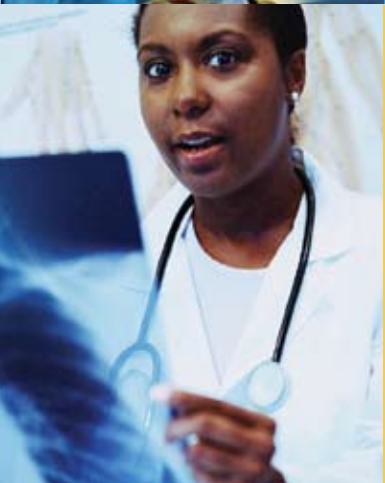


# Measuring the Quality of Pennsylvania's Commercial HMOs

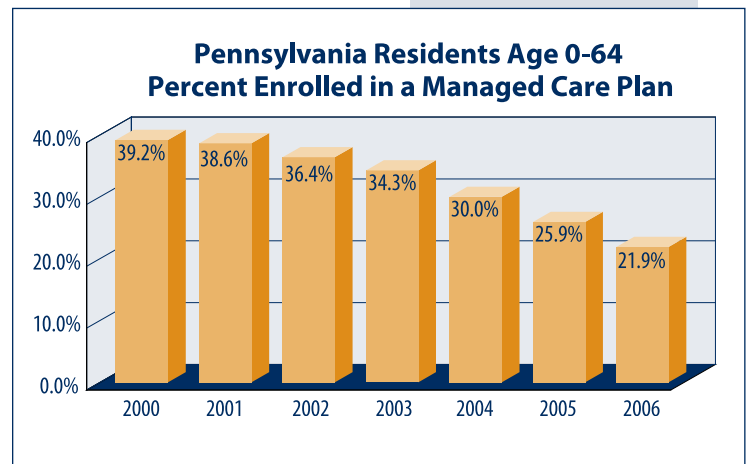


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- Enrollment in commercial managed care organizations has been steadily decreasing, from 39.2% of Pennsylvania residents age 0-64 in 2000 to 21.9% in 2006.
- Pennsylvania HMOs on average performed better than or equal to the national HMO average in 14 of the 17 “Staying Healthy” measures. The three measures for which Pennsylvania had lower rates than the national average included: screening for breast cancer, colorectal cancer screening, and annual monitoring for patients on persistent medication.
- For the following Member Satisfaction measures:
  - Overall Rating of Plan – Six of the nine plans outperformed their national counterparts.
  - Getting Needed Care – Seven of the nine plans performed better than or equal to the national average.
  - Seeing a Specialist – Seven of the nine plans outperformed their national counterparts.
  - Getting Help from Customer Service – Four of the seven plans that were reported outperformed their national counterparts.
- Statewide HMO hospitalization rates for the following conditions printed in this report increased significantly compared to last year:
  - High blood pressure hospitalization rates increased 13.9% from 2.6 per 10,000 adult members in 2005 to 3.0 in 2006.
  - Gastrointestinal infection hospitalization rates increased 20.9% from 3.9 per 10,000 members in 2005 to 4.8 in 2006.
  - Kidney and urinary tract infection hospitalization rates increased 11.8% from 4.4 per 10,000 members in 2005 to 5.0 in 2006.
  - Pediatric asthma hospitalization rates increased 26.2% from 14.6 per 10,000 pediatric members in 2005 to 18.5 in 2006.
  - Diabetes hospitalization rates increased 12.3% from 94.3 per 10,000 adult members with diabetes in 2005 to 105.9 in 2006.



# About this Report

This report provides objective information about the cost and quality of health care for members enrolled in Health Maintenance Organizations (HMOs), related Point-of-Service (POS) plans, and Gatekeeper Preferred Provider Organization (GPPO) plans. Features of these plans include:

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

## What is an HMO?

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 provide educational materials to encourage members to take advantage of disease management programs, preventive health services and other initiatives to keep their members healthy. HMOs usually require members 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 services provided to members.

This report provides information about the health care services received by members of commercial HMOs, as well as “Point-of-Service” (POS) options and “gatekeeper” Preferred Provider Organization (GPPO) products.

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 GPPO product usually requires a patient to select a PCP from a preferred provider panel and to obtain referrals from the PCP in order to see a specialist without incurring additional uncovered fees. A summary of the characteristics of the types of health insurance plans is provided in the following table.

	HMO	Point-of-Service	GPPO	Fee-for-Service
Can you get covered services from providers not in the network?	No	Yes, for an additional charge	Yes, for an additional charge	Yes
Do you have a lot of paperwork?	No claim forms	No claim forms for in-network care	No claim forms for in-network care	You need a claim form
Do you need to choose a PCP?	Yes	Yes	Usually, “passive” gatekeeper products do not require it	No
Do you need a referral from your PCP to go to a specialist?	Yes	Usually	Yes, to receive the highest level of coverage	No

### 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 for pages 6 through 14 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 also the source of the Health Plan Employer Data and Information Set® (HEDIS). The member satisfaction measures were taken from the Consumer Assessment of Health Plans Survey® (CAHPS).

### 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 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, PHC4's risk-adjustment model may not completely capture some groups at higher risk due to social and/or 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 continue to be developed, this report addresses a limited number of indicators that are not intended to represent an HMO's overall performance. These data should be interpreted with caution.

PHC4 emphasizes that the purpose of this report is to help people make more informed choices and to stimulate 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, be readmitted, 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](http://www.phc4.org).

The data in this report is for Calendar Year 2006. One exception is that some HMOs submitted 2005 data for several measures, which is allowable under National Committee for Quality Assurance (NCQA) rules. These measures include: Beta Blockers After a Heart Attack, Childhood Immunizations, and Colorectal Cancer Screening.

# How to Use this Report



The quality of care provided by a managed care network directly affects the health of employees and their families, workforce 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.

## Helping to Keep Members 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 in the report 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 Ongoing Illnesses

HMO members with chronic obstructive pulmonary disease (COPD), asthma and diabetes are at higher risk for hospitalization if appropriate and ongoing treatment is not received. A higher hospitalization rate suggests poorer management of a chronic disease. Generally, shorter lengths of stay suggest that patients recuperated in less time – a positive outcome. 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 ongoing 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?

## Surgical Procedures

Surgical 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 locations. 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?



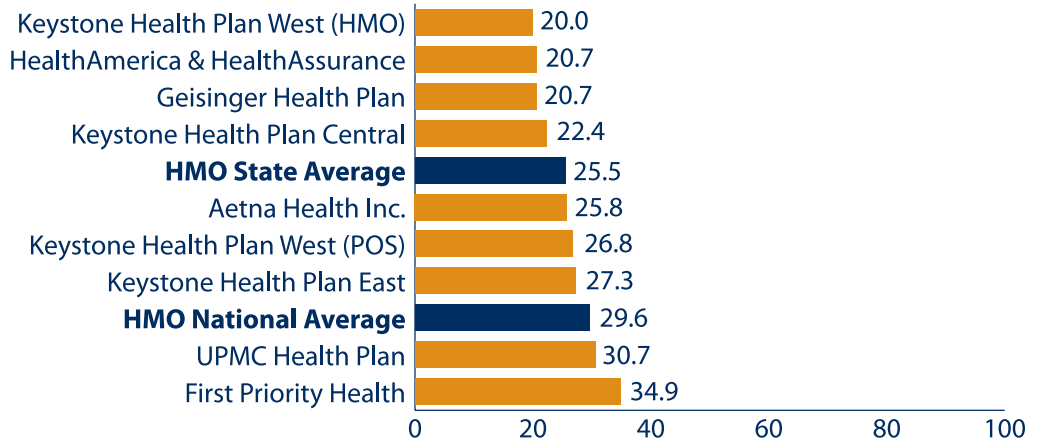


HMOs provide direct services to members, usually at a modest cost, for the prevention or early detection of health problems. In this section (pages 6 through 14), the graphs show how well the HMOs are providing preventive care to help their members stay healthy.

The graphs on pages 6 through 8 show how well the HMO network is screening, testing and helping adult members with diabetes to control their disease.

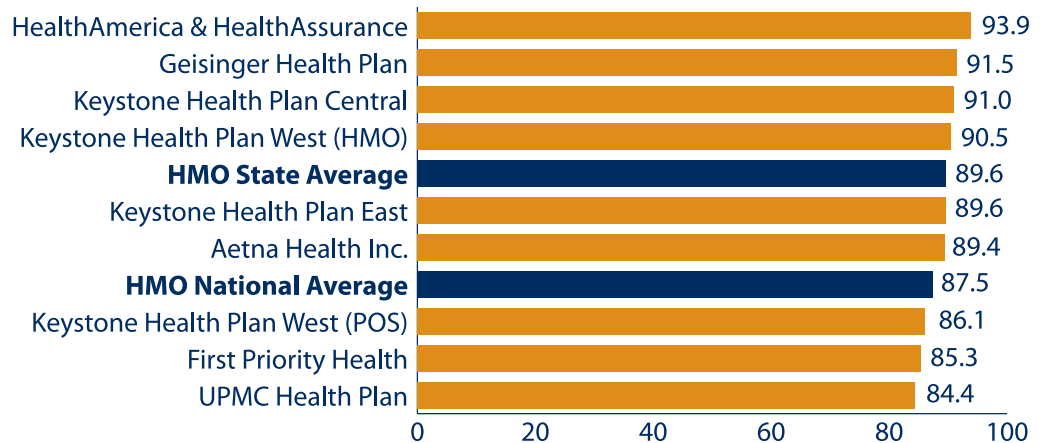
## Poorly Controlled Hemoglobin A1c Levels for Members with Diabetes

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.



