

Measuring the Quality of Pennsylvania's Commercial HMOs



Pennsylvania Health Care
Cost Containment Council
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Key Findings

- HMOs in Pennsylvania outperformed their national counterparts in all 16 prevention and primary care-related categories included in this report. These types of services are a hallmark of the managed care approach;
- In each of ten prevention categories where more than one year of data was available, HMOs in Pennsylvania improved their results over previous years;
- In some areas, the data in this report suggest that providing good preventive care may lead to fewer hospitalizations. The report showed a statistically significant correlation between well-controlled blood pressure levels and lower hospitalization rates for hypertension, and between well-controlled HbA1c (average amount of blood sugar over several months) levels and lower hospitalizations for diabetes;
- HMOs in Pennsylvania achieved member satisfaction rates that were higher than national averages for HMOs for the third consecutive year;
- The percent of HMOs with higher than expected rates of abdominal hysterectomies decreased between 1998 (the last year hysterectomy data was reported) and 2000.
- In the surgical procedure categories covered by this report, HMO members were more likely to experience complications than those in fee-for-service plans, with the exception of back operations with fusion;
- There was significant variation in breast reconstruction surgery following mastectomy (in the same admission) among the HMOs in Pennsylvania. Other studies have cited variation in preoperative counseling, surgeon preferences, availability of trained surgeons, patient preferences and practice patterns as possible reasons for such differences.

About this Report

More than five million Pennsylvanians were enrolled in HMOs as of December 31, 2000. HMO membership has grown considerably because, in part, HMOs offer a number of features attractive to those who purchase health insurance. These features include:

- Emphasis upon prevention and primary care services for HMO members
- More efficient management of the health care process
- Ability to hold down costs
- Small out-of-pocket costs for consumers for many services

While HMOs have delivered on many of these goals, there has been a growing concern about a perceived lack of continuity of care and access to necessary services and medications. These perceptions have driven a desire by Pennsylvania purchasers, consumers and policy-makers for more objective information about the cost and quality of health care for those in HMOs and related Point-of-Service plans.

What is an HMO (Health Maintenance Organization)?

Most Pennsylvanians receive their health care benefits through their employer or from a government-sponsored program such as Medicare or Medical Assistance. An HMO is an organized system that provides prepaid health benefits to a defined group of members. Unlike traditional insurers, HMOs typically offer and encourage members to take advantage of a host of educational materials, disease management programs, preventive health services and other initiatives to keep their members healthy. HMO members usually are required to select a Primary Care Physician (PCP) who has the responsibility to coordinate the various health services available to members. HMOs may share financial responsibility with PCPs and other providers for the service provided to members. "Point-of-Service" (POS) options offered by HMOs often combine the structure of HMOs (members select PCPs and usually access non-primary care services through pre-approved referrals) with the flexibility to access services without pre-approved referrals and the option to leave the network of participating providers by paying an additional fee. A summary of the characteristics of the types of health insurance plans is provided in the following table.

	HMO	Point-of-Service	Fee-for-Service
Can you get covered services from providers not in the network?	No	Yes, for an additional charge	Yes
Do you have a lot of paperwork?	No claim forms	No claim forms for in-network care	You need a claim form
Do you need to choose a PCP?	Yes	Yes	No
Do you need a referral from your PCP to go to a specialist?	Yes	Usually	No

www.phc4.org

Access PHC4's Web site (www.phc4.org) for further information about HMOs in Pennsylvania. The Web site offers several interactive databases and is designed to assist users in obtaining more detailed information about Pennsylvania HMOs. Multiple years of data are available in some cases for trend comparisons. In addition, more information related to this report, such as comments from HMO representatives and the Technical Report, is available. Other PHC4 publications related to health care in Pennsylvania are also accessible at the site.

How to use the information in this report to support your decision-making

The quality of care provided by a managed care network directly affects the health of employees and their families, work force productivity, and an employer's direct and indirect health care costs. This report provides comparisons of the quality and value offered by Pennsylvania HMOs. Here's how to use this report to explore HMO utilization, clinical outcomes and member satisfaction.

Staying Healthy

Keeping patients healthy is a goal of all HMOs. Successful measures in this category include high rates of members receiving screening procedures, appropriate medication usage and disease monitoring.

Questions to ask an HMO representative:

- How are members made aware of insurance coverage for screening procedures, preventive services and education programs?
- Are programs in place to increase member utilization of screenings and preventive services?
- How do you compare your outcomes with other HMOs? Did you score consistently well across all effectiveness of care measures included in this report?

Preventing Hospitalization through Primary Care

One goal of an HMO network, and especially primary care, is to decrease preventable or avoidable hospitalizations. Reporting hospitalization rates for health problems that should not require

hospitalization serves as one way to analyze the effectiveness of primary care and HMOs. The statewide average scores for all HMOs provide a point of comparison for each HMO. For these measures, a higher hospitalization rate is a poorer outcome of care and suggests a less effective HMO network of health providers.

Questions to ask an HMO representative:

- Does your management plan hold the primary care network accountable for treatment of these conditions to avoid inpatient hospitalizations?
- How is member compliance with recommended healthy behaviors assessed?

Managing On-Going Illnesses

HMO members with chronic obstructive pulmonary disease (COPD), asthma, and diabetes are at higher risk for hospitalization if appropriate and on-going treatment is not received. A higher hospitalization rate suggests poorer management of a chronic disease. Generally, a shorter length of stay signals that things went well during the hospitalization and that patients recuperate in less time. Longer stays in the hospital may indicate adverse or unexpected outcomes, lack of discharge planning, or over-utilization of resources. On the other hand, shorter stays may indicate under-utilization of health care resources or too-soon discharges that cause additional admissions in the future.

Questions to ask an HMO representative:

- Are hospitalization rates high? Are rehospitalizations higher than other plans?

How are the providers in the network held accountable for performance?

- What does length of stay indicate? Does a lengthy inpatient stay suggest minimal management or high quality care? Does a short length of stay suggest appropriate use of services or is the HMO discharging members too quickly?
- Is the HMO performing well across the reported indicators of managing on-going illnesses? Is there an area for improvement? What can the HMO do to improve scores? How well do the reported measures act as a proxy for typical chronic illness management?

Follow-up to an Emergency Situation

HMO members being treated for a heart attack need quick, appropriate treatment and follow-up by a medical professional.

Questions to ask an HMO representative:

- Do the HMO's members have higher than expected mortality? If so, how will the HMO address this issue with providers?
- Are members receiving appropriate procedural care after the heart attack? Did this care include catheterization, a PTCA/Stent or coronary artery bypass graft (CABG) surgery?

Surgical Procedures

Procedures are performed either in an inpatient or an ambulatory surgery setting. Location frequently provides insight into differing treatment standards among

HMOs and may help identify treatment patterns by physicians or hospitals in the HMO provider networks. Practice patterns often vary across providers and geographic location. Procedure rates provide one way to study differences across HMOs associated with network management. Differences among procedure locales may suggest a divergence of network standards and protocols, or the HMO's referral to less expensive ambulatory care settings. Complications may lead to potential patient injury, increased insurance premiums, and increased costs due to rehospitalizations and higher levels of post-procedure utilization.

Questions to ask an HMO representative:

- If lengths of stay differ significantly across HMOs, what are the reasons for this variation?
- Does the HMO have a plan in place to address a higher than expected percent of complications?
- How do scores translate into potential premium savings?

About the Data

The data in this report is for Calendar Year 2000. One exception is that some HMOs submitted 1999 data for Beta Blockers and Childhood Immunizations, allowable under NCQA rules. Much of the data in the report is risk-adjusted. Please refer to the Technical Report for a full description of this methodology.

HMOs provide direct services to members, usually at a modest cost, for the prevention or early detection of health problems.

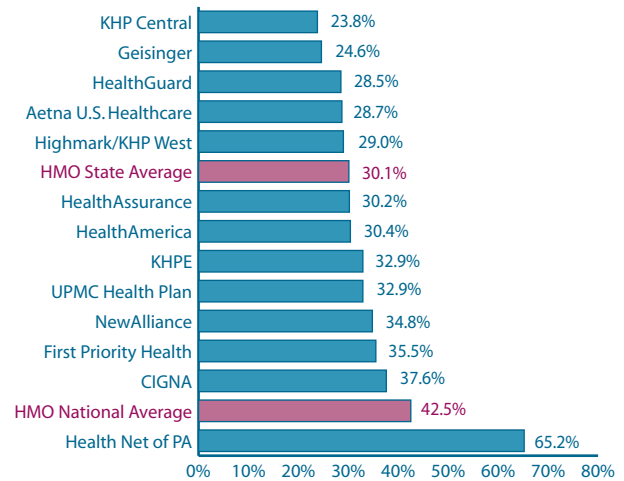
In this section (pages 4 through 8) the graphs show how well the HMOs are providing preventive care to help their members stay healthy.

The graphs on pages 4 and 5 show how well the HMO network is screening, testing and helping adult members with diabetes control their disease.

The bar graphs are sorted from highest to lowest percentage. Generally, those HMOs with the **higher percents** are doing a **better** job of preventing illness and helping their members stay healthy. The one exception is the first measure, Poorly Controlled Hemoglobin A1c Levels, in which the lowest percent is the best outcome.

Poorly Controlled Hemoglobin A1c Levels for Members with Diabetes

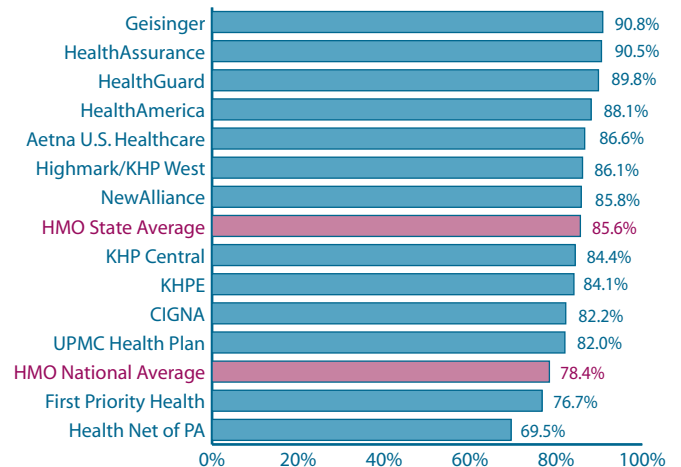
Regular Hemoglobin A1c (HbA1c) blood tests are recommended in order to monitor diabetes. The graph shows the percent of members with diabetes who have poorly controlled HbA1c levels.



Note: On this graph, **lower** percentages are **better**.

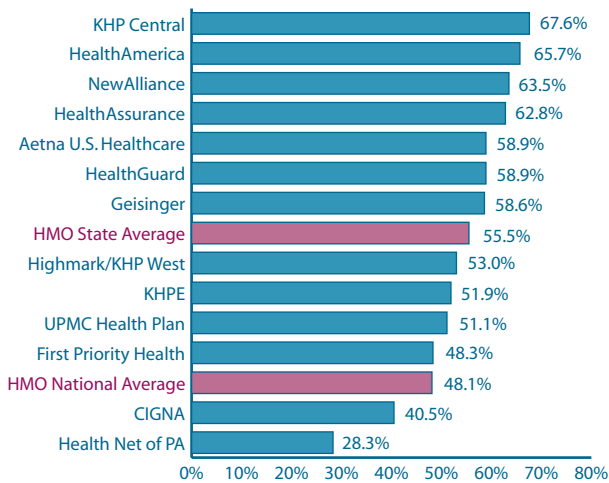
Hemoglobin A1c Blood Tests for Members with Diabetes

The graph shows the percent of members with diabetes who had their HbA1c tested at least once in the past year.



