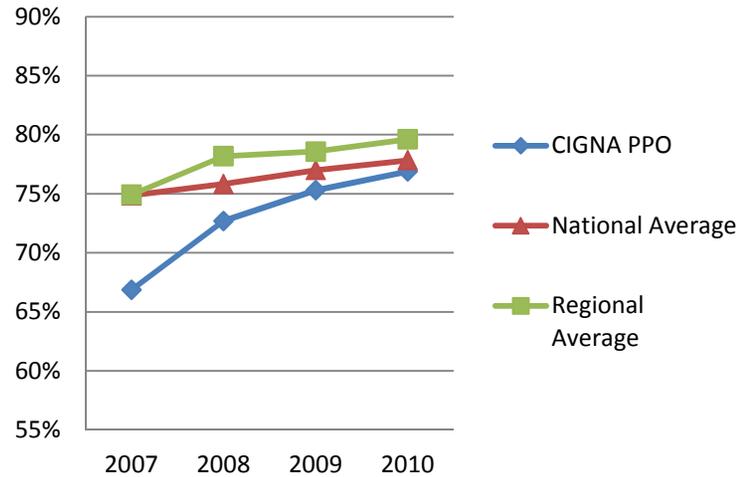
<sup>31</sup> Data for Annual Monitoring for Patients on Digoxin is not displayed, but it is included in the composite. No MCO had a denominator of 30 or larger and does not meet the reporting threshold, so each is reported as NA.

Annual Monitoring for Patients on Persistent Medications, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	79%	80%	81%	79%			77%	78%	79%	
	National Average	⊙	⊙	⊙	⊙	81%		⊙	⊙	⊙	78%
	Regional Average	⊙	⊙	⊙	⊙	82%		⊙	⊙	⊙	80%
	Change Over Time 2008-2010	▲	⊙	▲	▲			▲			
Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)	Plan Rate	80%	81%	82%	79%			77%	78%	80%	
	National Average	⊙	⊙	⊙	⊙	82%		⊙	⊙	⊙	78%
	Regional Average	⊙	⊙	⊙	⊙	83%		⊙	⊙	⊙	80%
	Change Over Time 2008-2010	▲	⊙	▲	⊙			▲			
Anticonvulsants	Plan Rate	60%	NA	NA	58%			57%	81%	62%	
	National Average	⊙	NA	NA	⊙	60%		⊙	▲	⊙	58%
	Regional Average	⊙	NA	NA	⊙	65%		⊙	▲	⊙	63%
	Change Over Time 2008-2010		NA	NA	⊙			⊙			
Diuretics	Plan Rate	80%	80%	79%	79%			77%	78%	79%	
	National Average	⊙	⊙	⊙	⊙	81%		⊙	⊙	⊙	78%
	Regional Average	⊙	⊙	⊙	⊙	82%		⊙	⊙	⊙	80%
	Change Over Time 2008-2010	▲	⊙	⊙	▲			▲			

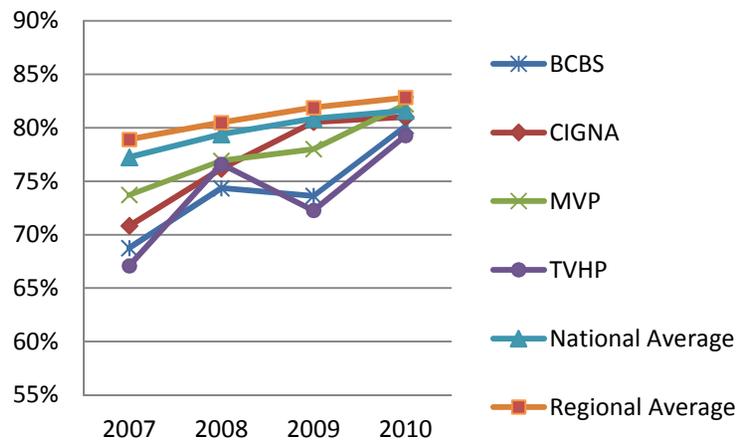
**Annual Monitoring for Patients on Persistent Medications Combined Rate, 2007 - 2010 (MCOs w/o PPOs)**



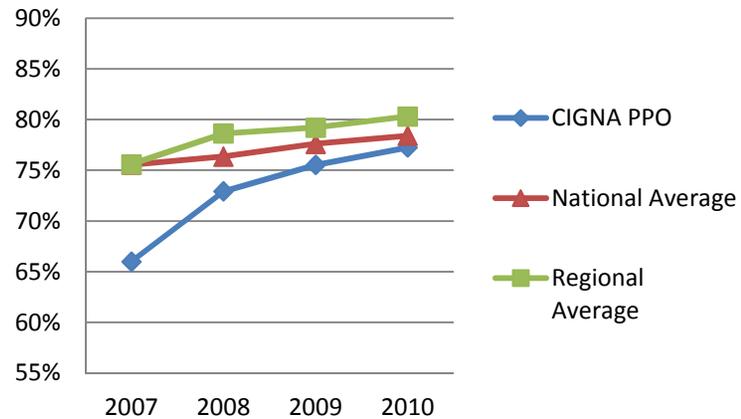
**Annual Monitoring for Patients on Persistent Medications Combined Rate, 2007 - 2010 (PPO Only)**



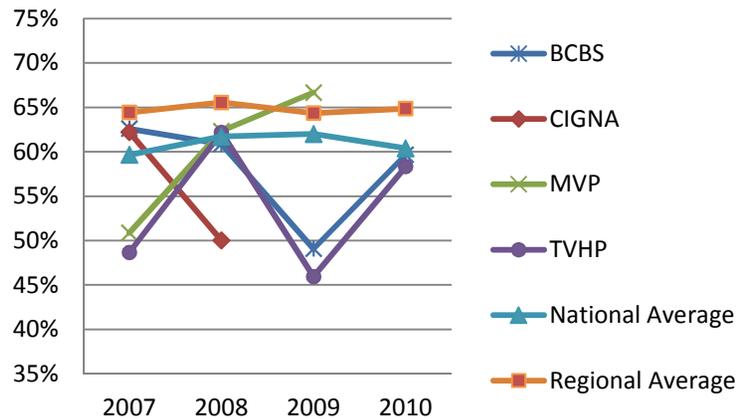
**Annual Monitoring for Patients on Persistent Medications for Members on ACE inhibitors or ARB, 2007 - 2010 (MCOs w/o PPOs)**



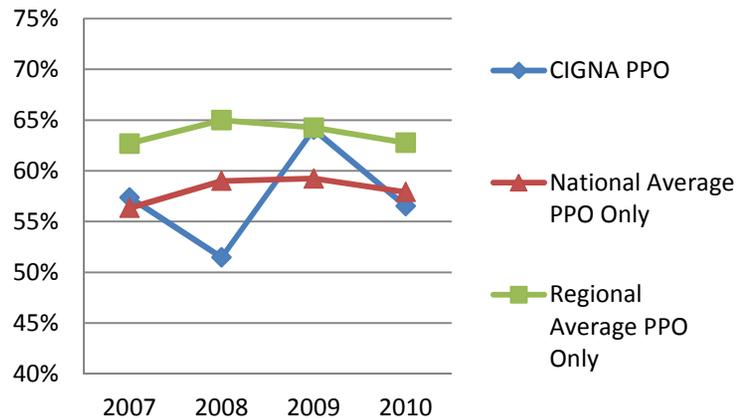
**Annual Monitoring for Patients on Persistent Medications for Members on ACE inhibitors or ARB, 2007 - 2010 (PPO Only)**



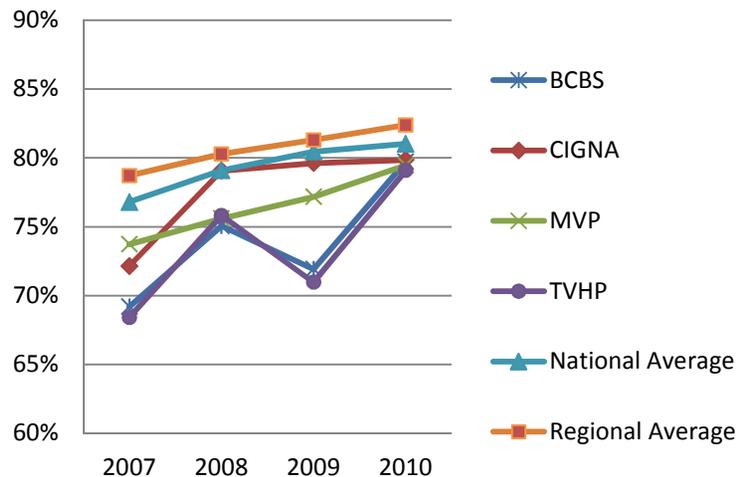
**Annual Monitoring for Patients on Persistent Medications for Members on Anticonvulsants 2007 - 2010 (MCOs w/o PPOs)**



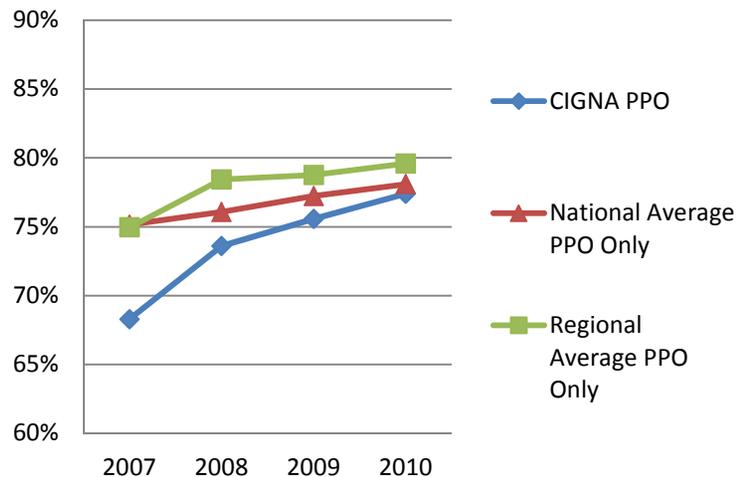
**Annual Monitoring for Patients on Persistent Medications for Members on Anticonvulsants, 2007 - 2010 (PPO Only)**



**Annual Monitoring for Patients on Persistent Medications for Members on Diuretics, 2007 - 2010 (MCOs w/o PPOs)**



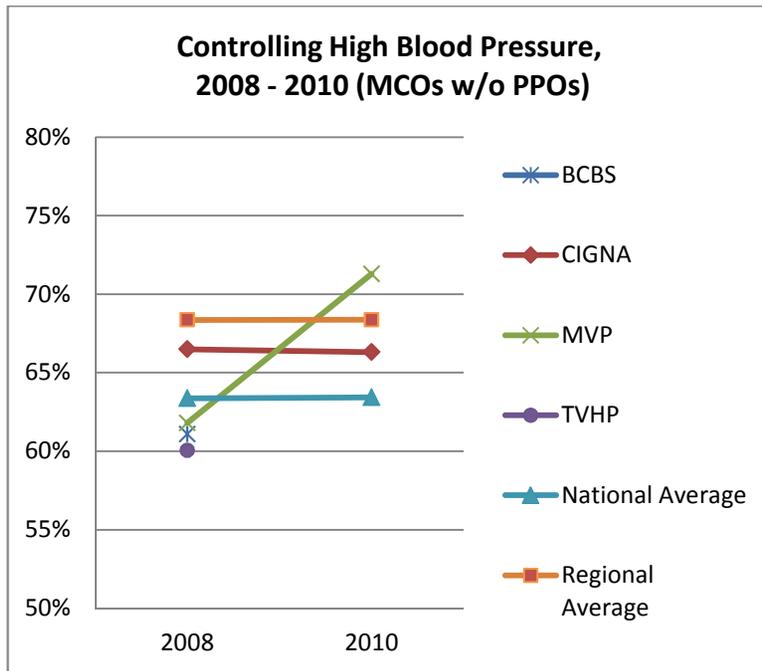
**Annual Monitoring for Patients on Persistent Medications for Members on Diuretics, 2007 - 2010 (PPO Only)**



## Controlling High Blood Pressure

This measure reports the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled.

Controlling High Blood Pressure, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	NA	66%	71%	NA			FTR	FTR	44%	
National Average	NA	⊙	▲	NA	63%		FTR	FTR	▼	57%
Regional Average	NA	⊙	⊙	NA	68%		FTR	FTR	▼	60%
<b>Improvement Opportunity</b>									⬮	
Change Over Time 2008-2010	NA	⊙	▲	NA			FTR			



## Caring for People with Mental Health and Substance Abuse Treatment Needs

NCQA has developed several measures in the last few years to assess the quality of care provided to members needing mental health and substance abuse services. These measures include:

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment;
- Antidepressant Medication Management;
- Follow-Up After Hospitalization for Mental Illness, and
- Follow-Up Care for Children Prescribed ADHD Medications.

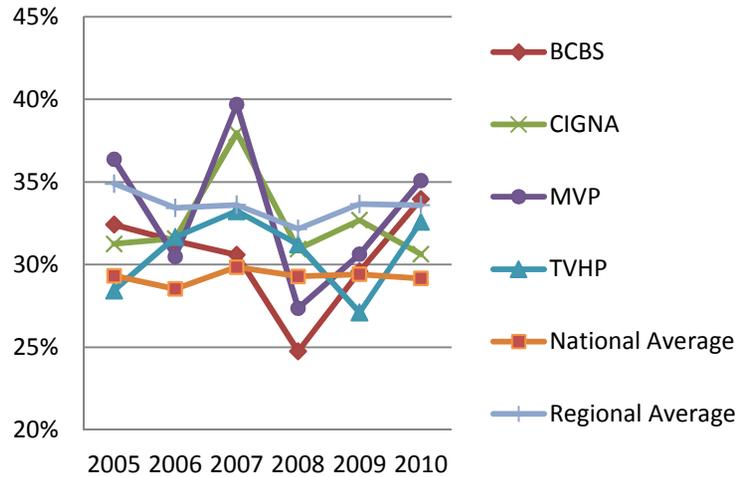
### Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

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

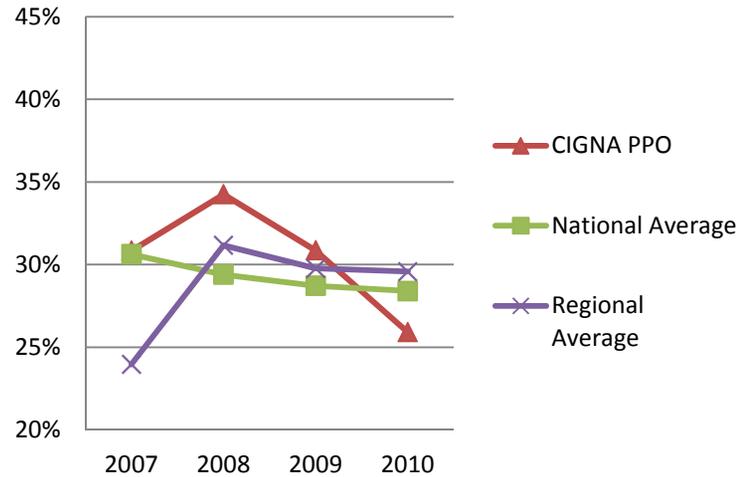
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	34%	31%	35%	33%			26%	30%	33%	
	National Average	⊙	⊙	▲	⊙	29%		⊙	⊙	⊙	28%
	Regional Average	⊙	⊙	⊙	⊙	34%		⊙	⊙	⊙	30%
	<b>Improvement Opportunity</b>	●	●	●	●			●	●	●	
	Change Over Time 2008-2010	▲	⊙	⊙	⊙			▼			
Initiation of Alcohol and Other Drug Dependence Treatment	Plan Rate	43%	39%	42%	41%			37%	39%	42%	
	National Average	⊙	⊙	⊙	⊙	43%		⊙	⊙	⊙	41%
	Regional Average	⊙	▼	⊙	⊙	46%		⊙	⊙	⊙	41%
	<b>Improvement Opportunity</b>	●	●	●	●			●	●	●	
	Change Over Time 2008-2010	▲	⊙	⊙	⊙			▼			

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Engagement of Alcohol and Other Drug Dependence Treatment	Plan Rate	25%	22%	28%	24%			15%	20%	23%	
	National Average	▲	▲	▲	▲	16%		◎	◎	▲	16%
	Regional Average	◎	◎	◎	◎	21%		◎	◎	▲	18%
	<b>Improvement Opportunity</b>	●	●	●	●			●	●	●	
	Change Over Time 2008-2010	▲	◎	▲	◎			▼			

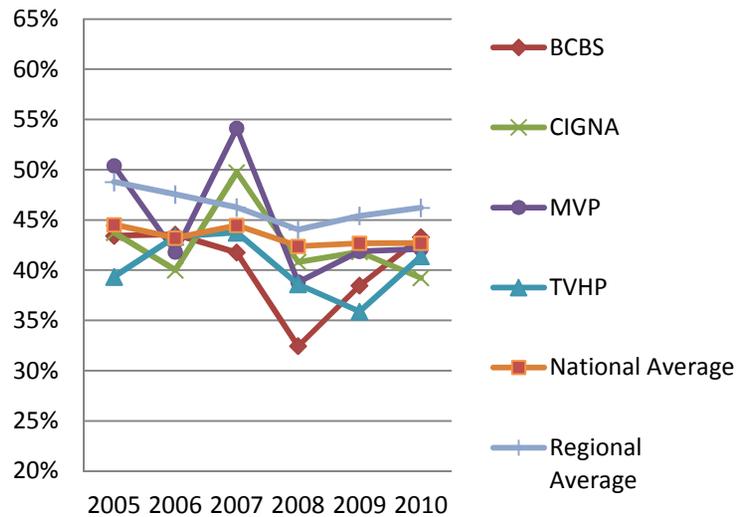
**Initiation and Engagement of Alcohol and Other Drug Treatment Composite, 2005 - 2010 (MCOs w/o PPOs)**



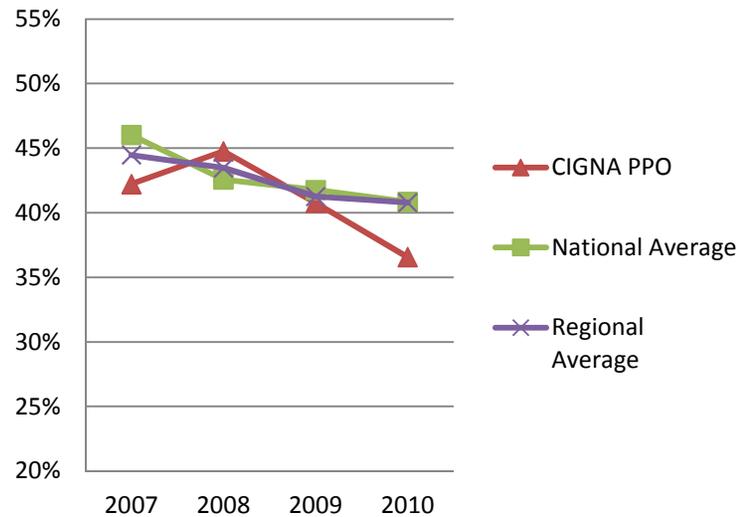
**Initiation and Engagement of Alcohol and Other Drug Treatment Composite, 2007 - 2010 (PPO Only)**



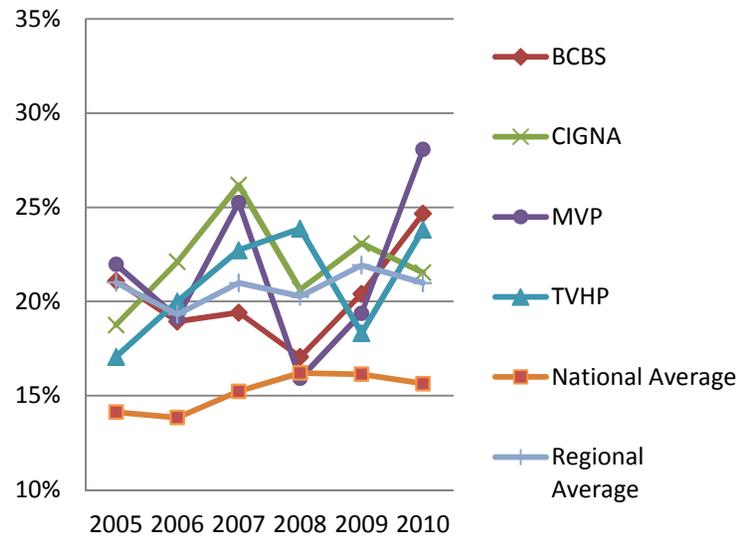
**Initiation of Alcohol and Other Drug Treatment, 2005 - 2010 (MCOs w/o PPOs)**



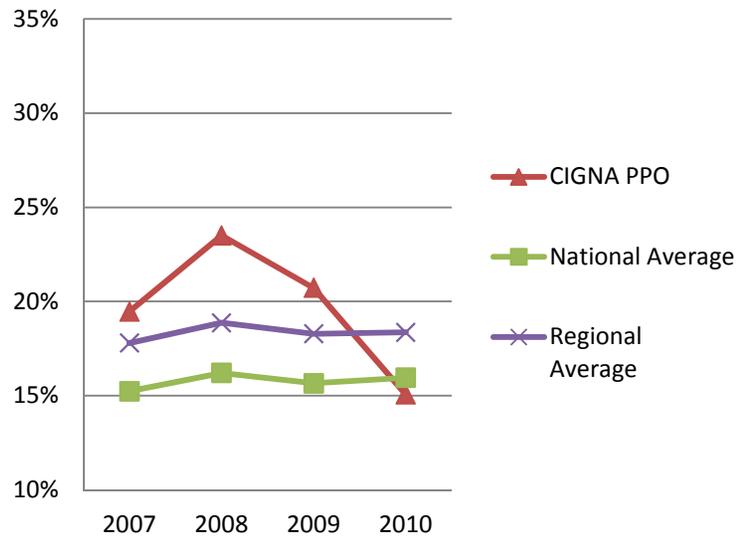
**Initiation of Alcohol and Other Drug Treatment, 2007 - 2010 (PPO Only)**



**Engagement of Alcohol and Other Drug Treatment, 2005 - 2010 (MCOs w/o PPOs)**



**Engagement of Alcohol and Other Drug Treatment, 2007 - 2010 (PPO Only)**



## Anti-Depressant Medication Management Composite

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

### Anti-Depressant Medication Management: Effective Acute Phase Treatment

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

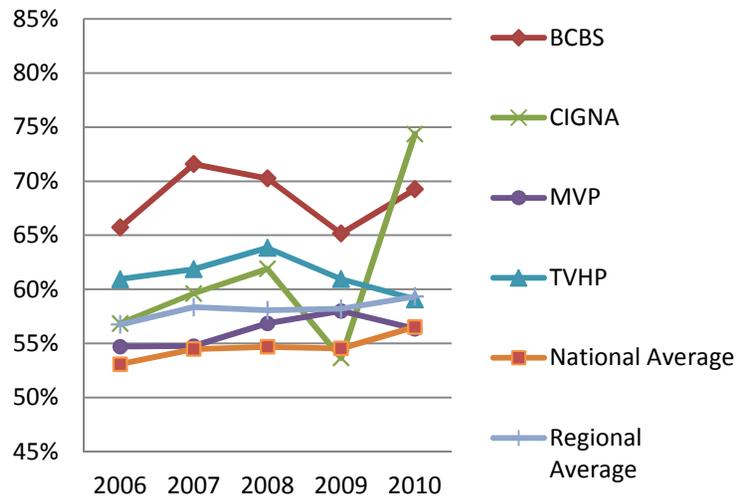
### Anti-Depressant Medication Management: Effective Continuation Phase Treatment

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.

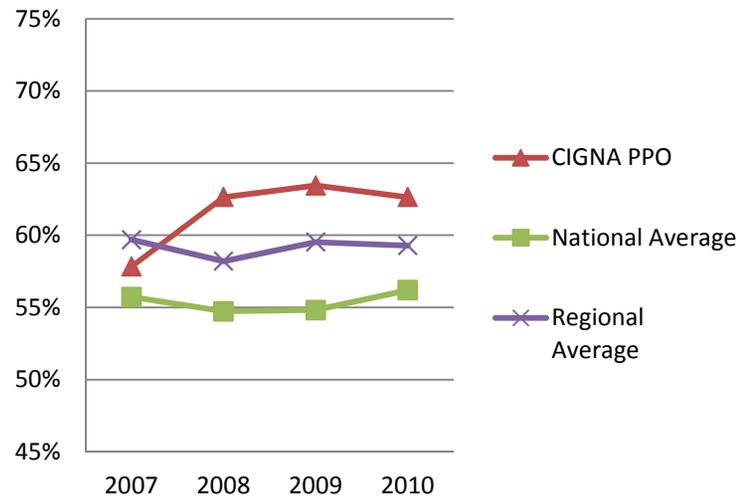
Anti-Depressant Medication Management, 2010											
		BCBS	CIGNA <sup>32</sup>	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	69%	74%	56%	59%			63%	57%	64%	
	National Average	▲	▲	◎	◎	57%		▲	◎	◎	56%
	Regional Average	▲	◎	◎	◎	59%		◎	◎	◎	59%
	Change Over Time 2008-2010	◎	◎	◎	◎			◎			
Effective Acute Phase Treatment	Plan Rate	77%	85%	65%	66%			73%	66%	74%	
	National Average	▲	▲	◎	◎	65%		▲	◎	▲	64%
	Regional Average	▲	▲	◎	◎	67%		◎	◎	◎	67%
	Change Over Time 2008-2010	◎	◎	◎	◎			◎			
Effective Continuation Phase Treatment	Plan Rate	63%	64%	45%	52%			52%	47%	53%	
	National Average	▲	◎	◎	◎	48%		◎	◎	◎	48%
	Regional Average	▲	◎	◎	◎	52%		◎	◎	◎	51%
	Change Over Time 2008-2010	◎	◎	◎	◎			◎			

<sup>32</sup> CIGNA shows a dramatic increase in rates for 2010, this variation could be due to the small denominator it has for this measure.

