



Our mission is to improve the health and quality of life of our members.

2010 Health Outcomes and 2011 Member Satisfaction



MEDICAID HMO
SEPTEMBER 2011



2011

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Executive Summary

Passport Health Plan's mission is to improve the health and quality of life of our members and this is the Plan's top priority. The approach to this priority is multifaceted and includes activities in clinical and service areas that support ongoing development of partnerships with the Plan's participating practitioners. As in the past, provided is an annual summary of the 2010 health outcomes and 2011 member satisfaction results, analysis and Interventions.

Health outcomes were assessed through the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) 2011. Member satisfaction was assessed through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). The scope of the NCQA HEDIS Compliance Audit™ includes the following domains: Effective of Care, Access/Availability of Care, Satisfaction with the Experience of Care, Use of Services, Cost of Care, Health Plan Descriptive Information, Health Plan Stability, and Informed Healthcare Choices. Passport Health Plan has undergone a full audit. The measures included in the document were deemed reportable according to the NCQA HEDIS Compliance Audit™ standards.

While the Plan continues to assess its results against the Quality Compass® Mean, the Quality Compass® 90th percentile benchmark is used as the ultimate goal. This threshold represents the "best of the best" Medicaid plans reporting to NCQA. For calendar year 2010 results, Passport Health Plan exceeded the Medicaid mean for 84 percent of the health outcomes measures with identified benchmarks.

In addition, the Plan exceeded the Medicaid mean for 78 percent of the adult member satisfactions measures with identified benchmarks. NCQA does not publish benchmarks for the child survey.

Passport Health Plan recognizes the results from both of these initiatives as success measures for our mission of improving the health and quality of life of our members. It is through these and other quality improvement activities that Passport Health Plan is better able serve the needs of our members and providers.

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Prevention and Screening

ADULT BMI ASSESSMENT

DESCRIPTION

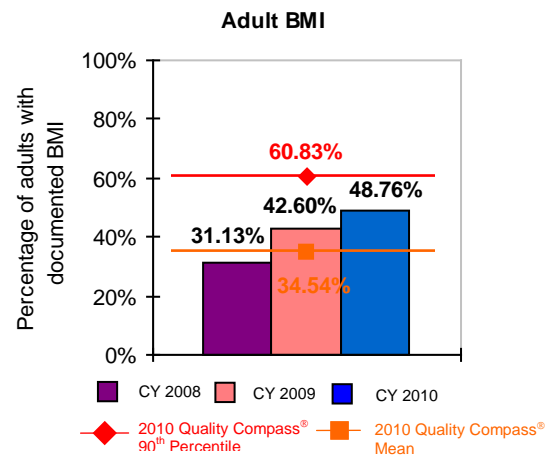
The denominator for Adult Body Mass Index (BMI) includes members 18 through 74 years of age, who were continuously enrolled during the measurement year and the year prior. The numerator includes those who had an outpatient visit and who had their BMI documented during the measurement year or the year prior.

FINDINGS

Calendar year 2010 results increased 6.16 percentage points when compared to calendar year 2009 results.

INTERVENTIONS

- Collaborate with internal disease management programs to integrate information regarding a healthy diet and exercise to manage risk factors for and prevention of chronic illness.
- Promote Louisville Metro's Public Health & Wellness class schedule, which includes a class for nutrition basics.
- Increase provider awareness and adherence to the Plan's Adult Preventive Health Guidelines and the need to perform a BMI on members during outpatient visits by posting current guidelines on the Plan's web site, Medical Office Note (MON) to those providers identified as not performing a BMI, and through Provider Relations site visits.
- Increase member awareness regarding the importance of physical activity/exercise, weight maintenance, and a healthy diet through face to face outreach, on hold messages, the Plan's web site, and member educational mailings, and education via a local television station.



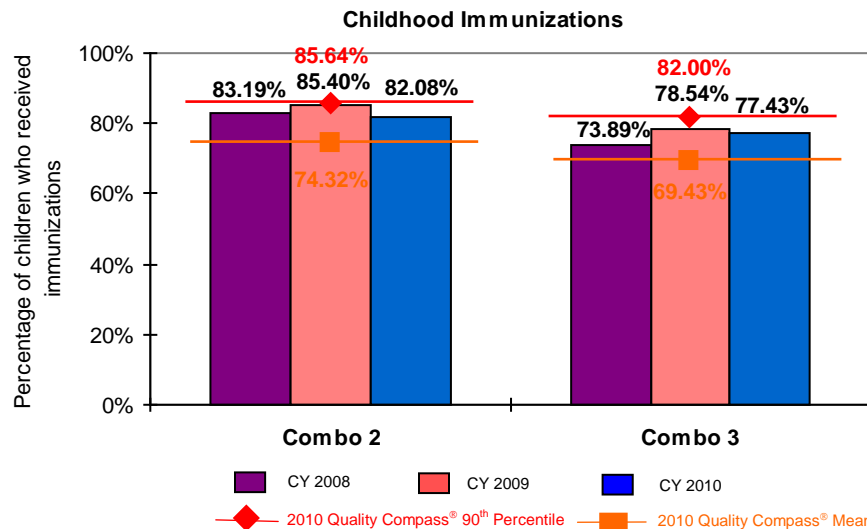
Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 445 adult records with 217 numerator events.

CHILDHOOD IMMUNIZATIONS STATUS

DESCRIPTION

The denominator for the childhood immunizations includes those children who turned two years old during the measurement year, who were continuously enrolled for 12 months prior to their second birthday. The numerator includes those who received four diphtheria, tetanus and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three H influenza type B (HIB), three hepatitis B, one chicken pox (VZV), four pneumococcal, two hepatitis A, two or three rotavirus, and two influenza conjugate vaccines by their second birthday.

FINDINGS



Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 452 childhood records. Combo 2 had 371 numerator events and Combo 3 had 350 numerator events.

Calendar year 2010 results for childhood immunizations demonstrated a decrease in Combo 2 results by 3.32 percentage points. Combo 3 results, when compared to calendar year 2009, decreased by 1.11 percentage points. Both rates surpassed the 2010 Quality Compass® Mean.

INTERVENTIONS

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) services including participation and screening rates for members assigned to their panel.
- Distribute revised Screens Due reports to providers on a monthly basis. The revised reports will capture immunizations due utilizing the defined periodicity schedule.
- Strengthen collaboration with the Head Start/Early Head Start programs to identify members delinquent in childhood immunizations and assist both the Program and members to schedule visits appropriately.
- Investigate feasibility of using member incentives to improve immunization rates.
- Increase provider awareness of the Vaccines for Children Program during new provider orientation.
- Increase member and caregiver awareness regarding the importance of preventive care and immunizations through face to face outreach, on hold messages, the Plan's web site, and member educational mailings, and education via a local television station.
- Increase community initiatives related to EPSDT outreach and education through planning and hosting events.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

IMMUNIZATIONS FOR ADOLESCENTS

DESCRIPTIONS

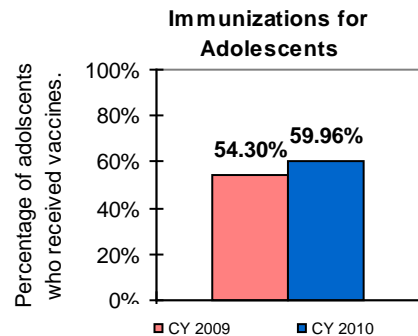
The denominator for immunizations for adolescents includes adolescents who turned 13 years of age during the measurement year and were continuously enrolled for 12 months prior to their 13th birthday. The numerator includes adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

FINDINGS

Calendar year 2010 results increased 5.66 percentage points above 2009 baseline results.

INTERVENTIONS

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing EPSDT services including participation and screening rates for members assigned to their panel.
- Distribute revised Screens Due reports to providers on a monthly basis. The revised reports will capture immunizations due utilizing the defined periodicity schedule.
- Investigate feasibility of using member incentives to improve immunization rates.
- Increase provider awareness of the Vaccines for Children Program during new provider orientation.
- Investigate feasibility of implementing outbound automated call technology reminders.
- Increase member and caregiver awareness regarding the importance of preventive care and immunizations through face to face outreach, on hold messages, member newsletters, the Plan's web site, and member educational mailings and education via a local television station.
- Increase community initiatives related to EPSDT outreach and education through planning and hosting events in 2011.
- Collaborate with community agencies that provide services to families with children for outreach effort enhancement.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach



Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 452 records with 271 numerator events.

LEAD SCREENING IN CHILDREN

DESCRIPTIONS

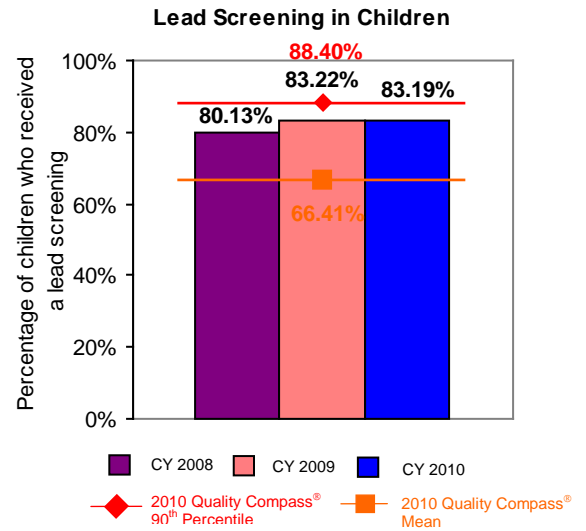
The denominator for lead screening includes children who turned two years of age during the measurement year and who were continuously enrolled for 12 months prior to their second birthday. The numerator includes those who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

FINDINGS

Calendar year 2010 results decreased by 0.03 percentage point when compared to calendar year 2009 results. Lead Screening results exceeded the Quality Compass® Mean.

INTERVENTIONS

- Collaborate with Provider Relations to educate providers on risk factors associated with lead exposure and testing at age appropriate intervals.
- Distribute revised Screens Due reports to providers on a monthly basis. The revised reports will capture screenings due utilizing the defined periodicity schedule.
- Collaborate with the Department of Public Health Childhood Lead Poisoning Prevention Program to educate members regarding the importance of lead screening.
- Increase member awareness regarding the importance of lead screening, the signs and symptoms of lead poisoning, and potential risks of lead poisoning through face to face outreach, on hold messages, member newsletters, the Plan's web site, member educational mailings, and education via a local television station.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach



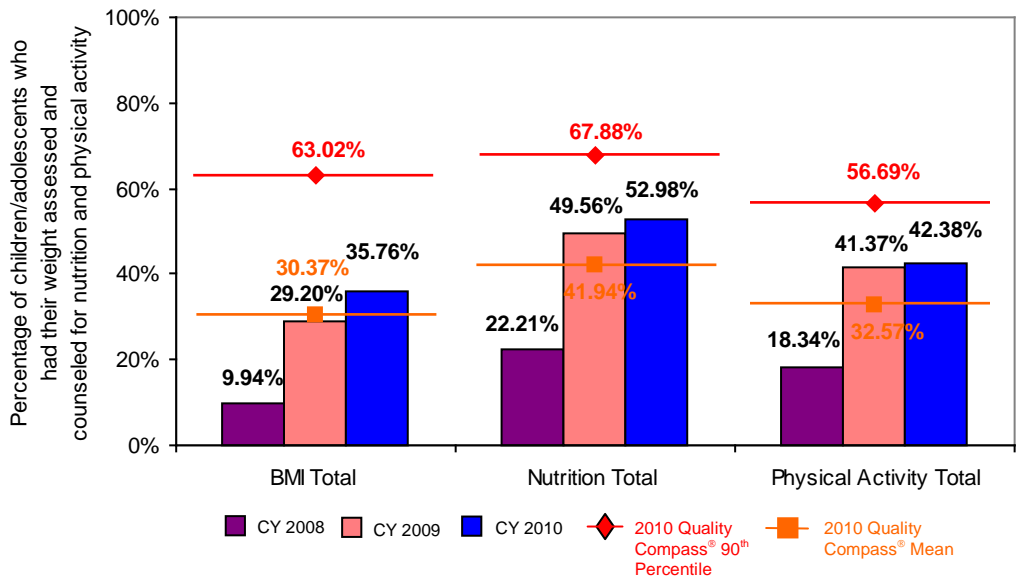
Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 452 childhood records with 376 numerator events.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS

DESCRIPTION

The denominator for this measure includes members between the ages of 3-17 years who were continuously enrolled during the measurement year. The numerator includes those who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

**Weight Assessment & Counseling for
Nutrition and Physical Activity for Children/Adolescents**



Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 453 childhood/adolescent records pulled from the measure's eligible populations. Numerator events are as follows: BMI Total 162, Counseling for Nutrition Total 240, and Counseling for Physical Activity Total 192.

FINDINGS

Calendar year 2010 results for all three measures increased when compared to 2009 results. These measures increased by the following percentage points: BMI 6.56, counseling for nutrition 3.42, and counseling for physical activity 1.01.

INTERVENTIONS

- Increase provider awareness and adherence to the Plan's Child and Adolescent Preventive Health Guidelines, the need to perform a BMI and counsel regarding nutrition and physical activity (during member's outpatient visits) by posting current guidelines on the Plan's web site, providing education via MONs to those providers identified as not performing a BMI, and through Provider Relations site visits.
- Coordinate Passport Health Plan's (PHP) Louisville Youth Training Center Childhood Obesity Program (LYTC COP) to provide fitness and nutrition training to plan members.
- Collaborate with Jefferson County Public Schools Head Start Program to develop healthy nutrition guidelines and implement physical activity in the schools
- Increase member awareness regarding the importance of physical fitness and a healthy diet through face-to-face outreach, telephonic outreach, the Plan's web site, and member newsletters articles, and education via a local television station.
- Increase community awareness regarding the importance of physical fitness and a healthy diet through:
 - Planning and hosting events in 2011, including "Healthy Hoops". "Healthy Hoops" uses basketball as a platform to teach the importance of regular exercise and nutrition in maintaining a healthy lifestyle.
 - Participating in the Mayor's Healthy Hometown School Committee, which provides education and support to teachers and students regarding the importance of physical fitness and proper nutrition.

- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach

Women’s Health Care

BREAST AND CERVICAL CANCER SCREENING

DESCRIPTIONS

The denominator for breast cancer screening includes women 42 through 69 years of age, who were continuously enrolled during the measurement year and the year prior. The numerator includes those who received one or more mammograms during the measurement year or the year prior.

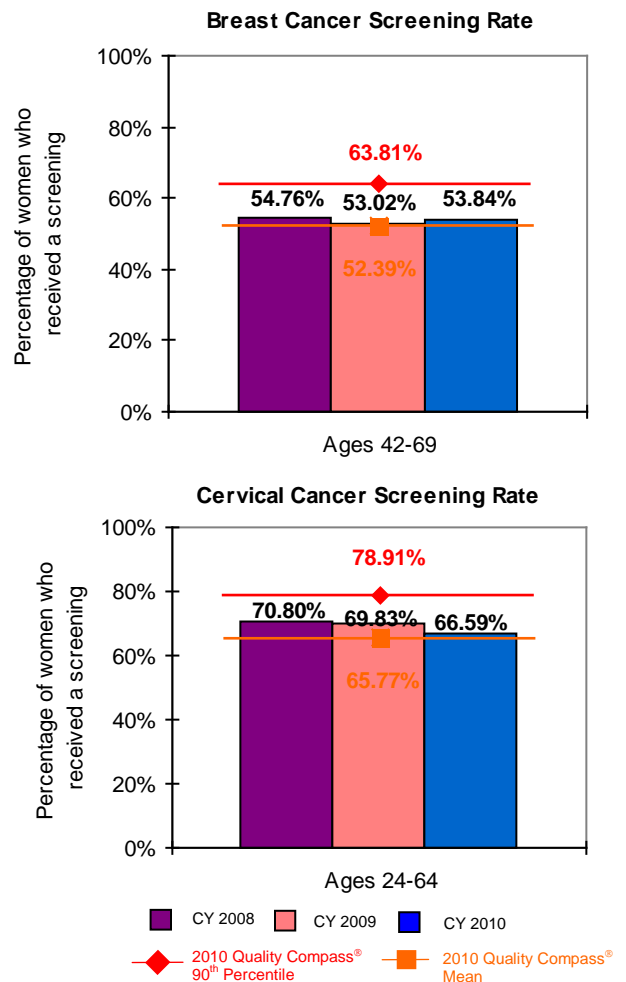
The denominator for cervical cancer screening includes women 24 through 64 years of age, who were continuously enrolled during the measurement year. The numerator includes those who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

FINDINGS

For calendar year 2010, breast cancer screening results demonstrated a 0.82 percentage point increase. The cervical cancer screening result demonstrated a decreased 3.24 percentage points. Both measures exceeded the 2010 Quality Compass® Means.