## Hemoglobin A1c Blood Tests for Members with Diabetes

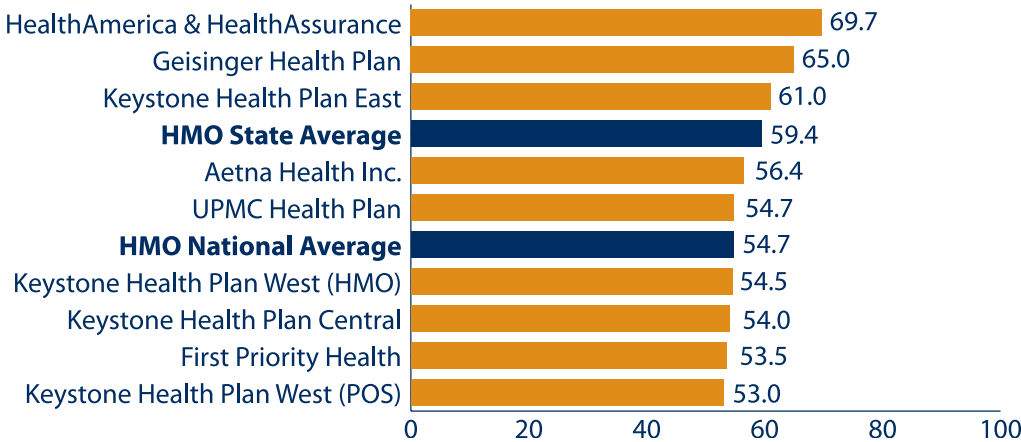
The graph shows the percent of members with diabetes who had their HbA1c tested at least once in the past year.





## Eye Exams Performed for Members with Diabetes

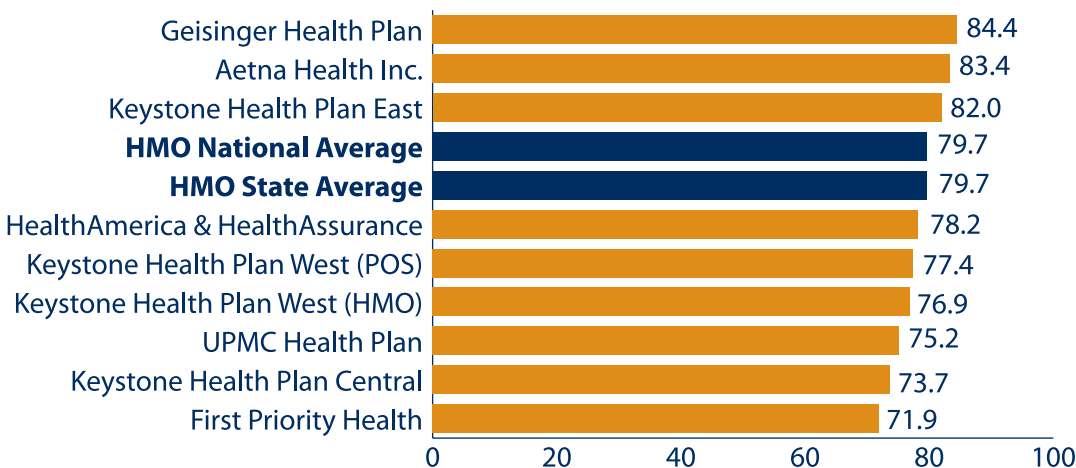
Retinal eye exams are recommended on a regular basis (usually annually) to reduce the risk of blindness from diabetes. The graph shows the percent of members with diabetes who received an eye exam in the past year.



Generally, those HMOs with the **higher percentages** 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 percentage is the best outcome.

## Monitoring Kidney Disease for Members with Diabetes

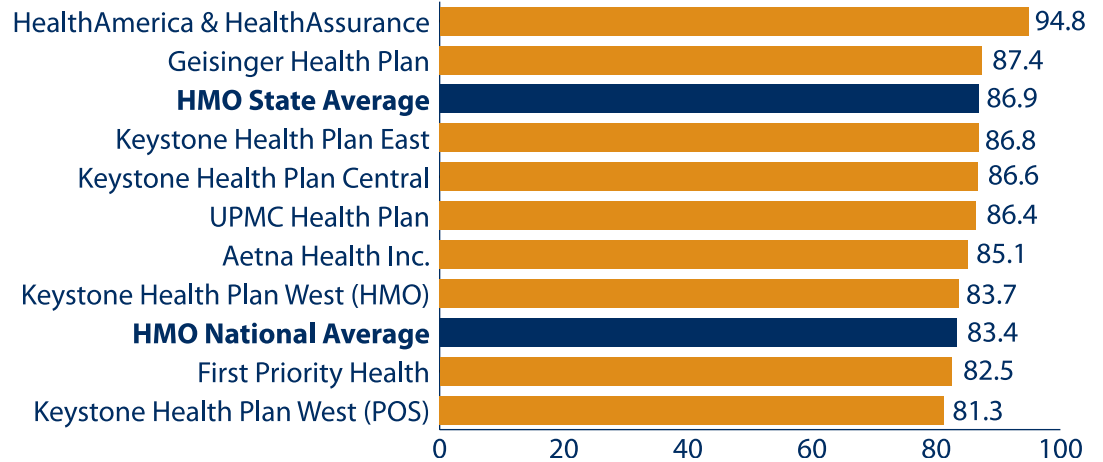
Kidney disease may be a problem for members with diabetes. The graph shows the percent of members with diabetes who were screened or treated for kidney disease.



Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy.

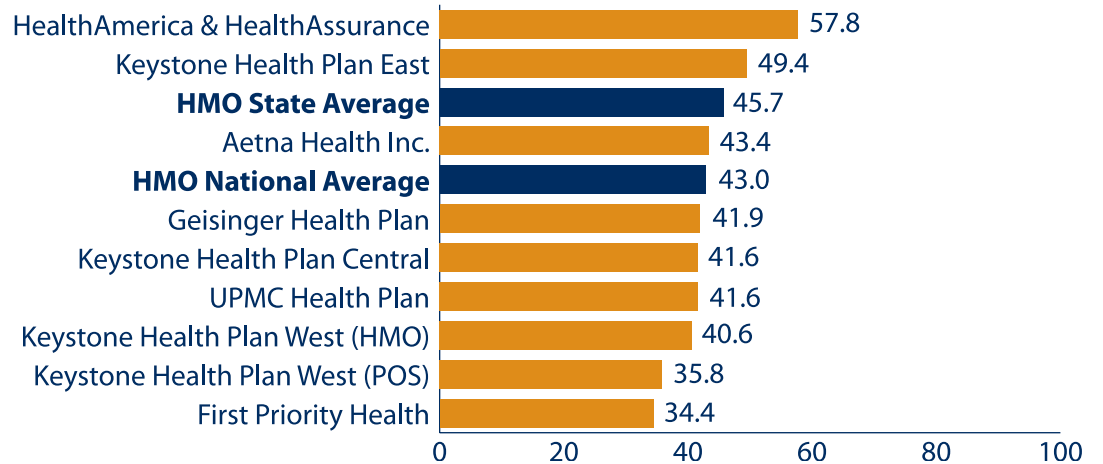
## Cholesterol Screening for Members with Diabetes

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 within the past year.



## “Bad” Cholesterol Controlled for Members with Diabetes

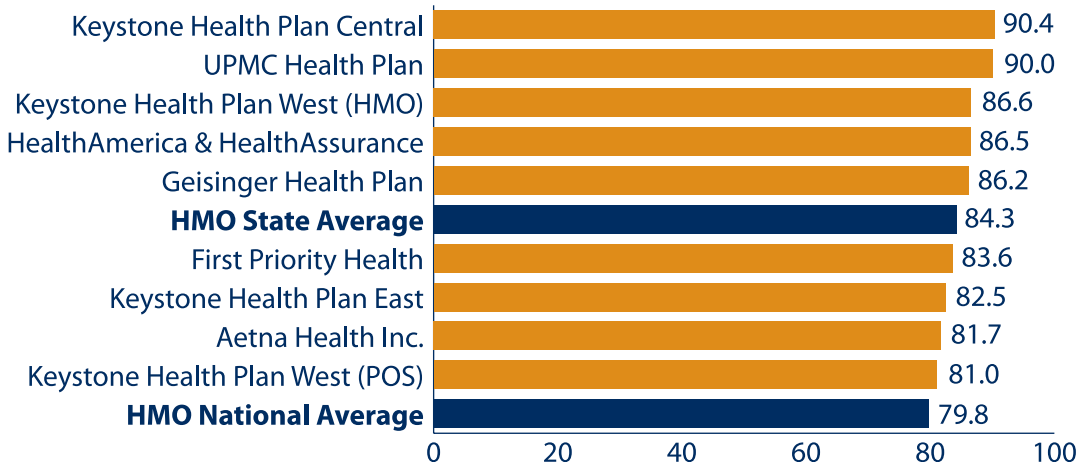
The graph shows the percent of members with diabetes whose LDL-C (“bad” cholesterol) levels are under control.