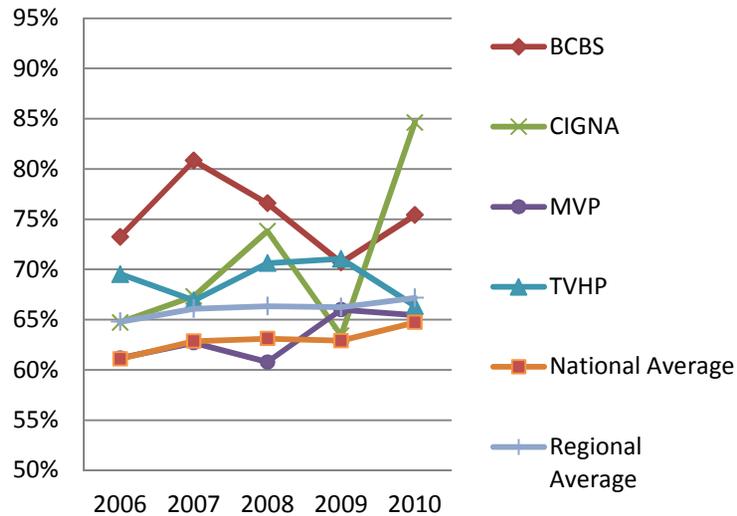
**Anti-Depressant Medication Management, 2006 - 2010 (MCOs w/o PPOs)**



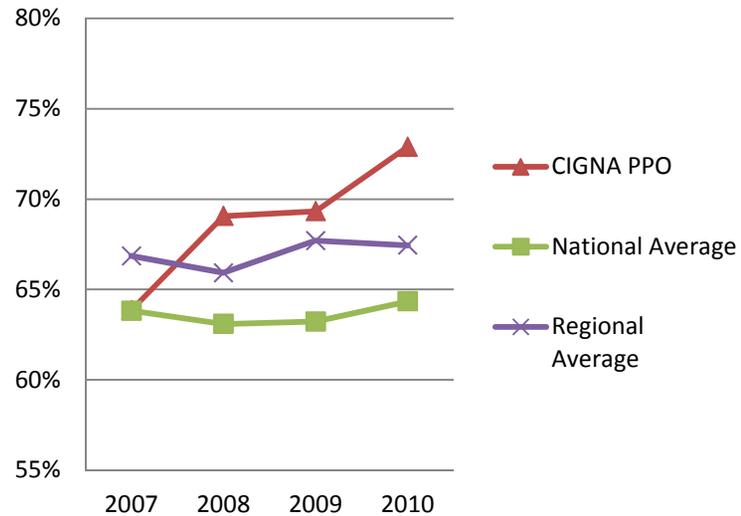
**Anti-Depressant Medication Management, 2007 - 2010 (PPO Only)**



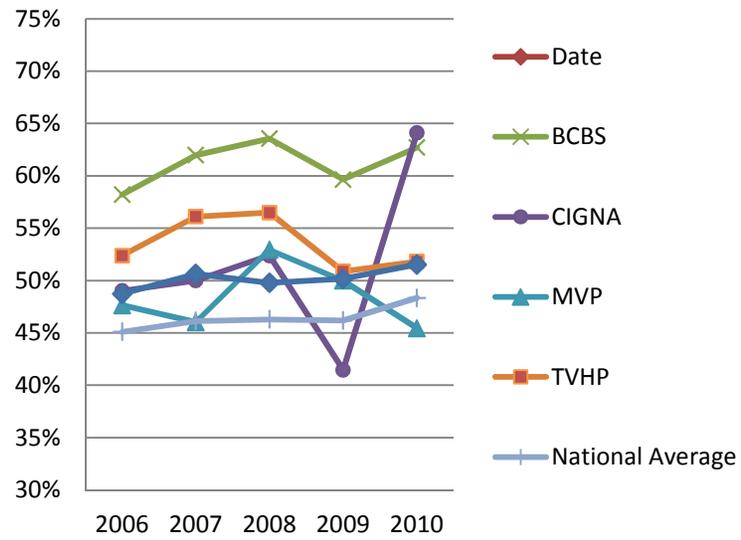
**Effective Acute Phase Treatment, 2006 - 2010 (MCOs w/o PPOs)**



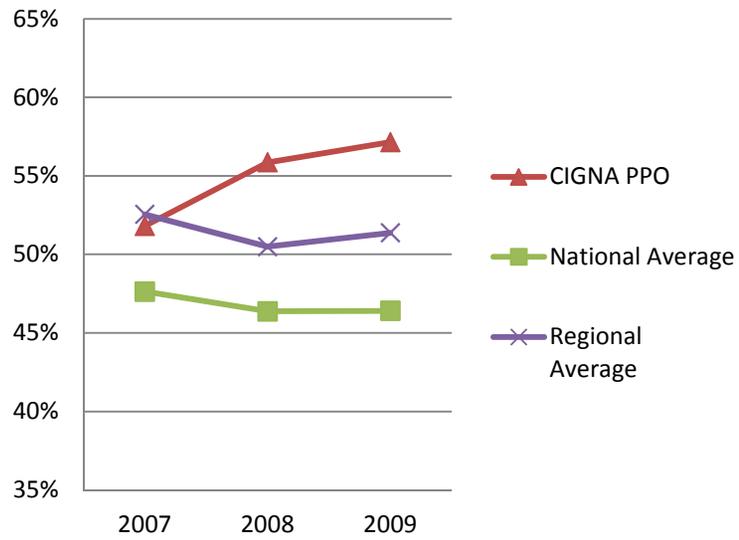
**Effective Acute Phase Treatment, 2007 - 2010 (PPO Only)**



**Effective Continuation Phase Treatment,  
2006 - 2010 (MCOs w/o PPOs)**



**Effective Continuation Phase Treatment,  
2007 - 2010 (PPO Only)**



## Follow-Up After Hospitalization for Mental Illness

### Within 7 Days

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

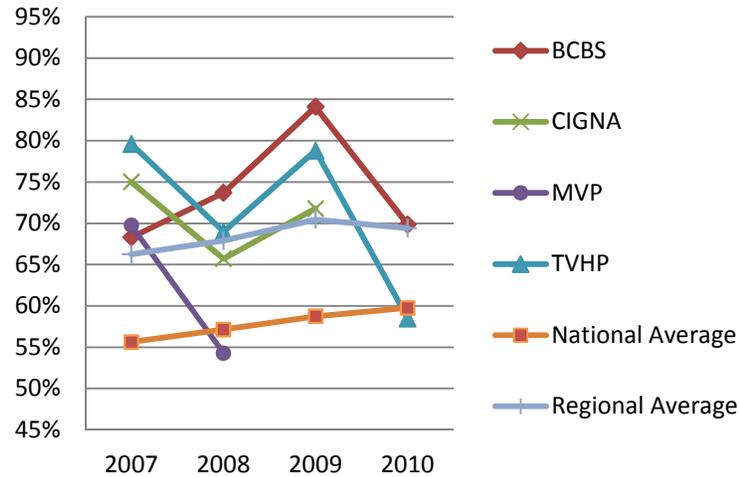
### Within 30 Days

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

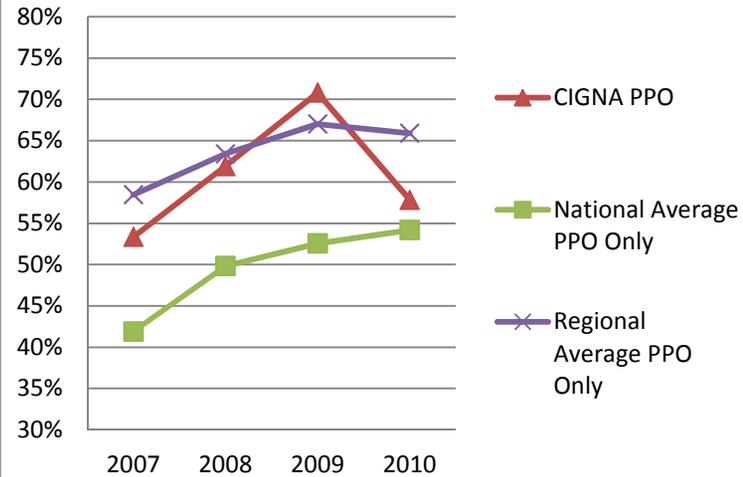
Follow-Up After Hospitalization for Mental Illness, 2010											
		BCBS <sup>33</sup>	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Within 7 Days	Plan Rate	70%	NA	NA	53%			58%	61%	63%	
	National Average	⊙	NA	NA	⊙	60%		⊙	⊙	⊙	54%
	Regional Average	⊙	NA	NA	⊙	69%		⊙	⊙	⊙	66%
	Change Over Time 2008-2010	⊙	NA	NA	⊙			⊙			
Within 30 Days	Plan Rate	83%	NA	NA	81%			82%	82%	76%	
	National Average	⊙	NA	NA	⊙	77%		⊙	⊙	⊙	74%
	Regional Average	⊙	NA	NA	⊙	84%		⊙	⊙	⊙	81%
	Change Over Time 2008-2010	⊙	NA	NA	⊙			⊙			

<sup>33</sup> BCBS and TVHP show dramatic decreases on this measure. This variation could be due to the small denominators for this measure.

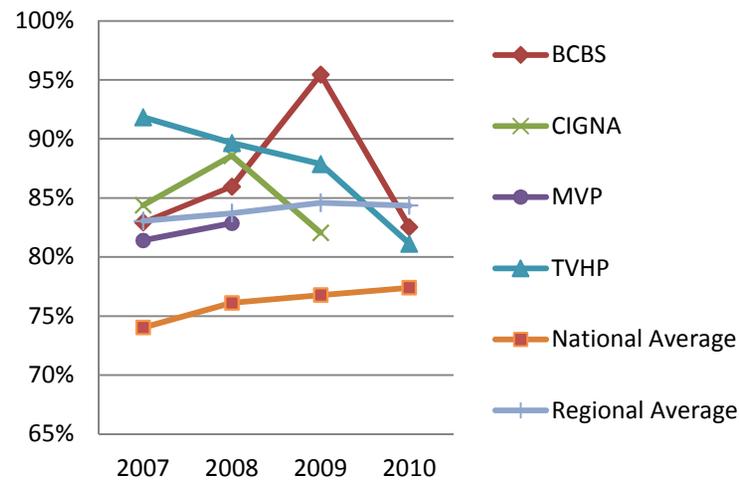
**Follow-up After Hospitalization  
for Mental Illness - 7 Days,  
2007 - 2010 (MCOs w/o PPOs)**



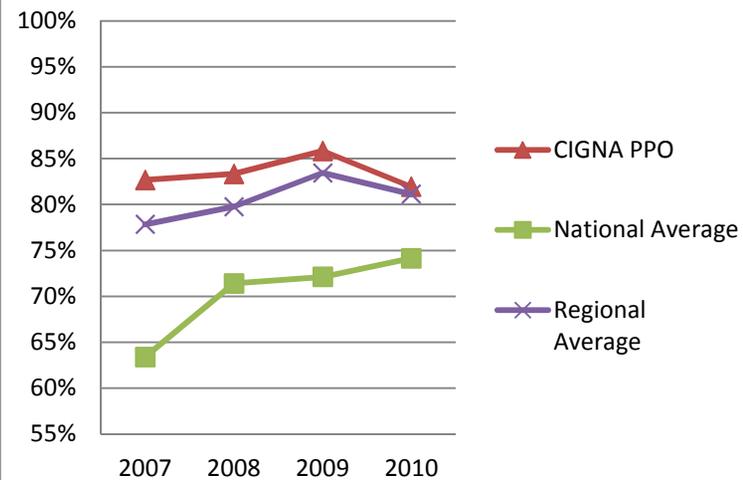
**Follow-up After Hospitalization  
for Mental Illness - 7 Days,  
2007 - 2010 (PPO Only)**



**Follow-up After Hospitalization  
for Mental Illness - 30 Days,  
2007 - 2010 (MCOs w/o PPOs)**



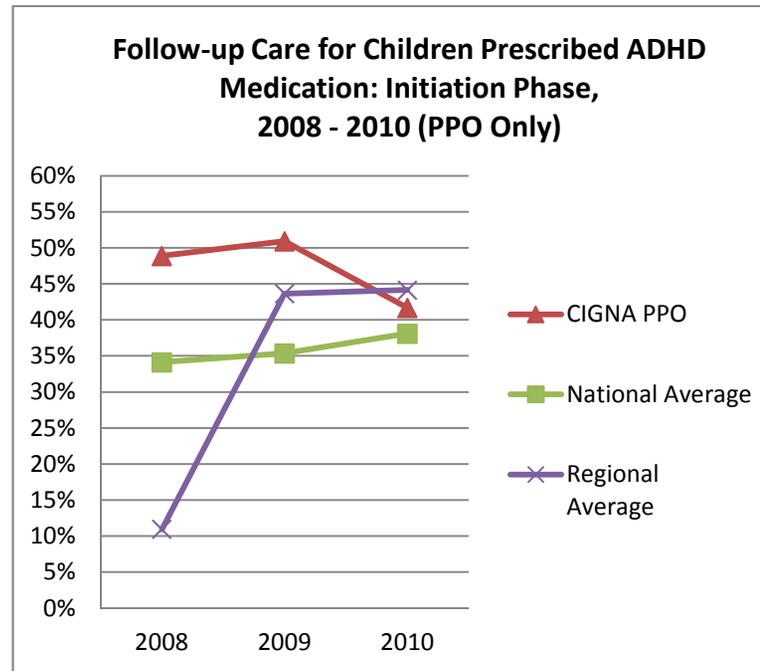
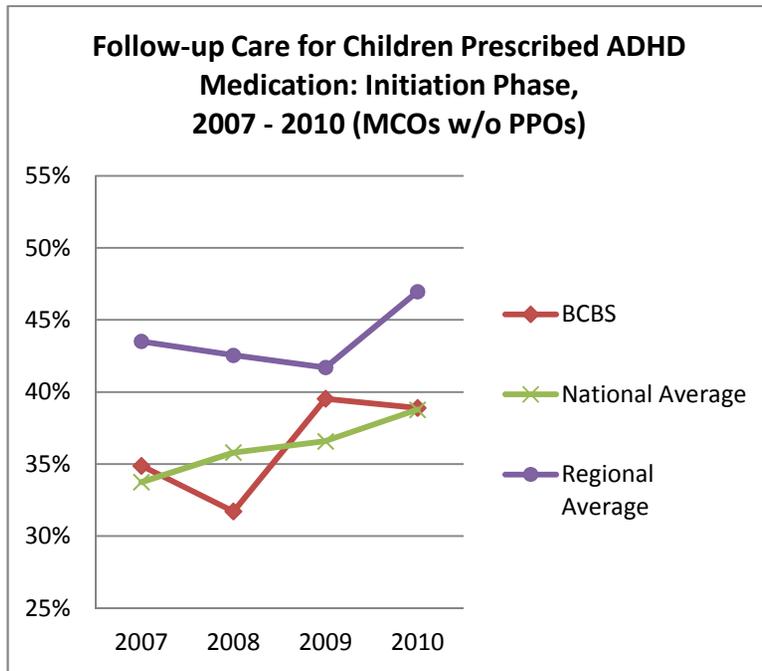
**Follow-up After Hospitalization  
for Mental Illness - 30 Days,  
2007 - 2010 (PPO Only)**



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

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

Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	39%	NA	NA	NA			42%	NA	NA	
National Average	⊙	NA	NA	NA	39%		⊙	NA	NA	38%
Regional Average	⊙	NA	NA	NA	47%		⊙	NA	NA	44%
<b>Improvement Opportunity</b>	⬮						⬮			
Change Over Time 2008-2010		NA	NA	NA			⊙			



## Member Experience

MCOs (BCBS, CIGNA, CIGNA PPO, MVP, MVP PPO, TVHP, and BCBS PPO) are required to report the results of a member experience of care and service survey for their adult commercial population. The Department requires that the survey be administered according to NCQA's CAHPS<sup>®</sup> 4.0H protocols by an NCQA-certified vendor. This section of the report provides the survey results for 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 were statistically significant changes in performance between two points in time, i.e., the baseline measurement year (2009) and the most recent measurement year (2011).

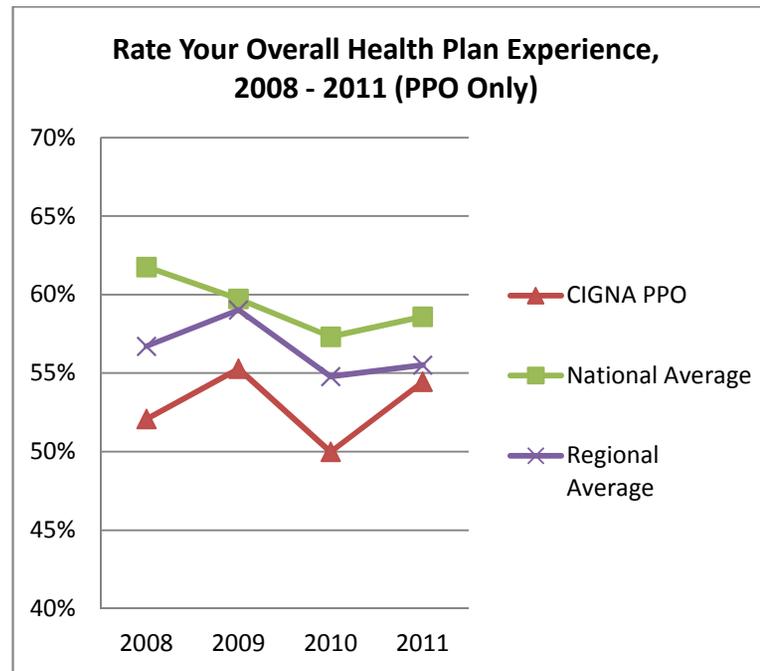
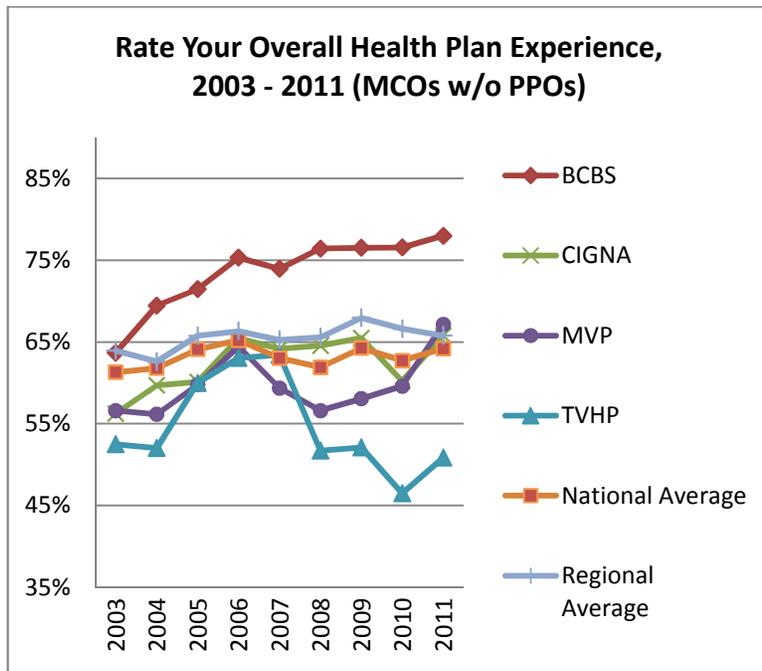
## Survey Response Rate and Characteristics of Respondents

Survey Response Rate and Characteristics of Respondents, 2011							
	BCBS	CIGNA	MVP	TVHP	CIGNA PPO	MVP PPO	BCBS PPO
Total Response Rate	48%	24%	37%	42%	32%	39%	46%
Respondents Who Were Female	64%	60%	64%	59%	49%	54%	62%
Respondents Between 25 – 64 Years of Age	89%	86%	92%	92%	77%	89%	91%
Respondents With High School Diploma or Less	20%	27%	29%	25%	31%	38%	28%
Respondents With 4-Year College Degree or More	61%	47%	39%	45%	41%	37%	42%
Respondents Who Rate Their Overall Health as 'Excellent' or 'Very Good'	72%	64%	65%	64%	64%	67%	66%
Respondents Who Have a Primary Care Doctor	96%	93%	97%	97%	91%	90%	90%

## 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?"

Rate Your Overall Health Plan Experience, 2011										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	78%	66%	67%	51%			54%	45%	52%	
National Average	▲	◎	◎	▼	64%		◎	▼	▼	59%
Regional Average	▲	◎	◎	▼	66%		◎	▼	◎	56%
<b>Improvement Opportunity</b>				⬮				⬮	⬮	
Change Over Time 2009-2011	◎	◎	▲	◎			◎			



## Call Answering and Call Abandonment

It should be noted that these are not CAHPS<sup>®</sup>, but rather HEDIS<sup>®</sup> measures that uses administrative MCO data. These measures are included in this section of the report because they relate to customer service.

### Call Abandonment

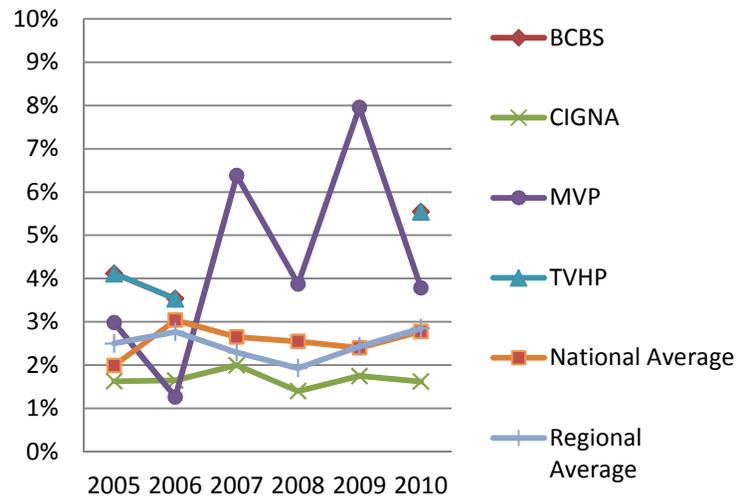
This measure reports the percentage of callers who hung up before their call was answered by a live person. A lower percent is better.

### Call Answer Timeliness

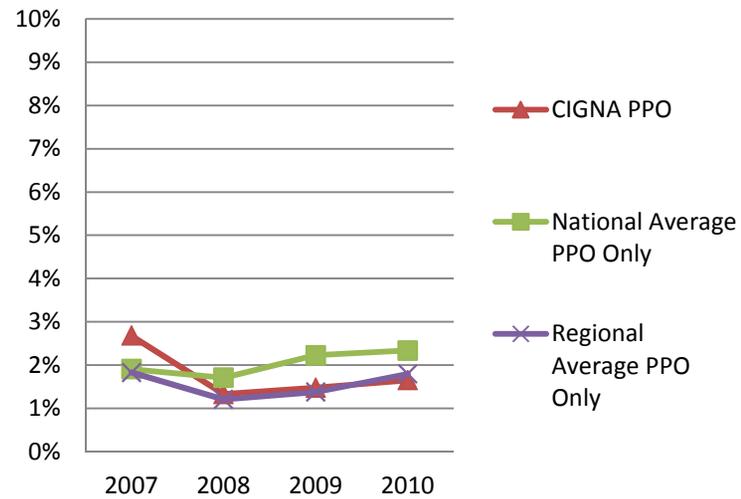
This measure reports the percentage of calls answered by a live person within 30 seconds. A higher percent is better.

Call Abandonment and Call Answer Timeliness, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Call Abandonment	Plan Rate	6%	2%	4%	6%			2%	4%	6%	
	National Average	▼	▲	▼	▼	3%		▲	▼	▼	2%
	Regional Average	▼	▲	▼	▼	3%		▲	▼	▼	2%
	<b>Improvement Opportunity</b>	⬮		⬮	⬮				⬮	⬮	
	Change Over Time 2008-2010	NA	⊙	▲	NA			▼			
Call Answer Timeliness	Plan Rate	51%	73%	76%	51%			77%	76%	51%	
	National Average	▼	▼	⊙	▼	78%		⊙	⊙	▼	78%
	Regional Average	▼	⊙	⊙	▼	74%		⊙	⊙	▼	77%
	<b>Improvement Opportunity</b>	⬮	⬮		⬮					⬮	
	Change Over Time 2008-2010	NA	▲	▲	NA			▲			

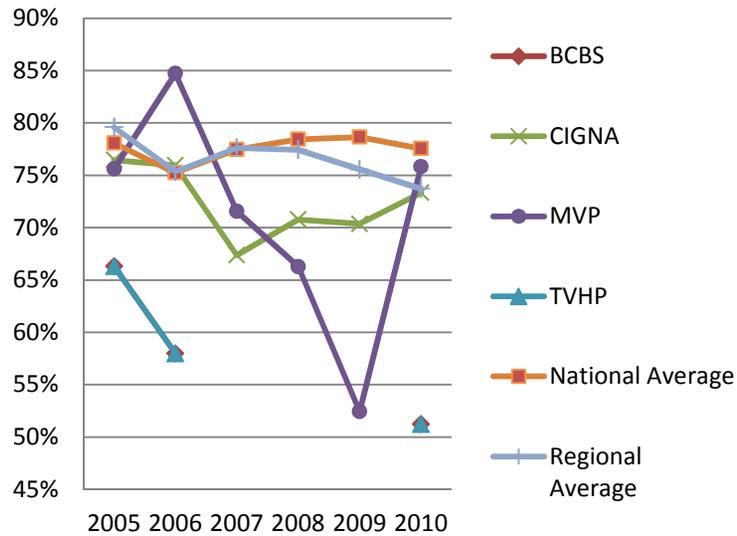
**Call Abandonment, 2005 - 2010 (MCOs w/o PPOs)**



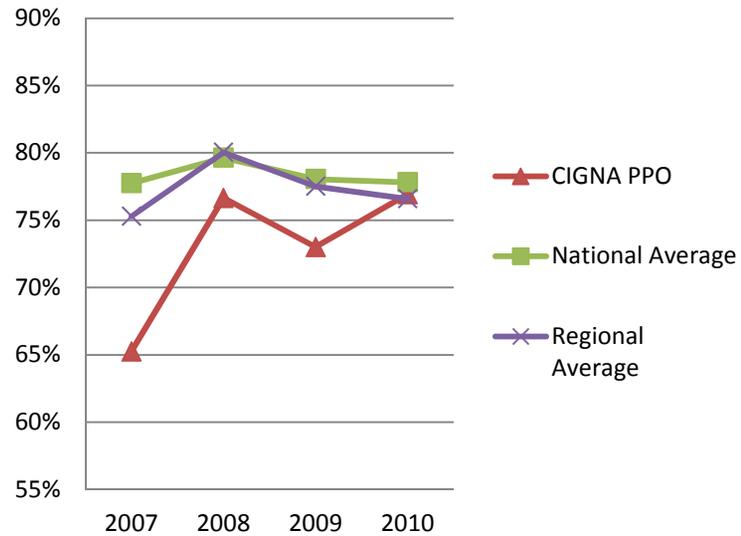
**Call Abandonment, 2007 - 2010 (PPO Only)**



**Call Answer Timeliness, 2005 - 2010 (MCOs w/o PPOs)**



**Call Answer Timeliness, 2007 - 2010 (PPO Only)**



## Customer Service: Composite and Individual Measures

### Composite

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

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

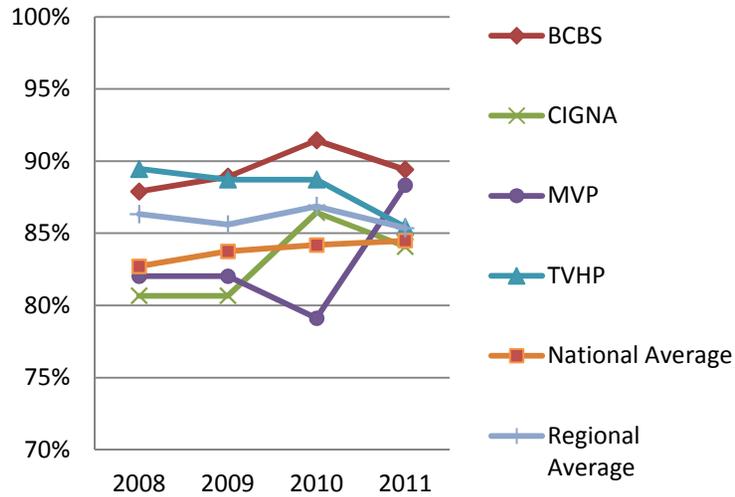
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?”

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

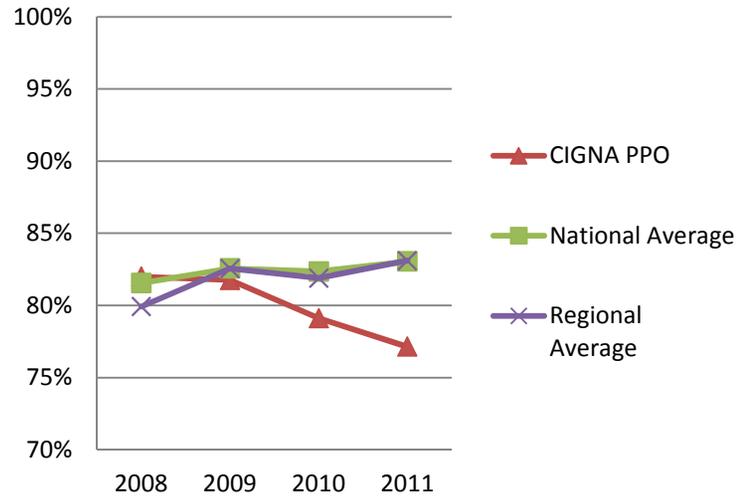
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?”