INTERVENTIONS

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing the percentage of members who receive a screening at age appropriate intervals.
- Investigate feasibility of incentivizing female members to obtain a mammogram or cervical cancer screening.
- Distribute quarterly provider reports to PCPs identifying members delinquent for screenings.
- Assist providers with scheduling the member's appointment, and attending events to provide face-to-face education regarding preventive health benefits.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate breast and



Please note: For calendar year 2010, breast cancer screening data in the top graph reflects an eligible population of 7,766 members with 4,181 numerator events. Cervical cancer screening measure data in the lower graph is reflective of a systemic sample of 440 records with 293 numerator events.

cervical cancer screenings.

- Increase facility awareness of the Plan's open access benefits by collaborating with mobile mammography units to host dedicated mammography and cervical cancer screening days for Passport Health Plan members.
- Distribute participating mammography facilities and mobile mammography unit schedules, with contact information, to providers to utilize as an educational tool for members on their panel in need of a mammogram or cervical cancer screening.
- Collaborate with Public Affairs to host an educational event specifically for females.
- Increase provider awareness and adherence to the Plan's Adult Preventive Health Guidelines regarding breast and cervical cancer screenings by posting current guidelines on the Plan's web site and MON.
- Increase member awareness regarding the importance of preventive health screenings through:
 - Maintain a Women's Screening calls database for targeted member outreach to those meeting screening criteria, in addition to utilizing outbound telephonic technology for outreach.
 - Distributing multi-lingual reminder postcards biannually to those women identified as needing a breast or cervical cancer screening with contact numbers for assistance with scheduling an appointment.
 - Maintaining member educational material on the Plan's web site including a list of all participating mammography facilities and the mobile mammography unit schedules and contact information.
 - Education via a local television station.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

CHLAMYDIA SCREENING IN WOMEN

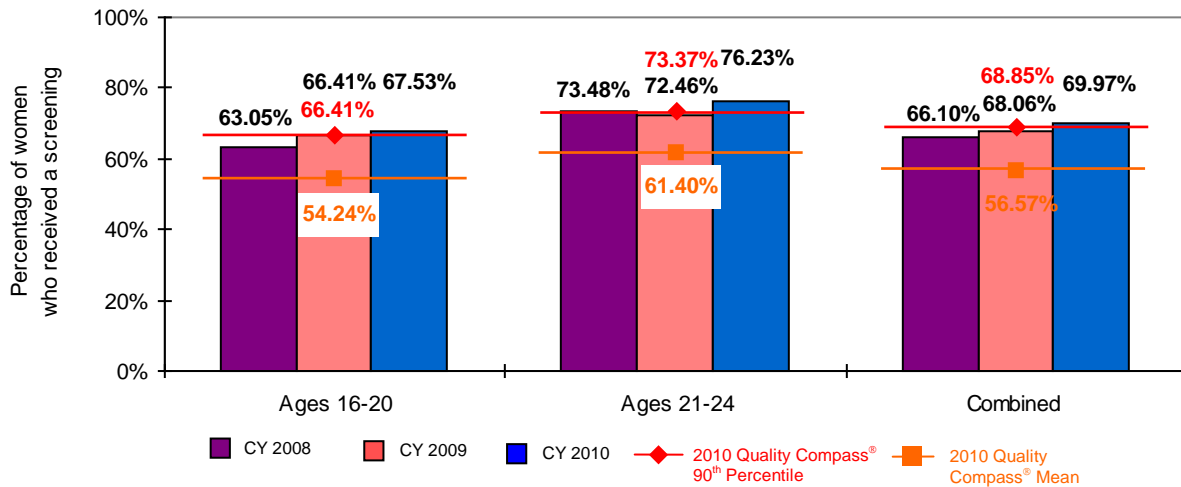
DESCRIPTIONS

The denominator for Chlamydia screening includes women age 16 through 24 years identified as sexually active, who were continuously enrolled during the measurement year. The numerator includes those who received at least one test for chlamydia during the measurement year.

Note: For HEDIS 2010, the denominator for the eligible population changed from 16 through 25 to 16 through 24 years of age.

FINDINGS

Chlamydia Screening in Women



Please note: For calendar year 2010, the chlamydia screening data in the above graph reflects a total eligible population of 5,068 members with 3,546 total numerator events.

Calendar year 2010 results for ages 16-20 increased 1.12 percentage points and ages 21-24 increased 3.77 percentage points from the previous year results. The combined rate for calendar year 2010 increased by 1.91 percentage points. All three rates exceeded the Quality Compass® 90th percentile.

INTERVENTIONS

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing the percentage of members who receive a screening at age appropriate intervals.
- Distribute quarterly provider reports to PCPs identifying members delinquent for screenings.
- Collaborate with the local health departments to submit lab results on screenings performed.
- Collaborate with Public Affairs to host an educational event specifically for females.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate chlamydia screenings.
- Increase provider awareness and adherence to the Plan's Adult Preventive Health Guidelines and the need to perform Chlamydia Screening for members identified as sexually active by posting current guidelines on the Plan's web site.
- Increase member awareness regarding the importance of Chlamydia screening by providing education through:
 - Maintain a Women's Screening calls database for targeted member outreach to those meeting screening criteria, in addition to utilizing outbound telephonic technology for outreach.
 - Distribute multi-lingual reminder postcards biannually to those women identified as needing a cervical cancer screening which contains information regarding the importance of Chlamydia Screening.
 - Distribute a targeted brochure for teens regarding sexual activity and appropriate screenings (including Chlamydia) at health fairs and events, including Back to School events, and via individual mailings to age appropriate members identified through the EPSDT program.

- Face-to-face outreach, telephonic outreach, on-hold messages, the Plan's web site, and member newsletters articles.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach

Respiratory Conditions

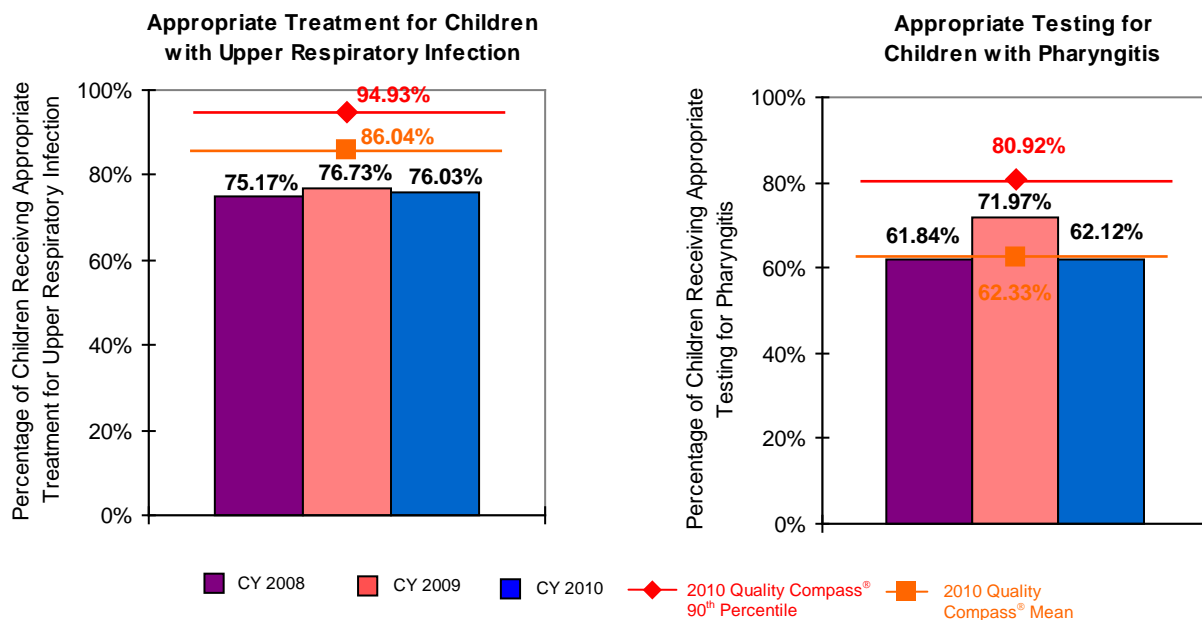
APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION AND TESTING FOR PHARYNGITIS

DESCRIPTION

The denominator for Appropriate Treatment for Children with Upper Respiratory Infection (URI) includes members 3 month to 18 years of age who were given a diagnosis of URI and were continuously enrolled 30 days prior to the episode date through three days after the episode date (inclusive). The numerator includes those who were diagnosed with URI and were not dispensed an antibiotic prescription on or within three days after the episode date.

The denominator for Appropriate Testing for Children with Pharyngitis includes members 2 through 18 years of age who were diagnosed with pharyngitis and were continuously enrolled 30 days prior to the episode date through three days after the episode date (inclusive). The numerator includes those who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode.

FINDINGS



Please note: For calendar year 2010, the URI data in the above graph reflects a total eligible population of 10,001 members with 2,397 total numerator events. The pharyngitis data in the above graph reflects a total eligible population of 7,312 members with 4,542 total numerator events.

The URI calendar year 2010 results decreased 0.70 percentage points below 2009 results.

The pharyngitis calendar year 2010 results decreased 9.85 percentage points below 2009 results.

INTERVENTIONS

- Identify members who were diagnosed with pharyngitis and/or URI who did not receive appropriate treatment and provide individual education to the member's primary care provider (PCP).
- Evaluate use of Current Procedural Terminology (CPT) codes accepted by HEDIS® for group A streptococcus test.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate testing for pharyngitis and treatment of URI.
- Increase provider site visits conducted by the CHOICES consultant, a pharmacist, to provide education regarding appropriate prescribing of antibiotics.
- Increase provider awareness of the appropriate treatment of children with upper respiratory infections through the distribution of clinical practice guidelines on the Plan's web site and MONs.
- Increase member and caregiver awareness regarding the appropriate treatment of children with upper respiratory infections by providing member/caregiver education through telephonic outreach, member newsletters, on-hold messages, and member educational material.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

DESCRIPTION

The denominator includes members 18 to 64 years of age who were diagnosed with acute bronchitis and were continuously enrolled one year prior to the episode date through seven days after the episode date (inclusive). The numerator includes those who were diagnosed with acute bronchitis and were not dispensed an antibiotic prescription on or within three days after the episode date.

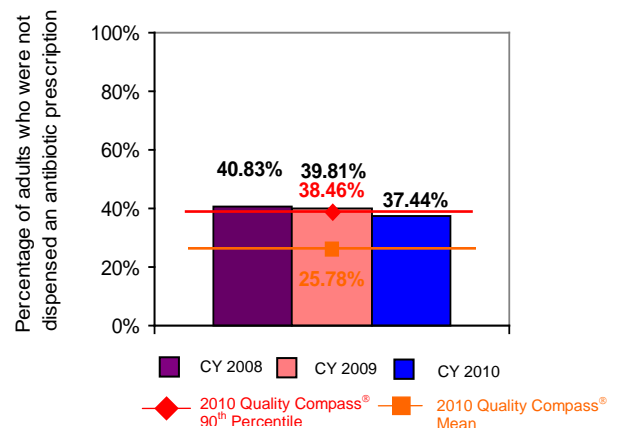
FINDINGS

When compared to 2009 results, calendar year 2010 results decreased by 2.37 percentage points. However, 2010 results continue to exceed the 2010 Quality Compass® Mean.

INTERVENTIONS

- Increase provider site visits conducted by the CHOICES consultant, a pharmacist, to provide education on appropriate antibiotic use.
- Educate provider on appropriate treatment guidelines via MONs.
- Identify and educate providers non-compliant with treatment guidelines.
- Increase member awareness and understanding of the appropriate treatment of acute bronchitis

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis



Please note: For calendar year 2010, the data in the above graph reflects a total eligible population of 1,095 members with 685 total numerator events.

through member newsletters, on-hold messages, member educational material, and education via a local television station.

- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members diagnosed with acute bronchitis who were not dispensed an antibiotic prescription.

USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD

DESCRIPTION

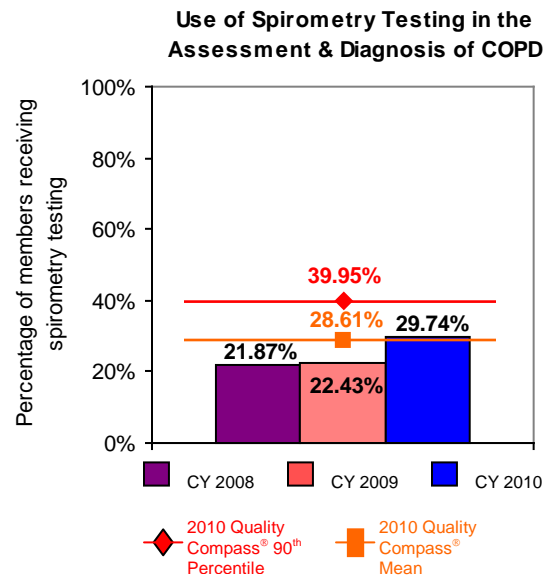
The denominator includes members 40 years of age and older with a new diagnosis or newly active Chronic Obstructive Pulmonary Disease (COPD) who were continuously enrolled 730 (2 years) prior to the episode date through 180 days after the episode date. The numerator includes members who received appropriate spirometry testing in the two years prior to the Index Episode Start Date (IESD) to 180 days after the IESD to confirm the diagnosis.

FINDINGS

When compared to 2009 results, calendar year 2010 results increased by 7.31 percentage points and exceeded the Quality Compass® Mean.

INTERVENTIONS

- Distribute quarterly provider report identifying members needing a spirometry test.
- Identify members who were diagnosed with COPD who did not receive a spirometry test and provide individual education to the member's PCP.
- Collaborate with home health agencies to provide in home spirometry testing to members diagnosed with COPD identified as needing a spirometry test.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate testing in the assessment and diagnosis of COPD.
- Increase member awareness regarding the appropriate diagnosis and treatment for persons with COPD through:
 - Conducting face-to-face and telephonic outreach.
 - Attending support groups for members with COPD.
 - Sending member newsletters and member educational material.
 - Distributing the comprehensive COPD educational booklet to members with COPD
 - Posting COPD information on the Plan's web site.
 - Education via a local television station.
- Distribute educational materials during health fairs and events to increase community awareness regarding the appropriate diagnosis and treatment for persons with COPD.
- Post the Plan's COPD Clinical Practice Guidelines on the Plan's web site and distribute during Provider Relations site visits to increase provider awareness regarding the appropriate diagnosis and treatment for persons with COPD.



Please note: For calendar year 2010, the data in the above graph reflects a total eligible population of 1,039 members with 309 total numerator events.

- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

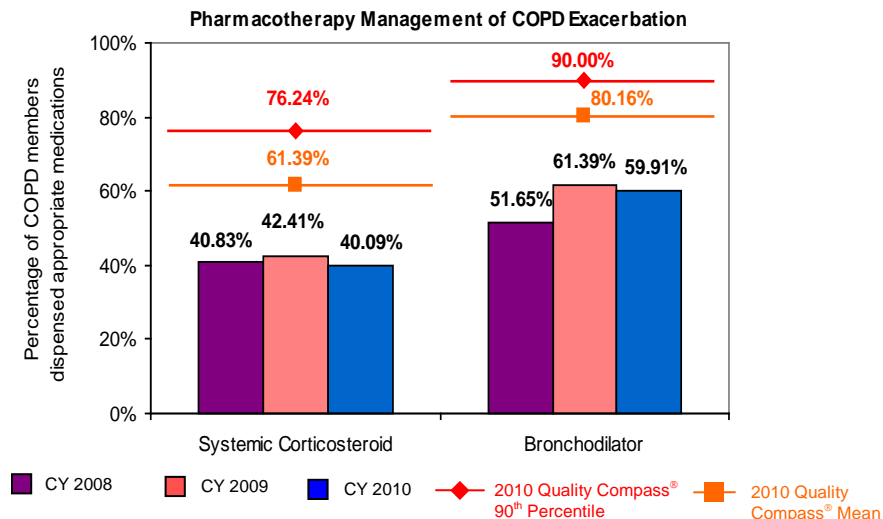
DESCRIPTION

The denominator includes the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) encounter between January 1 through November 30 of the measurement year. The numerator includes members who were dispensed appropriate medications:

- Systemic corticosteroid within 14 days of the event
- Bronchodilator within 30 days of the event

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

FINDINGS



Please note: For calendar year 2010, data in the graph above reflects an eligible population of 848 members. Systemic corticosteroid had 340 numerator events and bronchodilator had 508 numerator events.

Calendar year 2010 results for systemic corticosteroid decreased by 2.32 percentage points, when compared to 2009 results. Calendar year 2010 results for bronchodilator decreased by 1.48 percentage points below 2009 results.

INTERVENTIONS

- Identify members with an inpatient diagnosis of COPD and provide targeted education regarding the importance of appropriate pharmacotherapy management of COPD.
- Conduct routine internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate pharmacotherapy management of COPD exacerbation.

- Distribute educational materials during health fairs and events to increase community awareness regarding the appropriate diagnosis and treatment for persons with COPD.
- Increase collaborative efforts with community partners, providers, and specialists to promote treatment of COPD.
- Post the Plan's COPD Clinical Practice Guidelines on the Plan's web site and distribute during site visits to increase provider awareness regarding the appropriate diagnosis and treatment for persons with COPD through Provider Relations site visits.
- Increase member awareness regarding the appropriate treatment for COPD through:
 - Conduct face-to-face and telephonic outreach.
 - Distribute member newsletters and distribute comprehensive COPD educational booklet to members with COPD.
 - Post COPD information on the Plan's web site.
 - Education via a local television station.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

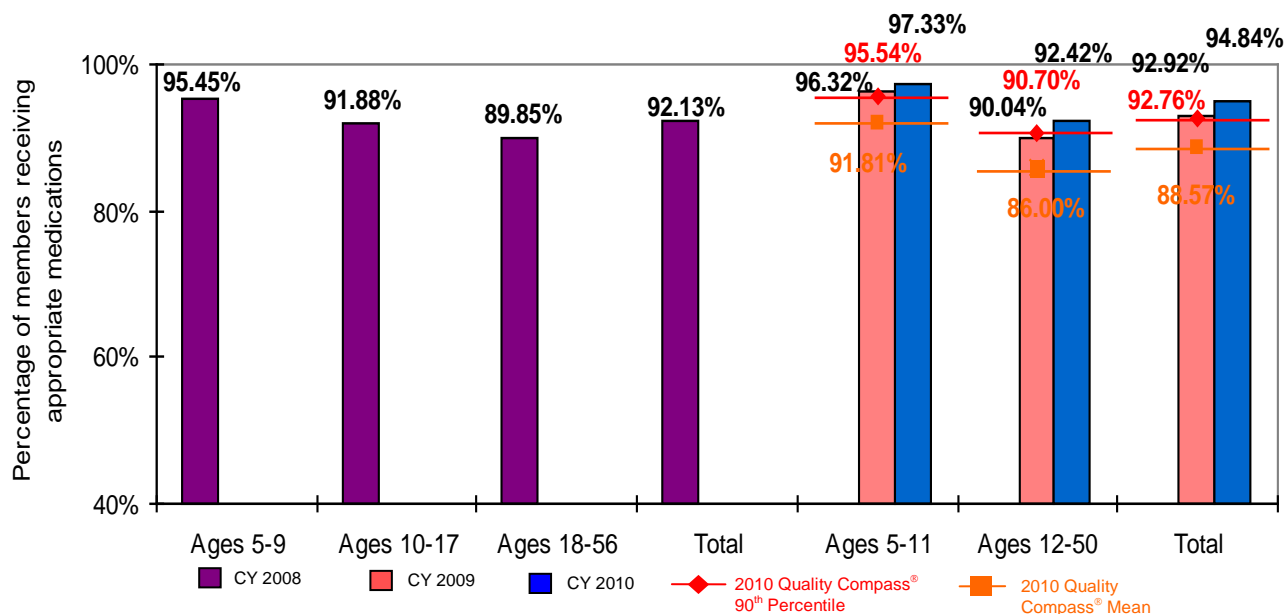
DESCRIPTION

The denominator includes members 5 through 50 years of age, who were continuously enrolled during the measurement year, the year prior and who were identified as having persistent asthma. The numerator includes those who were appropriately prescribed medication during the measurement year, defined as at least one prescription for a preferred therapy: antiasthmatic combinations, antibody inhibitor, inhaled steroid combinations, inhaled corticosteroids, leukotriene modifiers, mast cell stabilizers, methylxanthines during the measurement year.

Note: For HEDIS 2010, the upper age limit for this measure lowered from 56 to 50. The age stratifications were modified to 5-11 years, 12-50 years, and Total.

FINDINGS

Use of Appropriate Medications for People with Asthma



Please note: For calendar year 2010, the data in the above graph reflects a total eligible population of 3,042 members with 2,885 numerator events.

Calendar year 2010 combined results increased by 1.92 percentage points; remaining above the 2010 Quality Compass® Mean and Quality Compass® 90th Percentile.

INTERVENTIONS

- Identify members who have had a lapse in their asthma medication refill pattern and provide targeted outreach.
- Distribute quarterly provider report identifying asthmatic members needing appropriately prescribed medication.
- Facilitate the ad hoc Asthma Advisory Group, which is comprised of treating physicians and specialists, to develop practitioner interventions to promote appropriate care for members with asthma.
- Conduct routine internal workgroup meetings to review the Plan's asthma program interventions and identify opportunities to increase the appropriate use of medications for people with asthma.
- Increase provider awareness of the appropriate treatment for persons with persistent asthma by posting current Asthma Clinical Practice Guidelines on the Plan's web site and distributing during Provider Relations site visits.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
- Increase member and caregiver awareness regarding the appropriate treatment and appropriate self-management skills for persons with persistent asthma through:
 - Distribute the Asthma Control Test to newly diagnosed asthmatic members to assess the control of their asthma.
 - Face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, and member educational material.
- Increase community initiatives related to the treatment of asthma through:

- Host “Healthy Hoops” event in 2012. “Healthy Hoops” is an innovative community-based program designed to teach children with asthma and their families how to properly take their medication and manage their asthma, the most common chronic illness among children in the United States.
- Collaborate with community agencies and statewide initiatives to improve asthma awareness and treatment.

Cardiovascular

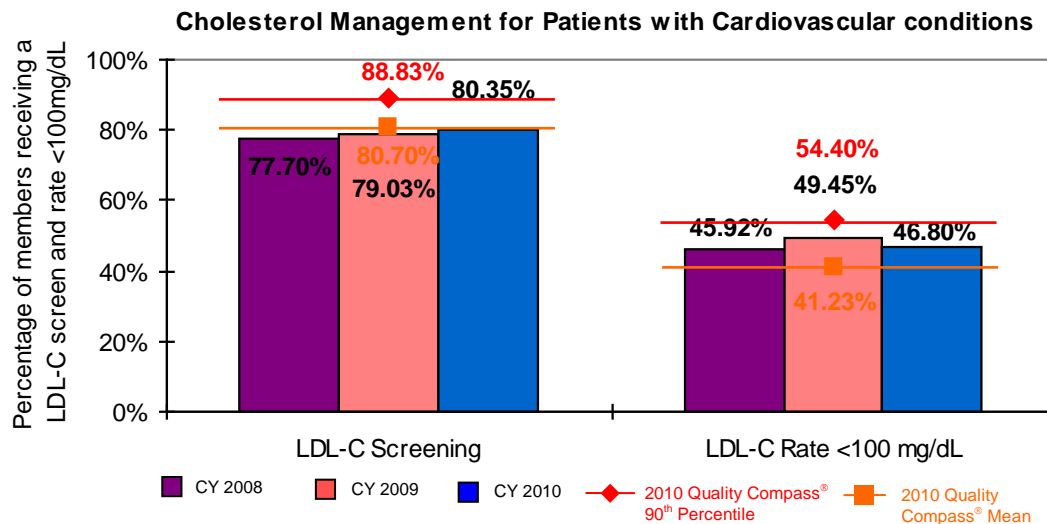
CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

DESCRIPTION

The denominator includes members 18 through 75 years of age, who were continuously enrolled during the measurement year and the year prior, and were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) from January 1 through November 1 of the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease (IVD) during the measurement year and the year prior to the measurement year. The numerator includes those with evidence of LDL-C screening and a screening result of <100 mg/dL.

Note: The term percutaneous transluminal coronary angioplasty (PTCA) was replaced with percutaneous coronary interventions (PCI).

FINDINGS



Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 453 records pulled from the measure’s eligible population of 1,428 members. For LDL-C screening there were 364 numerator events and in LDL-C level <100 mg/dL there were 212 numerator events.

For calendar year 2010, the LDL-C Screening results demonstrated an increase of 1.32 percentage points. The LDL-C rate <100mg/dL decreased by 2.65 percentage points for calendar year 2010 and exceeded the 2010 Quality Compass® Mean.

INTERVENTIONS

- Distribute quarterly provider reports identifying members in need of a cholesterol screening.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive an LDL-C screening and a screening results of <100mg/dL.
- Collaborate with high volume lab providers to receive lab values in an effort to conduct targeted member outreach to those with high LDL values.
- Increase provider awareness of the appropriate treatment for persons with elevated cholesterol, including preferred pharmaceuticals, by posting the Plan's current Risk Reduction for Coronary and Other Vascular Disease Clinical Practice Guidelines on the Plan's web site and MONs.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
- Increase member awareness regarding risk factors associated with high cholesterol, lifestyle changes to modify risks, and appropriate treatment and self-management skills for persons with elevated cholesterol through face-to-face outreach, member newsletters, on-hold messages, the Plan's web site, member educational material, and education via a local television station.
- Increase community awareness regarding risk factors associated with high cholesterol and the importance of lifestyle modification by distributing educational materials at health fairs and events.

CONTROLLING HIGH BLOOD PRESSURE

DESCRIPTION

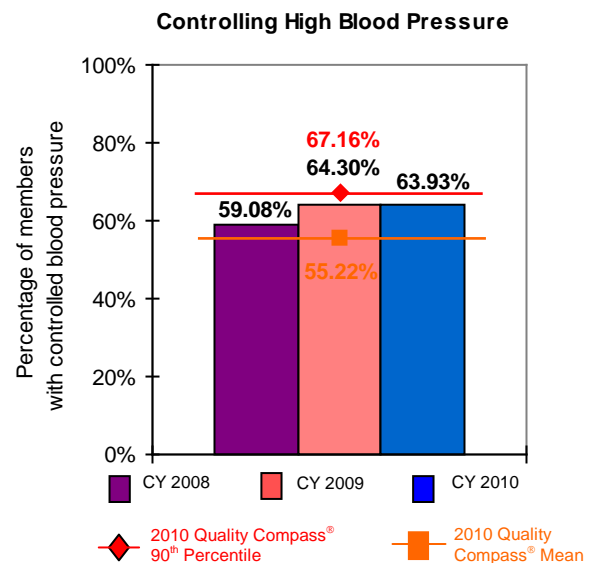
The denominator includes members 18 through 85 years of age with a diagnosis of hypertension as confirmed by chart review and who were continuously enrolled during the measurement year. The numerator includes those identified through chart review with an adequately controlled blood pressure (<140/90).

FINDINGS

For calendar year 2010, results show a decrease of 0.37 percentage point and exceeded the 2010 Quality Compass® Mean.

INTERVENTIONS

- Identify members with a diagnosis of hypertension to provide individualized education regarding the importance of controlling hypertension.
- Continue automated reminder calls to members who are late refilling their antihypertensive medications.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members with adequately controlled blood pressure.
- Increase community awareness regarding risk factors associated with hypertension and the importance of lifestyle modification through:



Please note: For calendar year 2010, data in the graph above is reflective of a systemic sample of 438 records with 280 numerator events.

- Distribute educational materials during health fairs and events.
- Collaborate with community agencies and state-wide initiatives to promote the prevention, awareness, and treatment of heart and stroke disease.
- Increase provider awareness of the appropriate treatment for persons with hypertension, including preferred pharmaceuticals, by posting current Hypertension Clinical Practice Guidelines on the Plan’s web site, and by providing education via MONs.
- Increase member awareness regarding risk factors associated with hypertension, lifestyle changes to modify risks, and appropriate treatment and self-management skill through face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan’s web site, member educational material, and education via a local television station.

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

DESCRIPTION

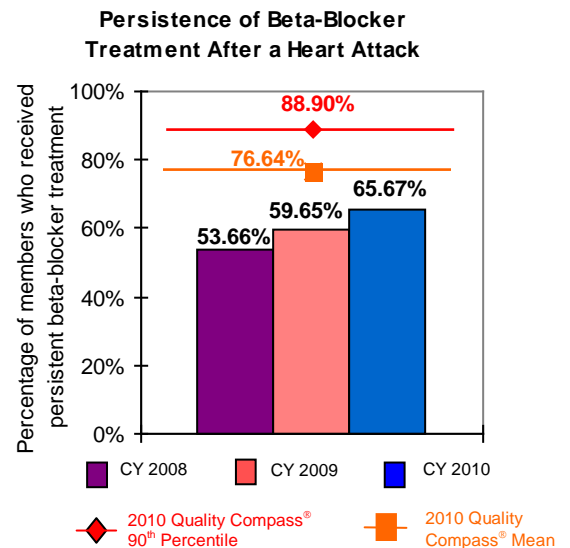
The denominator for the Persistence of Beta-Blocker Treatment After a Heart Attack measure includes members 18 years of age and older during the measurement year and who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of Acute Myocardial Infarction (AMI), who were continuously enrolled from the discharge date through 180 days after discharge. The numerator includes those who received persistent beta-blocker treatment for six months after discharge.

FINDINGS

For calendar year 2010, the results increased by 6.02 percentage points from 2009 results.

INTERVENTIONS

- Utilize onsite RN to review medication orders for members with a heart attack prior to member discharge.
- Identify members with a heart attack and provide targeted education post discharge.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate treatment with Beta-Blocker after heart attack.
- Increase provider awareness of the appropriate treatment with beta-blockers for members who have had heart attacks by posting the Plan’s current Risk Reduction for Coronary and Other Vascular Disease Clinical Practice Guidelines on the Plan’s web site and MONs.
- Increase member awareness regarding the importance of filling all prescriptions and taking all medication as prescribed through targeted telephonic outreach, the Plan’s web site, member educational material, and education via a local television station.



Please note: For calendar year 2010, data in the above graph reflects an eligible population of 67 members with 44 numerator events.

