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

# *2009 Health Outcomes and 2010 Member Satisfaction*



2010

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
2010 MEMBER SATISFACTION SURVEY

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## *EXECUTIVE SUMMARY*

Since the initiation of Passport Advantage on January 1, 2006, improving the health and quality of life of our members has not only been our mission but is also our utmost priority. Our approach to this priority is multifaceted and includes activities in clinical and service areas that support ongoing development of collaboration with our participating practitioners.

Passport Advantage is a Medicare Advantage Special Needs Plans that is available to those Passport Health Plan members with Medicare Parts A, B and D. Passport Advantage provides benefits for Part A (hospitalization), Part B (physician) and Part D (prescription drugs); this allows our members to have all of their healthcare benefits under one plan. We are pleased to provide a summary of the 2009 health outcomes results, analysis and ongoing interventions.

Health outcomes were assessed through the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) 2010. Member satisfaction was assessed through the Medicare Advantage + Part D Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>). The scope of the NCQA HEDIS Compliance Audit<sup>™</sup> includes the following domains: Effectiveness of Care; Access/Availability of Care; Health Plan Stability; Use of Services; and Health Plan Descriptive Information. Passport Advantage has undergone a full Audit. The measures included in this document were deemed reportable according to the NCQA HEDIS Compliance Audit<sup>™</sup> standards.

The Medicare Health Outcomes Survey (HOS) is used to assess member's ability to maintain or improve the physical and mental health functions, using the best available science in functional status and health outcomes measurement. The survey is used as a way of measuring how the care provided by MAOs is affecting the functional status of their enrollees.

The Plan uses the targeted 4-star threshold established by CMS for selected measures in order to define expectations and drive quality improvement.

HEDIS<sup>®</sup> 2007 and HEDIS<sup>®</sup> 2008 were both baseline years for Passport Advantage. Several measures were unreportable due to the measurement specifications requiring a eligibility period of two or more years. All measures are utilized to develop programs and initiatives for the special needs population of Passport Advantage to improve the health and quality of life of our members.

## PREVENTION AND SCREENING

### ADULT BMI

#### DESCRIPTION

The dominator for Adult 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 body mass index (BMI) documented during the measurement year or the year prior.

#### FINDINGS

Calendar year 2009 results increased 3.54 percentage points above 2008 results.

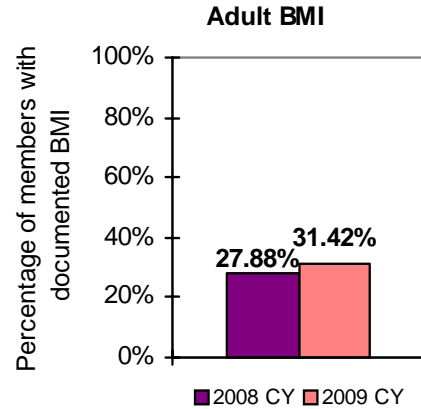
#### OPPORTUNITIES

- 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 and through Provider Relations site visits.
- Promote Louisville Metro's Public Health & Wellness class schedule, which includes a class for nutrition basics.
- Increase member awareness regarding the importance of physical activity/exercise and a healthy diet through:
  - Face-to-face outreach, telephonic outreach, the Plan's web site, and member newsletters articles
  - 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.
- Include member education regarding the importance of physical activity/exercise, weight maintenance, and a healthy diet the on Plan's on-hold messaging system.

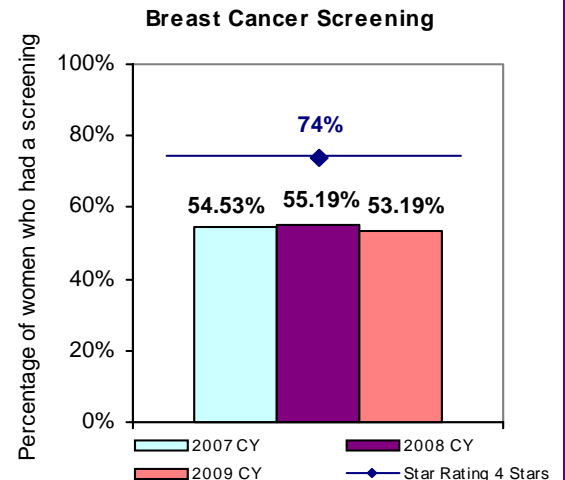
### BREAST CANCER SCREENING

#### DESCRIPTION

The dominator 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.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 452 adult records with 142 numerator events.



Please note: For year calendar 2008, the eligible population for this measure was 2,587 with 1,376 numerator events.

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
2010 MEMBER SATISFACTION SURVEY

FINDINGS

Calendar year 2009 results decreased 2.00 percentage points below 2008 results.

OPPORTUNITIES

- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for screenings.
- Increase member awareness regarding the importance of preventive health screenings through:
  - Maintaining a Women's Cancer Screening calls database and utilizing internal resources for targeted member outreach.
  - Utilizing automated outbound call technology for identified members in need of screening.
  - Distributing multi-lingual reminder postcards biannually to those women identified as needing a breast cancer screening with contact numbers for assistance in scheduling.
  - Maintaining member educational material on the Plan's web site including a list of all participating mammography facilities and the mobile mammography unit's schedule and contact information
- Increase facility awareness of the Plan's open access benefits by collaborating with mammography facilities to host screening days dedicated to Plan members.
- Assist providers with identifying members eligible for screening, scheduling the member's appointment, and attending events to provide face-to-face education regarding preventive health benefits.
- Collaborate with the Public Affairs department to air information regarding the importance of breast cancer screening on a local television show.
- Increase provider awareness and adherence to the Plan's Adult Preventive Health Guidelines regarding breast screening by posting current guidelines on the Plan's web site and through Provider Relation site visits.

**CARE FOR OLDER ADULTS**

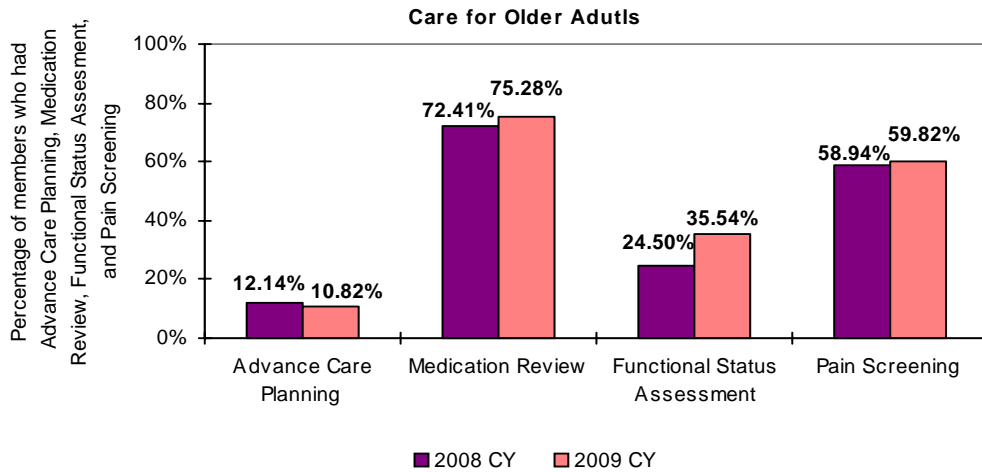
DESCRIPTION

The denominator includes members 66 years and older as of December 31 of the measurement year. The numerator includes members who had each of the following during the measurement year:

- Advance Care Planning
- Medication Review
- Functional Status Assessment

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
2010 MEMBER SATISFACTION SURVEY

▪ Pain Screening



*Please note: For calendar year 2009, data in the graph above is reflective of a systemic sample of 453 adult records pulled from the measure's eligible population of 3,492. Numerator events are as follows: Advance Care Planning 49, Medication Review 341, Functional Status Assessment 161, and Pain Screening 271.*

**FINDINGS**

Calendar year 2009 results showed improvement in three of the four areas. Compared to 2008 results, the following occurred: Advanced Care Planning decreased by 1.32 percentage points, Medication Review increased by 2.87 percentage points, Functional Status Assessment increased by 11.04 percentage points, and Pain Screening increased by 0.88 percentage points.

**OPPORTUNITIES**

- Increase provider awareness of the need to document medication review following hospitalization, performing and documenting an annual and as needed functional status assessment, and of performing and documenting annual and as needed screening of pain via provider newsletters, the Plan's web site, and targeted provider outreach as part of provider roundtables and workshops.
- Increase member and provider awareness of the need to discuss advance care planning through member and provider newsletters, the Passport Advantage magazine, the Plan's web site, and member educational material.

**COLORECTAL CANCER SCREENING**

**DESCRIPTION**

The denominator for the measure includes members 51-75 years of age, who were continuously enrolled during the measurement year and the year prior. The numerator includes those who had one or more of the following screenings for colorectal cancer:

- Fecal occult blood test (FOBT) during the measurement year,
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year,
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
2010 MEMBER SATISFACTION SURVEY

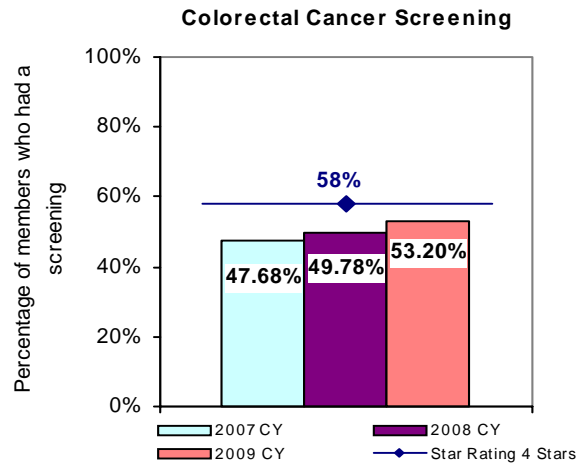
Note: For HEDIS 2010, the upper age limit for Colorectal Cancer Screening lowered from 80 to 75 years of age. Double contrast barium enema (DCBE) was removed from the numerator criteria.