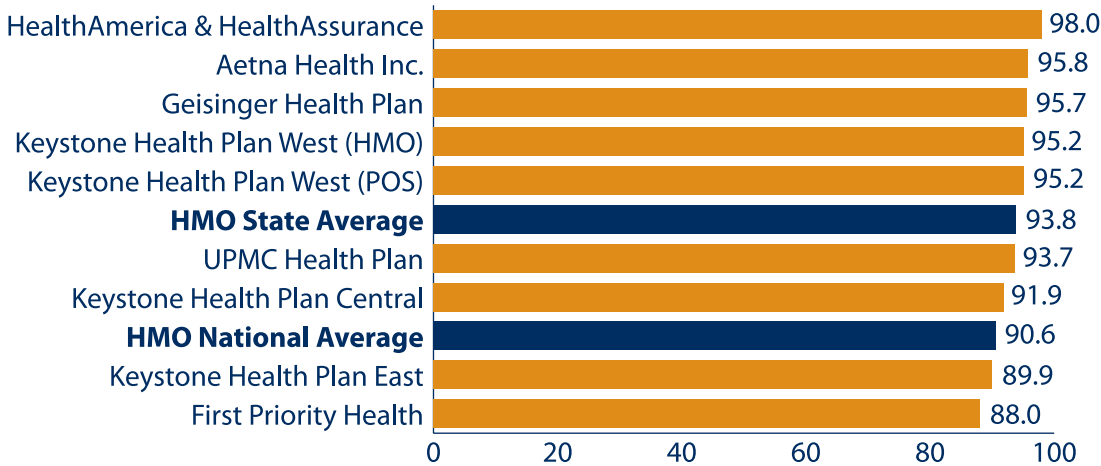
### Childhood Immunizations

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.



### Prenatal Care

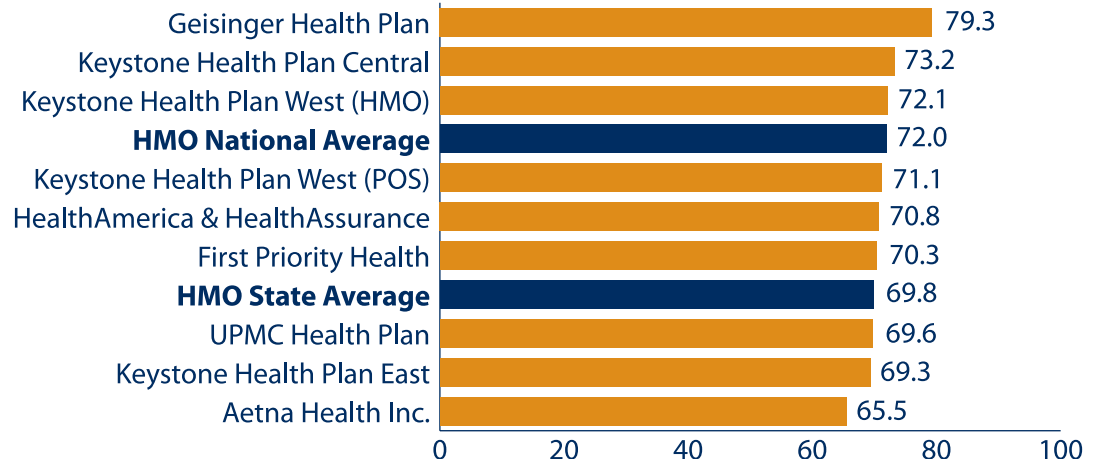
The graph shows the percent of HMO female members who were seen by their doctor during the first three months of pregnancy.





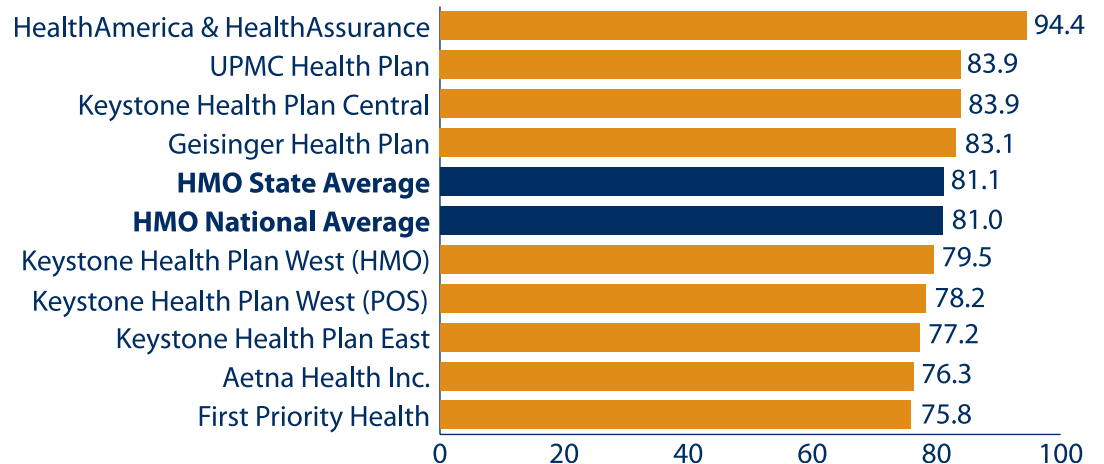
## Screening for Breast Cancer

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

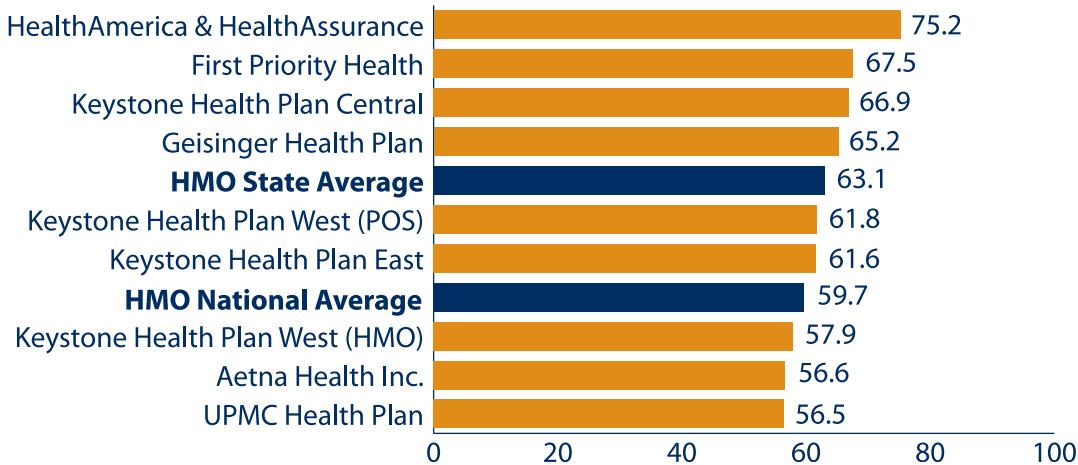
Women are more likely to survive if cervical cancer is found early through a Pap test. The graph shows the percent of adult women who received a Pap test within the past three years.





## Controlling High Blood Pressure

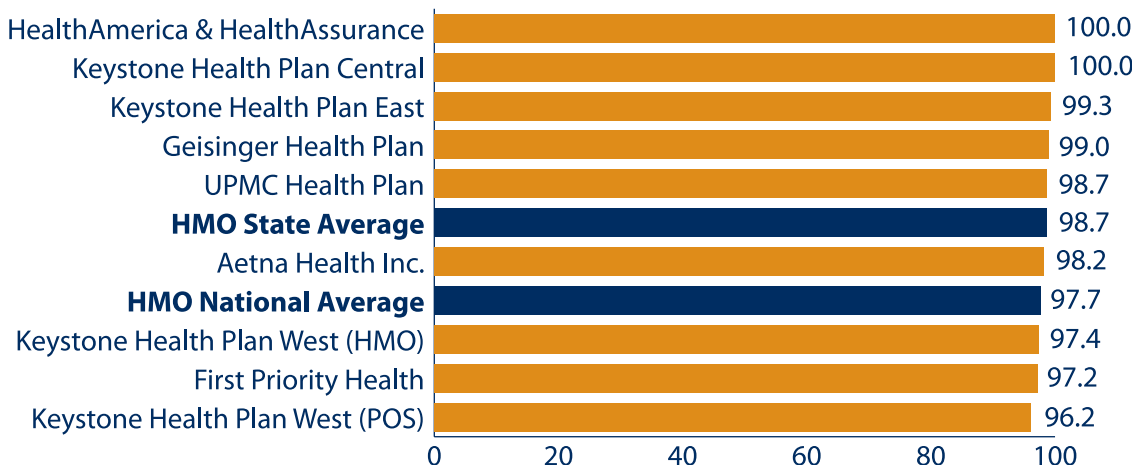
High blood pressure (hypertension) is a major risk factor for a number of diseases and must be closely monitored and controlled. The graph shows the percent of members (age 18 to 85) diagnosed with high blood pressure whose blood pressure was under control.



Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy.

