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

2009 Health Outcomes and 2010 Member Satisfaction



MEDICAID HMO
SEPTEMBER 2011



2010

PASSPORT HEALTH PLAN • 2009 HEALTH OUTCOMES AND 2010 MEMBER SATISFACTION

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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 2009 health outcomes and 2010 member satisfaction results, analysis and opportunities.

Health outcomes were assessed through the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) 2010. 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 2009 results, Passport Health Plan exceeded the Medicaid mean for 81 percent of the health outcomes measures with identified benchmarks.

In addition, the Plan exceeded the Medicaid mean for 56 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

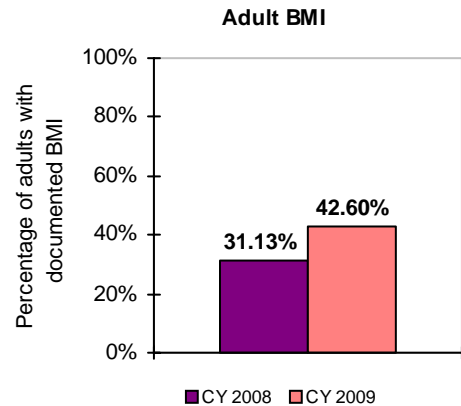
The denominator for Adult Body Mass Index (BMI) includes members 18 through 74 years of age, who were continuously enrolled during the measurement year and the year prior. The numerator includes those who had an outpatient visit and who had their BMI documented during the measurement year or the year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

FINDINGS

Calendar year 2009 results increased 11.47 percentage points above 2008 baseline results.

OPPORTUNITIES

- 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 and through Provider Relations site visits.
- 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.
 - 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 via the Plan's on hold messaging system.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 453 adult records with 193 numerator events.

CHILDHOOD IMMUNIZATIONS STATUS

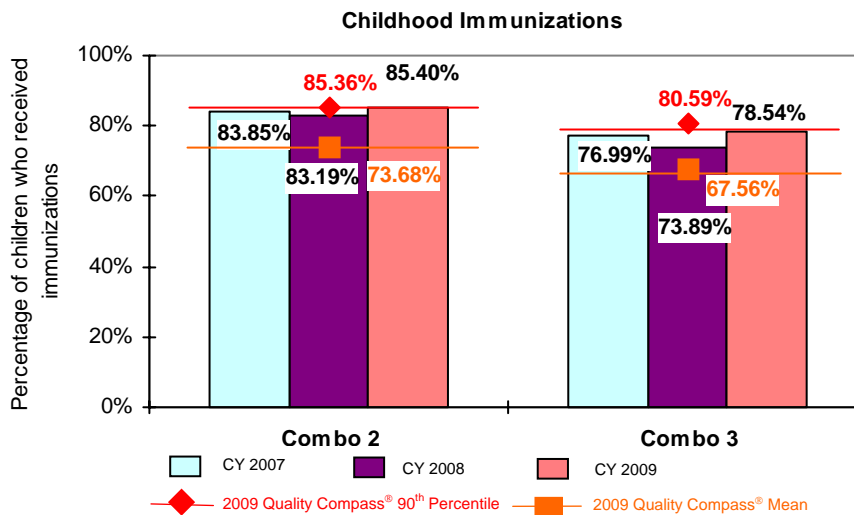
DESCRIPTION

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), two 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

Calendar year 2009 results for childhood immunizations demonstrated an increase in Combo 2 results by 2.21 percentage points. Combo 3 results, when compared to calendar year 2008,

increased by 4.65 percentage points. Both rates surpassed the 2009 Quality Compass® Mean, while Combo 2 exceeded the 2009 Quality Compass® 90th Percentile.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 452 childhood records. Combo 2 had 386 numerator events and Combo 3 had 355 numerator events.

OPPORTUNITIES

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing EPSDT (Early and Periodic Screening, Diagnosis and Treatment Program) services including participation and screening rates for members assigned to their panel.
- 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.
- Increase provider awareness of the Vaccines for Children Program during new provider orientation.
- Collaborate with community agencies that provide services to families with children for outreach effort enhancements.
- Utilize outbound telephonic technology for 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 community initiatives related to EPSDT outreach and education through planning and hosting events in 2011.
- 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.

IMMUNIZATIONS FOR ADOLESCENTS

DESCRIPTIONS

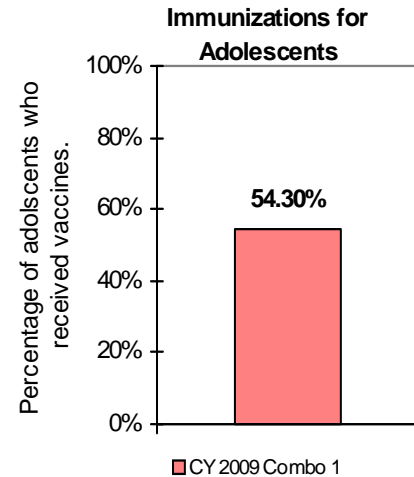
The denominator for immunizations for adolescents includes adolescents who turned 13 years of age during the measurement year and were continuously enrolled for 12 months prior to their 13th birthday. The numerator includes adolescents 13 years of age who had one dose of meningococcal vaccine and one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

FINDINGS

This is a first year measure for calendar year 2009 and as such, will serve as baseline.

OPPORTUNITIES

- Encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for increasing EPSDT (Early and Periodic Screening, Diagnosis and Treatment Program) services including participation and screening rates for members assigned to their panel.
- Increase provider awareness of the Vaccines for Children Program during new provider orientation.
- Collaborate with community agencies that provide services to families with children for outreach effort enhancement.
- Distribute an adolescent immunization's screenings due report monthly to providers.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for vaccinations.
- Increase community initiatives related to EPSDT outreach and education through planning and hosting events in 2011.
- Investigate feasibility of implementing outbound automated call technology reminders.
- Increase community initiatives related to EPSDT outreach and education through planning and hosting events in 2011.
- 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.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 453 records with 246 numerator events.

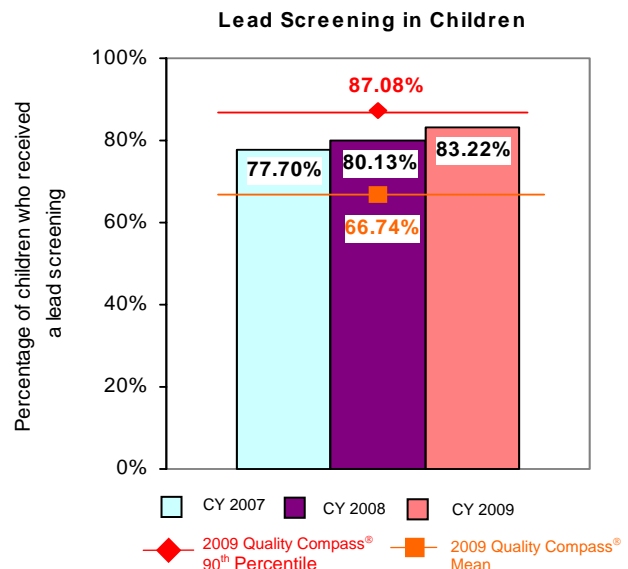
LEAD SCREENING IN CHILDREN

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 2009 results increased by 3.09 percentage points when compared to calendar year 2008 results. Lead Screening result exceeded the Quality Compass® Mean.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 453 childhood records with 377 numerator events.

OPPORTUNITIES

- Collaborate with Provider Relations to educate providers on risk factors associated with lead exposure and testing at age appropriate intervals.
- Distribute lead screening clinical practice guidelines to new participating practitioners with pediatric members.
- Increase member awareness regarding the importance of lead screening, the signs and symptoms of lead poisoning, and potential risks of lead poisoning.
- Collaborate with the Department of Public Health Childhood Lead Poisoning Prevention Program to educate members regarding the importance of lead screening.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of lead screenings.
- Include lead poisoning education to members via Plan's on hold messaging system.

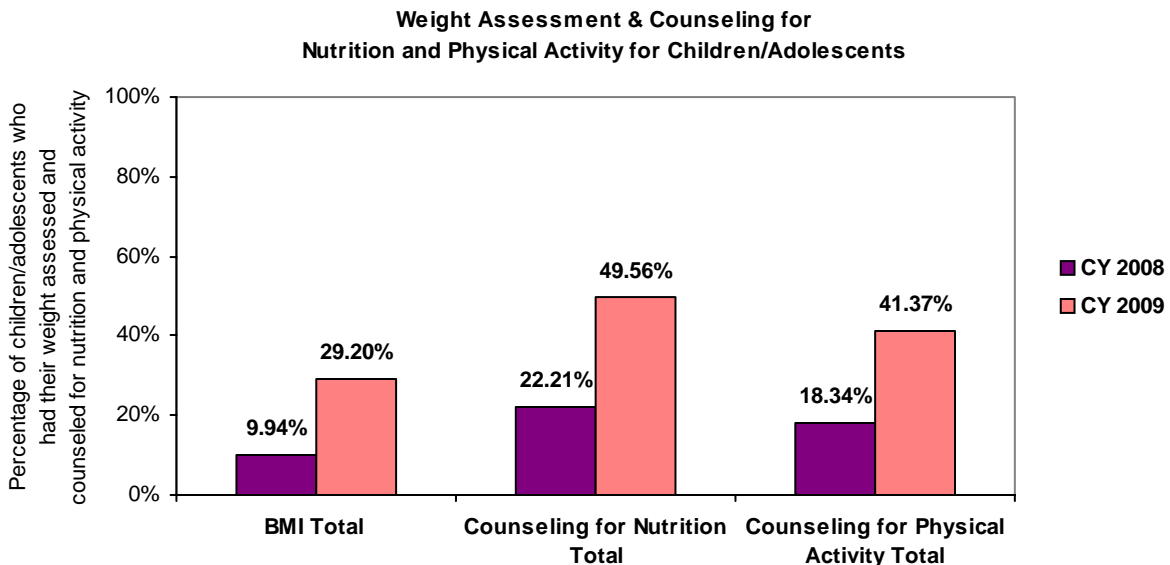
WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS

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.