Customer Service: Composite and Individual Measures, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	89%	84%	88%	85%			77%	82%	85%	
	National Average	▲	⊙	⊙	⊙	84%		▼	⊙	⊙	83%
	Regional Average	▲	⊙	⊙	⊙	85%		▼	⊙	⊙	83%
	<b>Improvement Opportunity</b>							●			
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
How often did Customer Service staff treat you with courtesy or respect?	Plan Rate	97%	96%	94%	95%			88%	88%	93%	
	National Average	▲	⊙	⊙	⊙	92%		⊙	⊙	⊙	91%
	Regional Average	▲	⊙	⊙	⊙	93%		⊙	⊙	⊙	92%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
	How often did your health plan’s Customer Service give you the information or help you needed?	Plan Rate	81%	72%	83%	76%			66%	77%	77%
National Average		⊙	⊙	⊙	⊙	77%		⊙	⊙	⊙	75%
Regional Average		⊙	⊙	⊙	⊙	78%		⊙	⊙	⊙	74%
Change Over Time 2009-2011		⊙	⊙	⊙	⊙			⊙			

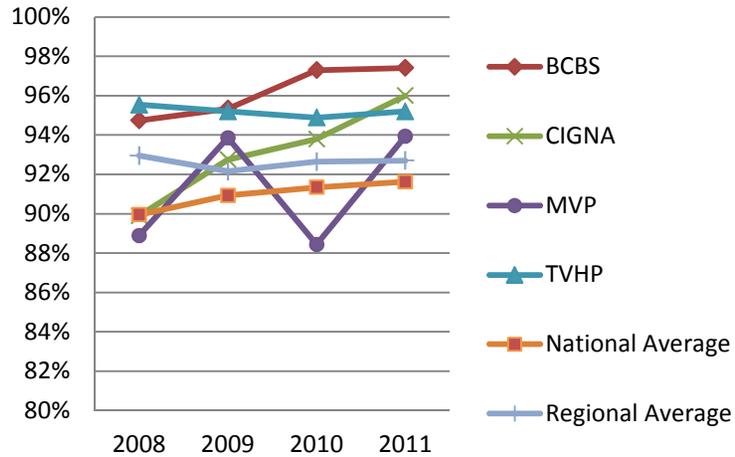
**Customer Service Composite, 2008 - 2011  
(MCOs w/o PPOs)**



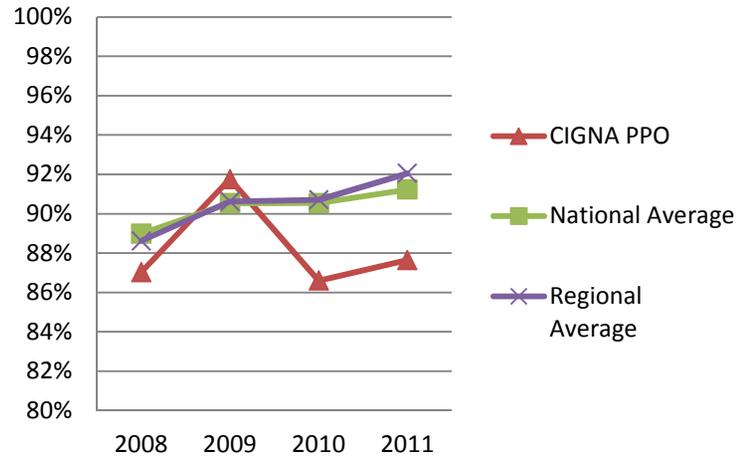
**Customer Service Composite, 2008 - 2011  
(PPO Only)**



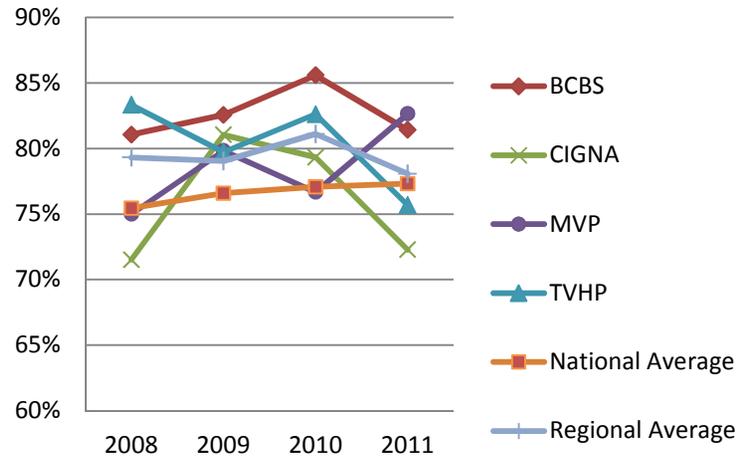
**How Often Did Customer Service Treat You  
With Courtesy and Respect?  
2008 - 2011  
(MCOs w/o PPOs)**



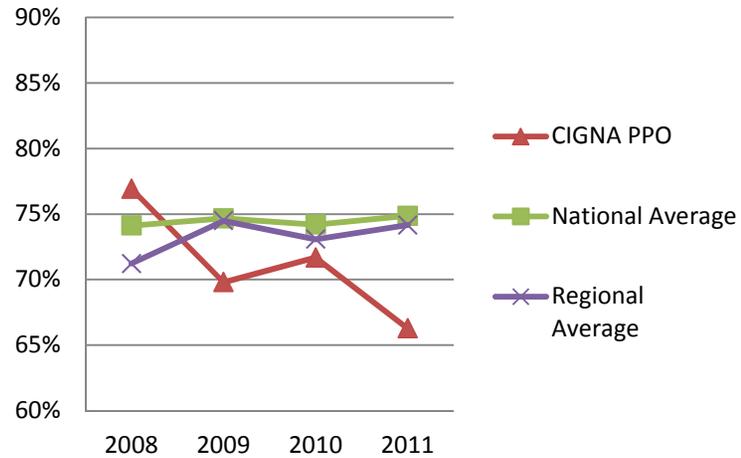
**How Often Did Customer Service Treat You  
With Courtesy and Respect?  
2008 - 2011  
(PPO Only)**



**How Often Did Your Health Plan's Customer Service Give You the Information or Help You Needed?  
2008 - 2011 (MCOs w/o PPOs)**



**How Often Did Your Health Plan's Customer Service Give You the Information or Help You Needed?  
2008 - 2011 (PPO Only)**



## Claims Processing: Composite and Individual Measures

### Composite

NCQA measures both the timeliness and the accuracy of the MCO's claims payment function in this composite. 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.

### Claims Processing is Timely

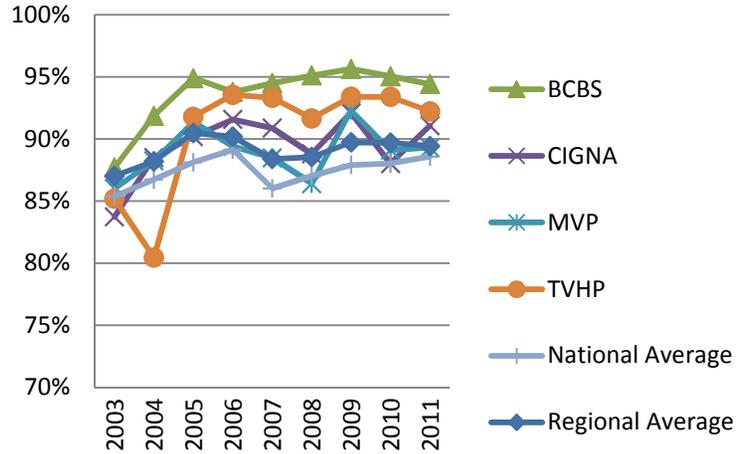
This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims quickly?"

### Claims are Processed Correctly

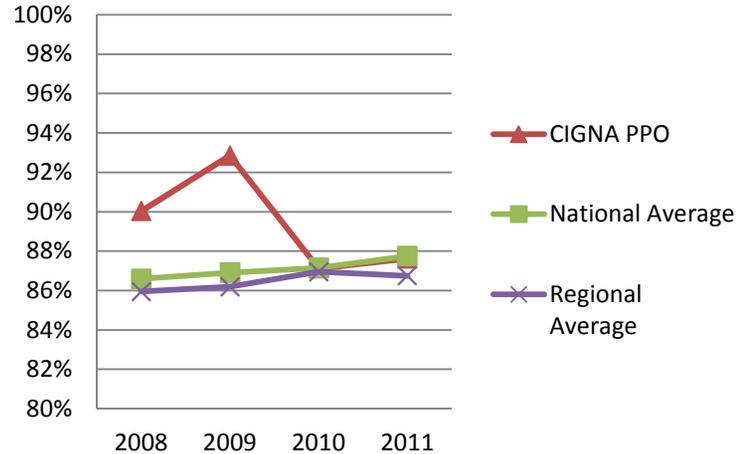
This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims correctly?"

Claims Processing Composite, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	94%	91%	89%	92%			88%	87%	93%	
	National Average	▲	◎	◎	◎	89%		◎	◎	▲	88%
	Regional Average	▲	◎	◎	◎	89%		◎	◎	▲	87%
	Change Over Time 2009-2011	◎	◎	◎	◎			▼			
Claims Processing is Timely	Plan Rate	94%	89%	89%	91%			86%	85%	91%	
	National Average	▲	◎	◎	◎	87%		◎	◎	▲	86%
	Regional Average	▲	◎	◎	◎	89%		◎	◎	▲	85%
	Change Over Time 2009-2011	◎	◎	◎	◎						
Claims are Processed Correctly	Plan Rate	95%	93%	90%	94%			89%	89%	95%	
	National Average	▲	◎	◎	▲	90%		◎	◎	▲	89%
	Regional Average	▲	◎	◎	◎	90%		◎	◎	▲	88%
	Change Over Time 2009-2011	◎	◎	◎	◎			◎			

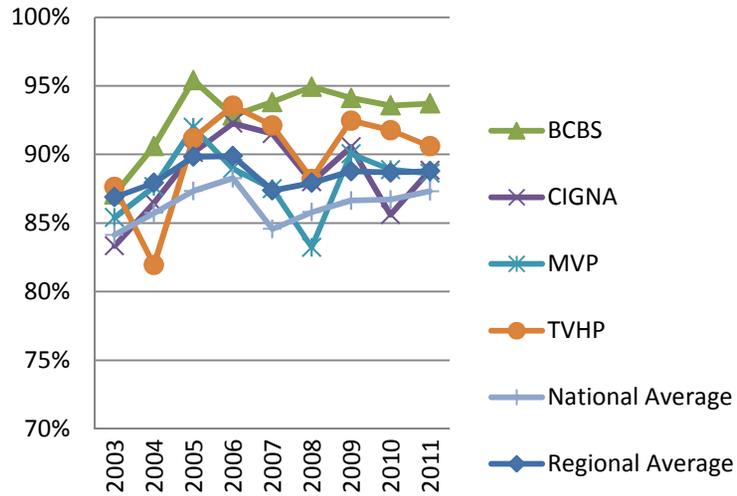
**Claims Processing Composite,  
2003 - 2011  
(MCOs w/o PPOs)**



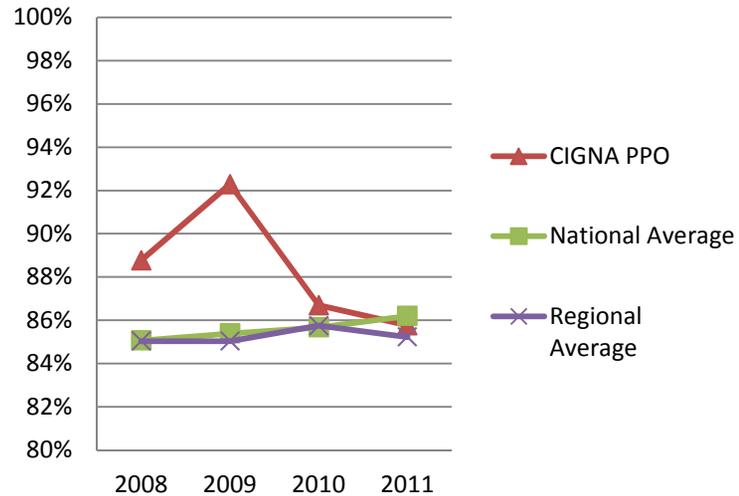
**Claims Processing Composite,  
2008 - 2011  
(PPO Only)**



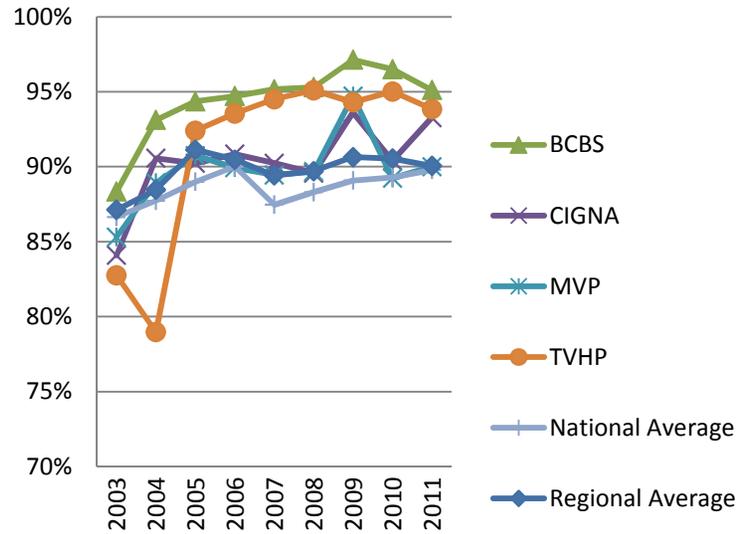
**Claims Processing is Timely,  
2003 - 2011 (MCOs w/o PPOs)**



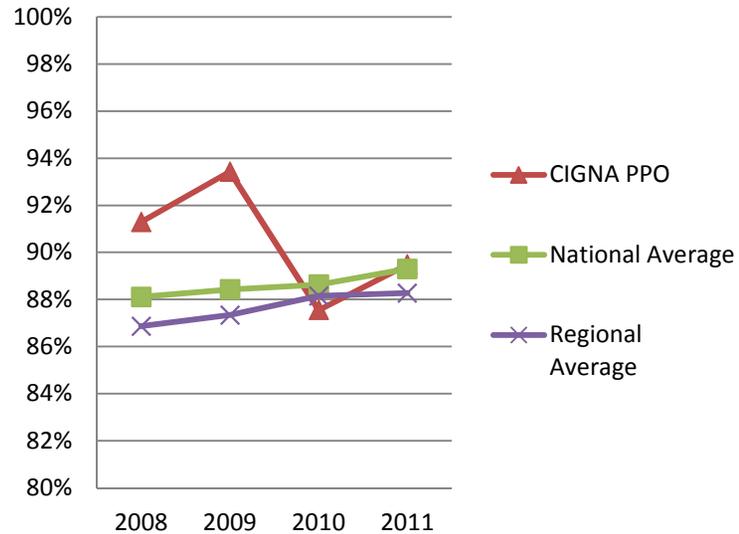
**Claims Processing is Timely,  
2008 - 2011 (PPO Only)**



**Claims are Processed Correctly,  
2003 - 2011 (MCOs w/o PPOs)**



**Claims are Processed Correctly,  
2008 - 2011 (PPO Only)**



## Getting Needed Care: Composite and Individual Measures

### Composite

NCQA combines the MCOs' rates from two CAHPS<sup>®</sup> questions shown below to create a "Getting Needed Care" composite measure:

### Getting to See A Specialist

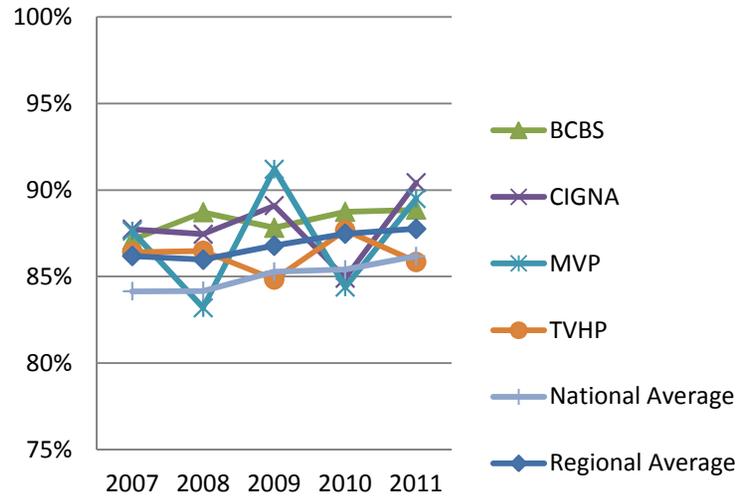
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS<sup>®</sup> question, "In the last 12 months, how often was it easy to get appointments with specialists?"

### Easy to Get the Care, Tests or Treatment You Needed

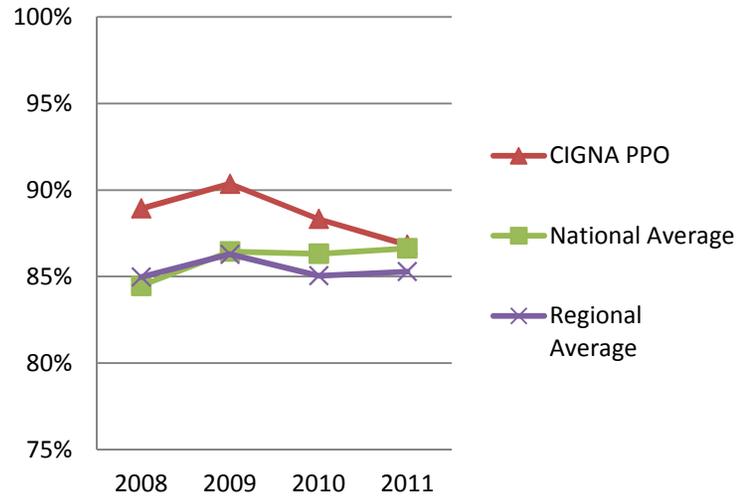
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS<sup>®</sup> question, "In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?"

Getting Needed Care, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	89%	90%	90%	86%			87%	86%	86%	
	National Average	⊙	▲	⊙	⊙	86%		⊙	⊙	⊙	87%
	Regional Average	⊙	⊙	⊙	⊙	88%		⊙	⊙	⊙	85%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
Getting to See A Specialist	Plan Rate	85%	86%	88%	81%			83%	83%	83%	
	National Average	⊙	⊙	⊙	⊙	84%		⊙	⊙	⊙	85%
	Regional Average	⊙	⊙	⊙	▼	85%		⊙	⊙	⊙	83%
	<b>Improvement Opportunity</b>				●						
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
Easy to Get the Care, Tests or Treatment You Needed	Plan Rate	92%	94%	91%	91%			91%	90%	89%	
	National Average	⊙	▲	⊙	⊙	89%		⊙	⊙	⊙	89%
	Regional Average	⊙	▲	⊙	⊙	90%		⊙	⊙	⊙	87%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			

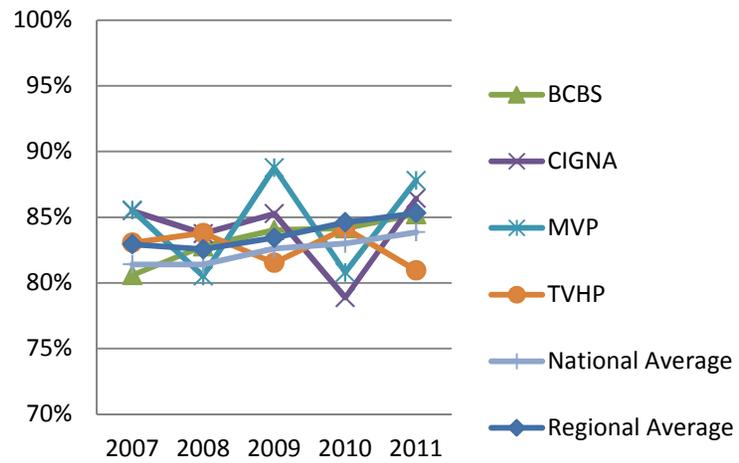
**Getting Needed Care Composite,  
2007 - 2011 (MCOs w/o PPOs)**



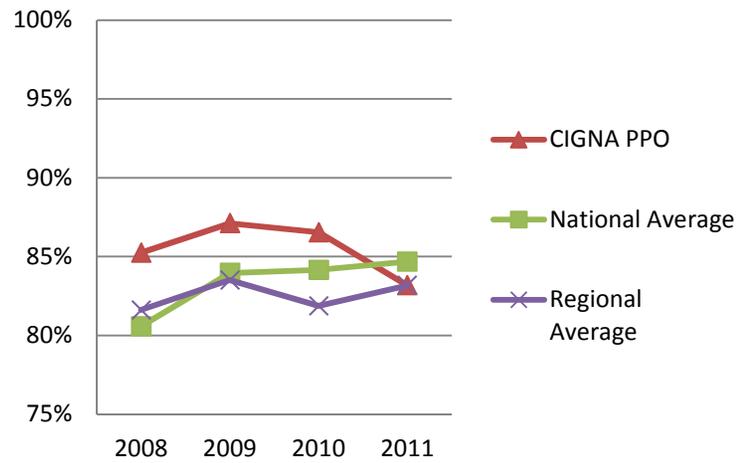
**Getting Needed Care Composite,  
2008 - 2011 (PPO Only)**



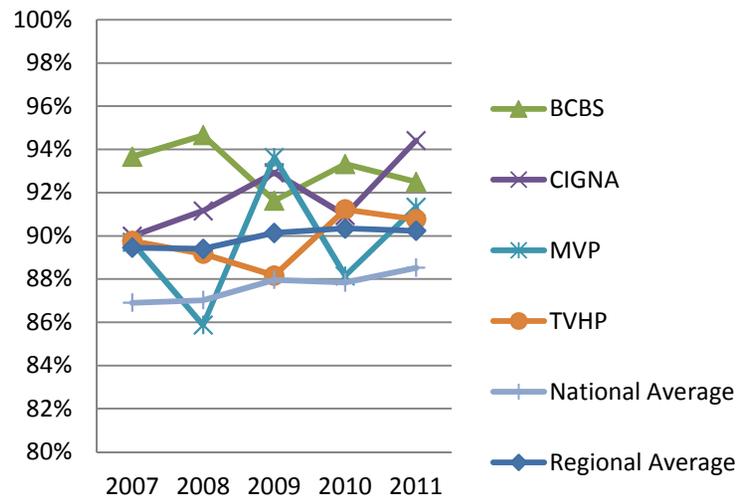
**Getting to See a Specialist  
That You Needed to See,  
2007 - 2011 (MCOs w/o PPOs)**



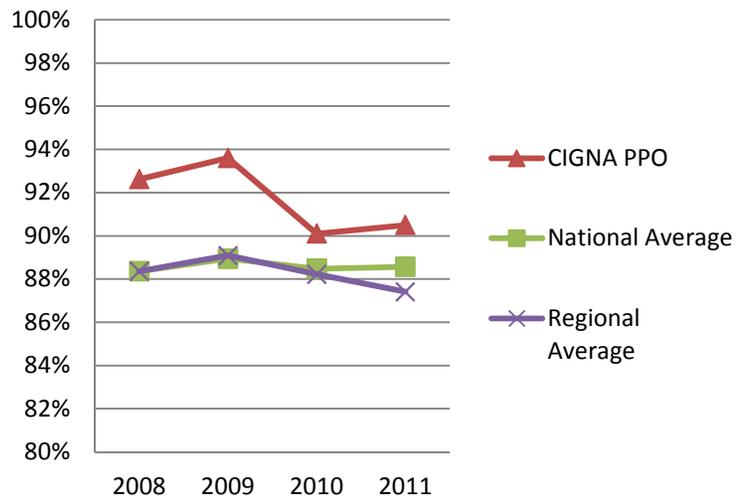
**Getting to See a Specialist  
That You Needed to See,  
2008 - 2011 (PPO Only)**



**Easy to Get the Care, Tests, or Treatment You Thought You Needed, 2007 - 2011  
(MCOs w/o PPOs)**



**Easy to Get the Care, Tests, or Treatment You Thought You Needed, 2008 - 2011  
(PPO Only)**



## Getting Care Quickly: Composite and Individual Measures

### Composite

NCQA combines the MCOs' rates from two CAHPS questions, shown below, 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.

### Getting Care Quickly When You Need Care Right Away

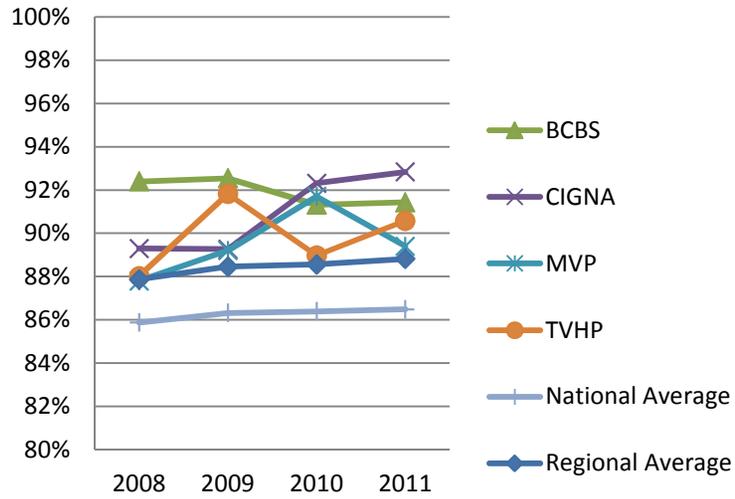
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?"

### Getting Routine Care As Soon as Wanted

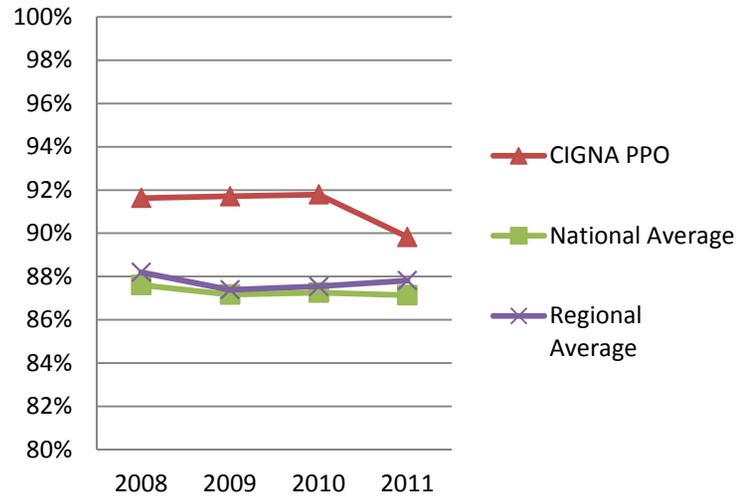
The measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"

Getting Care Quickly, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	91%	93%	89%	91%			90%	86%	90%	
	National Average	▲	▲	◎	▲	86%		◎	◎	◎	87%
	Regional Average	◎	▲	◎	◎	89%		◎	◎	◎	88%
	Change Over Time 2009-2011	◎	▲	◎	◎			◎			
Getting Care Quickly When You Needed Care Right Away	Plan Rate	94%	95%	92%	92%			91%	87%	93%	
	National Average	▲	▲	◎	◎	88%		◎	◎	▲	89%
	Regional Average	◎	▲	◎	◎	90%		◎	◎	◎	90%
	Change Over Time 2009-2011	◎	▲	◎	◎			◎			
Getting Routine Care As Soon As Wanted	Plan Rate	89%	90%	87%	89%			88%	85%	86%	
	National Average	◎	▲	◎	◎	85%		◎	◎	◎	86%
	Regional Average	◎	◎	◎	◎	88%		◎	◎	◎	86%
	Change Over Time 2009-2011	◎	◎	◎	◎			◎			

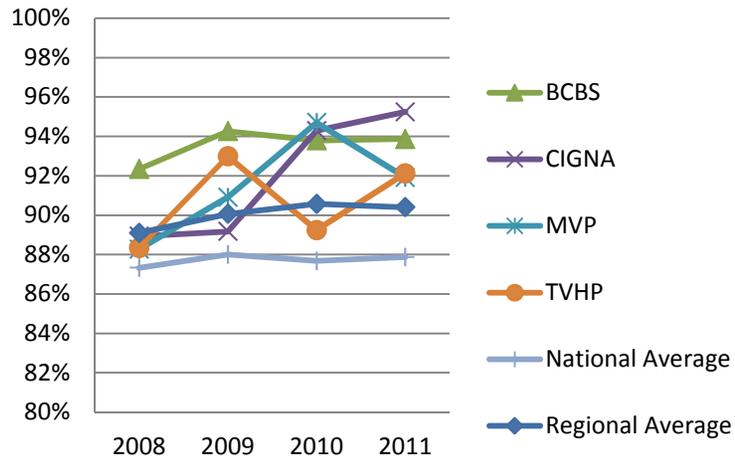
**Getting Care Quickly Composite, 2008 - 2011  
(MCOs w/o PPOs)**



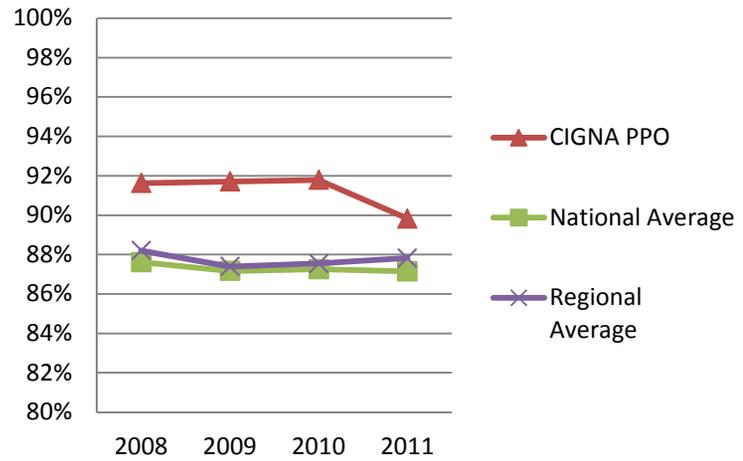
**Getting Care Quickly Composite, 2008 - 2011  
(PPO Only)**



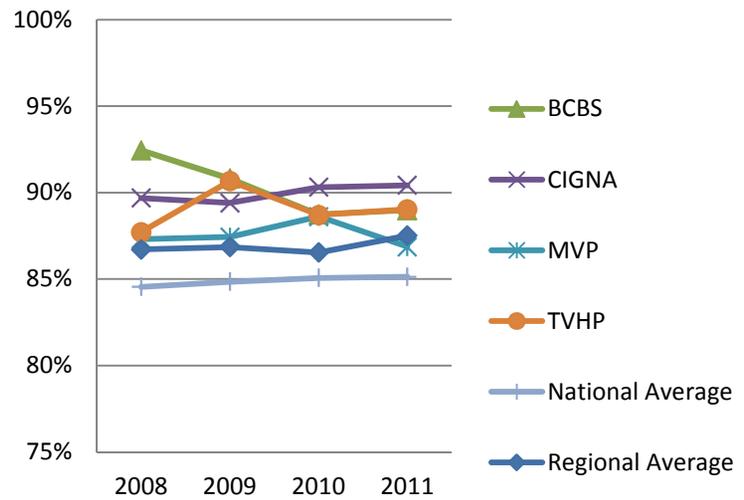
**Getting Care Quickly When You Needed Care  
Right Away, 2008 - 2011  
(MCOs w/o PPOs)**



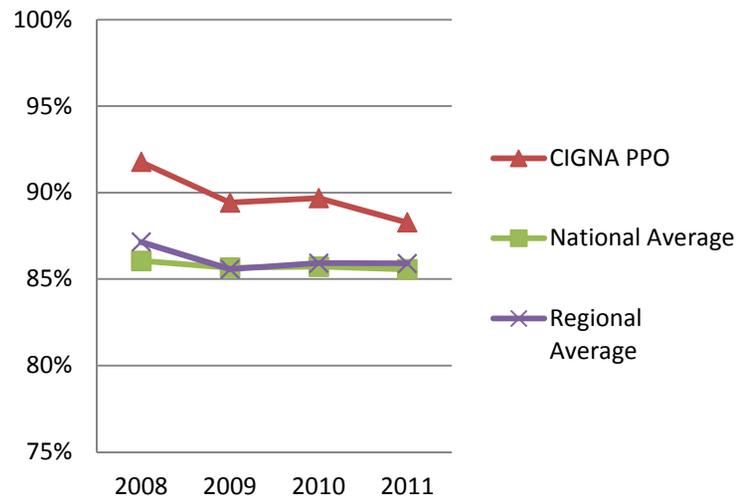
**Getting Care Quickly When You Needed Care  
Right Away, 2008 - 2011  
(PPO Only)**



**Getting Routine Care as Soon as Wanted,  
2008 - 2011  
(MCOs w/o PPOs)**



**Getting Routine Care as Soon as Wanted,  
2008 - 2011  
(PPO Only)**



## How Well Doctors Communicate: Composite and Individual Measures

### Composite

NCQA 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 to create this composite.