## Beta Blockers after a Heart Attack

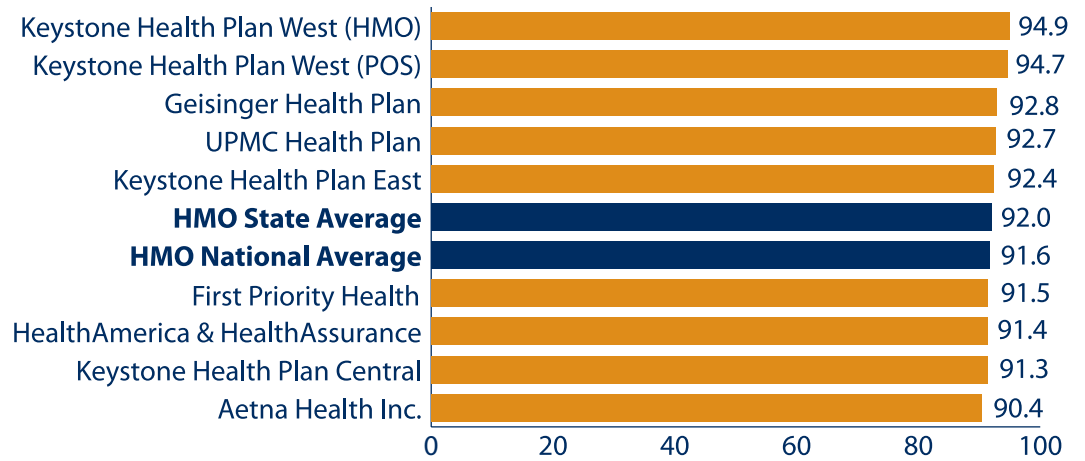
Use of beta blockers after a heart attack can help prevent future heart attacks. The graph shows the percent of members who had a heart attack and received beta blockers.



Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy.

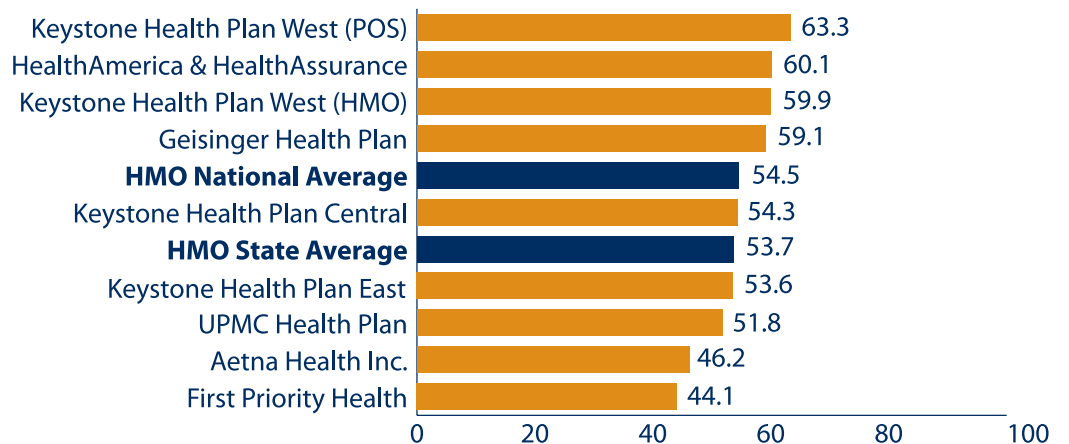
## Appropriate Medications for Members with Asthma

Asthma is a chronic disease that involves inflammation of the airways (bronchus and lungs). Asthma symptoms differ and include attacks of wheezing, shortness of breath, chest tightness or coughing. Treatments to control asthma can vary. This graph shows the percent of members (age 5 to 56) with persistent asthma who were appropriately prescribed medications acceptable as primary therapy for long-term control of asthma.



## Colorectal Cancer Screening

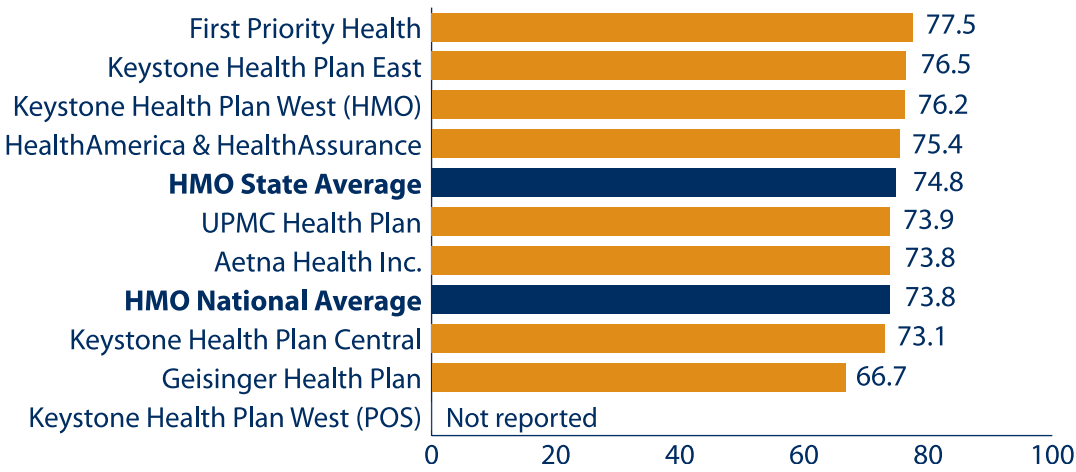
Adults are recommended to have routine colorectal cancer screenings even if they do not have an increased risk for developing colorectal cancer. The graph shows the percent of adults (age 51 to 80) who had one or more of following screenings: fecal occult blood test (FOBT), flexible sigmoidoscopy, double contrast barium enema (DCBE), or colonoscopy during the recommended timeframes.





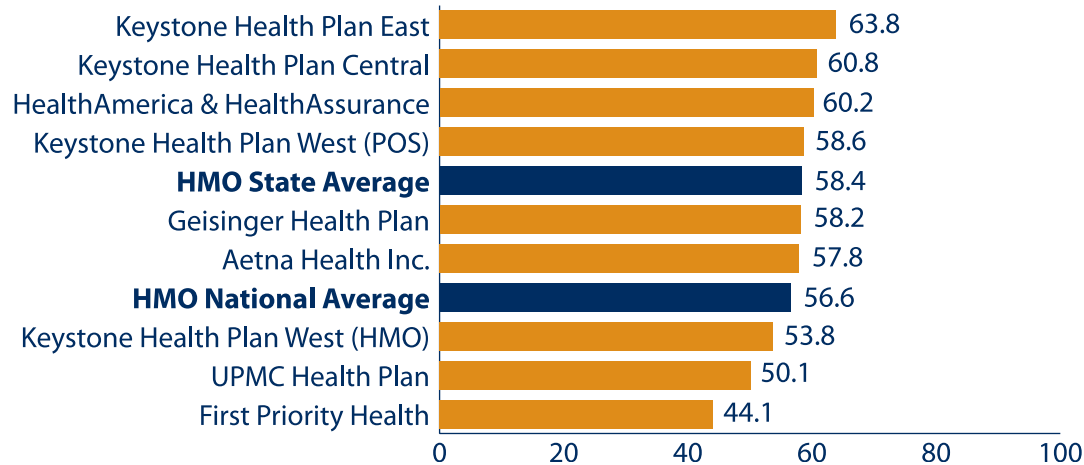
## Advising Smokers to Quit

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.



## “Bad” Cholesterol Controlled after Acute Cardiovascular Events

A “bad” cholesterol level less than 100 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 100 mg/dL after a heart attack, a balloon procedure or heart bypass surgery.

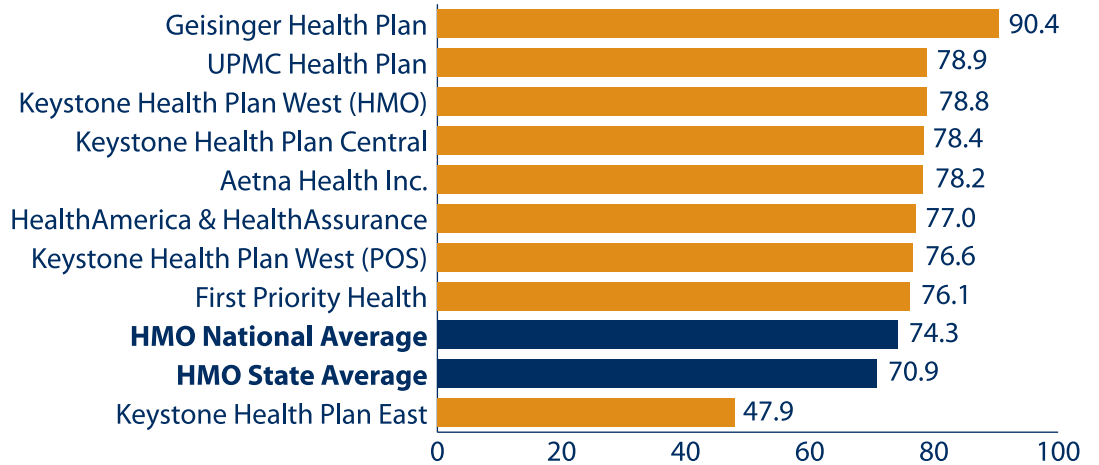


# Staying Healthy

Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy.

