



Measuring the Quality of Pennsylvania's Commercial HMOs



Pennsylvania Health Care Cost Containment Council
April 2007

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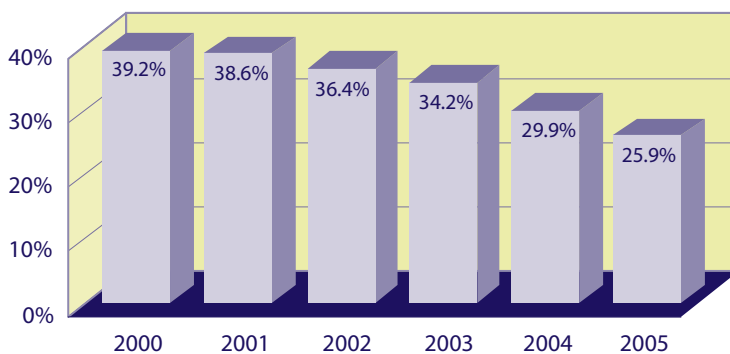


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Key Findings

- ◆ Enrollment in commercial managed care organizations has been steadily decreasing, from 39.2% of Pennsylvania residents age 0-64 years in 2000 to 25.9% in 2005.

Pennsylvania Residents Age 0-64 Enrolled in a Managed Care Plan



- ◆ On average, Pennsylvania HMOs outperformed their national counterparts in all the member satisfaction measures for which there was a national average available.
- ◆ All Pennsylvania plans reported an increase from the prior year in the percent of plan members who gave their HMO the highest satisfaction rating when this information was available.
- ◆ Pennsylvania HMOs on average improved from the prior year in 12 of the 15 “Staying Healthy” measures.
- ◆ Diabetes hospitalization rates for HMO members decreased 14.2% statewide from 110.0 per 10,000 adult members with diabetes in 2004 to 94.3 in 2005. However, some individual plans’ adjusted rates decreased by up to 42.4%, while other plans’ adjusted rates increased by up to 11.5% during the same time period. Adjusted hospitalization rates for the HMO plans in 2005 ranged from 65.9 to 133.6 per 10,000 adult members with diabetes.

- ◆ Statewide HMO hospitalization rates for the following conditions printed in this report increased significantly compared to last year:

- Gastrointestinal infections increased 16.6% from 3.4 per 10,000 members in 2004 to 3.9 in 2005.
- Adult ear, nose and throat infections increased 24.0% from 2.1 per 10,000 adult members in 2004 to 2.6 in 2005.
- Pediatric ear, nose and throat infections increased 46.4% from 4.7 per 10,000 pediatric members in 2004 to 6.8 in 2005.
- Chronic obstructive pulmonary disease (COPD) rates increased 24.4% from 3.8 per 10,000 adult members in 2004 to 4.7 in 2005.
- Adult asthma rates increased 24.4% from 7.2 per 10,000 adult members in 2004 to 8.9 in 2005.
- Pediatric asthma rates increased 9.0% from 13.4 per 10,000 pediatric members in 2004 to 14.6 in 2005.

About this report



HMOs often appeal to those who purchase health insurance because, in part, they offer a number of attractive features. These features include:

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

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

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 offer and encourage members to take advantage of a host of educational materials, disease management programs, preventive health services and other initiatives to keep their members healthy. HMO members usually are required to select a Primary Care Physician (PCP) who has the responsibility to coordinate the various health services available to members. HMOs may share financial responsibility with PCPs and other providers for the services provided to members.

“Point-of-Service” (POS) options offered by HMOs often combine the structure of HMOs (members select PCPs and usually access non-primary care services through pre-approved referrals) with the flexibility to access services without pre-approved referrals and the option to leave the network of participating providers by paying an additional fee.

A “gatekeeper” Preferred Provider Organization (GPPO) product usually requires a patient to select a PCP from a preferred provider panel and to seek referrals from the PCP in order to see a specialist without incurring additional uncovered fees. This report provides information about the health care services received by members of commercial HMOs, POS plans, and GPPO products. 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

About the Data

The data in this report is for Calendar Year 2005. One exception is that some HMOs submitted 2004 data for several of the measures, which is allowable under National Committee for Quality Assurance (NCQA) rules. These measures include: Cervical Cancer Screening, Controlling High Blood Pressure, Timeliness of Prenatal Care and Comprehensive Diabetes Care.

Much of the data in the report is risk-adjusted. Please refer to the Technical Report (www.phc4.org) for a full description of this methodology. See page 27 for more information about the data in this report.



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

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:

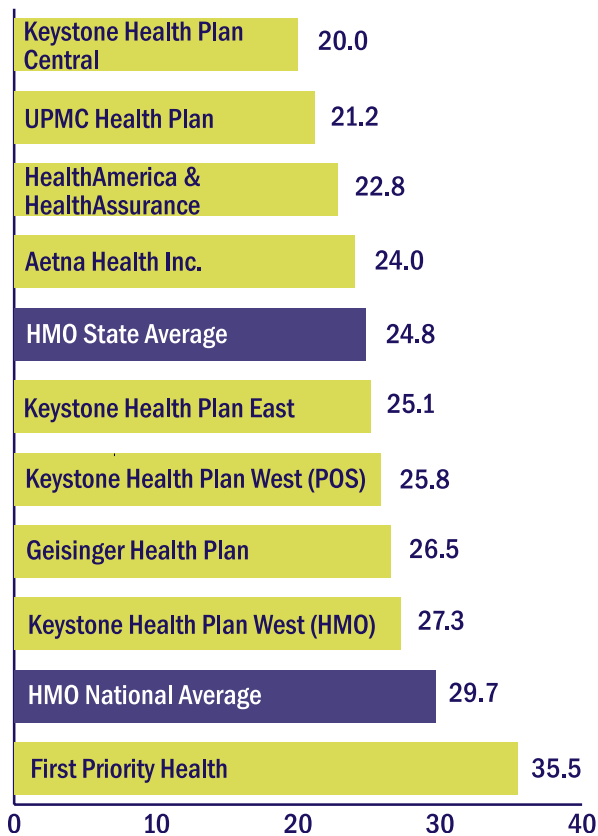
- If lengths of stay differ significantly across HMOs, what are the reasons for this variation?
- Does the HMO have a plan in place to address a higher than expected percent of complications?
- How do scores translate into potential premium savings?

Staying Healthy

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 13), 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.

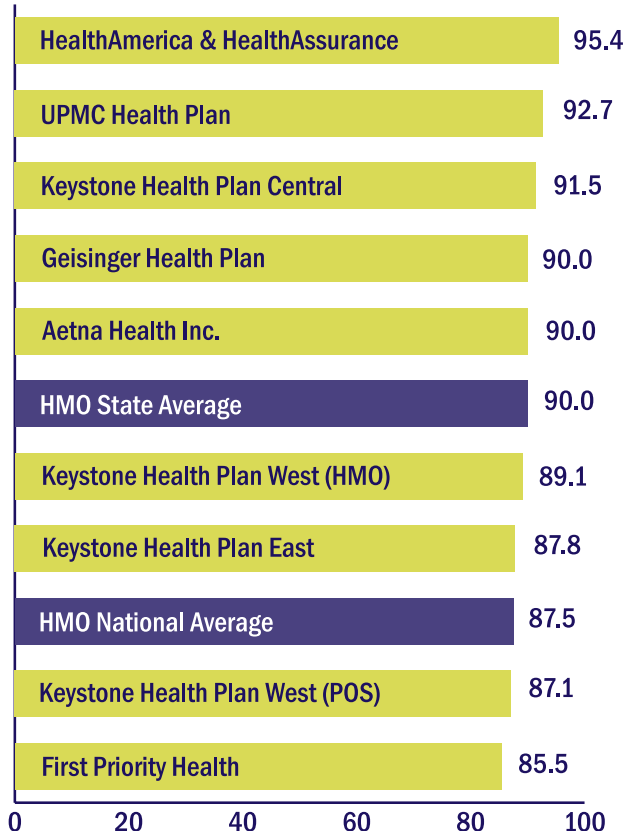
Poorly Controlled Hemoglobin A1c Levels for Members with Diabetes

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.

