



# **2005 Performance Report for Utah Commercial HMOs and Medicaid & CHIP Health Plans**

**Performance Measures (HEDIS) &  
Consumer Satisfaction Survey Results (CAHPS)**

Utah Department of Health  
Utah Health Data Committee and the Division of Health Care Financing  
November 2005



# About This Report

Since 1994, the mission of the Utah Health Data Committee has been “to support health improvement initiatives through the collection, analysis, and public release of health care information.” As part of that mission, the Committee is proud to present the 9th annual Performance Report for Utah health plans. This report contains information on five commercial Health Maintenance Organizations (HMOs), two Medicaid HMOs, two Medicaid health plans (IHC Preferred Provider Network and the fee for service plan), and two Children’s Health Insurance Program (CHIP) HMOs.

Data in this report come from two sources representing different aspects of care. The first source of data is the Health Plan Employer Data and Information Set (**HEDIS®**) collected for measurement year 2004 (for more information about HEDIS, please see page 5). Utah’s HMOs collect and report HEDIS measures to the Office of Health Care Statistics each year, as required by administrative rule. The IHC Preferred Provider Network and the fee for service plan do not participate in HEDIS. The second source of data is the 2005 Consumer Assessment of Health Plans Survey (**CAHPS®**, for more information about CAHPS, please see page 20). Survey results are presented for seven Utah HMOs as well as the Medicaid fee for service and preferred provider network (PPN) plans. This survey year only included adult enrollees, so the CHIP HMOs did not participate in CAHPS.

The goal of this report is to provide consumers, purchasers, and insurance plans with information about the performance of Utah’s HMOs and health plans. Consumers and those who purchase health care can use the information in this report to help them make decisions about which plan to choose. Health plans can use the information in this report to assist them in improving the care and services they provide to their enrollees. Many different groups contributed to the data collection, analysis, and writing of this report. These include groups within the Utah Department of Health -- Division of Health Care Financing, Division of Community and Family Health Services, the Utah Health Data Committee -- as well as representatives of the participating HMOs. The health plans that submitted data for this report cover approximately 42% of Utah’s insured population.

## Participating HMOs and Health Plans

Commercial	Medicaid	CHIP
Altius Health Plans (Altius)	Fee for Service (FFS)	Molina HealthCare of Utah
CIGNA Health Care of Utah (Cigna)	Healthy U	(Molina CHIP)
IHC Health Plans (IHC)	IHC Preferred Provider Network	Public Employees Health
Regence HealthWise (Regence HW)	(IHC PPN)	Program (PEHP CHIP)
UnitedHealthcare (United)	Molina HealthCare of Utah (Molina)	

This report is divided into three sections. The first section describes **quality of care** (HEDIS) measures for commercial HMOs, Medicaid health plans and CHIP HMOs. Examples of these measures are childhood immunizations, cancer screenings, and care for people with diabetes. For the first time this year, the report presents **5-year commercial and Medicaid weighted statewide averages** for four HEDIS measures. Consumers can use this information to see how averages for these measures have changed since 2000. The second section describes the results of the consumer survey (CAHPS) that measured people’s **satisfaction with the care** they received from their health plan. People who answered the survey rated how satisfied they were with the care they received from their doctor, how well their health plan provided customer service, and whether they had any problems receiving the health care they needed. The last section of this report includes **information about the people** who took part in the satisfaction survey and lists the **survey questions** that were used to measure satisfaction.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

# Key Findings

## Commercial Health Plans

- ▶ Screening rates for breast, cervical and colon cancer are between 7% and 10% lower than national benchmarks.
- ▶ Utah's HMOs are meeting national benchmarks on providing appropriate treatment for people with asthma.
- ▶ Utah's HMOs are meeting national averages on testing blood sugar for enrollees with diabetes. However, other aspects of diabetes care (e.g., eye exam, cholesterol testing) need to be improved.
- ▶ Rates of adolescent well-care and immunizations are well below national averages.
- ▶ Utah's HMOs are also meeting national averages in providing prenatal and post-partum care.