## Annual Monitoring for Patients on Persistent Medication

The graph shows the percent of adult members on long-term medication therapy who received therapeutic monitoring at least once in the past year. The medications included are: angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), digoxin, diuretics, anticonvulsants and statins.





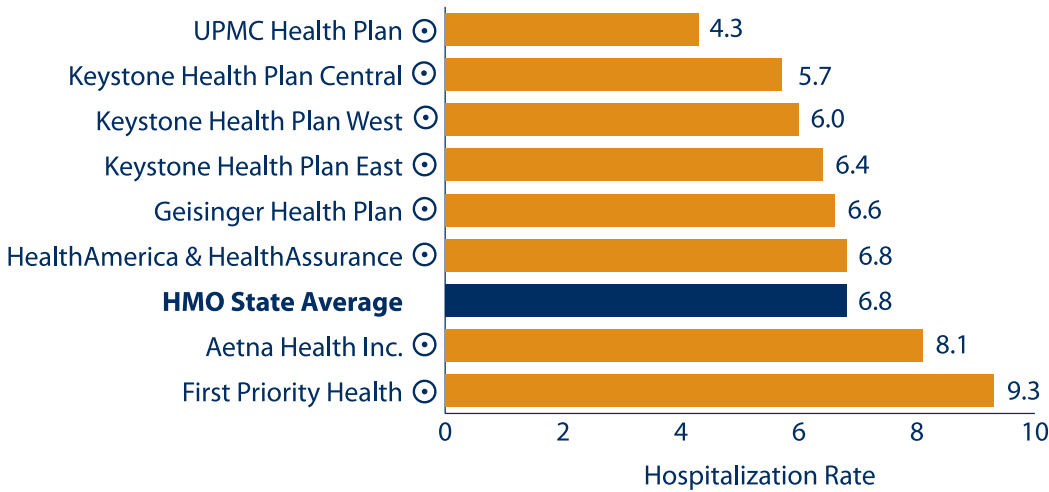
# Preventing Hospitalization through Primary Care

## Ear, Nose and Throat Infections

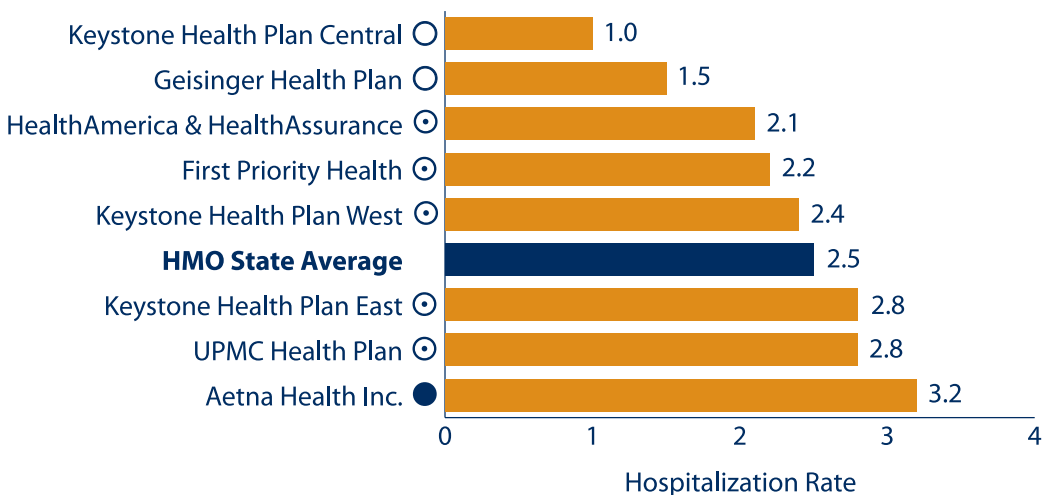
Includes medical conditions that cause an inflammation of the various parts of the head and throat. Outcomes are reported separately for pediatric and adult members.



### Pediatric (under Age 18)



### Adult (Age 18 to 64)



Pages 15 through 17 include several clinical conditions for which effective primary care can prevent or manage an illness. When the HMO provider network is functioning properly, care for these conditions can generally be provided on an out-patient basis, thereby avoiding “unnecessary” or “preventable” hospitalizations.

### 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 difference between the expected and actual hospitalization rates was statistically:

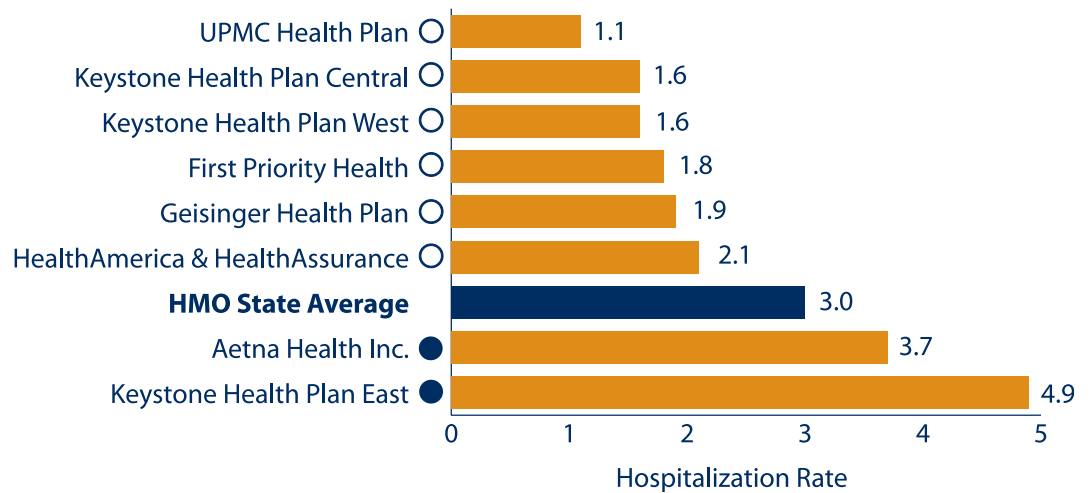
- Lower than expected
- ◉ Same as expected
- Higher than expected

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

# Preventing Hospitalization through Primary Care

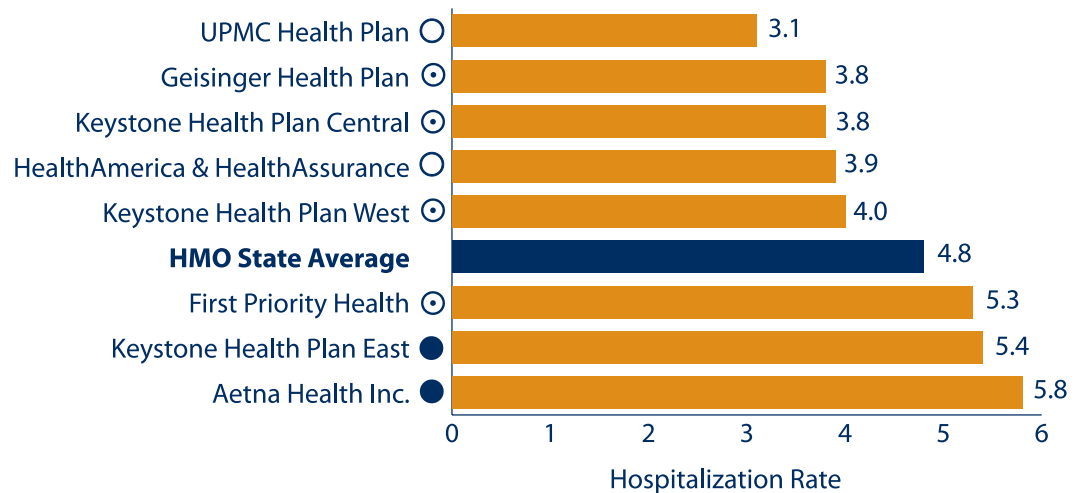
## High Blood Pressure

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



## Gastrointestinal Infections

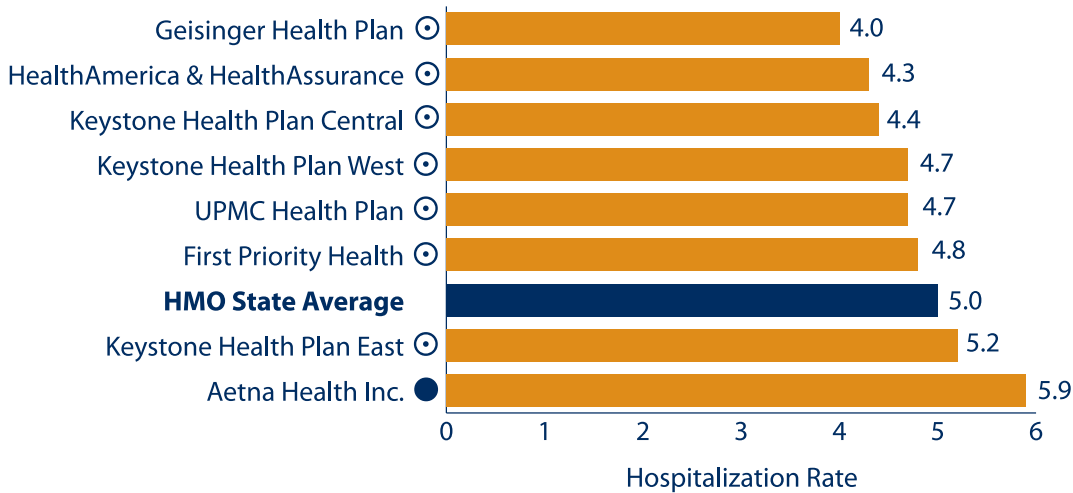
Includes a variety of viral, bacterial or parasitic infections of the digestive tract with symptoms including severe nausea, vomiting, abdominal pain, diarrhea and fever.



