



The Role of HMOs in Managing Diabetes



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There is good news in this report:

- The hospitalization rate for the short-term complications of diabetes has decreased. This suggests that people with diabetes are doing a better job of monitoring their disease and avoiding the immediate medical consequences of poor disease management. While it may take several years to see the long-term impact of better management, a decline in hospitalizations for short-term complications is a positive first step.
- Pennsylvania HMOs are offering appropriate screening examinations to detect the complications of diabetes and many people are taking advantage of these screenings. Many HMOs appear to take a proactive stance and encourage their members to utilize screening exams on a regular basis.
- Pennsylvania HMOs are collecting the type of information necessary to manage the care of their members with diabetes. Moreover, HMOs were open and willing to share this information. While it is important to recognize that each HMO is at a different stage in the process of collecting data, it is encouraging to see that they have taken steps toward increasing the information they collect and to make that information available.

The Role of HMOs in Managing Diabetes

FOREWORD

The Pennsylvania Health Care Cost Containment Council (PHC4) was established as an independent state agency by the General Assembly and the Governor of the Commonwealth of Pennsylvania in 1986. To help improve the quality and restrain the cost of health care, PHC4 promotes health care competition through the collection, analysis and public dissemination of uniform cost and quality-related information. More and more, purchasers, consumers, providers, payors, and policy makers are asking for comparative information about health insurance plans so that they can make more informed decisions about the purchase of health care. This report, which focuses on the efforts of Health Maintenance Organizations (HMOs) to manage the treatment of diabetes, is one of many public reports designed to achieve this goal.

What is the purpose of this report?

Diabetes accounts for a substantial portion of total health care dollars. A large percentage of these expenditures are related to hospitalizations for diabetes. While some hospital admissions for diabetes and the short-term complications of diabetes are expected, appropriate preventive care can minimize these admissions.

HMOs can and do play an important role in preventing hospitalizations by providing coverage for education and other preventive practices and encouraging people with diabetes to visit their doctors routinely and undergo appropriate preventive screenings such as blood tests and eye exams. HMOs can also assist people with diabetes in managing their illness by making the necessary education and medical equipment readily available. Additionally, by reducing the number of preventable hospitalizations, HMOs can reduce the costs associated with hospitalizations for diabetes and help people with diabetes improve their quality of life.

There were several objectives for this project:

- 1) To heighten public awareness about diabetes, an incurable but manageable chronic disease that is estimated to affect more than one million Pennsylvanians;
- 2) To increase the public's understanding of the role of HMOs, especially as it applies to the management of a chronic disease such as diabetes and the preventive measures that can be taken to reduce its severity and complications;
- 3) To establish benchmarks against which future, more comprehensive data can be compared and to observe enlightening trends and patterns;
- 4) To engage Pennsylvania-licensed HMOs in a voluntary data submission process that can be built upon for future, more inclusive reports;
- 5) To utilize, to the extent possible, data already being captured by HMOs.

About the data in this report

Much of the data used in this report was provided by the HMOs currently licensed to operate in Pennsylvania. Under the guidance of PHC4's Payor Advisory Group, all HMOs were asked to complete a data collection form. The form asked for information about their members, and where applicable, about their Point-of-Service (POS) plan members for each line of business: Commercial plans and Medicare and Medicaid contracts. HMOs provided *aggregate* information. They were not asked to provide member-level detail. The HMOs were asked for hospitalization rates for members with diabetes, information about their diabetes management efforts, and information about important screening measures relevant to diabetes.

Limitations

This report cannot be used to generalize about the overall quality of an HMO, and these data should not be the only factor in any health care decision, particularly in choosing a health insurance plan. It focuses on one disease and is not a comprehensive view of HMOs in Pennsylvania. In addition, the data included are reported as they were submitted by the HMOs and were not subject to subsequent verification. Since this initial effort was voluntary in nature, there may have been some inconsistencies in the data as they were reported. In future reports, it can be expected that more uniform data will be submitted.

It is also important to note that the measures included in this report are not “risk adjusted” to account for differences in age, gender or other severity of illness factors among HMO members. Information needed to risk adjust these measures was not available for this report. Such information would have to come from the HMOs themselves, and one of the goals for this report was to minimize data collection by the HMOs. Further, this information is not uniformly captured by HMOs. Members with more risk factors might be hospitalized more often, and stay longer in the hospital, than those with fewer, or less severe, risk factors. The effect of age and socioeconomic status are minimized, however, by reporting the information by population (i.e., Commercial, Medicaid, and Medicare) and focusing on adult members with diabetes.

This report does not distinguish among the types of diabetes because HMOs vary in their capability to provide this information. The hospitalization figures in this report do not include visits to emergency departments by members with diabetes.

With regard to the specific measures included in this report, it is important to note that while many hospitalizations for diabetes might be preventable, some hospitalizations for diabetes are to be expected. For example, when newly diagnosed, members with diabetes may experience short-term complications until they find the “right” management level. The stress of an unrelated illness (e.g., the “flu”) might aggravate blood sugar levels and necessitate hospitalization.

It should also be recognized that symptoms and complications of diabetes develop over a period of years, during which time an individual may not have been continuously enrolled in one particular HMO.

An HMO’s success in helping members manage their diabetes depends on members being able and willing to comply with treatment. Also, this report focuses on *some* of the diabetes disease management initiatives being undertaken by HMOs but is not meant to cover all aspects of an HMO’s efforts in this regard. Further, it should not be expected that all members with diabetes would participate in these efforts since members with multiple health problems (such as heart disease and diabetes) might participate in one program or another but not both.

The maps in Section 1 of this report display hospitalization rates per Pennsylvania residents. They do not account for varying prevalence rates for diabetes across counties nor do they include Pennsylvanians who were hospitalized in another state.

What is the right rate?

There is no “right rate” and so these data should be interpreted with caution. While much of the emphasis of proper management is designed to stave off the severity and complications of diabetes, thus preventing hospitalization, it is also the case that too low a rate might indicate that necessary hospitalizations are not occurring. More data will be necessary, over time, to make better comparisons.

Patient Characteristics Matter

Medicare

It is commonly known that diabetes affects the elderly in greater proportions. So it can be expected that Medicare HMO plans, which serve a population 65 years of age and over, will have higher rates of hospitalization, heightened severity of illness, and more complications. These factors may also lead to more days in the hospital and higher charges.

Medical Assistance (Medicaid)

Socioeconomic characteristics are also known to affect the incidence and severity of diabetes. Medicaid HMO plans, therefore, that serve low-income populations at higher risk to develop diabetes and its resulting complications, may also have higher rates in the measures reported.

Due to the differences in these populations, Medicare and Medicaid HMOs should not be compared with Commercial plans.

Geography

The characteristics noted above are not strictly limited to Medicare and Medicaid. Plans with a high proportion of members in high-risk categories may show higher rates in the measures reported.

What is an HMO?

Most Pennsylvanians receive their health care benefits as an employee benefit or from a government-sponsored program such as Medicare or Medicaid. Traditionally, these health plans made arrangements that paid independent physicians and hospitals a fee for each service provided to the plan participants. These “fee-for-service” arrangements were thought to contribute to duplication of services, unnecessary services and escalating health care costs. One response to this problem was the formation of HMOs.

An HMO (Health Maintenance Organization) is an organization that provides prepaid health benefits to a defined population of enrollees, or 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 coverage, and other initiatives to keep their members healthy. HMO members usually are required to select primary care physicians (PCPs), who have the responsibility to coordinate the various health services provided to members. HMOs share financial responsibility for the services provided to members with PCPs and other providers. “Point-of-service” (POS) options offered by HMOs combine the structure of HMOs (members select PCPs and usually access non-primary care services through referrals) with the flexibility of

traditional indemnity plans (members access services without referrals and/or outside the HMO’s network of participating providers). For this report, HMOs were given the option of reporting HMO and POS data separately or combined.

Why focus on HMOs?

Almost 5.4 million Pennsylvanians were enrolled in one of 33 HMOs licensed in Pennsylvania as of December 31, 1998, the most recent data available from the Pennsylvania Department of Health which tracks these statistics. This represents nearly half of all Pennsylvanians with health insurance and represents a staggering increase of more than 4 million enrollees since 1990.

HMO membership has grown to such proportions in large part because HMOs offer a number of attractive features. HMOs strive to hold down costs through better management of the process of health care. They offer small, if any, out-of-pocket costs to consumers, particularly for primary and preventive care. And they market their ability to have a positive influence on the quality of health care through an increased emphasis on prevention and treatment in the primary care setting. By focusing resources on the front end or beginning stage of illness, the progress of disease could be “prevented” from reaching more severe (and more expensive) stages of treatment.