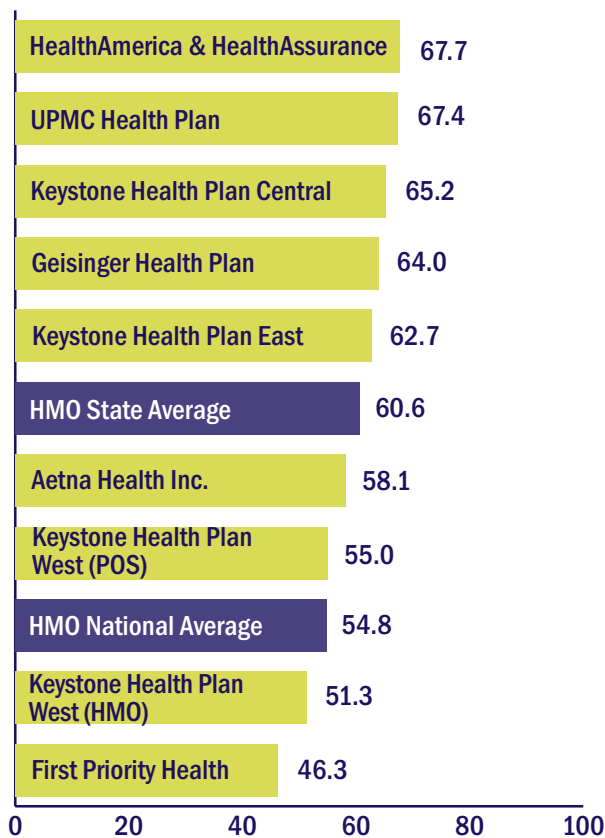




Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy. The **one exception** is the first measure, Poorly Controlled Hemoglobin A1c Levels, in which the lowest percentage is the best outcome.

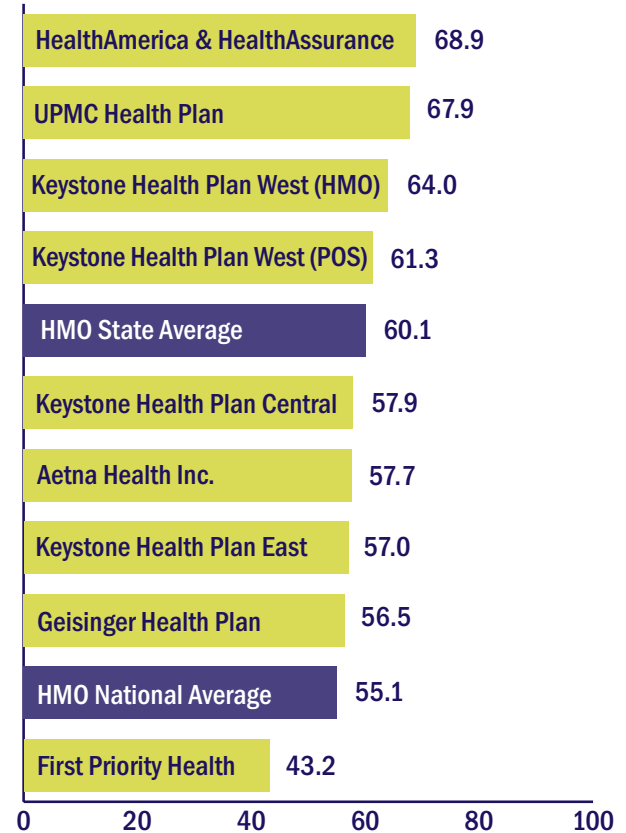
Eye Exams Performed for Members with Diabetes

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



Monitoring Kidney Disease for Members with Diabetes

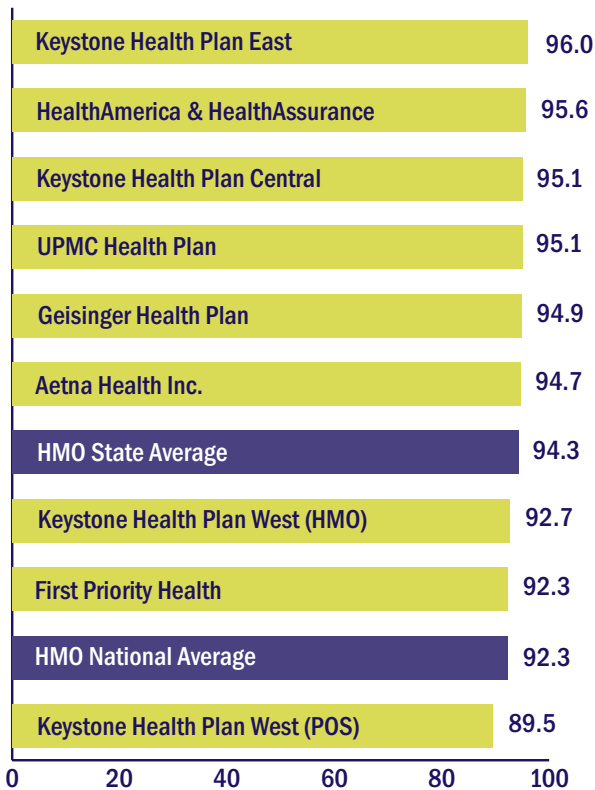
Kidney disease may be a problem for members with diabetes. The graph shows the percent of members with diabetes who were screened or treated for kidney disease.



Staying Healthy

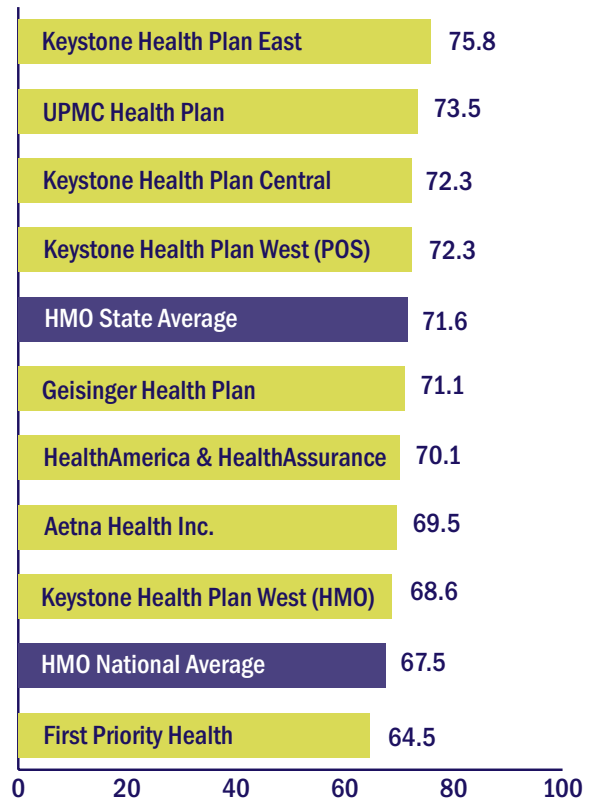
Cholesterol Screening for Members with Diabetes

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 two years.