Diabetes

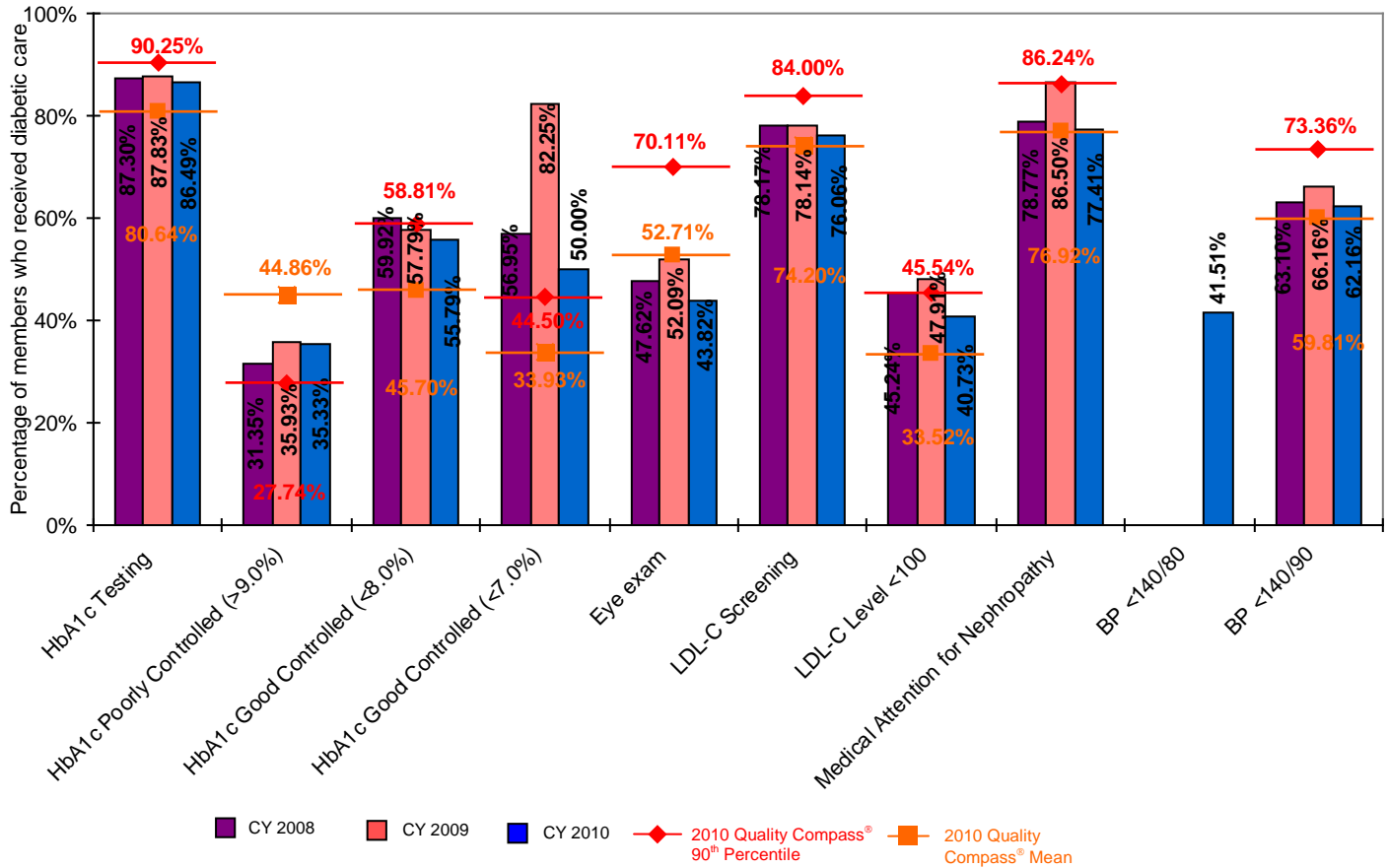
COMPREHENSIVE DIABETES CARE

DESCRIPTION

The denominator for the measure includes members 18 through 75 years of age who were continuously enrolled during the measurement year, with type 1 or type 2 diabetes. The numerators include those who had the following: Hemoglobin A1c (HbA1c) testing, HbA1c poorly controlled (>9.0%), HbA1c good control (<7.0%), HbA1c good control (<8.0%), LDL-C screening, LDL-C controlled (LDL<100mg/dL), eye exam (retinal) performed, medical attention for nephropathy, and blood pressure control of <140/80 mm Hg and <140/90 mm Hg.

Note: In measurement year 2010, NCQA replaced blood pressure control of <130/80 mm Hg with blood pressure control of <140/80 mm Hg.

Comprehensive Diabetes Care



Please note: For calendar year 2010, data in the above graph is reflective of a systemic sample of 518 records pulled from the measure's eligible population of 6,045 members. HbA1c Control <7.0 had a systemic sample of 412 records.

FINDINGS

When comparing calendar year 2010 results against measurement year 2009 results, the following is noted:

HbA1c

- Testing – decrease of 1.34 percentage points and exceeded the 2010 Quality Compass® Mean.
- Poor Control – decrease of 0.60 percentage point and is well below the 2010 Quality Compass® Mean. *This is an inverted rate with a lower rate indicating better performance.*
- Good Control <8.0% – decrease of 2.00 percentage points.
- Good Control <7.0% – decrease of 32.25 percentage points.

Eye Exam – decrease of 8.27 percentage points.

LDL-C

- Screening – decrease of 2.08 and exceeded the 2010 Quality Compass® Mean.
- LDL-C Level < 100mg/dL – decrease of 7.18 percentage points and exceeded the 2010 Quality Compass® Mean.

Medical Attention to Nephropathy – decrease of 9.09 percentage points and exceeded the 2010 Quality Compass® Mean.

Blood Pressure Control

- <140/80 – calendar year 2010 will serve as the baseline year for this measure.
- <140/90 - decrease of 4.00 percentage points and exceeded the 2010 Quality Compass® Mean.

INTERVENTIONS

- Distribute quarterly provider reports identifying diabetic members in need of specific diabetic screenings.
- Collaborate with Block Vision, the Plan's vision subcontractor, to conduct a barrier analysis regarding eye exams.
- Collaborate with Lincoln Trail Health Department in an initiative to improve all diabetic screening measures.
- Outreach to Prevent Blindness KY regarding the process to assist members in obtaining eyeglass hardware.
- Collaborate with high volume lab providers to receive HbA1c and LDL results and conduct member outreach as appropriate.
- Distribute eye care form to participating eye care providers and maintain the Kentucky Diabetes Network provider tool links on the Plan's web site.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive appropriate diabetes related testing and control.
- Increase provider awareness of the appropriate treatment for diabetes by distributing the Plan's current Diabetes Clinical Practice Guidelines through the Plan's web, and by providing education via MONs.
- Increase member awareness regarding the appropriate treatment and appropriate self-management skills for persons with diabetes through:
 - Perform outreach to those members identified as needing a recommended diabetic screen.
 - Distribute reminder postcards biannually to those members identified as needing diabetic screenings.
 - Automated reminder calls to members who are late refilling their medications for diabetes.
 - Face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, member educational material, and education via a local television station.
- Distribute the comprehensive diabetes care booklet to newly diagnosed diabetic members and to members needing additional education.

- Increase community awareness regarding the appropriate treatment and appropriate self-management skills for persons with diabetes by distributing educational materials at health fairs and events.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

Medication Management

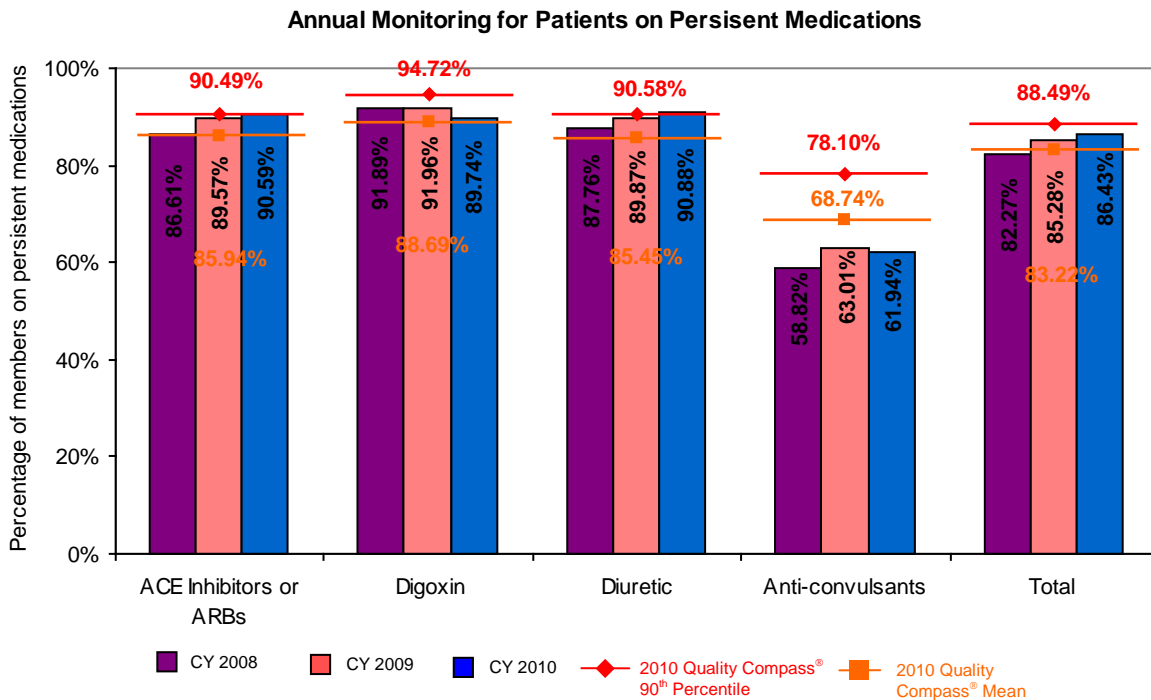
ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

DESCRIPTION

The denominator includes members 18 years of age and older who were continuously enrolled during the measurement year and who received at least 180-days treatment of ambulatory medication therapy for a select therapeutic agent during the measurement year. The numerator includes those who had at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The therapeutic agents include:

- Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Digoxin
- Diuretics
- Anticonvulsants

FINDINGS



Please note: For calendar year 2010, the graph above is reflective of: ACE Inhibitors or ARBs eligible population of 3,200 with 2,899 numerator events, Digoxin eligible population of 117 with 105 numerator events, Diuretics eligible population of 2,862 with 2,601 numerator events, and anti-convulsants eligible population of 1,080 with 669 numerator events. The total eligible population was 7,259 members with 6,274 numerator events.

Monitoring in two of four therapeutic agents demonstrated increases when compared to calendar year 2009. All measures except anticonvulsants exceeded the 2010 Quality Compass[®] Mean. Monitoring of the diuretic and ACE Inhibitors or ARBs agents exceeded the 2010 Quality Compass[®] 90th Percentile.

INTERVENTIONS

- Distribute quarterly provider report identifying members in need of annual monitoring for persistent medications.
- Identify members on persistent medications and provide targeted education to the member and their PCP.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members on persistent medications with obtaining annual monitoring.
- Increase provider awareness of members due appropriate monitoring of these persistent therapeutic agents via CHOICES consultant pharmacist visits.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

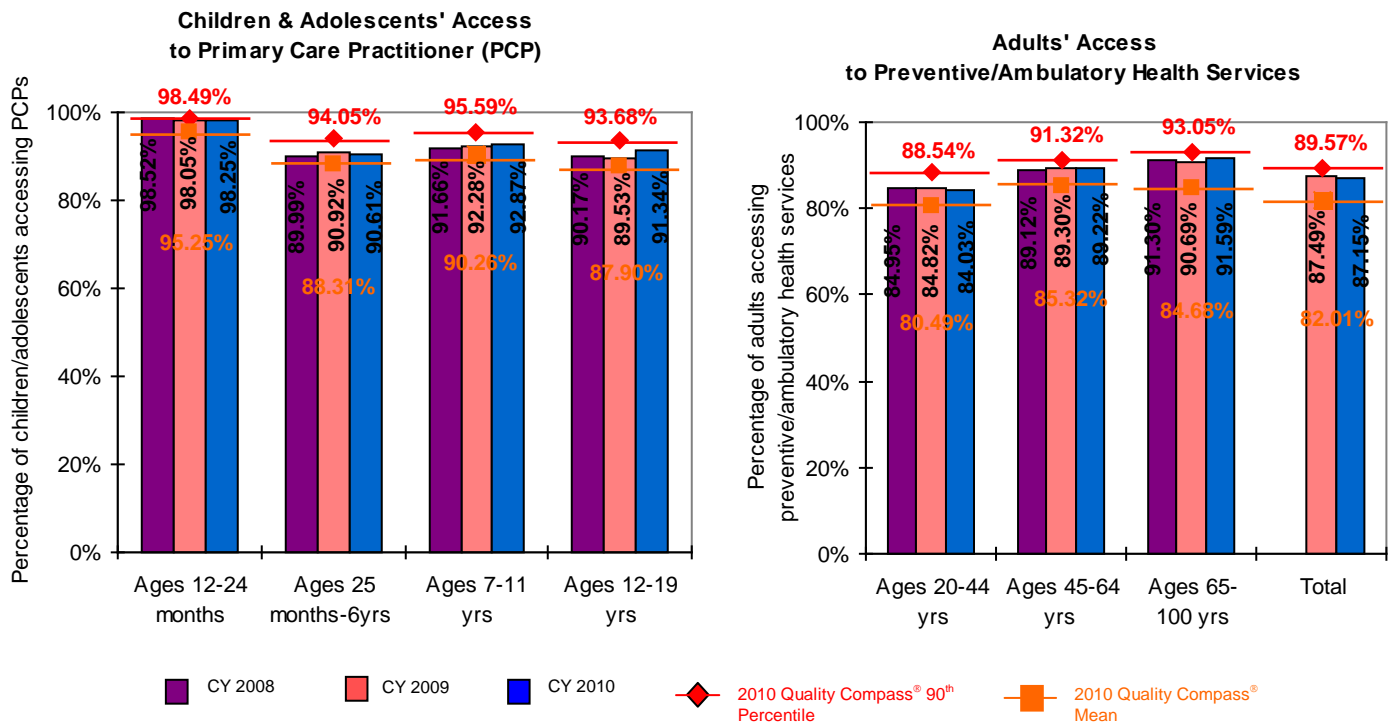
Access/Availability of Care

ACCESS TO CARE

DESCRIPTION

The denominator for children and adolescents' access to PCP includes members 12 months through 19 years of age, who were continuously enrolled during the measurement year. The numerator includes members 12 months – 6 years of age, who had one or more visits with a PCP during the measurement year and 7-19 years of age who had one or more visits with a PCP during the measurement year or the year prior.

The denominator for adults' access to preventive/ambulatory health services measure includes members age 20 through 44, 45 through 64 and 65 years or older who were continuously enrolled during the measurement year. The numerator includes those who received an ambulatory or preventive care visit during the measurement year.



Please note: For calendar year 2010, data in the Children and Adolescents graph is reflective of: ages 12-24 months eligible population 6,397 with 6,285 numerator events; ages 25 months - 6 year old eligible population 25,468 with 23,076 numerator events; ages 7-11 years old eligible population 15,520 with 14,414 numerator events; and age 12-19 years old eligible population 18,207 with 16,630 numerator events. The Adult Access graph is reflective of: 20-44 years old eligible population 14,763 with 12,405 numerator events, 45-64 years eligible population 11,569 with 10,322 numerator events, and 65+ years eligible population 4,984 with 4,565 numerator events.

FINDINGS

All measures were within one percentage point higher or lower in calendar year 2010 when compared to calendar year 2009 results, with Children and Adolescents Access total increasing by 1.81 percentage points. All age stratifications exceeded the 2010 Quality Compass® Mean.