FINDINGS

Calendar year 2009 results for all three measures increased significantly when compared to 2008 baseline results. These measures increased by the following percentage points: BMI 19.26, counseling for nutrition 27.35, and counseling for physical activity 23.03.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 452 childhood/adolescent records pulled from the measure's eligible populations. Numerator events are as follows: BMI Total 132, Counseling for Nutrition Total 224, and Counseling for Physical Activity Total 187.

OPPORTUNITIES

- 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 and through Provider Relations site visits.

- Distribute the BMI percentile growth chart available on the CDC web site to participating practitioners with pediatric members.
- Coordinate Passport Health Plan's (PHP) Louisville Youth Training Center Childhood Obesity Program (LYTC COP) to provide fitness and nutrition training to plan members.
- 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.
- 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.

Women's Health Care

BREAST AND CERVICAL CANCER SCREENING

DESCRIPTIONS

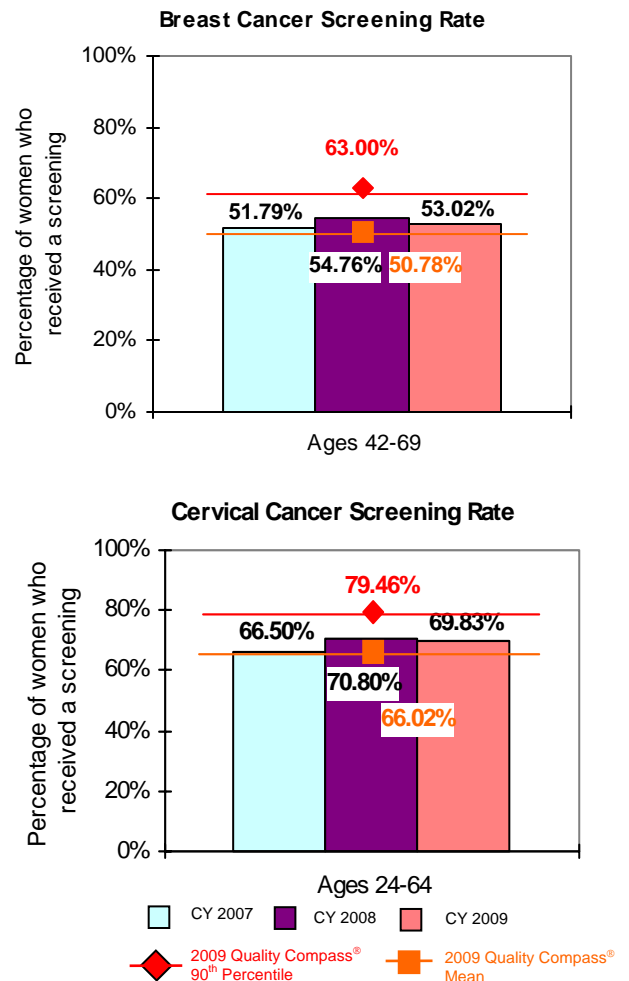
The denominator for breast cancer screening includes women 42 through 69 years of age, who were continuously enrolled during the measurement year and the year prior. The numerator includes those who received one or more mammograms during the measurement year or the year prior.

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 2009, breast cancer screening results demonstrated a 1.74 percentage point decrease. The cervical cancer screening result demonstrated a decrease of less than one percentage point. Both measures exceeded the 2009 Quality Compass® Means.

OPPORTUNITIES



Please note: For calendar year 2009, breast cancer screening data in the top graph reflects an eligible population of 7,488 members with 3,970 numerator events. Cervical cancer screening measure data in the lower graph is reflective of a systemic sample of 411 records with 287 numerator events.

- 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.
- 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.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of screenings.
- Assist providers with scheduling the member's appointment, and attending events to provide face-to-face education regarding preventive health benefits.
- Increase facility awareness of the Plan's open access benefits by collaborating with mammography facilities to host screening events, dedicated to Plan members.
- 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.

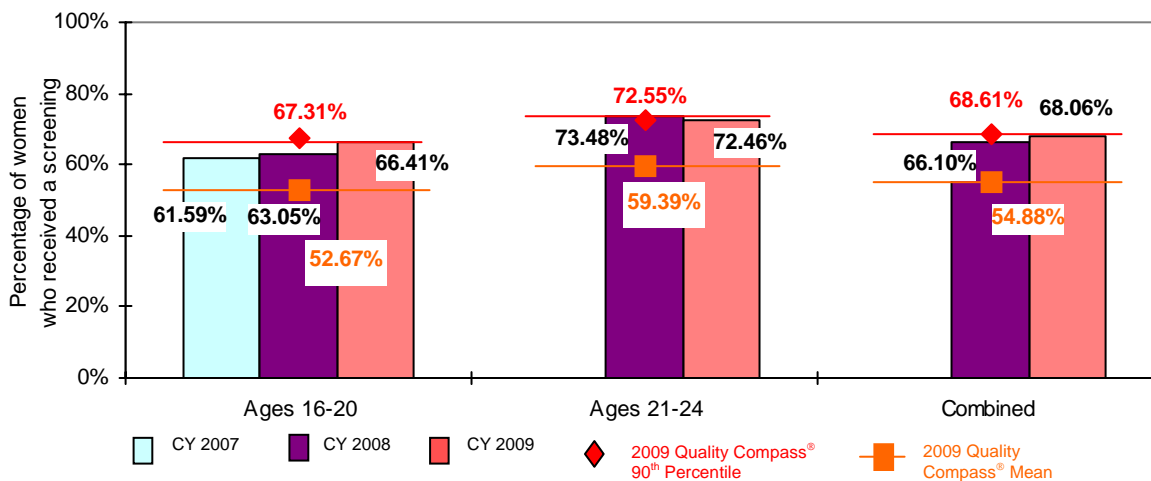
CHLAMYDIA SCREENING IN WOMEN

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.

Chlamydia Screening in Women



Please note: For calendar year 2009, the chlamydia screening data in the above graph reflects a total eligible population of 4,214 members with 2,868 total numerator events.

FINDINGS

Calendar year 2009 result for ages 16-20 increased 3.36 percentage points from 2008. Calendar 2009 results for ages 21-24 decreased 1.02 percentage points from the previous year. The combined rate for calendar year 2009 increased by 1.96 percentage points. All three rates exceeded the Quality Compass® Mean and are within one percentage point of the Quality Compass® 90th percentile.

OPPORTUNITIES

- 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.
- 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.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of 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.

Respiratory Conditions

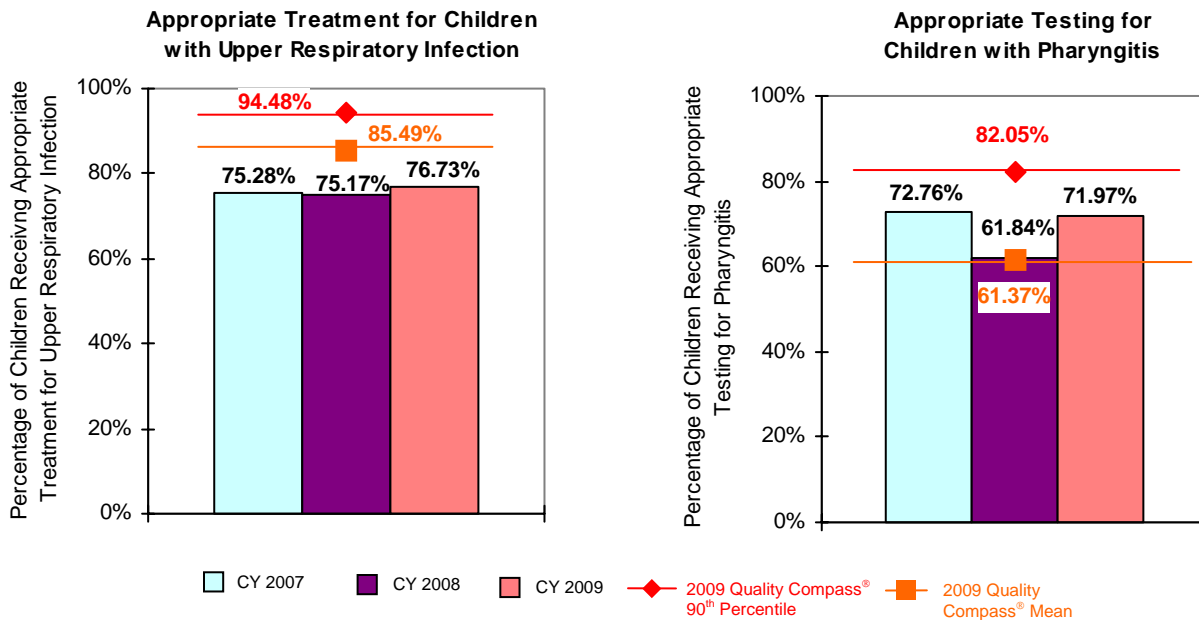
APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION AND TESTING FOR PHARYNGITIS

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 2009, the URI data in the above graph reflects a total eligible population of 8,299 members with 1,931 total numerator events. The pharyngitis data in the above graph reflects a total eligible population of 6,061 members with 4,362 total numerator events.