“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.

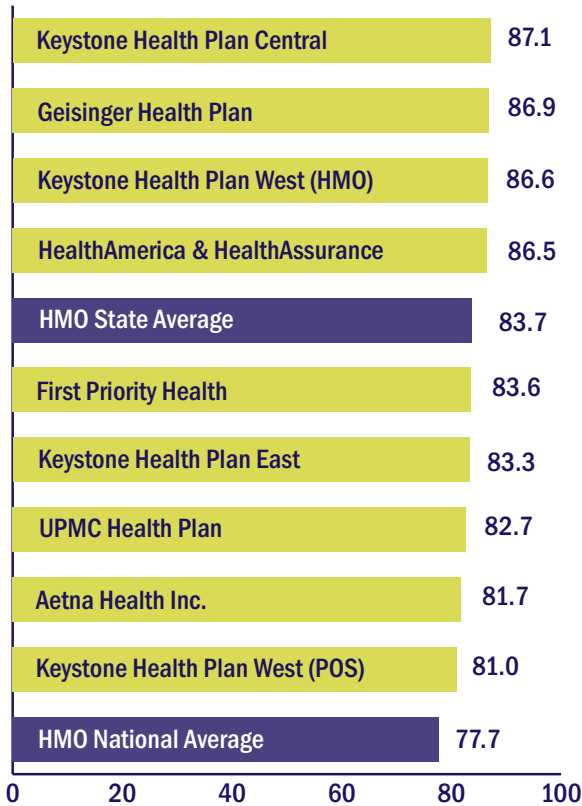




Generally, those HMOs with the **higher percentages** are doing a **better** job of preventing illness and helping their members stay healthy.

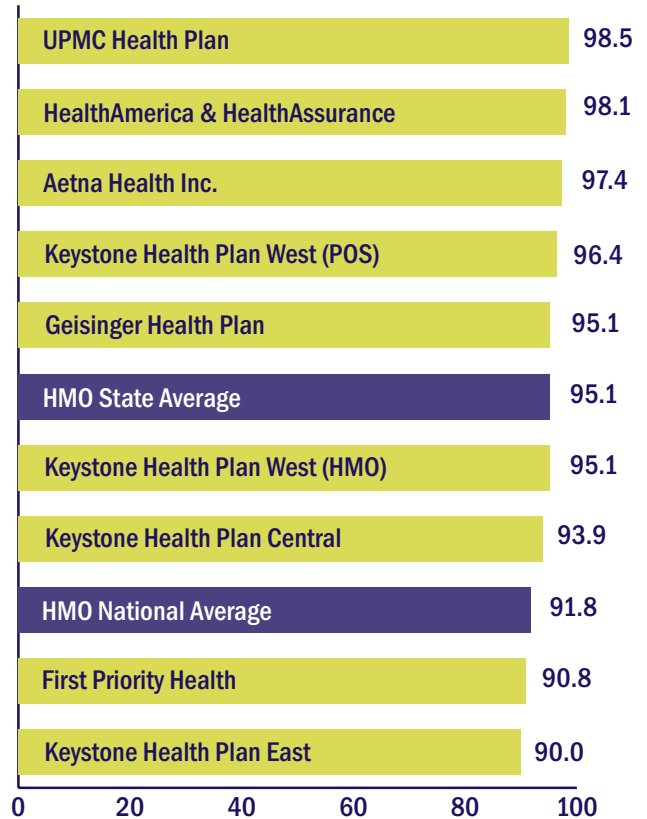
Childhood Immunizations

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



Prenatal Care

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

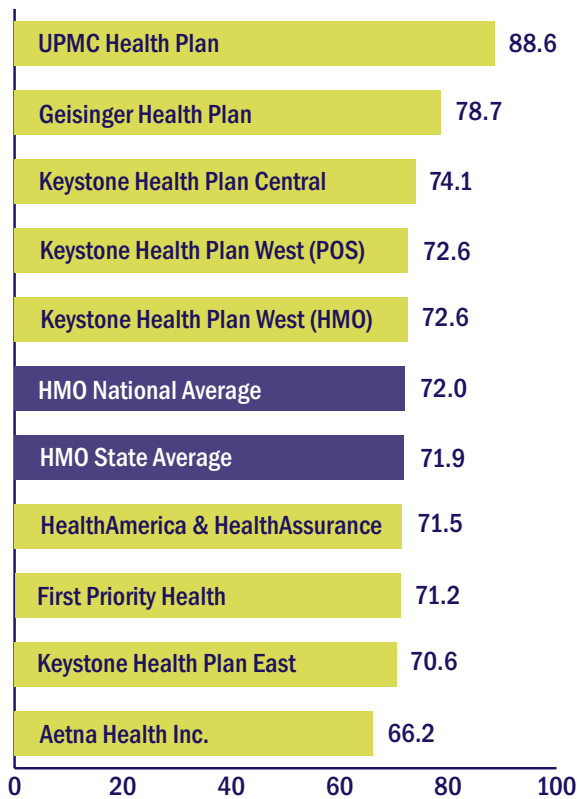


Staying Healthy



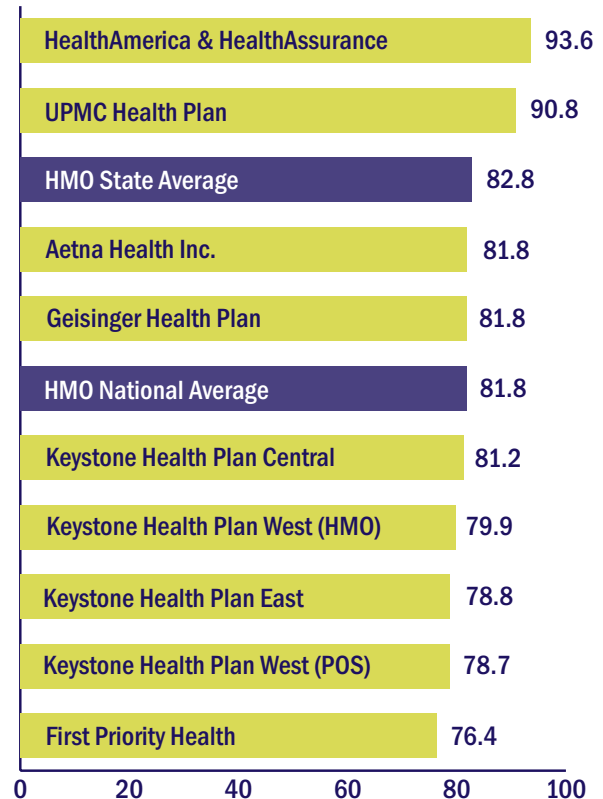
Screening for Breast Cancer

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.