While HMOs have delivered on many of these goals, to a greater or lesser degree depending on the plan, concern has been growing about other issues, such as lack of access to necessary services and medications. While many of these concerns are anecdotal at best, they have driven a national desire for more objective information about the cost and quality of health care for those in HMOs.

Payors, meaning insurers, have evolved from the traditional approach of financing the delivery of health care to one of influencing, on an increasing basis, the organization of the delivery system. This takes the form of quality improvement efforts, re-certification, utilization management, promulgation of physician practice guidelines, development of select physician and hospital networks, and financial incentives--the increasing “management” of care. While it is important to remember that patients are not

What is Diabetes?

Diabetes is a chronic disease in which the body does not produce enough or properly use insulin — a hormone needed to transport sugar for use as energy. There are two main types of diabetes.

Type 1 diabetes usually appears in children or young adults and accounts for 5% to 10% of all diagnosed cases of diabetes. The body produces little or no insulin, so people with Type 1 diabetes must receive daily insulin injections.

Type 2 diabetes is the most common form of diabetes, estimated to account for about 90% to 95% of all diagnosed cases of diabetes and typically occurs in people over age 45. The body is resistant to insulin and needs help to improve its action. While most people with Type 2 diabetes control their disease through oral medications, diet, and exercise, the Centers for Disease Control and Prevention estimate that 40% of people with Type 2 diabetes require insulin injections.

There is a third type of diabetes known as gestational diabetes. This develops in 2% to 5% of all pregnancies but the diabetes disappears once the pregnancy is over. Hospitalization information for this type of diabetes is not included in this report.

treated by payors, payors do influence, directly or indirectly, the delivery of care in today's market.

Why is diabetes receiving so much attention?

Diabetes is a chronic disease estimated to affect 1 in every 11 Pennsylvanians. It is a disease with no known cure, yet it is a manageable, highly treatable illness. And it has gained widespread attention. An example of this was the passage of Act 98, in October of 1998, which mandates that private and group health insurance plans cover the costs of insulin, syringes, blood glucose monitors, testing strips and other supplies designed to help people with diabetes to keep their symptoms in check. It also requires coverage for counseling to help patients stick with their treatment plans.

What's the connection between HMOs and diabetes?

Given their role in “managing” care, HMOs have tremendous opportunities to influence the delivery of care in a positive way—especially in the case of chronic diseases such as diabetes. Health Maintenance Organizations (HMOs) recognize that when people with diabetes are able to manage their disease, their quality of life is improved. Many HMOs have efforts underway to encourage their members with diabetes to practice better management that might prevent or delay complications associated with diabetes. In Pennsylvania in 1998 alone, diabetes as a principal reason for being in the hospital accounted for over 21,000 hospitalizations and all diabetes-related hospitalizations reached almost 270,000. From a cost containment perspective, proper management of this disease could reduce potentially avoidable hospitalizations and save health care dollars.

HOW IS THE REPORT ORGANIZED?

Section 1 – A Comparison of Hospitalization Rates and HMO Enrollment

What we measured

Is the increased market penetration of HMOs, with a focus on preventive care, accompanied by a decrease in the rate of hospitalization for diabetes, particularly for short-term complications of diabetes? Has the increase in managed care enrollment made a difference in the quality of life for people with diabetes? The first section of this report contains maps that show (1) hospitalization rates for short-term complications of diabetes for residents of each Pennsylvania county, and (2) county-level information regarding HMO enrollment. The hospitalization rates are based on the patient's county of *residence* not the county where the care was delivered. The hospitalization rates include *all* Pennsylvania residents hospitalized for diabetes not just those enrolled in HMOs. This information provides “snapshots” of hospitalizations for short-term complications of diabetes and HMO enrollment at the county level in 1998. This section also includes two maps showing the *change* in hospitalization rates and HMO enrollment between 1995 and 1998. PHC4's inpatient data was

used in determining the hospitalization rates for this analysis. The HMO enrollment data used for this analysis was collected by the Pennsylvania Department of Health.

The good news for Pennsylvanians is that hospitalization rates for the short-term complications of diabetes are on the decline. While it was not possible to prove a correlation between the two, it can be observed that enrollment in HMOs increased during the same period. This can also be observed for specific counties, but it is important to note that it does not necessarily mean that managed care is solely responsible for a decrease in hospitalizations. Other factors such as education efforts by the Pennsylvania Department of Health and the American Diabetes Association, advances in medical treatment, and increased public awareness are all likely to have contributed to this positive development.

Section 2 – HMO-Specific Information

Hospitalization Rates

HMOs can serve distinctly different “populations.” From this point forward, the information in this report is reported separately for Commercial plans, Medicaid plans, and Medicare plans. Medicaid members reflect members covered by Medical Assistance. Medicare members refer to those age 65 years or older where Medicare is the primary coverage. Commercial members are the privately insured - those insured through employer group policies or individual or family policies.

What we measured

Information on hospitalizations is important since one of the principles behind HMOs is an attempt to reduce the number of preventable hospitalizations. The information in this section focuses on two types of hospitalizations: hospitalizations where *diabetes* is the principal diagnosis and hospitalizations where *short-term complications of diabetes* is the principal diagnosis. Both measures are important in examining potentially preventable hospitalizations, as well as examining, over time, appropriate rates of hospitalization. While some hospital admissions for diabetes and the short-term complications of diabetes are expected, appropriate preventive care can help minimize these admissions. Hospitalizations for

diabetes may include patients who also have longer-term manifestations of diabetes such as kidney disease and heart disease.

Hospitalizations for *short-term complications*, on the other hand, usually represent acute manifestations of diabetes. For the purposes of this report, these complications include hypoglycemia and hyperglycemia. These are areas where an HMO’s preventive efforts may have more immediate impact.

Separate charts show the percentage of a plan’s members with diabetes admitted to a hospital *for diabetes or short-term complications of diabetes* and the average number of days spent in the hospital. This figure may include multiple hospital admissions for the same individual. The hospitalization information presented in this section reflects 1998 data.

Preventive Care and Disease Management -- An Ounce of Prevention

What we measured

Through diabetes disease management initiatives, HMOs can provide support and encourage members with diabetes to monitor and manage their disease. The information in this section reflects a fundamental principle of HMOs - preventive care. Preventive screenings are important since they help physicians recognize and treat complications in early stages. Regular preventive screenings help people with diabetes seek treatment before serious medical problems associated with diabetes such as blindness, kidney disease, heart disease and other circulatory or nerve damage occur.

In this section, information is presented about specific preventive screenings including Hemoglobin A1c (HbA1c) testing, lipid profiles, urinalysis, and eye exams.

Both HbA1c testing and lipid profiles are blood tests. An HbA1c reflects a patient’s sugar control, whereas the lipid profile measures a patient’s LDL cholesterol levels to determine the risk for heart disease. The urinalysis indicates possible kidney problems, and eye exams are important in detecting conditions such as glaucoma and retinopathy, which may lead to

blindness. Regular foot exams are also important, but information on these exams was not readily available for this report. Information about plans' disease management programs is also presented.

While the eye examination rate for this report was received directly from the HMOs in Pennsylvania, it reflects the information collected by the National Committee on Quality Assurance (NCQA), a national organization which accredits managed care organizations and assesses and reports on the quality of these entities. NCQA uses a system called HEDIS® (Health Plan Employer Data and Information Set), described below, which is comprised of a set of nationally recognized measures for reporting data on managed care organizations.

For this section, HMOs were asked to provide information on their current diabetes disease management initiatives. There was a great deal of variation in the data submitted by Pennsylvania's HMOs. These variations present opportunities to ask important questions about the differences among these plans.

What is HEDIS?

HEDIS data play a particular role in this report. Since many HMOs collect and report data to NCQA for inclusion in HEDIS, much of this report was based on definitions and calculations already completed by plans to meet HEDIS requirements for 1998. This approach helped to minimize additional data collection and reporting efforts by the health plans. For example, the eye exam rate for HEDIS 1999 reporting (data reported for the 1998 calendar year) calls for a standard definition of members with diabetes (those members with diabetes age 31 or over who meet continuous enrollment criteria as established for HEDIS reporting). This report incorporates that standard definition of diabetes into the hospitalization rates presented in the report.

How Can This Report Be Used?