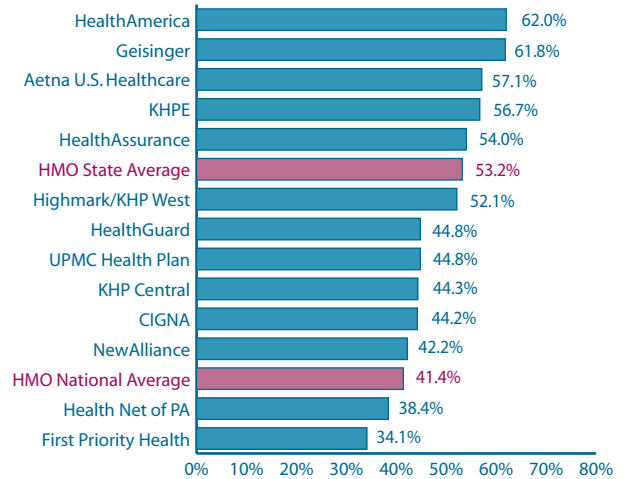
Eye Exams Performed for Members with Diabetes

Retinal eye exams are recommended on a regular basis (usually annually) to reduce the risk of blindness from diabetes. The graph shows the percent of members with diabetes who received an eye exam in the past year.



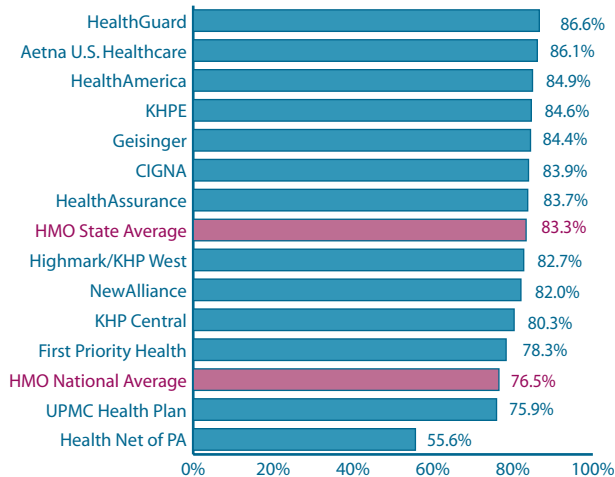
Monitoring Kidney Disease for Members with Diabetes

Kidney disease may be a problem for members with diabetes. The graph shows the percent of members with diabetes who were screened or treated for kidney disease.



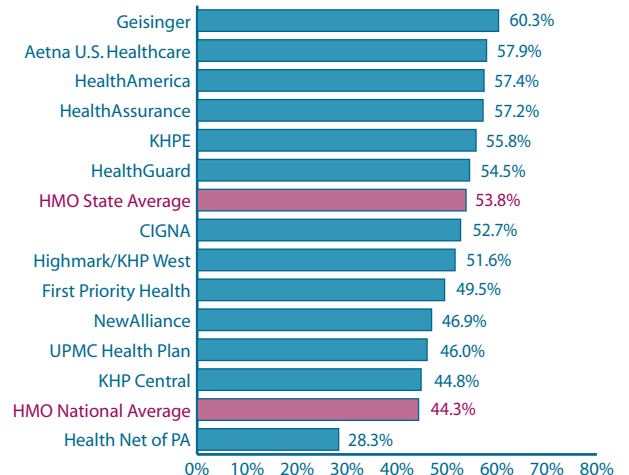
Cholesterol Screening for Members with Diabetes

Cholesterol screening (LDL-C or low-density lipoprotein cholesterol) is recommended on a regular basis for members with diabetes. The graph shows the percent of members with diabetes who received a cholesterol screening during the past year.



“Bad” Cholesterol Controlled for Members with Diabetes

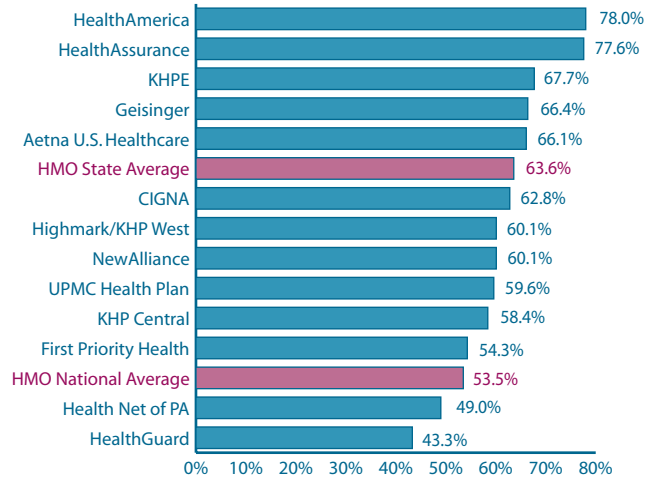
The graph shows the percent of members with diabetes whose LDL-C (bad cholesterol) levels are under control.



The bar graphs are sorted from highest to lowest percentage. Generally, those HMOs with the **higher percents** are doing a **better** job of preventing illness and helping their members stay healthy.

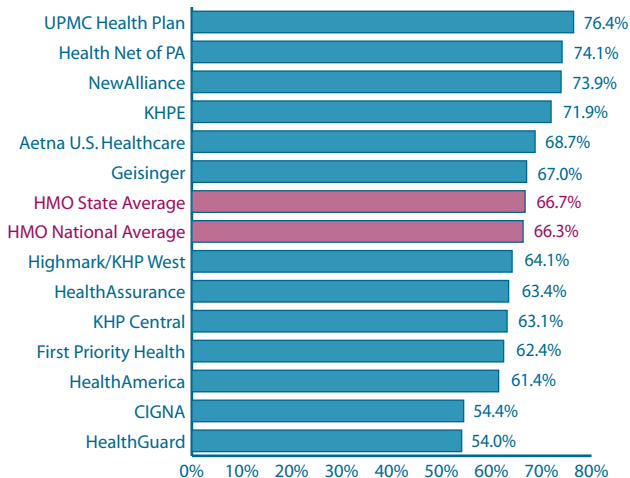
Childhood Immunizations

Immunizations protect children from vaccine-preventable diseases, saving hundreds of lost school days and millions of dollars. The graph shows the percent of children receiving recommended immunizations by their second birthday.



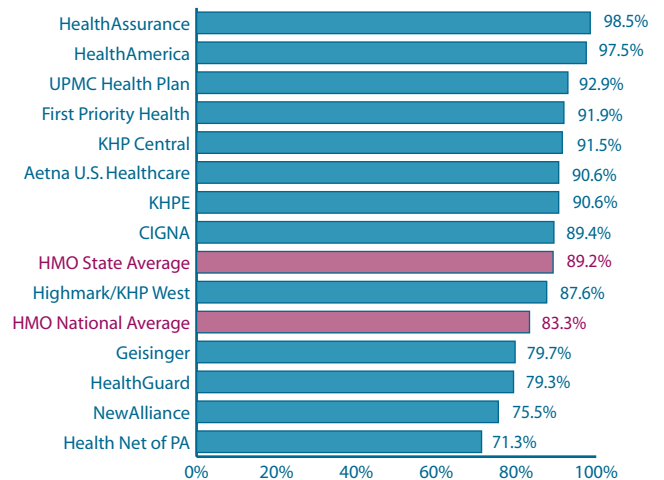
Advising Smokers to Quit

Because smoking is a risk factor for heart disease and other health problems, getting smokers to quit is one of the basic prevention efforts of HMOs. The graph shows the percent of adult members (smokers) advised to quit smoking during a visit to a doctor during the past year.



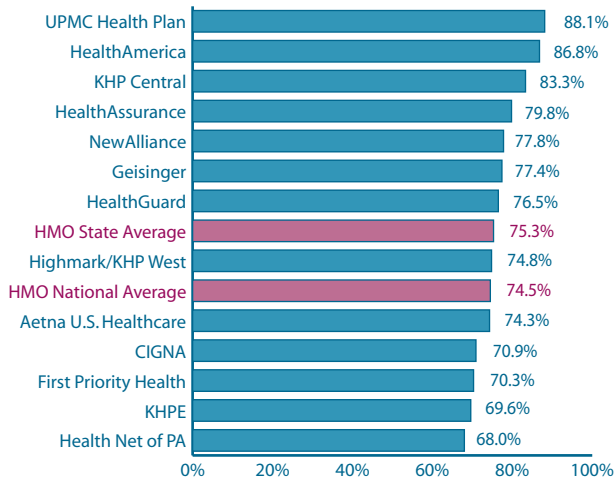
Timely Initiation of Prenatal Care

The graph shows the percent of HMO women members who were seen by their doctor during the first three months of pregnancy.



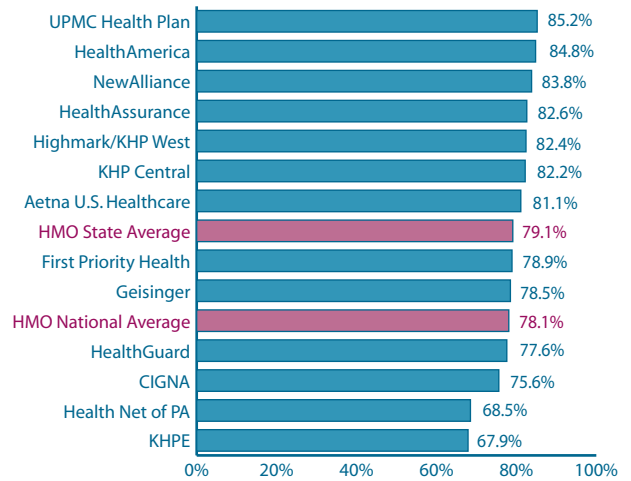
Screening for Breast Cancer

An x-ray of the breast, or mammogram, can help find cancer in the breast when the tumor is too small to be felt during breast examination. The graph shows the percent of female members (age 52 to 69) who had at least one mammogram within the past two years.



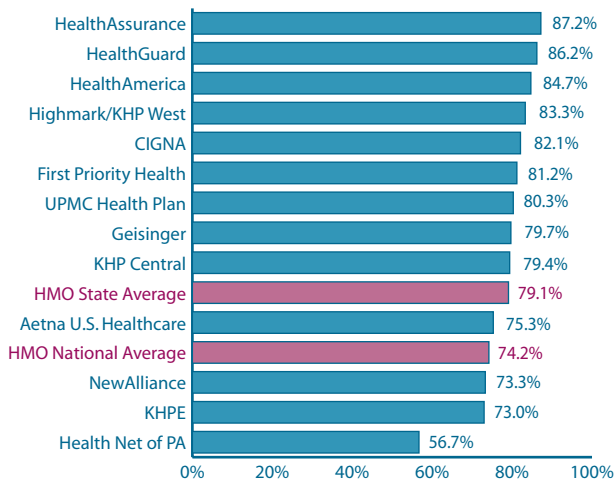
Screening for Cervical Cancer

Women are more likely to survive if cervical cancer is found early through a Pap test. The graph shows the percent of adult women who received a Pap test within the past three years.