INTERVENTIONS

Maintain or improve current member access through:

- Monitor GeoAccess reports and increase contracting activities as needs are identified.
- Conduct targeted member outreach to those identified as not having an annual PCP preventive visit and assist with scheduling as appropriate.
- Assess and monitor provider compliance with the Plan's appointment access and availability standards via Provider Relations site visits.
- Evaluate and update PCP panel discrepancies.
- Increase PCP awareness of the Plan's comprehensive service bonus offered for extended office hours to those in compliance with the Plan's extended hours policy.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach

ANNUAL DENTAL VISITS

DESCRIPTION

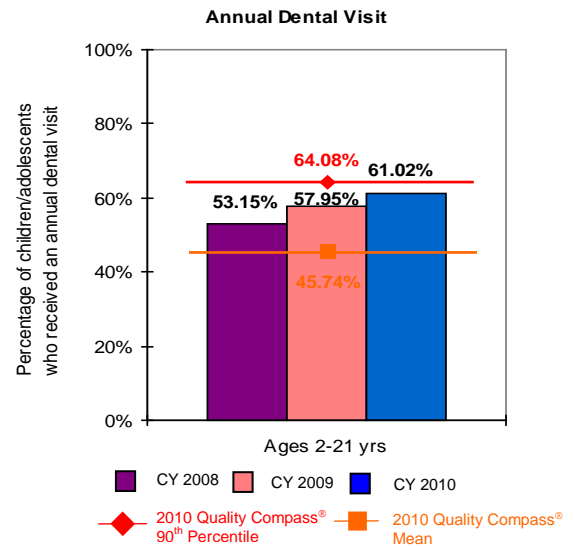
The denominator includes members 2 through 21 years of age, who were continuously enrolled during the measurement year. The numerator includes those who received at least one dental visit during the measurement year.

FINDINGS

Calendar year 2010 results demonstrated an increase of 3.07 percentage points from 2009 and exceeded the 2010 Quality Compass® Mean.

INTERVENTIONS

- Collaborate with the Plan's dental benefits manager to provide targeted outreach to members and caregivers of children under the age of 21.
- Strengthen collaboration with the Head Start/ Early Head Start programs to identify members delinquent in dental screenings and assist both the program and members to schedule visits appropriately.
- Distribute revised Screens Due reports to providers on a monthly basis. The revised reports will capture screenings due utilizing the defined periodicity schedule.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members with a dental visit.
- Increase member awareness regarding the importance of annual dental care through face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, and member educational material, education via a local television station and assist with scheduling appointments.
- Continue efforts through "Smile Kentucky" to reach disadvantaged children in the region's public schools who have unmet dental needs.



Please note: For calendar 2010, data in the above graph reflects an eligible population of 76,778 members with 46,853 numerator events.

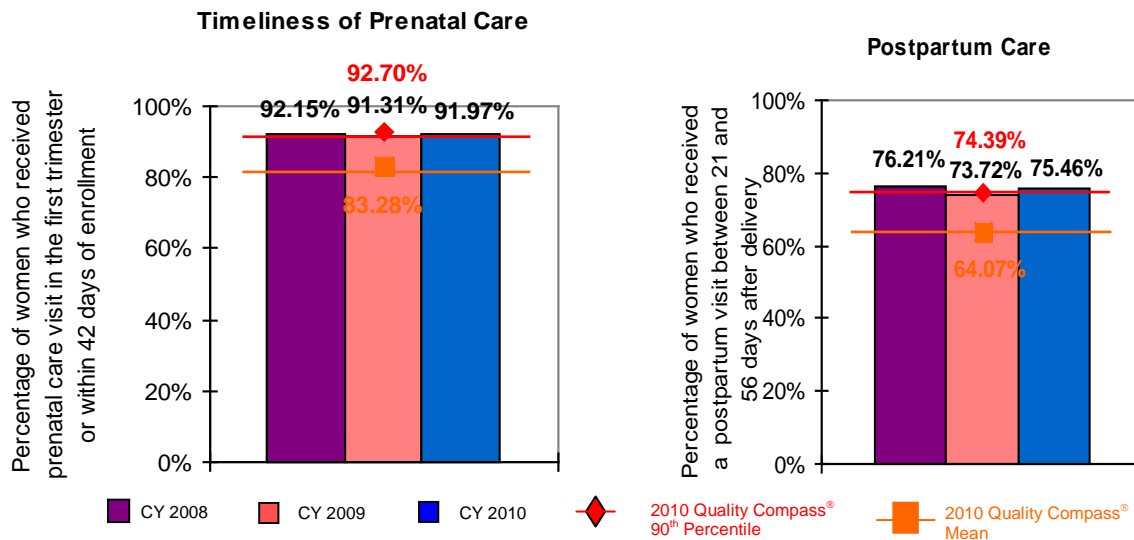
PRENATAL CARE AND POSTPARTUM CARE

DESCRIPTION

The denominator for Prenatal Care includes women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled 43 days prior to delivery through 56 days after delivery. The numerator includes those who received a prenatal care visit within the first trimester or within 42 days of enrollment with the Plan.

The denominator for Postpartum Care includes women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled 43 days prior to delivery through 56 days after delivery. The numerator includes those who had a postpartum visit on or between 21 and 56 days after delivery.

FINDINGS



Please note: For calendar year 2010, the prenatal care graph reflects a systemic sample of 436 records with 431 numerator hits. The postpartum care graph reflects a systemic sample of 436 records with 329 numerator events. Both measure had an eligible population of 6,606 members.

For calendar year 2010 prenatal care results demonstrated an increased of 0.66 percentage point compared to calendar year 2009.

For calendar year 2010 postpartum care results demonstrated an increase of 1.74 percentages above calendar year 2009 results and exceeded the 2010 Quality Compass® 90th Percentile.

INTERVENTIONS

- Increase provider awareness and encourage participation in the Plan's Specialist Provider Recognition Program for OB providers, which offers incentives to those practitioners with demonstrated improvement for increasing perinatal care.
- Investigate feasibility of incentivizing pregnant members to obtain early prenatal care, regular prenatal care visits, and a postpartum visit.
- Investigate feasibility of implementing outbound automated call technology reminders.
- Collaborate with the home visit program to promote postpartum provider visits.
- Collaborate with Seven Counties Services in their Healthy Journey for Two Program.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive prenatal care and postpartum care visits.
- Increase provider awareness and adherence to the Plan's perinatal clinical practice guidelines through face-to-face outreach, provider newsletters, the Plan's web site, quarterly provider reports and MONs.
- Increase member awareness and understanding of the need for appropriate perinatal care through participation in the Plan's perinatal care program, face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, and member educational materials.

Use of Services

FREQUENCY OF ONGOING PRENATAL CARE

DESCRIPTION

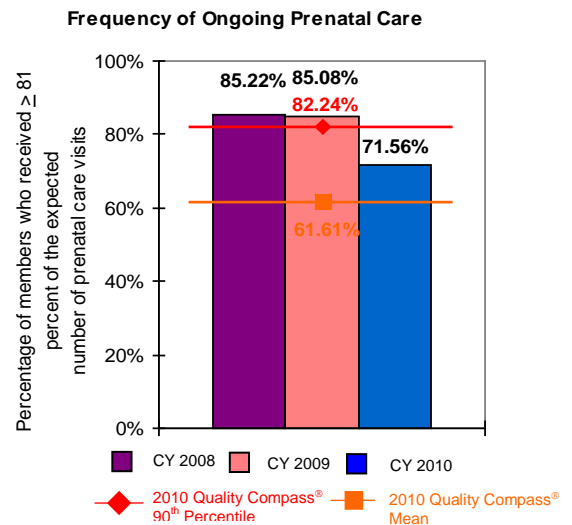
The denominator for Frequency of Ongoing Prenatal Care includes women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled 43 days prior to delivery through 56 days after delivery. The numerator includes those who received ≥ 81 percent of the expected number of prenatal care visits.

FINDINGS

Calendar year 2010 results demonstrated a decrease of 13.52 percentage points when compared to 2009 results. Despite the decrease, the rate exceeded the 2010 Quality Compass[®] Mean.

INTERVENTIONS

- Opportunities identified for Prenatal and Postpartum measures also apply to Frequency of ongoing Prenatal Care.



Please note: For calendar year 2010, data in the graph is reflective of a systemic sample of 436 records pulled from the measure's eligible population of 6,606 members. There were 312 numerator events.

WELL-CHILD VISITS AND ADOLESCENT WELL-CARE VISITS

DESCRIPTION

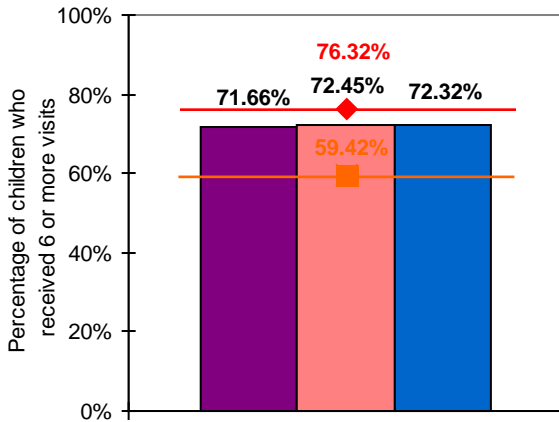
The denominator for Well-Child Visits in the First 15 Months of Life includes members who turned 15 months old during the measurement year and who were continuously enrolled from 31 days of life. The numerator includes those children who received six or more visits with a PCP within the first 15 months.

The denominator for the Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life measure includes members who turned 3 through 6 years of age and who were continuously enrolled during the measurement year. The numerator includes those who received one or more well-child visits with a PCP during the measurement year.

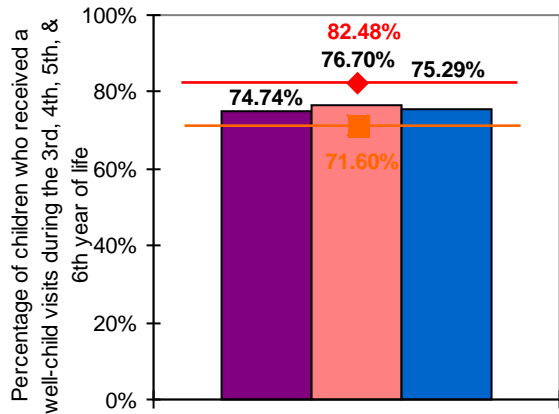
The denominator for the Adolescent Well-Care Visits measure includes members who turned 12 through 21 years, who were continuously enrolled during the measurement year. The numerator includes those who received at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

FINDINGS

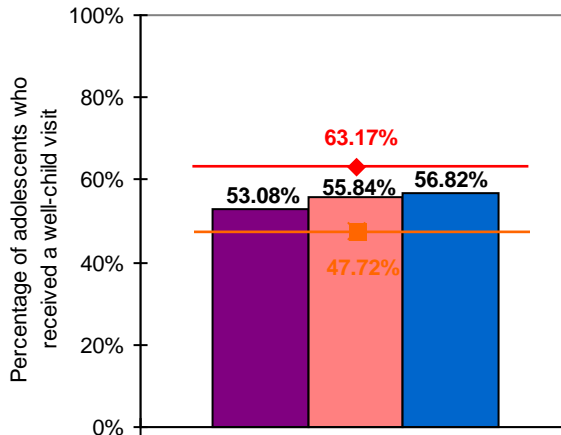
Well-Child Visits in the First 15 Months of Life



Well-Child Visits in the 3rd, 4th, 5th, & 6th Year of Life



Adolescent Well-Care Visit



■ CY 2008
 ■ CY 2009
 ■ CY 2010
 ◆ 2010 Quality Compass® 90th Percentile
 ■ 2010 Quality Compass® Mean

Please note: For calendar year 2010, the well-child visits in the first 15 months of graph above reflects an eligible population of 5,210 with 3,768 numerator events. The well-child visits in the 3rd-6th years of life graph, reflects an eligible population of 20,444 with 15,392 numerator events. The adolescent well-care visits, reflects an eligible population of 27,749 with 15,768 numerator events.

For calendar year 2010, all measures exceeded the Quality Compass® Mean. Well-child visits in the first 15 months decreased by 0.13 percentage point. Well-child visits ages 3-6 years decreased by 1.41 percentage points and adolescent well-care visits increased by 0.98 percentage points.

INTERVENTIONS

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing EPSDT services including participation and screening rates for members assigned to their panel.

- Distribute revised Screens Due reports to providers on a monthly basis. The revised reports will capture screenings due utilizing the defined periodicity schedule.
- Collaborate with Provider Relations to educate providers on well child visit benefits.
- Strengthen collaboration with the JCPS Head Start/Early Head Start programs to identify members delinquent in well child visits and assist both the program and members to schedule visits appropriately.
- Investigate additional avenues to engage parents/caregivers of adolescents and teens on the benefits of healthy living.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members receiving appropriate well care visits.
- Increase member and caregiver awareness regarding the importance of well-child visits through face-to-face outreach, telephonic outreach, on-hold messages, the Plan's web site, newsletter articles, member educational material, and education via a local television station.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

AMBULATORY CARE/EMERGENCY ROOM VISITS

DESCRIPTION

The denominator for emergency room (ER) visits equals the total number of member months for the measurement year. The numerator equals the number of emergency room visits that did not result in an inpatient stay. Multiple emergency room visits on the same date of service were counted as one visit. The calculation is in visits/1000 member months.

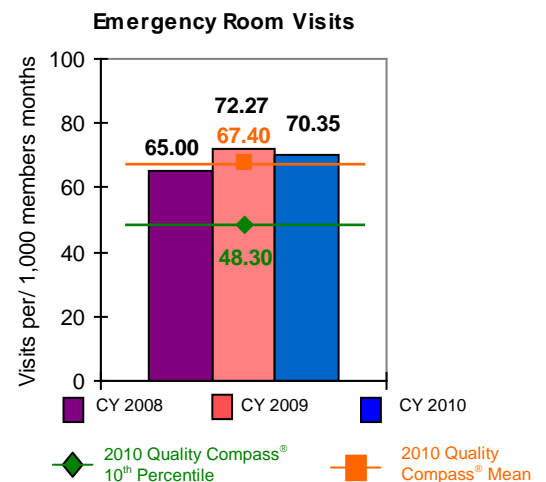
FINDINGS

Calendar year 2010 results, demonstrated a decrease of 1.92 visits per/1000 member months.

This is an inverted rate with a lower rate indicating better performance.

INTERVENTIONS

- Refer identified high-utilizers of ER services to case management as appropriate.
- Implement revised lock-in process.
- Continue collaboration with two high volume urban hospitals and one rural hospital in identifying members presenting to the ER for non-emergent issues for targeted outreach.
- Increase PCP awareness of members on their panel who have eight or more ER visits in a rolling four quarters through quarterly distribution of the ER utilization report.
- Increase PCP awareness of the Plan's comprehensive service bonus offer for extended office hours.
- Monitor PCP compliance with contractual after hours telephone requirements via Provider Relations site visits.
- Distribute letters to members identified as high-utilizers of ER services to recommend visits to the PCP and/or participating urgent care center as a more appropriate source of non-emergent care.



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- Distribute symptom specific educational material to members identified as non-emergent high-utilizers of ER services.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to improve ER rates.
- Increase member awareness of the importance of utilizing an established medical home for continuity of care through face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, newsletter articles, and member educational material.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.