### How Often Doctors Listen Carefully

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

### How Often Doctors Explain Things in an Understandable Way

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

### How Often Doctors Show Respect

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

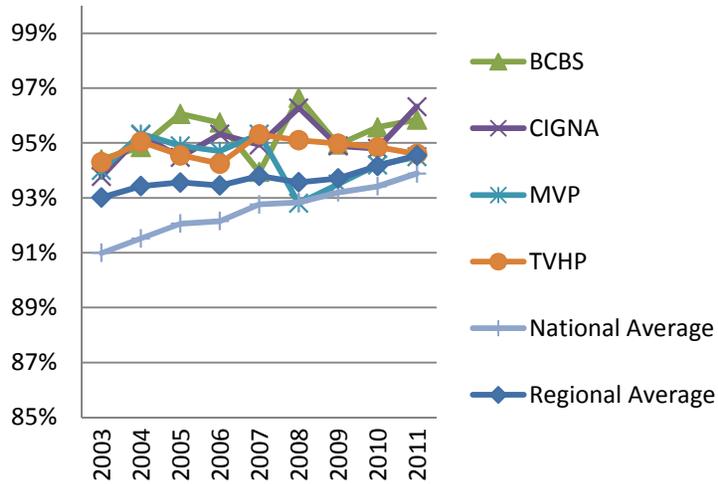
### How Often Doctors Spend Enough Time with Their Patients

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

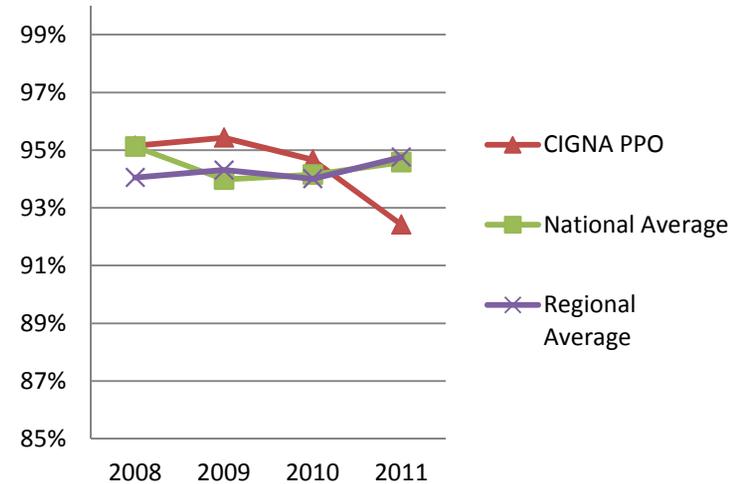
How Well Doctors Communicate, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO Average)		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	96%	96%	95%	95%			92%	96%	94%	
	National Average	⊙	⊙	⊙	⊙	94%		⊙	⊙	⊙	95%
	Regional Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	95%
	Change Over Time 2009-2011	⊙	▲	⊙	⊙			⊙			
How Often Doctors Listen Carefully	Plan Rate	95%	96%	94%	95%			92%	97%	94%	
	National Average	⊙	⊙	⊙	⊙	94%		⊙	⊙	⊙	95%
	Regional Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	94%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			

How Well Doctors Communicate, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO Average)		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
How Often Doctors Explain Things in an Understandable Way	Plan Rate	96%	98%	96%	96%			97%	95%	95%	
	National Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	96%
	Regional Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	96%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
How Often Doctors Show Respect	Plan Rate	97%	97%	96%	95%			95%	97%	95%	
	National Average	⊙	⊙	⊙	⊙			⊙	⊙	⊙	96%
	Regional Average	⊙	⊙	⊙	⊙			⊙	⊙	⊙	96%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
How Often Doctors Spend Enough Time with Their Patients	Plan Rate	95%	94%	92%	93%			93%	94%	91%	
	National Average	⊙	⊙	⊙	⊙	92%		⊙	⊙	⊙	92%
	Regional Average	⊙	⊙	⊙	⊙	93%		⊙	⊙	⊙	93%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			

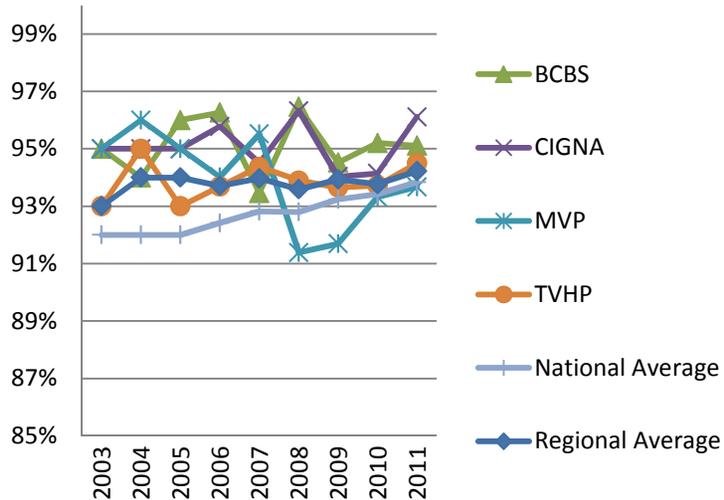
**How Well Doctors Communicate Composite, 2003 - 2011 (MCOs w/o PPOs)**



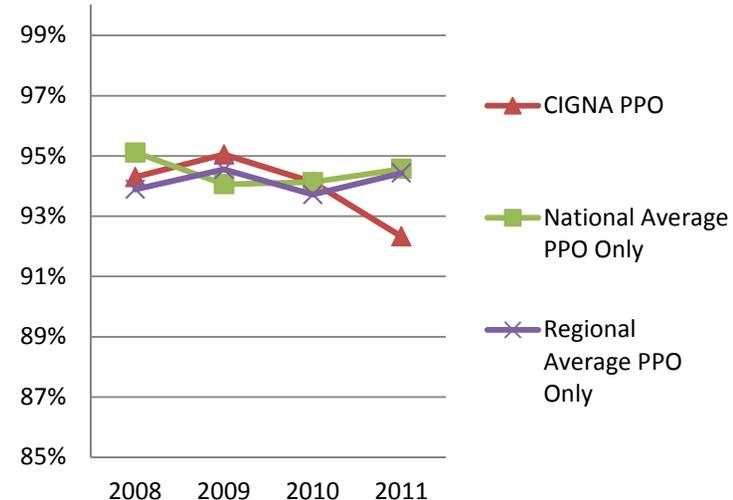
**How Well Doctors Communicate Composite, 2008 - 2011 (PPO Only)**



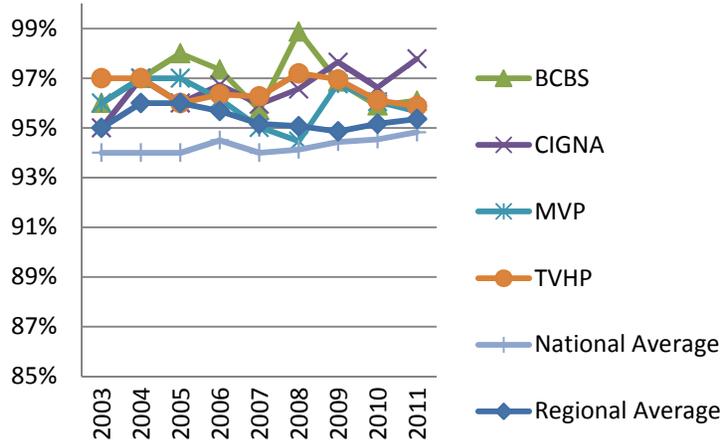
**How Often Doctors Listen Carefully, 2003 - 2011 (MCOs w/o PPOs)**



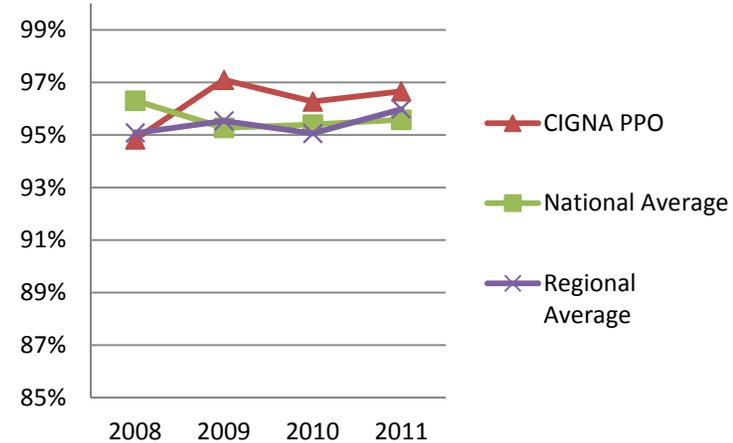
**How Often Doctors Listen Carefully, 2008 - 2011 (PPO Only)**



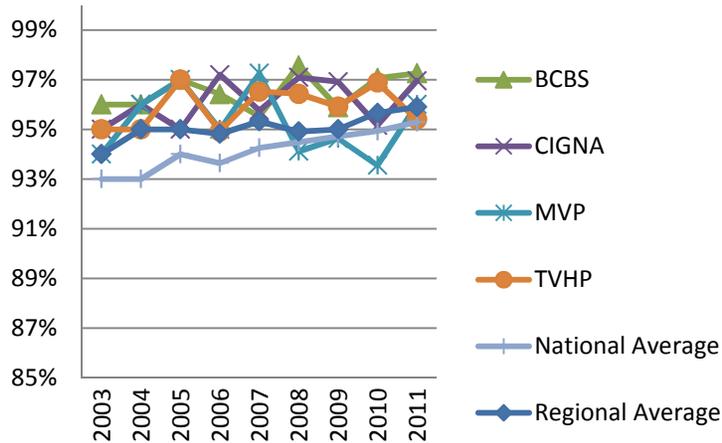
**How Often Doctors Explain Things in an Understandable Way, 2003 - 2011 (MCOs w/o PPOs)**



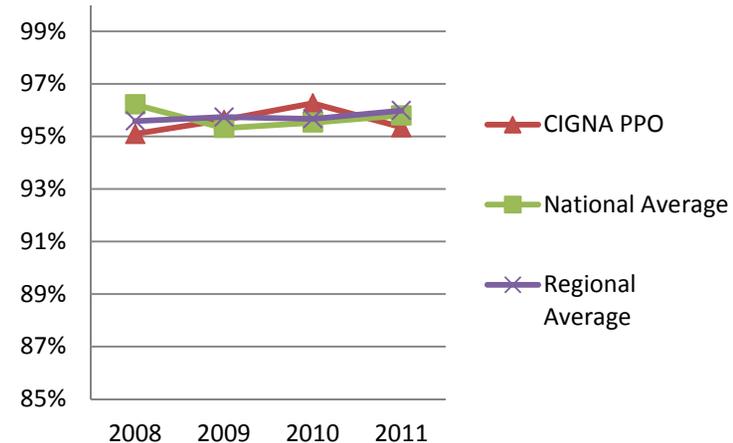
**How Often Doctors Explain Things in an Understandable Way, 2008 - 2011 (PPO Only)**



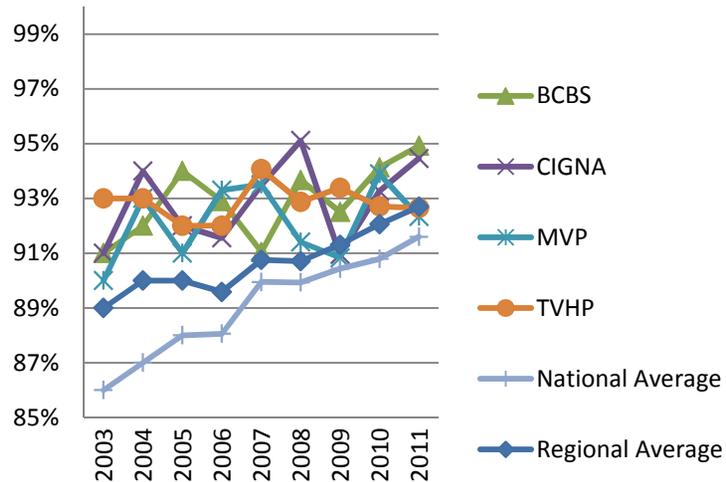
**How Often Doctors Show Respect for What You Had to Say, 2003 - 2011 (MCOs w/o PPOs)**



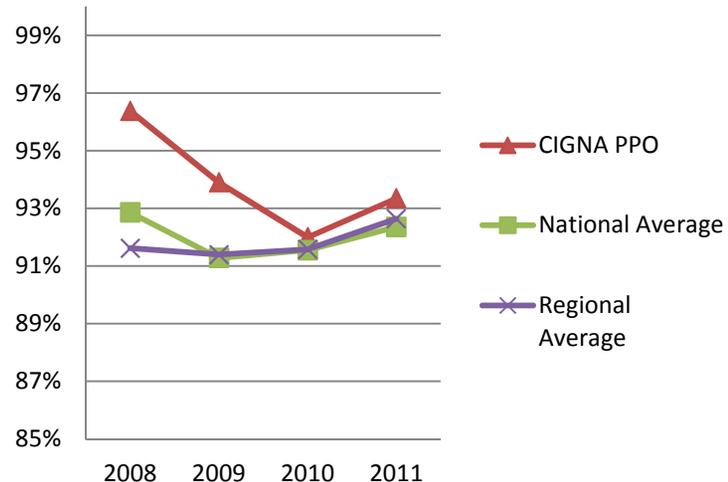
**How Often Doctors Show Respect for What You Had to Say, 2008 - 2011 (PPO Only)**



**How Often Did Your Doctor Spend Enough Time with You?  
2003 - 2011 (MCOs w/o PPOs)**



**How Often Did Your Doctor Spend Enough Time with You?  
2008 - 2011 (PPO Only)**



## Shared Decision Making: Composite and Individual Measures

### Composite

NCQA combines the percentage of members who responded “definitely yes” to questions as to whether their doctors involved them in determining the best treatment for them to create this composite.

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

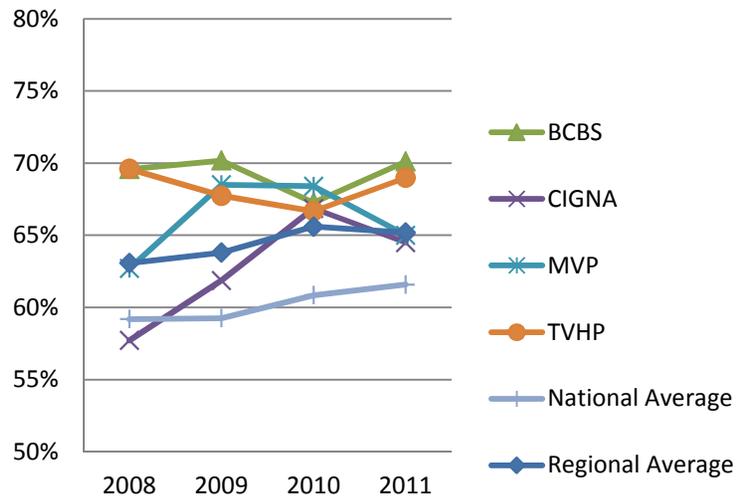
This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?”

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

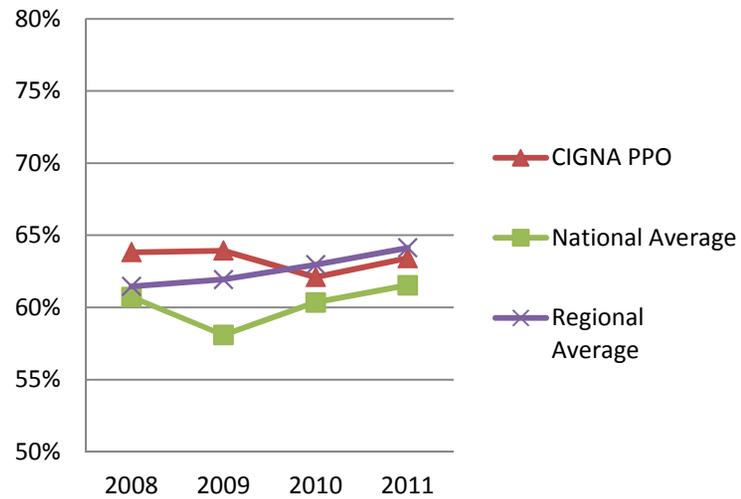
This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?”

Shared Decision Making, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	70%	65%	65%	69%			63%	69%	68%	
	National Average	▲	◎	◎	▲	62%		◎	▲	▲	62%
	Regional Average	▲	◎	◎	◎	65%		◎	◎	▲	64%
	Change Over Time 2009-2011	◎	◎	◎	◎			◎			
Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?	Plan Rate	76%	68%	70%	73%			67%	69%	73%	
	National Average	▲	◎	◎	▲	66%		◎	◎	▲	66%
	Regional Average	▲	◎	◎	◎	69%		◎	◎	◎	68%
	Change Over Time 2009-2011	◎	◎	◎	◎			◎			
Did a Doctor or Other Provider Ask Which Choice Was Best for You?	Plan Rate	64%	61%	60%	65%			60%	69%	63%	
	National Average	▲	◎	◎	▲	57%		◎	▲	▲	57%
	Regional Average	◎	◎	◎	◎	61%		◎	▲	◎	60%
	Change Over Time 2009-2011	◎	◎	◎	◎			◎			

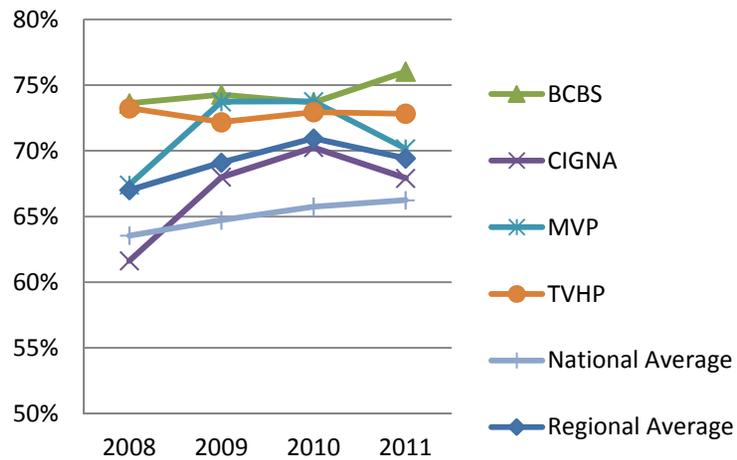
**Shared Decision Making Composite,  
2008 - 2011 (MCOs w/o PPOs)**



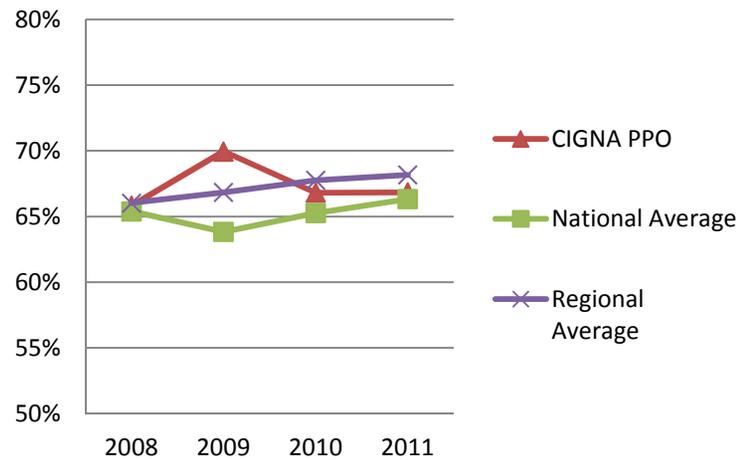
**Shared Decision Making Composite,  
2008 - 2011 (PPO Only)**



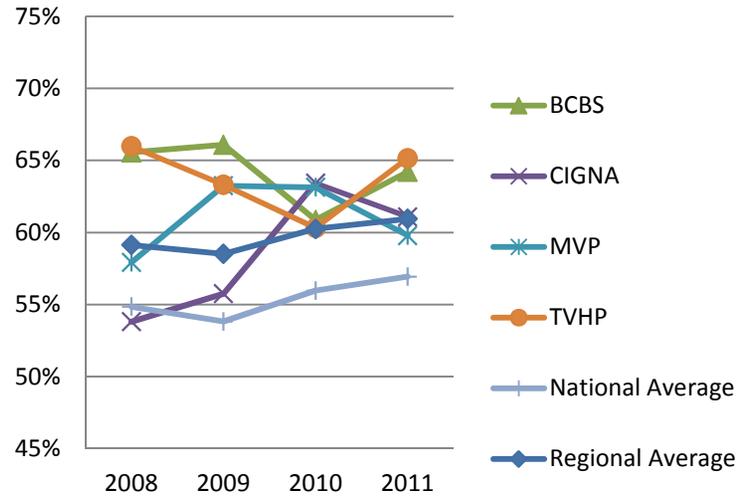
**Did Your Doctor Talk With You About the  
Pros and Cons of Your Treatment Options?  
2008 - 2011 (MCOs w/o PPOs)**



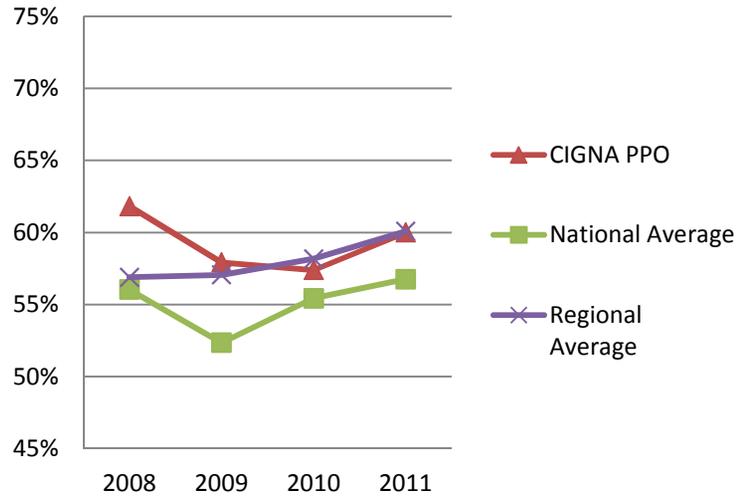
**Did Your Doctor Talk With You About the  
Pros and Cons of Your Treatment Options?  
2008 - 2011 (PPO Only)**



**Did a Doctor or Other Provider Ask Which Choice Was Best for You?  
2008 - 2011 (MCOs w/o PPOs)**



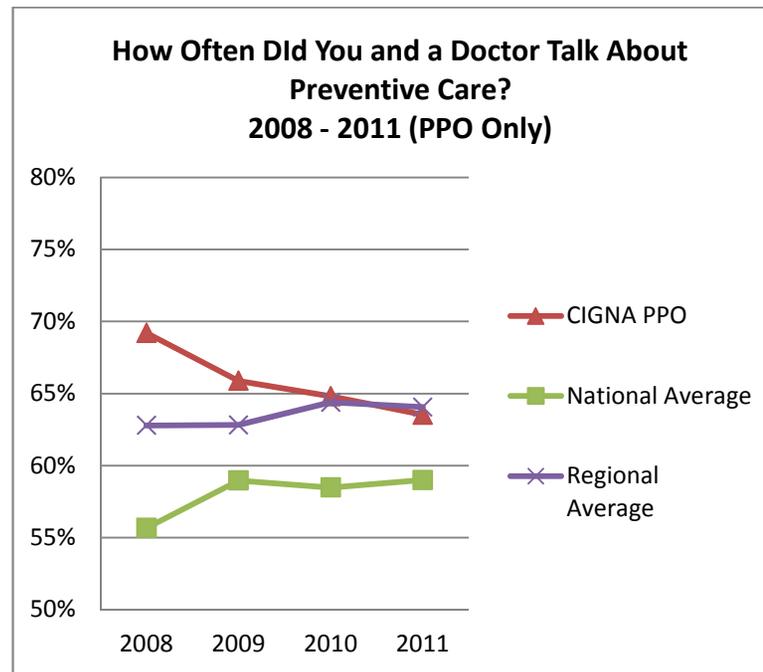
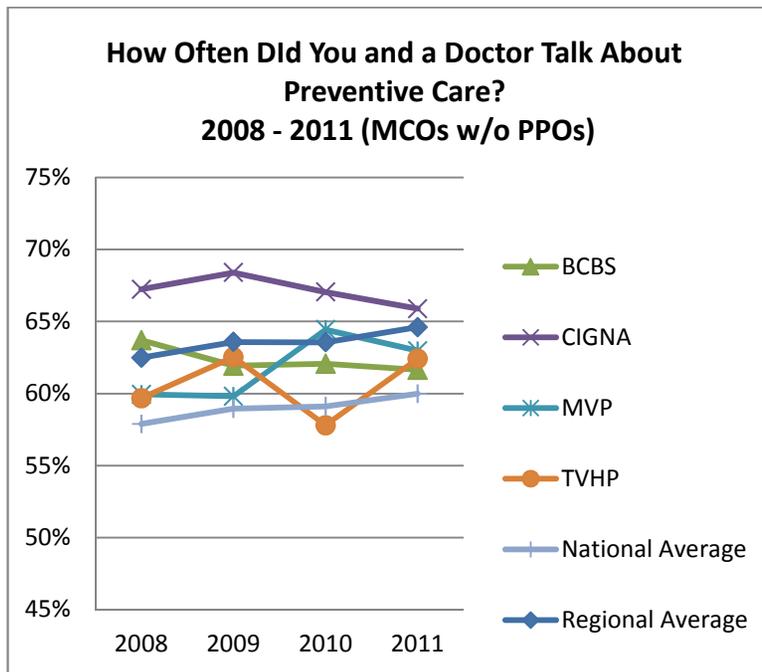
**Did a Doctor or Other Health Care Provider Ask Which Choice Was Best for You?  
2008 - 2011 (PPO Only)**



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

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

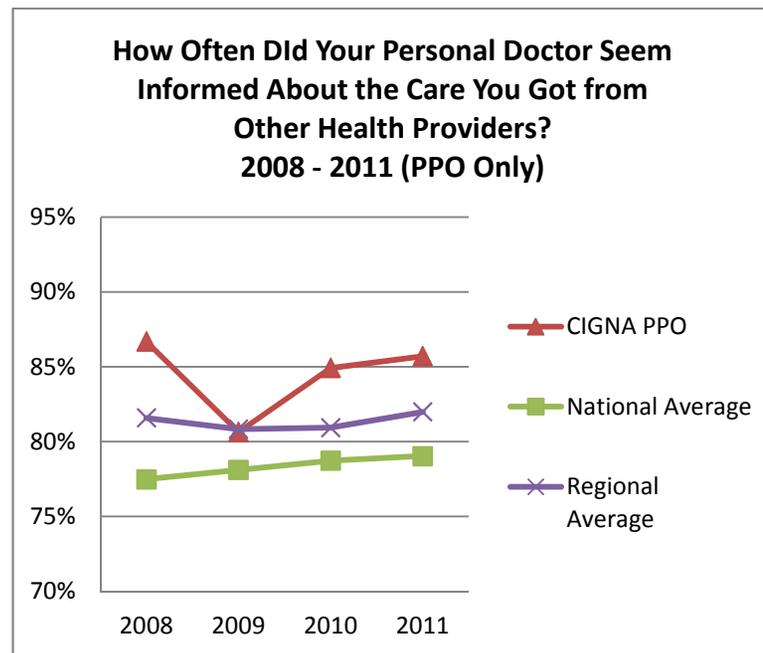
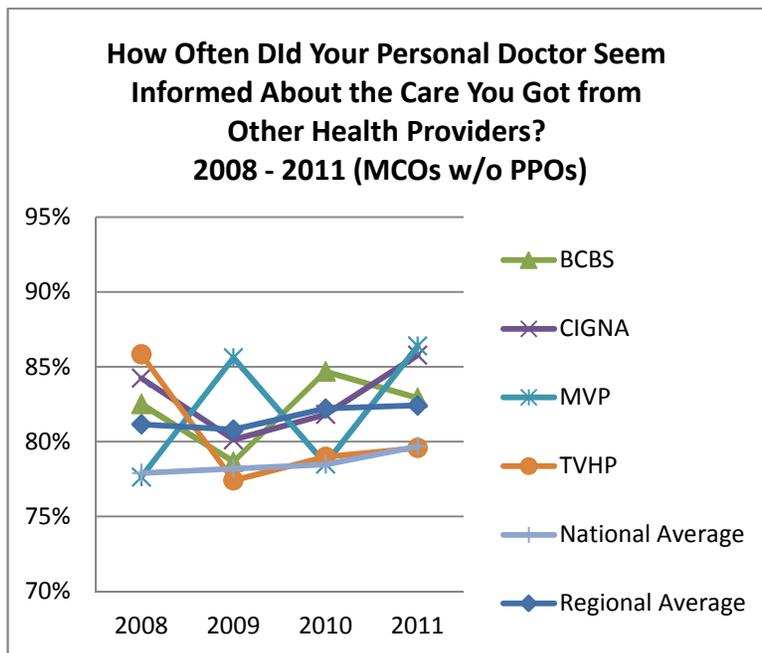
How Often Did You and a Doctor Talk about Prevention?, 2011										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	62%	66%	63%	62%			64%	62%	63%	
National Average	⊙	▲	⊙	⊙	60%		⊙	⊙	▲	59%
Regional Average	⊙	⊙	⊙	⊙	65%		⊙	⊙	⊙	64%
Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			



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

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

How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	83%	86%	86%	80%			86%	83%	80%	
National Average	⊙	▲	▲	⊙	80%		▲	⊙	⊙	79%
Regional Average	⊙	⊙	⊙	⊙	82%		⊙	⊙	⊙	82%
Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			



## Plan Information on Costs: Composite and Individual Measures

### Composite

NCQA combines 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 to create a “Plan Information on Costs” composite.