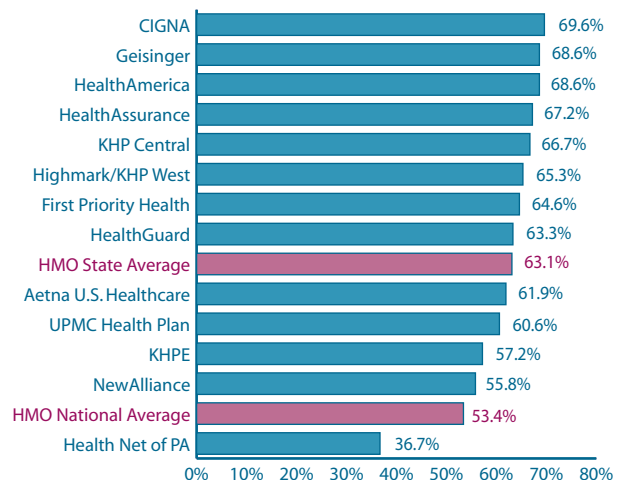
Cholesterol Screening after Acute Cardiovascular Events

The level of “bad” (LDL-C) cholesterol in the blood is directly related to clogged arteries, which can lead to a heart attack. The graph shows the percent of members tested for “bad” cholesterol after a heart attack, a balloon procedure or heart bypass surgery.



“Bad” Cholesterol Controlled after Acute Cardiovascular Events

A “bad” cholesterol level less than 130 mg/dL means there is a decreased risk of heart attack. The graph shows the percent of members who had a “bad” cholesterol score of less than 130 mg/dL after a heart attack, a balloon procedure or heart bypass surgery.

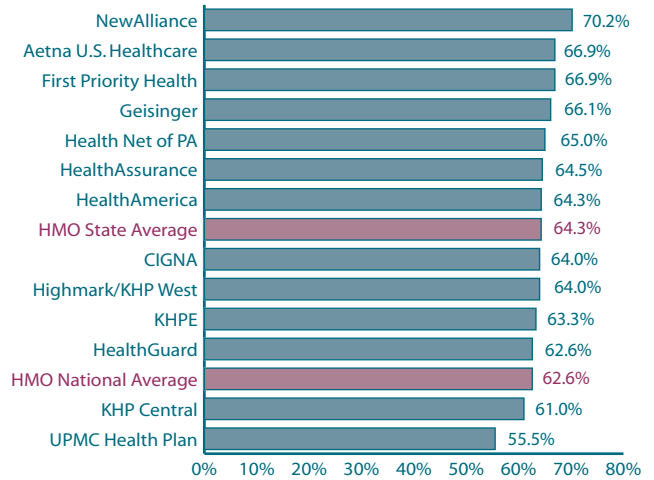


Staying Healthy

The bar graphs are sorted from highest to lowest percentage. Generally, those HMOs with the **higher percents** are doing a **better** job of preventing illness and helping their members stay healthy.

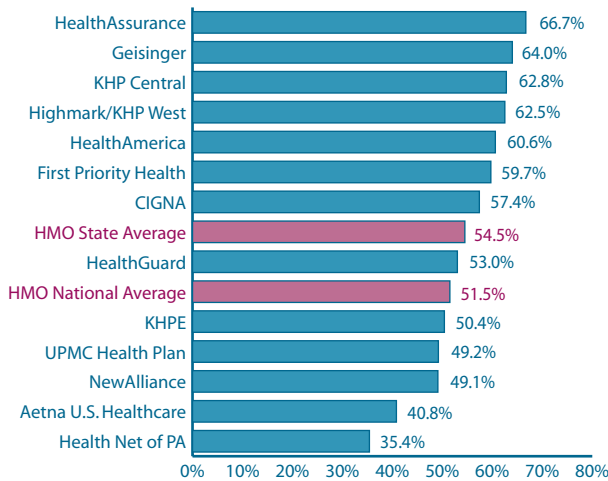
Appropriate Medications for Members with Asthma

The Expert Panel of the National Heart, Lung, and Blood Institute has recommended use of comprehensive drug therapy designed to reverse and prevent airway inflammation associated with asthma. This graph shows whether members with persistent asthma are being prescribed medications acceptable as a primary therapy for long-term control of asthma.



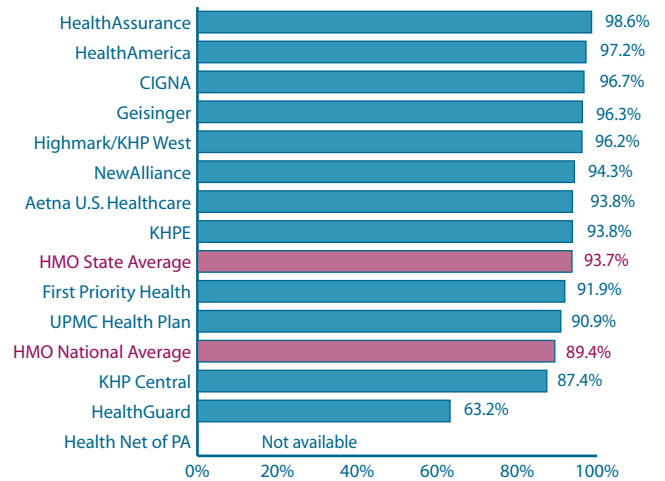
Controlling High Blood Pressure

High blood pressure (hypertension) is a major risk factor for a number of diseases, and must be closely monitored and controlled. The graph shows the percent of members (age 46 to 85) diagnosed with high blood pressure whose blood pressure was under control.



Beta Blockers after a Heart Attack

Use of beta blockers after a heart attack can help prevent future heart attacks. The graph shows the percent of members who had a heart attack and received beta blockers.



Preventing Hospitalization through Primary Care

Pages 9 and 10 include several clinical conditions for which effective primary care can prevent or manage an illness, thereby avoiding “unnecessary” or “preventable” hospitalizations.

When the HMO provider network is functioning properly, care for these conditions can generally be provided on an outpatient basis and should not necessitate inpatient hospitalization.

Hospitalization Rate*, Statistical Rating

Generally, **lower scores** indicate that the HMO network was **more effective** in keeping members with these conditions out of the hospital.

The symbols indicate whether the difference between the expected and actual rates was statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

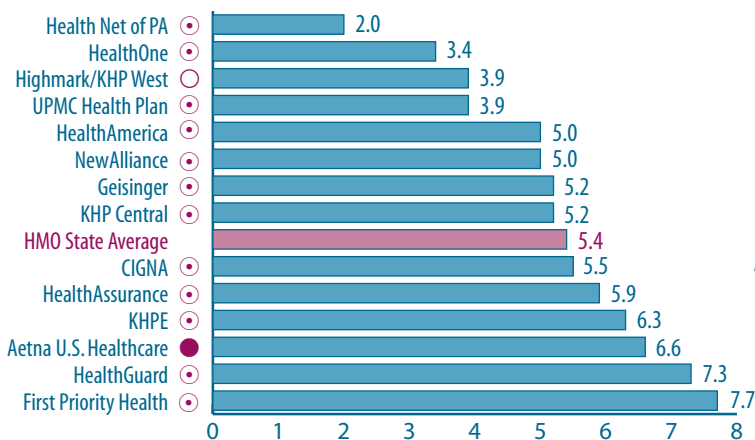
* The number of hospital admissions per 10,000 members, adjusted for patient risk factors.

Ear, Nose and Throat Infections

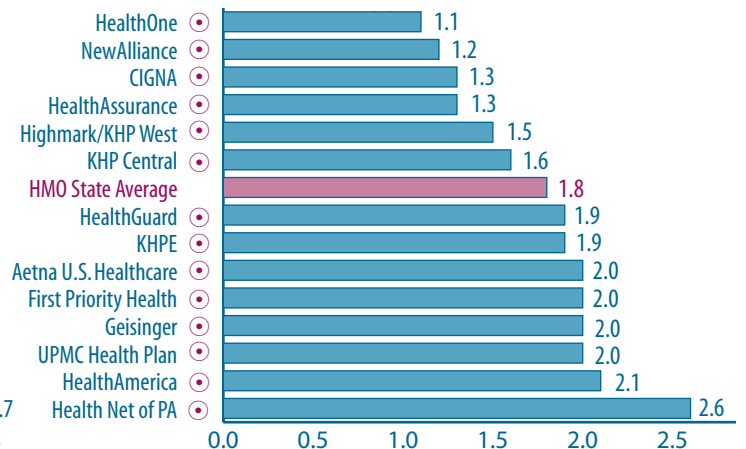
Includes medical conditions that cause an inflammation of the various parts of the head and throat. Outcomes are reported separately for pediatric and adult members.

Hospitalization Rate

Pediatric (Under Age 18)



Adults (Age 18 to 64)



Preventing Hospitalization through Primary Care

Hospitalization Rate*, Statistical Rating

Generally, **lower** scores indicate that the HMO network was **more effective** in keeping members with these conditions out of the hospital.

The symbols indicate whether the difference between the expected and actual rates was statistically:

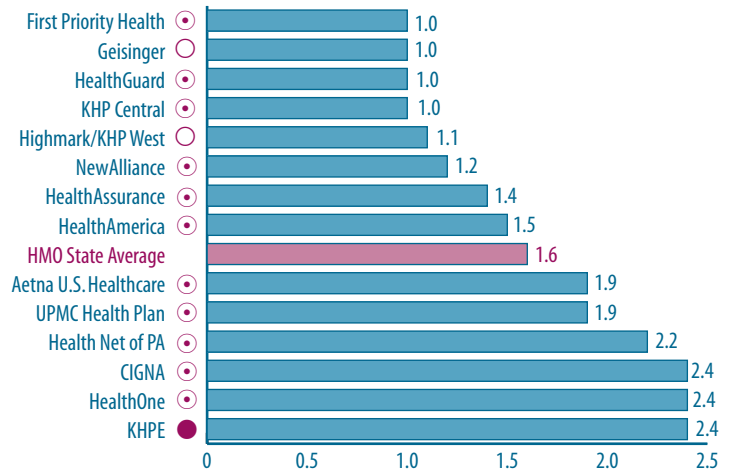
- Lower than expected
- ◉ Same as expected
- Higher than expected

* The number of hospital admissions per 10,000 members, adjusted for patient risk factors.

High Blood Pressure

Hypertension, or high blood pressure, is an adult chronic condition that can lead to serious cardiac and circulatory problems if untreated.

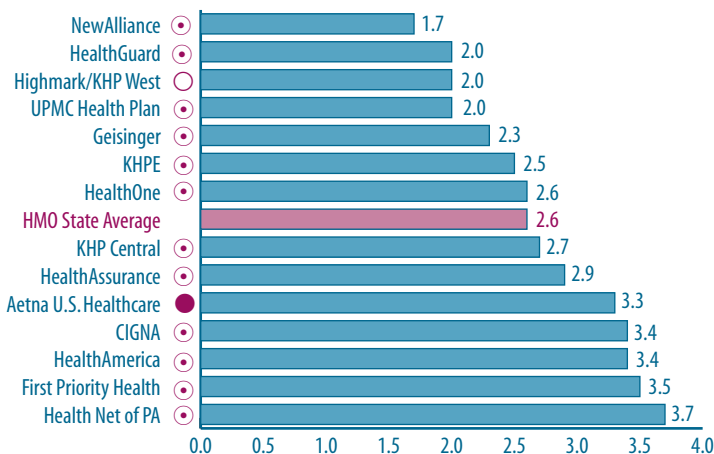
Hospitalization Rate (Age 18 to 64)



Gastrointestinal Infections

Includes a variety of viral, bacterial or parasitic infections of the digestive tract with symptoms including severe nausea, vomiting, abdominal pain, diarrhea, and fever.