This report represents a first step in examining, over time, the role of health insurance plans in managing the treatment of diabetes for their members. It establishes a foundation against which future, more comprehensive performance data can be compared. The HMOs that contributed to this report are to be acknowledged for their role in this process.

It is important to recognize that efforts to compare health plans are still in their infancy. This report is just a starting point, useful as a basis for identifying both similarities and differences among health plans, asking why they exist, and as a basis for further study.

This report is about stimulating a dialogue, as well as a quality improvement dynamic, among purchasers, consumers, providers and payors that will attempt to raise appropriate questions. So, while this report represents a limited view of managed care, it is nevertheless an important step and can serve as a baseline for future reporting. The report is a start towards helping Pennsylvanians examine the system of care involved in treating people with diabetes. It is a start in helping the Council examine additional areas of health care delivery and the growing interrelationships among hospitals, physicians, and payors in delivering quality outcomes for the patients and members they provide and manage care for.

Changes in Hospitalization Rates for Short-Term Complications of Diabetes

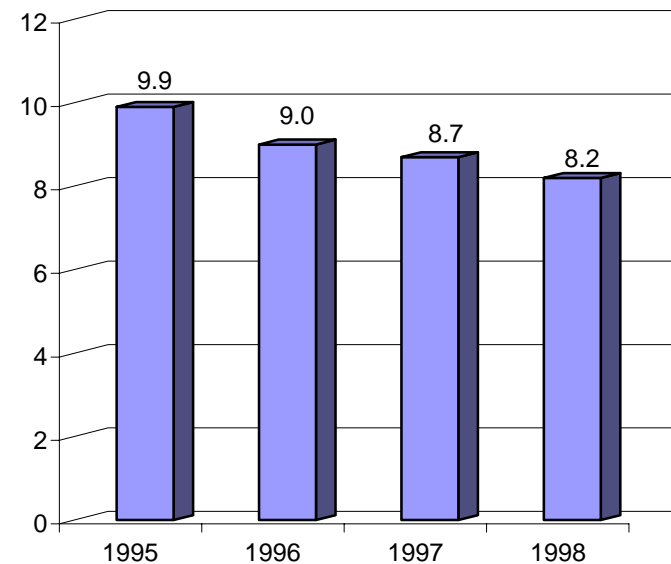
This section of the report provides a statewide look at hospitalizations for short-term complications of diabetes and HMO enrollment in Pennsylvania. While other information in this report presents hospitalization rates for individual health insurance plans, this section provides a “big picture” examination.

As the graph demonstrates, the rate of hospitalization for short-term complications of diabetes decreased between 1995 and 1998. While it was not possible to prove a correlation between the two, HMO enrollment increased from 29.6% to 43.2% during the same period. It is important to note, however, that it does not necessarily mean that managed care is solely responsible for a decrease in hospitalizations. Other factors occurring during this time period such as education efforts by the Pennsylvania Department of Health and the American Diabetes Association, advances in medical treatment, and increased public awareness are all likely to have contributed to this positive development.

The maps on the following pages demonstrate a county-level examination of both hospitalization rates for short-term complications of diabetes and HMO enrollment. In looking at these maps, several items of information can be observed for each county in Pennsylvania: (1) the average hospitalization rate for short-term complications of diabetes in 1998, (2) the HMO enrollment in 1998, (3) the *change* in the hospitalization rate for short-term complications of diabetes between 1995 and 1998, and (4) the *change* in HMO enrollment between 1995 and 1998.

Looking at Allegheny County as an example, it can be observed that, in 1998, the average hospitalization rate for short-term complications of diabetes was in the “middle range” and that the HMO enrollment was “relatively high.” At the same time, it can be observed that the average hospitalization rate decreased since 1995 and that HMO enrollment in Allegheny County increased on average 5 percent or more per year since 1995.

Hospitalization Rates for Short-term Complications of Diabetes
(Per 10,000 Residents – Age 31 and Over)



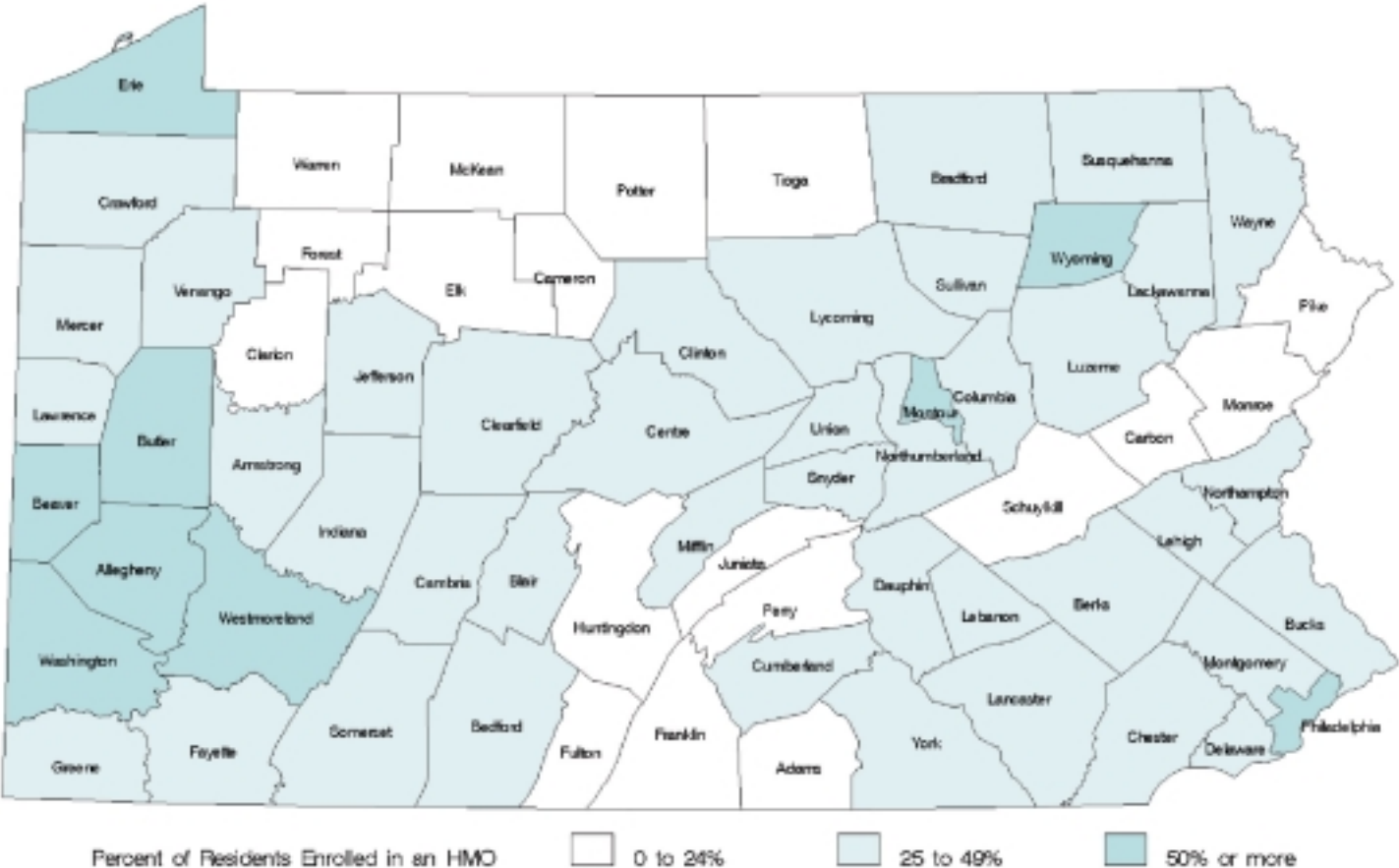
Total hospital charges for Pennsylvania residents hospitalized for short-term complications of diabetes decreased by more than \$7 million dollars between 1995 and 1998 and the total number of inpatient days decreased by almost 12,000 days.