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

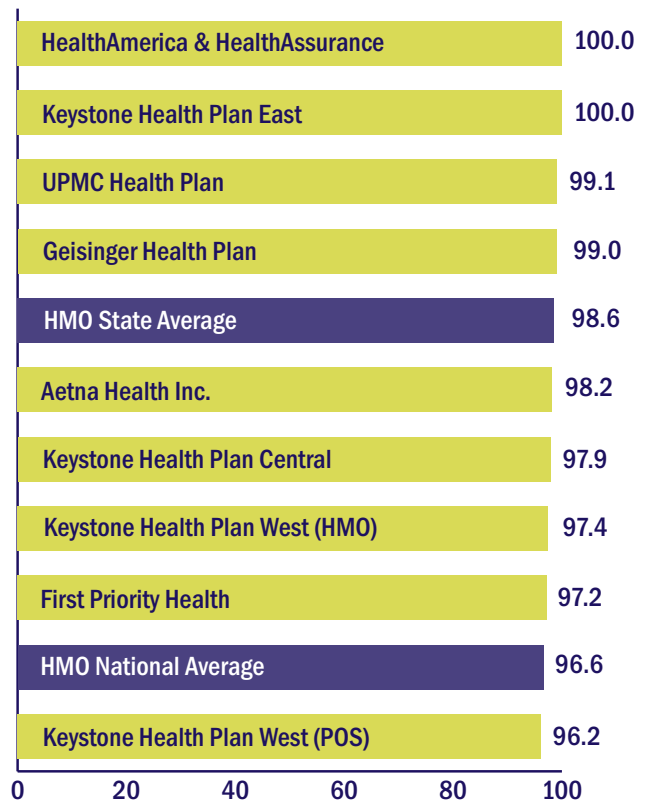
Controlling High Blood Pressure

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



Beta Blockers after a Heart Attack

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

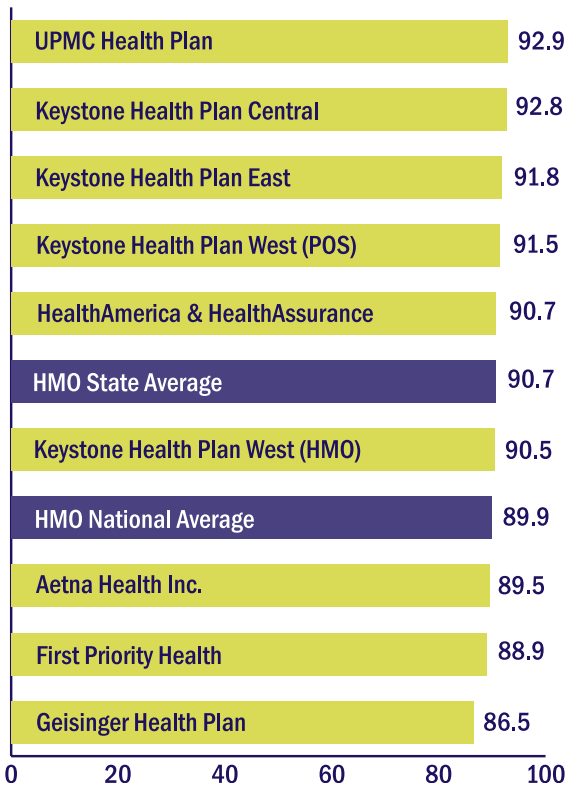


Staying Healthy



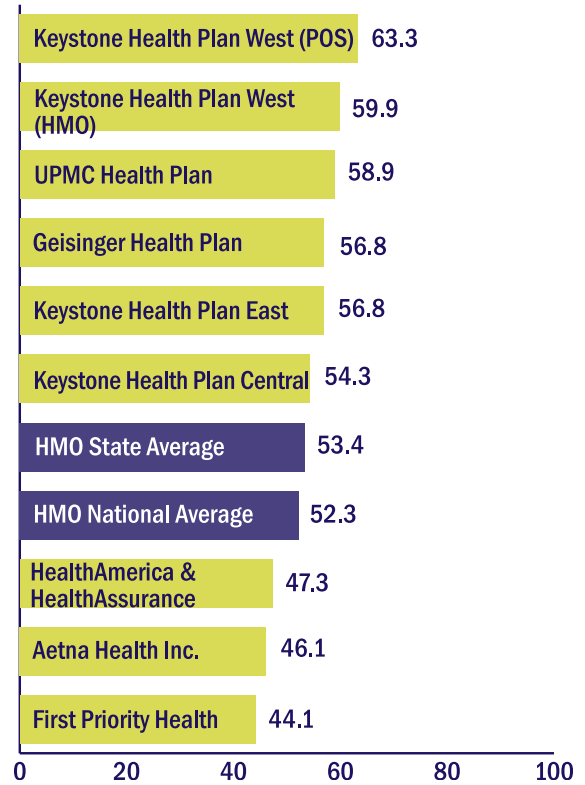
Appropriate Medications for Members with Asthma

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

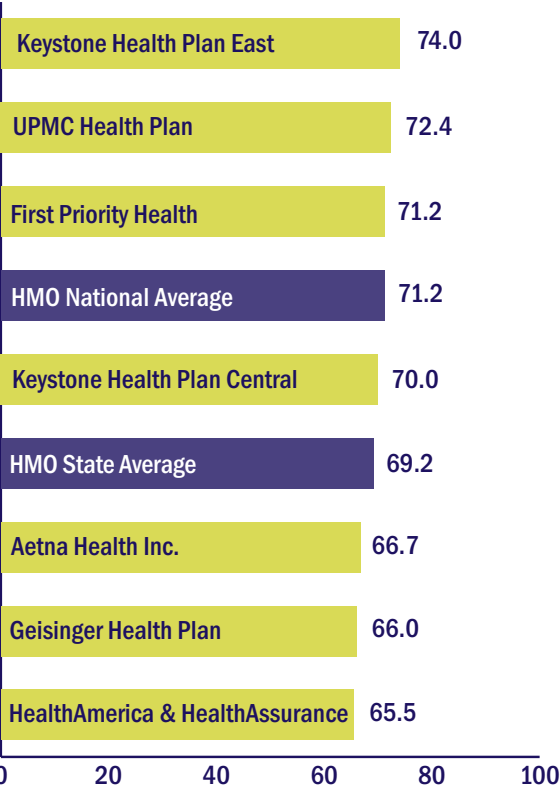
Adults are recommended to have routine colorectal cancer screenings even if they do not have an increased risk for developing colorectal cancer. The graph shows the percent of adults (age 51 to 80) who had one or more of following screenings: fecal occult blood test (FOBT), flexible sigmoidoscopy, double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



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

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.



Preventing Hospitalization through Primary Care

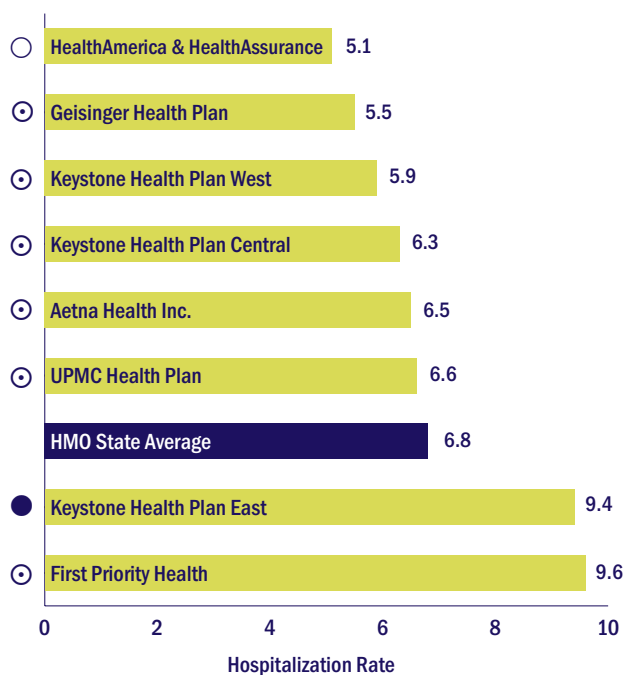


Pages 14 and 15 include several clinical conditions for which effective primary care can prevent or manage an illness. When the HMO provider network is functioning properly, care for these conditions can generally be provided on an outpatient basis, thereby avoiding “unnecessary” or “preventable” hospitalizations.