The URI calendar year 2009 results increased by 1.56 percentage points above 2008 results. The pharyngitis calendar year 2009 result increased 10.13 percentage points, and exceeded the 2009 Quality Compass® Mean.

OPPORTUNITIES

- Identify members who were diagnosed with pharyngitis who did not receive the group A streptococcus test and provide individual education to the member's primary care provider (PCP).
- Increase provider site visits conducted by the CHOICES consultant, a pharmacist, to provide education regarding appropriate antibiotic use for Otitis Media, Rhinitis, Sinusitis, Pharyngitis, Cough Illness and Bronchitis.
- Increase community awareness regarding the importance of appropriate treatment of children with upper respiratory infections by distributing educational materials at health fairs and events.
- 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 through Provider Relations site visits.
- 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.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

DESCRIPTION

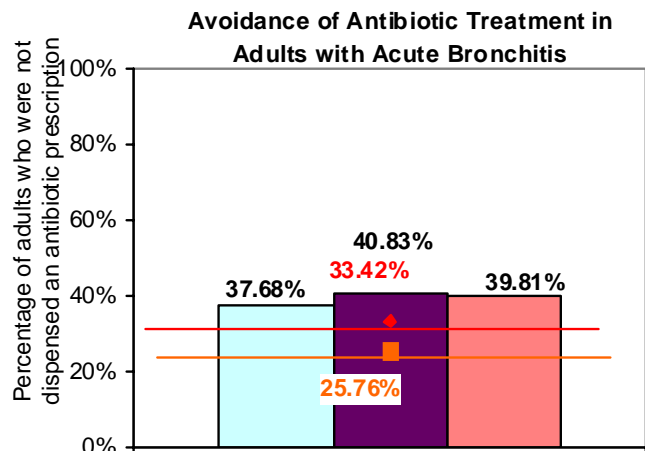
The denominator includes members 18 to 64 years of age who were diagnosed with acute bronchitis and were continuously enrolled one year prior to the episode date through seven days after the episode date (inclusive). The numerator includes those who were diagnosed with acute bronchitis and were not dispensed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

FINDINGS

When compared to 2008 results, calendar year 2009 results decreased by 1.02 percentage points. However, 2009 results continue to exceed both the 2009 Quality Compass® Mean and 90th Percentile.

OPPORTUNITIES

- Increase provider site visits conducted by the CHOICES consultant, a pharmacist, to provide education on appropriate antibiotic use for Otitis Media, Rhinitis, Sinusitis, Pharyngitis, Cough Illness and Bronchitis.
- Increase provider awareness of the appropriate treatment of acute bronchitis in adults through Provider Relations site visits.
- Increase member awareness and understanding of the appropriate treatment of acute bronchitis through member newsletters, on-hold messages, and member educational material.



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 2008 results, calendar year 2009 results increased by 0.56 percentage point.

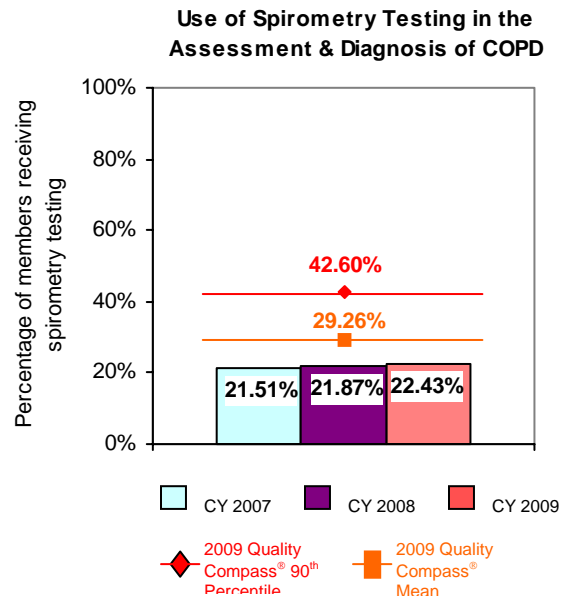
OPPORTUNITIES

- Identify members who were diagnosed with COPD who did not receive a spirometry test and provide individual education to the member's PCP.
- 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.
 - 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 of age and older who had an acute inpatient discharge or emergency department (ED) encounter between January 1 through November 30



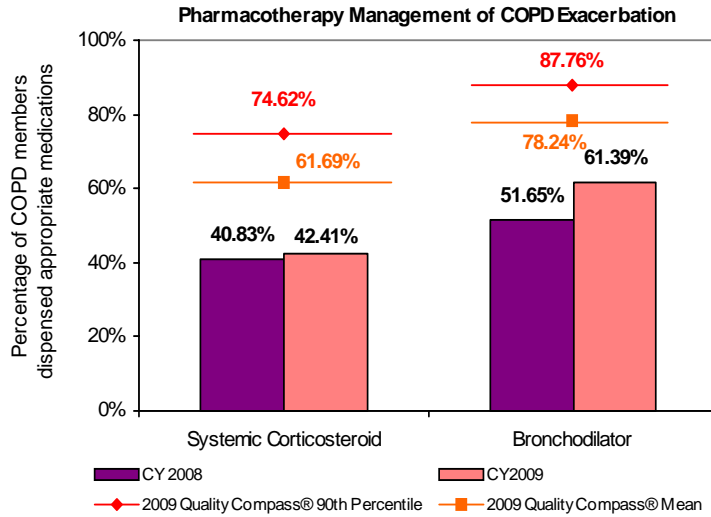
Please note: For calendar year 2009, the data in the above graph reflects a total eligible population of 1,003 members with 225 total numerator events.

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 2009, data in the graph above reflects an eligible population of 1,238 members. Systemic corticosteroid had 525 numerator events and bronchodilator had 760 numerator events.

Calendar year 2009 results for systemic corticosteroid increased by 1.58 percentage points, when compared to 2008 results. Calendar year 2009 bronchodilator results increased by 9.74 percentage points above measure year 2008 results.

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.
- 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.
- Collaborate with community agencies to develop state-wide initiatives to improve the diagnosis and treatment of COPD and COPD exacerbation.
- 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.
- 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.

USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

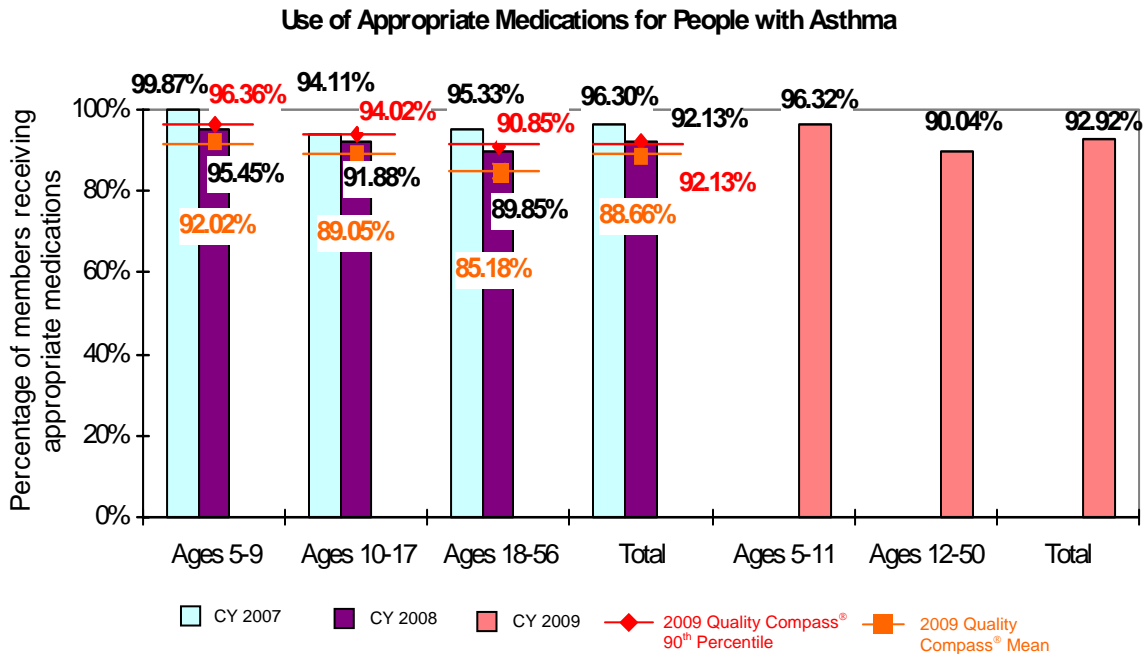
DESCRIPTION

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

Measurement year 2009 combined results increased by 0.79 percentage points; remaining above the 2009 Quality Compass[®] Mean and Quality Compass[®] 90th Percentile.