Average Hospitalization Rate for Short-Term Complications of Diabetes -- 1998 (per 10,000 residents, age 31 and over)



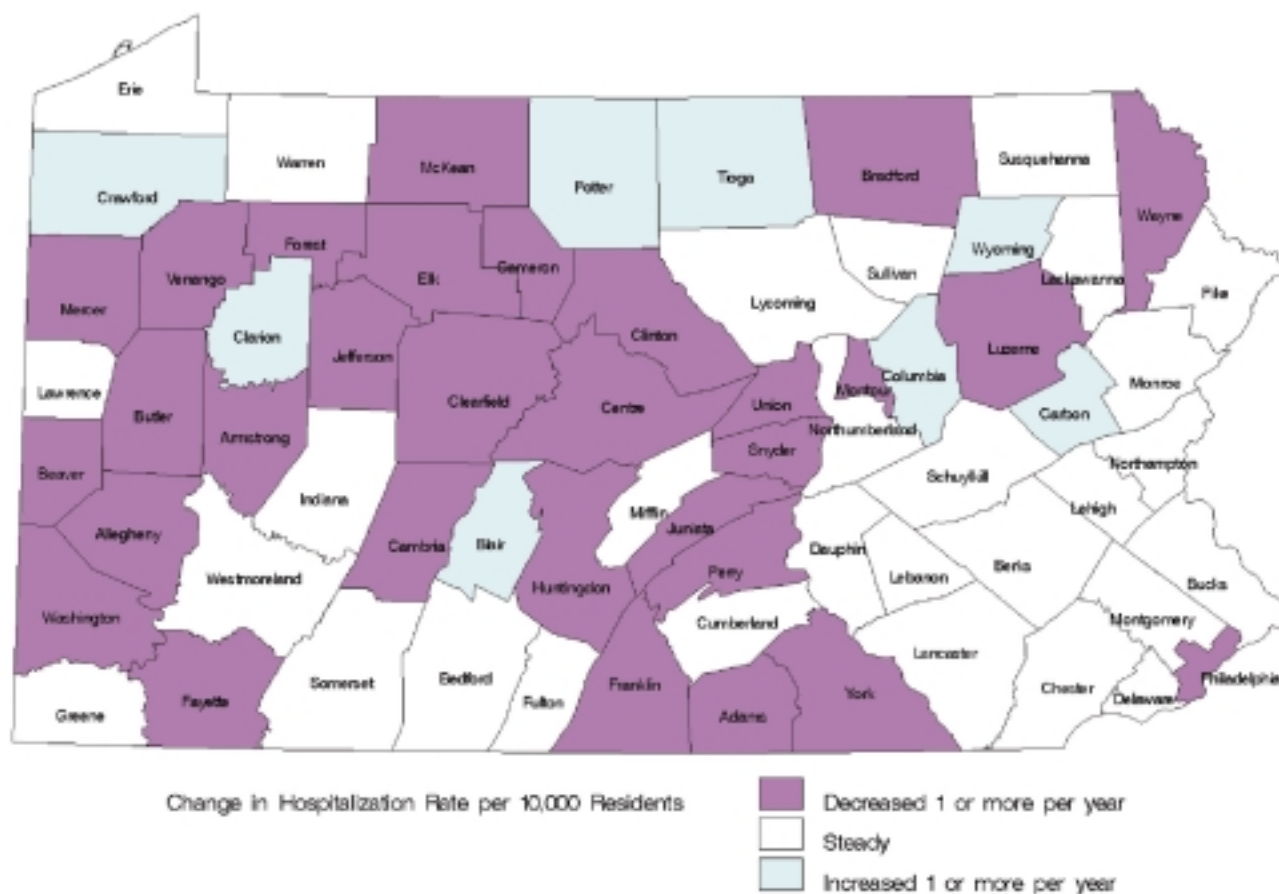
Note: Pennsylvania residents who were hospitalized out-of-state are not included in this analysis. Rates are age and sex adjusted.
Source: PHC4 inpatient data and U.S. Census Bureau population estimates.

HMO Enrollment -- 1998



Source: Data collected by the Pennsylvania Department of Health through their Annual Status Reports.

Change in Average Hospitalization Rate for Short-Term Complications of Diabetes -- 1995 to 1998 (per 10,000 residents, age 31 and over)



Note: Pennsylvania residents who were hospitalized out-of-state are not included in this analysis. Rates are age and sex adjusted.
 Source: PHC4 inpatient data and U.S. Census Bureau population estimates.

Change in HMO Enrollment -- 1995 to 1998

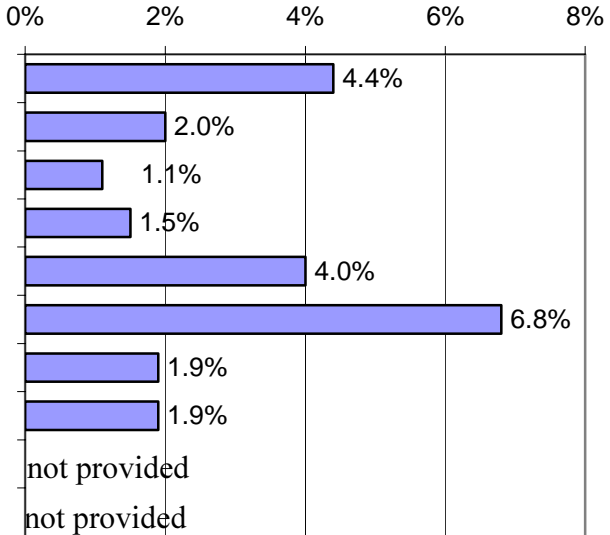


Source: Data collected by the Pennsylvania Department of Health through their Annual Status Reports. (1995 figures compiled by the Hospital & Healthsystem Association of Pennsylvania.)

**Commercial HMO & POS Plans
(Reported as Combined)**

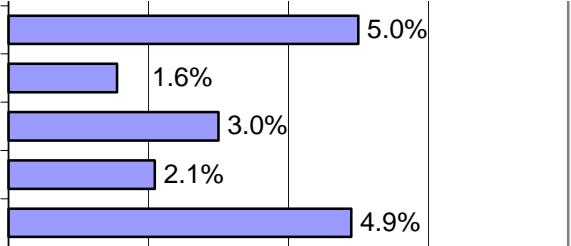
Percent of Members with Diabetes

- Aetna U.S. Healthcare
- Alliance Health Network
- CIGNA HealthCare of PA
- First Priority Health
- HealthGuard of Lancaster
- Horizon Healthcare
- Keystone Health Plan East
- Penn State Geisinger Health Plan
- QualMed Plans for Health
- UPMC Health Plan



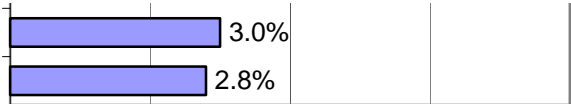
Commercial HMO Plans

- HealthAmerica
- HealthCentral
- Highmark BCBS - KeystoneBlue
- Keystone Health Plan Central
- QualMed - Advantage Health



Commercial POS Plans

- HealthAssurance
- Highmark BCBS - SelectBlue



Members with diabetes were identified using the HEDIS definition for 1998 reporting of the measure, "Eye Exams for People with Diabetes." HMO members with diabetes age 31 and over who met continuous enrollment criteria. The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Hospitalization Rates for Members with Diabetes

Commercial HMO & POS Plans (Reported as Combined)	Members with Diabetes	Hospitalizations for Diabetes			Hospitalizations for Short-Term Complications of Diabetes		
		Members Hospitalized	Hospitalization Rate	Average Inpatient Days*	Members Hospitalized	Hospitalization Rate	Average Inpatient Days*
Aetna U.S. Healthcare	17,257	230	1.3%	6.3	90	0.5%	3.7
Alliance Health Network	955	not provided			not provided		
CIGNA HealthCare of PA	536	11	2.1%	4.5	8	1.5%	5.4
First Priority Health**	427	4	0.9%	5.8	2	0.5%	3.5
HealthGuard of Lancaster	1,796	16	0.9%	4.3	6	0.3%	2.7
Horizon Healthcare	73	3	4.1%	8.3	1	1.4%	5.0
Keystone Health Plan East	10,612	233	2.2%	6.1	67	0.6%	3.6
Penn State Geisinger Health Plan	3,447	45	1.3%	5.4	6	0.2%	3.5
QualMed Plans for Health	603	not provided			not provided		
UPMC Health Plan	not provided	not provided			not provided		
Commercial HMO Plans							
HealthAmerica	8,975	137	1.5%	7.3	19	0.2%	2.6
HealthCentral**	398	5	1.3%	14.6	2	0.5%	2.5
Highmark BCBS - KeystoneBlue	4,148	67	1.6%	6.7	26	0.6%	3.4
Keystone Health Plan Central	4,467	65	1.5%	7.8	19	0.4%	5.9
QualMed - Advantage Health	483	not provided			not provided		
Commercial POS Plans							
HealthAssurance	2,106	22	1.0%	4.0	0	0.0%	N/A
Highmark BCBS - SelectBlue	13,443	222	1.7%	8.1	83	0.6%	8.1

*Average number of days members spent in the hospital. This figure may include multiple hospital admissions for the same individual.