## Medicaid Health Plans

- ▶ Utah's Medicaid HMOs are well below national averages on the percentage of sexually active women who receive Chlamydia screening testing.
- ▶ Rates of timely prenatal and post-partum care are above national averages.
- ▶ Medicaid HMOs are below national averages on the percentage of children who have received well-child visits in the past year.
- ▶ Rates of children who are fully immunized by two years of age are above national averages.

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# About Utah Health Plans

## About Utah Medicaid and CHIP Plans

	Healthy U	IHC Preferred Provider Network	Molina HealthCare of Utah	Molina CHIP	PEHP CHIP
<b>Counties served by the plan</b>	Davis Salt Lake Summit Tooele Utah Weber	Davis Salt Lake Utah Weber	All Counties Except Carbon Daggett Duchesne Emery Uintah	All Counties	All Counties
<b>Monthly enrollment as of January 2005</b>	<b>25,400</b>	<b>45,617</b>	<b>45,315</b>	<b>9,531</b>	<b>22,486</b>
<b>Board Certified Providers:</b>					
Primary Care	NR	NA	92%	NA	NA
Obstetricians/Gynecologists	NR	NA	85%	NA	NA
Pediatricians	NR	NA	100%	NA	NA
Other Specialists	NR	NA	90%	NA	NA

## About Utah Commercial HMOs

	Altius Health Plans	CIGNA Health Care of Utah	IHC Health Plans	Regence HealthWise	United Healthcare
<b>Counties served by the plan</b>	Beaver Box Elder Cache/Carbon Davis Garfield Iron/Juab Kane/Morgan Salt Lake San Juan Sanpete Summit Tooele Uintah Utah Wasatch Washington Weber	Box Elder Davis Emery Juab Millard Morgan Salt Lake Sanpete Sevier Summit Tooele Utah Wasatch Weber	<b>IHC Care:</b> All Counties Except Grand San Juan <b>IHC</b> <b>SelectMed:</b> All Counties Except Carbon Daggett Emery Grand Kane/Rich San Juan Uintah Washington	Box Elder Cache Davis Juab Salt Lake Summit Tooele Utah Wasatch Weber	All Counties
<b>Monthly enrollment as of January 2005</b>	<b>192,483</b>	<b>3,386</b>	<b>460,978</b>	<b>33,889</b>	<b>48,761</b>
<b>Board Certified Providers:</b>					
Primary Care	89%	83%	93%	86%	83%
Obstetricians/Gynecologists	89%	79%	90%	88%	80%
Pediatricians	68%	67%	96%	100%	60%
Other Specialists	85%	77%	91%	86%	81%

# Performance Measures

## HEDIS Measures

The performance measures presented in this section come from the Health Employer Data Information Set (HEDIS), which is developed and maintained by the National Committee for Quality Assurance (NCQA). The 2005 HEDIS measurement set contains 61 measures across eight major areas of care such as helping people stay healthy or caring for people with chronic illness. HMOs nationwide collect these measures **to see how they performed in different areas of health care over the past year**. Each year, Utah HMOs report HEDIS measures to the Utah Department of Health and a subset of those measures are included in this report. Measures in the 2005 report are based on information from patient visits in 2004. The data collected by each HMO are reviewed by an NCQA-certified auditor to ensure that the reported HEDIS measures are representative and accurate.

The National Committee for Quality Assurance (NCQA) is a non-profit organization committed to assessing, reporting on and improving the quality of care provided by the nation's health plans. To find out more, visit their website at [www.ncqa.org](http://www.ncqa.org)

## Data Collection

For some HEDIS measures, HMOs can choose one of two ways to collect their data. If an HMO chooses the administrative method, the data are collected from the HMO's claims database to identify cases and compute the HEDIS measures. If an HMO uses the hybrid method, cases are first identified using the claims database, then a nurse does reviews of medical charts to find additional information about the HEDIS measure. In the tables that follow, measures collected using the administrative method are labeled **Administrative** and measures collected using the hybrid method are labeled **Admin+Chart Review**. Although the hybrid method takes longer and costs more, the reported values for HEDIS measures are usually more accurate than when HMOs use the administrative method. Therefore, differences in HMOs may be because the HMOs differ in quality, OR because the HMOs collected data using different methods. **Whenever possible, comparisons should only be made between HMOs that used the same data collection method for a given variable.**