Please note: For calendar year 2009, the data in the above graph reflects a total eligible population of 2,544 members with 2,364 numerator events.

OPPORTUNITIES

- Identify members who have had a lapse in their asthma medication refill pattern and provide targeted outreach.
- Increase provider awareness of those asthmatic members on their panel who are compliant with recommended asthma medications and the member's utilization of ER visit or admissions by distributing quarterly provider reports.

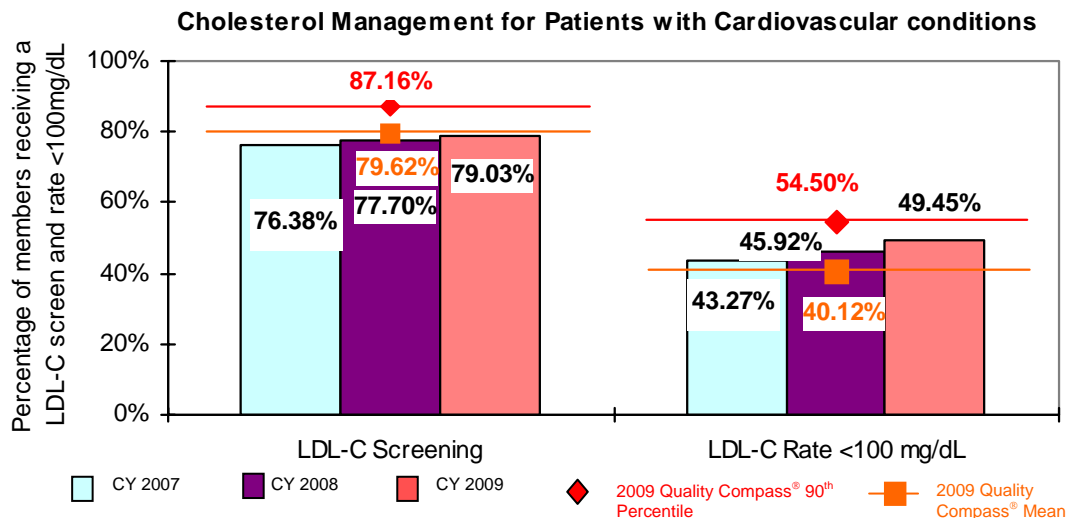
- Facilitate the Asthma Advisory Group, which is comprised of treating physicians and specialists, to develop practitioner interventions to promote appropriate care for members with asthma
- Increase community initiatives related to the treatment of asthma through:
 - Host “Healthy Hoops” event in 2011. “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.
- Create an internal workgroup to review the Plan's asthma program interventions and identify opportunities to increase the appropriate use of medications for people with asthma.
- 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 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.

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 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.



Please note: For calendar year 2009, data in the graph is reflective of a systemic sample of 453 records pulled from the measure's eligible population of 1,401 members. For LDL-C screening there were 358 numerator events and in LDL-C level <100 mg/dL there were 224 numerator events.

FINDINGS

For calendar year 2009, the LDL-C Screening results demonstrated an increase of 1.33 percentage points. The LDL-C rate <100mg/dL also increased by 3.53 percentage points for calendar year 2009 and exceeded the 2009 Quality Compass® Mean.

OPPORTUNITIES

- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of 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 at health fairs and events.
- 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 through 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, on-hold messages, the Plan's web site, and member educational material.

CONTROLLING HIGH BLOOD PRESSURE

DESCRIPTION

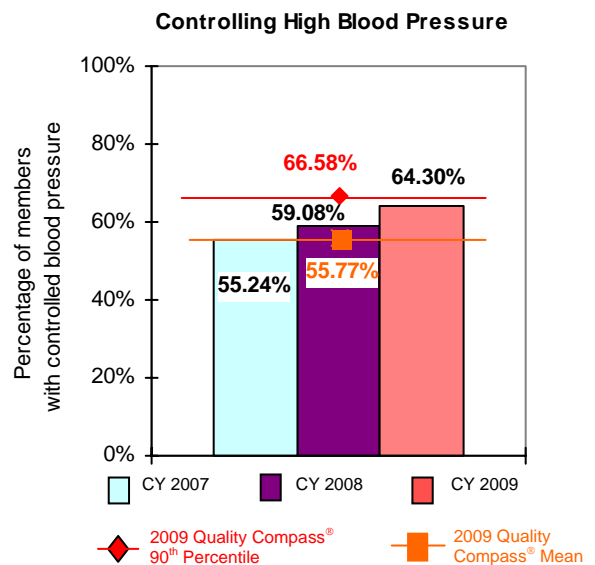
The denominator includes members 18 through 85 years of age with a diagnosis of hypertension as confirmed by chart review and who were continuously enrolled during the measurement year. The numerator includes those identified through chart review with an adequately controlled blood pressure (<140/90).

FINDINGS

For calendar year 2009, results show an increase of 5.22 percentage points and exceeded the 2009 Quality Compass® Mean.

OPPORTUNITIES

- Identify members with a diagnosis of hypertension to provide individualized education regarding the importance of controlling hypertension.
- 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.



Please note: For calendar year 2009, data in the graph above is reflective of a systemic sample of 451 records with 290 numerator events.

- 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 Relations site visits.
- 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, and member educational material.

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

DESCRIPTION

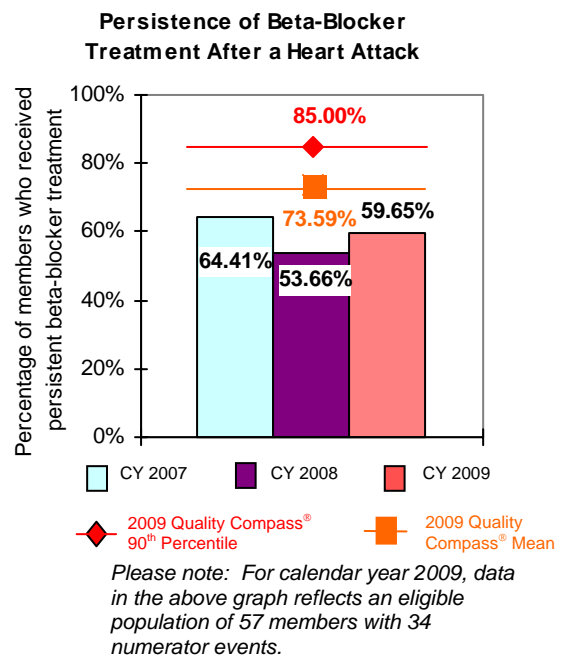
The denominator for the Persistence of beta-Blocker Treatment After a Heart Attack measure includes members 18 years of age and older during the measurement year and who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with 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 2009, the results increased by 5.99 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.