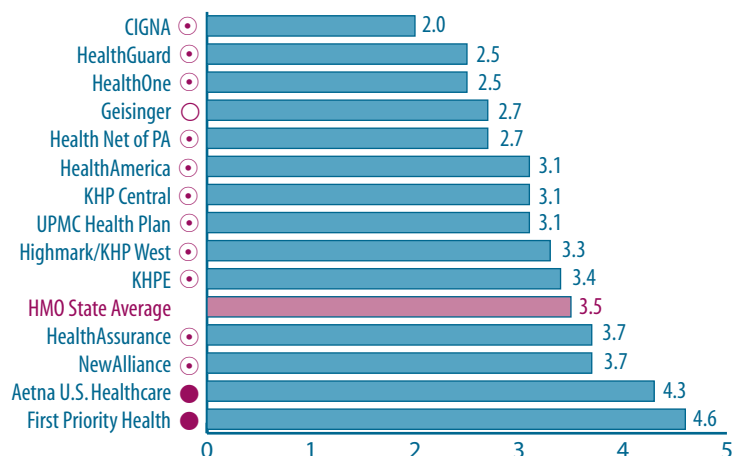
Hospitalization Rate (Under Age 65)



Kidney/Urinary Tract Infections

These infections are common, second only to respiratory infections. Women are especially prone. These infections are usually treated with antibacterial medications.

Hospitalization Rate (Under Age 65)



Managing On-Going Illnesses

Chronic Obstructive Pulmonary Disease (COPD)

COPD is an incurable disease of the lungs. It includes chronic lung disorders that obstruct the airways or damage the air sacs deep in the lungs. The disease results from damage to the lungs over a period of years from such factors as smoking, occupational exposure (breathing chemical fumes, cotton, wood or mining dust), or from bacterial or viral infections.

The HMO and its physicians are partners in helping members control their disease and receive appropriate medical treatment if a hospitalization becomes necessary.

Hospitalization Rate, Statistical Rating

Generally, **lower** scores indicate that the HMO network was **more effective** in keeping members with COPD out of the hospital.

The symbols indicate whether the difference between the expected and actual rates was statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

Hospitalization for COPD (Adults Age 18 to 64)

	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay (Risk-Adjusted)	Percent Rehospitalized
Aetna U.S. Healthcare	254	4.3	◉	3.9	21.6
CIGNA	10	3.2	◉	NR	NR
First Priority Health	52	5.1	◉	4.3	18.1
Geisinger	69	3.9	◉	3.7	16.9
Health Net of PA	22	6.9	●	4.3	13.0
HealthAmerica	51	3.6	◉	4.9	17.2
HealthAssurance	22	3.0	◉	3.5	9.4
HealthGuard	29	3.6	◉	3.5	30.9
HealthOne	20	2.7	◉	4.2	19.6
Highmark/KHP West	353	4.1	◉	3.7	24.4
KHP Central	52	4.1	◉	4.5	33.9
KHPE	208	4.5	◉	4.1	22.0
NewAlliance	9	3.5	◉	NR	NR
UPMC Health Plan	42	3.4	◉	4.3	21.4
HMO State Total/Average	1,193	4.1		4.0	22.0
	Number of HMO members hospitalized during calendar year 2000 where COPD was the principal reason for hospitalization.	Hospitalization rate per 10,000 HMO members, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.	Percent of members rehospitalized for a respiratory system condition within 180 days of the original hospital stay for COPD (risk-adjusted).

NR - Not rated due to small numbers.

Asthma

Asthma is a chronic inflammatory disease of the lungs' airways which makes breathing difficult. It is the most common chronic childhood disease. Studies have shown that hospitalizations, repeat hospitalizations and emergency room visits can be decreased and quality of life improved when patients are taught how to control their disease by following established asthma management guidelines.

Hospitalization for Asthma (Under Age 18)

	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay (Risk-Adjusted)
Aetna U.S. Healthcare	361	14.9	●	1.9
CIGNA	22	12.3	◉	1.9
First Priority Health	62	13.8	◉	2.3
Geisinger	64	10.0	○	2.4
Health Net of PA	15	14.9	◉	1.9
HealthAmerica	45	10.1	◉	2.0
HealthAssurance	32	11.4	◉	2.3
HealthGuard	33	12.0	◉	2.0
HealthOne	28	9.5	◉	1.9
Highmark/KHP West	270	9.2	○	1.8
KHP Central	45	7.4	○	2.0
KHPE	409	18.5	●	2.1
NewAlliance	10	10.0	◉	2.1
UPMC Health Plan	58	12.5	◉	1.9
HMO State Total/Average	1,454	12.8		2.0
	Number of pediatric HMO members hospitalized during calendar year 2000 where asthma was the principal reason for hospitalization.	Hospitalization rate per 10,000 pediatric HMO members, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.

Hospitalization Rate, Statistical Rating

Generally, **lower** scores indicate that the HMO network was **more effective** in keeping members with asthma out of the hospital.

The symbols indicate whether the difference between the expected and actual rates was statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

Hospitalization for Asthma (Adults Age 18 to 64)

	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay (Risk-Adjusted)	Percent Rehospitalized
Aetna U.S. Healthcare	431	7.2	●	3.2	15.4
CIGNA	12	3.2	○	3.5	29.0
First Priority Health	83	8.2	●	3.4	13.3
Geisinger	58	3.4	○	3.3	16.0
Health Net of PA	30	9.7	●	3.1	21.1
HealthAmerica	81	5.8	◉	3.1	18.0
HealthAssurance	41	5.2	◉	2.9	10.2
HealthGuard	24	3.2	○	3.2	13.3
HealthOne	41	5.6	◉	3.6	9.7
Highmark/KHP West	447	5.3	○	3.1	14.2
KHP Central	69	5.6	◉	3.4	13.4
KHPE	391	8.0	●	2.9	11.8
NewAlliance	9	3.5	◉	NR	NR
UPMC Health Plan	73	5.7	◉	3.2	12.9
HMO State Total/Average	1,790	6.1		3.1	14.0
	Number of adult HMO members hospitalized during calendar year 2000 where asthma was the principal reason for hospitalization.	Hospitalization rate per 10,000 adult HMO members, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.	Percent of members rehospitalized for a respiratory system condition within 180 days of the original hospital stay for asthma (risk-adjusted).

NR - Not rated due to small numbers.

Managing On-Going Illnesses

Diabetes

A hospitalization for diabetes or a short-term complication of diabetes may represent a breakdown in diabetes care. While some hospitalizations for diabetes are expected, appropriate preventive care can minimize these admissions. By having easy access to appropriate medical supplies, educational resources and medical tests performed on a regular basis, people with diabetes can better monitor their disease, thus reducing the overall number of hospitalizations.

Hospitalization Rate, Statistical Rating

Generally, **lower** scores indicate that the HMO network was **more effective** in keeping members with diabetes out of the hospital.

The symbols indicate whether the difference between the expected and actual rates was statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

Hospitalization for Diabetes (Adults Age 18 to 75)

	Members with Diabetes	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay (Risk-Adjusted)	Percent of Admissions for Short-term Complications of Diabetes	Percent Rehospitalized
Aetna U.S. Healthcare	20,379	312	153.2	◉	4.4	50.6	13.3
CIGNA	945	20	193.0	◉	4.6	40.0	21.7
First Priority Health	3,818	46	122.4	◉	4.0	32.6	13.7
Geisinger	6,088	40	65.4	○	3.7	37.5	20.0
Health Net of PA	748	18	266.0	●	3.7	50.0	6.5
HealthAmerica	6,020	84	147.2	◉	3.7	53.6	17.9
HealthAssurance	2,343	44	184.5	◉	5.2	52.3	16.7
HealthGuard	3,054	41	139.8	◉	4.7	39.0	19.5
HealthOne	1,409	44	298.9	●	4.3	40.9	14.5
Highmark/KHP West	28,655	325	113.0	○	3.9	43.7	15.5
KHP Central	4,725	24	51.9	○	3.4	41.7	20.8
KHPE	17,001	325	191.1	●	4.3	46.8	12.8
NewAlliance	1,076	13	106.4	◉	4.1	46.2	16.8
UPMC Health Plan	3,061	72	221.2	●	4.2	48.6	18.0
HMO State Total/Average	99,322	1,408	141.8		4.2	46.3	15.0
	Number of members with diabetes who met a standard definition for diabetes and continuous enrollment criteria during calendar year 2000.	Number of members with diabetes who were hospitalized with diabetes as the principal diagnosis.	Hospitalization rate per 10,000 HMO members with diabetes, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.	Percent of admissions for short-term complications of diabetes. (These hospitalizations may be an immediate reflection of how well members are managing their diabetes.)	Percent rehospitalized for diabetes within 180 days of the original hospital stay for diabetes, adjusted for patient risk factors.

Heart Attack

A heart attack (Acute Myocardial Infarction) occurs when there is insufficient blood supply to an area of heart muscle. Heart attack is among the most common reasons for hospital admissions in the United States. People who have had a heart attack are at high risk for another one, and the mortality rates are high for these patients. Therefore, prevention of the second or subsequent attacks should be a high priority. Ultimately, treatment of a heart attack must address the underlying coronary disease that led to the attack. Several types of procedures are available including catheterization, percutaneous transluminal coronary angioplasty (PTCA)/Stent, and coronary artery bypass surgery (CABG). HMOs play an important part in ensuring that their members receive the appropriate treatment for their conditions.

In-Hospital Mortality, Statistical Rating

A statistical test is used to determine if the difference between expected and actual mortality was statistically significant:

- Lower than expected
- ◐ Same as expected
- Higher than expected

Hospitalization for Heart Attack (Adults Age 18 to 64)

	Hospital Admissions	Hospitalization Rate	Average Number of Days Hospitalized	In-Hospital Mortality			Percent Receiving Catheterization	Percent Receiving PTCA/Stent	Percent Receiving CABG
				Expected (Percent)	Actual (Percent)	Statistical Rating			
Aetna U.S. Healthcare	706	11.8	6.0	2.8	3.0	◐	90.9	61.0	13.9
CIGNA	18	5.4	4.6	1.4	5.6	◐	100.0	55.6	16.7
First Priority Health	184	18.2	6.9	3.4	5.1	◐	90.2	49.5	25.0
Geisinger	204	11.4	5.4	2.5	4.0	◐	85.8	46.1	18.6
Health Net of PA	35	11.4	8.2	5.0	0.0	◐	97.1	68.6	25.7
HealthAmerica	166	11.9	5.7	2.3	1.3	◐	92.2	59.0	12.7
HealthAssurance	92	12.0	5.3	2.0	0.0	◐	93.5	58.7	17.4
HealthGuard	81	10.0	6.2	4.0	1.3	◐	97.5	61.7	16.0
HealthOne	57	7.6	5.8	2.6	1.8	◐	89.5	50.9	22.8
Highmark/KHP West	1,040	11.9	5.8	3.1	2.5	◐	91.4	58.6	19.4
KHP Central	131	10.4	5.7	3.8	4.7	◐	90.1	55.0	16.0
KHPE	427	9.3	6.0	3.0	2.7	◐	87.4	53.2	14.8
NewAlliance	43	16.9	5.4	2.3	0.0	◐	95.3	58.1	25.6
UPMC Health Plan	115	9.5	6.4	2.9	1.8	◐	90.4	51.3	24.3
HMO State Total/Average	3,299	11.3	5.9	3.0	2.7		90.7	56.8	17.6
Fee-for-Service Sample	2,142		6.0	3.2	3.1		89.7	55.3	19.0
The Fee-for-Service Sample provides a comparison with traditional health insurance. Refer to the Technical Report for details.	Number of HMO members hospitalized during calendar year 2000 where heart attack was the principal reason for hospitalization.	Number of heart attack hospitalizations per 10,000 members, adjusted for patient risk factors.	Average number of days spent in the hospital, adjusted for patient risk factors.	The expected percent mortality within 30 days of hospitalization.	The actual percent mortality within 30 days of hospitalization.	Symbols indicate whether the difference between the expected and actual mortality was statistically significant.	Percent of heart attack patients receiving a cardiac catheterization within 30 days of hospitalization.	Percent of heart attack patients receiving a PTCA/Stent within 30 days of hospitalization.	Percent of heart attack patients receiving a CABG within 30 days of hospitalization.