**FINDINGS**

Calendar year 2009 results increased 3.42 percentage points above 2008 results.

**OPPORTUNITIES**

- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Identify members in need of colorectal cancer screening and provide individual education.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for screenings.
- Create an internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate colorectal screening.
- Utilize outbound telephonic technology for outreach.
- Collaborate with the Public Affairs department to air information regarding the importance of colon cancer screening on a local television show.
- Increase provider awareness and adherence to the Plan's Adult Preventive Health Guidelines regarding colorectal cancer screening by posting current guidelines on the Plan's web site and distribute during Provider Relation site visits.



Please note: For calendar year 2009, data in the graph above is reflective of a systemic sample of 453 records with 241 numerator events.

## GLAUCOMA SCREENING IN OLDER ADULTS

### DESCRIPTION

The denominator includes members 67 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who were continuously enrolled during the measurement year and the year prior. The numerator includes members who have had one or more eye exams for glaucoma by an eye care professional (i.e., ophthalmologist, optometrist) during the measurement year or the year prior to the measurement year.

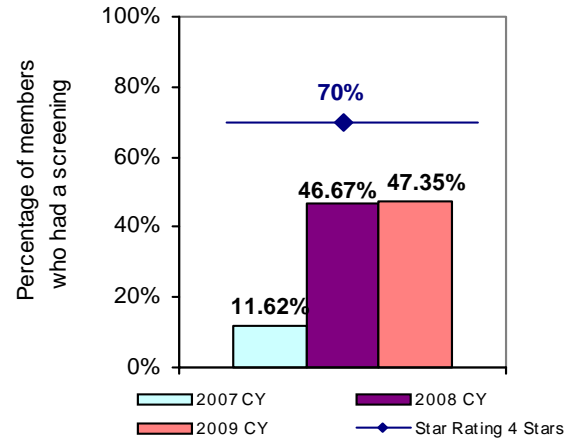
### FINDINGS

Calendar year 2009 results increased by 0.68 percentage point over 2008 results.

### OPPORTUNITIES

- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Identify members in need of a glaucoma screening to provide individual outreach.
- Collaborate with the Plan's vision care benefits manager to distribute a glaucoma assessment form and educational material to those members in need of a glaucoma screening.
- Create an internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate glaucoma screening.
- Increase collaborative efforts with community partners, providers, specialists, and the Plan's vision care benefits manager to promote recommended glaucoma screenings.
- Utilize outbound telephonic technology for outreach.
- Collaborate with the Public Affairs department to air information regarding the importance of an eye exam with glaucoma screening on a local television show.
- Increase member awareness regarding the importance of glaucoma screening by publishing articles in member newsletters.

**Glaucoma Screening in Older Adults**



Please note: For calendar year 2009, data in the graph above is reflective of the measure's eligible population of 3,056 with 1,447 numerator events.

## MONITORING PHYSICAL ACTIVITY

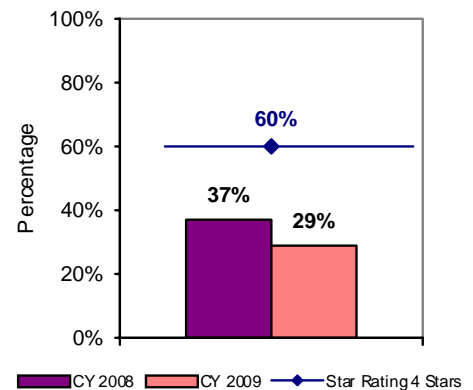
### DESCRIPTION

The denominator includes the number of survey respondents, members 65 years of age or older, who indicated they had a visit with a doctor or other health provider in the last 12 months. The numerator the number of respondents who received advice to start, increase or maintain their level exercise or physical activity.

### FINDINGS

When compared to 2008 baseline results, calendar year 2009 results decreased by 8 percentage points.

**Monitoring Physical Activity**



## OPPORTUNITIES

- Collaborate with Provider Relations to educate providers regarding the importance of educating members to start, increase, or maintain their level exercise or physical activity.
- Increase member awareness regarding the importance of physical fitness through:
  - Face-to-face outreach, telephonic outreach, the Plan's web site, and member newsletters articles
  - Collaborate with internal disease management programs to incorporate information regarding the importance of exercise to manage risk factors for and prevention of chronic illness.
- Promote Louisville Metro Public Health & Wellness class schedule to promote physical fitness.

## RESPIRATORY CONDITIONS

### USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD

#### DESCRIPTION

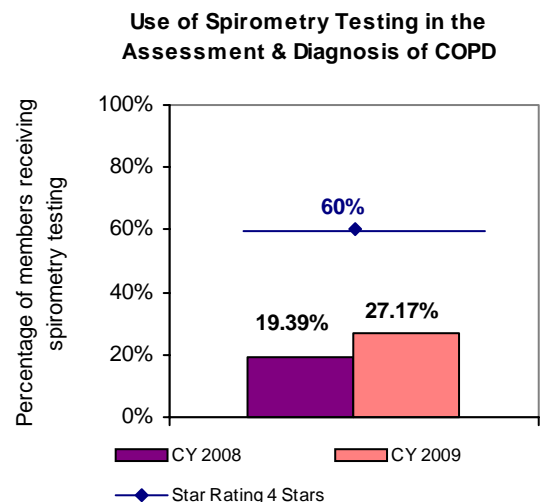
The denominator includes members 40 years of age and older with a new diagnosis or newly active Chronic Obstructive Pulmonary Disease (COPD) who were continuously enrolled 730 (2 years) prior to the episode date through 180 days after the episode date. The numerator includes members who received appropriate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

Calendar year 2009 results increased by 7.78 percentage points over 2008 results.

#### OPPORTUNITIES

- Identify members who were diagnosed with COPD who did not receive a spirometry test and provide individual education to the providers.
- Create an internal workgroup 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 collaborative efforts with community partners, providers, and specialists to promote spirometry testing.
- 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



*Please note: For calendar year 2009, the data in the above graph reflects a total eligible population of 368 members with 100 total numerator events.*

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- Distributing the comprehensive COPD educational booklet to members with COPD
- Posting COPD information on the Plan's web site
- Distribute educational materials during health fairs and events to increase community awareness regarding the appropriate diagnosis and treatment for persons with COPD.
- Collaborate with community agencies to develop a state-wide initiative to improve the appropriate testing in the assessment and diagnosis of 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.

## PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

### DESCRIPTION

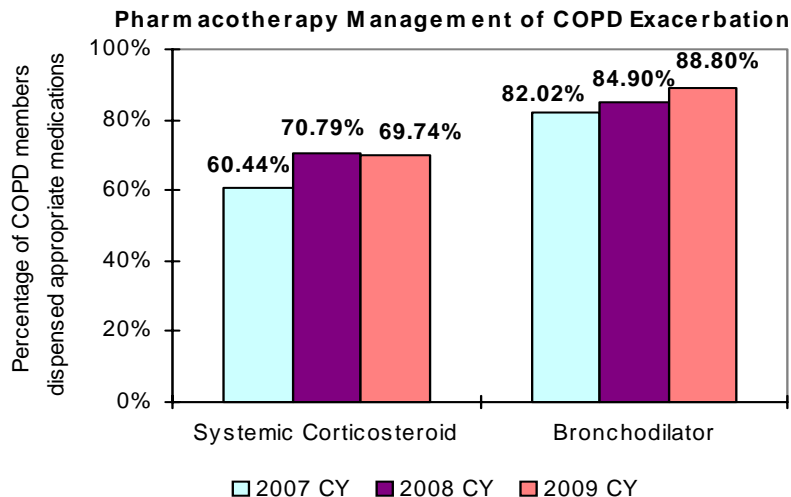
The denominator includes members 40 years or older who had an acute inpatient discharge or emergency room (ED) encounter between January 1<sup>st</sup> and November 30<sup>th</sup> of the measurement year, who were continuously enrolled from the episode date through 30 days after the episode date. The 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

Calendar year 2009 results for systemic corticosteroid decreased by 1.05 percentage points. Calendar year 2009 bronchodilator increased by 3.90 percentage points, when compared to 2008 results.



Please note: For calendar year 2009, data in the graph above is reflective of an eligible population of 509 members. In the systemic corticosteroid group, there were 355 numerator events. In the bronchodilator group, there were 452 numerator events.

### OPPORTUNITIES

- Identify members with an inpatient diagnosis of COPD and provide targeted education regarding the importance of appropriate pharmacotherapy management of COPD.
- Distribute quarterly provider reports to increase provider awareness of those members on their panel who are compliant with obtaining and refilling their corticosteroid and bronchodilator medication.
- Collaborate with community agencies to develop state-wide initiatives to improve the diagnosis and treatment of COPD and COPD exacerbation.
- Create an 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.
- Increase member awareness regarding the appropriate treatment for COPD through:
  - Face-to-face and telephonic outreach
  - Distributing the comprehensive COPD educational booklet, member newsletters, and the Passport Advantage magazine to members with COPD
  - Posting COPD information on the Plan's web site.
- Post the Plan's COPD Clinical Practice Guidelines on the Plan's web site and increase provider awareness regarding the appropriate diagnosis and treatment for persons with COPD through Provider Relations site visits.