Healthy Kentuckians

OVERVIEW

HEIGHT/WEIGHT ASSESSMENT/BMI ASSESSMENT AND ASSESSMENT/COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS

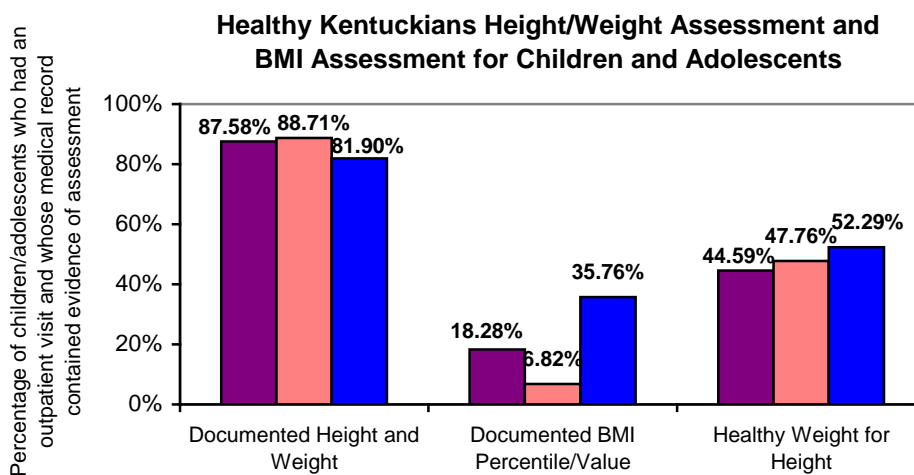
DESCRIPTION

The denominator for the below measures includes members between the ages of 3-17 years who were continuously enrolled during the measurement year. The numerators includes documentation of the following during the measurement year:

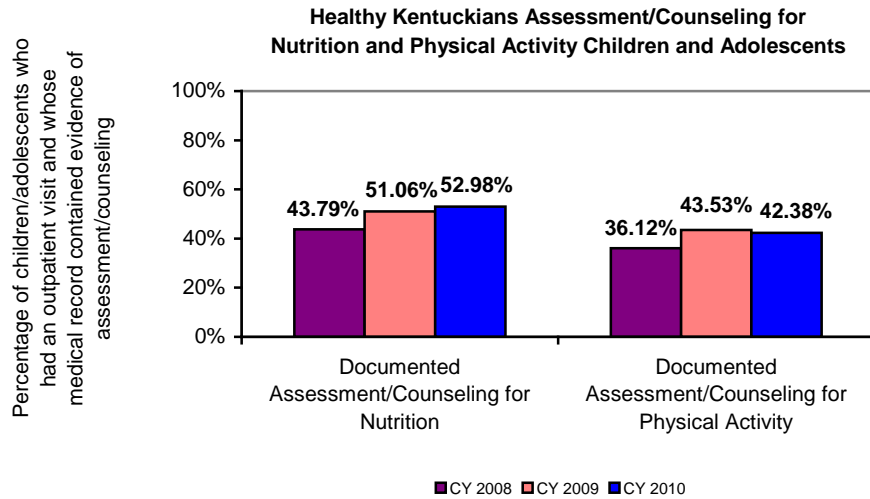
- Documentation of Height and Weight - documentation of both a height and weight documented on the same date of service,
- Documented BMI Percentile/Value –includes members between the ages of 3-15 years on the date of service with a documented BMI percentile or BMI percentile plotted on an age-growth chart and adolescents 16-17 years on the date of service with documentation of a BMI value expressed as kg/m2,
- Counseling for Nutrition – documentation of counseling for nutrition or referral for nutrition education, and
- Counseling for Physical Activity - Documentation of counseling for physical activity or referral for physical activity.

The denominator for Healthy Weight for Height is comprised of the subset of members who have a documented height and weight from which a BMI can be calculated or a documented BMI percentile. The numerator equals to those member who are found to have appropriate weight for height, defined as between the 5th percentile to less than the 85th percentile.

FINDINGS



For calendar year 2010 documented height and weight decreased 6.81 percentage points, documented BMI increased 28.94 percentage points, and healthy weight for height increased 4.53 percentage points.



For calendar year 2010 documented assessment/counseling for nutrition increased 1.92 percentage points and assessment/counseling for physical activity decreased 1.15 percentage points.

INTERVENTIONS

- Increase provider awareness and adherence to the Plan's Child and Adolescent Preventive Health Guidelines, the need to perform a BMI and counsel regarding nutrition and physical activity (during member's outpatient visits) by posting current guidelines on the Plan's web site, providing education via MONs to those providers identified as not performing a BMI, and through Provider Relations site visits.
- Collaborate with Jefferson County Public Schools Head Start Program to develop healthy nutrition guidelines and implement physical activity in the schools
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.
- Increase member awareness regarding the importance of physical fitness and a healthy diet through face-to-face outreach, telephonic outreach, the Plan's web site, and member newsletters articles, and education via a local television station.
- Increase community awareness regarding the importance of physical fitness and a healthy diet through:
 - Planning and hosting events in 2011, including "Healthy Hoops". "Healthy Hoops" uses basketball as a platform to teach the importance of regular exercise and nutrition in maintaining a healthy lifestyle.
 - Participating in the Mayor's Healthy Hometown School Committee, which provides education and support to teachers and students regarding the importance of physical fitness and proper nutrition.

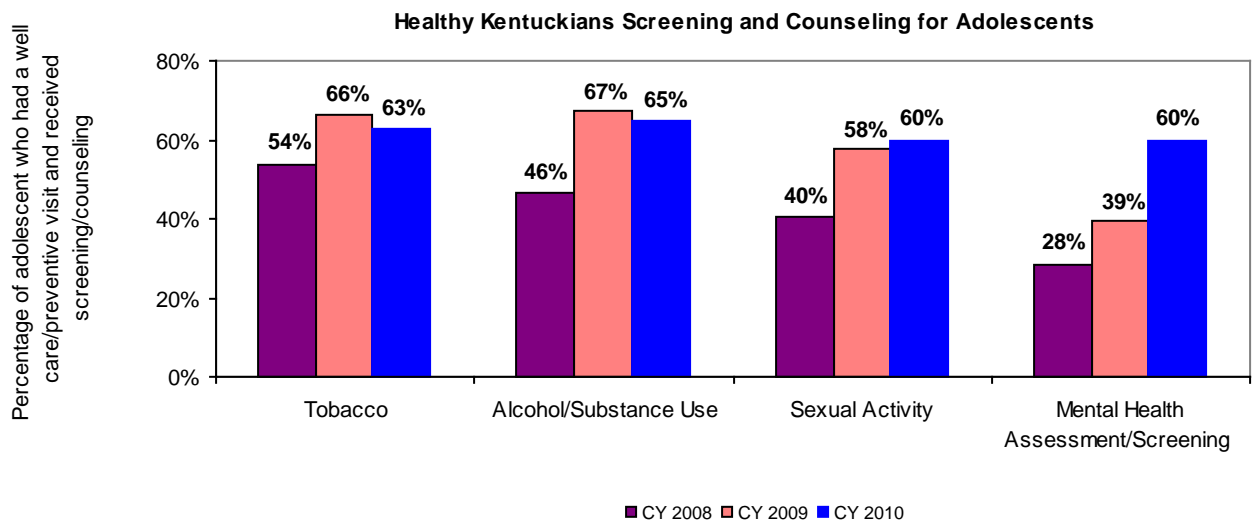
ADOLESCENT SCREENING/COUNSELING

DESCRIPTION

The denominator is adolescents aged 12 – 17 years of age who were continuously enrolled and had at least one preventive visit during the measurement year. The numerator includes adolescents who had a preventive care visit during the measurement year who received each of the following:

- Tobacco screening and/or counseling,
- Alcohol and/or other substance use screening and/or counseling,
- Assessment, education and/or counseling on risk behaviors related to sexual activity,
- Mental health assessment/screening.

FINDINGS



For calendar year 2010 screening/counseling for adolescent demonstrated the following: Tobacco decreased 3 percentage points, Alcohol/Substance Use decrease 2 percentage points, Sexual Activity increased 2 percentage points, and Mental Health Assessment/Screening increased 21 percentage points.

INTERVENTIONS

- Increase provider awareness regarding assessment, counseling, education and adherence to the Plan's Child and Adolescent Preventive Health Guidelines through face-to-face outreach, posting current guidelines on the Plan's web site, and providing education via MONs.
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.
- Increase community initiatives related to EPSDT outreach and education through planning and hosting events in 2011.
- Collaborate with community agencies that provide services to families with children for outreach effort enhancement.

HEIGHT/WEIGHT ASSESSMENT/BMI ASSESSMENT AND ASSESSMENT/COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR ADULTS

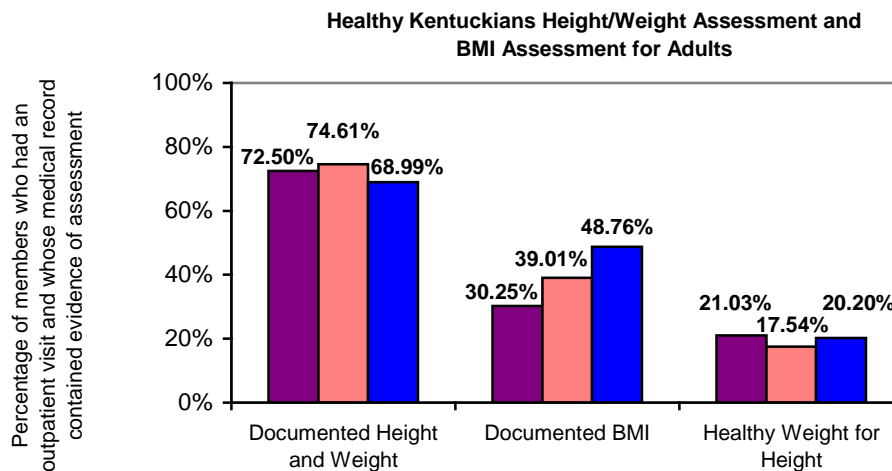
DESCRIPTION

The denominator for Adult Body Mass Index (BMI) includes members 18 through 74 years of age, who were continuously enrolled during the measurement year and the year prior. Numerators include documentation of the following during the measurement year or the year prior:

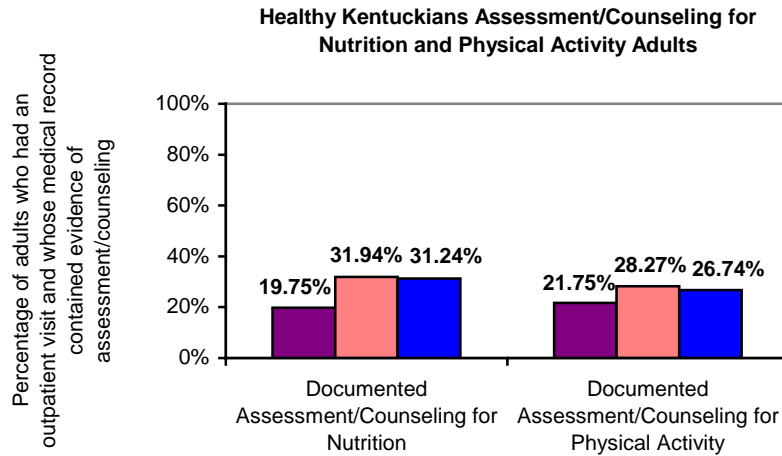
- Documentation of Height and Weight - documentation of both a height and weight
- Documented BMI Value –documentation of the date of the BMI and the BMI value
- Nutritional Assessment and/or Counseling – documentation of nutritional assessment and/or counseling and/or referral to a qualified nutritionist or dietitian
- Physical Activity Assessment and/or Counseling - Documentation of assessment and/or counseling for physical activity

The denominator for Healthy Weight for Height is comprised of the subset of members who have a documented height and weight from which a BMI can be calculated or a documented BMI percentile. The numerator equals to those members who are found to have appropriate weight for height, defined as > 18.5 or < 25 .

FINDINGS



For calendar year 2010 documented height and weight decreased 5.62 percentage points, documented BMI increased 9.75 percentage points, and healthy weight for height increased by 2.66 percentage points.



For calendar year 2010 documented assessment/counseling for nutrition decreased 0.70 percentage point and assessment/counseling for physical activity decreased 1.53 percentage points.

INTERVENTIONS

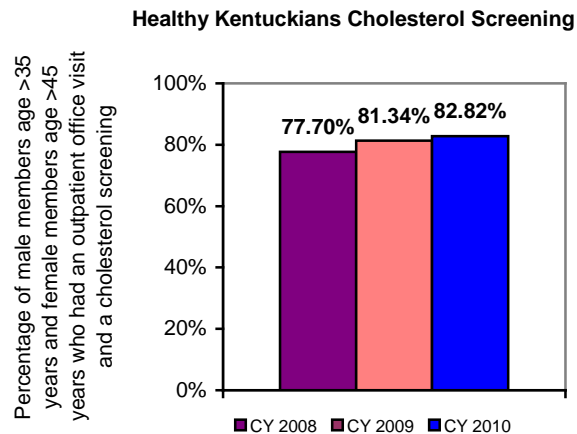
- Collaborate with internal disease management programs to integrate information regarding a healthy diet and exercise to manage risk factors for and prevention of chronic illness.
- Promote Louisville Metro's Public Health & Wellness class schedule, which includes a class for nutrition basics.
- Increase provider awareness regarding assessment, counseling, education and adherence to the Plan's Adult Preventive Health Guidelines and the need to perform a BMI on members during outpatient visits by posting current guidelines on the Plan's web site, MONs to those providers identified as not performing a BMI
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach.
- Increase member awareness regarding the importance of physical activity/exercise, weight maintenance, and a healthy diet through face to face outreach, on hold messages, the Plan's web site, and member educational mailings, and education via a local television station.

CHOLESTEROL SCREENING

DESCRIPTION

The denominator for cholesterol screening includes the number of males 35 years and older and females 45 years and older as of January 1 of the measurement year with an outpatient visit during the measurement year. The numerator is the number and percentage of adult from the denominator who received a lipid profile, LDL-C, or a combination of both total cholesterol and HDL test performed any time during the measurement year or the four years prior to the measurement year.

FINDINGS



Calendar year 2010 results demonstrated an increase of 1.48 percentage points above 2009 results.

INTERVENTIONS

- Distribute quarterly provider reports identifying members in need of a cholesterol screening.
- Conduct routine internal workgroup meetings to review current interventions and identify opportunities to increase the percentage of members who receive an LDL-C screening and a screening results of <100mg/dL.
- Increase provider awareness of the appropriate treatment for persons with elevated cholesterol, including preferred pharmaceuticals, by posting the Plan's current Risk Reduction for Coronary and Other Vascular Disease Clinical Practice Guidelines on the Plan's web site and MON
- Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
- Increase member awareness regarding risk factors associated with high cholesterol, lifestyle changes to modify risks, and appropriate treatment and self-management skills for persons with elevated cholesterol through face-to-face outreach, member newsletters, on-hold messages, the Plan's web site, member educational material, and education via a local television station.
- Increase community awareness regarding risk factors associated with high cholesterol and the importance of lifestyle modification by distributing educational materials at health fairs and events.