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

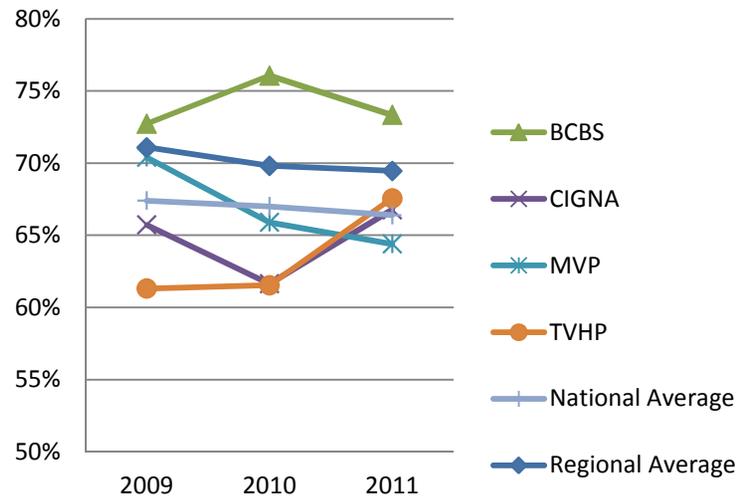
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?”

### Able to Find Out How Much to Pay for Prescription Medications

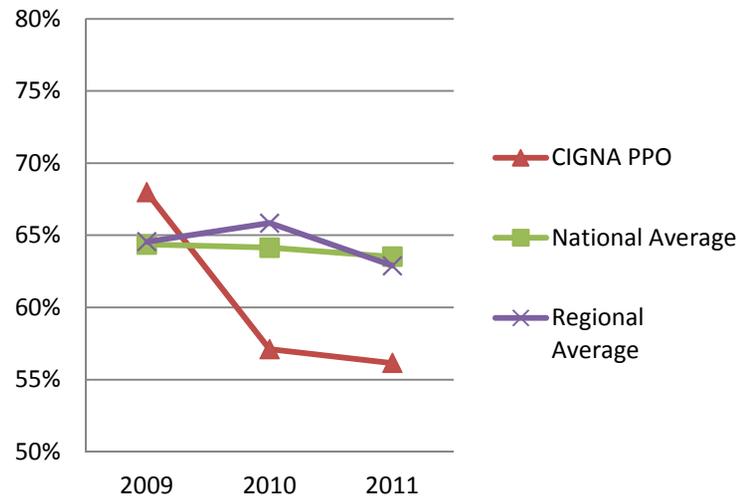
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?”

Plan Information on Costs, 2011											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	73%	67%	64%	68%			56%	63%	65%	
	National Average	▲	⊙	⊙	⊙	66%		⊙	⊙	⊙	64%
	Regional Average	⊙	⊙	⊙	⊙	69%		⊙	⊙	⊙	63%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			⊙			
Able to Find Out How Much to Pay for a Health Care Service or Equipment?	Plan Rate	75%	65%	69%	64%			47%	61%	65%	
	National Average	▲	⊙	⊙	⊙	65%		⊙	⊙	⊙	60%
	Regional Average	⊙	⊙	⊙	⊙	71%		⊙	⊙	⊙	62%
	Change Over Time 2009-2011	⊙	⊙	⊙	⊙			▼			
	<b>Improvement Opportunity</b>							⬮			
Able to Find Out How Much to Pay for Prescription Medications?	Plan Rate	71%	69%	60%	71%			65%	64%	65%	
	National Average	⊙	⊙	▼	⊙	68%		⊙	⊙	⊙	68%
	Regional Average	⊙	⊙	▼	⊙	70%		⊙	⊙	⊙	67%
	<b>Improvement Opportunity</b>			⬮							
	Change Over Time 2009-2011	⊙	⊙	▼	▲			⊙			

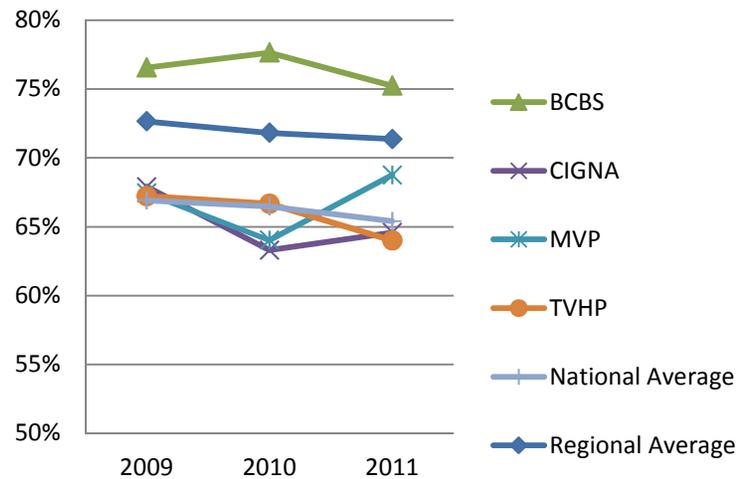
**Plan Information on Costs Composite,  
2009 - 2011 (MCOs w/o PPOs)**



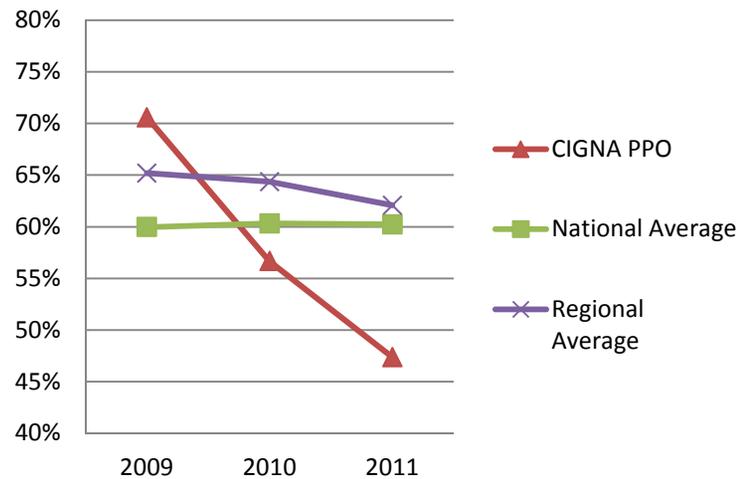
**Plan Information on Costs Composite  
2009 - 2011 (PPO Only)**



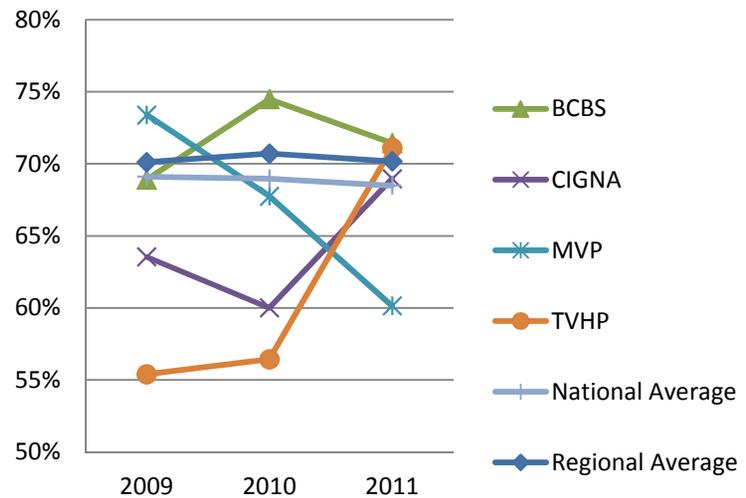
**Able to Find Out How Much to Pay for a  
Health Care Service or Equipment?  
2009 - 2011 (MCOs w/o PPOs)**



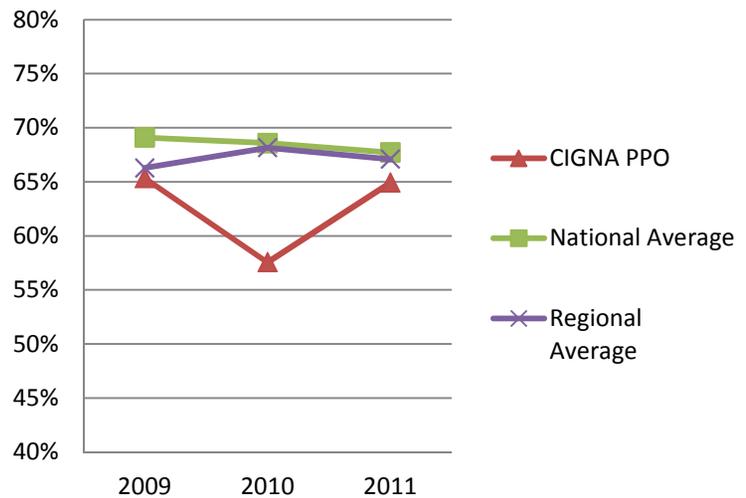
**Able to Find Out How Much to Pay for  
Health Care Service or Equipment?  
2009 - 2011 (PPO Only)**



**Able to Find Out How Much to Pay for Prescription Medications?  
2009 - 2011 (MCOs w/o PPOs)**



**Able to Find Out How Much to Pay for Prescription Medications?  
2009 - 2011 (PPO Only)**



## Geographic Access to Services

Rule 9-03 specifies travel time requirements from members' residences or places of business to contracted providers. The travel time standards vary by type of provider. MCOs must provide 90% of its members with access to providers within the travel time specified in the Rule.

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

CBH and MBH were also required to submit information about access to mental health and substance abuse services, which is also included in the charts and graphs that follow. To avoid duplication, CBH reports mental health and substance abuse for CIGNA, so CBH is reported in these tables and CIGNA is not included. PrimariLink was not required to report any data, since it does not have its own contracted provider network.

Areas have been identified in which member's access to services do not meet Rule 9-03 travel time standards. It should be noted that in some rural counties, particularly in Vermont's Northeast Kingdom, there are fewer providers and they may be located beyond the Rule 9-03 travel time standard. This information is shared with the Act 129 Mental Health and Substance Abuse Task Force and MCOs to determine whether there may be opportunities to recruit and contract with mental health and substance abuse providers.

It is important to note that the access measures only evaluate the proximity of providers to members' residences. With the exception of access to PCPs, the measures do not address whether a provider who is located within the required distance is accepting new patients, the status of wait times for appointments, or whether the provider has the clinical expertise or experience required to meet specific patient's needs. 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 that one provider.

In addition, each year the Department selects a different set of medical specialties to determine if MCOs meet the Rule 9-03 standard to provide at least 90% of members with access to specialty care within 60 minutes of travel time. During this reporting period, the selected specialties included:

- dermatology;
- endocrinology, and
- oncology.

The tables on the following pages report the areas where MCOs do not meet the access standards for at least 90% of their members under Rule 9-03.

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

- PCPs for adults;
- PCPs for children;
- mental health providers in an outpatient or office setting( including psychiatrists, psychologists, and master’s level providers); and
- chemical dependency providers in an outpatient or office setting.

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

- pharmacies;
- dermatologists;
- endocrinologists;
- oncologists;
- intermediate mental health providers;<sup>34</sup>(intermediate mental health providers include: acute residential treatment, partial hospitalization programs and intensive outpatient programs)
- intermediate chemical dependency providers;<sup>35</sup> (intermediate chemical dependency providers include: acute residential treatment, partial hospitalization programs and intensive outpatient programs)
- mental health providers at inpatient facilities, and
- chemical dependency providers at inpatient facilities.

Access to inpatient mental health and chemical dependency providers, on a state-wide basis, meets the Rule 9-03 standard. However, the standard is not met within individual counties as the charts that follow indicate.

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<sup>34</sup> The low performance for BCBS, BCBS PPO, TVHP and MBH in prior years for access to intermediate mental health providers on a stateside basis appears to have been resolved due to changes in how the MCOs report access. This change has also reduced the wide variation in access across counties.

<sup>35</sup> The low performance for BCBS, BCBS PPO, TVHP and MBH in prior years for access to intermediate chemical dependency providers on a stateside basis appears to have been resolved due to changes in how the MCOs report access. This change has also reduced the wide variation in access across counties.

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

Rule 9-03 establishes an access standard for psychiatrists, psychologists and master’s level therapists. Each MCO member must have access to these provider types within 30 minutes travel time. Access information for selected counties that do not meet the 90% standard are reflected in the table below. All MCOs met the access standards for master’s level clinicians in all counties.

Percentage of Members within Access Standards to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties, 2011						
	Psychiatrist	Psychologist			Psychiatrist	Psychologist
<b>Essex County</b>				<b>Orange County</b>		
BCBS	30%	59%		BCBS	72%	100%
CBH	100%	99%		CBH	100%	100%
MBH	60%	69%		MBH	71%	100%
MVP	87%	100%		MVP	100%	100%
TVHP	60%	65%		TVHP	72%	100%
BCBS PPO	69%	77%		BCBS PPO	65%	100%
<b>Orleans County</b>				<b>Windsor County</b>		
BCBS	30%	34%		BCBS	41%	100%
CBH	100%	100%		CBH	100%	100%
MBH	31%	34%		MBH	50%	100%
MVP	100%	100%		MVP	100%	100%
TVHP	28%	32%		TVHP	52%	100%
BCBS PPO	37%	37%		BCBS PPO	46%	100%

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

The geographic access standard for inpatient mental health facilities is within 60 minutes driving time. The counties where the 90% standard was not met by all MCOs are shown in the table below.

Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties, 2011						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Essex	93%	100%	96%	36%	97%	95%
Orleans	100%	100%	100%	48%	100%	100%

## Percentage of Members with Access to Inpatient Chemical Dependency Facilities for Selected Counties

The geographic access standard for an inpatient chemical dependency (CD) facility is within 60 minutes driving time. Timely access to inpatient CD facilities is based on the number of members that each MCO has in each county and where in each county those members reside. The counties where the 90% standard was not met by all MCOs are shown in the table below.

Percentage of Members within Access Standards to Inpatient Chemical Dependency Facilities for Selected Counties, 2011						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Essex	0%	100%	0%	28%	0%	0%
Orange	73%	100%	67%	100%	68%	64%
Orleans	16%	100%	17%	49%	17%	16%
Caledonia	29%	100%	17%	95%	21%	12%

## Percentage of Members with Access to Appointments within the Rule 9-03 Time Standards

The access standard for appointment times are shown below:

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

MCOs with performance levels below 90% are identified as having an opportunity for improvement.

Percentage of Members with Access to Appointments within the Rule 9-03 Time Standards, 2011							
	BCBS/TVHP	CBH	CIGNA POS	CIGNA PPO	MBH	MVP	Rule 9-03 Standard
Urgent Care	92%	64%	95%	94%	100%	98%	90%
<b>Improvement Opportunity</b>							
Non-Emergency Care	84%	93%	90%	88%	96%	100%	90%
<b>Improvement Opportunity</b>							
Preventive Care	85%	NA	97%	96%	NA	100%	90%
<b>Improvement Opportunity</b>							

## Utilization Review Decisions

Rule 9-03 requires that MCOs make utilization review (UR) decisions within the following specified timeframes:

- concurrent review: within 24 hours;
- urgent, pre-service review: within 72 hours;
- non-urgent, pre-service review: within 15 days, and
- post-service review: within 30 days.

In this table “NA” means that the MCO did not have any cases in the utilization review category. MCOs with performance levels below 90% are identified as having an opportunity for improvement because they fall below the required standard. To make for a more compact presentation, improvement opportunities are highlighted in-line with the reported rates rather than on a separate line as in other tables.

Percentage of UR Decisions Meeting Rule 9-03 Decision-Making Timeframes, 2010										
	BCBS	CBH	CIGNA	MBH	MVP <sup>36</sup>	MVP PPO	Primari-Link	TVHP	BCBS PPO	Rule Standard
<b>Concurrent Reviews</b>										
≤ 1 day	87% 	100%	95%	100%	100%	100%	100%	75% 	100%	90%
<b>Urgent Pre-Service Reviews</b>										
≤ 72 Hours or with an extension	80% 	100%	90%	100%	98%	100%	100%	73% 	93%	90%
<b>Non-urgent, Pre-service</b>										
≤ 15 days or with an extension	100%	100%	100%	100%	95%	100%	100%	100%	100%	90%
<b>Post-service</b>										
≤ 30 days or with an extension	92%	100%	100%	100%	95%	100%	100%	100%	98%	90%

<sup>36</sup> MVP’s system does not report all continuation of care reviews as concurrent reviews. For example, an elective inpatient service is classified as pre-service in their system before the admission, however once the patient is admitted and a concurrent review is necessary, MVP’s system is unable to identify concurrent review separately from the pre-service review. A similar problem exists in reporting MVP’s continuation of care reviews for outpatient services. Because of the current system constraint neither type of continuation of care review is included in this report. MVP is working to correct the problem in order to report these data in 2012.

## Member Grievances

Rule 9-03 requires MCOs to submit data regarding member grievances, including:

- grievances per 1000 members;
- number and percent of members with more than one grievance;
- number and percent of grievances overturned in a member’s favor, and
- number and percent of grievances resolved within specified timeframes.

### Grievances per 1000 Members

For the most recent reporting period (July 2010 – June 2011), grievances per 1,000 members vary widely among the MCOs.

Grievances per 1000 Members, July 2010 – June 2011									
	BCBS	CBH <sup>37</sup>	CIGNA <sup>38</sup>	MBH	MVP	MVP PPO	Primari-Link	TVHP	BCBS PPO
July 2009 – June 2010	5.24	0.85	3.47	0.54	3.77	2.83	0.00	5.97	3.59

### Members with More Than One Grievance

Annually, MCOs report the number of members who have filed more than one grievance. Because the absolute number of members filing grievances is small, and the number filing more than one grievance is even smaller, MCOs can exhibit wide percentage swings that are not very meaningful.

Members with More than One Grievance, January 2010 – December 2010									
	BCBS	CBH <sup>39</sup>	CIGNA <sup>40</sup>	MBH	MVP	MVP PPO	Primari-Link	TVHP	BCBS PPO
July 2010 – June 2011	7%	23%	7%	6%	4%	2%	0% <sup>41</sup>	4%	6%

<sup>37</sup> Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

<sup>38</sup> Results are for Network/Network POS and PPO combined.

<sup>39</sup> Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

<sup>40</sup> Results are for Network/Network POS and PPO combined.

<sup>41</sup> PrimariLink did not report having received any member grievances.

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

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, percentages are calculated that convey the results of MCO grievance determinations.

Physical Health Grievances Overturned in Member's Favor, July 2010 – June 2011						
	BCBS	CIGNA <sup>42</sup>	MVP	MVP PPO	TVHP	BCBS PPO
Total Grievances Resolved	178	184	18	47	167	80
Grievances Resolved during 1st Level Review	165	164	15	44	152	72
1st Level Reviews Resolved in Member's Favor	58%	37%	27%	18%	47%	42%
Grievances Resolved during 2nd Level Review	13	20	3	3	15	8
2nd Level Reviews Resolved in Member's Favor	62%	15%	33%	33%	60%	13%
Total Grievances Resolved in Member's Favor	58%	34%	28%	19%	49%	39%

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

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

Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor, July 2010 – June 2011						
	BCBS	CBH <sup>43</sup>	MBH	PrimariLink	TVHP	BCBS PPO
Total Grievances Resolved	5	30	41	0	4	21
Grievances Resolved during 1st Level Review	4	21	41	0	3	21
1st Level Reviews Resolved in Member's Favor	100%	33%	32%	NA	67%	19%
Grievances Resolved during 2nd Level Review	1	9	0	0	1	0
2nd Level Reviews Resolved in Member's Favor	0%	11%	NA	NA	0%	NA
Total Grievances Resolved in Member's Favor	80%	27%	32%	NA	50%	19%

<sup>42</sup> Results are for Network/Network POS and PPO combined

<sup>43</sup> Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

## Percentage of Pharmacy Grievances Overturned in Member's Favor

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, percentages are calculated that convey the results of MCO grievance determinations.

Pharmacy Grievances Overturned in Member's Favor, July 2010 – June 2011						
	BCBS	CIGNA <sup>44</sup>	MVP	MVP PPO	TVHP	BCBS PPO
Total Grievances Resolved	8	5	1	4	17	9
Grievances Resolved During 1st Level Review	8	4	1	4	10	9
1st Level Reviews Resolved in Member's Favor	63%	75%	0%	0%	40%	22%
Grievances Resolved During Voluntary 2nd Level Review	0	1	0	0	7	0
Voluntary 2nd Level Reviews Resolved in Member's Favor	NA	100%	NA	NA	43%	NA
Total Grievances Resolved in Member's Favor	63%	80%	0%	0%	41%	22%

<sup>44</sup> Results are for Network/Network POS and PPO combined.

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

Rule 9-03 requires that grievance decisions about physical health services be made within the following timeframes for both Level 1 and voluntary Level 2 grievances:

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

The tables below display the percentage of grievance decisions made within the appropriate timeframes or that exceeded the timeframe, but for which an extension was justified. MCOs with performance levels below 90% are identified as having opportunities for improvement. To make for a more compact presentation, improvement opportunities are highlighted in-line with the reported rates rather than on a separate line as in other tables.

Percentage of Physical Health Grievances, Pharmacy Grievances and Grievances Unrelated to an Adverse Benefit Decision Grievance in Compliance with Rule 9-03 Timeframe by Type of Grievance, July 2010 – June 2011						
	BCBS	CIGNA	MVP	MVP PPO	TVHP	BCBS PPO
<b>Level 1</b>						
Physical Health, Concurrent	NA	100%	NA	NA	NA	NA
Physical Health, Urgent	100%	80% 	NA	100%	77% 	100%
Physical Health, Pre-service Not Urgent	100%	83%	100%	100%	91%	67% 
Physical Health, Post-service	100%	90%	100%	100%	95%	97%
Pharmacy Pre-Service, Urgent	100%	100%	NA	NA	88% 	40% 
Pharmacy Pre-Service, Not Urgent	NA	75% 	100%	NA	100%	100%
Pharmacy Post-Service	100%	NA	NA	100%	NA	100%
Grievances Unrelated to an Adverse Benefit Decision	100%	NA	100%	100%	100%	100%
<b>Voluntary Level 2</b>						
Physical Health, Concurrent	NA	NA	NA	NA	NA	NA
Physical Health, Urgent	NA	0% 	NA	NA	100%	NA
Physical Health, Pre-service Not Urgent	100%	100%	100%	100%	100%	NA
Physical Health, Post-service	91%	100%	100%	100%	100%	100%
Pharmacy, Pre-Service, Urgent	NA	NA	NA	NA	100%	NA
Pharmacy, Pre-Service, Not Urgent	NA	100%	NA	NA	100%	NA
Pharmacy, Post-Service	NA	NA	NA	NA	NA	NA
Grievances Unrelated to an Adverse Benefit Decision	NA	NA	NA	NA	NA	NA

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

Rule 9-03 requires that 90% of mental health and substance abuse grievance decisions be made within the following timeframes for both Level 1 and voluntary Level 2 grievances:

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

Timeliness in Making Mental Health and Substance Abuse Grievance Review Decisions, July 2010 through June 2011						
	BCBS	CBH	MBH	PrimariLink	TVHP	BCBS PPO
<b>Level 1</b>						
Concurrent	100%	100%	100%	NA	NA	100%
Pre-Service Urgent	NA	100%	100%	NA	100%	100%
Pre-Service Non-Urgent	NA	NA	NA	NA	NA	NA
Post-Service	100%	78%	100%	NA	100%	100%
<b>Voluntary Level 2</b>						
Concurrent	NA	100%	NA	NA	NA	NA
Pre Service Urgent	NA	100%	NA	NA	0% 	NA
Pre-Service Non-Urgent	NA	NA	NA	NA	NA	NA
Post-service	100%	100%	NA	NA	NA	NA

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

Rule 9-03 requires MCOs to report grievances about quality issues in one of three categories: 1) grievances concerning provider performance and office management, 2) grievances concerning MCO administration, and 3) grievances concerning access to health care services.

Grievances Unrelated to an Adverse Benefit Decision: Percent Distribution and Number per 1000 Members, July 2010 – June 2011									
	BCBS	CBH <sup>45</sup>	CIGNA	MBH	MVP	MVP PPO	Primari-Link	TVHP	BCBS PPO
<b>Provider Performance &amp; Office Management</b>	15	8	0	3	3	1	0	19	9
% of Grievances Unrelated to an Adverse Benefit Decision	68%	62%	NA	60%	43%	3%	NA	59%	75%
<b>Plan Administration</b>	6	4	0	1	4	30	0	12	3
% of Grievances Unrelated to an Adverse Benefit Decision	27%	31%	NA	20%	57%	97%	NA	38%	25%
<b>Access to Health Care</b>	1	1	0	1	0	0	0	1	0
% of Grievances Unrelated to an Adverse Benefit Decision	5%	8%	NA	20%	NA	NA	NA	3%	NA
<b>Total Number of Grievances Unrelated to an Adverse Benefit Decision</b>	22	13	0	5	7	31	0	32	12
<b>Number of Grievances Unrelated to an Adverse Benefit Decision per 1000 Members</b>	0.532	0.258	NA	0.059	1.055	1.057	NA	0.906	0.35

### Grievance Registers

All MCOs submitted grievance registers as required.

<sup>45</sup> Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

## **Coordination and Continuity of Care Indicators**

Rule 9-03 requires that MCOs submit coordination and continuity of care indicators to meet the filing requirements specified in Section 6.6 (B) 4. This measure assessed the percentage of contracted PCPs receiving lists of practice patients from each MCO that received telephonic, face-to-face care or disease management services in the prior quarter. This is the first year data for this measure has been collected. Due to the wide variation in reported rates and questions about interpreting the results, the Department is not reporting the results for this measure this year.

## **PCP/ER Communication When Members Go to the Emergency Department**

This measure looks at the percentage of MCO members who receive care in an emergency department and have that information communicated to the member's primary care physician. This measure is calculated by contracted hospital. The Department recommends that MCOs examine at least 40 patient records at each hospital during the measurement period. In the event that a hospital has experienced less than 40 ED visits during the measurement time period, the Department recommends that all visit records be examined.

For the 2011 report, this measure was voluntary. No MCOs reported on this measure.

## **Hospitals Informing PCPs of Hospitalizations**

This measure looks at the percentage of MCO members who receive care as an inpatient in a hospital and have that information communicated to the member's primary care physician. This measure is calculated by contracted hospital. The Department recommends that MCOs examine at least 40 patient records at each hospital during the measurement period. In the event that a hospital has experienced less than 40 hospitalizations during the measurement time period, the Department recommends that all visit records be examined. For the 2011 report this measure was voluntary. No MCOs reported on this measure.