## **CARDIOVASCULAR**

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### **CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS**

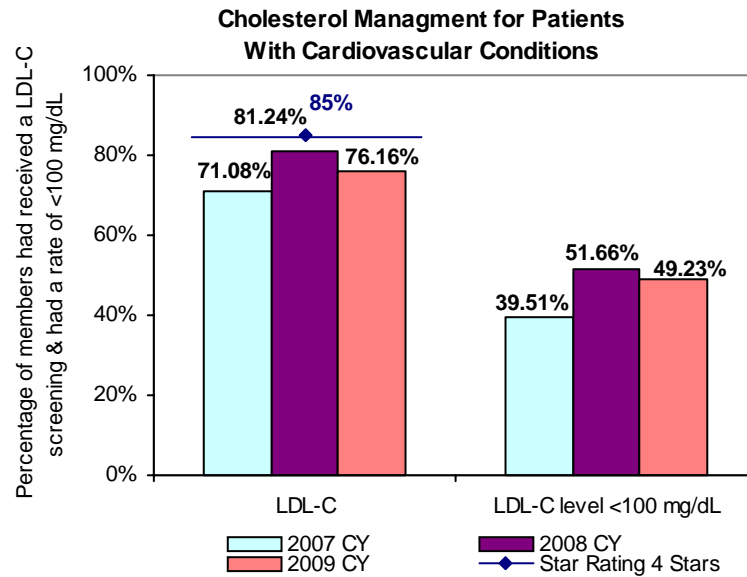
#### DESCRIPTIONS

The denominator includes members age 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 transluminal coronary angioplasty (PTCA) 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.

#### FINDINGS

Calendar year 2009 LDL-Screening results decreased by 5.08 percentage points and LDL-C level <100 mg/dL decreased by 2.43 percentage points, when compared to 2008 results.

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
2010 MEMBER SATISFACTION SURVEY



*Please note: For calendar year 2009, data in the graph above is reflective of a systemic sample of 453 records pulled from the measure's eligible population of 587 members. For LDL-C screening there were 345 numerator events and in LDL-C level <100 mg/dL there were 223 numerator events.*

## OPPORTUNITIES

- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for screenings.
- Create an internal workgroup 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 community awareness regarding risk factors associated with high cholesterol and the importance of lifestyle modification by distributing educational materials during health fairs and events.
- Collaborate with the Public Affairs department to air information regarding the importance of cholesterol screening and management on a local television show.
- 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 distribute during Provider Relations site visits.
- 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, the Plan's web site, and member educational material.

## CONTROLLING HIGH BLOOD PRESSURE

### DESCRIPTION

The denominator includes member's age 18 through 85 years of age with a diagnosis of hypertension as confirmed by chart review and who were continuously enrolled during

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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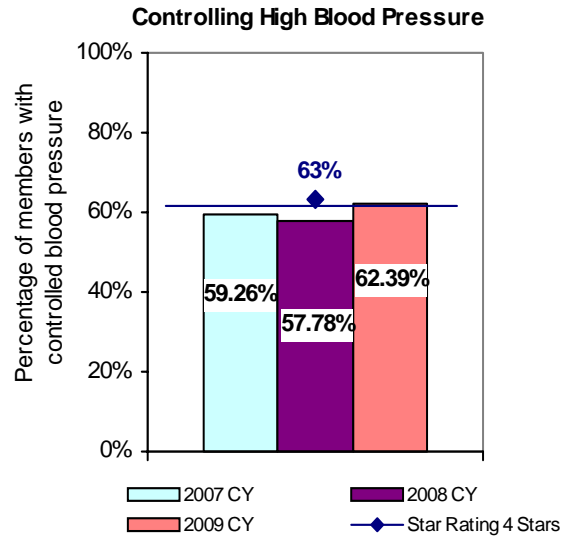
the measurement year. The numerator includes those identified through chart review with a controlled blood pressure (<140/90).

**FINDINGS**

For calendar year 2009, results demonstrated an increase of 4.61 percentage points.

**OPPORTUNITIES**

- Dedicate onsite assistance to high volume provider groups to conduct member outreach to educate regarding the importance of blood pressure control.
- Identify members with a diagnosis of hypertension to provide targeted education regarding the importance of controlling hypertension.
- Distribute provider reports to increase provider awareness of those members on their panel identified with a diagnosis of hypertension that may need better blood pressure control.
- Collaborate with the Public Affairs department to air information regarding the importance of blood pressure monitoring and blood pressure control on a local television show.
- 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 distribute during Provider Relation site visits.
- Increase community awareness regarding risk factors associated with hypertension and the importance of lifestyle modification through:
  - 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 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, the Plan's web site, and member educational material.



Please note: For calendar year 2009, data in the above graph is reflective of a systemic sample of 452 records pulled from the measure's eligible population of 3,081 members with 282 numerator events.

## PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

### DESCRIPTION

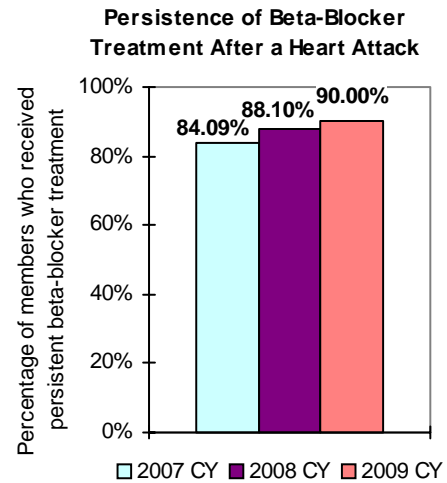
The denominator includes members 18 years and older who were enrolled during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who were continuously enrolled on the discharge date through 180 days after discharge. The numerator includes those who received persistent beta-blockers treatment for six months after discharge.

### FINDINGS

Calendar year 2009 results increased 1.90 percentage points from 2008 results.

### OPPORTUNITIES

- Monitor inpatient census to identify members with a heart attack and provide targeted education post discharge.
- Create an internal workgroup 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 distribute during Provider Relations site visits.
- 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, and member educational material.



Please note: For calendar year 2009, data in the graph above is reflective of 27 numerator events from the measure's eligible population of 30.

## DIABETES

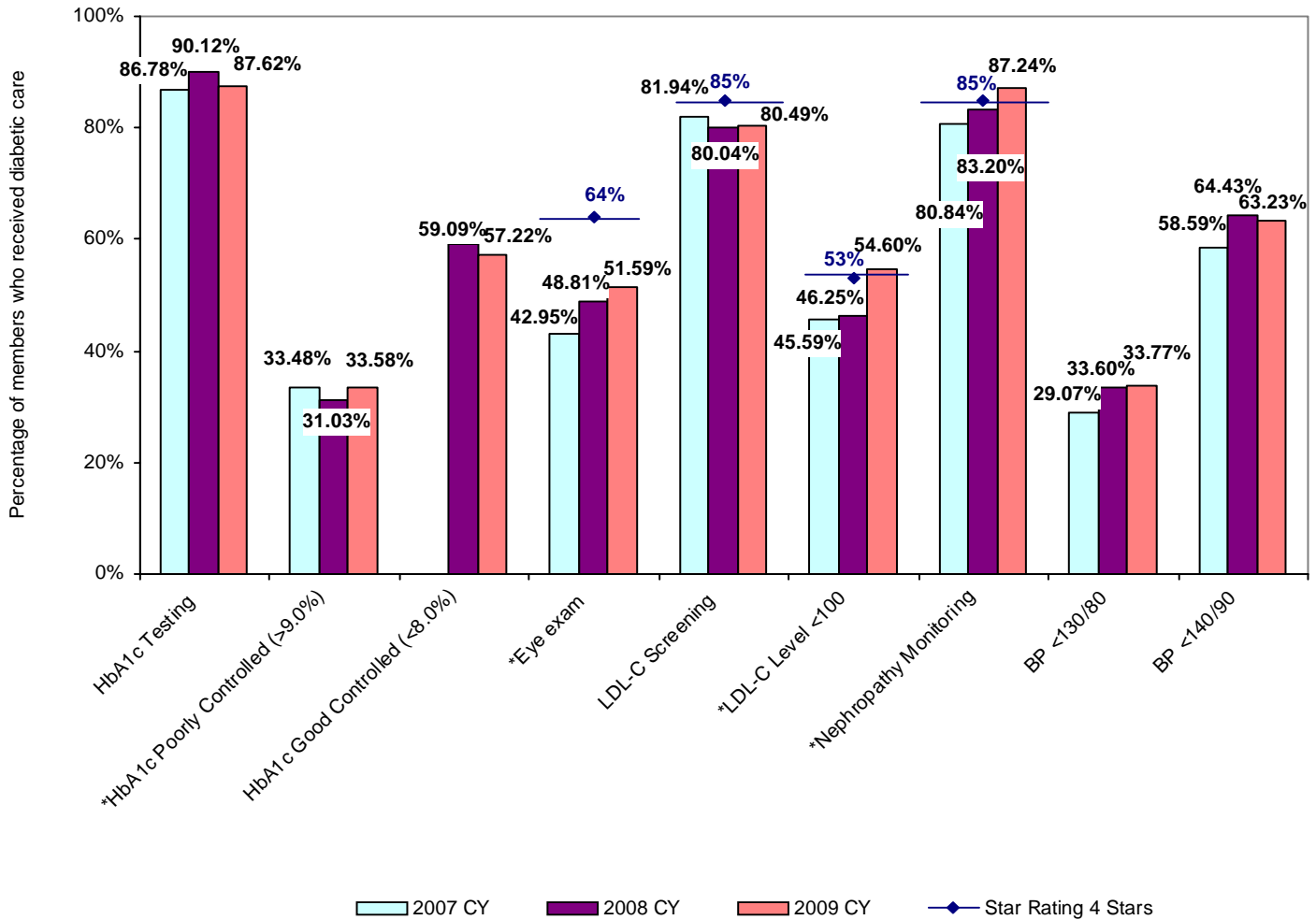
### COMPREHENSIVE DIABETES CARE

#### 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 (<8.0%), LDL-C screening, and LDL-C controlled (LDL<100mg/dL), eye exam (retinal) performed, medical attention for nephropathy, and blood pressure control of <130/80 mm Hg and <140/90 mm Hg.