PRENATAL RISK ASSESSMENT COUNSELING AND EDUCATION

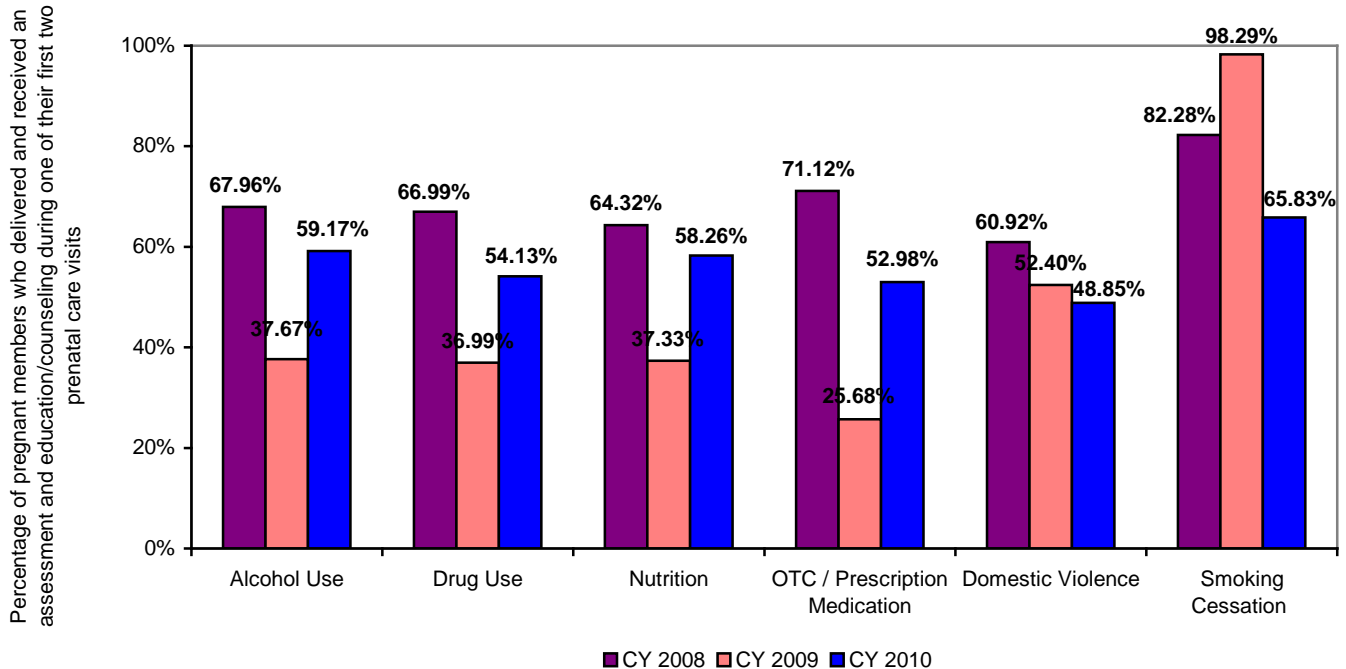
DESCRIPTION

The denominator includes women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled 43 days prior to delivery through 56 days after delivery. The numerator includes the number of pregnant women who delivered a live birth during the measurement period and whose prenatal assessment and education/counseling included:

- Alcohol use
- Drug use
- Nutrition
- Prescription/ Over the Counter (OTC) medications
- Domestic violence (assessment)
- Smoking Cessation

FINDINGS

Healthy Kentuckians Prenatal Risk Assessment Counseling and Education



Four of the six areas measured for Prenatal Risk Assessment showed improvement. These six areas demonstrated the following: alcohol use increased 21.50 percentage points, drug use increase 17.14 percentage points, nutrition increased 20.93 percentage points, over-the-counter (OTC)/prescription medication increased 27.30 percentage points, domestic violence decreased 3.55 percentage points, and smoking cessation decreased 32.46 percentage points.

INTERVENTIONS

- Continue to educate providers regarding the importance of documenting all aspects of care including educational materials.
- Obtain feedback and suggestions from the Plan’s Quality Medical Management Committee on ways to improve practitioner compliance with the guideline.
- Member education regarding the importance of prenatal care.
- Targeted provider education to those not compliant with clinical practice guideline.
- Provider education regarding key components of the clinical practice guideline viMONs.

Member Satisfaction

OVERVIEW

Each year the Plan contracts with an NCQA certified survey vendor to conduct a member satisfaction survey assessing members' satisfaction with the health plan as well as care and services provided by participating providers. Two surveys are conducted, one for the adult population and one for the child and adolescent population. Utilizing NCQA's nationally recognized survey allows for uniform measurement of consumers' health care experiences thus allowing for comparison of results across various health plans. NCQA only releases national comparisons benchmarks for the adult satisfaction survey and as such, no national comparisons are made for the results of the child and adolescent survey. Passport Health Plan uses these results to identify areas of strength and weakness in order to improve services to members.

The adult member satisfaction survey was sent to a random sample of 1,485 members 18 years and older as of December 31, 2010, continuously enrolled for at least five of the last six months of 2010. There were 638 respondents for a response rate of 45 percent, which is equal to last year's response rate.

The child member satisfaction survey was sent to the parent/guardian of 1,650 randomly sampled members 17 years and younger as of December 31, 2010, continuously enrolled for at least five of the last six months of 2010. There were 633 respondents for a response rate was 39 percent, a two percentage point decrease from last year.

Ratings measure how members of the Plan feel about major areas of their health care. These areas include:

- Health Plan
- Specialist
- Personal Doctor or Nurse
- Health Care

Composite scores measure how well the Plan meets members' satisfaction in key areas and include:

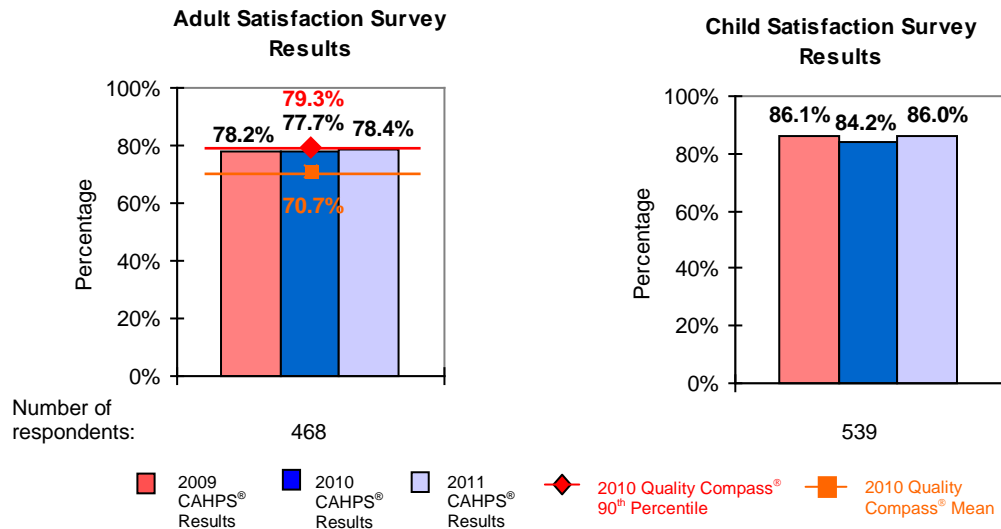
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Shared Decision Making

RATING OF HEALTH PLAN

DESCRIPTION

There were no changes to the rating of health plan question on the Adult or Child surveys. The rating is comprised of one question that gives members the opportunity to rate their health plan using a 0 to 10 point scale with '10' being the highest. The rating is calculated by the number of '8', '9' and '10' responses divided by the number of '0' through '10' responses.

FINDINGS



The adult rating demonstrated an increase of 0.70 percentage point when compared to 2010 results and remained above the 2010 Quality Compass® Mean. The child rating demonstrated a 1.80 percentage point increase when compared to 2010 results.

INTERVENTIONS

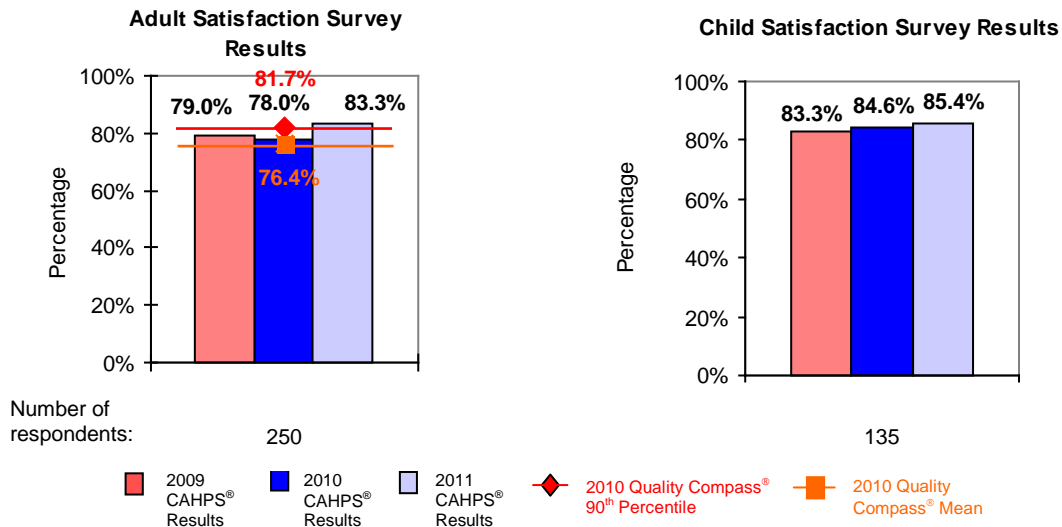
- Increase member awareness of the Plan's benefits, mission, and programs through:
 - Welcome calls conducted within one week of enrollment with the Plan to review benefits
 - Additional 800 toll free line prompts to allow movement with ease throughout the phone system.
 - Continue education to members through the New Member Packets and updates via the member newsletters and the member web site.
 - Educate both members and internal staff on prior authorization processes and time frames.
 - Increase member awareness regarding urgent care appointments versus non-urgent care appointments.
 - Increase members understanding of brand name drugs versus generic drugs.
 - Inform members that they do have choices concerning their treatment and that they need to discuss these with their PCP.
 - Increase collaboration among Department for Medicaid Services (DMS), EDS (Kentucky Medicaid Management information System), and PHP to resolve issues affecting member eligibility.

RATING OF SPECIALIST

DESCRIPTION

There were no changes to the rating of specialist question. The rating is comprised of one question that gives members the opportunity to rate the specialist they saw most often using a 0 to 10 point scale with '10' being the highest. The rating is calculated by the number of '8', '9', and '10' responses divided by the number of '0' through '10' responses.

FINDINGS



The adult satisfaction rating increased by 5.3 percentage points and exceeded the 2010 Quality Compass® 90th Percentile. The child satisfaction rating increased by 0.80 percentage point when compared to 2010 satisfaction results.

INTERVENTIONS

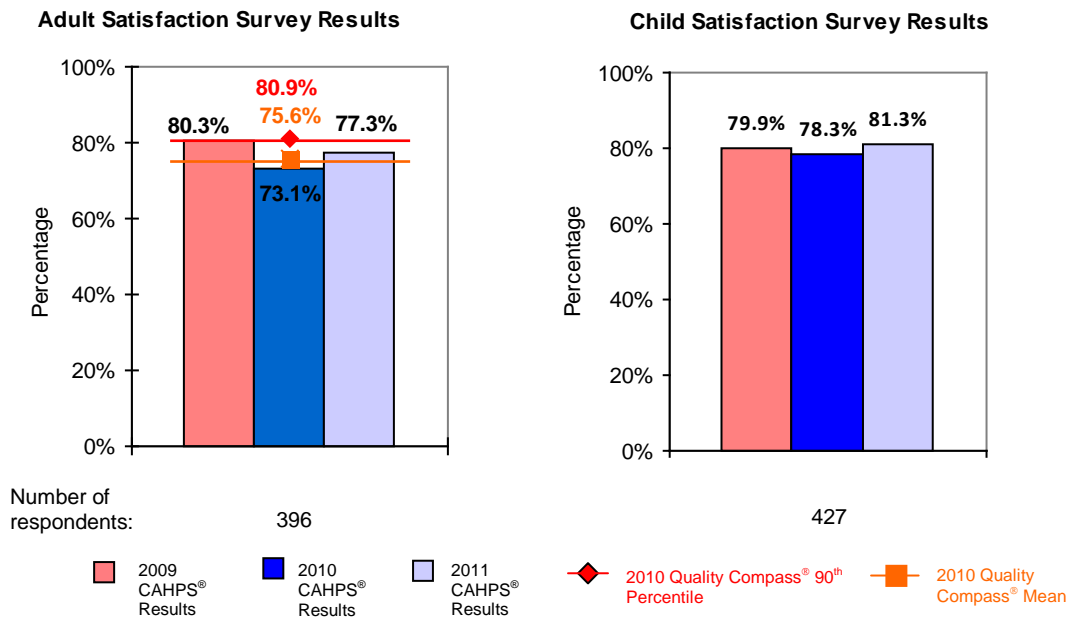
- Improve member satisfaction with their specialists through:
 - Monitor member complaints against specialist via semi-annual complaint reports and conducting outreach to those providers not meeting Plan standards.
 - Continue to assess member satisfaction as a component of the Specialist Provider Recognition Program via telephonic member surveys.
 - Distribute a training tool for practitioners and office staff on ways to improve patient satisfaction.
 - Educate specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.

RATING OF PERSONAL DOCTOR

DESCRIPTION

The Adult and Child ratings are comprised of one question that gives members the opportunity to rate their personal doctor using a 0 to 10 point scale with '10' being the highest. The rating is calculated by the number of '8', '9', and '10' responses divided by the number of '0' through '10' responses.

FINDINGS



The adult satisfaction rating increased by 4.2 percentage points. The child satisfaction rating increased by 3 percentage points when compared to 2010 results.

INTERVENTIONS

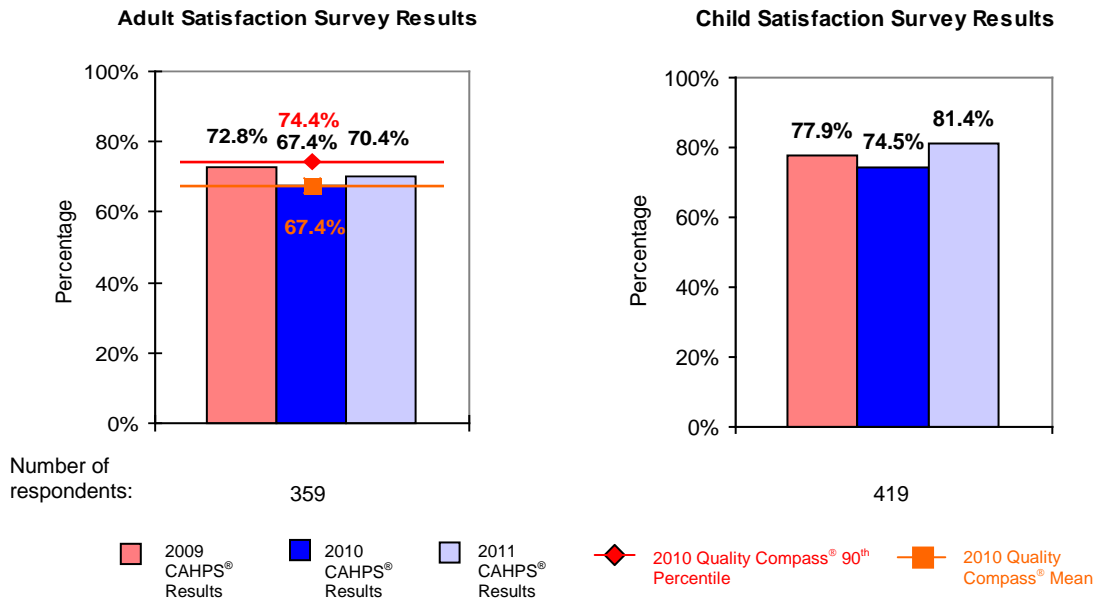
- Improve members' satisfaction with their personal doctor through:
 - Monitor member complaints against PCPs via semi-annual complaint reports and conducting outreach to those providers not meeting Plan standards.
 - Continue to assess member satisfaction as a component of the PCP Provider Recognition Program and distribute results twice annually.
 - Distribute a training tool for practitioners and office staff on ways to improve patient satisfaction.
 - Educate PCPs and specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.
 - Continue to build upon provider awareness of the Plan's process for monitoring, trending and communicating members' complaint data via new provider orientations, site visits, provider workshops and roundtable meetings.

RATING OF HEALTH CARE

DESCRIPTION

There were no changes to the adult or child rating of health care question. The rating is comprised of one question that gives members the opportunity to rate their health care using a 0 to 10 point scale with '10' being the highest. The rating is calculated by the number of '8', '9', and '10' responses divided by the number of '0' through '10' responses

FINDINGS



The 2010 adult rating demonstrated an increase of 3.00 percentage points above last year's results. The child rating increased 6.9 percentage points when compared to 2010 results.

INTERVENTIONS

- Improve members' satisfaction with their health care through:
 - Random telephonic surveys to members who called the Plan's Member Services department to better understand their feelings about their health care and their perceived barriers to care.
 - Utilize the Rapid Response Outreach Team, consisting of case manager technicians and case managers to discuss with members their urgent medical needs, help with scheduling appointments, and finding needed services for the member.
 - Increase member awareness regarding the importance of selecting a PCP through distribution of member materials and phone contact in Member Services.