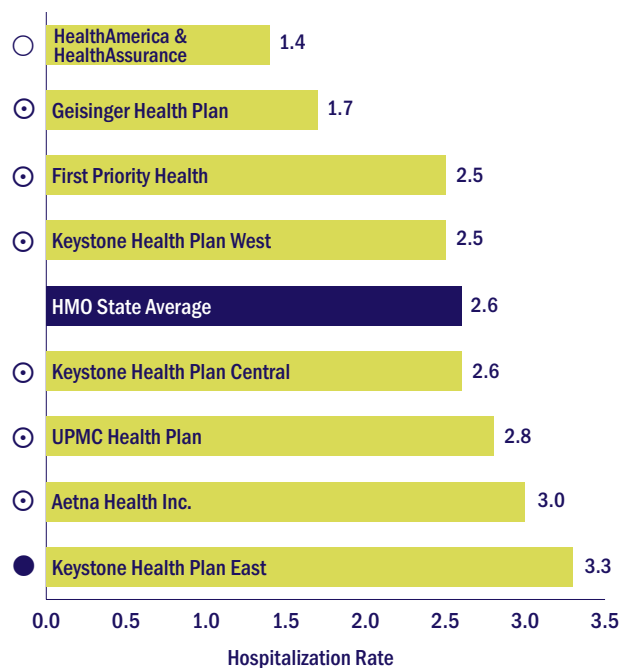
Ear, Nose and Throat Infections

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)

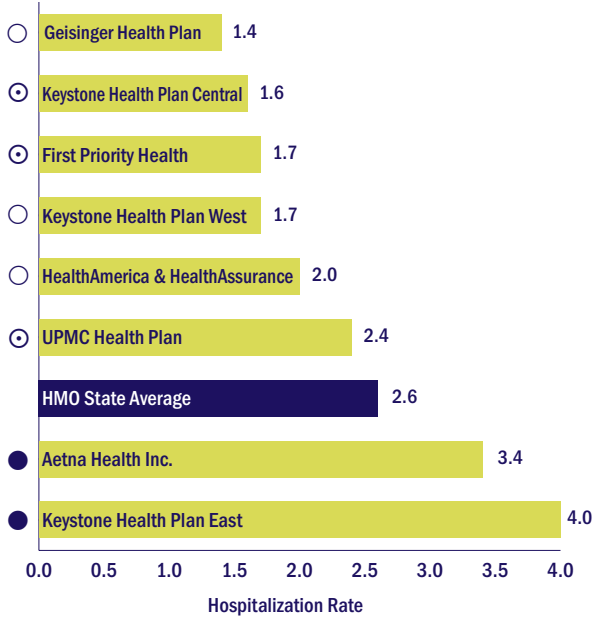


Adult (Age 18 to 64)



High Blood Pressure

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



Hospitalization Rate*, Statistical Rating

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

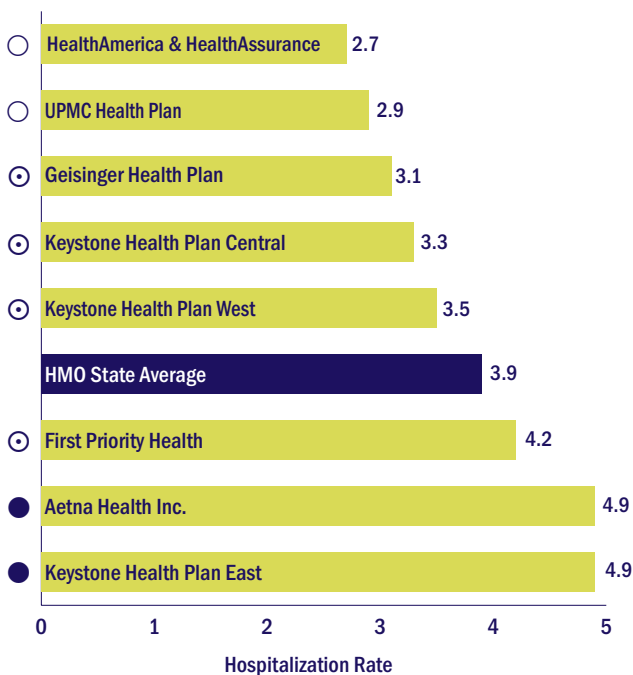
The difference between the expected and actual hospitalization rates was statistically:

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

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

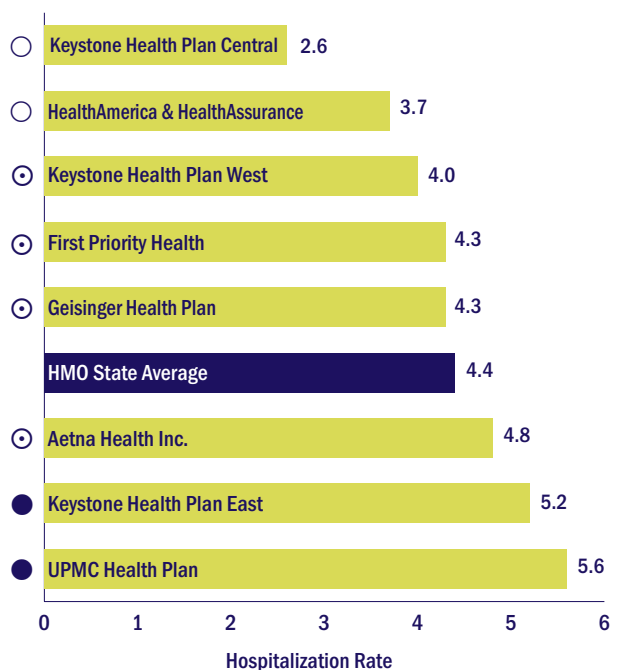
Gastrointestinal Infections

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



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.



Managing Ongoing Illnesses

Chronic Obstructive Pulmonary Disease (COPD)

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

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

Hospitalization Rate, Statistical Rating

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

	Hospital Admissions	Hospitalization Rate	Statistical Rating, Hospitalization Rate	Length of Stay	Statistical Rating, Percent Rehospitalized
Aetna Health Inc.	187	4.8	⊙	3.8	⊙
First Priority Health	43	5.1	⊙	3.6	⊙
Geisinger Health Plan	63	5.0	⊙	3.1	⊙
HealthAmerica & HealthAssurance	134	3.9	○	3.9	⊙
Keystone Health Plan Central	41	4.2	⊙	3.5	⊙
Keystone Health Plan East	226	5.3	⊙	3.9	⊙
Keystone Health Plan West	191	4.3	⊙	3.9	⊙
UPMC Health Plan	68	5.7	⊙	4.3	⊙
HMO State Total/Average ¹	953	4.7		3.8	
Fee-for-Service Sample ²	159			3.8	
PPO Sample ²	546			3.9	

¹ Includes HMO, POS and GPPO records for listed plans.

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

Number of HMO members hospitalized in 2005 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)				Adults (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.	268	17.6	●	2.0	338	8.4	⊙	3.2	⊙
First Priority Health	51	16.7	⊙	1.8	78	9.0	⊙	3.6	⊙
Geisinger Health Plan	35	8.7	○	2.1	101	8.1	⊙	3.3	⊙
HealthAmerica & HealthAssurance	93	8.0	○	2.2	259	7.8	○	3.7	⊙
Keystone Health Plan Central	31	8.8	○	1.9	63	6.4	○	3.4	⊙
Keystone Health Plan East	405	26.6	●	1.9	483	10.8	●	3.4	⊙
Keystone Health Plan West	103	8.0	○	1.9	346	8.3	⊙	3.8	⊙
UPMC Health Plan	32	8.1	○	1.7	141	11.8	●	3.7	⊙
HMO State Total/Average	1,018	14.6		1.9	1,809	8.9		3.5	
Fee-for-Service Sample	42			2.0	199			3.7	
PPO Sample	329			1.8	940			3.4	

Number of pediatric HMO members hospitalized in 2005 where asthma was the principal reason for hospitalization.