#### FINDINGS

Comprehensive Diabetes Care



\*Indicates measures used by CMS' Star Rating Relative Distribution with Clustering methodology to calculate the star rating score for Diabetes Care

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When comparing calendar year 2009 results against calendar year 2008 results, the following is noted:

**HbA1c**

- **Testing** - decreased 2.50 percentage points
- **Poor Control** – increased 2.55 percentage points. *This is an inverted rate with a lower rate indicating better performance.*
- **Good Control** – decreased 1.87 percentage points.
- **Eye Exam** - increased 2.78 percentage points

**LDL-C**

- **Screening** – increased 0.45 percentage point
- **Results < 100mg/dL** –increased 8.35 percentage points

**Medical Attention to Nephropathy** – increased 4.04 percentage point

**Blood Pressure Control**

- **<130/90** – increased 0.17 percentage point
- **<140/90** – decreased 1.20 percentage point

OPPORTUNITIES

- Increase provider awareness of those members on their panel who are compliant with or in need of a recommended diabetic screening by distributing quarterly provider reports.
- Increase provider awareness of those members on their panel who are in need of a diabetic screening by distributing a comprehensive diabetes care tool for utilization in the member's medical record to track all recommended screenings.
- Collaborate with the CHOICES consultant, a pharmacist, to educate providers regarding appropriate hypertension medications recommended for diabetics.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for screenings.
- Create an internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate diabetes related testing and control.
- Utilize outbound telephonic technology for outreach.
- Increase community awareness regarding the appropriate treatment and appropriate self-management skills for persons with diabetes by distributing educational materials during health fairs and events.
- Increase provider awareness of the appropriate treatment for diabetes by distributing the Plan's current Diabetes Clinical Practice Guidelines through the Plan's web site and during Provider Relations site visits.
- Increase member awareness regarding the appropriate treatment and appropriate self-management skills for persons with diabetes through:
  - Conducting face-to-face outreach, telephonic outreach, member newsletters, the Plan's web site, and member educational material.
  - Distribute the newly developed comprehensive diabetes care booklet to newly diagnosed diabetic members and to members needing additional education.
  - Distribute reminder postcards biannually to those members identified as needing diabetic screenings.
  - Maintaining a Diabetes Screening calls database and performing outreach to those members identified as needing a recommended diabetic screen.

## MUSCULOSKELETAL

### DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY IN RHEUMATOID ARTHRITIS

#### DESCRIPTION

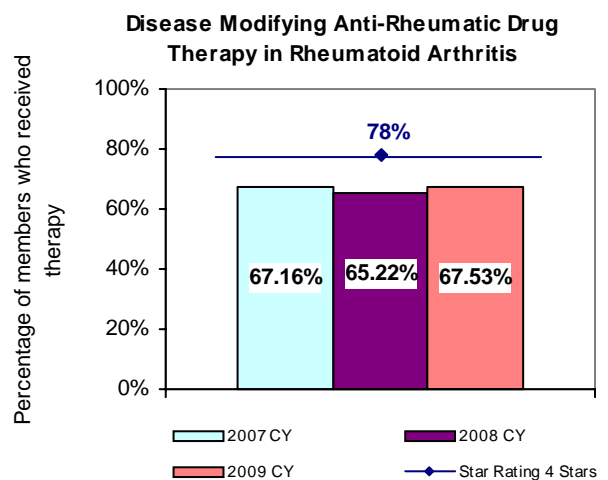
The denominator includes members age 18 years and older with a diagnosis of rheumatoid arthritis, who were continuously enrolled during the measurement year. The numerator includes members who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

#### FINDINGS

Calendar year 2009 results increased 2.31 percentage points, when compared to 2008 results.

#### OPPORTUNITIES

- Create an internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate treatment for rheumatoid arthritis.
- Increase practitioner awareness regarding the appropriate treatment for persons with rheumatoid arthritis, according to the American College of Rheumatology Guidelines for the Management of Rheumatoid Arthritis.
- Identify members with a diagnosis of rheumatoid arthritis to provide targeted education regarding the importance of appropriate treatment for rheumatoid arthritis to the member's provider.
- Increase member awareness regarding the appropriate treatment and appropriate self-management skills for persons with rheumatoid arthritis by publishing articles in member newsletters.



Please note: For calendar year 2009, data in the graph above is reflective of 52 numerator events from the measure's eligible population of 77 members.

### OSTEOPOROSIS MANAGEMENT

#### DESCRIPTION

The denominator of osteoporosis management includes women 67 years and older, who were continuously enrolled 12 months prior to and 6 months after the index episode start date. The numerator includes women who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after a fracture.

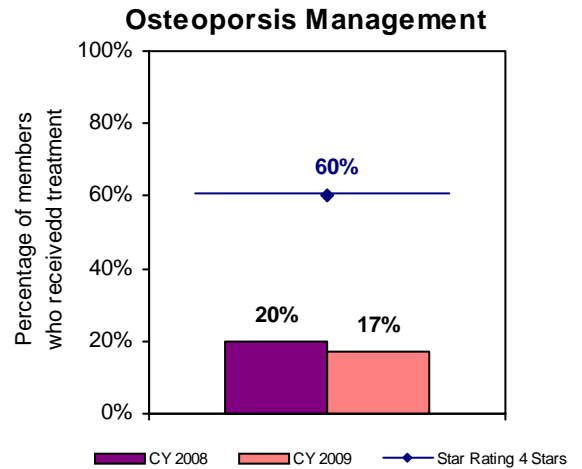
PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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**FINDINGS**

Calendar year 2009 results decreased 3 percentage points.

**OPPORTUNITIES**

- Identify members who suffered a fracture to provide targeted education regarding the importance of appropriate medication to treat/prevent osteoporosis to the member's provider.
- Collaborate with the Public Affairs department to air information regarding the importance of appropriate management and testing of osteoporosis on a local television show.
- Create an internal workgroup to review current interventions and identify opportunities to increase the percentage of members who receive appropriate management and testing of osteoporosis.
- Increase practitioner awareness regarding the appropriate management and testing of osteoporosis according to the Plan's Adult Preventive Health Clinical Practice Guidelines posted on the Plan's web site.
- Increase member awareness regarding the appropriate management and testing of osteoporosis by publishing articles in Member newsletters.



*Please note: For calendar year 2009, the osteoporosis management data in the graph above is reflective of 18 numerator events from the measure's eligible population of 107 members.*

**REDUCING THE RISK OF FALLING**

**DESCRIPTION**

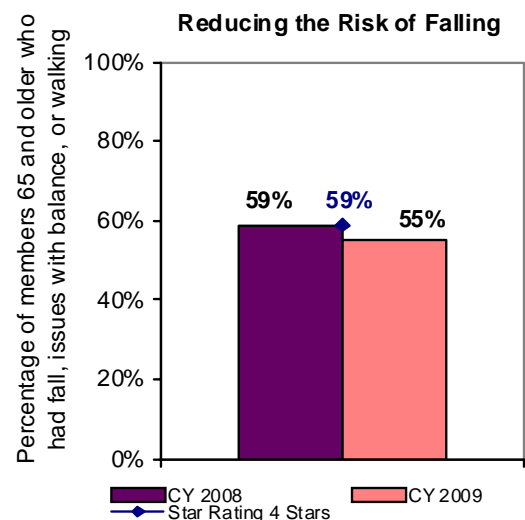
The denominator includes members 65 years of age or older who had a fall or had problems with balance or walking in the past 12 months. The numerator includes those who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

**FINDINGS**

Calendar year 2009 results decreased 4 percentage points, when compared to 2008 results.

**OPPORTUNITIES**

- Collaborate with Provider Relations to educate providers regarding the importance of discussing ways to reduce the risk of falling with members.
- Increase member awareness regarding reducing the risk of falls through:
  - Face-to-face outreach, telephonic outreach, the Plan's web site, and member newsletters articles



- Collaborating with internal disease management programs to integrate information regarding fall reduction during member outreach calls.

## BEHAVIORAL HEALTH

### ANTIDEPRESSANT MEDICATION MANAGEMENT

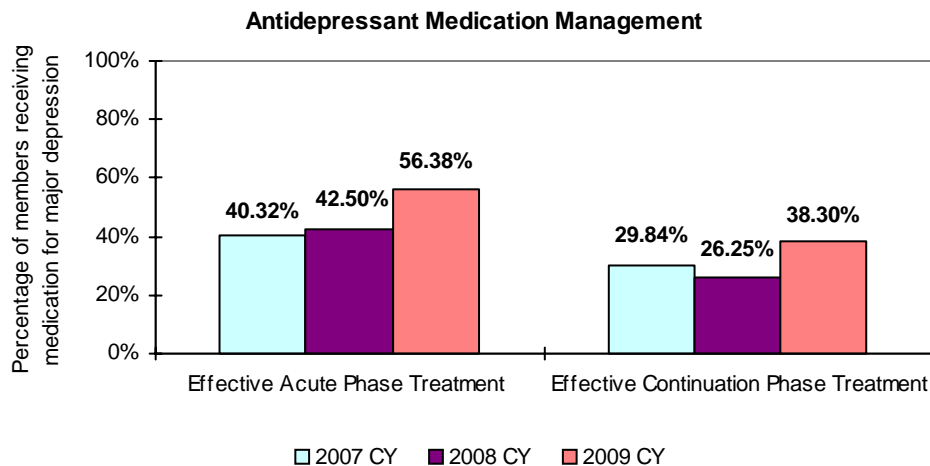
#### DESCRIPTION

The following components of this measure assess different facets of the successful pharmacological management of major depression.

- *Effective Acute Phase Treatment:* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment:* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with antidepressant medication and who remained on an antidepressant medication at least 180 days (6 months).

#### FINDINGS

In comparison to 2008 results, calendar year 2009 results for Effective Acute Phase Treatment increased by 13.88 percentage points and Effective Continuation Phase Treatment increased by 12.05 percentage points.