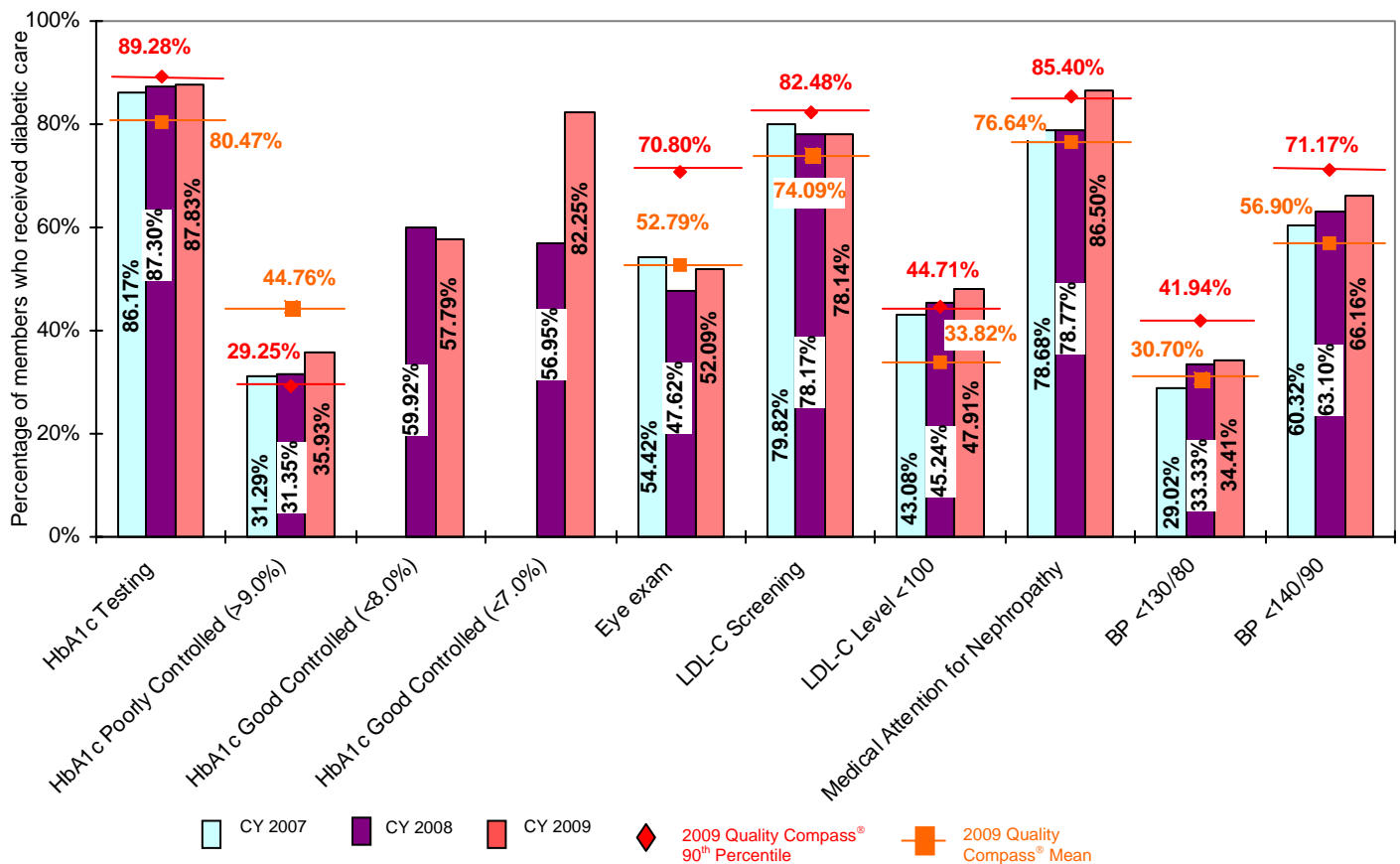
Diabetes

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 <130/80 mm Hg and <140/90 mm Hg.

Comprehensive Diabetes Care



Please note: For calendar year 2009, data in the above graph is reflective of a systemic sample of 526 records pulled from the measure's eligible population of 5,442 members. HbA1c Control <7.0 had a systemic sample of 276 records.

FINDINGS

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

HbA1c

Testing – increase of 0.53 percentage points and exceeded the 2009 Quality Compass® Mean.
 Poor Control – increase by 4.58 percentage points and is well below the Quality Compass® Mean. *This is an inverted rate with a lower rate indicating better performance.*
 Good Control <8.0% – decrease of 2.13 percentage points.

Good Control <7.0% – increase of 25.30 percentage points.

Eye Exam – increase of 4.47 percentage points and is within one percentage point of the Quality Compass® Mean.

LDL-C

Screening –remains relatively equal and exceeded the 2009 Quality Compass® Mean.

LDL-C Level < 100mg/dL – increase of 2.67 percentage points and exceeded the 2009 Quality Compass® Mean and 90th Percentile

Medical Attention to Nephropathy –increase of 7.73 percentage points and exceeds the 2009 Quality Compass® 90th Percentile.

Blood Pressure Control

<130/80 – increase of 1.08 percentage points and exceeded the 2009 Quality Compass® Mean.

<140/90 - increase of 3.06 percentage points and exceeded the 2009 Quality Compass® Mean.

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.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of 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.
- 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.
- Increase member awareness regarding the appropriate treatment and appropriate self-management skills for persons with diabetes through:
 - Maintain a Diabetes Screening calls database and performing outreach to those members identified as needing a recommended diabetic screen.
 - Distribute reminder postcards biannually to those members identified as needing diabetic screenings.
 - Distribute the newly developed comprehensive diabetes care booklet to newly diagnosed diabetic members and to members needing additional education.
 - Conduct face-to-face outreach, telephonic outreach, member newsletters, on-hold messages, the Plan's web site, and member educational material.
- 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.

Medication Management

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

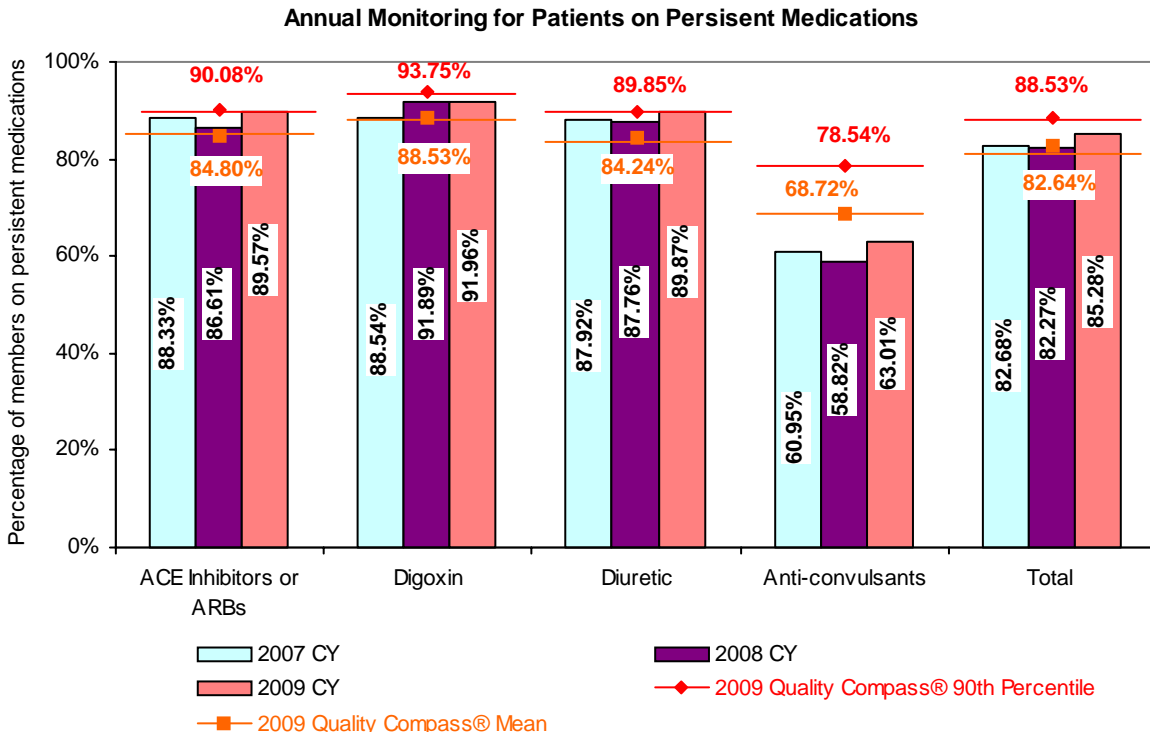
DESCRIPTION

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 2009, the graph above is reflective of: ACE Inhibitors or ARBs eligible population of 2,463 with 2,206 numerator events, Digoxin eligible population of 112 with 103 numerator events, Diuretics eligible population of 2,271 with 2,041 numerator events, and anti-convulsants eligible population of 976 with 615 numerator events. The total eligible population was 5,822 members with 4,965 numerator events.

Monitoring in all four therapeutic agents demonstrated increases when compared to calendar year 2008. All measures except anticonvulsants exceeded the 2009 Quality Compass® Mean. Monitoring of the diuretic agent exceeded the 2009 Quality Compass® 90th Percentile.

OPPORTUNITIES

- Identify members on persistent medications and provide targeted education to the member and their PCP.
- Increase provider awareness of the appropriate monitoring of these persistent therapeutic agents through:
 - Advisory letters and outlining the recommended monitoring.