Surgical Procedures

This section (pages 16 - 22) addresses outcomes of care for HMO members who require surgery. Outcomes are dependent on how well the HMO network manages the continuity of care among doctors and hospitals.

Hysterectomy

Hysterectomy is the surgical removal of the uterus. It is a procedure that may have a number of complications associated with it. Common reasons for performing a hysterectomy include uterine fibroids, uterine prolapse, abnormal bleeding, endometriosis and chronic pelvic pain.

Hysterectomies are performed as either an abdominal or a vaginal procedure. Procedure selection by physicians, complicated medical illnesses and diagnoses may result in longer lengths of stay and increased complication rates.

	ABDOMINAL HYSTERECTOMIES									
	Total Hysterectomy Hospital Admissions	Procedure Rate	Statistical Rating, Procedure Rate	Abdominal Hysterectomy Hospital Admissions	Procedure Rate	Statistical Rating, Procedure Rate	Length of Stay (Risk-Adjusted)	In-Hospital Complications		
								Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	1,576	50.1	⊙	1,120	35.6	⊙	2.6	12.2	11.9	⊙
CIGNA	46	24.1	○	37	19.4	○	2.4	13.0	14.3	⊙
First Priority Health	394	74.5	●	297	56.2	●	2.8	11.8	9.5	⊙
Geisinger	470	52.1	⊙	354	39.3	⊙	2.5	11.3	9.3	⊙
Health Net of PA	84	51.2	⊙	59	36.0	⊙	2.7	12.7	6.9	⊙
HealthAmerica	260	35.1	○	168	22.7	○	2.6	12.3	13.3	⊙
HealthAssurance	137	34.2	○	86	21.5	○	2.6	11.4	10.5	⊙
HealthGuard	179	45.9	⊙	130	33.3	⊙	2.3	11.7	8.5	⊙
HealthOne	259	66.8	●	171	44.1	●	2.6	11.5	13.5	⊙
Highmark/KHP West	2,598	58.8	●	1,739	39.4	●	2.5	11.7	12.8	⊙
KHP Central	455	69.3	●	305	46.4	●	2.6	11.8	13.8	⊙
KHPE	893	34.4	○	686	26.4	○	2.7	13.2	15.4	⊙
NewAlliance	97	72.1	●	72	53.5	●	2.4	11.3	8.3	⊙
UPMC Health Plan	329	47.9	⊙	226	32.9	⊙	2.7	12.1	19.9	●
HMO State Total/Average	7,777	50.7		5,450	35.5		2.6	12.0	12.7	
Fee-for-Service Sample	4,082			2,786			2.6	11.7	10.4	
	Total number of hysterectomies during calendar year 2000 for non-cancerous, non-traumatic conditions.	Procedure rate per 10,000 female members, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of hysterectomies involving an incision in the abdomen.	Procedure rate per 10,000 female members (age-adjusted).	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of abdominal hysterectomies.	Symbols indicate whether the difference between the expected and actual percents was statistically significant.

Hysterectomy is to be a treatment of last resort performed only after proper diagnostic tests confirm the underlying condition, conservative treatments have failed to improve the condition and fertility is not an issue.

Note: The length of stay data in these tables are risk-adjusted. The *unadjusted* HMO state average length of stay is 2.9 days for abdominal hysterectomy and 2 days for vaginal hysterectomy.

Procedure Rate and Percent of Complications, Statistical Ratings

A statistical test is used to determine if the differences between expected and actual procedure rates or percent of complications were statistically:

- Lower than expected
- ◐ Same as expected
- Higher than expected

VAGINAL HYSTERECTOMIES							
	Vaginal Hysterectomy Hospital Admissions	Procedure Rate	Statistical Rating, Procedure Rate	Length of Stay (Risk-Adjusted)	In-Hospital Complications		
					Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	456	14.5	◐	2.5	7.3	10.2	●
CIGNA	9	4.7	○	NR	NR	NR	NR
First Priority Health	97	18.3	◐	2.6	7.1	4.3	◐
Geisinger	116	12.9	◐	2.5	7.0	10.2	◐
Health Net of PA	25	15.3	◐	3.0	7.7	4.0	◐
HealthAmerica	92	12.4	◐	2.9	7.0	12.0	◐
HealthAssurance	51	12.7	◐	2.6	7.0	10.2	◐
HealthGuard	49	12.6	◐	2.7	6.8	6.3	◐
HealthOne	88	22.7	●	2.6	7.1	6.8	◐
Highmark/KHP West	859	19.5	●	2.7	7.1	7.3	◐
KHP Central	150	22.8	●	2.6	7.1	4.0	◐
KHPE	207	8.0	○	2.5	7.8	8.8	◐
NewAlliance	25	18.6	◐	2.6	7.1	4.0	◐
UPMC Health Plan	103	15.0	◐	2.6	7.2	6.8	◐
HMO State Total/Average	2,327	15.2		2.6	7.2	7.9	
Fee-for-Service Sample	1,296			2.6	7.0	6.4	
	Number of hysterectomies involving removing the uterus through the vaginal canal. Includes laproscopically assisted vaginal hysterectomy (LAVH).	Procedure rate per 10,000 female members, adjusted for patient risk factors.	The symbols indicate whether the difference between the expected and actual rates was statistically significant.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of vaginal hysterectomies.	Symbols indicate whether the difference between the expected and actual percents was statistically significant.

NR - Not rated due to small numbers.

Surgical Procedures

Breast Cancer Procedures

The most frequently used treatment for breast cancer is surgery, often supplemented by one or more other treatments. The type of surgical procedure to treat breast cancer is determined by the stage of the disease, the type of tumor, the age and health of the woman, and the woman's preference. Two different surgical procedures are used, lumpectomies and mastectomies.

Lumpectomy is the removal of the lump in the breast and some of the surrounding tissue. Lumpectomy procedures are performed in the inpatient and outpatient setting,

though the majority are outpatient procedures. For this report, lumpectomies performed as a diagnosis procedure are not included; only patients with an identified cancer diagnosis are analyzed.

Mastectomy is the removal of the whole breast and some lymph nodes under the arm. Most breast cancer procedures are inpatient (the law mandates that a patient has a right to choose an inpatient procedure). Mastectomies performed as a preventive measure (removal of the breast before cancer is diagnosed) are not included in this analysis. Pennsylvania law

	Total Breast Cancer Procedures	Procedure Rate	Lump-ectomy Procedures	Percent Performed Inpatient	LUMPECTOMY			
					Length of Stay (Risk-Adjusted)	Inpatient Only		
						In-Hospital Complications		
						Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	712	22.8	489	22.9	1.9	3.9	3.7	⊙
CIGNA	23	13.6	17	17.6	NR	NR	NR	NR
First Priority Health	132	24.9	92	5.4	NR	NR	NR	NR
Geisinger	165	17.9	121	4.1	NR	NR	NR	NR
Health Net of PA	21	12.3	12	8.3	NR	NR	NR	NR
HealthAmerica	147	19.7	107	15.9	2.0	3.8	5.9	⊙
HealthAssurance	55	14.5	44	6.8	NR	NR	NR	NR
HealthGuard	79	19.3	51	19.6	2.1	3.8	0.0	⊙
HealthOne	82	21.2	60	11.7	NR	NR	NR	NR
Highmark/KHP West	809	18.0	607	16.8	2.4	3.7	7.0	⊙
KHP Central	97	14.7	57	8.8	NR	NR	NR	NR
KHPE	501	19.9	353	20.4	2.5	4.1	7.2	⊙
NewAlliance	7	5.1	2	100.0	NR	NR	NR	NR
UPMC Health Plan	97	14.3	71	25.4	1.8	3.6	0.0	⊙
HMO State Total/Average	2,927	19.1	2,083	17.4	2.2	3.9	4.8	
Fee-for-Service Sample	1,749		1,208	13.7	2.1	3.8	4.3	
	Total number of breast cancer procedures (Lumpectomies and Mastectomies) performed during calendar year 2000.	Procedure rate per 10,000 female members, adjusted for patient risk factors.	Number of Lumpectomy procedures performed during calendar year 2000.	Percent of Lumpectomies performed in an inpatient setting.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of inpatient lumpectomy procedures.	Symbols indicate whether the difference between the actual and expected percents was statistically significant.

NR - Not rated due to small numbers.

prohibits health insurers from requiring outpatient care following a mastectomy.

Reconstruction of the breast after a mastectomy can occur immediately or months and even years later. Under Pennsylvania law, HMOs are required to cover breast reconstruction for women who receive treatment for breast cancer.

Note: The length of stay data in these tables are risk-adjusted. The *unadjusted* HMO state average length of stay is 1.4 days for lumpectomy and 2.4 days for mastectomy.

Percent of Complications, Statistical Rating

A statistical test is used to determine if the difference between expected and actual percent of complications was statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

MASTECTOMY							
Mastectomy Procedures	Percent Performed Inpatient	Inpatient Only					Percent with Reconstruction During the Same Admission
		Length of Stay (Risk-Adjusted)	In-Hospital Complications				
			Expected (Percent)	Actual (Percent)	Statistical Rating		
Aetna U.S. Healthcare	223	91.5	2.1	6.4	7.0	◉	36.8
CIGNA	6	100.0	NR	NR	NR	NR	NR
First Priority Health	40	92.5	2.3	5.2	5.4	◉	16.2
Geisinger	44	79.5	2.2	5.9	5.7	◉	22.9
Health Net of PA	9	100.0	NR	NR	NR	NR	NR
HealthAmerica	40	75.0	1.8	4.6	0.0	◉	13.3
HealthAssurance	11	72.7	NR	NR	NR	NR	NR
HealthGuard	28	92.9	1.5	3.8	0.0	◉	3.8
HealthOne	22	86.4	1.8	6.8	5.3	◉	47.4
Highmark/KHP West	202	88.1	2.0	5.0	7.3	◉	21.3
KHP Central	40	85.0	2.1	5.8	6.1	◉	29.4
KHPE	148	97.3	2.0	6.0	2.2	◉	30.6
NewAlliance	5	100.0	NR	NR	NR	NR	NR
UPMC Health Plan	26	88.5	2.3	6.4	17.4	◉	34.8
HMO State Total/Average	844	89.8	2.0	5.7	6.0		27.4
Fee-for-Service Sample	541	84.1	2.0	5.9	5.2		27.5
	Number of Mastectomy procedures performed during calendar year 2000.	Percent of Mastectomies performed in an inpatient setting.	Number of days spent in the hospital, adjusting for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications is divided by the total number of inpatient mastectomy procedures.	Symbols indicate whether the difference between the actual and expected percent was statistically significant.	Percent of reconstruction surgeries during the same admission.

NR - Not rated due to small numbers.