*Please note: For calendar year 2009, data in the graph is reflective of an eligible population of 94 members. In the Effective Acute Phase Treatment category there were 53 numerator events. In the Effective Continuation Phase Treatment category there were 36 numerator events.*

#### OPPORTUNITIES

- Increase provider awareness of effective antidepressant medication treatment phases for depression through:

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- Advisory letter to providers informing them of members that have missed their refills of antidepressant medication.
- Care coordination information provided to the provider during inpatient hospitalization prior to discharge for coordination of care needs.
- Distribution of the Plan's clinical practice guidelines for treatment of depression via the Plan's web site and during Provider Relations site visits.
- Increase member education and awareness of effective antidepressant medication in the treatment of depression and taking medication as prescribed through:
  - Reminder letters to members who have missed their refills of antidepressant medication and the importance of outpatient medication follow-up.
  - Member newsletters articles and selected mailings.

## FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

### DESCRIPTION

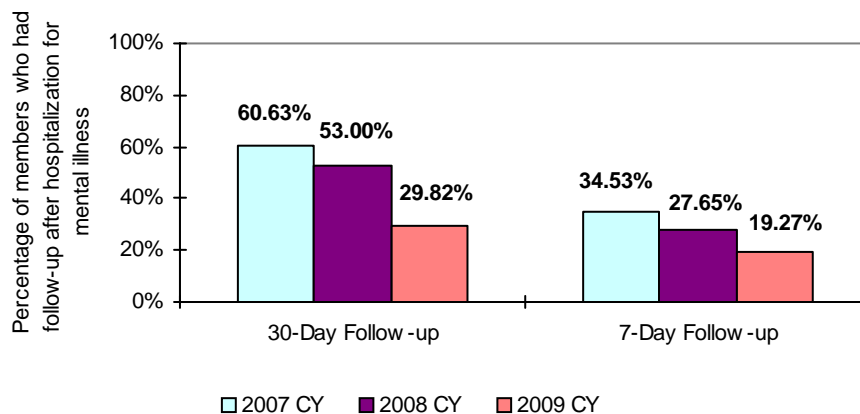
The denominator includes the percentage of discharges for members 6 years of age or older who were hospitalized for treatment of selected mental health disorders and continuously enrolled from date of discharge through 30 days after discharge. The numerator includes those members who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two numerator rates are reported as:

- The percentage of members who received follow-up within 30 days of discharge.
- The percentage of members who received follow-up up within 7 days of discharge.

### FINDINGS

Calendar year 2009 results for 30 day follow-up decreased by 23.18 percentage points and 7 day follow-up decreased by 8.38 percentage points.

**Follow-up After Hospitalization for Mental Illness**



*Please note: For calendar year 2009, data in the graph above is reflective of an eligible population of 275 members. In the 30-Day Follow-up group, there were 82 numerator events. In the 7-Day Follow-up group there were 53 numerator events.*

## OPPORTUNITIES

- Begin onsite care coordination at selected community mental health facilities.
- Collaborate with homeless shelters and therapeutic rehabilitation programs for the chronically mentally ill to establish ongoing support for PAD members.
- Increase provider awareness of care coordination and the referral process to assist members with to keep follow-up appointments through:
- Increase member/caregiver education and awareness of the need for appropriate follow-up after hospitalization for mental illness through:
  - Include a behavioral health representative on the Plan's internal Cultural and Linguistics committee to address barriers in access to care.
  - Investigate collaboration with the PAD transition triage team to educate members on importance of keeping follow-up appointments during transitions of care.
  - Distribute member educational brochures on the most common psychiatric diagnoses.

## INITIATION AND ENGAGEMENT OF AOD DEPENDENCE TREATMENT

### DESCRIPTION

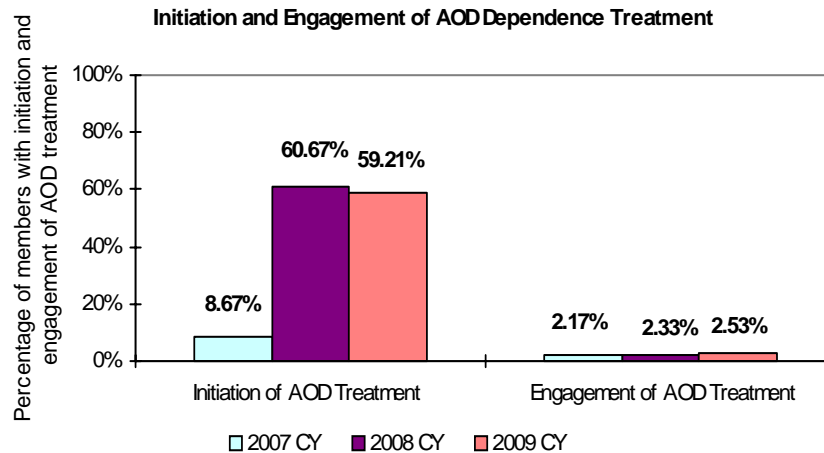
The denominator includes adolescent and adult members 13 years and older with a new episode of alcohol or other drug (AOD) dependence who were continuously enrolled 60 days prior to the index episode start date through 44 days after the index episode start date. These are reported as two age stratifications, 13-17 years and 18+ years and a total rate. Numerators are as follows:

- *Initiation of AOD Treatment:* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- *Engagement of AOD Treatment:* The percentage of members who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

### FINDINGS

Calendar year 2009, there were no PAD members between the ages of 13-17 who received alcohol and/or drug therapy. The percentage of members 18 and older who initiated treatment within 14 days of diagnosis decreased by 1.46 percentage points below last year results. Engagement of AOD Treatment had a slight increase of 0.20 percentage points.

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Please note: For calendar year 2009, data in the graph above is reflective of an eligible population of 277 members. In the total Initiation of AOD Treatment category there were 164 numerator events. In the total Engagement of AOD Treatment category there were 7 numerator events.

**OPPORTUNITIES**

- Contact members identified with AOD diagnoses for care coordination using inpatient hospital data and partial hospitalization/intensive outpatient claims data.
- Establish a rapid response outreach team to communicate with members and help with access to care issues.
- Increase provider awareness via newsletter articles and the Plan web site regarding:
  - Onsite care coordination to high volume community mental health facilities.
  - Outpatient AOD programs available for PAD members.
  - Behavioral health care coordination program, how to contact a care coordinator and the referral process
  - Assessment tools for alcohol and drug abuse located on the Plan's web site.

**MEDICATION MANAGEMENT**

**ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS**

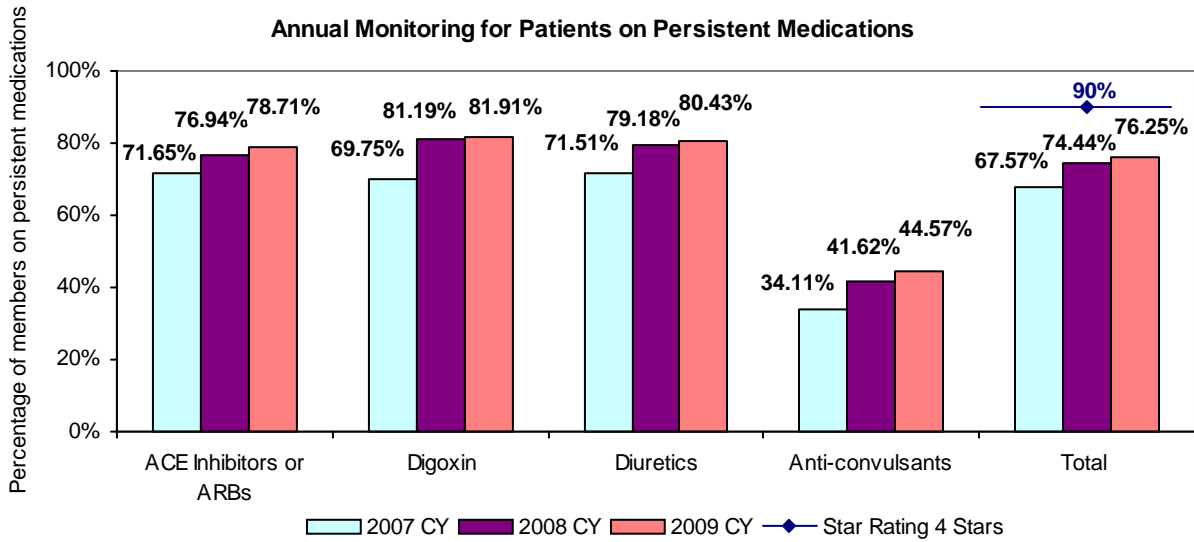
**DESCRIPTION**

The denominator includes members 18 years of age and older who were continuously enrolled during the measurement year and who received at least a 180-days supply 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
- Anti-convulsants

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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FINDINGS



*Please note: For calendar year 200, the graph above is reflective of: ACE Inhibitors or ARBs eligible population of 2,386 with 1,878 numerator events, Digoxin eligible population of 188 with 154 numerator events, Diuretics eligible population of 2,253 with 1,812 numerator events, and Anti-convulsants eligible population of 516 with 230 numerator events. The total eligible population was 5,343 members with 4,074 numerator events.*

All four therapeutic monitoring events demonstrated an increase, with ACE Inhibitors or ARBs showing an increase of 1.77 percentage points when compared to MY 2008. The largest improvement was anti-convulsants noted with an increase of 2.95 percentage points. Digoxin and Diuretics also had increases of 0.72 percentage points and 1.25 percentage points respectively. There was an overall 1.81 percentage point increase of all four categories.

OPPORTUNITIES

- Increase member awareness of the importance of annual therapeutic monitoring by conducting targeted outreach to members identified as receiving long-term medication.
- Increase provider awareness of the appropriate monitoring of persistent therapeutic agents by sending advisory letters outlining the recommended monitoring to those providers with members receiving treatment with the persistent medications.

**MEDICATION RECONCILIATION POST-DISCHARGE**

DESCRIPTION

The denominator for this measure is based on member age 65 years and older who had one or more discharges on or between January 1 and December 1 of the measurement year. The numerator includes members who had medication reconciliation on or within 30 days after discharge.