Hospitalization rate per 10,000 pediatric HMO members, adjusted for patient risk factors.

Symbols indicate whether the difference between the expected and actual rates was statistically significant.

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

Number of adult HMO members hospitalized in 2005 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

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 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 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.	18,327	182	97.0	◉	3.9	50.5	◉
First Priority Health	4,177	58	133.6	●	4.0	43.1	◉
Geisinger Health Plan	5,450	36	65.9	○	3.7	63.9	◉
HealthAmerica & HealthAssurance	15,616	140	90.5	◉	4.1	45.7	◉
Keystone Health Plan Central	5,391	39	72.6	◉	3.2	33.3	◉
Keystone Health Plan East	27,136	303	112.0	●	3.8	44.6	◉
Keystone Health Plan West	20,964	178	86.9	◉	4.1	47.2	◉
UPMC Health Plan	11,203	85	75.0	○	4.3	45.9	◉
HMO State Total/Average	108,264	1,021	94.3		3.9	46.5	
Fee-for-Service Sample		155			4.1	41.9	
PPO Sample		739			3.9	52.0	

Number of members with diabetes who met a standard definition for diabetes and continuous enrollment criteria in 2005.

Number of HMO members with diabetes hospitalized in 2005 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.

Surgical Procedures

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 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	Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	122	5.9	91.8	2.3	5.8	6.3	⊙
First Priority Health	30	6.7	83.3	2.5	4.0	4.3	⊙
Geisinger Health Plan	32	4.9	87.5	2.1	5.8	0.0	⊙
HealthAmerica & HealthAssurance	83	4.9	75.9	2.0	5.3	6.3	⊙
Keystone Health Plan Central	25	4.9	52.0	2.2	5.7	0.0	⊙
Keystone Health Plan East	166	7.0	97.6	2.2	6.0	5.0	⊙
Keystone Health Plan West	95	4.2	89.5	2.0	4.7	4.7	⊙
UPMC Health Plan	60	9.1	93.3	1.8	5.7	5.4	⊙
HMO State Total/Average	613	5.8	88.7	2.2	5.5	5.0	
Fee-for-Service Sample	83			1.9	5.2	4.9	
PPO Sample	354			2.1	5.9	5.8	

Number of mastectomy procedures performed in 2005.

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.

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.

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.

	Total Hysterectomy Procedures	Procedure Rate	Statistical Rating, Procedure Rate	Abdominal Hysterectomies						
				Abdominal Hysterectomy Procedures	Procedure Rate	Statistical Rating, Procedure Rate	Length of Stay	In-Hospital Complications		
								Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	834	39.5	○	624	29.6	○	2.8	9.3	12.5	●
First Priority Health	276	60.5	⊙	203	44.5	●	2.7	9.3	9.9	⊙
Geisinger Health Plan	376	58.4	⊙	267	41.5	⊙	2.4	9.9	7.8	⊙
HealthAmerica & HealthAssurance	1,035	61.3	●	701	41.5	●	2.5	8.9	6.7	○
Keystone Health Plan Central	337	66.1	●	228	44.7	●	2.5	8.4	7.9	⊙
Keystone Health Plan East	1,004	41.9	○	783	32.7	○	2.8	9.9	9.5	⊙
Keystone Health Plan West	1,327	61.2	●	841	38.8	⊙	2.6	9.3	8.6	⊙
UPMC Health Plan	517	79.6	●	318	49.0	●	2.6	9.3	10.7	⊙
HMO State Total/Average	5,706	53.7		3,965	37.3		2.6	9.3	9.2	
Fee-for-Service Sample	753			503			2.6	9.5	7.6	
PPO Sample	4,165			2,796			2.6	9.3	9.0	

Total number of hysterectomies performed in 2005 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.



Percent of Complications, Statistical Rating

The difference between 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	Expected (Percent)	Actual (Percent)	Statistical Rating
Aetna Health Inc.	210	10	○	1.7	6.1	5.2	⊙
First Priority Health	73	16	⊙	1.6	6.3	5.6	⊙
Geisinger Health Plan	109	16.9	⊙	1.4	7.6	0.9	○
HealthAmerica & HealthAssurance	334	19.8	●	1.7	6.0	7.6	⊙
Keystone Health Plan Central	109	21.4	●	1.5	6.3	9.3	⊙
Keystone Health Plan East	221	9.2	○	1.8	6.5	5.9	⊙
Keystone Health Plan West	486	22.4	●	1.7	6.3	4.9	⊙
UPMC Health Plan	199	30.6	●	1.7	6.7	10.6	●
HMO State Total/Average	1,741	16.4		1.7	6.4	6.3	
Fee-for-Service Sample	250			1.6	6.6	7.7	
PPO Sample	1,369			1.6	6.4	6.5	

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

Back pain affects over five million Americans annually and is the most common cause of job-related disability and missed workdays. 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.

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.

	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.	646	15.9	208	98.1	2.4	5.8	4.4	⊙
First Priority Health	198	22.9	74	100.0	2.7	8.4	12.3	⊙
Geisinger Health Plan	331	26.3	151	93.4	2.4	7.0	4.4	⊙
HealthAmerica & HealthAssurance	1,070	31.2	416	87.7	2.2	6.2	5.8	⊙
Keystone Health Plan Central	287	29.3	125	77.6	2.0	7.0	8.3	⊙
Keystone Health Plan East	610	14.0	194	99.5	2.5	6.9	5.2	⊙
Keystone Health Plan West	1,231	29.4	475	99.4	2.1	5.6	6.9	⊙
UPMC Health Plan	515	44.8	183	98.9	2.2	6.3	7.2	⊙
HMO State Total/Average	4,888	24.1	1,826	94.6	2.2	6.3	6.3	
Fee-for-Service Sample	521		199		2.4	7.2	9.1	
PPO Sample	2,907		1,180		2.0	6.3	5.6	

Total number of neck and back procedures (with and without fusion) performed in 2005. Procedure rate per 10,000 members, adjusted for patient risk factors. Number of decompression procedures performed with fusion in 2005. 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.



Percent of Complications, Statistical Rating

The difference between 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.	438	78.5	1.8	4.7	4.7	⊙
First Priority Health	124	93.5	1.5	5.9	8.0	⊙
Geisinger Health Plan	180	65.0	1.6	5.8	7.8	⊙
HealthAmerica & HealthAssurance	654	64.7	1.6	6.4	3.1	○
Keystone Health Plan Central	162	59.3	1.7	5.9	7.3	⊙
Keystone Health Plan East	416	91.6	1.8	4.8	4.7	⊙
Keystone Health Plan West	756	89.7	1.7	6.1	7.6	⊙
UPMC Health Plan	332	84.3	1.6	6.0	6.8	⊙
HMO State Total/Average	3,062	79.5	1.6	5.7	5.9	
Fee-for-Service Sample	322		1.4	7.1	5.0	
PPO Sample	1,727		1.6	5.8	6.2	

Number of decompression procedures performed without fusion in 2005.

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.