**Hospitalization rates for these plans were based on a sample of cases (as listed under "Members with Diabetes"). The total number of members with diabetes was 2,535 for First Priority Health and 613 for HealthCentral.

This information has not been adjusted for patient risk.

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

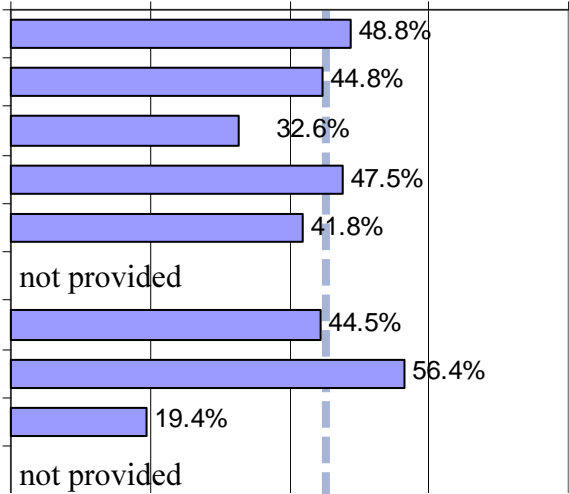
Preventive Care and Disease Management

Commercial HMO & POS Plans (Reported as Combined)

- Aetna U.S. Healthcare
- Alliance Health Network
- CIGNA HealthCare of PA
- First Priority Health
- HealthGuard of Lancaster
- Horizon Healthcare
- Keystone Health Plan East
- Penn State Geisinger Health Plan
- QualMed Plans for Health
- UPMC Health Plan

Eye Exam Rate*

0% 20% 40% 60% 80%



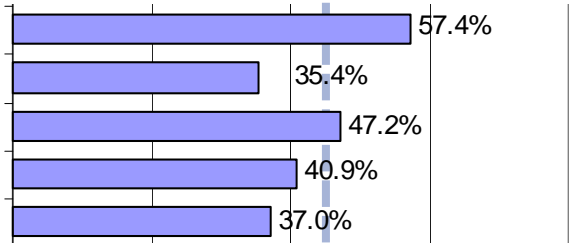
Does an annual diabetic retinal eye exam require a referral from a primary care provider?

YES

✓
✓
✓
✓
✓
✓
✓

Commercial HMO Plans

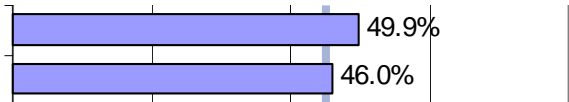
- HealthAmerica
- HealthCentral
- Highmark BCBS - KeystoneBlue
- Keystone Health Plan Central
- QualMed - Advantage Health



✓
✓

Commercial POS Plans

- HealthAssurance
- Highmark BCBS - SelectBlue



Average for mid-Atlantic states (NJ, NY, PA) was 45.4%

*The health plans were asked to provide the "Eye Exams for People with Diabetes" measure for HEDIS 1999 reporting (data on the 1998 calendar year).

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

Does the health plan routinely measure the number of members with diabetes who have the following screenings performed?

Are members with diabetes included in disease management initiatives as part of the basic benefit package?

Commercial HMO & POS Plans (Reported as Combined)

Aetna U.S. Healthcare
Alliance Health Network
CIGNA HealthCare of PA*
First Priority Health
HealthGuard of Lancaster
Horizon Healthcare
Keystone Health Plan East*
Penn State Geisinger Health Plan
QualMed Plans for Health
UPMC Health Plan

Hemoglobin A1c Blood Test	Lipid Profile	Urinalysis**
✓	✓	✓
✓	✓	✓
✓	✓	✓
✓	✓	
✓	✓	✓
✓	✓	✓
✓	✓	✓

YES
✓
✓
✓
✓
✓
✓
✓
✓

Commercial HMO Plans

HealthAmerica*
HealthCentral*
Highmark BCBS - KeystoneBlue*
Keystone Health Plan Central*
QualMed - Advantage Health

✓	✓	✓
✓	✓	✓
✓		
✓	✓	✓
✓	✓	✓

✓
✓
✓
✓
✓

Commercial POS Plans

HealthAssurance*
Highmark BCBS - SelectBlue*

✓	✓	✓
✓		

✓
✓

* These plans provided the *percentages* of members who had these screenings performed in 1998. The percentages are not reported here because of the variation in the way plans calculated the information.
** Urinalysis generally includes many types of tests. Some plans may not routinely measure the number of members who have a "complete" urinalysis, but they may measure the number who routinely undergo specific tests related to diabetes.
The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

HEDIS® Comprehensive Diabetes Care Measures

Commercial HMO & POS Plans (Reported as Combined)	Hemoglobin A1c Blood Test Rate	Poor Hemoglobin A1c Control Rate	Eye Exam Rate	Lipid Profile Rate	Lipid Control Rate	Diabetic Nephropathy Rate
HealthGuard of Lancaster	91.1%	19.2%	47.2%	74.3%	47.9%	33.4%
Commercial HMO Plans						
HealthCentral	82.4%	36.3%	34.3%	71.8%	42.1%	52.4%
Keystone Health Plan Central	77.0%	36.7%	59.7%	54.1%	67.3%	17.3%

These rates are components of the HEDIS Comprehensive Diabetes Care Measure. Since the Comprehensive Diabetes Care Measure was optional for HEDIS 1999 reporting (data on the 1998 calendar year), only a small number of plans provided them for this report. Beginning with HEDIS 2000, however, the Diabetes Comprehensive Care Measure will be a required part of a plan's data submission to HEDIS.

The *Hemoglobin A1c (HbA1c) Blood Test Rate* measures the percentage of members with diabetes who had a HbA1c blood test during 1998. Regular testing is important in the monitoring of diabetes. A high rate indicates that a high percentage of a plan's members are receiving regular HbA1c tests.

The *Poor HbA1c Control Rate* reflects the percentage of members who are not in good control of their HbA1c levels. Since poor HbA1c control hampers the medical management of diabetes, a high rate of poor HbA1c control is considered to be an obstacle to proper management of diabetes.

The *Eye Exam Rate* presented as part of this measure differs from the one presented earlier in this report in that it is the rate of screening for members with diabetes age 18 to 75 (whereas the eye exam rate presented earlier is the rate of screening for members with diabetes age 31 and over). A high eye exam rate suggests that a high number of a plan's members are receiving regular eye exams.

The *Lipid Profile Rate* measures the percentage of members with diabetes who had a lipid profile performed to determine their cholesterol levels. In this measure, a high percentage suggests that a high number of members had a lipid profile performed.

The *Lipid Control Rate* measures the percentage of members who have a low LDL (low-density lipoproteins) cholesterol level as determined by a lipid profile. In this measure, the higher the rate, the more members have good cholesterol levels.

The *Diabetes Nephropathy Rate* measures the percentage of members with diabetes who have received screening for kidney disease or have evidence of kidney disease.

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How does the health plan identify members with diabetes?

	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Commercial HMO & POS Plans (Reported as Combined)							
Aetna U.S. Healthcare	✓	✓	✓	✓	✓		
Alliance Health Network	✓	✓	✓	✓	✓		
CIGNA HealthCare of PA	✓	✓	✓	✓	✓	✓	
First Priority Health		✓	✓	✓	✓		
HealthGuard of Lancaster		✓	✓	✓	✓		
Horizon Healthcare					✓	✓	
Keystone Health Plan East	✓	✓	✓	✓	✓	✓	
Penn State Geisinger Health Plan	✓	✓					
QualMed Plans for Health	✓	✓	✓	✓	✓	✓	✓
UPMC Health Plan	✓	✓	✓	✓	✓		✓
Commercial HMO Plans							
HealthAmerica		✓	✓	✓	✓	✓	
HealthCentral		✓	✓	✓	✓		
Highmark BCBS - KeystoneBlue	✓	✓	✓	✓	✓	✓	✓
Keystone Health Plan Central	✓	✓	✓	✓	✓	✓	✓
QualMed - Advantage Health	✓	✓	✓	✓	✓	✓	✓
Commercial POS Plans							
HealthAssurance		✓	✓	✓	✓	✓	
Highmark BCBS - SelectBlue	✓	✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How does the health plan categorize the severity of members with diabetes?