Surgical Procedures

Neck and Back Procedures

Neck and back pain affects about 80 percent of adults at some time in their lives. It is the most common cause of work loss for people under age 45, the reason for about 15% of all sick leaves, and estimated to cost society at least \$50 billion each year. Decompression (discectomy or laminectomy) is performed to reduce pressure on the nerves in the spine. Spinal fusion, sometimes performed in conjunction with decompression, is a surgical procedure

that adds bone graft to an area of the spine to alleviate pain.

Studies have shown that practice patterns for neck and back surgery vary across providers and geographic locations. The guidelines for when to perform back surgery and/or fusion are unclear. Most health care professional organizations recommend conservative treatment before performing surgery, but recommendations for the duration

	Total Neck and Back Procedures	Procedure Rate	WITH FUSION				
			Number of Procedures with Fusion	Length of Stay (Risk-Adjusted)	In-Hospital Complications		
					Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	1,120	18.5	370	1.7	6.1	4.9	⊖
CIGNA	43	11.4	13	2.1	7.5	0.0	⊖
First Priority Health	248	24.6	64	1.6	4.4	1.6	⊖
Geisinger	288	16.4	76	2.2	7.6	3.9	⊖
Health Net of PA	52	16.8	15	1.6	7.2	0.0	⊖
HealthAmerica	318	23.9	109	1.6	6.7	3.7	⊖
HealthAssurance	146	18.7	46	1.7	6.1	4.3	⊖
HealthGuard	247	32.8	67	1.8	6.5	9.0	⊖
HealthOne	147	19.8	65	2.2	8.3	6.2	⊖
Highmark/KHP West	1,519	17.7	535	2.0	6.0	7.3	⊖
KHP Central	204	16.5	80	2.0	6.0	2.5	⊖
KHPE	602	12.5	186	2.1	5.9	4.3	⊖
NewAlliance	52	20.4	24	2.3	6.2	8.3	⊖
UPMC Health Plan	207	16.4	73	2.2	5.9	8.2	⊖
HMO State Total/Average	5,193	17.8	1,723	1.9	6.2	5.5	
Fee-for-Service Sample	2,435		768	2.0	6.9	6.4	
	Number of neck and back procedures (with and without fusion) performed during calendar year 2000.	Procedure rate per 10,000 members, adjusted for patient risk factors.	Number of decompression procedures performed with fusion during calendar year 2000.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of neck and back procedures with fusion.	Symbols indicate whether the difference between the expected and actual percents was statistically significant.

of conservative treatment vary widely. Neck and back procedures are high volume, high cost surgeries with important implications for quality of care.

Note: The length of stay data in these tables are risk-adjusted. The *unadjusted* HMO state average length of stay is 2.4 days for neck and back procedures with fusion and 1.6 days for procedures without fusion.

Percent of Complications, Statistical Rating

A statistical test is used to determine if the differences between the expected and actual percent of complications were statistically:

- Lower than expected
- ◉ Same as expected
- Higher than expected

WITHOUT FUSION					
	Number of Procedures without Fusion	Length of Stay (Risk-Adjusted)	In-Hospital Complications		
			Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	734	1.8	3.7	3.8	◉
CIGNA	30	2.0	3.8	6.7	◉
First Priority Health	181	1.7	3.5	0.0	○
Geisinger	212	2.2	3.8	9.4	●
Health Net of PA	34	1.7	4.6	0.0	◉
HealthAmerica	208	2.0	4.1	4.8	◉
HealthAssurance	100	2.0	3.7	3.0	◉
HealthGuard	178	1.6	4.0	1.1	○
HealthOne	82	2.5	4.1	6.1	◉
Highmark/KHP West	973	1.9	3.8	4.2	◉
KHP Central	124	2.3	4.6	4.0	◉
KHPE	413	1.8	3.7	1.9	◉
NewAlliance	28	2.3	3.8	7.1	◉
UPMC Health Plan	132	2.0	3.9	6.1	◉
HMO State Total/Average	3,429	1.9	3.8	3.9	
Fee-for-Service Sample	1,637	2.0	4.1	2.9	
	Number of decompression procedures performed without fusion during calendar year 2000.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of neck and back procedures without fusion.	Symbols indicate whether the difference between the actual and expected percents was statistically significant.

Surgical Procedures

Prostatectomy

Prostatectomy is the surgical removal of the prostate (radical prostatectomy). Generally, the entire prostate is removed when cancer is present. Prostatectomy substantially reduces prostate cancer mortality.

Cancer of the prostate is the most common malignancy in American men: half of men aged 70 or older have it. Risks, complications, and side effects that may occur during and after prostatectomy include excessive bleeding, which may require blood transfusion, incontinence, impotence, and narrowing of the urethra.

Risk factors for developing prostate cancer are age (80% of men diagnosed with prostate cancer are older than 65), race (African-American men of all ages have a higher incidence and mortality rate for prostate cancer), family history, and lifestyle (high-fat diet and regular alcohol intake can increase prostate cancer risk).

Note: The length of stay data in this table are risk-adjusted. The *unadjusted* length of stay is 3.4 days .

	Total Prostatectomy Procedures	Procedure Rate	Length of Stay (Risk-Adjusted)	In-Hospital Complications		
				Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna U.S. Healthcare	180	6.3	3.5	9.6	11.2	⊙
CIGNA	2	1.3	NR	NR	NR	NR
First Priority Health	20	4.1	3.4	10.9	15.0	⊙
Geisinger	32	3.7	3.1	10.5	9.4	⊙
Health Net of PA	5	3.5	NR	NR	NR	NR
HealthAmerica	22	3.2	3.2	10.7	13.6	⊙
HealthAssurance	8	2.2	NR	NR	NR	NR
HealthGuard	19	4.8	2.8	8.6	0.0	⊙
HealthOne	29	8.1	2.8	10.6	10.3	⊙
Highmark/KHP West	248	5.9	3.4	9.7	10.6	⊙
KHP Central	34	5.6	3.5	10.4	11.8	⊙
KHPE	111	5.2	3.5	10.9	13.0	⊙
NewAlliance	4	3.4	NR	NR	NR	NR
UPMC Health Plan	27	4.8	3.7	9.4	11.1	⊙
HMO State Total/Average	741	5.3	3.4	10.0	11.0	
Fee-for-Service Sample	389		3.3	9.9	8.1	
	Number of Prostatectomy (radical) procedures performed during calendar year 2000.	Procedure rate per 10,000 male members, adjusted for patient risk factors.	Number of days spent in the hospital, adjusted for patient risk factors.	Expected percent of complications is calculated taking into account patient risk factors.	The actual number of complications divided by the total number of prostatectomy procedures.	Symbols indicate whether the difference between the actual and expected percents was statistically significant.

NR - Not rated due to small numbers.

Member Satisfaction



Satisfaction surveys offer a view of HMO quality and service from a member's perspective. Research shows that consumers and potential HMO members value the opinions and ratings of their peers.

These member satisfaction measures were taken from the annual Consumer Assessment of Health Plans Survey® (CAHPS) for calendar year 2000. The survey is conducted by an independent research company for each HMO and the resulting member satisfaction measures become part of the HMO's accreditation review.

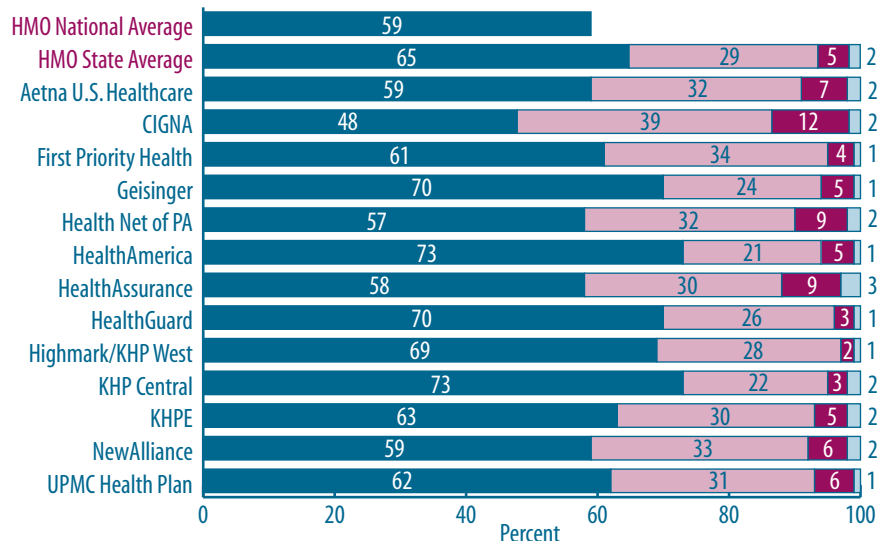
In addition to member responses from each HMO, a state average and a national average, when available, are included. CAHPS provides a standardized measure of HMO member satisfaction—this means that comparisons for items are directly comparable for the HMOs included in this report. The items effectively summarize HMO member satisfaction with the experience of care through ratings and other scores.

Overall Rating of HMO

How would you rate your health plan now?

Percent who gave their plan a rating of:

- 8 to 10 (highest rating)
- 5 to 7
- 0 to 4
- Other responses



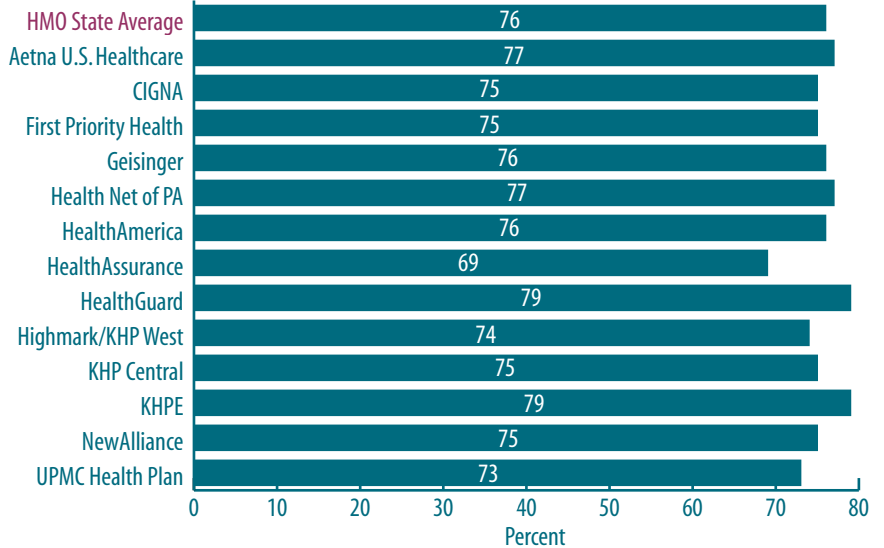
Note: Numbers may not add up to 100% due to rounding.

Member Satisfaction

Members Who Made Any Appointments for Routine Care

In the last 12 months, did you make any appointments with a doctor or health care provider for regular or routine health care?