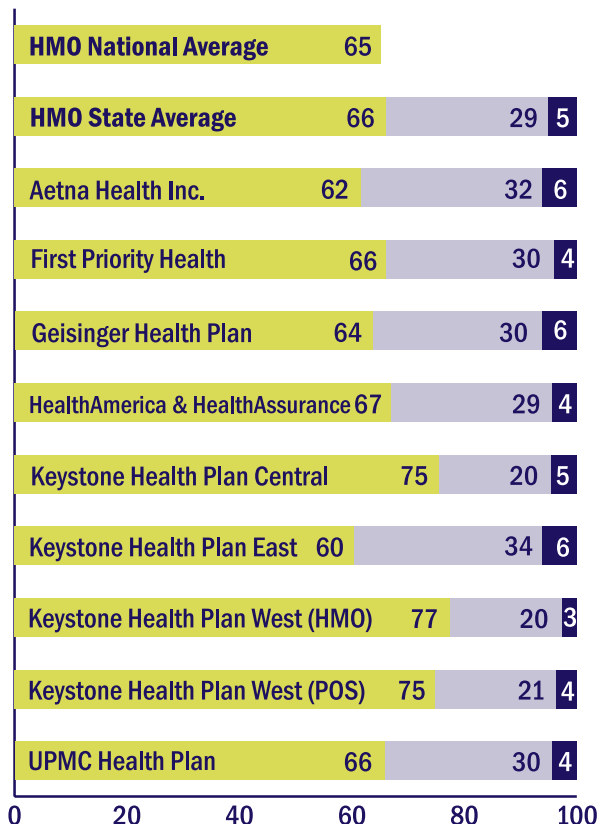
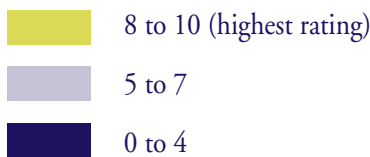
Member Satisfaction

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 2005. 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

How would you rate your health plan?

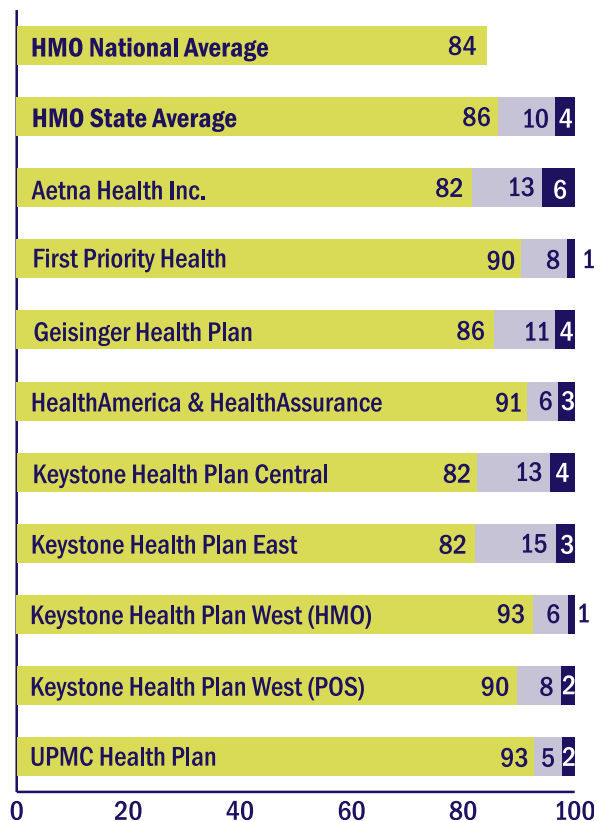
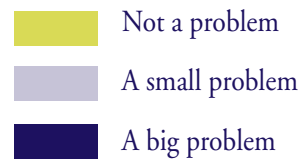
Percent who gave their plan a rating of:



Getting Needed Care

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

Percent who answered:



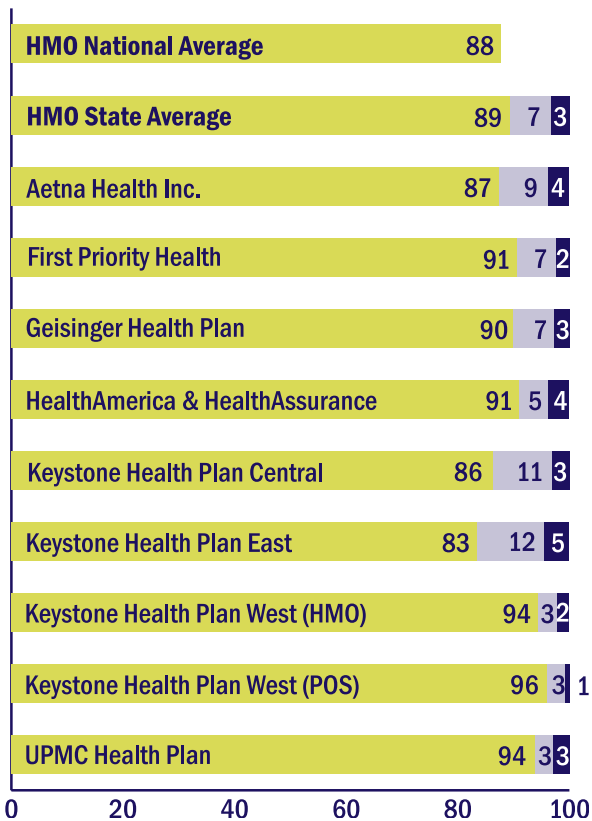
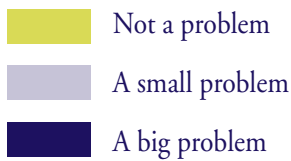
Note: Numbers may not add up to 100% due to rounding.



Getting Approvals from the HMO

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

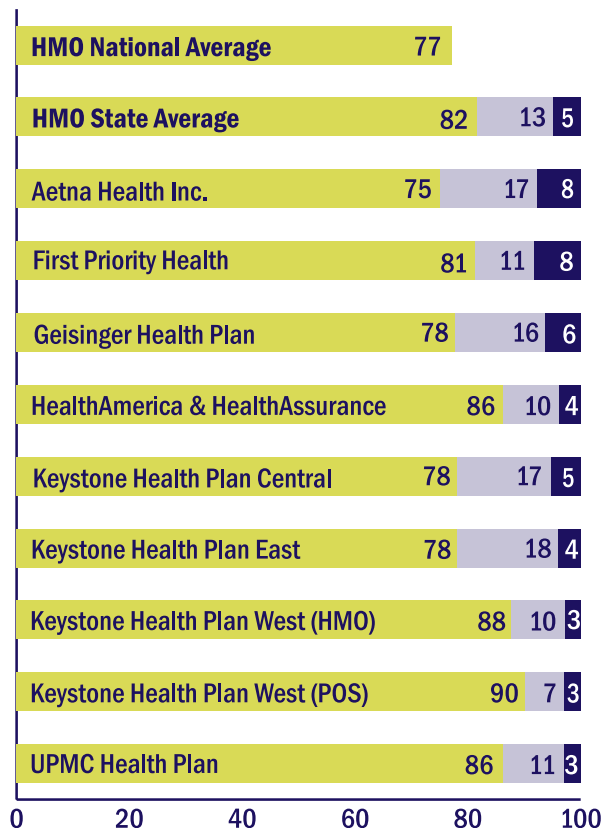
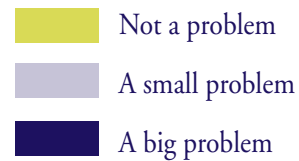
Percent who answered:



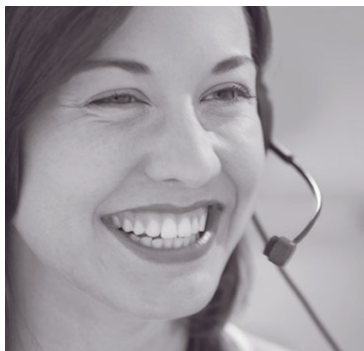
Seeing a Specialist

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

Percent who answered:



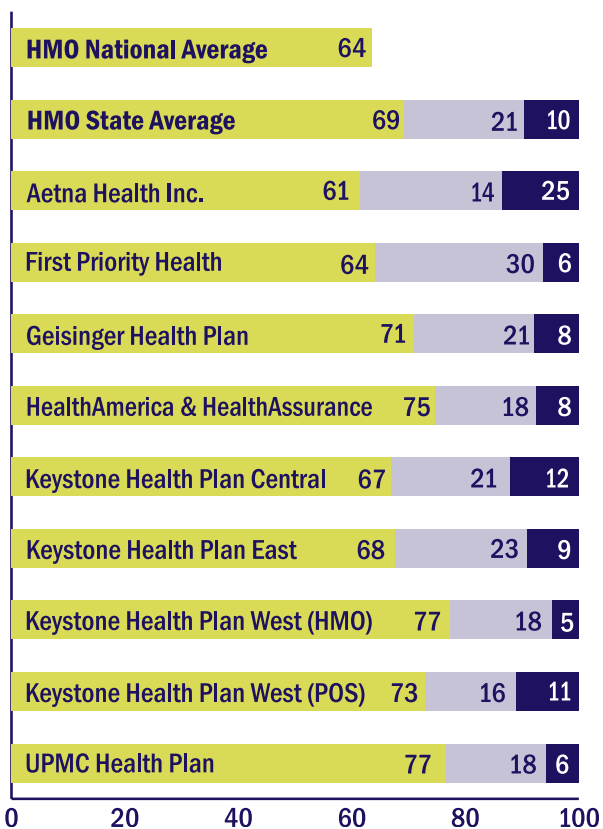
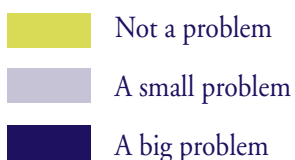
Member Satisfaction



Getting Help from Customer Service

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

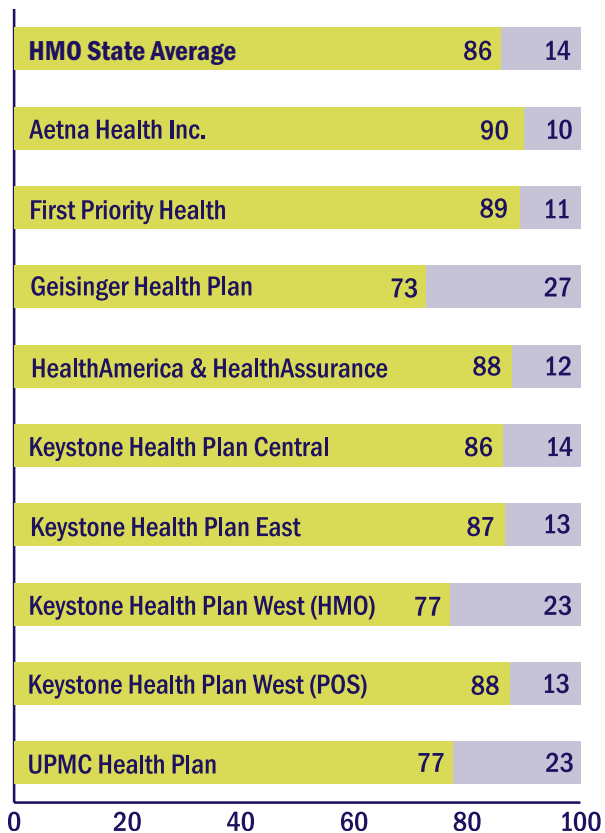
Percent who answered:



Complaints Settled to Satisfaction

Was your complaint or problem settled to your satisfaction?

Percent who answered:



About the Data

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

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

PHC4 compiles "expected" rates for many of the measures in this report based on a complex mathematical formula that assesses the degree of illness or risk for patients. In other words, HMOs that have sicker members or a higher percentage of high-risk members are given "credit" in the formula; more patients can be expected to be admitted to the hospital, have longer lengths of stay, 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.

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	✓		✓	✓			✓	✓

☐ Only Self-Insured and Managed Choice Plans are offered in these counties.

* Partial Coverage is offered in these counties.

	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
Juniata			✓	✓	✓			
Lackawanna	<input type="checkbox"/>	✓	✓	✓				
Lancaster	✓		✓	✓	✓			
Lawrence	✓			✓			✓	✓
Lebanon	✓		✓	✓	✓			
Lehigh	✓		✓	✓	✓			
Luzerne	<input type="checkbox"/>	✓	✓	✓				
Lycoming	<input type="checkbox"/>	✓	✓	✓				
McKean				✓			✓	✓
Mercer	✓			✓			✓	✓
Mifflin			✓	✓	✓			
Monroe	✓	✓	✓	✓				
Montgomery	✓			✓		✓		
Montour			✓	✓	✓			
Northampton	✓		✓	✓	✓			
Northumberland	<input type="checkbox"/>		✓	✓	✓			
Perry	✓		*	✓	✓			
Philadelphia	✓			✓		✓		
Pike	<input type="checkbox"/>	✓	✓	✓				
Potter			*				✓	✓
Schuylkill	✓		✓	✓	✓			
Snyder	<input type="checkbox"/>		✓	✓	✓			
Somerset	✓			✓			✓	✓
Sullivan	<input type="checkbox"/>	✓	✓					
Susquehanna	<input type="checkbox"/>	✓	✓	✓				
Tioga		✓	✓					
Union			✓	✓	✓			
Venango				✓			✓	✓
Warren				✓			✓	✓
Washington	✓			✓			✓	✓
Wayne	<input type="checkbox"/>	✓	✓	✓				
Westmoreland	✓			✓			✓	✓
Wyoming	<input type="checkbox"/>	✓	✓	✓				
York	✓		✓	✓	✓			

HMO Information

Health Plan	Line of Business	Accreditation Status	Telephone Number	Web Site
Aetna Health Inc.	HMO and Point-of-Service	Excellent	1-800-991-9222	www.aetna.com
CIGNA Healthcare of PA	HMO and Point-of-Service	Excellent	1-800-244-6224	www.cigna.com/health
First Priority Health	HMO and Point-of-Service	Excellent	1-800-822-8753	www.bcnepa.com
Geisinger Health Plan	HMO and Point-of-Service	Excellent	1-800-631-1656	www.thehealthplan.com
HealthAmerica and HealthAssurance, Pennsylvania	HMO and Point-of-Service	Excellent	1-800-788-8445 (Central); 1-800-735-4404 (Pittsburgh)	www.healthamerica.cvty.com
Highmark, Inc. d/b/a Highmark Blue Shield	Point-of-Service	Accredited	1-800-345-3806	www.highmarkblueshield.com
Keystone Health Plan Central	HMO	Excellent	1-800-547-2583	www.capbluecross.com
Keystone Health Plan East	HMO and Point-of-Service	Excellent	1-800-555-1514 (Outside Philadelphia); 1-215-636-9559 (In Philadelphia)	www.ibx.com
Keystone Health Plan West	HMO and Point-of-Service	Excellent	1-800-386-4944; 1-800-350-4130 (PEBTF)	www.highmarkbcbs.com
UPMC Health Plan	HMO and Point-of-Service	Excellent	1-888-876-2756	www.upmchealthplan.com



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