	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Commercial HMO & POS Plans (Reported as Combined)							
Aetna U.S. Healthcare		✓	✓	✓	✓		✓
Alliance Health Network	✓	✓	✓	✓	✓	✓	✓
CIGNA HealthCare of PA	✓			✓	✓		✓
First Priority Health							
HealthGuard of Lancaster						✓	
Horizon Healthcare					✓	✓	
Keystone Health Plan East	✓	✓	✓	✓	✓	✓	
Penn State Geisinger Health Plan		✓				✓	
QualMed Plans for Health		✓	✓	✓	✓	✓	✓
UPMC Health Plan	✓	✓	✓	✓	✓		
Commercial HMO Plans							
HealthAmerica		✓		✓	✓	✓	
HealthCentral							
Highmark BCBS - KeystoneBlue	✓	✓	✓	✓	✓	✓	✓
Keystone Health Plan Central			✓		✓	✓	✓
QualMed - Advantage Health		✓	✓	✓	✓		✓
Commercial POS Plans							
HealthAssurance		✓		✓	✓	✓	
Highmark BCBS - SelectBlue	✓	✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How has the health plan worked with providers to support diabetes management?

	Adoption of Nationally Accepted Guidelines	Standards and Practices Committee Guidelines	Reminders Placed in Medical Record	Reminders Sent to Members with Diabetes	List of Members with Diabetes given to Providers	Profiles of Care for Members with Diabetes given to Providers
Commercial HMO & POS Plans (Reported as Combined)						
Aetna U.S. Healthcare	✓	✓	✓	✓	✓	✓
Alliance Health Network	✓	✓	✓	✓	✓	
CIGNA HealthCare of PA	✓	✓		✓		
First Priority Health	✓	✓		✓	✓	
HealthGuard of Lancaster	✓			✓	✓	✓
Horizon Healthcare	✓	✓				
Keystone Health Plan East	✓	✓	✓	✓	✓	✓
Penn State Geisinger Health Plan	✓	✓				
QualMed Plans for Health	✓	✓		✓	✓	
UPMC Health Plan	✓	✓	✓	✓	✓	✓
Commercial HMO Plans						
HealthAmerica	✓	✓	✓	✓	✓	
HealthCentral		✓		✓		
Highmark BCBS - KeystoneBlue	✓	✓	✓	✓	✓	✓
Keystone Health Plan Central	✓	✓	✓	✓	✓	✓
QualMed - Advantage Health	✓	✓		✓	✓	✓
Commercial POS Plans						
HealthAssurance	✓	✓	✓	✓	✓	
Highmark BCBS - SelectBlue	✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

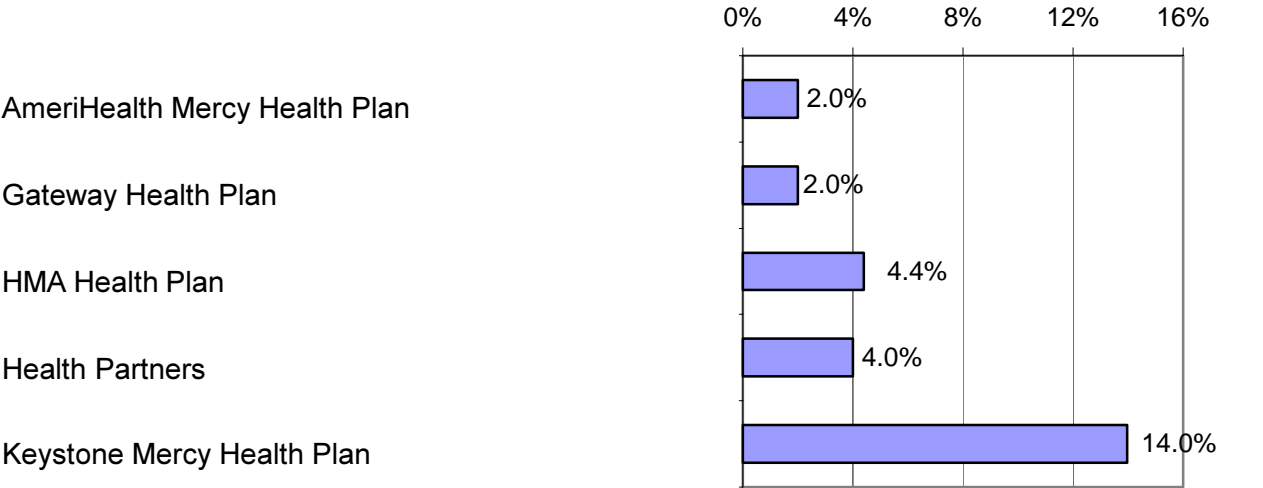
What information does the health plan use to measure the ‘success’ of the disease management initiatives?

	Clinical Data (blood pressure, weight)	Laboratory Results	Inpatient Hospital Admission Rate	Participation in Initiatives	Member Satisfaction	Return on Investment or Cost Savings	Emergency Room Visits
Commercial HMO & POS Plans (Reported as Combined)							
Aetna U.S. Healthcare			✓	✓	✓	✓	✓
Alliance Health Network	✓	✓	✓	✓			✓
CIGNA HealthCare of PA	✓	✓	✓	✓	✓	✓	✓
First Priority Health							
HealthGuard of Lancaster		✓	✓				✓
Horizon Healthcare							
Keystone Health Plan East	✓	✓	✓	✓			✓
Penn State Geisinger Health Plan	✓	✓		✓	✓	✓	
QualMed Plans for Health	✓	✓	✓	✓	✓		✓
UPMC Health Plan			✓	✓	✓	✓	✓
Commercial HMO Plans							
HealthAmerica		✓	✓			✓	✓
HealthCentral				✓	✓		
Highmark BCBS - KeystoneBlue		✓	✓	✓	✓	✓	✓
Keystone Health Plan Central	✓	✓	✓	✓			✓
QualMed - Advantage Health	✓	✓	✓	✓	✓	✓	✓
Commercial POS Plans							
HealthAssurance		✓	✓			✓	✓
Highmark BCBS - SelectBlue		✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Medicaid HMO Plans

Percent of Members with Diabetes



Members with diabetes were identified using the HEDIS definition for 1998 reporting of the measure, "Eye Exams for People with Diabetes:" HMO members with diabetes age 31 and over who met continuous enrollment criteria. The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Hospitalization Rates for Members with Diabetes

Medicaid HMO Plans

Members with Diabetes

AmeriHealth Mercy Health Plan	514
Gateway Health Plan	1,921
HMA Health Plan	3,240
Health Partners	4,604
Keystone Mercy Health Plan	8,327

Hospitalizations for Diabetes

Members Hospitalized Hospitalization Rate Average Inpatient Days*

7	1.4%	3.3
7	0.4%	8.7
not provided		
156	3.4%	7.0
347	4.2%	6.8

Hospitalizations for Short-Term Complications of Diabetes

Members Hospitalized Hospitalization Rate Average Inpatient Days*

1	0.2%	4.0
4	0.2%	9.0
not provided		
69	1.5%	9.7
186	2.2%	5.3

*Average number of days members spent in the hospital. This figure may include multiple hospital admissions for the same individual.

This information has not been adjusted for patient risk.

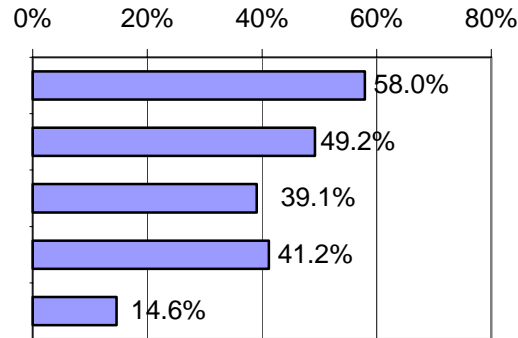
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Preventive Care and Disease Management

Medicaid HMO Plans

- AmeriHealth Mercy Health Plan
- Gateway Health Plan
- HMA Health Plan
- Health Partners
- Keystone Mercy Health Plan

Eye Exam Rate*



Does an annual diabetic retinal eye exam require a referral from a primary care provider?

YES

None of the plans answered "yes" to this question.

Does the health plan routinely measure the number of members with diabetes who have the following screenings performed?