Percent who answered Yes:

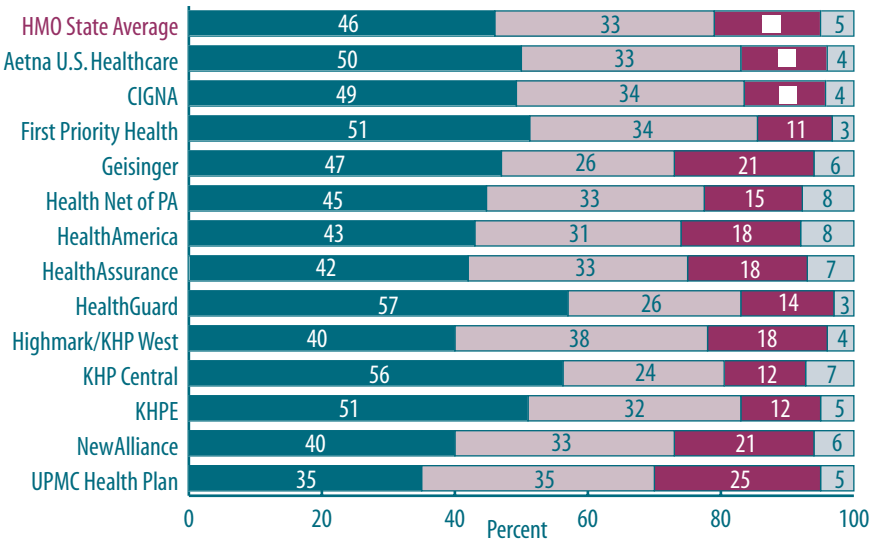


Waiting for Routine Care

In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

Percent who answered:

- Same to 3 days
- 4 to 14 days
- 15+ days
- Other responses

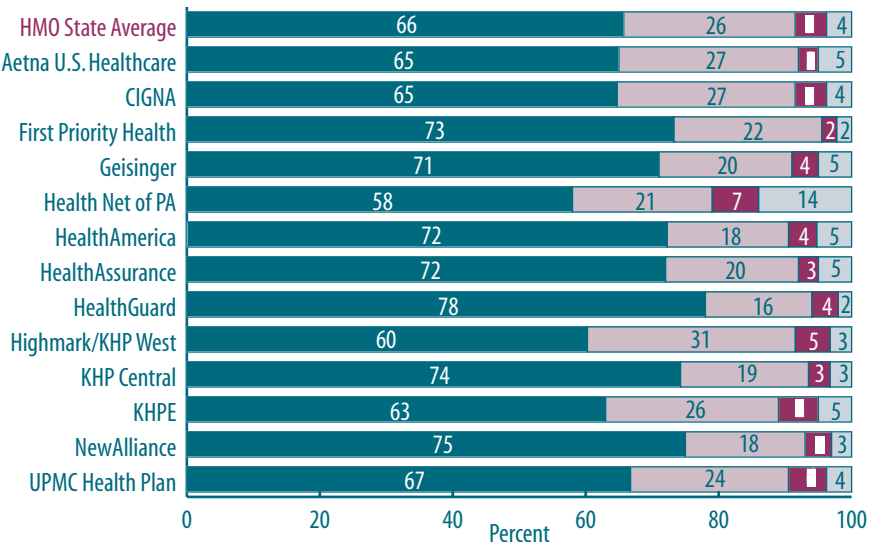


Waiting for Care for an Injury or Illness

In the last 12 months, how many days did you usually have to wait between making an appointment and actually seeing a provider for an illness or injury?

Percent who answered:

- One day
- 2 to 7 days
- 8+ days
- Other responses



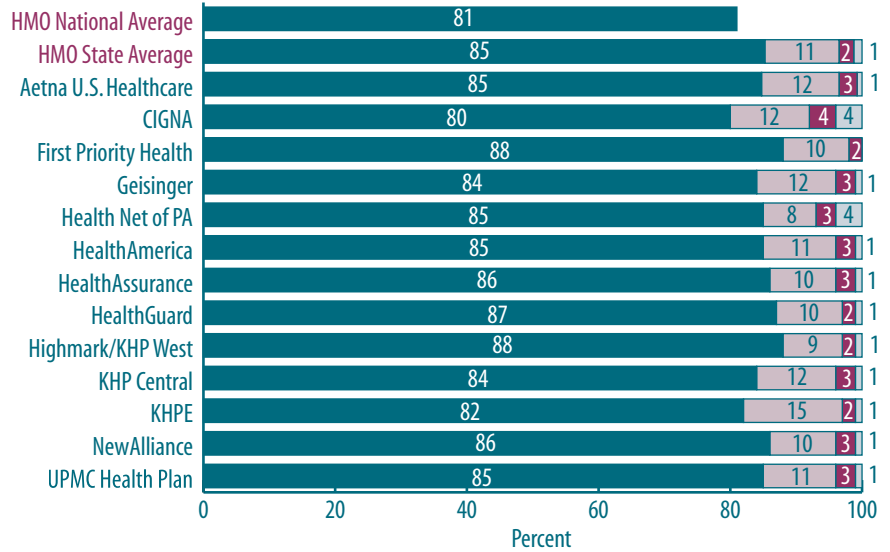
Note: Numbers may not add up to 100% due to rounding.

Getting Needed Care

In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

Percent who answered:

- Not a problem
- A small problem
- A big problem
- Other responses

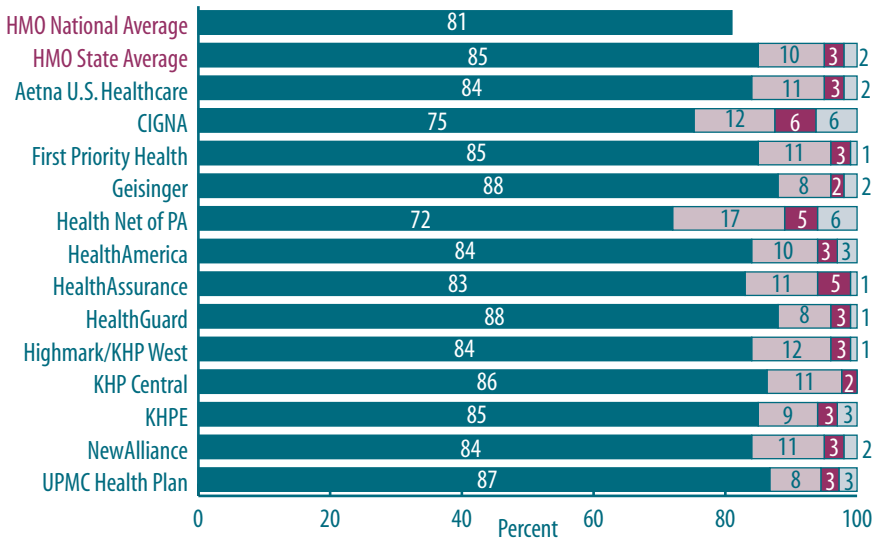


Getting Approvals from the HMO

In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

Percent who answered:

- Not a problem
- A small problem
- A big problem
- Other responses

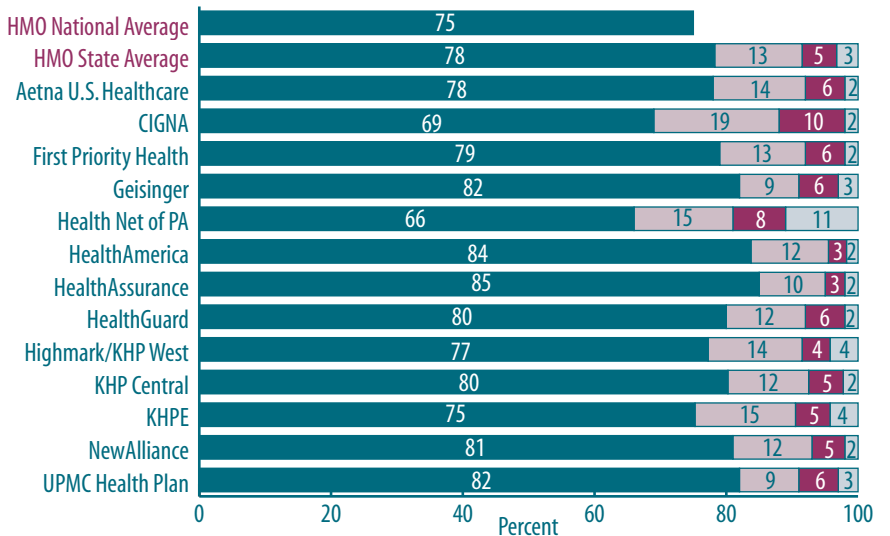


Getting a Referral to a Specialist

In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Percent who answered:

- Not a problem
- A small problem
- A big problem
- Other responses



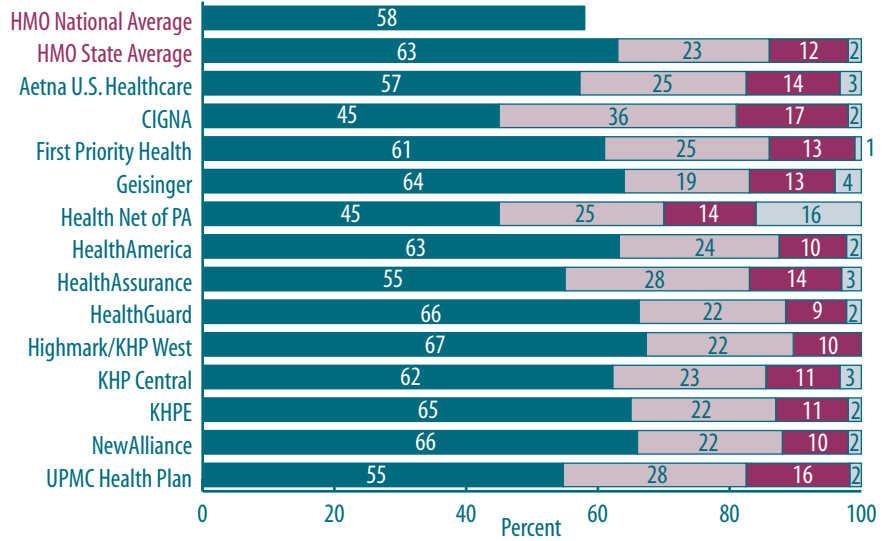
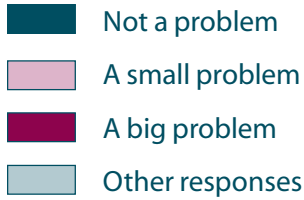
Note: Numbers may not add up to 100% due to rounding.

Member Satisfaction

Contacting Customer Service

In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

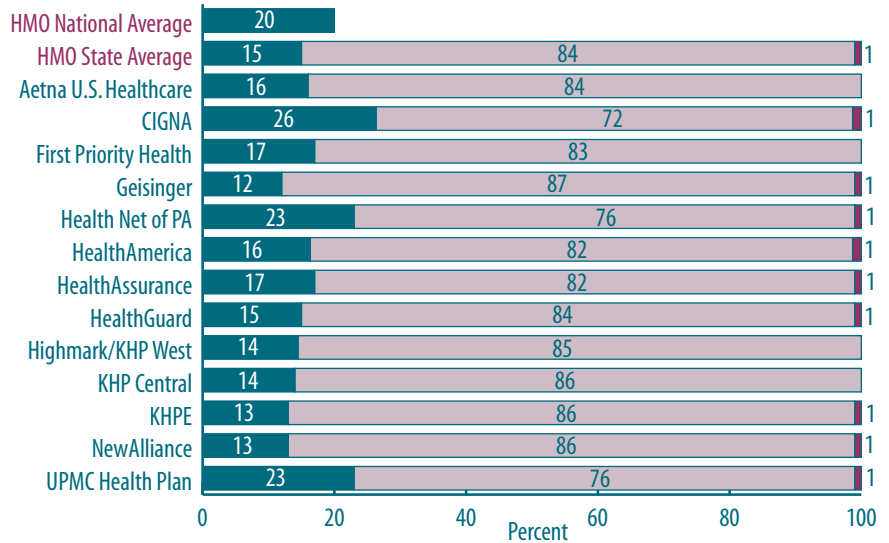
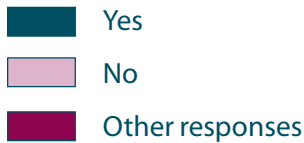
Percent who answered:



Complaints or Problems

In the last 12 months, have you called or written your health plan with a complaint or problem?