# Preventing Hospitalization through Primary Care

## 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\*, Statistical Rating

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

The difference between the expected and actual hospitalization 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.

# Managing Ongoing Illnesses

## 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 difference between the expected and actual hospitalization rates was statistically:

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

## 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 for COPD

	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay	Statistical Rating, Percent Rehospitalized
Aetna Health Inc.	173	4.7	⊙	3.6	○
First Priority Health	43	5.5	⊙	3.5	⊙
Geisinger Health Plan	63	5.3	⊙	3.7	⊙
HealthAmerica & HealthAssurance	114	4.4	⊙	3.9	⊙
Keystone Health Plan Central	34	3.8	⊙	3.5	⊙
Keystone Health Plan East	240	5.5	⊙	3.9	⊙
Keystone Health Plan West	125	4.7	⊙	3.7	⊙
UPMC Health Plan	51	4.7	⊙	3.8	⊙
HMO State Total/Average <sup>1</sup>	843	4.9		3.8	
Fee-for-Service State Total/Average <sup>2</sup>	129			3.5	
PPO State Total/Average <sup>2</sup>	612			3.7	

<sup>1</sup> Includes HMO, POS and GPPD records for listed plans.

<sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.

Number of HMO members hospitalized in 2006 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.

Average number of days spent in the hospital, adjusted for patient risk factors.

Symbols indicate whether the difference between the expected and actual percent of members rehospitalized within 180 days was statistically significant.

## 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 when patients are taught how to control their disease by following established asthma management guidelines, hospitalizations, repeat hospitalizations and emergency room visits can be decreased and quality of life improved.

### 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 difference between the expected and actual hospitalization rates was statistically:

- Lower than expected
- ⊙ Same as expected
- Higher than expected

Hospitalization for Asthma									
	Pediatric (Under 18)				Adult (Age 18 to 64)				
	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay	Statistical Rating, Percent Rehospitalized
Aetna Health Inc.	342	24.1	●	1.8	349	9.1	⊙	3.1	⊙
First Priority Health	35	12.9	○	2.1	71	8.9	⊙	3.5	⊙
Geisinger Health Plan	40	11.0	○	1.8	91	7.8	⊙	3.3	●
HealthAmerica & HealthAssurance	84	10.0	○	1.9	192	7.7	○	3.3	⊙
Keystone Health Plan Central	36	11.3	○	1.9	40	4.5	○	3.0	⊙
Keystone Health Plan East	434	28.7	●	1.9	493	10.9	●	3.2	⊙
Keystone Health Plan West	75	9.9	○	1.9	225	9.1	⊙	3.4	⊙
UPMC Health Plan	33	9.4	○	1.8	117	10.8	⊙	3.3	⊙
HMO State Total/Average <sup>1</sup>	1,079	18.5		1.9	1,578	9.1		3.2	
Fee-for-Service State Total/Average <sup>2</sup>	28			2.2	120			3.5	
PPO State Total/Average <sup>2</sup>	649			1.9	1,118			3.5	
<sup>1</sup> Includes HMO, POS and GPPD records for listed plans.	Number of pediatric HMO members hospitalized in 2006 where asthma was the principal reason for hospitalization.								
<sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	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.								
	Average number of days spent in the hospital, adjusted for patient risk factors.								
	Number of adult HMO members hospitalized in 2006 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.								
	Average number of days spent in the hospital, adjusted for patient risk factors.								
	Symbols indicate whether the difference between the expected and actual percent of members rehospitalized within 180 days was statistically significant.								

# Managing Ongoing Illnesses

## 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 difference between the expected and actual hospitalization rates was statistically:

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

## Diabetes

A hospitalization for diabetes or a short-term complication of diabetes may represent a problem with access to health care services or deficiencies in outpatient management and follow-up in diabetes care. Appropriate preventive care can minimize these types of 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 for Diabetes (Adults Age 18 to 75)

	Members with Diabetes	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay	Percent of Admissions for Short-term Complications of Diabetes	Statistical Rating, Percent Rehospitalized
Aetna Health Inc.	19,483	247	125.1	●	3.9	47.6	⊙
First Priority Health	3,899	48	119.3	⊙	4.2	47.9	⊙
Geisinger Health Plan	5,046	47	92.4	⊙	4.1	55.3	⊙
HealthAmerica & HealthAssurance	15,724	124	79.2	○	3.7	41.9	⊙
Keystone Health Plan Central	5,039	31	61.7	○	3.7	35.5	⊙
Keystone Health Plan East	25,081	329	131.3	●	3.8	42.2	⊙
Keystone Health Plan West	14,276	133	95.2	⊙	3.8	49.6	⊙
UPMC Health Plan	7,558	59	78.2	○	4.1	40.7	⊙
HMO State Total/Average <sup>1</sup>	96,106	1,018	105.9		3.9	45.0	
Fee-for-Service State Total/Average <sup>2</sup>		164			4.1	42.1	
PPO State Total/Average <sup>2</sup>		1,002			3.8	48.9	
<sup>1</sup> Includes HMO, POS and GPPO records for listed plans.	Number of members with diabetes who met a standard definition for diabetes and continuous enrollment criteria in 2006.	Number of HMO members with diabetes hospitalized in 2006 where diabetes was the principal reason for hospitalization.	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.	Average 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.	Symbols indicate whether the difference between the expected and actual percent of members with diabetes that were rehospitalized within 180 days was statistically significant.

## Mastectomy

Mastectomy is the surgical removal of the whole breast and possibly some lymph nodes under the arm. Most mastectomy procedures are performed as a treatment of breast cancer and 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.

### Percent of Complications, Statistical Rating

The difference between the expected and actual percent of complications was statistically:

- Lower than expected
- ⊙ Same as expected
- Higher than expected

	Mastectomy Procedures	Procedure Rate	Percent Performed Inpatient	Inpatient Mastectomy			
				Length of Stay	In-Hospital Complications		
					Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	167	8.6	91.0	2.2	6.6	6.0	⊙
First Priority Health	14	3.4	85.7	2.5	5.4	9.1	⊙
Geisinger Health Plan	36	5.9	80.6	2.1	5.8	6.9	⊙
HealthAmerica & HealthAssurance	76	6.1	69.7	1.8	5.8	9.4	⊙
Keystone Health Plan Central	19	4.1	47.4	NR	NR	NR	NR
Keystone Health Plan East	158	6.6	97.5	2.1	6.7	5.3	⊙
Keystone Health Plan West	79	5.8	89.9	2.1	6.4	7.0	⊙
UPMC Health Plan	35	5.8	97.1	2.1	6.4	8.8	⊙
HMO State Total/Average <sup>1</sup>	584	6.5	88.0	2.1	6.4	6.7	
Fee-for-Service State Total/Average <sup>2</sup>	72			2.1	6.2	4.2	
PPO State Total/Average <sup>2</sup>	474			2.1	6.5	8.6	
<sup>1</sup> Includes HMO, POS and GPPO records for listed plans. <sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	Number of mastectomy procedures performed in 2006.	Procedure rate per 10,000 female members, adjusted for patient risk factors.	Percent of mastectomies performed in an inpatient setting.	Average 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 mastectomy procedures.	Symbols indicate whether the difference between the expected and actual percents was statistically significant.

NR - Not reported due to small numbers.

# Surgical Procedures

## 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 and complicated medical illnesses and diagnoses may result in longer lengths of stay and increased complication rates.

	Total Hysterectomies			Abdominal Hysterectomies						
	Total Hysterectomy Procedures	Procedure Rate	Statistical Rating, Procedure Rate	Abdominal Hysterectomy Procedures	Procedure Rate	Statistical Rating, Procedure Rate	Length of Stay	In-Hospital Complications		
								Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	1,126	56.7	⊙	811	40.9	⊙	2.6	9.6	8.2	⊙
First Priority Health	303	72.2	●	203	48.4	●	2.7	9.6	7.4	⊙
Geisinger Health Plan	310	51.7	○	210	35.0	⊙	2.3	9.8	8.3	⊙
HealthAmerica & HealthAssurance	931	74.8	●	601	48.3	●	2.4	9.2	9.7	⊙
Keystone Health Plan Central	267	57.8	⊙	166	36.0	⊙	2.5	9.4	9.2	⊙
Keystone Health Plan East	1,052	43.4	○	797	32.9	○	2.7	10.6	9.9	⊙
Keystone Health Plan West	831	64.1	●	531	40.9	⊙	2.6	9.7	10.9	⊙
UPMC Health Plan	417	70.4	●	276	46.5	●	2.4	10.4	8.9	⊙
HMO State Total/Average <sup>1</sup>	5,237	58.0		3,595	39.8		2.6	9.8	9.3	
Fee-for-Service State Total/Average <sup>2</sup>	645			412			2.5	10.4	7.8	
PPO State Total/Average <sup>2</sup>	5,171			3,392			2.5	9.8	10.3	
<sup>1</sup> Includes HMO, POS and GPPD records for listed plans. <sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	Total number of hysterectomies performed in 2006 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, adjusted for patient risk factors.	Symbols indicate whether the difference between the expected and actual rates was statistically significant.	Average 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.