Hemoglobin A1c Blood Test	Lipid Profile	Urinalysis***
---------------------------	---------------	---------------

Medicaid HMO Plans

- AmeriHealth Mercy Health Plan
- Gateway Health Plan
- HMA Health Plan
- Health Partners
- Keystone Mercy Health Plan**

✓	✓	✓
✓	✓	

Are members with diabetes included in disease management initiatives as part of the basic benefit package?

YES

✓
✓

*The health plans were asked to provide the "Eye Exams for People with Diabetes" measure for HEDIS 1999 reporting (data on the 1998 calendar year).

** These plans provided the *percentages* of members who had these screenings performed in 1998. The percentages are not reported here because of the variation in the way plans calculated the information.

Keystone Mercy Health Plan provided additional preventive screening information through the HEDIS Comprehensive Diabetes Care Measure. That information is not presented here because this plan was the only Medicaid plan to complete this information.

*** Urinalysis generally includes many types of tests. Some plans may not routinely measure the number of members who have a "complete" urinalysis, but they may measure the number who routinely undergo specific tests related to diabetes.

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How does the health plan identify members with diabetes?

	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Medicaid HMO Plans							
AmeriHealth Mercy Health Plan	✓	✓	✓	✓	✓	✓	✓
Gateway Health Plan							
HMA Health Plan	✓	✓	✓	✓	✓	✓	✓
Health Partners	✓	✓	✓	✓	✓	✓	
Keystone Mercy Health Plan	✓	✓	✓	✓	✓	✓	✓

How does the health plan categorize the severity of members with diabetes?

	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Medicaid HMO Plans							
AmeriHealth Mercy Health Plan						✓	
Gateway Health Plan							
HMA Health Plan	✓				✓	✓	
Health Partners				✓	✓	✓	
Keystone Mercy Health Plan						✓	

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How has the health plan worked with providers to support diabetes management?

	Adoption of Nationally Accepted Guidelines	Standards and Practices Committee Guidelines	Reminders Placed in Medical Record	Reminders Sent to Members with Diabetes	List of Members with Diabetes given to Providers	Profiles of Care for Members with Diabetes given to Providers
Medicaid HMO Plans						
AmeriHealth Mercy Health Plan	✓	✓	✓	✓	✓	✓
Gateway Health Plan						
HMA Health Plan	✓	✓		✓	✓	
Health Partners	✓	✓		✓	✓	✓
Keystone Mercy Health Plan	✓	✓	✓	✓	✓	✓

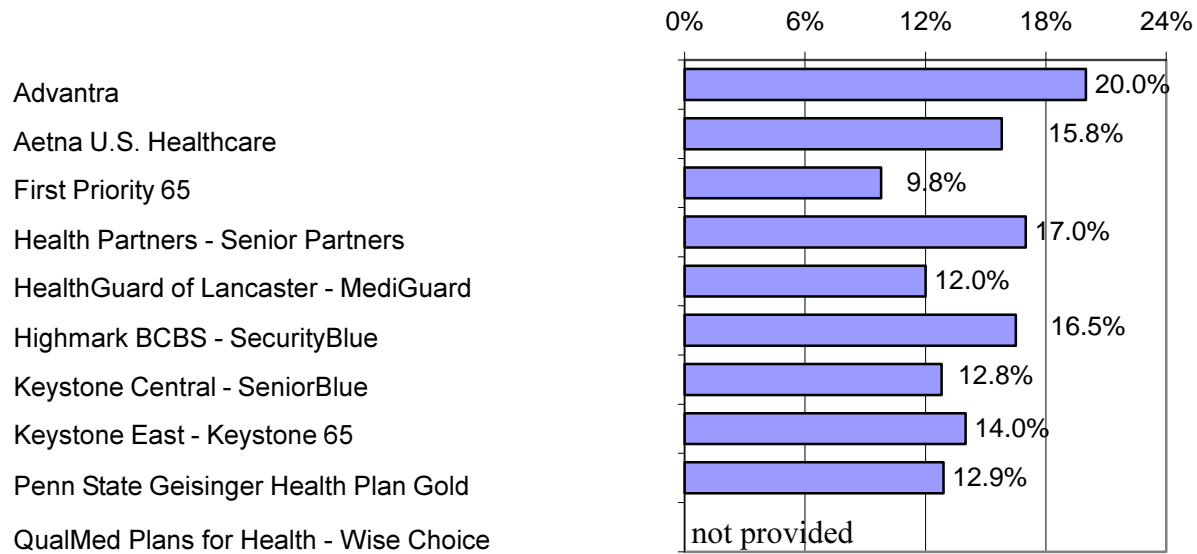
What information does the health plan use to measure the ‘success’ of the disease management initiatives?

	Clinical Data (blood pressure, weight)	Laboratory Results	Inpatient Hospital Admission Rate	Participation in Initiatives	Member Satisfaction	Return on Investment or Cost Savings	Emergency Room Visits
Medicaid HMO Plans							
AmeriHealth Mercy Health Plan	✓	✓	✓	✓		✓	✓
Gateway Health Plan							
HMA Health Plan		✓	✓				✓
Health Partners		✓	✓	✓			✓
Keystone Mercy Health Plan	✓	✓	✓	✓		✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Medicare HMO Plans

Percent of Members with Diabetes



Members with diabetes were identified using the HEDIS definition for 1998 reporting of the measure, "Eye Exams for People with Diabetes:" HMO members with diabetes age 31 and over who met continuous enrollment criteria.

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Hospitalization Rates for Members with Diabetes

Medicare HMO Plans

	Members with Diabetes
Advantra	4,500
Aetna U.S. Healthcare	17,421
First Priority 65**	811
Health Partners - Senior Partners	438
HealthGuard of Lancaster - MediGuard	205
Highmark BCBS - SecurityBlue	13,260
Keystone Central - SeniorBlue	2,513
Keystone East - Keystone 65	14,605
Penn State Geisinger Health Plan Gold	5,059
QualMed Plans for Health - Wise Choice	2,194

Hospitalizations for Diabetes

Members Hospitalized	Hospitalization Rate	Average Inpatient Days*
77	1.7%	8.2
271	1.6%	6.8
14	1.7%	6.7
16	3.7%	6.6
3	1.5%	9.3
267	2.0%	14.2
40	1.6%	11.5
387	2.6%	8.9
76	1.5%	4.9
not provided		

Hospitalizations for Short-Term Complications of Diabetes

Members Hospitalized	Hospitalization Rate	Average Inpatient Days*
11	0.2%	7.3
72	0.4%	5.2
1	0.1%	10.0
4	0.9%	2.8
0	0.0%	N/A
49	0.4%	6.2
6	0.2%	8.5
57	0.4%	4.8
20	0.4%	3.6
not provided		

*Average number of days members spent in the hospital. This figure may include multiple admissions for the same individual.

** Hospitalization rates for this plan were based on a sample of cases (as listed under "Members with Diabetes"). The total number of members with diabetes was 2,869.

This information has not been adjusted for patient risk.

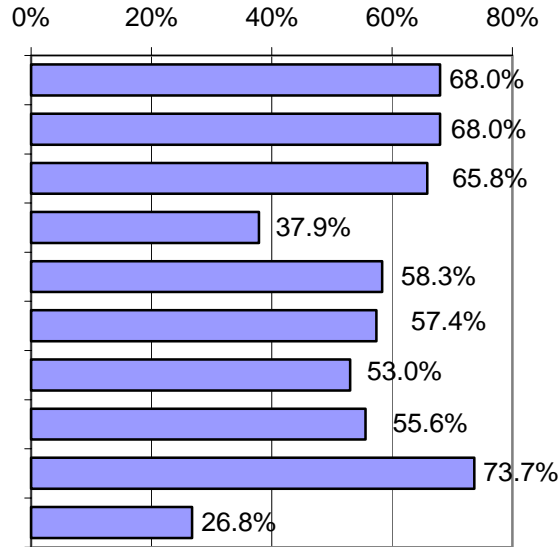
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Preventive Care and Disease Management

Medicare HMO Plans

- Advantra
- Aetna U.S. Healthcare
- First Priority 65
- Health Partners - Senior Partners
- HealthGuard of Lancaster - MediGuard
- Highmark BCBS - SecurityBlue
- Keystone Central - SeniorBlue
- Keystone East - Keystone 65
- Penn State Geisinger Health Plan Gold
- QualMed Plans for Health - Wise Choice

Eye Exam Rate*



Does an annual diabetic retinal eye exam require a referral from a primary care provider?

YES

✓
✓
✓
✓
✓

*The health plans were asked to provide the "Eye Exams for People with Diabetes" measure for HEDIS 1999 reporting (data on the 1998 calendar year). The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

Does the health plan routinely measure the number of members with diabetes who have the following screenings performed?