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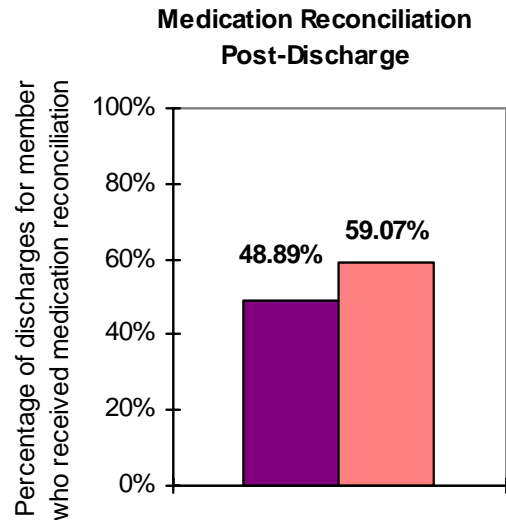
**Note:** The eligible population for this measure is based on discharges, not on members. It is possible for the denominator to include multiple events for the same individual.

**FINDINGS**

In comparison to 2008 baseline results, measurement year 2009 results increased by 10.18 percentage points.

**OPPORTUNITIES**

- Increase provider awareness of the need to perform medication reconciliation post discharge.
- Increase member awareness of the need to follow-up with the provider at their medical home post discharge to review changes to medication regimen.



Please note: For calendar year 2009, data in the graph is reflective of systemic sample of 452 records pulled from the measure's eligible population of 1,606 with 267 numerator events.

**POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN THE ELDERLY**

**DESCRIPTION**

The denominator includes Medicare members 67 years of age and older who have evidence of an underlying disease, condition or health concern and were continuously enrolled during the measurement year and the year prior. The numerator includes those who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis.

The three numerator rates are reported separately and as a total rate:

- A history of falls and a prescription for tricyclic antidepressants, antipsychotic or sleep agents
- Dementia and a prescription for tricyclic antidepressants or anticholinergic agents
- Chronic renal failure and prescription for non-aspirin NSAIDs or Cox-2 Selective NSAIDs

Members with more than one disease or condition can appear in the measure multiple times (i.e., in each indicator for which they qualify).

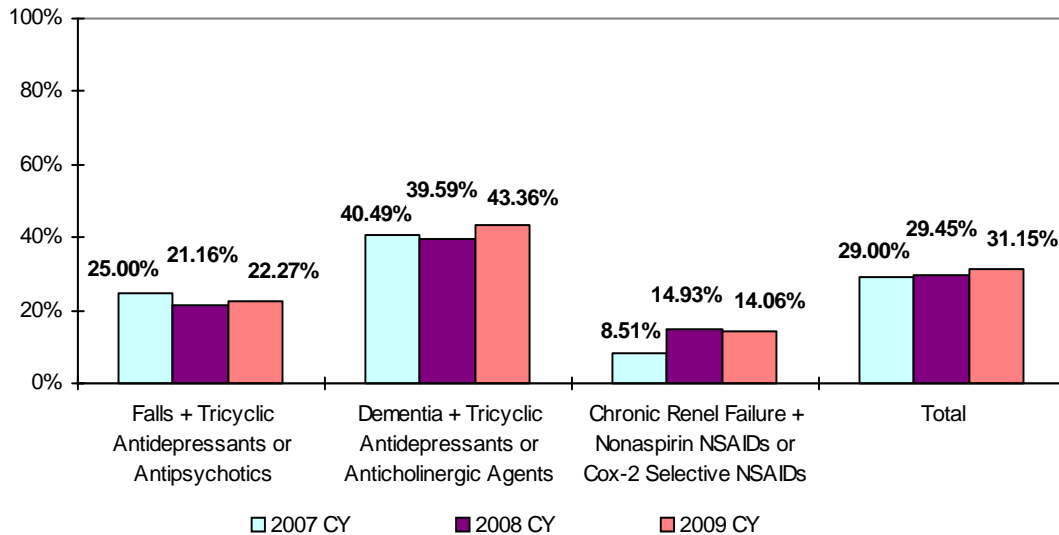
*For all three rates, a lower rate represents better performance.*

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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**FINDINGS**

Percentage of elderly members who had evidence of an underlying disease, condition or health concern and were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis

**Potentially Harmful Drug-Disease Interactions in the Elderly**



Please note: For calendar year 2009, the graph is reflective of: Falls + Tricyclic Antidepressants or Antipsychotics eligible population was 229 with 51 numerator events. Dementia + Tricyclic Antidepressant or Anticholinergic Agents eligible population was 256 with 111 numerator events. The Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs eligible population was 64 with 9 numerator events.

For measurement year 2009, the following results occurred: Falls + Tricyclic Anti-depressants or Antipsychotics increased by 1.11 percentage points, Dementia + Tricyclic Anti-depressants or Anticholinergic Agents increased by 3.77 percentage points, and Chronic Renal Failure Nonaspirin NSAIDs or Cox-2 Selective NSAIDs decreased by 0.87 percentage points. With all three measures combined, there was an overall increase of 1.70 percentage points.

**OPPORTUNITIES**

- Collaborate with pharmacy benefits manager (PBM) to encourage the pharmacists to obtain and update medical histories on members and to intervene with the prescriber at the time a prescription is presented for a medication that has a drug-disease interaction.
- Distribute advisory letter to the providers of members treated with high risk drug combinations including recommendations for alternative therapies.

**USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY**

**DESCRIPTION**

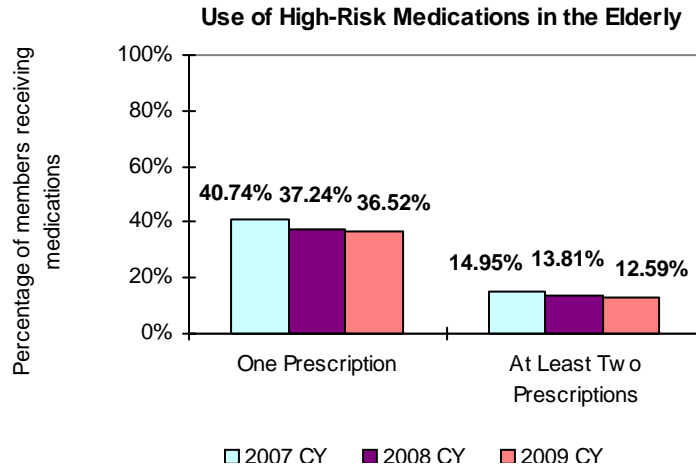
The denominator includes members 65 years of age and older who were continuously enrolled during the measurement year. Two numerator events are reported:

- Numerator one- At least one prescription dispensed for any high risk medication during the measurement year.
- Numerator two- At least two prescriptions dispensed for different high risk medications during the measurement year.

For both rates, a lower rate represents better performance.

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FINDINGS



Please note: For calendar year 2009, data in the graph above is reflective of the measure's eligible population of 3,598. In the one prescription category there were 1,314 numerator events. In the at least two prescriptions category there were 453 numerator events.

In comparison to 2008 results, both events demonstrated a decrease in rate representing an improvement in performance.

OPPORTUNITIES

- Distribute advisory letter to the providers of members treated with drugs to be avoided in the elderly including recommendations for alternative therapies.
- Collaborate with pharmacy benefits manager (PBM) to encourage the pharmacists to obtain and update medical histories on members and to intervene with the prescriber at the time a prescription is presented for a medication that has a drug-disease interaction.
- Increase prescriber and pharmacist awareness, through Plan and PBM provider alerts, of those drugs/combinations of drugs that should be avoided in the elderly to increase patient safety and decrease risk of adverse drug interactions.

**ACCESS/AVAILABILITY OF CARE**

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**ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES**

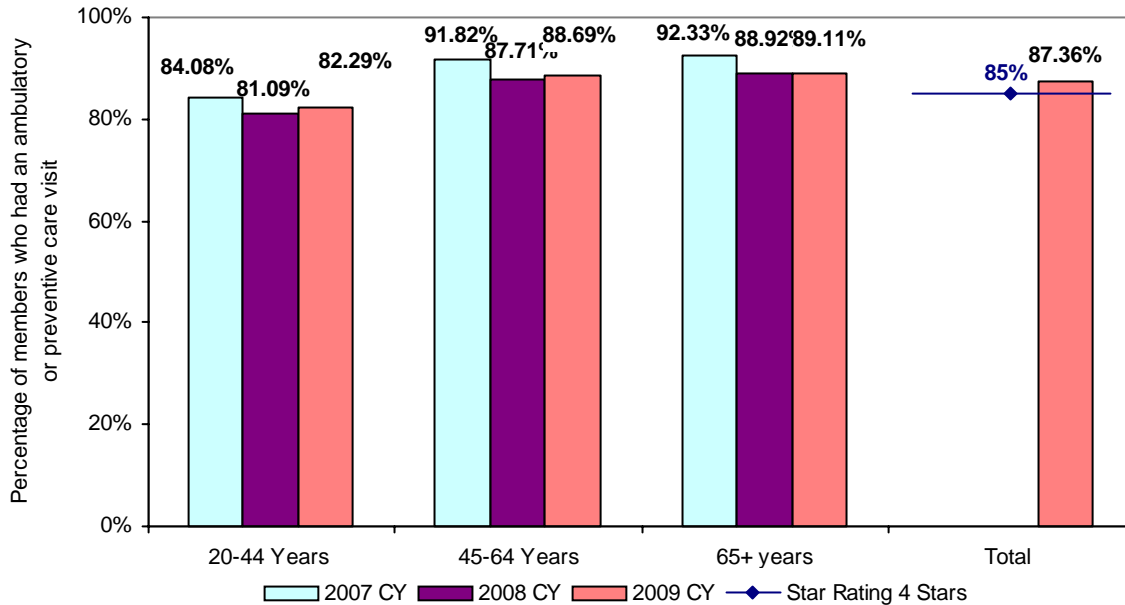
DESCRIPTION

The denominator includes members 20 years and older who were continuously enrolled during the measurement year. The numerator includes those members who had an ambulatory or preventive care visit. This measure is reported at three age stratifications 20–44 years, 45–64 years, and 65 years and older.

PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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FINDINGS

**Adults' Access to Preventive/Ambulatory Health Services**



Please note: For calendar year 2009, the graph is reflective of: 20-44 years old eligible population 2,129 with 1,752 numerator events, 45-64 years old eligible population of 3,394 with 3,010 numerator events, and 65+ years old eligible population 3,598 with 3,206 numerator events.

All age groups in the 2009 measurement year demonstrated slight increases. The 20-44 age group increased by 1.2 percentage points, ages 45-64 increased by 0.98 percentage points, and ages 65+ increased by 0.19 percentage points.

OPPORTUNITIES

- Conduct targeted outreach to members identified as not having at least one preventive/ambulatory care visit and assist with scheduling an appointment.
- Assess and monitor appointment compliance with the Plan's appointment access and provider availability standards via Provider Relations site visits.
- Distribute "Welcome" packets to new members explaining Passport Advantage benefits followed by a "welcome" call to confirm receipt, review benefits and answer questions.
- Engage providers to promote member awareness of primary and preventive care, through Adult Preventive Guidelines distribution, provider manual, and web site.
- Monitor GeoAccess reports and increase contracting activities as needs are identified.
- Provide information regarding PAD benefits via member mailings, newsletters, on-hold messages, posters, pamphlets, and community events.

## MEMBER SATISFACTION SURVEY

### GETTING NEEDED CARE

#### DESCRIPTION

This composite score is comprised of two questions:

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?

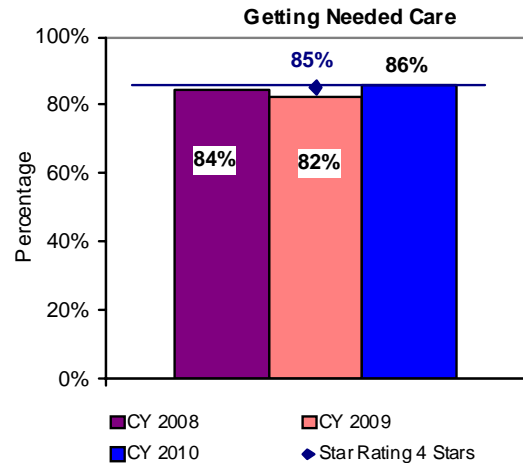
#### FINDINGS

Results increased 4 percentage points to meet the 4-Star threshold.

#### OPPORTUNITIES

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 as appropriate.
- 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.



### GETTING APPOINTMENTS AND CARE QUICKLY

#### DESCRIPTION

This composite is comprised of two questions:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

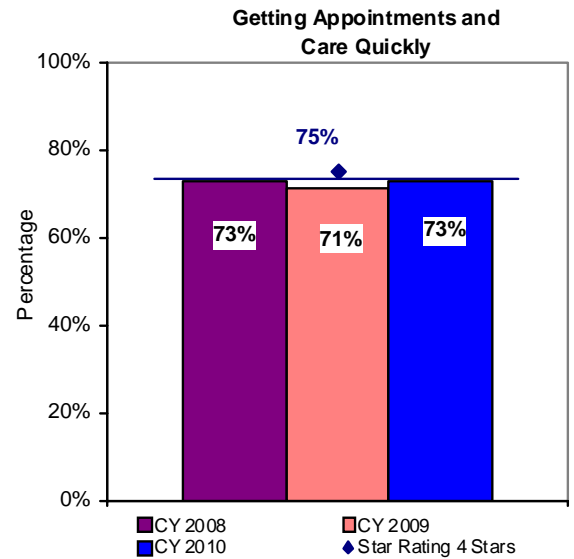
PASSPORT ADVANTAGE 2009 HEALTH OUTCOMES  
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FINDINGS

Results increased 2 percentage points.

OPPORTUNITIES

- Monitor GeoAccess reports and increase contracting activities as needs are identified.
- Assess and monitor appointment access and availability along with specialists' availability during provider site visits and the Plan's annual practitioner satisfaction survey.
- Developing a Rapid Response team that consists 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.
- Distribute a training tool for practitioners and office staff on ways to improve patient satisfaction.
- Distribute a provider communication regarding the importance of patient centered care.
- Increase provider awareness of members' rights and responsibilities.
- Engage providers to promote member awareness of primary and preventive care, through Adult Preventive Guidelines distribution, provider manual, newsletters and web site.



**DOCTORS WHO COMMUNICATE WELL**

DESCRIPTION

This composite is comprised of four questions:

- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the 6 months, how often did your personal doctor spend enough time with you?

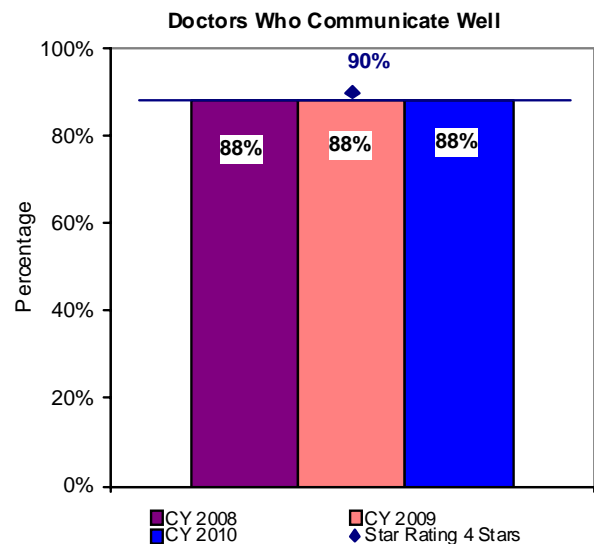
FINDINGS

Results for CY 2010 remained equal to CY 2009 results.

OPPORTUNITIES

Improve member satisfaction with how well doctors communicate through:

- Monitor member complaints



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- against providers 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.
  - Distribute a training tool for practitioners and office staff on ways to improve patient satisfaction.
  - Distribute provider communication regarding the importance of patient centered care.
  - Educate providers and specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.

## HEALTH PLAN CUSTOMER SERVICE

### DESCRIPTION

This composite is comprised of three questions:

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?
- In the last 6 months, how often were the forms for your health plan easy to fill out?

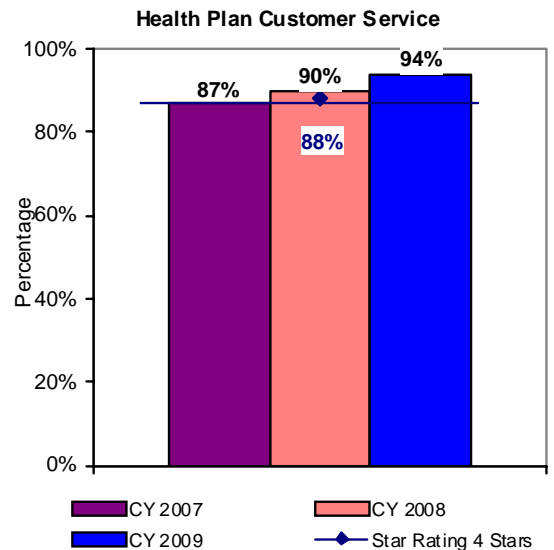
### FINDINGS

Results increased 4 percentage points to remain above the 4-Star threshold.

### OPPORTUNITIES

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.
- Random telephonic surveys to members who called the Plan's Member Services department.
- Ongoing training designed to develop and refine staff customer service skills and increase knowledge regarding Plan benefits and services.
- 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.



## GETTING NEEDED PRESCRIPTION DRUGS

### DESCRIPTION

This composite is comprised of three questions:

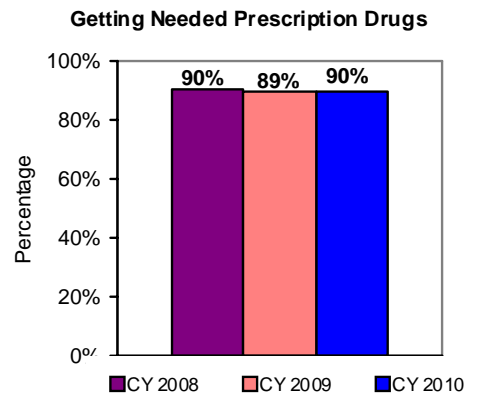
- In the last 6 months, how often was it easy to use your health plan to get the medicines your doctor prescribed?
- In the last 6 months, how often was it easy to use your health plan to fill a prescription at a local pharmacy?
- In the last 6 months, how often was it easy to use your health plan to fill prescriptions by mail?

### FINDINGS

Results increased 1 percentage point.

### OPPORTUNITIES

- Ongoing training efforts designed to develop and refine staff customer service skills and increase staff knowledge on Plan benefits and services.
- Increase members understanding of what questions to ask their providers regarding prescribed medications (Good Questions for your Good Health).

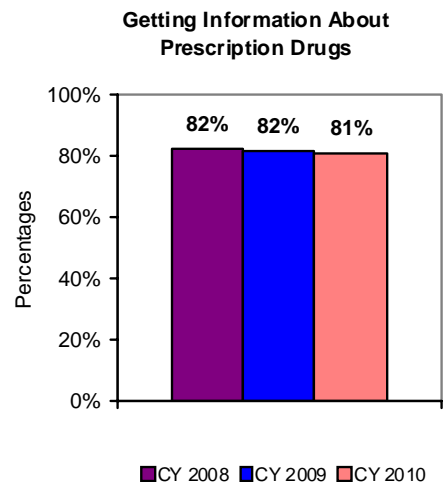


## GETTING INFORMATION FROM THE PLAN ABOUT PRESCRIPTION DRUG COVERAGE AND COST

### DESCRIPTION

This composite is comprised of four questions:

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed about prescription drugs?
- In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?
- In the last 6 months, how often did your health plan give you all the information you needed about which prescription medicines were covered?
- In the last 6 months, how often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicine?