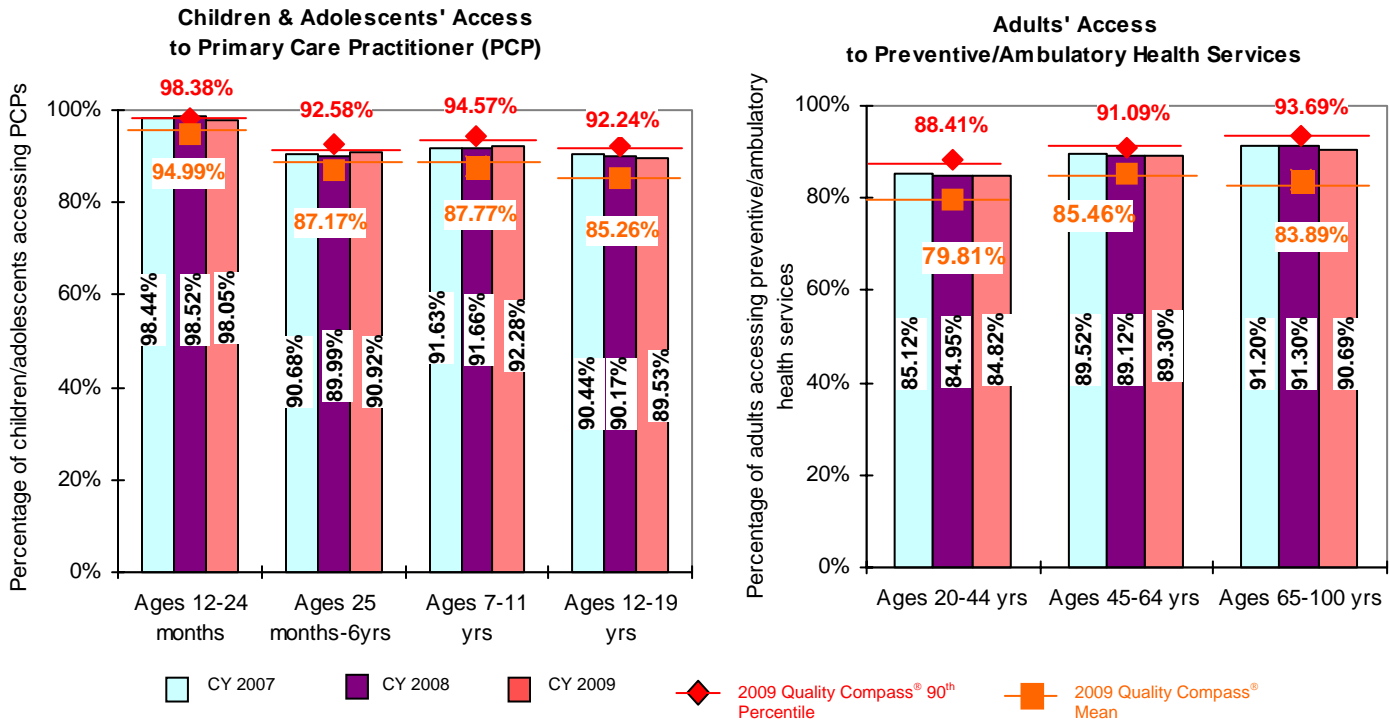
Access/Availability of Care

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 2009, data in the Children and Adolescents graph is reflective of: ages 12-24 months eligible population 5,641 with 5,531 numerator events; ages 25 months - 6 year old eligible population 20,339 with 18,493 numerator events; ages 7-11 years old eligible population 13,270 with 12,245 numerator events; and age 12-19 years old eligible population 16,010 with 14,334 numerator events. The Adult Access graph is reflective of: 20-44 years old eligible population 13,153 with 11,157 numerator events, 45-64 years eligible population 10,714 with 9,568 numerator events, and 65+ years eligible population 4,888 with 4,433 numerator events.

FINDINGS

All measures were within one percentage point higher or lower in calendar year 2009 when compared to calendar year 2008 results. All age stratifications exceeded the Quality Compass® Mean.

OPPORTUNITIES

Maintain or improve current member access through:

- Monitor GeoAccess reports and increase contracting activities as needs are identified.
- 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.
- Assessing and monitoring provider compliance with the Plan's appointment access and availability standards via Provider Relations site visits.
- Evaluate and update PCP panel discrepancies.

ANNUAL DENTAL VISITS

DESCRIPTION

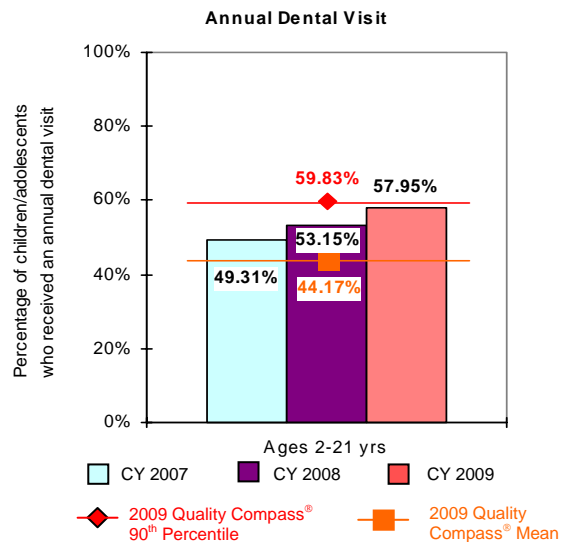
The denominator includes members 2 through 21 years of age, who were continuously enrolled during the measurement year. The numerator includes those who received at least one dental visit during the measurement year.

FINDINGS

Calendar year 2009 results demonstrated an increase of 4.80 percentage points from 2008 and exceeded the 2009 Quality Compass® Mean.

OPPORTUNITIES

- 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.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members in need of an annual dental visit.
- Collaborate with the Provider Relations to educate providers on annual dental visit benefits.
- 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 and assist with scheduling appointments.
- Investigate feasibility of implementing outbound automated call technology reminders.



Please note: For calendar 2009, data in the above graph reflects an eligible population of 62,276 members with 36,087 numerator events.

PRENATAL CARE AND POSTPARTUM CARE

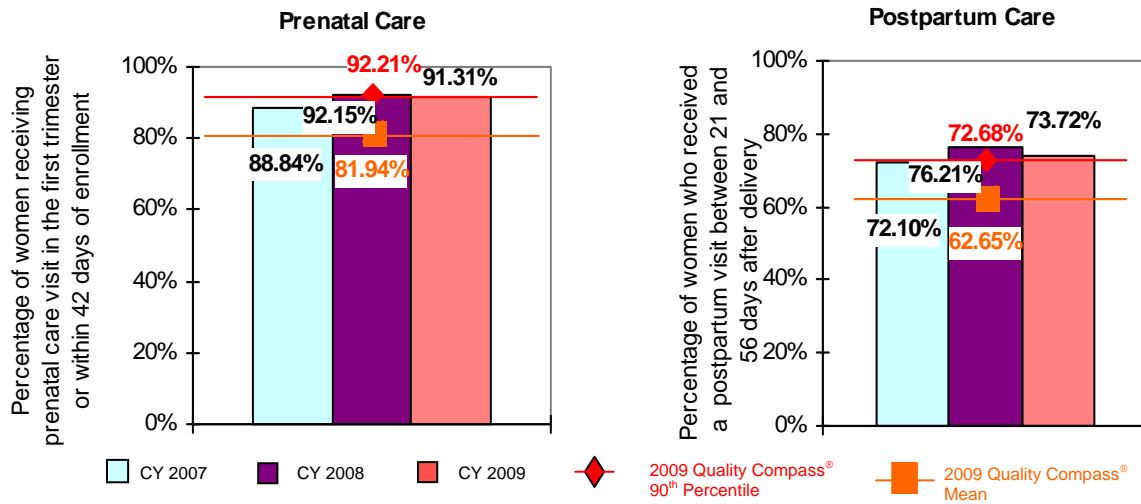
DESCRIPTION

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

For calendar year 2009 prenatal care results demonstrated a decreased of 0.84 percentage point compared to calendar 2008 and exceeded the 2009 Quality Compass® Mean. Postpartum care calendar year 2009 results demonstrated a decrease of 2.49 percentage points below 2008 results and exceeded both the 2009 Quality Compass® Mean and 90th Percentile.



Please note: For calendar year 2009, the prenatal care graph reflects a systemic sample of 449 records with 410 numerator hits. The postpartum care graph reflects a systemic sample of 449 records with 331 numerator events. Both measure had an eligible population of 6,506 members.

OPPORTUNITIES

- 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.
- Collaborate with the home visit program to promote postpartum provider visits.
- 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.
- 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, and quarterly provider reports.
- Investigate feasibility of implementing outbound automated call technology reminders.

Use of Services

FREQUENCY OF ONGOING PRENATAL CARE

DESCRIPTION

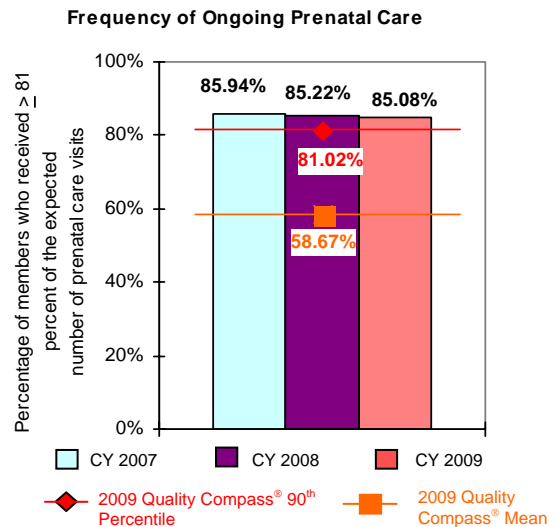
The denominator for Frequency of Ongoing Prenatal Care includes women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled 43 days prior to delivery through 56 days after delivery. The numerator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

FINDINGS

Calendar year 2009 results demonstrated a decrease of 0.14 percentage point when compared to 2008 results. Despite the decrease, the rate exceeded the 2009 Quality Compass[®] Mean and Quality Compass[®] 90th Percentile.