## Missing Data

For some variables, there is a "Not Reported" or a "Not Applicable" designation instead of a statistical rate. "Not Reported" means that the HMO chose not to report a rate for that measure. This could be because there were significant problems with the data, or because the data for that measure were not audited. A "Not Applicable" rate means that the sample size for that measure was too small (less than 30) to calculate a valid rate. All "Not Reported" and "Not Applicable" designations are governed by NCQA reporting rules, and do not reflect the overall quality of care.

## Statistical Ratings \*

Each HEDIS measure collected by commercial HMOs was compared to the commercial state average for that measure. Each measure was then given a **statistical rating** depending on whether that HMO's performance was above, the same as, or below the state average. The 95% confidence interval was used to determine statistically significant differences between an HMO's score and the state average. Three stars indicate that an HMO's performance on a particular measure is significantly above the state average, while one star means that an HMO's performance is significantly below the state average. Two stars indicate that an HMO's performance on a particular measure is not significantly different from the state average for that measure.

- ★★★ **Higher** HMO score is significantly above the average for Utah commercial HMOs
- ★★ **Average** HMO score is neither higher nor lower than the the average for Utah commercial HMOs
- ★ **Lower** HMO score is significantly below the average for Utah commercial HMOs

\* *Statistical ratings were not computed for Medicaid or CHIP Health Plans since only two plans in each program reported HEDIS measures in 2005*

HMO	Data Collection Method	Rate	Statistical Rating
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### Colorectal Cancer Screening

% of adults aged 50-80 who have ever had an appropriate screening test for colorectal cancer

Altius	Admin+Chart Review	46.6%	★★★
Cigna	Administrative	40.2%	★
IHC Health Plans	Admin+Chart Review	50.1%	★★★
Regence HW	Administrative	37.0%	★
United	Administrative	35.4%	★
<b>National Average: 49.0%</b>		<b>State Average: 41.9%</b>	

### Adults' Access to Preventive Care: 20 to 44 Years

% of adults who had at least one ambulatory or preventive care visit within the past three years

Altius	Administrative	92.0%	★★★
Cigna	Administrative	84.8%	★
IHC Health Plans	Administrative	92.1%	★★★
Regence HW	Administrative	88.5%	★
United	Administrative	91.3%	★★★
<b>National Average: 92.7%</b>		<b>State Average: 89.7%</b>	

### Adults' Access to Preventive Care: 45 to 64 Years

% of adults who had at least one ambulatory or preventive care visit within the past three years

Altius	Administrative	95.7%	★★★
Cigna	Administrative	89.7%	★
IHC Health Plans	Administrative	95.0%	★★★
Regence HW	Administrative	93.5%	★★
United	Administrative	94.1%	★★★
<b>National Average: 94.6%</b>		<b>State Average: 93.6%</b>	

### Adults' Access to Preventive Care: 65 Years and Older

% of adults who had at least one ambulatory or preventive care visit within the past three years

Altius	Administrative	96.3%	★
Cigna	Not Applicable		
IHC Health Plans	Administrative	97.5%	★★
Regence HW	Administrative	96.8%	★
United	Administrative	98.3%	★★★
<b>National Average: 96.2%</b>		<b>State Average: 97.2%</b>	

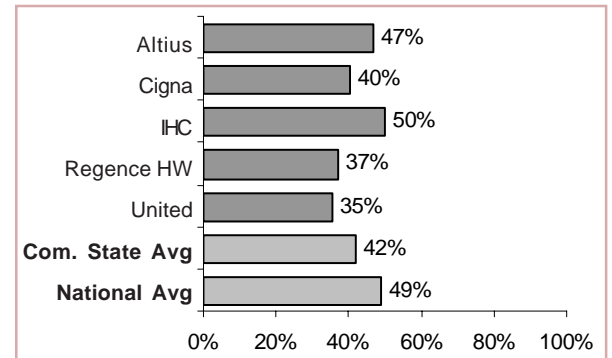
### Imaging Studies for Low Back Pain \*