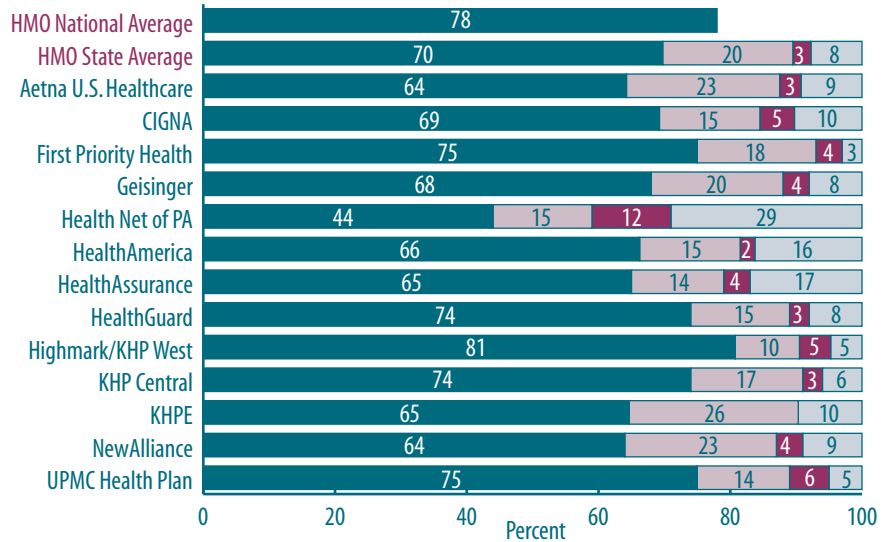
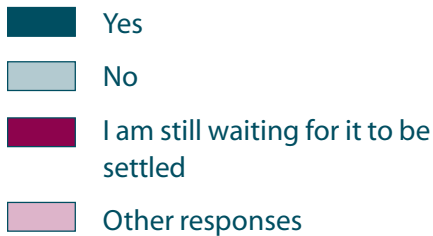
Percent who answered:



Complaints Settled to Satisfaction

Was your complaint or problem settled to your satisfaction?

Percent who answered:



Note: Numbers may not add up to 100% due to rounding.

Sources of Data

Inpatient hospital and ambulatory procedure data used in the analysis of treatment measures were submitted to PHC4 by Pennsylvania hospitals. The source of data reported on pages 4 through 8 in this publication is Quality Compass® and is used with permission of the National Committee for Quality Assurance (“NCQA”). Quality Compass is a registered trademark of NCQA. NCQA, an independent organization that reports information about managed care plans, was the source of the Health Plan Employer Data and Information Set® (HEDIS). HEDIS provides the specific Effectiveness of Care Measures included in this report. The member satisfaction measures were taken from the Consumer Assessment of Health Plans Survey®.

Limitations of the Data

This report is not intended to be a sole source of information in making choices about HMO plans since the measures included are important, but limited, indicators of quality. Hospital admissions, complications and rehospitalizations are sometimes unavoidable consequences of a patient’s medical condition. Hospitals, physicians and health insurance plans may do everything right and still the patient may experience other problems.

In addition, an HMO’s success in helping members to manage health problems depends in part upon members’ willingness and ability to comply with their providers’ treatment decisions. While HMOs play an important role in the delivery of care, it is hospitals and doctors who ultimately provide health care for patients.

This report may not provide exact comparisons for several reasons. Benefit plan designs differ among and within HMOs. Enrollment in HMOs is constantly changing. Furthermore, since this report includes data from only one year, it is only a snapshot of what occurred during a limited period of time. Finally, the Council’s risk-adjustment model may not completely capture some groups at higher risk due to social, economic, and behavioral differences.

HMOs included in this report verified that they were the primary insurer for the hospitalization data analyzed in this report.

Because the methods to compare health plans are not yet well developed, this report addresses a limited number of

indicators that are not intended to represent an HMO’s *overall* performance. As with any new initiative, these data should be interpreted with caution.

The Council would like to emphasize that this report is about helping people make more informed choices and stimulating a quality improvement process where differences in important health care measures are identified and appropriate questions are raised and answered.

Accounting for Differences in Illness Level, Age and Sex Across HMOs

PHC4 compiles “expected” rates for many of the measures in this report based on a complex mathematical formula that assesses the degree of illness or risk for patients. In other words, HMOs that have sicker members or a higher percentage of high-risk members are given “credit” in the formula; more patients can be expected to be admitted to the hospital, have longer lengths of stay, or have greater potential for complications because they are more seriously ill or at greater risk. Age and sex adjustments are also applied to some measures. A full description of these methods can be found in the HMO Technical Report at www.phc4.org.

Acknowledgements

PHC4 wishes to acknowledge and thank the individual HMOs and Pennsylvania hospitals that participated in the data collection and verification process, as well as the leadership of the Managed Care Association of Pennsylvania, the Blue Cross/Blue Shield-related plans and the Insurance Federation of Pennsylvania. Their cooperation, advice and constructive criticism were invaluable to the Council in the completion of this report.

PHC4 also thanks the Pennsylvania Department of Health, Secretary of Health Robert S. Zimmerman, Jr., the Pennsylvania Insurance Department, and Insurance Commissioner M. Diane Koken, for their assistance in compiling this report.

Thanks are also extended to PHC4’s Data Systems Committee, chaired by Bernard K. Murray; its Education Committee, chaired by Katherine A. Gallagher; its Payor Advisory Group, chaired by Leonard A. Boreski; and its Technical Advisory Group, chaired by David B. Nash, MD, MBA for their contributions to this report.

Counties Where HMOs are Licensed to Do Business by the Pennsylvania Department of Health

	Aetna U.S. Healthcare	Capital Blue Cross	CIGNA	First Priority Health	Geisinger	Health-America/Health-Assurance	Health Guard	Health Net of PA	KHP Central	KHPE	Highmark/KHP West	New-Alliance	UPMC Health Plan
Adams County	X	X				X			X				
Allegheny County	X					X					X		X
Armstrong County	X					X					X		X
Beaver County	X					X					X		X
Bedford County					X						X		X
Berks County	X	X			X	X	X		X				
Blair County	X				X	X					X		X
Bradford County	O			X	X								
Bucks County	X		X					X		X			
Butler County	X					X					X		X
Cambria County	X				X	X					X		X
Cameron County					X						X		X
Carbon County	X			X	X								
Centre County		X			X	X			X		X		
Chester County	X		X					X		X			
Clarion County	X										X		
Clearfield County					X						X		
Clinton County	O			X	X	X							
Columbia County	O	X			X	X			X				
Crawford County											X	X	X
Cumberland County	X	X			X	X	X		X				
Dauphin County	X	X			X	X	X		X				
Delaware County	X		X					X		X			
Elk County					X						X		X
Erie County	X										X	X	X
Fayette County	X					X					X		X
Forest County											X	X	X
Franklin County	X	X				X							
Fulton County	X	X											
Greene County	X					X					X		X
Huntingdon County					X	X					X		
Indiana County	X					X					X		X
Jefferson County	X				X						X		

O - Only Self-Insured and Managed Choice plans are offered in these counties.

	Aetna U.S. Healthcare	Capital Blue Cross	CIGNA	First Priority Health	Geisinger	Health-America/Health Assurance	Health Guard	Health Net of PA	KHP Central	KHPE	Highmark/KHP West	New-Alliance	UPMC Health Plan
Juniata County		X			X	X			X				
Lackawanna County	0			X	X			X					
Lancaster County	X	X			X	X	X		X				
Lawrence County	X					X					X		X
Lebanon County	X	X			X	X	X		X				
Lehigh County	X	X							X				
Luzerne County	0			X	X	X		X					
Lycoming County	0			X	X	X							
McKean County											X		X
Mercer County	X					X					X	X	X
Mifflin County		X			X	X			X				
Monroe County	X			X	X								
Montgomery County	X		X					X		X			
Montour County		X			X	X			X				
Northampton County	X	X							X				
Northumberland County	0	X			X	X			X				
Perry County	X	X			X	X			X				
Philadelphia County	X		X					X		X			
Pike County	0			X	X								
Potter County					X						X		
Schuylkill County	X	X			X	X			X				
Snyder County	0	X			X	X			X				
Somerset County	X					X					X		X
Sullivan County	0			X	X								
Susquehanna County	0			X	X								
Tioga County				X	X								
Union County		X			X	X			X				
Venango County											X	X	X
Warren County											X	X	X
Washington County	X					X					X		X
Wayne County	0			X	X								
Westmoreland County	X					X					X		X
Wyoming County	0			X	X								
York County	X	X			X	X	X		X				

Additional Information

Health Plan	Line of Business	Accreditation Status	Telephone Number	Web Site Address
Aetna U.S. Healthcare	HMO and Point-of-Service	Excellent	1-800-991-9222	http://www.aetna.com
Capital Blue Cross	HealthOne Point-of-Service	Not Accredited	1-800-958-5558	http://www.capbluecross.com
CIGNA Healthcare of PA	HMO and Point-of-Service	Excellent	1-800-345-9458	http://www.cigna.com/healthcare
First Priority Health	HMO and Point-of-Service	Excellent	1-800-822-8753	http://www.bcnepa.com
Geisinger Health Plan	HMO and Point-of-Service	Excellent	1-800-631-1656	http://www.thehealthplan.com
Health Net of PA	HMO and Point-of-Service	Pending *	1-800-848-4747	http://www.health.net
HealthAmerica Central, HealthAmerica Pittsburgh	HMO	Excellent	1-800-788-8445 (Central) 1-800-735-0708 (Pittsburgh)	http://www.healthamerica.cvty.com
HealthAssurance Central, HealthAssurance Pittsburgh	Point-of-Service	Excellent	1-800-788-8445 (Central) 1-800-735-0708 (Pittsburgh)	http://www.healthamerica.cvty.com
HealthGuard of Lancaster	HMO and Point-of-Service	Excellent	1-800-822-0350	http://www.hguard.com
Highmark Blue Cross/KHP West	HMO and Point-of-Service	Excellent	1-800-386-4944 1-800-350-4130 (PEBTF)	http://www.highmark.com
Keystone Health Plan Central	HMO	Excellent	1-800-547-2583	http://www.khpc.com
Keystone Health Plan East	HMO	Excellent	1-800-555-1514 (Outside Philadelphia) 1-215-636-9559 (In Philadelphia)	http://www.ibx.com
NewAlliance Health Plan	HMO and Point-of-Service	In Process	1-800-752-4165	http://www.newalliancehealth.com
UPMC Health Plan	HMO and Point-of-Service	Pending	1-888-876-2756	http://www.upmc.edu/upmchealthplan

Accreditation of commercial HMOs in Pennsylvania is voluntary and provided by the National Committee for Quality Assurance (NCQA). Accreditation is achieved by passing a detailed, independent assessment of quality and performance measures. The accreditation status provided in this report reflects the most recent NCQA listing at the time of publication. The possible NCQA ratings are (beginning with the highest rating): excellent, commendable, accredited, provisional, denied, and suspended or under review.

* Health Net of PA is seeking accreditation by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).



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