OPPORTUNITIES

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



WELL-CHILD VISITS AND ADOLESCENT WELL-CARE VISITS

DESCRIPTION

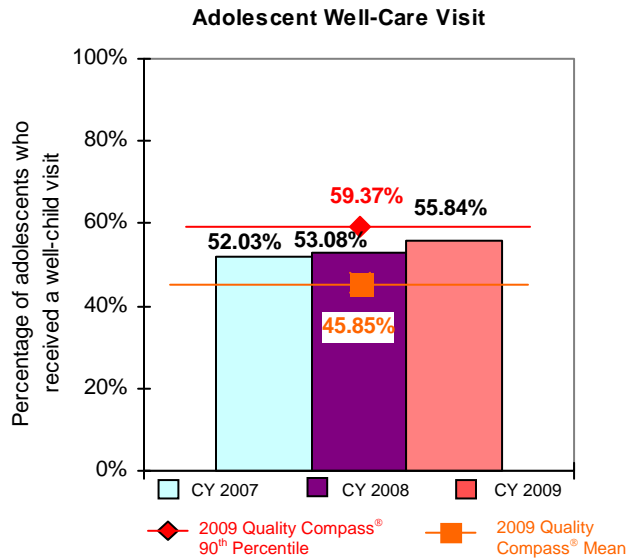
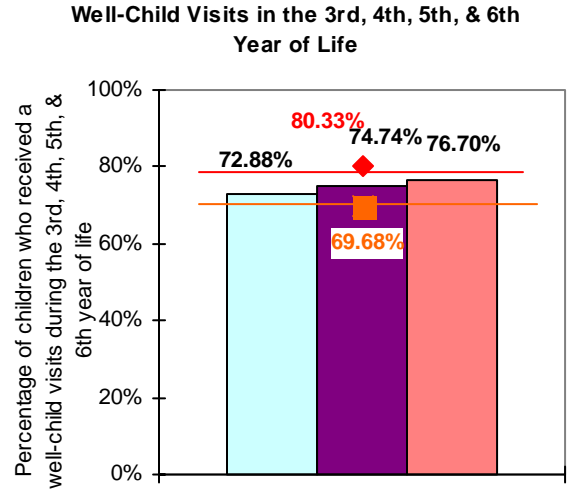
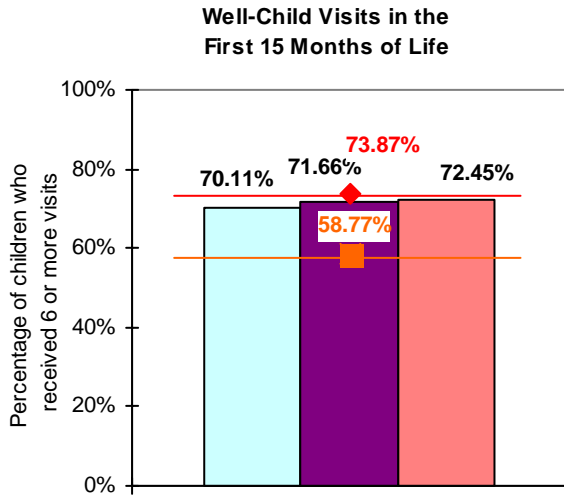
The denominator for Well-Child Visits in the First 15 Months of Life includes members who turned 15 months old during the measurement year and who were continuously enrolled from 31 days of life. The numerator includes those children who received six or more visits with a PCP within the first 15 months.

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

For calendar year 2009, all measures demonstrated increases from 2008 results and exceeded the Quality Compass® Mean. Well-child visits in the first 15 months increased by 0.79 percentage point. Well-child visits ages 3-6 years increased by 1.96 percentage points and adolescent well-child visits increased by 2.76 percentage points.



Please note: For calendar year 2009, the well-child visits in the first 15 months of graph above reflects an eligible population of 4,432 with 3,211 numerator events. The well-child visits in the 3rd-6th years of life graph reflects an eligible population of 16,199 with 12,425 numerator events. The adolescent well-care visits reflects an eligible population of 22,795 with 12,728 numerator events.

OPPORTUNITIES

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

- 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.
- Provide education and encourage practitioners to utilize the Plan's *ikaProHEDIS+*, an electronic tool to assist providers with identifying members due for screenings.
- Investigate feasibility of implementing outbound automated call technology reminders.
- 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, educational mailings, and newsletter articles.
- Investigate additional avenues to engage parents/caregivers of adolescents and teens on the benefits of healthy living.
- Collaborate with Provider Relations to educate providers on well child visit benefits.

AMBULATORY CARE/EMERGENCY ROOM VISITS

DESCRIPTION

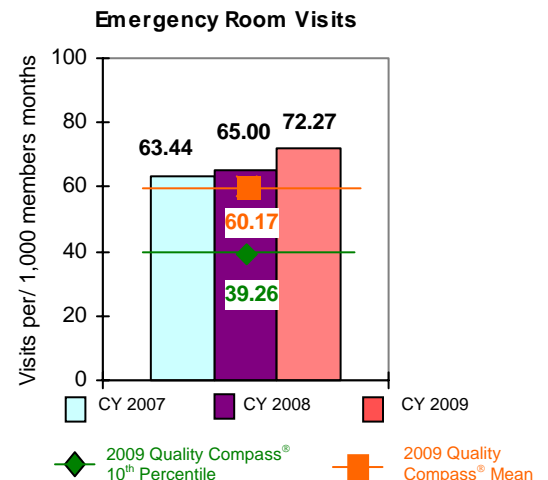
The denominator for emergency room (ER) visits equals the total number of member months for the measurement year. The numerator equals the number of emergency room visits that did not result in an inpatient stay. Multiple emergency room visits on the same date of service were counted as one visit. The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

FINDINGS

Calendar year 2008 results, demonstrated an increase of 7.27 visits per/1000 member months. This is an inverted rate with a lower rate indicating better performance.

OPPORTUNITIES

- Target those PCPs with members seeking non-emergent care in the ER and encourage participation in the Plan's Provider Recognition Program, which offers incentives to those practitioners with demonstrated improvement for reducing non-emergent ER usage and providing extended office hours.
- Refer identified high-utilizers of ER service to case management as appropriate.
- 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.
- Distribute symptom specific educational material to members identified as non-emergent high-utilizers of ER services.
- 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.

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 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, 2009, continuously enrolled for at least five of the last six months of 2009. There were 645 respondents for a response rate of 45 percent, a seven percentage point increase from last year.

The child and adolescent member satisfaction survey was sent to the parent/guardian of 1,650 randomly sampled members 17 years and younger as of December 31, 2009, continuously enrolled for at least five of the last six months of 2009. There were 669 respondents for a response rate was 41 percent, a six percentage point increase 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

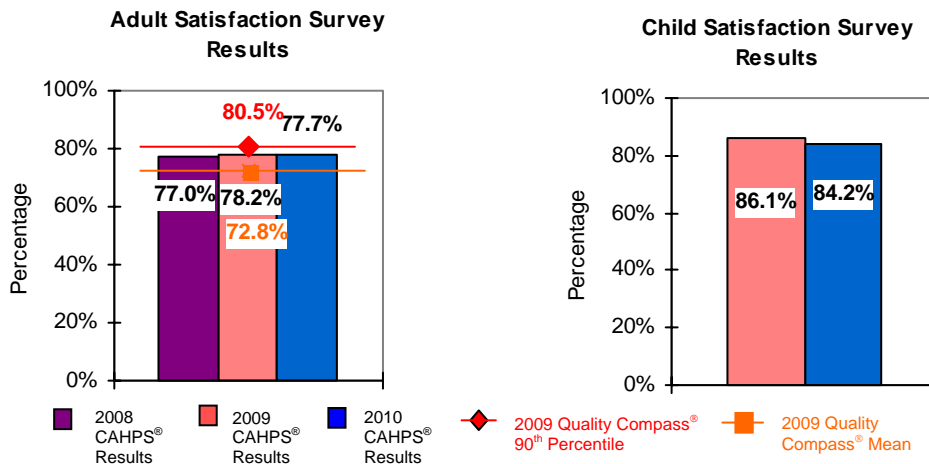
RATING OF HEALTH PLAN

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 a half percentage point decrease when compared to 2009 results and remained above the 2009 Quality Compass® Mean. The child rating demonstrated a 1.90 percentage point decrease when compared to 2009 baseline results.



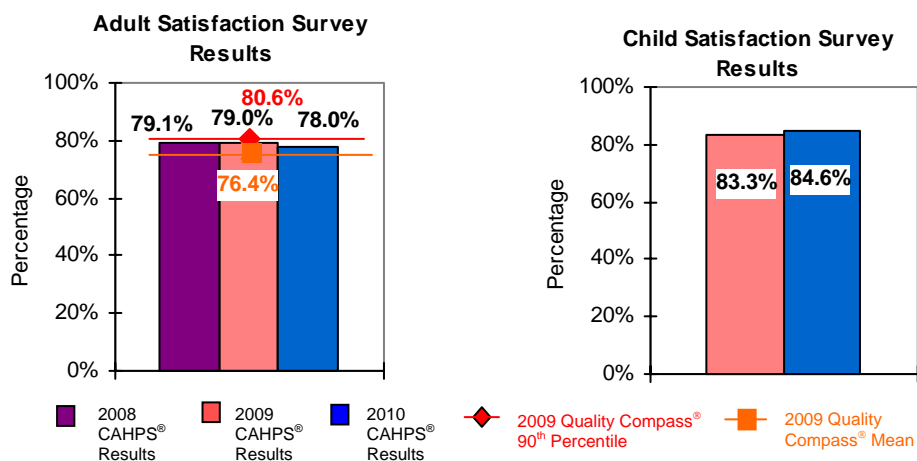
OPPORTUNITIES

- 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 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 rating decreased by one percentage point, but remained above the 2009 Quality Compass® Mean. The child rating increased by 1.3 percentage points above 2009 baseline survey results. No trends were identified via review of member complaint data in regards to dissatisfaction with specialists.

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.