Are members with diabetes included in disease management initiatives as part of the basic benefit package?

Medicare HMO Plans

	Hemoglobin A1c Blood Test	Lipid Profile	Urinalysis**
Advantra*	✓	✓	✓
Aetna U.S. Healthcare	✓	✓	✓
First Priority 65			
Health Partners - Senior Partners			
HealthGuard of Lancaster - MediGuard	✓	✓	
Highmark BCBS - SecurityBlue*	✓		
Keystone Central - SeniorBlue*	✓	✓	✓
Keystone East - Keystone 65*	✓	✓	✓
Penn State Geisinger Health Plan Gold			
QualMed Plans for Health - Wise Choice	✓	✓	✓

YES

✓
✓
✓
✓
✓
✓
✓
✓
✓

* These plans provided the *percentages* of members who had these screenings performed in 1998. The percentages are not reported here because of the variation in the way plans calculated the information.
 ** Urinalysis generally includes many types of tests. Some plans may not routinely measure the number of members who have a "complete" urinalysis, but they may measure the number who routinely undergo specific tests related to diabetes.

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Preventive Care and Disease Management

HEDIS® Comprehensive Diabetes Care Measures

Medicare HMO Plans	Hemoglobin A1c Blood Test Rate	Poor Hemoglobin A1c Control Rate	Eye Exam Rate	Lipid Profile Rate	Lipid Control Rate	Diabetic Nephropathy Rate
HealthGuard of Lancaster - MediGuard	92.0%	19.6%	61.3%	74.2%	52.8%	30.7%
Keystone Central - SeniorBlue	74.8%	35.6%	47.7%	53.1%	73.3%	17.3%

These rates are components of the HEDIS Comprehensive Diabetes Care Measure. Since the Comprehensive Diabetes Care Measure was optional for HEDIS 1999 reporting (data on the 1998 calendar year), only a small number of plans provided them for this report. Beginning with HEDIS 2000, however, the Diabetes Comprehensive Care Measure will be a required part of a plan's data submission to HEDIS®.

The *Hemoglobin A1c (HbA1c) Blood Test Rate* measures the percentage of members with diabetes who had a HbA1c blood test during 1998. Regular testing is important in the monitoring of diabetes. A high rate indicates that a high percentage of a plan's members are receiving regular HbA1c tests.

The *Poor HbA1c Control Rate* reflects the percentage of members who are not in good control of their HbA1c levels. Since poor HbA1c control hampers the medical management of diabetes, a high rate of poor HbA1c control is considered to be an obstacle to proper management of diabetes.

The *Eye Exam Rate* presented as part of this measure differs from the one presented earlier in this report in that it is the rate of screening for members with diabetes age 18 to 75 (whereas the eye exam rate presented earlier is the rate of screening for members with diabetes age 31 and over). A high eye exam rate suggests that a high number of a plan's members are receiving regular eye exams.

The *Lipid Profile Rate* measures the percentage of members with diabetes who had a lipid profile performed to determine their cholesterol levels. In this measure, a high percentage suggests that a high number of members had a lipid profile performed.

The *Lipid Control Rate* measures the percentage of members who have a low LDL (low-density lipoproteins) cholesterol level as determined by a lipid profile. In this measure, the higher the rate, the more members have good cholesterol levels.

The *Diabetes Nephropathy Rate* measures the percentage of members with diabetes who have received screening for kidney disease or have evidence of kidney disease.

Preventive Care and Disease Management

How does the health plan identify members with diabetes?

Medicare HMO Plans	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Advantra		✓	✓	✓	✓	✓	✓
Aetna U.S. Healthcare	✓	✓	✓	✓	✓		
First Priority 65		✓	✓	✓	✓		✓
Health Partners - Senior Partners	✓	✓	✓	✓	✓	✓	✓
HealthGuard of Lancaster - MediGuard		✓	✓	✓	✓		✓
Highmark BCBS - SecurityBlue	✓	✓	✓	✓	✓	✓	✓
Keystone Central - SeniorBlue	✓	✓	✓	✓	✓	✓	✓
Keystone East - Keystone 65	✓	✓	✓	✓	✓	✓	✓
Penn State Geisinger Health Plan Gold	✓	✓					
QualMed Plans for Health - Wise Choice	✓	✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How does the health plan categorize the severity of members with diabetes?

Medicare HMO Plans	Direct Report from Primary Care Provider	Primary Care Provider Encounters	Specialist Encounters	Pharmacy Data	Inpatient Hospitalization Data	Laboratory Results	Risk Surveys of Members
Advantra		✓		✓	✓	✓	
Aetna U.S. Healthcare		✓	✓	✓	✓		✓
First Priority 65							
Health Partners - Senior Partners				✓	✓	✓	
HealthGuard of Lancaster - MediGuard						✓	
Highmark BCBS - SecurityBlue	✓	✓	✓	✓	✓	✓	✓
Keystone Central - SeniorBlue			✓		✓	✓	✓
Keystone East - Keystone 65	✓	✓	✓	✓	✓	✓	✓
Penn State Geisinger Health Plan Gold		✓				✓	
QualMed Plans for Health - Wise Choice		✓	✓	✓	✓	✓	✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

How has the health plan worked with providers to support diabetes management?

Medicare HMO Plans	Adoption of Nationally Accepted Guidelines	Standards and Practices Committee Guidelines	Reminders Placed in Medical Record	Reminders Sent to Members with Diabetes	List of Members with Diabetes given to Providers	Profiles of Care for Members with Diabetes given to Providers
Advantra	✓	✓	✓	✓	✓	
Aetna U.S. Healthcare	✓	✓	✓	✓	✓	✓
First Priority 65	✓	✓		✓	✓	
Health Partners - Senior Partners	✓	✓		✓	✓	✓
HealthGuard of Lancaster - MediGuard	✓				✓	✓
Highmark BCBS - SecurityBlue	✓	✓	✓	✓	✓	✓
Keystone Central - SeniorBlue	✓	✓	✓	✓	✓	✓
Keystone East - Keystone 65	✓	✓	✓	✓	✓	✓
Penn State Geisinger Health Plan Gold	✓	✓				
QualMed Plans for Health - Wise Choice	✓	✓		✓	✓	

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

Preventive Care and Disease Management

What information does the health plan use to measure the ‘success’ of the disease management initiatives?

Medicare HMO Plans	Clinical Data (blood pressure, weight)	Laboratory Results	Inpatient Hospital Admission Rate	Participation in Initiatives	Member Satisfaction	Return on Investment or Cost Savings	Emergency Room Visits
Advantra		✓	✓			✓	✓
Aetna U.S. Healthcare			✓	✓	✓	✓	✓
First Priority 65							
Health Partners - Senior Partners		✓	✓	✓			✓
HealthGuard of Lancaster - MediGuard		✓	✓				✓
Highmark BCBS - SecurityBlue		✓	✓	✓	✓	✓	✓
Keystone Central - SeniorBlue	✓	✓	✓	✓			✓
Keystone East - Keystone 65	✓	✓	✓	✓			✓
Penn State Geisinger Health Plan Gold	✓	✓		✓	✓	✓	
QualMed Plans for Health - Wise Choice	✓	✓	✓	✓	✓		✓

The information presented here has been self-reported by the health insurance plans. The information was not audited or verified by the Pennsylvania Health Care Cost Containment Council.

ACKNOWLEDGEMENTS

This report is the result of an ongoing dialogue between the Pennsylvania Health Care Cost Containment Council and health insurers, including HMOs, in Pennsylvania. PHC4 undertook this report as a demonstration project to begin building the foundations necessary for future projects regarding information about managed care. PHC4 is proud of the positive interaction with health plans that developed as a result of compiling this report.

PHC4 would like to extend its sincere thanks to those plans who chose to participate in this project. These plans provide coverage to approximately 95% of the Pennsylvanians enrolled in HMOs. They should be recognized for their commitment to providing access to information about their plans.

If an HMO is not listed in this report, it is because that plan chose not to participate in this project. The only exception is that of Three Rivers Health Plans, Inc. which provided information to PHC4 too late to be incorporated into this report.

PHC4 also wishes to thank its Data Systems Committee, its Technical Advisory Group, and its Payor Advisory Group for their contributions to this report.

FOR MORE INFORMATION...

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www.phc4.org

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Executive Director

HMOs may have commented on this report. Copies of their comments are available by request.