## Blueprint for Health Measures

MCOs are required to submit data on specific measures that assess provider adoption and MCO support for Vermont's *Blueprint for Health* to meet Section 6.6(B)6 of Rule 9-03. The three Blueprint measures appear in succession below:

### 1. Percent of contracted primary care providers (PCPs) receiving enhanced payment to support medical home operations

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

Percent of contracted primary care providers (PCPs) receiving enhanced payment to support medical home operations, 2010			
MCO	Number of contracted PCPs receiving enhanced payment	Total number of contracted PCPs	% of contracted PCPs receiving enhanced payment
BCBS/TVHP/BCBS PPO	173	1179	14.67%
CIGNA <sup>46</sup>	35	717	4.88%
MVP HMO & PPO	56	619	9.05%

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

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

Per member per month (PMPM) value of enhanced practice payments to support medical home operation	
MCO	PMPM value of enhanced practice payments to support medical home operation
BCBS/TVHP/BCBS PPO	\$1.83
CIGNA <sup>47</sup>	\$1.76
MVP HMO & PPO	\$1.85

<sup>46</sup> Includes PPO/OAP/Network/Network POS

<sup>47</sup> Ibid.

**3. Names and the percentage of Vermont Hospital Service Areas (VSAs) where the MCO is making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms**

<b>Names and the percentage of Vermont Hospital Service Areas (VSAs) where the MCO is making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms</b>			
<b>Name of Hospital Service Area</b>	<b>BCBS/TVHP/BCBS PPO</b>	<b>CIGNA<sup>48</sup></b>	<b>MVP HMO &amp; PPO</b>
<b>Barre</b>	Y	Y	Y
<b>Bennington</b>	Y		Y
<b>Brattleboro</b>			
<b>Randolph</b>			
<b>Rutland</b>			
<b>Burlington</b>	Y	Y	Y
<b>Middlebury</b>			
<b>Morrisville</b>			
<b>Newport</b>			
<b>St. Albans</b>			
<b>St. Johnsbury</b>	Y	Y	Y
<b>Springfield</b>			
<b>White River Junction</b>	Y		
<b>% of VSAs where the MCO is making payments to support Community Health Teams in accordance with Vermont Blueprint-defined payment terms</b>	38%	23%	31%

<sup>48</sup> Includes PPO/OAP/Network/Network POS.

## Provider Satisfaction

Rule 9-03 requires that MCOs conduct an annual survey of their provider network. For the 2011 data filing, MCOs used their own sampling and survey administration methodology and included a set of standardized state-approved survey questions. MCOs are required to use at least the minimum set of standardized state-approved questions in their provider satisfaction surveys.

MCOs are also required to summarize any corrective actions that have been undertaken based on the prior year's provider satisfaction survey.

The state-approved survey questions are to be scored on a five point scale using the following responses:

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

The standard state-approved provider survey questions are:

1. Overall, I am satisfied with [MCO].
2. I would recommend [MCO] to other practitioners and to my patients.
3. [MCO's] staff is responsive when I need assistance.
4. [MCO's] quality of communications, such as care management tools, policy bulletins and manuals, is adequate.
5. [MCO] provides adequate support to patients with chronic conditions, or other serious illness.
6. [MCO's] prescription drug formulary is adequate.<sup>49</sup>
7. The amount of time spent obtaining [MCO] pre-approval for select prescription drugs is appropriate.<sup>50</sup>
8. The amount of time spent obtaining [MCO] pre-approval for services (other than prescription drugs) for my patients is appropriate.
9. I have adequate access to [MCO's] Vermont utilization management department (e.g., when coverage for a service has been denied).
10. [MCO's] reimbursement levels are adequate.
11. [MCO's] claims payments are timely.
12. [MCO's] claims processing is accurate.
13. There are an adequate number and breadth of practitioners in [MCO's] network when I need to refer patients for other services.

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<sup>49</sup> MBHOs are not required to use this question

<sup>50</sup> MBHOs are not required to use this question

## MCO Provider Survey Results

- BCBS/TVHP/BCBS PPO used a combined survey that reached providers for BCBS, TVHP, and BCBS PPO. A mixed mode methodology was used (mail, Internet, telephone) to survey PCP and specialist practices. Most survey questions used a five-point scale and the results report the top two responses (“satisfied” and “very satisfied”).
- CBH sent an e-mail survey to 3,792 high volume mental health and substance abuse practitioners for whom an e-mail address was available on file. Four reminders were sent in July 2010. The survey was closed August 17, 2010. In addition, paper surveys were mailed to 2,208 high volume mental health and substance abuse practitioners in July 2010 for whom no e-mail address was on file with a requested return date of August 10, 2010. In Vermont 512 providers were sent surveys and the response rate was 29%.
- CIGNA used the Internet exclusively to conduct a national survey of its PCPs, OB/GYNs and specialists. Physicians were e-mailed an invitation to visit the CIGNA website and share their opinion on managed care companies. CIGNA was not identified as the sponsor of the study. Specialist and PCP practice responses were combined for the purposes of reporting the data. A total of 36 completed surveys were collected in the Vermont market.
- MBH utilized a mail-out and fax-back method, along with an online survey option, for collecting responses to the provider satisfaction survey. The MCO mailed out surveys to every network provider with at least on authorization for services between January and June 2010.
- MVP directed its survey to office managers at specialist’s practices using a three-point scale.
- PrimariLink does not have its own provider network and did not submit a provider satisfaction survey. Historically the MCO has not done so.
- Based on a review of each MCO’s methodology for collecting and reporting provider survey data, it appears that none of the MCOs were compliant in adding the required questions to its provider survey.
- BCBS/TVHP/BCBS PPO should be acknowledged as the MCO that appears to have included most of the required questions in its provider survey.

**Provider Satisfaction Survey Results, 2011**

	<b>BCBS/ BCBS PPO/ TVHP</b>	<b>CBH</b>	<b>CIGNA POS &amp; PPO</b>	<b>MBH</b>	<b>MVP</b>
Response rate	18%	29%	NR	42%	NR
Number of completed surveys	194 <sup>51</sup>	150	36	309	50
Overall satisfaction with MCO	85%	60%	28%	71%	53%
Recommend MCO to others	84%	60%	43%	NR	NR
Staff is responsive when I need assistance	84%	58%	41% <sup>52</sup> 38% <sup>53</sup>	71%	68% <sup>54</sup>
Quality of communication is adequate	75%	45%	41%	48% <sup>55</sup>	NR
MCO provides adequate support to patients with chronic conditions, or other serious illness	74%	NR	42% <sup>56</sup>	50%	12% <sup>57</sup>
Prescription drug formulary is adequate	61% <sup>58</sup>	NA	48%	NA	NR
Amount of time spent obtaining pre-approval for select prescription drugs is appropriate	63% <sup>59</sup>	NA	29%	NA	NR
The amount of time spent obtaining pre-approval for services (other than prescription drugs) for my patients is appropriate.	71% <sup>60</sup>	44% <sup>61</sup>	45% <sup>62</sup>	71% <sup>63</sup>	72% <sup>64</sup>
I have adequate access to MCO's utilization management department (e.g., when coverage for a service has been denied).	76%	NR	40% <sup>65</sup>	66% <sup>66</sup>	NR
Reimbursement levels are adequate.	NR	24% <sup>67</sup>	31%	NR	NR

<sup>51</sup> 120 PCPs, 74 specialists

<sup>52</sup> Accessibility of local Provider Relations Representative

<sup>53</sup> Telephone contact to call center

<sup>54</sup> % of respondents whose issue was usually resolved on the first call to provider relations staff.

<sup>55</sup> Satisfaction with MCO publications

<sup>56</sup> Case management and discharge planning

<sup>57</sup> Satisfaction with health management programs

<sup>58</sup> % satisfied with clinical effectiveness of pharmacy program.

<sup>59</sup> % satisfied with administrative effectiveness of pharmacy program

<sup>60</sup> Overall satisfaction with utilization management process for inpatient care

<sup>61</sup> Ease of getting approval

<sup>62</sup> Overall rating of the precertification process, excluding high-tech imaging and prescription drugs

<sup>63</sup> Satisfaction with authorization

<sup>64</sup> Ease of prior approval process

<sup>65</sup> Percent who reached Medical Director promptly for clinical issue

<sup>66</sup> Satisfaction with availability of clinical staff

<sup>67</sup> How satisfied are you reimbursements when compared to other payers

Provider Satisfaction Survey Results, 2011					
	BCBS/ BCBS PPO/ TVHP	CBH	CIGNA POS & PPO	MBH	MVP
Claims payments are timely.	91%	57% <sup>68</sup> 53% <sup>69</sup>	14% <sup>70</sup> 91% <sup>71</sup>	70%	83%
Claims processing is accurate	83%	72% <sup>72</sup> 58% <sup>73</sup>	50%	83%	78%
There are an adequate number and breadth of practitioners in network when I need to refer patients for other services.	NR	NR	88%	55% <sup>74</sup>	NR

<sup>68</sup> Eden Prairie, MN - CBH office

<sup>69</sup> Sherman, TX - CIGNA claims OAP/PPO

<sup>70</sup> Less than 30 days

<sup>71</sup> Less than 90 days

<sup>72</sup> Eden Prairie, MN - CBH office

<sup>73</sup> Sherman, TX - CIGNA claims OAP/PPO

<sup>74</sup> Ease of referring members to other providers in the network.

## MCO Actions Taken in Response to Survey Results

MCO Actions Taken in Response to Prior Year Survey Results, 2011					
	BCBS/ BCBS PPO/ TVHP	CBH	CIGNA POS & PPO	MBH	MVP
Worked to improve timeliness of claims adjustment	X	X			
Worked to improve provider communications	X		X		
Improved provider website		X	X	X	X
Worked to improve authorization process and improve decision consistency		X		X	X
Addressed lack of satisfaction with reimbursement rates		X			
Improved availability and responsiveness of care managers through cross-training				X	

## Terminated Physician Contracts

Rule 9-03 requires MCOs to report on Vermont network provider terminations initiated by the MCO during the preceding calendar year. To allow meaningful cross-MCO comparisons, only MCO-terminated physicians are reported in the table below. MCOs that actively evaluate provider performance and manage provider participation ensure a high quality of network providers. Providers who were not credentialed or re-credentialed into MCO provider networks are not included in the count below.

Physicians Terminated by MCOs, 2010	
BCBS	0
BCBS PPO	0
CIGNA	0
CBH	2 <sup>75</sup>
MBH	2
MVP	13 <sup>76</sup>
TVHP	0

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<sup>75</sup> Providers terminated for contract breach

<sup>76</sup> MVP did a provider directory clean-up and removed 12 providers who had moved out of state or retired from practice. In one case, noted above, MVP terminated a physician for lack of a valid DEA license despite numerous opportunities to obtain one. Once the physician was terminated from the network, the provider obtained a Vermont DEA license; reapplied and was approved back into the network.

## APPENDIX

This appendix contains data that were not included in the main body of the report, but were submitted by the MCOs in response to the Rule 9-03 data filing requirements. It includes HEDIS<sup>®</sup>, CAHPS<sup>®</sup>, and Rule 9-03-specific measures. No statistical analysis has been performed on these data. The reader should note that CIGNA's PPO data and the National and Regional PPO averages were not reported until 2007. The BCBS PPO and MVP PPO were not reported until 2010 and are, therefore, represented as "NR" (Not Reported) in prior years.

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Percentage of Adults with Ambulatory or Preventive Visits												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
<b>2005</b>												
20 - 44 yrs	95%	96%	95%	93%	93%	95%		NR	NR	NR	NR	NR
45 - 64 yrs	96%	97%	96%	95%	95%	96%		NR	NR	NR	NR	NR
65+ yrs	91%	98%	99%	96%	96%	97%		NR	NR	NR	NR	NR
<b>2006</b>												
20 - 44 yrs	96%	96%	96%	94%	93%	95%		NR	NR	NR	NR	NR
45 - 64 yrs	97%	97%	97%	96%	95%	96%		NR	NR	NR	NR	NR
65+ yrs	92%	99%	98%	98%	97%	97%		NR	NR	NR	NR	NR
<b>2007</b>												
20 - 44 yrs	96%	96%	96%	95%	93%	95%		95%	NR	NR	91%	93%
45 - 64 yrs	97%	97%	97%	97%	95%	96%		97%	NR	NR	94%	95%
65+ yrs	92%	98%	98%	98%	97%	97%		97%	NR	NR	95%	97%
<b>2008</b>												
20 - 44 yrs	97%	96%	96%	95%	93%	91%		93%	NR	NR	95%	93%
45 - 64 yrs	98%	97%	97%	97%	95%	94%		95%	NR	NR	97%	95%
65+ yrs	95%	99%	97%	97%	97%	94%		98%	NR	NR	97%	97%
<b>2009</b>												
20 - 44 yrs	97%	96%	96%	95%	94%	96%		93%	94%	93%	92%	94%
45 - 64 yrs	97%	97%	96%	97%	96%	97%		96%	97%	95%	94%	96%
65+ yrs	97%	99%	98%	97%	97%	98%		98%	95%	98%	95%	97%
<b>2010</b>												
20 - 44 yrs	98%	97%	95%	95%	94%	95%		93%	96%	93%	92%	93%
45 - 64 yrs	98%	98%	96%	96%	96%	97%		95%	97%	95%	95%	96%
65+ yrs	97%	98%	98%	97%	97%	98%		98%	98%	97%	96%	97%

**Percent of Children with One or More Primary Care Visits by Age Group**

	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
<b>2006</b>												
12 - 24 mos	99%	99%	100%	99%	97%	99%		NR	NR	NR	NR	NR
25 mos – 6 yrs	94%	94%	94%	95%	89%	95%		NR	NR	NR	NR	NR
7 - 11 yrs	96%	94%	95%	98%	89%	96%		NR	NR	NR	NR	NR
12 - 19 yrs	96%	95%	95%	95%	87%	94%		NR	NR	NR	NR	NR
<b>2007</b>												
12 - 24 mos	99%	98%	100%	98%	97%	98%		98%	NR	NR	83%	92%
25 mos – 6 yrs	96%	93%	94%	94%	89%	95%		92%	NR	NR	86%	93%
7 - 11 yrs	96%	95%	96%	97%	90%	96%		91%	NR	NR	88%	94%
12 - 19 yrs	97%	95%	96%	96%	87%	95%		91%	NR	NR	94%	96%
<b>2008</b>												
12 - 24 mos	99%	99%	98%	99%	97%	98%		99%	NR	NR	95%	97%
25 mos – 6 yrs	95%	93%	94%	94%	90%	95%		92%	NR	NR	87%	93%
7 - 11 yrs	96%	95%	96%	96%	90%	96%		94%	NR	NR	87%	95%
12 - 19 yrs	96%	95%	96%	95%	87%	95%		94%	NR	NR	84%	92%
<b>2009</b>												
12 - 24 mos	100%	99%	99%	99%	97%	99%		99%	98%	100%	96%	98%
25 mos – 6 yrs	97%	95%	91%	93%	92%	96%		94%	92%	93%	89%	95%
7 - 11 yrs	97%	96%	97%	96%	91%	97%		95%	98%	95%	89%	96%
12 - 19 yrs	97%	95%	95%	97%	89%	95%		95%	93%	94%	86%	94%
<b>2010</b>												
12 - 24 mos	98%	99%	100%	99%	98%	98%		99%	95%	99%	97%	98%
25 mos – 6 yrs	96%	95%	89%	94%	91%	95%		93%	91%	95%	89%	95%
7 - 11 yrs	97%	97%	94%	95%	92%	97%		95%	93%	94%	89%	96%
12 - 19 yrs	97%	96%	94%	95%	89%	95%		94%	92%	95%	87%	94%

Overall Mental Health Utilization Rates													
	BCBS	CBH	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
<b>2006</b>													
<b>0 - 12 yrs</b>	5%	9%	5%	5%	4%	NA	NA		NR	NR	NR	NR	NR
<b>13 - 17 yrs</b>	12%	19%	10%	12%	11%	NA	NA		NR	NR	NR	NR	NR
<b>18 - 64 yrs</b>	11%	17%	8%	10%	9%	NA	NA		NR	NR	NR	NR	NR
<b>65+ yrs</b>	4%	38%	1%	3%	2%	NA	NA		NR	NR	NR	NR	NR
<b>Total</b>	10%	15%	7%	9%	8%	6%	9%		NR	NR	NR	NA	NA
<b>2007</b>													
<b>0 - 12 yrs</b>	5%	9%	6%	5%	4%	NA	NA		5%	NR	NR	NA	NA
<b>13 - 17 yrs</b>	12%	17%	11%	12%	9%	NA	NA		11%	NR	NR	NA	NA
<b>18 - 64 yrs</b>	11%	14%	11%	10%	8%	NA	NA		8%	NR	NR	NA	NA
<b>65+ yrs</b>	4%	1%	2%	4%	1%	NA	NA		5%	NR	NR	NA	NA
<b>Total</b>	10%	12%	10%	9%	8%	6%	9%		8%	NR	NR	5%	8%
<b>2008</b>													
<b>0 - 12 yrs</b>	4%	6%	7%	5%	4%	NA	NA		5%	NR	NR	NA	NA
<b>13 - 17 yrs</b>	12%	11%	14%	12%	10%	NA	NA		10%	NR	NR	NA	NA
<b>18 - 64 yrs</b>	10%	9%	11%	10%	9%	NA	NA		8%	NR	NR	NA	NA
<b>65+ yrs</b>	4%	5%	3%	3%	2%	NA	NA		5%	NR	NR	NA	NA
<b>Total</b>	9%	9%	11%	9%	8%	6%	9%		8%	NR	NR	5%	8%
<b>2009</b>													
<b>0 - 12 yrs</b>	5%	6%	8%	5%	5%	NA	NA		6%	5%	6%	NA	NA
<b>13 - 17 yrs</b>	11%	12%	14%	10%	9%	NA	NA		11%	10%	12%	NA	NA
<b>18 - 64 yrs</b>	10%	9%	11%	10%	9%	NA	NA		8%	8%	12%	NA	NA
<b>65+ yrs</b>	5%	6%	4%	3%	2%	NA	NA		6%	2%	3%	NA	NA
<b>Total</b>	9%	9%	11%	9%	9%	6%	9%		8%	8%	12%	6%	9%
<b>2010</b>													
<b>0 - 12 yrs</b>	6%	6%	7%	6%	5%	NA	NA		6%	5%	6%	NA	NA
<b>13 - 17 yrs</b>	13%	15%	15%	14%	11%	NA	NA		11%	10%	13%	NA	NA
<b>18 - 64 yrs</b>	12%	13%	12%	10%	10%	NA	NA		8%	9%	14%	NA	NA
<b>65+ yrs</b>	4%	5%	5%	3%	4%	NA	NA		5%	2%	4%	NA	NA
<b>Total</b>	11%	12%	11%	10%	10%	6%	10%		8%	8%	13%	6%	9%

**Percentage of Members Identified as Receiving Alcohol and Other Drug Services**

	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
<b>2006</b>												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		NR	NR	NR	NR	NR
13 - 17 yrs	2.4%	1.5%	2.9%	1.7%	NA	NA		NR	NR	NR	NR	NR
18 - 24 yrs	2.5%	2.5%	3.5%	2.8%	NA	NA		NR	NR	NR	NR	NR
25 - 34 yrs	0.9%	2.1%	1.8%	1.5%	NA	NA		NR	NR	NR	NR	NR
35 - 64 yrs	0.9%	1.5%	1.6%	1.3%	NA	NA		NR	NR	NR	NR	NR
65+ yrs	0.3%	0.7%	1.5%	1.4%	NA	NA		NR	NR	NR	NR	NR
<b>Total</b>	1.0%	1.4%	1.7%	1.3%	0.8%	1.0%		NR	NR	NR	NR	NR
<b>2007</b>												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		0.1%	NR	NR	NA	NA
13 - 17 yrs	1.9%	1.5%	1.8%	1.8%	NA	NA		1.7%	NR	NR	NA	NA
18 - 24 yrs	3.4%	2.7%	3.3%	2.8%	NA	NA		2.7%	NR	NR	NA	NA
25 - 34 yrs	0.4%	2.0%	2.6%	2.0%	NA	NA		2.0%	NR	NR	NA	NA
35 - 64 yrs	0.9%	1.4%	1.5%	1.4%	NA	NA		1.2%	NR	NR	NA	NA
65+ yrs	0.7%	1.0%	0.5%	1.1%	NA	NA		0.5%	NR	NR	NA	NA
<b>Total</b>	1.1%	1.4%	1.6%	1.4%	0.9%	1.2%		1.2%	NR	NR	0.8%	1.0%
<b>2008</b>												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		0.0%	NR	NR	NA	NA
13 - 17 yrs	2.0%	2.1%	2.6%	2.4%	NA	NA		1.9%	NR	NR	NA	NA
18 - 24 yrs	3.0%	2.9%	3.3%	3.1%	NA	NA		2.7%	NR	NR	NA	NA
25 - 34 yrs	1.0%	2.2%	2.3%	2.2%	NA	NA		1.8%	NR	NR	NA	NA
35 - 64 yrs	1.0%	1.4%	1.6%	1.5%	NA	NA		1.2%	NR	NR	NA	NA
65+ yrs	1.0%	0.3%	0.7%	0.3%	NA	NA		0.9%	NR	NR	NA	NA
<b>Total</b>	1.1%	1.5%	1.7%	1.6%	1.0%	1.3%		1.3%	NR	NR	0.9%	1.1%
<b>2009</b>												
0 - 12 yrs	0.0%	0.1%	0.0%	0.0%	NA	NA		0.0%	0.1%	0.0%	NA	NA
13 - 17 yrs	1.7%	2.2%	1.4%	2.2%	NA	NA		1.5%	1.5%	2.1%	NA	NA
18 - 24 yrs	3.0%	2.8%	3.2%	2.6%	NA	NA		2.9%	3.8%	4.4%	NA	NA
25 - 34 yrs	1.2%	2.0%	2.8%	1.9%	NA	NA		2.0%	3.5%	4.4%	NA	NA
35 - 64 yrs	1.0%	1.5%	1.7%	1.5%	NA	NA		1.3%	1.9%	2.5%	NA	NA
65+ yrs	1.0%	1.0%	1.0%	1.0%	NA	NA		0.9%	1.7%	0.6%	NA	NA
<b>Total</b>	1.1%	1.5%	1.7%	1.5%	1.0%	1.3%		1.3%	2.1%	2.7%	0.9%	1.3%

Percentage of Members Identified as Receiving Alcohol and Other Drug Services												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
<b>2010</b>												
<b>0 - 12 yrs</b>	0.0%	0.0%	0.1%	0.0%	NA	NA		0.0%	0.1%	0.0%	NA	NA
<b>13 - 17 yrs</b>	1.8%	2.1%	1.2%	2.0%	NA	NA		1.5%	0.8%	2.6%	NA	NA
<b>18 - 24 yrs</b>	4.3%	2.8%	2.8%	2.3%	NA	NA		3.0%	3.4%	4.6%	NA	NA
<b>25 - 34 yrs</b>	1.7%	2.0%	2.0%	2.2%	NA	NA		1.9%	3.0%	6.2%	NA	NA
<b>35 - 64 yrs</b>	1.2%	1.5%	1.3%	1.6%	NA	NA		1.3%	1.9%	2.8%	NA	NA
<b>65+ yrs</b>	1.3%	0.7%	1.2%	0.6%	NA	NA		1.0%	0.8%	0.6%	NA	NA
<b>Total</b>	1.4%	1.4%	1.4%	1.5%	1.1%	1.4%		1.4%	1.9%	3.2%	1.0%	1.4%

**Total Inpatient Discharges General Hospital/Acute Care /1000 Members by Age - MCO w/o PPO**

Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	72	63	51	65	41	71	57	98	120	87	84	38	118	87	44	63	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	11	10	12	10	8	11	9	10	14	17	13	33	10	7	13	11	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	12	11	11	10	12	17	11	11	12	18	16	17	13	14	11	9	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	54	51	48	50	50	48	50	51	48	51	48	46	46	50	49	42	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	43	43	40	37	44	54	46	52	52	54	56	51	49	46	44	42	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	70	106	114	90	132	119	124	125	199	112	130	110	119	109	105	128	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	147	222	196	162	240	165	80	181	294	125	261	484	233	122	423	482	NA	NA	NA	NA	NA	NA	NA	NA
85+	364	0	500	0	0	0	375	0	136	333	1059	500	0	0	444	167	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	39	39	37	36	38	43	40	43	46	46	47	46	41	41	40	37	57	57	57	55	51	53	53	52

**Total Inpatient Discharges General Hospital/Acute Care /1000 Members by Age – PPO**

Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	61	51	62	95	68	92	54	96	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	11	13	12	10	8	7	12	11	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	14	12	16	13	14	13	15	17	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	42	41	40	37	41	38	36	36	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	47	46	49	46	50	41	57	51	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	129	137	125	111	82	72	82	78	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	237	247	229	241	221	401	152	267	NA	NA	NA	NA	NA	NA	NA	NA
85+	316	384	290	388	453	393	228	0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	46	45	46	43	40	35	44	41	55	56	53	52	49	50	49	48

Inpatient Average Length of Stay General Hospital/Acute Care by Age - MCO w/o PPO																								
Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	7.1	2.7	4.3	3.2	2.8	10.9	25.5	4.3	4.1	3.1	6.3	8.0	3.4	2.6	10.8	3.1	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	10.4	2.6	3.1	2.7	2.0	5.0	3.4	4.0	3.7	3.2	2.8	7.3	2.9	2.2	2.5	4.6	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	4.6	3.4	5.3	3.5	2.9	3.4	3.5	4.8	3.9	4.0	5.4	2.1	4.8	3.2	3.2	3.2	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	2.9	2.5	3	3.1	3.2	3.1	2.9	3.1	3.1	2.9	2.4	2.9	2.8	2.5	3.2	3.1	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4.0	3.9	4.6	5.0	4.4	4.2	4.5	4.1	4.0	3.5	3.4	3.8	4.4	4.0	4.2	4.6	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	6.8	4.0	4.6	6.0	3.8	4.9	2.9	4.6	3.6	3.7	4.7	2.8	4.9	5.0	4.4	4.8	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	3.8	4.8	2.7	4.6	3.5	4.0	3.0	4.2	3.1	2.2	4.6	3.2	5.6	16.2	5.4	5.5	NA	NA	NA	NA	NA	NA	NA	NA
85+	5.0	NA	14	NA	0.0	NA	3.0	NA	3.0	5.7	1.7	5.0	0.0	NA	8	2.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	3.9	3.3	3.9	4.1	3.6	3.9	4.0	3.8	3.6	3.3	3.3	3.6	3.7	3.3	3.8	4.0	3.5	3.7	3.7	3	3.8	3.7	3.8	3.8

Inpatient Average Length of Stay General Hospital/Acute Care by Age - PPO																
Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	2.4	2.5	2.7	12.0	2.0	4.3	1.9	1.9	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	4.8	3.5	4.2	3.6	1.8	2.5	2.8	2.5	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	3.2	4.9	4.0	3.9	2.2	3.3	3.7	2.8	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	3.3	3.0	3.1	3.0	2.4	2.6	3.5	3.4	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4.0	4.2	4.5	4.3	3.6	3.5	4.5	4.2	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	4.7	4.8	5.5	5.6	2.4	3.2	5.1	5.1	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	6.6	6.2	6.9	6.9	2.5	7.4	4.6	4.6	NA	NA	NA	NA	NA	NA	NA	NA
85+	7.6	6.9	6.8	8.9	2.5	1.0	2.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	4.2	4.2	4.5	4.6	3.0	3.2	4.2	3.9	3.4	3.7	3.7	3.7	3.6	3.8	3.8	3.8

Inpatient Days General Hospital/Acute Care /1000 Members by Age – MCO w/o PPO																								
Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	506	169	216	205	117	778	1444	418	493	272	531	307	403	222	479	193	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	111	27	36	28	16	54	31	38	51	53	36	239	28	15	33	50	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	55	38	58	36	35	58	40	55	48	70	86	37	61	43	35	27	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	160	130	141	155	157	149	144	159	152	146	118	134	131	124	154	131	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	174	166	186	183	190	228	208	211	207	188	192	191	218	183	187	193	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	475	417	530	534	510	582	359	572	713	416	605	305	584	547	464	618	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	554	1064	533	750	840	660	239	761	906	282	1200	1548	1296	1975	2267	2667	NA	NA	NA	NA	NA	NA	NA	NA
85+	1818	0	7000	0	0	0	1125	0	409	1889	1765	2500	0	0	3556	333	NA	NA	NA	NA	NA	NA	NA	NA
Total	154	128	146	147	140	168	158	164	164	151	152	164	154	136	151	148	206	212	212	205	192	198	201	197

Inpatient Days General Hospital/Acute Care /1000 Members by Age – PPO Only																
Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	147	128	168	1144	136	389	101	183	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	53	44	50	35	14	17	34	27	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	44	60	63	51	31	43	55	47	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	142	124	123	110	99	99	128	122	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	189	190	221	196	177	143	260	215	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	609	654	683	624	199	228	422	398	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	1560	1543	1589	1663	553	2967	697	1233	NA	NA	NA	NA	NA	NA	NA	NA
85+	2407	2665	1976	3454	1132	393	548	0	NA	NA	NA	NA	NA	NA	NA	NA
Total	196	189	206	199	118	113	183	157	188	201	199	192	176	187	188	181