# Surgical Procedures

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.

## Percent of Complications, Statistical Rating

The difference between the expected and actual percent of complications was statistically:

- Lower than expected
- ⊙ Same as expected
- Higher than expected

	Vaginal Hysterectomies						
	Vaginal Hysterectomy Procedures	Procedure Rate	Statistical Rating, Procedure Rate	Length of Stay	In-Hospital Complications		
					Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	315	15.8	○	1.6	6.8	5.7	⊙
First Priority Health	100	23.8	●	1.6	6.4	4.1	⊙
Geisinger Health Plan	100	16.7	⊙	1.3	6.3	4.0	⊙
HealthAmerica & HealthAssurance	330	26.5	●	1.6	6.4	6.7	⊙
Keystone Health Plan Central	101	21.9	⊙	1.4	6.3	6.9	⊙
Keystone Health Plan East	255	10.5	○	1.7	7.1	5.9	⊙
Keystone Health Plan West	300	23.2	●	1.8	6.4	9.7	●
UPMC Health Plan	141	23.8	●	1.6	7.0	7.1	⊙
HMO State Total/Average <sup>1</sup>	1,642	18.2		1.6	6.6	6.7	
Fee-for-Service State Total/Average <sup>2</sup>	233			1.5	7.2	3.4	
PPO State Total/Average <sup>2</sup>	1,779			1.6	6.5	6.2	
<sup>1</sup> Includes HMO, POS and GPPO records for listed plans. <sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	Number of hysterectomies involving removing the uterus through the vaginal canal. Includes laparoscopically assisted vaginal hysterectomy (LAVH).	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.	Average 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.

# Surgical Procedures



## Neck and Back Procedures

When neck and back problems fail to respond to non-surgical treatments, decompression surgery may offer relief. Some of the more common procedures include laminectomy (removal of a part of the lamina - the back part of the bone over the spinal canal), discectomy (removal of a portion of a disk to relieve pressure on a nerve), and spinal fusion, which involves connecting two or more bones in the spine to improve stability, correct a deformity or treat pain.

	Total Neck & Back Procedures	Procedure Rate	With Fusion					
			Number of Procedures with Fusion	Percent Performed Inpatient	Length of Stay	In-Hospital Complications		
						Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	824	21.4	256	94.5	2.3	6.6	4.2	⊙
First Priority Health	215	27.2	71	94.4	1.8	6.8	7.5	⊙
Geisinger Health Plan	310	26.3	113	85.0	2.4	9.0	7.3	⊙
HealthAmerica & HealthAssurance	955	37.0	356	85.7	2.0	7.7	6.2	⊙
Keystone Health Plan Central	226	25.5	112	84.8	2.1	7.8	8.4	⊙
Keystone Health Plan East	681	15.3	192	100.0	2.4	6.6	6.8	⊙
Keystone Health Plan West	878	35.3	365	98.4	2.2	6.4	4.7	⊙
UPMC Health Plan	455	43.6	170	95.9	2.3	6.3	4.3	⊙
HMO State Total/Average <sup>1</sup>	4,544	26.3	1,635	92.9	2.2	7.0	5.7	
Fee-for-Service State Total/Average <sup>2</sup>	471		186		2.3	7.2	8.1	
PPO State Total/Average <sup>2</sup>	3,714		1,503		2.3	7.3	7.8	
<sup>1</sup> Includes HMO, POS and GPPD records for listed plans. <sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	Total number of neck and back procedures (with and without fusion) performed in 2006.	Procedure rate per 10,000 members, adjusted for patient risk factors.	Number of decompression procedures performed with fusion in 2006.	Percent of procedures performed in an inpatient setting.	Average 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.

# Surgical Procedures

Studies have shown that practice patterns for neck and back surgery vary across providers and geographic locations. Most health care professional organizations recommend conservative treatment before performing surgery, but recommendations for the duration of conservative treatment vary widely. Neck and back procedures are high volume, high cost surgeries with important implications for quality of care.

## Percent of Complications, Statistical Rating

The difference between the expected and actual percent of complications was statistically:

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

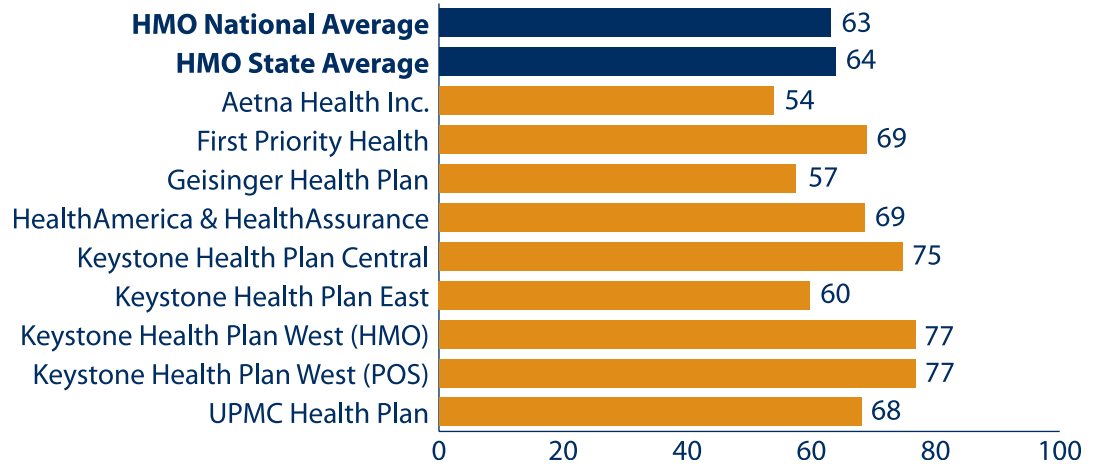
	Without Fusion					
	Number of Procedures without Fusion	Percent Performed Inpatient	Length of Stay	In-Hospital Complications		
				Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	568	81.7	1.7	5.4	4.5	◉
First Priority Health	144	56.9	1.4	6.9	1.2	○
Geisinger Health Plan	197	60.9	1.6	6.1	5.0	◉
HealthAmerica & HealthAssurance	599	58.4	1.8	6.2	6.6	◉
Keystone Health Plan Central	114	63.2	1.9	5.8	2.8	◉
Keystone Health Plan East	489	87.5	1.8	5.6	4.4	◉
Keystone Health Plan West	513	87.1	1.7	5.9	9.2	●
UPMC Health Plan	285	85.6	1.7	6.1	4.9	◉
HMO State Total/Average <sup>1</sup>	2,909	75.9	1.7	5.8	5.7	
Fee-for-Service State Total/Average <sup>2</sup>	285		1.7	7.0	6.7	
PPO State Total/Average <sup>2</sup>	2,211		1.6	6.0	5.4	
<sup>1</sup> Includes HMO, POS and GPPO records for listed plans. <sup>2</sup> The Fee-for-Service and Preferred Provider Organization (PPO) data provide a comparison with traditional health insurance. Refer to the Technical Report for details.	Number of decompression procedures performed without fusion in 2006.	Percent of procedures performed in an inpatient setting.	Average 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 expected and actual percents was statistically significant.

# Member Satisfaction

Satisfaction surveys obtain members' views on HMO quality and service. These standardized member satisfaction measures are from the annual Consumer Assessment of Health Plans Survey® (CAHPS) for calendar year 2006. Independent research companies conduct the survey for each HMO, and the resulting member satisfaction measures become part of the HMO's accreditation review. State average and national averages, when available, are included.

## Overall Rating of Plan

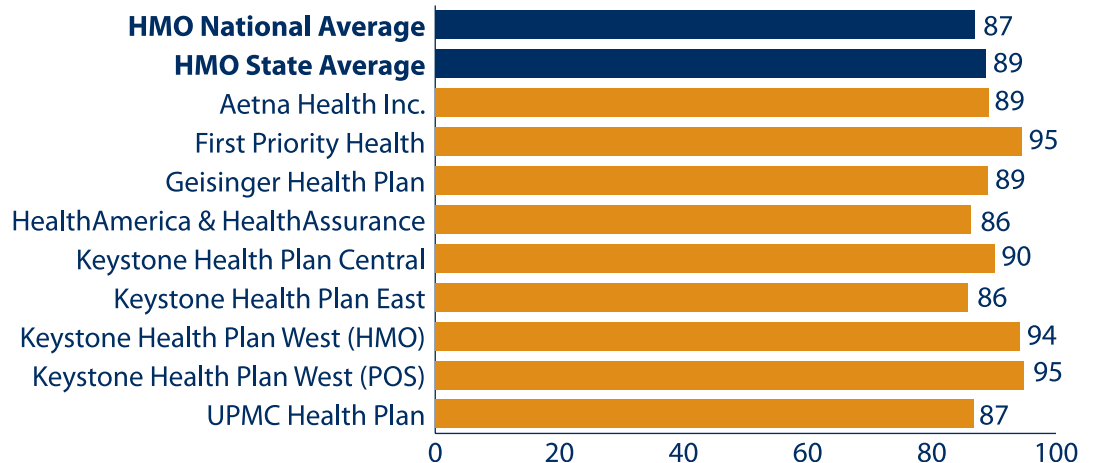
Percent of members who gave their health plan a high rating (8, 9 or 10 out of 10):



## Getting Needed Care

In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed?