% of enrollees who did not have an imaging study (X-ray, MRI, CT scan) in the first two weeks of a new episode of back pain

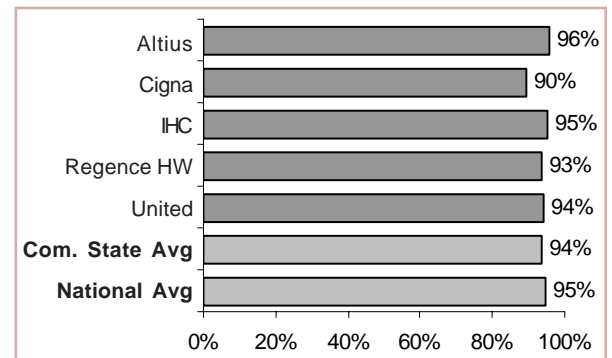
Altius	Administrative	77.4%	★★★
Cigna	Administrative	71.4%	★
IHC Health Plans	Administrative	75.3%	★★
Regence HW	Administrative	75.7%	★★
United	Administrative	75.0%	★★
<b>National Average: NR</b>		<b>State Average: 75.0%</b>	

\* This is a new measure that assesses whether imaging studies are overused in evaluating patients with low back pain.

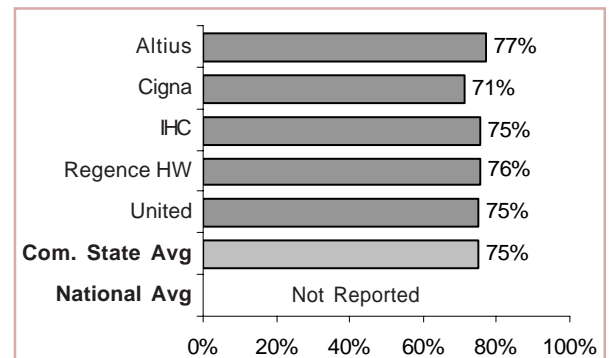
### Colorectal Cancer Screening



### Adults' Access to Preventive Care: 45 to 64 Years



### Imaging Studies for Low Back Pain



⇒ **REMEMBER: Differences between HMOs may be caused by differences in performance OR by differences in data collection.**

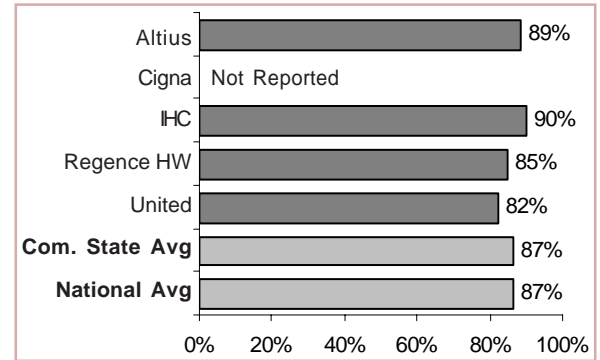
Note: Approximately 42% of Utah's insured population is covered by one of the plans in this report.

# Care for People With Diabetes

## Performance Measures Commercial HMOs

HMO	Data Collection Method	Rate	Statistical Rating
<b>Hemoglobin A1c Testing (test of blood sugar level)</b>			
<i>% who had one or more HbA1c tests in 2004</i>			
Altius	Admin+Chart Review	88.5%	★★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	90.3%	★★★
Regence HW	Admin+Chart Review	84.9%	★★
United	Admin+Chart Review	82.5%	★
<b>National Average: 86.5%</b>		<b>State Average: 86.6%</b>	