**Inpatient Discharges/1000 Members by Age – Maternity – MCO w/o PPO**

Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<b>10 – 19</b>	1.2	1.2	0.6	0.3	2.0	2.2	1.9	1.3	0.7	1.8	1.6	2.5	1.7	2.7	1.3	1.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>20 – 44</b>	36.5	35.9	34.3	35.3	28.8	26.7	29.6	32.4	28.7	31.4	30.1	32.0	28.9	30.2	31.2	27.1	NA	NA	NA	NA	NA	NA	NA	NA
<b>45 – 64</b>	0.1	0.2	0.1	0.0	0.1	0.0	0.3	0.2	0.1	0.3	0.2	0.0	0.1	0.1	0.3	0.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	13.7	13.3	12.4	12.6	11.7	10.6	11.3	11.9	11.7	12.9	11.9	12.2	12.4	12.7	12.6	10.5	15.9	15.1	14.7	14.3	13.3	12.8	12.3	12.3

**Inpatient Discharges/1000 Members by Age – Maternity - PPO**

Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<b>10 – 19</b>	2.2	1.3	0.9	1.3	0.4	1.2	1.3	1.4	NA	NA	NA	NA	NA	NA	NA	NA
<b>20 – 44</b>	25.2	21.7	23.2	22.6	25.1	22.8	18.1	19.1	NA	NA	NA	NA	NA	NA	NA	NA
<b>45 – 64</b>	0.0	0.0	0.0	0.1	0.1	0.2	0.0	0.1	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	10.0	8.5	8.5	8.5	10.5	9.3	7.0	7.6	14.9	14.7	14.3	14.0	12.9	12.2	12.4	12.1

**Inpatient Days/1000 Members by Age -- Maternity - MCO w/o PPO**

Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<b>10 – 19</b>	2.9	2.1	1.3	0.8	4.8	7.0	5.0	3.0	1.8	7.7	2.6	4.9	4.2	6.5	3.4	3.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>20 – 44</b>	86.8	73.6	90.5	92.0	80.2	79.9	82.1	96.3	82.1	77.2	64.2	85.4	71.5	63.2	76.4	69.3	NA	NA	NA	NA	NA	NA	NA	NA
<b>45 – 64</b>	0.4	0.5	2.0	0.0	0.4	0.0	1.1	0.6	0.3	0.6	0.3	0.0	0.4	0.1	0.9	0.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	32.7	27.3	33.4	32.8	32.5	31.7	31.3	35.3	33.4	32.3	25.2	32.3	30.7	26.6	31.0	27.0	43.3	41.4	40.5	39.0	38.2	37.1	36.4	36.0

Inpatient Days/1000 Members by Age -- Maternity - PPO																
Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
10 – 19	5.6	3.3	2.1	4.6	0.9	2.6	2.7	4.2	NA	NA	NA	NA	NA	NA	NA	NA
20 – 44	74.5	60.5	64.6	62.2	56.1	50.9	47.8	45.7	NA	NA	NA	NA	NA	NA	NA	NA
45 – 64	0.0	0.0	0.0	0.6	0.1	0.5	0.0	0.2	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	29.5	23.5	23.7	23.7	23.3	20.9	18.4	18.3	37.5	40.2	39.3	38.0	35.1	36.8	37.4	37.3

Inpatient Average Length of Stay (ALOS)/1000 Members by Age – Maternity – MCO w/o PPO																								
Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
10 – 19	2.5	1.8	2.0	2.5	2.4	3.2	2.6	2.3	2.5	4.2	1.7	2.0	2.5	2.4	2.6	3.0	NA	NA	NA	NA	NA	NA	NA	NA
20 – 44	2.4	2.1	2.6	2.6	2.8	3.0	2.8	3.0	2.9	2.5	2.1	2.7	2.5	2.1	2.5	2.6	NA	NA	NA	NA	NA	NA	NA	NA
45 – 64	3.5	3.0	35.0	NA	4.0	NA	3.3	2.5	2.0	2.5	2.0	NA	4.0	1.0	2.8	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	2.4	2.1	2.7	2.6	2.8	3.0	2.8	3.0	2.9	2.5	2.1	2.7	2.5	2.1	2.5	2.6	2.7	2.8	2.7	2.7	2.8	2.9	3.0	2.9

Inpatient Average Length of Stay (ALOS)/1000 Members by Age – Maternity – PPO																
Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
10 – 19	2.6	2.5	2.4	3.6	2.0	2.3	2.0	3.0	NA	NA	NA	NA	NA	NA	NA	NA
20 – 44	3.0	2.8	2.8	2.8	2.2	2.2	2.7	2.4	NA	NA	NA	NA	NA	NA	NA	NA
45 – 64	NA	NA	NA	4.5	1.0	3.0	NA	2.0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	2.9	2.8	2.8	2.8	2.2	2.2	2.6	2.4	2.5	2.7	2.8	2.7	2.7	3.0	3.0	3.1

Ambulatory Visits/1000 Members by Age – MCO w/o PPO																								
Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	12200	11315	11709	11823	11362	11234	11948	11334	11496	11740	11781	10982	12149	11253	11463	11563	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	3784	3793	3862	3752	3652	3699	3874	3749	3567	3465	3600	3562	3482	3434	3430	3439	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	2850	2850	3010	2851	2832	2895	3104	3081	2743	2698	2901	2656	2755	2642	2778	2616	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	3393	3238	3381	3074	3418	3480	3724	3582	3127	3220	3300	2997	3122	2972	3026	2861	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4774	4647	4798	4585	4616	4761	5031	4905	4364	4460	4652	4436	4403	4074	4168	4088	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	6297	5941	6615	6497	7104	7281	7001	6891	6741	6407	6853	6149	6213	6058	6412	6359	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	7614	8424	9266	9838	9000	8536	8332	8737	9061	8115	7878	8806	7845	7595	9068	9702	NA	NA	NA	NA	NA	NA	NA	NA
85+	33455	18545	10000	7000	5455	6333	10875	12706	12545	14333	14471	9000	5143	7059	6000	4000	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	4042	3950	4115	3913	3923	4030	4296	4212	3746	3801	3982	3775	3708	3517	3612	3521	3671	3932	4106	3862	4097	4358	4517	4243

Ambulatory Visits/1000 Members by Age – PPO																
Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	10910	11032	11398	10732	11251	10471	11060	11773	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	3483	3525	3594	3373	3285	3270	3545	3544	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	2668	2674	2821	2715	2546	2508	2963	2795	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	2741	2754	2912	2672	2779	2596	3148	3035	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4177	4153	4352	4089	4004	3764	4561	4380	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	7438	6735	7069	6875	6062	5014	6870	5878	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	9277	8911	9571	9312	8848	7617	10106	7067	NA	NA	NA	NA	NA	NA	NA	NA
85+	8388	8653	9426	9441	19245	18492	9947	8000	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	3748	3695	3909	3665	3395	3221	3938	3736	3560	3840	3988	3744	3892	4149	4299	4015

**Ambulatory Visits/1000 Members by Age -- Emergency Room – MCO w/o PPO**

Age (yrs)	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	222	240	204	232	341	357	326	300	246	260	320	230	267	217	226	273	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	186	180	198	190	300	216	225	210	186	187	204	206	185	186	186	158	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	245	237	239	241	359	265	283	273	230	233	240	227	219	226	215	208	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	211	211	211	210	348	257	256	242	217	234	230	226	233	219	211	205	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	177	169	180	171	261	174	182	176	183	187	191	180	173	170	162	158	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	220	219	242	224	377	258	234	277	249	219	234	292	223	268	239	216	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	359	488	589	324	400	289	159	326	661	439	104	194	399	425	786	312	NA	NA	NA	NA	NA	NA	NA	NA
85+	1091	0	500	0	364	667	1875	353	545	889	1059	500	0	0	667	167	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	201	196	202	197	313	223	228	217	204	212	214	206	204	198	190	182	201	195	197	187	215	219	224	213

**Ambulatory Visits/1000 Members by Age -- Emergency Room – PPO**

Age (yrs)	CIGNA PPO				MVP PPO		BCBS PPO		PPO National Average				PPO Regional Average			
	2007	2008	2009	2010	2009	2010	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
<1 year	187	218	220	208	204	178	225	261	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	161	181	187	167	179	147	218	203	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	210	213	205	195	228	222	272	243	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	190	197	189	186	217	203	249	236	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	143	150	146	146	178	175	198	179	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	223	220	190	207	202	167	221	193	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	369	380	339	372	995	294	232	167	NA	NA	NA	NA	NA	NA	NA	NA
85+	434	453	491	542	453	1180	411	0	NA	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	178	184	178	175	200	189	226	208	191	181	182	174	200	204	205	193

<b>Antibiotic Utilization: Average Number of Antibiotic Prescriptions Per Member Per Year By Age, 2007- 2010</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>MVP PPO</b>	<b>TVHP</b>	<b>BCBS PPO</b>
<b>2007</b>							
<b>0 - 9 yrs</b>	0.93	0.89	0.85	0.86	NR	0.88	NR
<b>10 - 17 yrs</b>	0.62	0.59	0.56	0.55	NR	0.61	NR
<b>18 - 34 yrs</b>	0.67	0.59	0.57	0.61	NR	0.63	NR
<b>35 - 49 yrs</b>	0.67	0.65	0.58	0.60	NR	0.59	NR
<b>50 - 64 yrs</b>	0.80	0.72	0.72	0.71	NR	0.76	NR
<b>65 - 74 yrs</b>	0.85	1.10	0.87	0.84	NR	0.79	NR
<b>75 - 84 yrs</b>	0.99	1.23	1.18	1.20	NR	0.80	NR
<b>85+ yrs</b>	5.09	0.00	0.75	0.82	NR	0.00	NR
<b>Total</b>	0.74	0.68	0.65	0.66	NR	0.67	NR
<b>2008</b>							
<b>0 - 9 yrs</b>	1.27	0.85	0.81	0.81	NR	1.09	NR
<b>10 - 17 yrs</b>	0.71	0.61	0.50	0.51	NR	0.70	NR
<b>18 - 34 yrs</b>	0.80	0.60	0.54	0.61	NR	0.72	NR
<b>35 - 49 yrs</b>	0.80	0.64	0.55	0.62	NR	0.71	NR
<b>50 - 64 yrs</b>	0.92	0.71	0.66	0.73	NR	0.84	NR
<b>65 - 74 yrs</b>	1.10	1.05	0.88	0.73	NR	1.14	NR
<b>75 - 84 yrs</b>	1.54	1.68	1.32	0.91	NR	1.06	NR
<b>85+ yrs</b>	4.36	0.00	1.32	1.56	NR	1.41	NR
<b>Total</b>	0.88	0.68	0.61	0.66	NR	0.79	NR

<b>Antibiotic Utilization: Average Number of Antibiotic Prescriptions Per Member Per Year By Age, 2007- 2010</b>							
	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>MVP PPO</b>	<b>TVHP</b>	<b>BCBS PPO</b>
<b>2009</b>							
<b>0 - 9 yrs</b>	1.09	0.80	0.85	0.43	0.81	0.95	0.45
<b>10 - 17 yrs</b>	0.70	0.58	0.55	0.25	0.55	0.65	0.27
<b>18 - 34 yrs</b>	0.77	0.60	0.57	0.27	0.59	0.69	0.32
<b>35 - 49 yrs</b>	0.75	0.61	0.57	0.30	0.55	0.66	0.36
<b>50 - 64 yrs</b>	0.89	0.69	0.68	0.34	0.67	0.79	0.40
<b>65 - 74 yrs</b>	1.09	0.82	0.80	0.41	0.82	1.00	0.49
<b>75 - 84 yrs</b>	1.65	0.63	1.57	0.47	1.16	1.66	0.88
<b>85+ yrs</b>	1.00	0.00	1.23	0.00	3.40	0.44	1.00
<b>Total</b>	0.84	0.65	0.63	0.31	0.62	0.74	0.37
<b>2010</b>							
<b>0 - 9 yrs</b>	0.97	0.82	0.75	0.88	0.86	0.85	0.94
<b>10 - 17 yrs</b>	0.67	0.56	0.53	0.50	0.57	0.59	0.61
<b>18 - 34 yrs</b>	0.68	0.59	0.47	0.56	0.56	0.65	0.66
<b>35 - 49 yrs</b>	0.68	0.58	0.53	0.60	0.57	0.64	0.63
<b>50 - 64 yrs</b>	0.81	0.70	0.64	0.74	0.67	0.77	0.71
<b>65 - 74 yrs</b>	1.01	1.08	0.77	0.73	0.79	0.98	0.80
<b>75 - 84 yrs</b>	1.43	0.95	1.07	2.04	1.24	2.30	1.29
<b>85+ yrs</b>	0.00	0.00	1.44	1.50	0.98	1.33	2.00
<b>Total</b>	0.76	0.65	0.58	0.66	0.62	0.70	0.94

**Average Number of Prescriptions Per Member Per Year for Antibiotics of Concern By Age, 2007 - 2010**

	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>MVP PPO</b>	<b>TVHP</b>	<b>BCBS PPO</b>
<b>2007</b>							
<b>0 - 9 yrs</b>	0.39	0.40	0.36	0.38	NR	0.37	NR
<b>10 - 17 yrs</b>	0.21	0.19	0.21	0.20	NR	0.20	NR
<b>18 - 34 yrs</b>	0.27	0.24	0.23	0.24	NR	0.25	NR
<b>35 - 49 yrs</b>	0.3	0.31	0.28	0.27	NR	0.27	NR
<b>50 - 64 yrs</b>	0.35	0.34	0.33	0.32	NR	0.33	NR
<b>65 - 74 yrs</b>	0.40	0.46	0.41	0.43	NR	0.35	NR
<b>75 - 84 yrs</b>	0.62	0.39	0.55	0.49	NR	0.47	NR
<b>85+ yrs</b>	0.36	0.00	0.33	0.27	NR	0.00	NR
<b>Total</b>	0.31	0.30	0.29	0.28	NR	0.28	NR
<b>2008</b>							
<b>0 - 9 yrs</b>	0.59	0.36	0.34	0.38	NR	0.51	NR
<b>10 - 17 yrs</b>	0.23	0.21	0.18	0.18	NR	0.22	NR
<b>18 - 34 yrs</b>	0.33	0.26	0.23	0.25	NR	0.30	NR
<b>35 - 49 yrs</b>	0.38	0.31	0.26	0.30	NR	0.32	NR
<b>50 - 64 yrs</b>	0.43	0.33	0.31	0.34	NR	0.38	NR
<b>65 - 74 yrs</b>	0.52	0.45	0.41	0.33	NR	0.56	NR
<b>75 - 84 yrs</b>	0.80	0.30	0.62	0.44	NR	0.70	NR
<b>85+ yrs</b>	1.09	0.00	0.48	0.89	NR	0.00	NR
<b>Total</b>	0.39	0.30	0.27	0.29	NR	0.34	NR
<b>2009</b>							
<b>0 - 9 yrs</b>	0.49	0.34	0.36	0.43	0.33	0.41	0.45
<b>10 - 17 yrs</b>	0.22	0.21	0.20	0.25	0.20	0.23	0.27
<b>18 - 34 yrs</b>	0.32	0.24	0.24	0.27	0.24	0.29	0.32
<b>35 - 49 yrs</b>	0.37	0.29	0.27	0.30	0.26	0.31	0.36
<b>50 - 64 yrs</b>	0.41	0.32	0.31	0.34	0.31	0.35	0.40
<b>65 - 74 yrs</b>	0.46	0.45	0.38	0.41	0.38	0.51	0.49
<b>75 - 84 yrs</b>	0.71	0.25	0.64	0.47	0.77	1.09	0.88
<b>85+ yrs</b>	0.50	0.00	0.24	0.00	2.26	0.22	1.00
<b>Total</b>	0.37	0.34	0.28	0.31	0.27	0.32	0.37
<b>2010</b>							
<b>0 - 9 yrs</b>	0.38	0.28	0.31	0.35	0.34	0.32	0.39
<b>10 - 17 yrs</b>	0.23	0.20	0.19	0.20	0.19	0.18	0.22
<b>18 - 34 yrs</b>	0.27	0.22	0.20	0.24	0.23	0.26	0.28
<b>35 - 49 yrs</b>	0.32	0.30	0.26	0.25	0.27	0.30	0.29
<b>50 - 64 yrs</b>	0.37	0.31	0.30	0.33	0.31	0.35	0.34
<b>65 - 74 yrs</b>	0.47	0.49	0.38	0.31	0.34	0.50	0.40
<b>75 - 84 yrs</b>	0.78	0.37	0.49	0.54	0.58	1.06	0.57
<b>85+ yrs</b>	0.00	0.00	0.70	1.00	0.39	0.50	1.00
<b>Total</b>	0.33	0.28	0.26	0.28	0.27	0.30	0.31

**Percentage of All Antibiotic Prescriptions That Are Antibiotics of Concern By Age, 2007 – 2010**

	<b>BCBS</b>	<b>CIGNA</b>	<b>CIGNA PPO</b>	<b>MVP</b>	<b>MVP PPO</b>	<b>TVHP</b>	<b>BCBS PPO</b>
<b>2007</b>							
<b>0 - 9 yrs</b>	41%	45%	43%	44%	NR	43%	NR
<b>10 - 17 yrs</b>	33%	32%	37%	35%	NR	33%	NR
<b>18 - 34 yrs</b>	41%	41%	41%	39%	NR	40%	NR
<b>35 - 49 yrs</b>	45%	48%	47%	45%	NR	46%	NR
<b>50 - 64 yrs</b>	44%	47%	46%	45%	NR	43%	NR
<b>65 - 74 yrs</b>	48%	42%	47%	51%	NR	44%	NR
<b>75 - 84 yrs</b>	62%	32%	47%	41%	NR	58%	NR
<b>85+ yrs</b>	7%	0%	44%	33%	NR	0%	NR
<b>Total</b>	42%	44%	44%	43%	NR	42%	NR
<b>2008</b>							
<b>0 - 9 yrs</b>	46%	42%	41%	47%	NR	46%	NR
<b>10 - 17 yrs</b>	32%	34%	36%	36%	NR	32%	NR
<b>18 - 34 yrs</b>	41%	44%	42%	40%	NR	41%	NR
<b>35 - 49 yrs</b>	47%	48%	48%	48%	NR	46%	NR
<b>50 - 64 yrs</b>	47%	46%	47%	47%	NR	45%	NR
<b>65 - 74 yrs</b>	47%	43%	46%	45%	NR	49%	NR
<b>75 - 84 yrs</b>	52%	18%	47%	48%	NR	66%	NR
<b>85+ yrs</b>	25%	NA	37%	57%	NR	0%	NR
<b>Total</b>	44%	44%	44%	45%	NR	44%	NR
<b>2009</b>							
<b>0 - 9 yrs</b>	45%	42%	42%	47%	41%	43%	44%
<b>10 - 17 yrs</b>	31%	37%	37%	42%	37%	35%	38%
<b>18 - 34 yrs</b>	41%	40%	42%	42%	42%	42%	41%
<b>35 - 49 yrs</b>	50%	49%	48%	48%	46%	46%	49%
<b>50 - 64 yrs</b>	46%	47%	46%	48%	46%	45%	47%
<b>65 - 74 yrs</b>	42%	55%	47%	49%	46%	51%	48%
<b>75 - 84 yrs</b>	43%	40%	41%	36%	67%	66%	61%
<b>85+ yrs</b>	50%	NA	19%	0%	67%	50%	44%
<b>Total</b>	44%	45%	44%	46%	44%	44%	45%
<b>2010</b>							
<b>0 - 9 yrs</b>	39%	34%	41%	40%	40%	38%	42%
<b>10 - 17 yrs</b>	34%	35%	36%	39%	33%	30%	37%
<b>18 - 34 yrs</b>	40%	38%	42%	44%	41%	41%	42%
<b>35 - 49 yrs</b>	47%	51%	49%	43%	47%	47%	47%
<b>50 - 64 yrs</b>	46%	44%	47%	45%	46%	45%	47%
<b>65 - 74 yrs</b>	46%	45%	49%	43%	43%	52%	50%
<b>75 - 84 yrs</b>	54%	38%	45%	26%	47%	46%	44%
<b>85+ yrs</b>	NA	NA	49%	67%	40%	38%	50%
<b>Total</b>	43%	42%	45%	43%	43%	43%	45%

**Frequency of Selected Procedures/1000 Members by Age and Gender – MCO w/o PPO**

	Age (yrs)	Sex	BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
			2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
Tonsillectomy	0 - 9	m+f	5.3	5.4	5.2	10.8	6.6	4.6	3.6	5.1	4.8	2.3	5.9	3.9	9.8	9.6	9.8	7.4	8.0	7.8
Tonsillectomy	10 - 19	m+f	3.8	2.4	2.5	3.1	3.3	5.7	3.7	2.1	1.2	2.7	1.6	3.4	4.2	4.1	3.9	3.3	3.5	3.3
Hysterectomy, Abdominal	15 - 44	f	2.5	2.1	1.0	3.2	4.3	1.2	1.7	3.0	1.4	1.6	3.2	1.7	3.6	3.7	2.8	2.7	2.9	2.1
Hysterectomy, Abdominal	45 - 64	f	4.0	4.9	2.9	6.3	5.4	1.1	5.5	10.8	5.7	3.4	6.1	2.7	5.5	5.6	4.4	4.8	4.8	3.6
Hysterectomy, Abdominal	65+	f	3.2	5.9	2.7	0.0	0.0	0.0	0.0	7.8	0.0	0.0	0.0	0.0	2.2	2.3	1.8	3.0	2.3	2.3
Hysterectomy, Vaginal	15 - 44	f	0.7	1.2	1.0	3.4	1.2	3.1	1.7	1.5	0.7	1.1	1.0	0.7	2.4	2.4	2.5	1.4	1.4	1.3
Hysterectomy, Vaginal	45 - 65	f	2.1	3.0	1.8	2.4	2.5	1.4	3.2	4.2	1.9	1.2	2.0	1.4	3.0	3.1	3.3	2.0	2.2	2.1
Hysterectomy, Vaginal	65+	f	3.2	3.0	2.7	0.0	7.9	0.0	0.0	7.8	14.3	0.0	5.9	0.0	2.0	2.0	2.0	1.8	1.8	1.5
Cholecystectomy, Open	15 - 44	f	0.1	0.0	0.0	0.5	0.2	0.0	0.2	0.0	0.0	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Cholecystectomy, Open	30 - 64	m	0.3	0.2	0.5	0.4	0.6	0.5	0.2	0.2	0.0	0.5	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2
Cholecystectomy, Open	45 - 64	f	0.3	0.2	0.1	0.4	0.6	0.2	0.5	0.3	0.6	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.3
Cholecystectomy, Open	65+	m	1.5	0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	0.0	0.8	0.8	0.8	1.5	0.8	1.0
Cholecystectomy, Open	65+	f	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.8	0.5	0.4	0.4	0.5
Cholecystectomy, Laparoscopic	15 - 44	f	1.9	3.1	3.2	3.1	3.9	4.8	1.9	7.8	5.6	1.2	5.1	3.7	5.9	6.2	6.2	4.5	4.6	4.5
Cholecystectomy, Laparoscopic	30 - 64	m	3.2	1.7	1.4	6.0	2.1	1.9	7.1	2.1	2.0	3.9	1.4	1.0	2.6	2.8	2.8	2.1	2.2	2.1
Cholecystectomy, Laparoscopic	45 - 64	f	4.1	4.6	4.3	5.7	4.0	6.1	5.3	4.8	7.6	4.1	3.1	3.9	6.2	6.2	6.3	4.4	4.6	5.3
Cholecystectomy, Laparoscopic	65+	m	1.5	5.9	4.4	8.1	0.0	4.2	4.5	11.7	0.0	5.3	0.0	7.5	4.5	4.3	4.3	4.3	2.8	3.4
Cholecystectomy, Laparoscopic	65+	f	6.4	3.0	2.7	15.0	7.9	0.0	5.4	0.0	0.0	0.0	0.0	4.4	5.6	5.6	5.4	5.0	5.1	5.1
Back Surgery	20 - 44	m	1.4	3.0	0.5	3.9	3.4	1.3	1.6	2.8	3.1	2.8	2.5	2.0	2.6	2.3	2.4	2.6	2.2	2.3
Back Surgery	20 - 44	f	1.7	1.6	0.3	2.0	3.6	2.1	1.0	3.2	1.6	1.7	2.7	2.3	2.2	2.1	2.1	2.1	2.0	1.9
Back Surgery	45 - 64	m	6.1	2.2	4.4	5.0	2.6	4.2	2.9	7.5	7.4	3.8	3.7	4.0	4.9	5.2	5.1	4.2	4.3	4.6
Back Surgery	45 - 64	f	3.0	3.2	2.1	4.5	4.0	4.6	4.1	4.8	4.4	3.6	3.4	3.8	4.5	4.6	4.7	3.6	4.0	3.5
Back Surgery	65+	m	1.5	4.4	13.1	0.0	16.2	4.2	0.0	0.0	0.0	5.3	13.7	7.5	6.5	7.4	7.2	6.2	7.6	5.9
Back Surgery	65+	f	9.7	0.0	2.7	15.0	0.0	15.7	37.7	7.8	0.0	0.0	0.0	0.0	6.3	6.2	6.0	5.9	6.5	4.7
Angioplasty (PTCA)	45 - 64	m	7.3	6.0	5.1	7.1	6.0	7.3	6.1	6.8	5.9	7.7	6.2	4.9	7.3	6.8	6.8	6.0	6.0	5.4
Angioplasty (PTCA)	45 - 64	f	0.8	0.7	0.6	3.0	1.2	0.7	1.2	2.7	1.3	1.2	1.4	1.3	2.2	2.0	2.0	1.3	1.2	1.2
Angioplasty (PTCA)	65+	m	10.8	10.3	5.8	12.2	24.3	12.6	27.1	0.0	20.7	10.6	22.8	15.0	15.9	15.2	15.5	12.3	13.0	11.6
Angioplasty (PTCA)	65+	f	0.0	3.0	0.0	7.5	0.0	0.0	16.2	7.8	0.0	7.1	0.0	13.2	6.5	6.0	5.5	4.5	5.0	4.6
Cardiac Catheterization	45 - 64	m	5.2	5.9	6.3	11.3	5.6	5.1	9.4	5.3	3.0	6.5	5.0	5.5	11.2	10.7	10.1	7.8	7.9	7.6
Cardiac Catheterization	45 - 64	f	4.0	2.2	1.9	2.6	3.6	4.1	3.2	3.6	2.5	3.4	2.8	2.5	7.2	6.9	6.6	4.1	4.0	3.9
Cardiac Catheterization	65+	m	12.4	10.3	5.8	12.2	12.1	12.6	18.1	5.8	31.1	10.6	13.7	11.2	24.5	23.0	22.0	17.7	19.7	16.9
Cardiac Catheterization	65+	f	0.0	5.9	0.0	0.0	0.0	15.7	10.8	7.8	0.0	0.0	11.7	4.4	14.9	15.6	13.7	9.6	10.2	10.7

Frequency of Selected Procedures/1000 Members by Age and Gender – MCO w/o PPO																				
			BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
	Age (yrs)	Sex	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
Prostatectomy	45 - 64	m	5.2	2.7	2.7	4.2	3.0	1.0	3.5	1.8	4.4	3.2	2.4	2.0	2.8	2.9	2.7	3.3	2.9	2.7
Prostatectomy	65+	m	6.2	20.6	16.1	4.1	12.1	0.0	0.0	11.7	20.7	10.6	4.6	11.2	9.4	9.4	9.8	10.2	10.6	13.3
Lumpectomy	15 - 44	f	3.2	2.4	1.8	4.4	2.7	2.9	2.7	3.9	2.1	3.5	2.2	1.8	2.8	2.6	2.3	3.0	2.7	2.4
Lumpectomy	45-64	f	5.6	6.6	4.5	9.9	5.6	6.4	8.7	8.4	8.2	6.3	5.0	5.9	6.6	6.4	5.7	7.3	6.9	6.4
Lumpectomy	65+	f	0.0	8.9	10.9	7.5	31.7	0.0	0.0	0.0	0.0	7.1	11.7	13.2	6.9	7.0	6.5	7.6	8.5	8.4
Mastectomy	15 - 44	f	0.5	0.7	0.3	0.4	0.8	0.5	0.6	0.0	0.0	0.6	0.2	0.0	0.5	0.6	0.6	0.5	0.6	0.5
Mastectomy	45-64	f	0.6	1.5	1.7	3.0	1.5	1.4	1.8	5.1	1.3	1.2	1.3	1.0	1.9	2.2	2.0	1.7	1.8	2.0
Mastectomy	65+	f	0.0	0.0	5.5	7.5	0.0	0.0	0.0	0.0	0.0	0.0	5.9	0.0	2.3	2.2	2.2	1.6	2.3	3.6