COMPOSITE CUSTOMER SERVICE

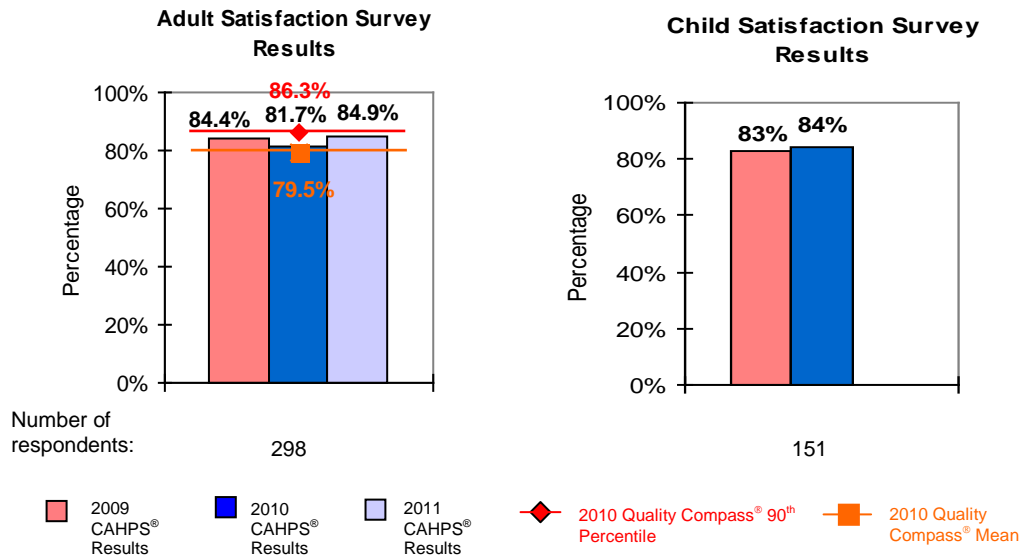
DESCRIPTION

The adult and child composites are comprised of two questions:

- Got information or help you needed when calling customer service.
- Customer service treated member with courtesy and respect.

The composite is calculated by the number of 'always' and 'usually' responses divided by the number of 'always', 'usually', 'sometimes', and 'never' responses.

FINDINGS



The adult satisfaction rating demonstrated an increase of 3.2 percentage points and exceeded the 2010 Quality Compass® Mean. The child satisfaction rating is not applicable, as less than one hundred responses were received.

INTERVENTIONS

- Improve members' experiences with the Plan's customer service area through:
 - Maintain department consistency review process to evaluate consistency among representatives, identify training opportunities, monitor for accuracy of information, and coach as needed.
 - Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
 - Random telephonic surveys to members who called the Plan's Member Services department assessing their satisfaction with the Plan's member services.
 - Conduct ongoing training designed to develop and refine staff customer service skills and increase knowledge regarding Plan benefits and services.
 - Conduct telephonic member outreach welcoming new members to the Plan. During calls, members are offered assistance with choosing a PCP, education regarding Plan benefits and completion of a personal information form used to obtain demographic information and member's current health status.
 - Collaborate with DMS eligibility department as well as the Plan's Enrollment department to expedite updates.
 - Collaborate with Department of Community Based Services (DCBS) to understand the members experience from both PHP and DCBS.

COMPOSITE HOW WELL DOCTORS COMMUNICATE

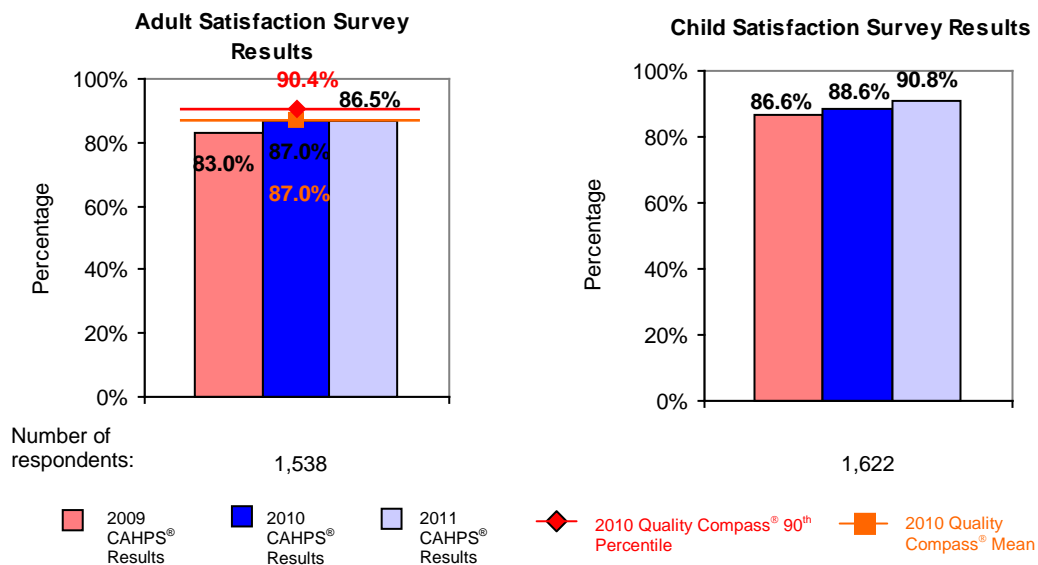
DESCRIPTION

There were no changes to the Adult or Child composite how well doctor communicate which is comprised of four questions:

- Provider explained things in a way you could understand
- Providers listened carefully
- Provider demonstrated respect for what you had to say
- Provider spent enough time with you

The composite is calculated by the number of 'always' and 'usually' responses divided by the number of 'always', 'usually', 'sometimes', and 'never' responses.

FINDINGS



The adult survey results decreased by 0.50 percentage point. The child survey results increased in 2.20 percentage points above 2010 survey results.

INTERVENTIONS

- Improve member satisfaction with how well doctors communicate through:
 - Monitor member complaints against PCPs and specialists via semi-annual complaint reports and conducting outreach to those providers not meeting Plan standards.
 - Continue assessing member satisfaction with doctor communication as a component of the Specialist Provider Recognition Program via telephonic member surveys.
 - Post a training tool on the Plan's website for practitioners and office staff on ways to improve patient satisfaction.
 - Educate PCPs and specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.

COMPOSITE GETTING NEEDED CARE

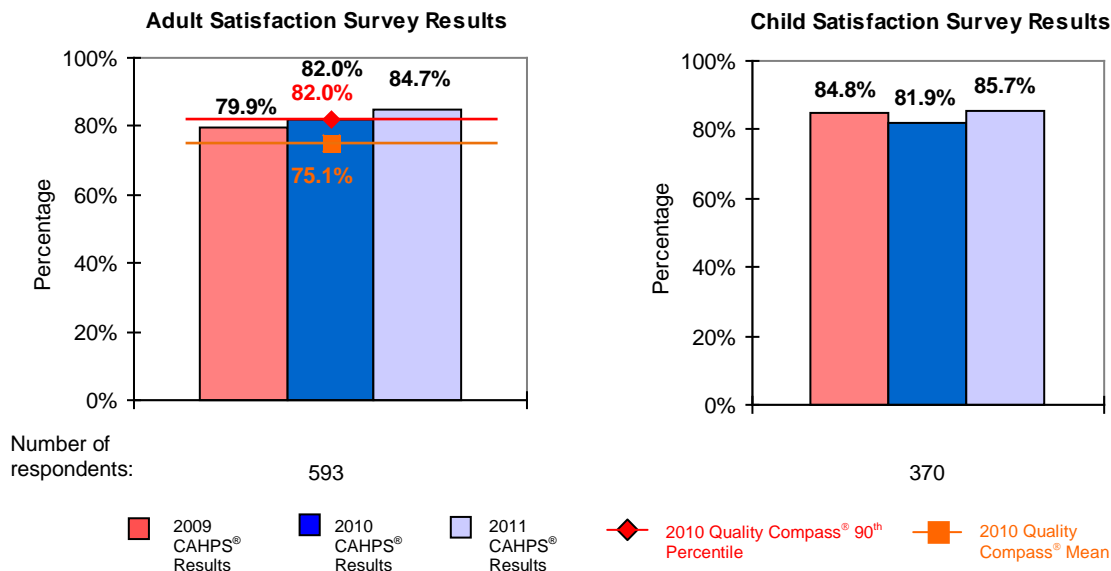
DESCRIPTION

The adult and child composites are comprised of two questions:

- Ease of getting an appointment with a specialist.
- Ease of getting necessary care, tests, or treatment through the Plan.

The composite is calculated by the number of 'always' and 'usually' responses divided by the number of 'always', 'usually', 'sometimes', and 'never' responses.

FINDINGS



The adult survey results for getting needed care increased by 2.7 percentage points and exceeded the 2010 Quality Compass® Mean. The child survey results increased by 2.2 percentage points above 2010 results.

INTERVENTIONS

- Improve member satisfaction with getting needed care through:
 - Assess and monitor appointment access and availability along with specialists' availability during provider site visits and the Plan's annual practitioner satisfaction survey.
 - Target those specialties identified via the practitioner satisfaction survey as not accessible for education and recruitment as appropriate.
 - Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
 - Educate members regarding the referral process and the Plan's appointment standards for routine provider and specialist appointment scheduling via the Plan's web site and member newsletters.
 - Enhance telephonic member outreach welcoming new members to the Plan. During calls, members are offered assistance with choosing a PCP, education regarding

Plan benefits and completion of a personal information form used to obtain demographic information and member's current health status.

COMPOSITE GETTING CARE QUICKLY

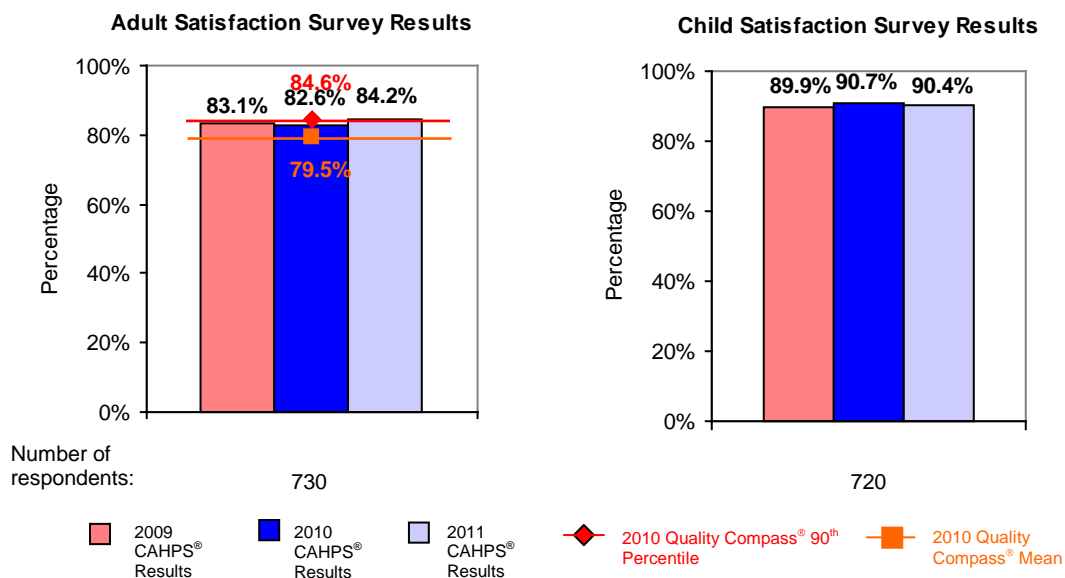
DESCRIPTION

The adult and child composites are comprised of two questions:

- Getting care as soon as needed when care was needed right away
- Getting regular/routine appointment as soon as needed

The composite is calculated by the number of 'always' and 'usually' responses divided by the number of 'always', 'usually', 'sometimes', and 'never' responses.

FINDINGS



The adult survey results increased by 1.60 percentage points from the 2010 results and exceeded the Quality Compass® Mean. The child survey results decreased by 0.03 percentage point below 2010 survey results.

INTERVENTIONS

- Improve member satisfaction with getting care quickly through:
 - Assess and monitor appointment access and availability along with specialists' availability during provider site visits and the Plan's annual practitioner satisfaction survey.
 - Target those specialties identified via the practitioner satisfaction survey as not accessible for education as appropriate.
 - Utilize the Rapid Response Outreach Team to assist members with urgent health issues and questions, assisting with removal of barriers and access to care issues by using inbound and outbound outreach
 - Educate members regarding the referral process and the Plan's appointment standards for routine specialist appointment scheduling via the Plan's web site and member newsletters.
 - Enhance telephonic member outreach welcoming new members to the Plan. During calls, members are offered assistance with choosing a PCP, education regarding

Plan benefits and completion of a personal information form used to obtain demographic information and member's current health status.

COMPOSITE SHARED DECISION MAKING

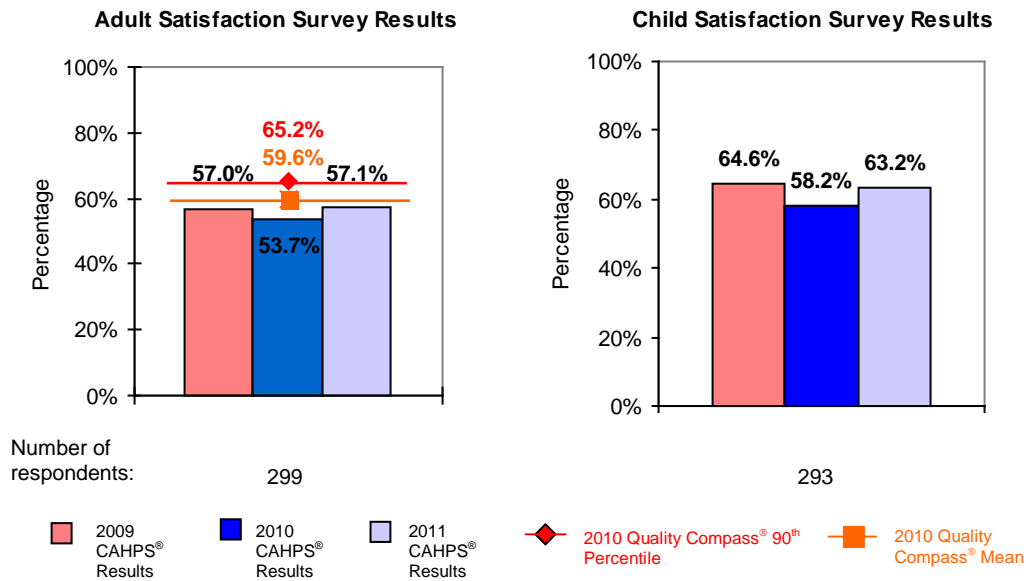
DESCRIPTION

The Adult and Child composites are comprised of two questions:

- Doctor talked about the pros and cons of each choice.
- Doctor asked which choice was best for member.

The composite is calculated by the number of 'definitely yes' responses divided by the number of 'somewhat yes', 'definitely yes', and 'somewhat/definitely no' responses.

FINDINGS



The adult survey results increased 3.4 percentage points above 2010 results. The child survey results increased by 5.0 percentage points above 2010 results.

INTERVENTIONS

- Improve members' satisfaction with shared decision making through:
 - Continue to distribute member complaint data through the Plan's Provider Recognition Programs for PCPs and specialists.
 - Continue investigation of member complaints and inquiries against providers in a timely manner and implement action as appropriate.
 - Post a training tool for practitioners on the Plan's website and office staff on ways to improve patient satisfaction.
 - Increase provider awareness of the Plan's process for monitoring, trending, and communicating member complaint data via new provider orientations, annual practice management seminar, site visits, provider workshops, and roundtable meetings.
 - Distribute members' rights and responsibilities to providers annually.