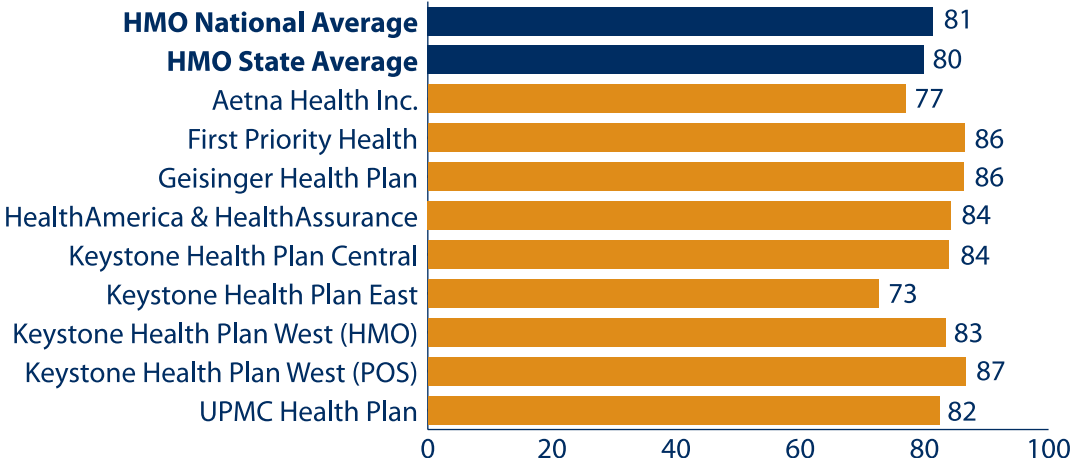
Percent who answered *always* or *usually*:



## Seeing a Specialist

In the last 12 months, how often was it easy to get appointments with a specialist?

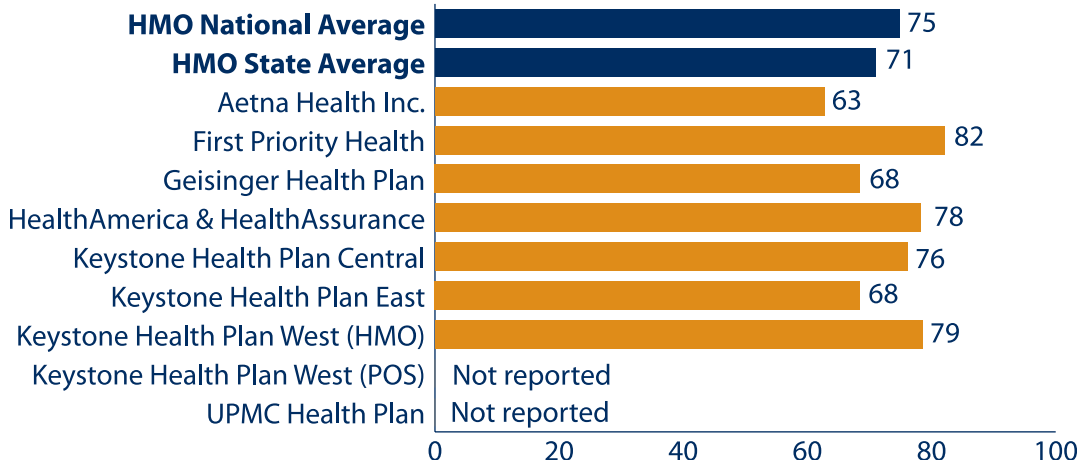
Percent who answered *always* or *usually*:



## Getting Help from Customer Service

In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?

Percent who answered *always* or *usually*:



## Counties of Operation

	Aetna Health Inc.	First Priority Health	Geisinger Health Plan	HealthAmerica & HealthAssurance	Keystone Health Plan Central	Keystone Health Plan East	Keystone Health Plan West	UPMC Health Plan
Adams	✓		✓	✓	✓			
Allegheny	✓			✓			✓	✓
Armstrong	✓			✓			✓	✓
Beaver	✓			✓			✓	✓
Bedford			*	✓			✓	✓
Berks	✓		✓	✓	✓			
Blair	✓		✓	✓			✓	✓
Bradford	✓	✓	✓	✓				
Bucks	✓			✓		✓		
Butler	✓			✓			✓	✓
Cambria	✓		✓	✓			✓	✓
Cameron			✓	✓			✓	✓
Carbon	✓	✓	✓	✓				
Centre			✓	✓	✓		✓	
Chester	✓			✓		✓		
Clarion	✓			✓			✓	✓
Clearfield			✓	✓			✓	✓
Clinton	✓	✓	✓	✓				
Columbia	✓		✓	✓	✓			
Crawford				✓			✓	✓
Cumberland	✓		*	✓	✓			
Dauphin	✓		✓	✓	✓			
Delaware	✓			✓		✓		
Elk			*	✓			✓	✓
Erie	✓			✓			✓	✓
Fayette	✓			✓			✓	✓
Forest				✓			✓	✓
Franklin	✓			✓	✓			
Fulton	✓				✓			
Greene	✓			✓			✓	✓
Huntingdon			✓	✓			✓	
Indiana				✓			✓	✓
Jefferson	✓		✓	✓			✓	✓
Juniata			✓	✓	✓			

\* Coverage is offered in only part of the county.

	Aetna Health Inc.	First Priority Health	Geisinger Health Plan	HealthAmerica & HealthAssurance	Keystone Health Plan Central	Keystone Health Plan East	Keystone Health Plan West	UPMC Health Plan
Lackawanna	✓	✓	✓	✓				
Lancaster	✓		✓	✓	✓			
Lawrence	✓			✓			✓	✓
Lebanon	✓		✓	✓	✓			
Lehigh	✓		✓	✓	✓			
Luzerne	✓	✓	✓	✓				
Lycoming	✓	✓	✓	✓				
McKean				✓			✓	✓
Mercer	✓			✓			✓	✓
Mifflin			✓	✓	✓			
Monroe	✓	✓	✓	✓				
Montgomery	✓			✓		✓		
Montour			✓	✓	✓			
Northampton	✓		✓	✓	✓			
Northumberland	✓		✓	✓	✓			
Perry	✓		*	✓	✓			
Philadelphia	✓			✓		✓		
Pike	✓	✓	✓	✓				
Potter			✓	✓			✓	✓
Schuylkill	✓		✓	✓	✓			
Snyder	✓		✓	✓	✓			
Somerset	✓		✓	✓			✓	✓
Sullivan	✓	✓	✓	✓				
Susquehanna	✓	✓	✓	✓				
Tioga		✓	✓	✓				
Union			✓	✓	✓			
Venango				✓			✓	✓
Warren				✓			✓	✓
Washington	✓			✓			✓	✓
Wayne	✓	✓	✓	✓				
Westmoreland	✓			✓			✓	✓
Wyoming	✓	✓	✓	✓				
York	✓		✓	✓	✓			

## HMO Information

Health Plan	Line of Business	NCQA* Accreditation Status	Telephone Number	Web Site
Aetna Health Inc.	HMO and Point-of-Service	Excellent	1-800-991-9222	<a href="http://www.aetna.com">www.aetna.com</a>
CIGNA Healthcare of PA	HMO and Point-of-Service	Excellent	1-800-244-6224	<a href="http://www.cigna.com/health">www.cigna.com/health</a>
First Priority Health	HMO and Point-of-Service	Excellent	1-800-822-8753	<a href="http://www.bcnepa.com">www.bcnepa.com</a>
Geisinger Health Plan	HMO and Point-of-Service	Excellent	1-800-631-1656	<a href="http://www.thehealthplan.com">www.thehealthplan.com</a>
HealthAmerica and HealthAssurance, Pennsylvania	HMO and Point-of-Service	Excellent	1-800-788-8445 (Central); 1-800-735-4404 (Pittsburgh)	<a href="http://www.healthamerica.cvtv.com">www.healthamerica.cvtv.com</a>
Keystone Health Plan Central	HMO	Excellent	1-800-547-2583	<a href="http://www.capbluecross.com">www.capbluecross.com</a>
Keystone Health Plan East	HMO and Point-of-Service	Excellent	1-800-555-1514 (Outside Philadelphia); 1-215-636-9559 (In Philadelphia)	<a href="http://www.ibx.com">www.ibx.com</a>
Keystone Health Plan West	HMO and Point-of-Service	Excellent	1-800-386-4944	<a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a>
UPMC Health Plan	HMO and Point-of-Service	Excellent	1-888-876-2756	<a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a>

\* National Committee for Quality Assurance (NCQA)



### Pennsylvania Health Care Cost Containment Council

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[www.phc4.org](http://www.phc4.org)