**Frequency of Selected Procedures/1000 Members by Age and Gender - PPO**

	Age (yrs)	Sex	CIGNA PPO			MVP PPO		BCBS PPO		PPO National Average			PPO Regional Average		
			2008	2009	2010	2009	2010	2009	2010	2008	2009	2010	2008	2009	2010
Tonsillectomy	0 - 9	m+f	3.4	5.4	5.0	5.1	5.3	3.0	4.7	10.0	9.6	9.6	6.6	6.8	7.6
Tonsillectomy	10 - 19	m+f	2.4	2.9	3.6	2.2	2.6	4.3	4.2	4.4	4.3	4.2	3.0	3.4	3.4
Hysterectomy, Abdominal	15 - 44	f	2.4	3.2	1.1	3.0	1.6	2.4	2.2	3.5	3.6	2.8	2.2	2.5	1.9
Hysterectomy, Abdominal	45 - 64	f	3.4	3.8	3.2	7.3	3.0	3.2	3.0	5.1	5.2	4.2	4.4	4.5	3.9
Hysterectomy, Abdominal	65+	f	2.0	1.6	1.4	18.5	0.0	0.0	0.0	1.8	2.0	2.1	2.2	2.2	1.8
Hysterectomy, Vaginal	15 - 44	f	1.2	1.2	1.0	2.2	1.3	2.6	1.8	2.5	2.5	2.6	1.1	1.1	1.2
Hysterectomy, Vaginal	45 - 65	f	1.9	2.4	1.8	1.6	2.9	2.2	2.4	3.0	3.0	3.3	1.7	2.1	2.0
Hysterectomy, Vaginal	65+	f	2.0	0.0	1.0	0.0	4.9	6.7	6.6	1.5	1.5	1.7	1.7	1.3	1.5
Cholecystectomy, Open	15 - 44	f	0.4	0.1	0.2	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
Cholecystectomy, Open	30 - 64	m	0.4	0.3	0.1	0.2	0.2	0.1	0.0	0.2	0.2	0.2	0.2	0.2	0.2
Cholecystectomy, Open	45 - 64	f	0.2	0.3	0.4	0.3	0.3	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.2
Cholecystectomy, Open	65+	m	0.5	1.0	1.0	5.5	0.0	0.0	0.0	0.9	1.0	0.8	0.8	0.9	0.8
Cholecystectomy, Open	65+	f	1.0	0.5	0.5	0.0	0.0	0.0	0.0	0.7	0.6	0.8	0.5	1.2	0.4
Cholecystectomy, Laparoscopic	15 - 44	f	1.7	3.7	2.8	5.2	4.7	3.3	3.7	5.9	6.2	6.1	3.4	4.1	3.9
Cholecystectomy, Laparoscopic	30 - 64	m	3.6	1.1	2.0	1.7	1.8	1.8	1.9	2.7	2.8	2.8	1.7	1.9	1.9
Cholecystectomy, Laparoscopic	45 - 64	f	4.3	4.9	4.7	4.0	3.9	4.5	4.3	6.4	6.3	6.1	3.9	4.3	4.3
Cholecystectomy, Laparoscopic	65+	m	2.0	1.0	4.4	0.0	0.0	0.0	0.0	4.4	4.4	4.5	2.6	2.4	2.5
Cholecystectomy, Laparoscopic	65+	f	3.0	3.1	6.2	0.0	4.9	6.7	0.0	5.3	5.5	5.3	3.8	5.1	4.5
Back Surgery	20 - 44	m	2.7	2.8	2.1	2.1	1.0	3.5	2.4	2.5	2.6	2.5	2.0	2.1	2.0
Back Surgery	20 - 44	f	1.6	2.4	1.7	2.9	2.3	2.3	2.2	2.3	2.3	2.2	1.7	1.9	1.8
Back Surgery	45 - 64	m	3.3	4.6	4.6	6.4	4.0	5.5	4.4	5.3	5.5	5.7	3.7	4.4	4.3
Back Surgery	45 - 64	f	2.9	4.0	2.7	3.0	3.7	5.0	3.4	5.1	5.1	5.2	3.2	3.4	3.4
Back Surgery	65+	m	3.6	7.4	8.3	0.0	10.0	9.0	4.8	7.2	7.9	8.8	5.5	7.0	6.9
Back Surgery	65+	f	3.0	5.2	6.7	18.5	0.0	0.0	6.6	6.6	6.4	6.9	4.6	4.3	5.4
Angioplasty (PTCA)	45 - 64	m	5.6	6.4	4.6	7.5	4.9	7.8	6.6	7.1	6.8	6.6	5.6	5.4	5.1
Angioplasty (PTCA)	45 - 64	f	1.6	1.6	0.9	1.6	1.0	2.1	1.4	2.1	2.0	1.8	1.3	1.3	1.2
Angioplasty (PTCA)	65+	m	15.7	13.7	8.8	5.5	13.4	12.0	28.5	15.2	14.2	14.4	4.0	10.4	12.1
Angioplasty (PTCA)	65+	f	8.6	4.7	10.0	0.0	0.0	3.4	0.0	6.2	5.9	5.8	13.0	2.6	4.1
Cardiac Catheterization	45 - 64	m	6.3	6.2	6.3	9.1	4.4	6.6	7.6	10.9	10.2	9.6	7.4	6.7	6.5
Cardiac Catheterization	45 - 64	f	3.9	3.7	2.8	4.0	4.9	2.8	2.8	7.1	6.7	6.2	7.2	3.5	3.4
Cardiac Catheterization	65+	m	19.8	19.0	21.5	11.0	6.7	6.0	19.0	24.4	22.6	21.7	19.3	18.6	18.3

**Frequency of Selected Procedures/1000 Members by Age and Gender - PPO**

	Age (yrs)	Sex	CIGNA PPO			MVP PPO		BCBS PPO		PPO National Average			PPO Regional Average		
			2008	2009	2010	2009	2010	2009	2010	2008	2009	2010	2008	2009	2010
Cardiac Catheterization	65+	f	12.1	8.9	11.4	0.0	0.0	3.4	6.6	14.8	14.3	13.9	9.0	8.8	8.0
Prostatectomy	45 - 64	m	2.6	3.4	1.7	4.1	1.9	2.6	2.6	2.9	2.9	2.8	2.6	2.9	2.6
Prostatectomy	65+	m	9.6	11.1	7.8	5.5	10.0	0.0	9.5	9.3	9.4	9.1	8.3	9.8	8.3
Lumpectomy	15 - 44	f	1.9	2.3	2.7	3.2	2.1	1.7	2.2	2.6	2.6	2.2	2.7	2.6	2.3
Lumpectomy	45 - 64	f	6.5	6.1	5.0	3.2	3.9	6.8	5.2	6.3	6.2	5.6	7.3	7.0	6.1
Lumpectomy	65+	f	8.1	7.8	9.1	9.2	14.7	3.4	6.6	7.0	6.7	6.4	7.2	7.8	7.2
Mastectomy	15 - 44	f	0.5	0.4	0.1	0.0	0.0	0.3	0.0	0.5	0.6	0.6	0.5	0.5	0.6
Mastectomy	45 - 64	f	1.3	1.2	1.5	2.2	1.8	1.2	1.5	2.0	2.1	2.1	1.7	1.8	1.8
Mastectomy	65+	f	0.0	1.6	1.0	0.0	0.0	0.0	6.6	2.4	2.4	2.4	1.0	2.1	1.8

<b>Enrollment Trends, 2001 – 2010</b>										
	<b>BCBS</b>	<b>CIGNA</b>	<b>MVP</b>	<b>TVHP</b>	<b>MCO w/o PPO Total</b>	<b>CIGNA PPO</b>	<b>MVP PPO</b>	<b>BCBS PPO</b>	<b>PPO Total</b>	<b>All MCO Total</b>
<b>2001</b>										
<b>Commercial</b>	33,367	25,738	48,470	26,184	133,759	NR	NR	NR	NR	<b>133,759</b>
<b>Market Share</b>	25%	19%	36%	20%	100%	NA	NA	NA	NA	<b>100%</b>
<b>2002</b>										
<b>Commercial</b>	35,786	26,904	33,763	28,123	124,576	NR	NR	NR	NR	<b>124,576</b>
<b>Market Share</b>	29%	22%	27%	22%	100%	NA	NA	NA	NA	<b>100%</b>
<b>Growth 2001-2002</b>	7%	5%	-30%	7%	-7%	NA	NA	NA	NA	<b>-7%</b>
<b>2003</b>										
<b>Commercial</b>	39,139	25,646	31,577	26,802	123,164	NR	NR	NR	NR	<b>123,164</b>
<b>Market Share</b>	32%	21%	25%	22%	100%	NA	NA	NA	NA	<b>100%</b>
<b>Growth 2001-2003</b>	17%	0%	-35%	2%	-8%	NA	NA	NA	NA	<b>-8%</b>
<b>2004</b>										
<b>Commercial</b>	42,102	25,251	31,722	22,603	121,678	NR	NR	NR	NR	<b>121,678</b>
<b>Market Share</b>	35%	21%	26%	18%	100%	NA	NA	NA	NA	<b>100%</b>
<b>Growth 2001-2004</b>	26%	-2%	-35%	-14%	-9%	NA	NA	NA	NA	<b>-9%</b>
<b>2005</b>										
<b>Commercial</b>	44,086	26,141	28,586	21,940	120,753	NR	NR	NR	NR	<b>120,753</b>
<b>Market Share</b>	37%	22%	24%	18%	100%	NA	NA	NA	NA	<b>100%</b>
<b>Growth 2001-2005</b>	32%	2%	-41%	-16%	-10%	NA	NA	NA	NA	<b>-10%</b>
<b>2006</b>										
<b>Commercial</b>	44,797	28,718	23,329	22,749	119,593	NR	NR	NR	NR	<b>119,593</b>
<b>Market Share</b>	37%	24%	20%	19%	100%	NA	NA	NA	NA	<b>100%</b>
<b>Growth 2001-2006</b>	34%	12%	-52%	-13%	-11%	NA	NA	NA	NA	<b>-11%</b>
<b>2007</b>										
<b>Commercial</b>	43,923	28,735	20,701	26,726	120,085	59,995	NR	NR	59,995	<b>180,080</b>
<b>Market Share</b>	24%	16%	11%	15%	67%	33%	NA	NA	33%	<b>100%</b>
<b>Growth 2001-2007</b>	32%	12%	-57%	2%	-10%	NA	NA	NA	NA	<b>35%</b>
<b>2008</b>										
<b>Commercial</b>	43,455	26,164	20,385	28,409	118,413	67,491	NR	NR	67,491	<b>187,576</b>
<b>Market Share</b>	23%	14%	11%	15%	63%	36%	NA	NA	36%	<b>100%</b>
<b>Growth 2001-2008</b>	30%	2%	-58%	8%	-11%	12% <sup>77</sup>	NA	NA	12% <sup>78</sup>	<b>40%<sup>79</sup></b>

<sup>77</sup> PPO growth is calculated from 2007.

<sup>78</sup> PPO growth is calculated from 2007.

<sup>79</sup> The increase in members is due to the inclusion of PPO data.

2009										
<b>Commercial</b>	42,648	23,536	14,701	29,772	110,657	61,432	18,089	27,145	106,666	217,323
<b>Market Share</b>	20%	11%	7%	14%	51%	28%	8%	12%	49%	100%
<b>Growth 2001-2009</b>	28%	-9%	-70%	14%	-17%	2% <sup>80</sup>	NA	NA	78%	62% <sup>81</sup>
2010										
<b>Commercial</b>	41,244	20,410	5,150	32,038	98,842	69,015	27,803	26,818	123,636	222,478
<b>Market Share</b>	19%	9%	2%	14%	44%	31%	12%	12%	56%	100%
<b>Growth 2001-2010</b>	24%	-21%	-89%	22%	-26%	15%	56% <sup>82</sup>	-1% <sup>83</sup>	16% <sup>84</sup>	66% <sup>85</sup>

<sup>80</sup> PPO growth is calculated from 2007.

<sup>81</sup> The increase in members is due to the inclusion of PPO data.

<sup>82</sup> MVP PPO Growth is calculated from 2009

<sup>83</sup> BCBS PPO Growth is calculated from 2009

<sup>84</sup> PPO growth is calculated from 2009

<sup>85</sup> The increase in members is due to the inclusion of PPO data.

Enrollment Distribution by Age					
	2006	2007	2008	2009	2010
<b>BCBS</b>					
0-19 Age (yrs.)	27%	27%	26%	26%	25%
22-24	32%	32%	31%	31%	31%
45-64	40%	39%	40%	41%	42%
65+	2%	2%	2%	2%	3%
<b>CIGNA</b>					
0-19 Age (yrs.)	28%	27%	27%	26%	25%
22-24	35%	34%	33%	32%	31%
45-64	36%	37%	38%	40%	42%
65+	1%	1%	1%	2%	2%
<b>CIGNA PPO</b>					
0-19 Age (yrs.)	NR	23%	23%	22%	22%
22-24	NR	32%	32%	31%	31%
45-64	NR	38%	39%	41%	41%
65+	NR	6%	6%	6%	6%
<b>MVP</b>					
0-19 Age (yrs.)	24%	24%	23%	22%	28%
22-24	36%	35%	35%	34%	43%
45-64	39%	39%	40%	42%	30%
65+	2%	2%	2%	2%	0%
<b>MVP PPO</b>					
0-19 Age (yrs.)	NR	NR	NR	20%	20%
22-24	NR	NR	NR	37%	36%
45-64	NR	NR	NR	41%	42%
65+	NR	NR	NR	2%	2%
<b>TVHP</b>					
0-19 Age (yrs.)	24%	23%	22%	22%	21%
22-24	37%	37%	36%	35%	34%
45-64	38%	38%	40%	41%	43%
65+	1%	1%	1%	1%	2%
<b>BCBS PPO</b>					
0-19 Age (yrs.)	NR	NR	NR	17%	16%
22-24	NR	NR	NR	35%	36%
45-64	NR	NR	NR	46%	46%
65+	NR	NR	NR	3%	1%

Enrollment Distribution by Age and Gender														
	BCBS		CIGNA		CIGNA PPO		MVP		MVP PPO		TVHP		BCBS PPO	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<b>2006</b>														
<b>0 -19 yrs</b>	46%	54%	48%	52%	NR	NR	47%	53%	NR	NR	47%	53%	NR	NR
<b>20 -44 yrs</b>	54%	46%	53%	47%	NR	NR	53%	47%	NR	NR	51%	49%	NR	NR
<b>45 -64 yrs</b>	51%	49%	49%	51%	NR	NR	51%	49%	NR	NR	51%	49%	NR	NR
<b>65+ yrs</b>	33%	67%	33%	67%	NR	NR	33%	67%	NR	NR	33%	67%	NR	NR
<b>Total</b>	53%	47%	50%	50%	NR	NR	52%	48%	NR	NR	52%	48%	NR	NR
<b>2007</b>														
<b>0 -19 yrs</b>	49%	51%	48%	52%	49%	51%	49%	51%	NR	NR	49%	51%	NR	NR
<b>20 -44 yrs</b>	57%	43%	52%	48%	48%	52%	55%	45%	NR	NR	52%	48%	NR	NR
<b>45 -64 yrs</b>	54%	46%	50%	50%	49%	51%	52%	48%	NR	NR	52%	48%	NR	NR
<b>65+ yrs</b>	32%	68%	35%	65%	51%	49%	47%	53%	NR	NR	44%	56%	NR	NR
<b>Total</b>	53%	47%	50%	50%	49%	51%	52%	48%	NR	NR	51%	49%	NR	NR
<b>2008</b>														
<b>0 -19 yrs</b>	49%	51%	49%	51%	49%	51%	49%	51%	NR	NR	50%	50%	NR	NR
<b>20 -44 yrs</b>	57%	43%	53%	47%	48%	52%	57%	43%	NR	NR	52%	48%	NR	NR
<b>45 -64 yrs</b>	55%	45%	51%	49%	48%	52%	54%	46%	NR	NR	51%	49%	NR	NR
<b>65+ yrs</b>	32%	68%	35%	65%	50%	50%	46%	54%	NR	NR	43%	57%	NR	NR
<b>Total</b>	53%	47%	51%	49%	48%	52%	54%	46%	NR	NR	51%	49%	NR	NR
<b>2009</b>														
<b>0 -19 yrs</b>	50%	50%	49%	51%	49%	51%	50%	50%	47%	53%	50%	50%	50%	50%
<b>20 -44 yrs</b>	57%	43%	52%	48%	48%	52%	57%	43%	50%	50%	53%	47%	52%	48%
<b>45 -64 yrs</b>	55%	45%	51%	49%	49%	51%	54%	46%	51%	49%	52%	48%	53%	47%
<b>65+ yrs</b>	33%	67%	34%	66%	50%	50%	43%	57%	37%	63%	44%	56%	47%	53%
<b>Total</b>	54%	46%	51%	49%	49%	51%	54%	46%	50%	50%	52%	48%	52%	48%
<b>2010</b>														
<b>0 -19 yrs</b>	50%	50%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	50%	50%
<b>20 -44 yrs</b>	57%	43%	53%	47%	48%	52%	56%	44%	51%	49%	55%	45%	52%	48%
<b>45 -64 yrs</b>	55%	45%	52%	48%	49%	51%	55%	45%	51%	49%	52%	48%	54%	46%
<b>65+ yrs</b>	35%	65%	35%	65%	51%	49%	NA	NA	41%	59%	46%	54%	42%	58%
<b>Total</b>	54%	46%	51%	49%	49%	51%	54%	46%	51%	49%	52%	48%	52%	48%

CAHPS® Response Rates							
		Percent Completed			Percent Incomplete		Percent Ineligible
	Response Rate	By Mail	By Telephone	By Internet	Non-deliverable	No Response	
<b>2007</b>							
BCBS	44%	77%	23%	0%	1%	55%	1%
CIGNA	34%	100%	0%	0%	0%	63%	3%
MVP	51%	56%	40%	4%	2%	46%	2%
TVHP	34%	79%	21%	0%	0%	65%	1%
<b>2008</b>							
BCBS	49%	41%	8%	0%	1%	50%	0%
CIGNA	32%	30%	0%	0%	2%	63%	4%
CIGNA PPO	36%	35%	0%	0%	2%	61%	3%
MVP	42%	28%	11%	2%	3%	53%	3%
TVHP	37%	32%	4%	0%	2%	59%	2%
<b>2009</b>							
BCBS	48%	40%	7%	0%	1%	50%	2%
CIGNA	31%	31%	0%	0%	1%	65%	3%
CIGNA PPO	35%	32%	0%	0%	2%	57%	9%
MVP	45%	30%	12%	3%	5%	49%	2%
TVHP	38%	32%	4%	0%	2%	58%	4%
<b>2010</b>							
BCBS	52%	46%	6%	0%	1%	47%	0%
CIGNA	20%	19%	0%	0%	2%	76%	3%
CIGNA PPO	36%	34%	0%	0%	2%	60%	5%
MVP	40%	27%	11%	2%	5%	54%	2%
MVP PPO	43%	28%	12%	2%	3%	52%	2%
TVHP	38%	34%	4%	0%	1%	60%	1%
BCBS PPO	48%	41%	6%	0%	1%	50%	2%
<b>2011</b>							
BCBS	48%	39%	9%	0%	1%	51%	1%
CIGNA	24%	23%	0%	0%	3%	73%	0%
CIGNA PPO	32%	30%	0%	0%	2%	61%	8%
MVP	37%	25%	9%	2%	3%	59%	2%
MVP PPO	39%	25%	10%	2%	2%	57%	3%
TVHP	42%	31%	10%	0%	1%	56%	2%
BCBS PPO	46%	34%	10%	0%	1%	52%	2%

<b>Characteristics of CAHPS® Respondents</b>						
	<b>Are you female?</b>	<b>What is your age now?</b>			<b>What is the highest level of education you have completed?</b>	
	<b>Female</b>	<b>18 – 24 yrs</b>	<b>25 – 64 yrs</b>	<b>65+ yrs</b>	<b>High school diploma or less?</b>	<b>4-year college degree or more?</b>
<b>2007</b>						
<b>BCBS</b>	68%	6%	90%	5%	17%	60%
<b>CIGNA</b>	61%	4%	93%	3%	28%	40%
<b>MVP</b>	59%	5%	91%	4%	31%	38%
<b>TVHP</b>	63%	3%	93%	5%	32%	38%
<b>2008</b>						
<b>BCBS</b>	64%	3%	91%	6%	18%	59%
<b>CIGNA</b>	58%	3%	94%	3%	27%	42%
<b>CIGNA PPO</b>	59%	4%	77%	19%	32%	35%
<b>MVP</b>	62%	2%	91%	6%	29%	42%
<b>TVHP</b>	60%	4%	93%	3%	29%	43%
<b>2009</b>						
<b>BCBS</b>	63%	4%	93%	4%	21%	59%
<b>CIGNA</b>	63%	4%	93%	3%	27%	44%
<b>CIGNA PPO</b>	58%	5%	82%	13%	31%	39%
<b>MVP</b>	60%	5%	90%	5%	29%	38%
<b>TVHP</b>	62%	3%	95%	3%	27%	46%
<b>2010</b>						
<b>BCBS</b>	66%	4%	89%	75%	16%	65%
<b>CIGNA</b>	53%	3%	92%	6%	22%	49%
<b>CIGNA PPO</b>	51%	5%	78%	17%	32%	37%
<b>MVP</b>	61%	2%	91%	7%	31%	40%
<b>MVP PPO</b>	56%	5%	92%	3%	37%	30%
<b>TVHP</b>	57%	2%	92%	5%	31%	42%
<b>BCBS PPO</b>	61%	6%	87%	7%	32%	38%
<b>2011</b>						
<b>BCBS</b>	64%	5%	89%	6%	20%	61%
<b>CIGNA</b>	60%	2%	86%	11%	27%	47%
<b>CIGNA PPO</b>	49%	4%	77%	19%	31%	41%
<b>MVP</b>	64%	3%	92%	5%	29%	39%
<b>MVP PPO</b>	54%	4%	89%	7%	38%	37%
<b>TVHP</b>	59%	4%	92%	4%	25%	45%
<b>BCBS PPO</b>	62%	6%	91%	3%	28%	42%

<b>CAHPS® Respondents Rating of Overall Health</b>		
<b>In general how would you rate your overall health?</b>		
	<b>Excellent/ Very Good</b>	<b>Fair/ Poor</b>
<b>2007</b>		
<b>BCBS</b>	67%	5%
<b>CIGNA</b>	58%	6%
<b>MVP</b>	66%	6%
<b>TVHP</b>	61%	7%
<b>2008</b>		
<b>BCBS</b>	72%	4%
<b>CIGNA</b>	61%	7%
<b>CIGNA PPO</b>	55%	10%
<b>MVP</b>	66%	7%
<b>TVHP</b>	69%	6%
<b>2009</b>		
<b>BCBS</b>	72%	5%
<b>CIGNA</b>	64%	6%
<b>CIGNA PPO</b>	65%	9%
<b>MVP</b>	64%	6%
<b>TVHP</b>	70%	4%
<b>2010</b>		
<b>BCBS</b>	72%	4%
<b>CIGNA</b>	67%	6%
<b>CIGNA PPO</b>	60%	9%
<b>MVP</b>	64%	7%
<b>MVP PPO</b>	64%	6%
<b>TVHP</b>	62%	7%
<b>BCBS PPO</b>	60%	8%
<b>2011</b>		
<b>BCBS</b>	72%	3%
<b>CIGNA</b>	64%	7%
<b>CIGNA PPO</b>	64%	7%
<b>MVP</b>	65%	8%
<b>MVP PPO</b>	67%	6%
<b>TVHP</b>	64%	7%
<b>BCBS PPO</b>	66%	6%

The rates below 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 and 10 is the best, what number would you use to rate your (health care, personal doctor or specialist)?”

<b>Overall Survey (CAHPS®) Ratings of Key Aspects of a Member’s Health Care Experience</b>															
	<b>Rating of All Health Care</b>					<b>Rating of Personal Doctor</b>					<b>Rating of Specialist Seen Most Often</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>BCBS</b>	80%	82%	80%	77%	81%	78%	83%	83%	81%	84%	82%	84%	85%	82%	84%
<b>CIGNA</b>	76%	77%	76%	78%	82%	82%	83%	78%	81%	86%	83%	80%	78%	82%	82%
<b>MVP</b>	79%	76%	75%	78%	77%	84%	77%	82%	78%	77%	81%	79%	86%	82%	88%
<b>TVHP</b>	77%	75%	77%	75%	72%	80%	80%	80%	82%	81%	86%	79%	80%	82%	78%
<b>MCO (w/o PPO) National Average</b>	74%	74%	75%	75%	77%	81%	81%	82%	82%	83%	80%	80%	81%	81%	82%
<b>MCO (w/o PPO) Regional Average</b>	77%	77%	78%	78%	79%	83%	82%	83%	84%	82%	83%	83%	84%	83%	84%
<b>CIGNA PPO</b>	NR	76%	79%	74%	76%	NR	81%	81%	81%	79%	NR	81%	79%	83%	82%
<b>MVP PPO</b>	NR	NR	NR	75%	71%	NR	NR	NR	82%	80%	NR	NR	NR	79%	84%
<b>BCBS PPO</b>	NR	NR	NR	76%	77%	NR	NR	NR	82%	83%	NR	NR	NR	79%	81%
<b>PPO National Average</b>	NR	76%	75%	75%	76%	NR	82%	82%	82%	83%	NR	80%	81%	81%	82%
<b>PPO Regional Average</b>	NR	76%	76%	74%	74%	NR	82%	82%	81%	84%	NR	81%	82%	81%	82%

Mean, Median, and Maximum Days to Make UR Decisions (Rounded to whole days)					
		Average # of Days	Median # of Days	Maximum # of Days	Minimum # of Days
<b>BCBS</b>	Urgent Pre Service	2	1	8	0
	Pre-Service Non- Urgent	1	0	10	0
	Post-Service	7	1	61	0
<b>CBH<sup>86</sup></b>	Urgent Pre Service	0	0	4	0
	Pre-Service Non- Urgent	0	11	11	11
	Post-Service	19	21	28	1
<b>CBH<sup>87</sup></b>	Urgent Pre Service	0	0	2	0
	Pre-Service Non- Urgent	0	0	0	0
	Post-Service	10	6	23	0
<b>CIGNA</b>	Urgent Pre Service	1	0	7	0
	Pre-Service Non- Urgent	1	0	6	0
	Post-Service	1	0	11	0
<b>MBH</b>	Urgent Pre Service	0	0	1	0
	Pre-Service Non- Urgent	0	0	1	0
	Post-Service	24	29	29	13
<b>MVP</b>	Urgent Pre Service	3	1	19	0
	Pre-Service Non- Urgent	7	3	50	0
	Post-Service	8	2	120	0
<b>MVP PPO</b>	Urgent Pre Service	3	1	36	0
	Pre-Service Non- Urgent	13	2	60	0
	Post-Service	4	2	16	0
<b>TVHP</b>	Urgent Pre Service	2	1	19	0
	Pre-Service Non- Urgent	1	1	15	0
	Post-Service	1	0	6	0
<b>BCBS PPO</b>	Urgent Pre Service	2	0	41	0
	Pre-Service Non- Urgent	1	1	9	0
	Post-Service	3	1	45	0

<sup>86</sup> Network/Network POS + PPO/OAP Employer Product

<sup>87</sup> State of Vermont Employees

**Physical Health Grievances/1000 Member Months  
 Concurrent, Urgent Pre-Service, Non-Urgent Pre-Service and Post-Service Review  
 July 1, 2010 – June 30,2011**

	Concurrent Review		Urgent Pre-Service Review		Non-urgent Pre-service Review		Post-Service Review	
	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months
<b>BCBS</b>	0	0.000	10	0.242	32	0.773	140	3.383
<b>CIGNA<sup>88</sup></b>	1	0.018	5	0.092	23	0.423	155	2.851
<b>MVP</b>	0	0.000	0	0.000	6	0.904	11	1.658
<b>MVP PPO</b>	0	0.000	3	0.102	24	0.818	21	0.716
<b>TVHP</b>	0	0.000	13	0.368	48	1.359	102	2.880
<b>BCBS PPO</b>	0	0.000	2	0.058	10	0.292	70	2.041

<sup>88</sup> Includes CIGNA PPO/OPA and Network/Network POS.

**Mental Health and Substance Abuse Grievances/1000 Member Months  
 Concurrent, Urgent Pre-Service, Non-Urgent Pre-Service and Post-Service Review,  
 July 1, 2010 – June 30, 2011**

	Concurrent Review		Urgent Pre-Service Review		Non-Urgent Pre-service Review		Post-Service Review	
	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months	Number of Grievances	Per 1000 Member Months
<b>BCBS</b>	1	0.026	0	0.000	0	0.000	3	0.077
<b>CBH</b>	14	0.278	3	0.060	1	0.020	12	0.238
<b>MBH</b>	16	0.188	12	0.141	0	0.000	13	0.153
<b>MVP</b>	0	0.000	0	0.000	0	0.000	0	0.000
<b>MVP PPO</b>	0	0.000	0	0.000	0	0.000	0	0.000
<b>PrimariLink</b>	0	0.000	0	0.000	0	0.000	0	0.000
<b>TVHP</b>	0	0.000	1	0.028	0	0.000	2	0.057
<b>BCBS PPO</b>	8	0.233	7	0.204	0	0.000	6	0.175