### Hemoglobin A1c Testing

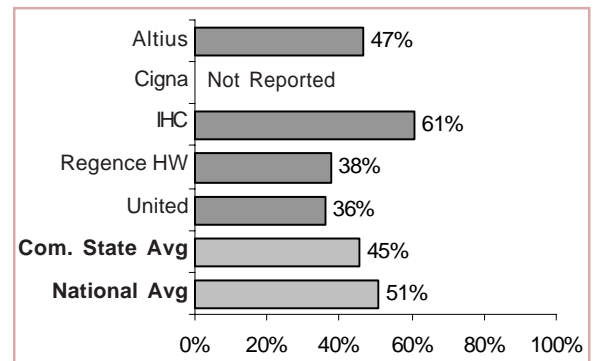


<b>HbA1c Poorly Controlled</b>			
<i>% who had HbA1c level &gt;9.5% at their most recent test in 2004</i>			
Altius	Admin+Chart Review	29.4%	★★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	18.5%	★★★
Regence HW	Admin+Chart Review	64.0%	★
United	Admin+Chart Review	43.3%	★
<b>National Average: 30.7%</b>		<b>State Average: 38.8%</b>	

Lower rate is better

<b>Eye Exam</b>			
<i>% who had a retinal exam by an eye care professional in 2004</i>			
Altius	Admin+Chart Review	46.8%	★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	60.8%	★★★
Regence HW	Admin+Chart Review	38.0%	★
United	Admin+Chart Review	36.0%	★
<b>National Average: 51.0%</b>		<b>State Average: 45.4%</b>	

### Eye Exam

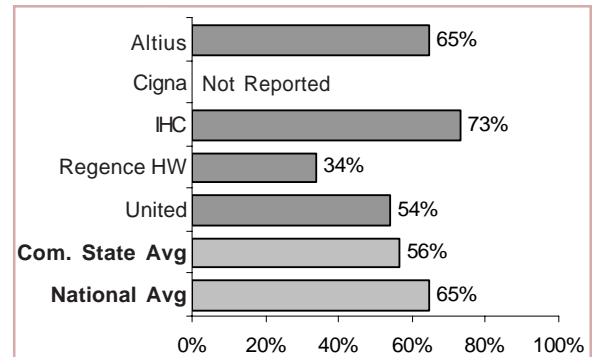


<b>LDL-C Screening (cholesterol screening)</b>			
<i>% who had an LDL-C screening test performed within the past two years</i>			
Altius	Admin+Chart Review	90.6%	★★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	90.8%	★★★
Regence HW	Admin+Chart Review	86.1%	★★
United	Admin+Chart Review	83.0%	★
<b>National Average: 91.1%</b>		<b>State Average: 87.6%</b>	

<b>LDL-C Control (less than 130mg/dL)</b>			
<i>% who had an LDL level less than 130 mg/dL at their most recent test in the past two years</i>			

Altius	Admin+Chart Review	64.7%	★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	73.2%	★★★
Regence HW	Admin+Chart Review	33.8%	★
United	Admin+Chart Review	54.0%	★
<b>National Average: 64.8%</b>		<b>State Average: 56.4%</b>	

### LDL-C (Cholesterol Control) (less than 130mg/dL)



<b>LDL-C Control (less than 100mg/dL)</b>			
<i>% who had an LDL level less than 100 mg/dL at their most recent test in the past two years</i>			
Altius	Admin+Chart Review	43.6%	★★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	50.1%	★★★
Regence HW	Admin+Chart Review	23.1%	★
United	Admin+Chart Review	34.1%	★
<b>National Average: 40.2%</b>		<b>State Average: 37.7%</b>	

<b>Monitoring for Diabetic Nephropathy</b>			
<i>% who had kidney disease (nephropathy) screening test in 2004</i>			
Altius	Admin+Chart Review	53.2%	★★★
Cigna	Not Reported		
IHC Health Plans	Admin+Chart Review	60.1%	★★★
Regence HW	Admin+Chart Review	38.7%	★
United	Admin+Chart Review	47.2%	★
<b>National Average: 52.0%</b>		<b>State Average: 49.8%</b>	

Measures on page 7 were collected for people in each HMO between the ages of 18 and 75 and who have diabetes. Rates were calculated by dividing the number of people who received the test by the total number of people with diabetes.









