### FINDINGS

Results decreased 1 percentage point.

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OPPORTUNITIES

- Ongoing training efforts designed to develop and refine staff customer service skills and increase staff knowledge on Plan benefits and services.
- Increase members understanding of what questions to ask their providers regarding prescribed medications (Good Questions for your Good Health).

**INFLUENZA VACCINATION**

DESCRIPTION

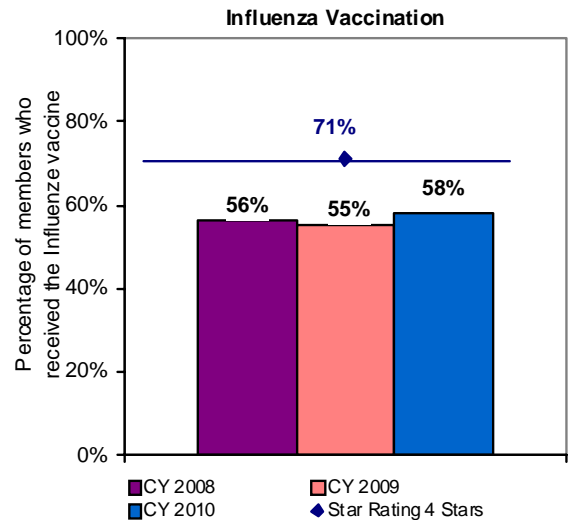
The percentage of members who received an influenza vaccination between September – December during the measurement year.

FINDINGS

Results increased 3 percentage points.

OPPORTUNITIES

- Increase provider awareness and adherence to the Plan’s Adult Preventive Health Guidelines regarding the importance of influenza vaccination by posting current guidelines on the Plan’s web site and distributed during Provider Relations site visits.
- Increase member awareness regarding the importance of influenza vaccination by distributing reminder postcards annually to all Plan members.
- Increase member awareness regarding the importance of influenza vaccination through face-to-face outreach, telephonic outreach, member newsletters, the Plan’s web site, and member educational material.
- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Collaborate with internal departments to facilitate influenza vaccination reminders in an initiative to make all member contacts count.
- Collaborate with the Public Affairs department to air information regarding the importance of influenza vaccination on a local television show.



**PNEUMONIA VACCINATION**

DESCRIPTION

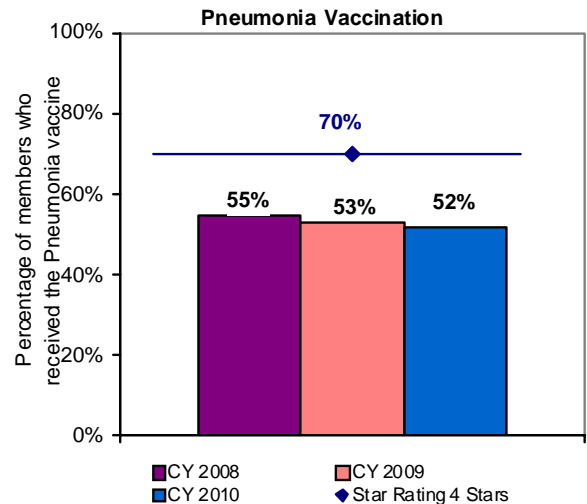
The percentage of members, who reported ever having received a pneumococcal vaccine.

FINDINGS

Results decreased 1.4 percentage points.

OPPORTUNITIES

- Increase provider awareness and adherence to the Plan’s Adult Preventive Health Guidelines regarding the importance of



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pneumonia vaccination by posting current guidelines on the Plan's web site and distributed during Provider Relations site visits.

- Increase member awareness regarding the importance of pneumonia vaccination through face-to-face outreach, telephonic outreach, member newsletters, the Plan's web site, and member educational material.
- Dedicate onsite assistance to high volume provider groups to conduct member outreach.
- Collaborate with internal departments to facilitate pneumonia vaccination reminders in an initiative to make all member contacts count.

## OVERALL RATINGS

This portion of the survey reflects the overall rating of the health plan, care received, personal doctor, specialist, and prescription drug coverage for the measurement year.

### RATING OF HEALTH PLAN

#### DESCRIPTION

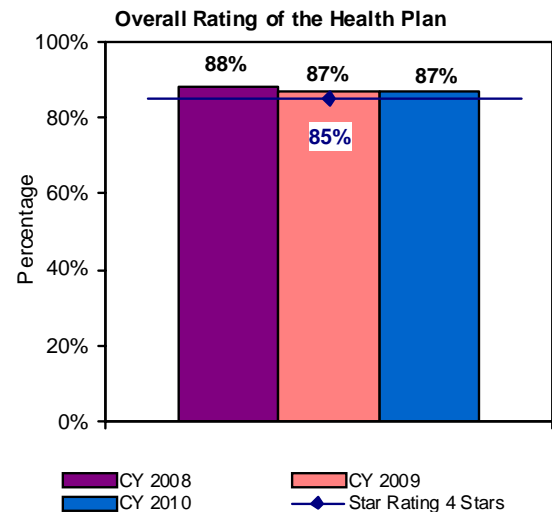
The rating is comprised of one question that gives members the opportunity to rate their health plan using a 0 to 10 point scale with '10' being the highest. The rating is calculated by the number of '8', '9' and '10' responses divided by the number of '0' through '10' responses.

#### FINDINGS

Results remained the same as last year and met the Star Rating 4-Star Threshold.

#### OPPORTUNITIES

- 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
  - New greeting on 800 toll free line to include message from Executive Director and mission statement.
  - 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 provider.



## RATING OF HEALTH CARE

### DESCRIPTION

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

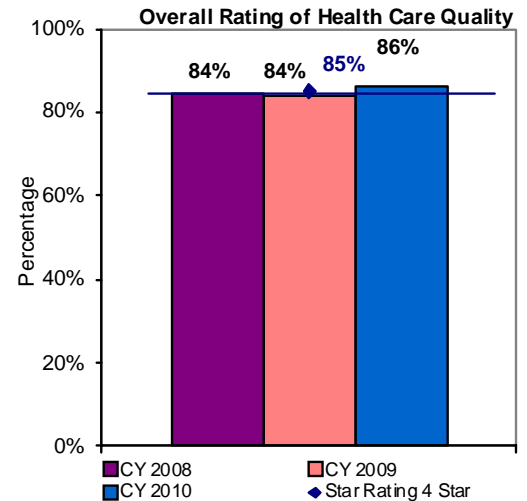
### FINDINGS

Results increased by 2 percentage points above and exceeded the Star Rating 4-Star Threshold.

### OPPORTUNITIES

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.
- Develop a Rapid Response team that consists 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.



## RATING OF THE PRESCRIPTION DRUG PLAN

### DESCRIPTION

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.

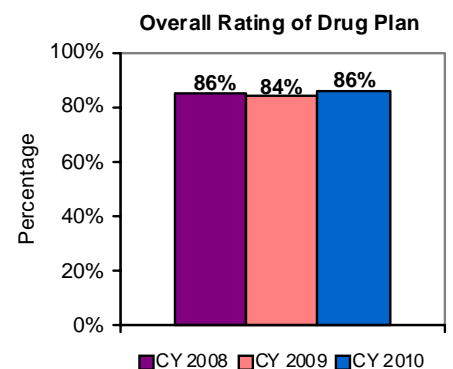
### FINDINGS

Results increased by 2 percentage points.

### OPPORTUNITIES

Improve members' satisfaction with the prescription drug plan through:

- Monitor all staff daily and weekly phone calls with feedback and training provided immediately if needed.
- Ongoing training efforts designed to develop and refine staff customer service skills and increase staff knowledge on Plan benefits and services such as TTY, TDD, Language Line, Pharmacy/Formulary and other customer service functions.



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- Perform test calls by various entities to ensure consistency for frequently answered questions, etc.

## RATING OF PERSONAL DOCTOR

### DESCRIPTION

The rating is 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.

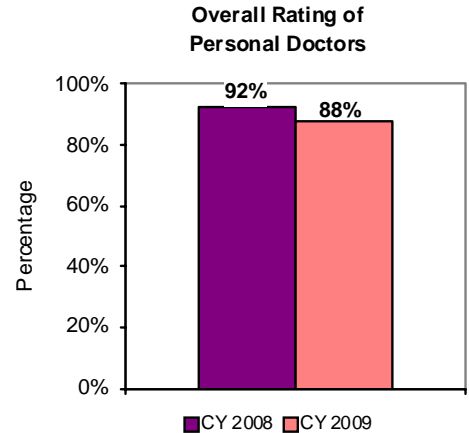
### FINDINGS

Results decreased by 4 percentage points.

### OPPORTUNITIES

Improve members' satisfaction with their personal doctor through:

- Monitor member complaints against providers 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 Provider Recognition Program and distribute results twice annually.
- Distribute a training tool for practitioners and office staff on ways to improve patient satisfaction.
- Distribute a provider communication regarding the importance of patient centered care.
- Educate providers and specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.



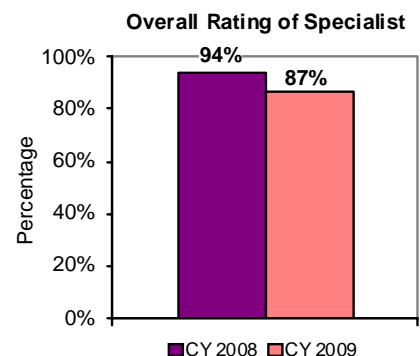
## RATING OF SPECIALIST

### DESCRIPTION

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

Results decreased by 7 percentage points.



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OPPORTUNITIES

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.
- Distribute provider communication regarding the importance of patient centered care.
- Educate specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.