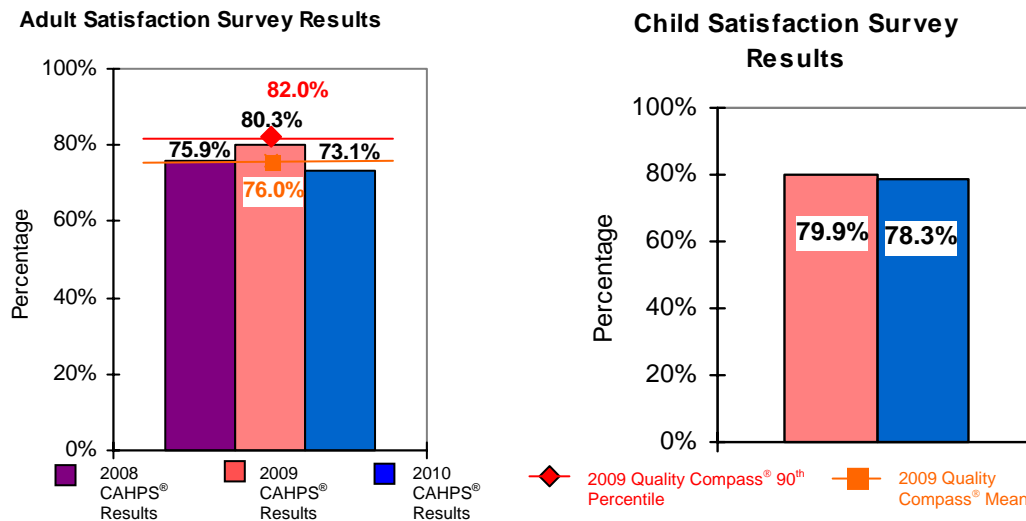
RATING OF PERSONAL DOCTOR

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 rating decreased by 7.2 percentage points. The child rating decreased by 1.6 percentage points when compared to 2009 baseline survey results.



OPPORTUNITIES

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

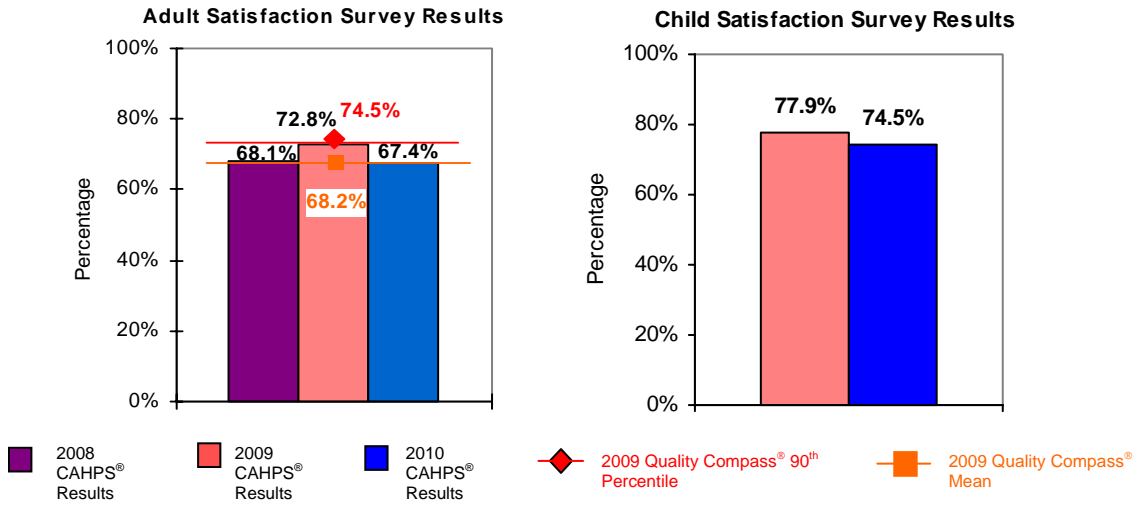
RATING OF HEALTH CARE

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 a 5.4 percentage point decrease below last year's results. The child rating decreased by 3.4 percentage points when compared to 2009 baseline survey results.



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.

COMPOSITE CUSTOMER SERVICE

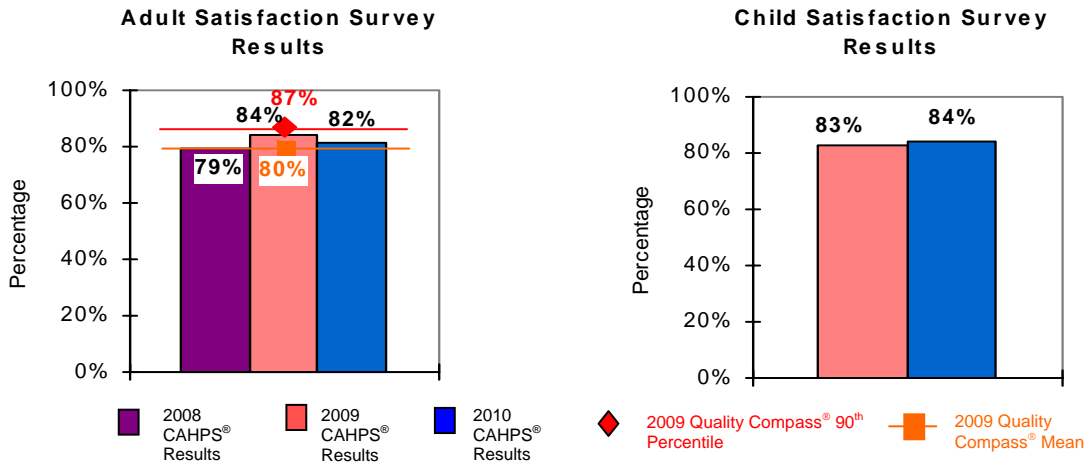
DESCRIPTION

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 rating demonstrated a 2.7 percentage point decrease and exceeded the Quality Compass® Mean. The child rating demonstrated a one percentage point increase.

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.
- 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

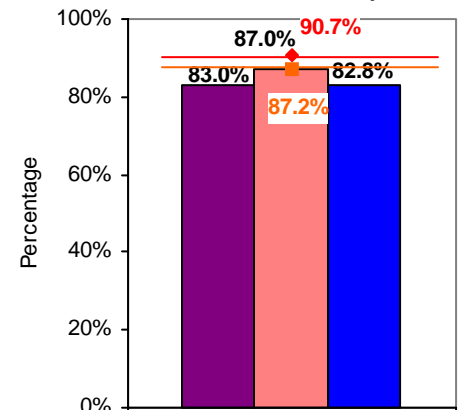
The adult survey results decreased by 4.2 percentage points. The child survey results increased in 2 percentage points above 2009 baseline survey results.

OPPORTUNITIES

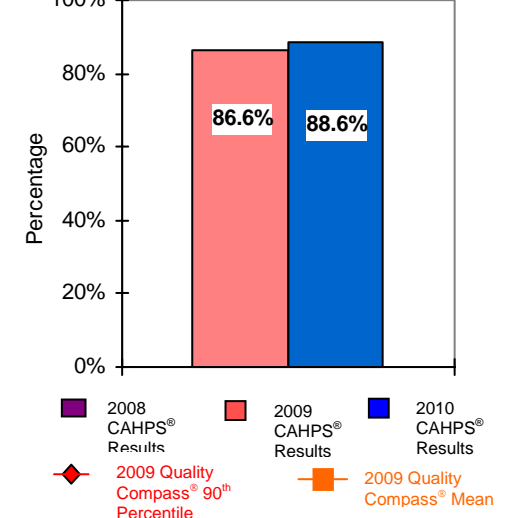
Improve member satisfaction with how well doctors communicate through:

- 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

Adult Satisfaction Survey Results



Child Satisfaction Survey Results



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 PCPs and specialists regarding member satisfaction at every opportunity including, annual practice management seminar, provider workshops, roundtables, site visits and Plan web site.

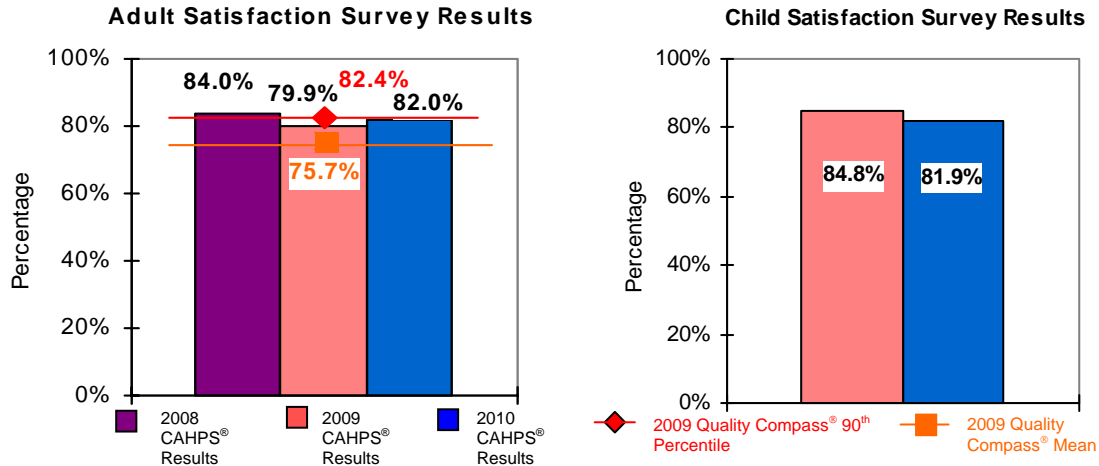
COMPOSITE GETTING NEEDED CARE

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 2.1 percentage points and exceeded the 2009 Quality Compass® Mean. The child survey results decreased by 2.9 percentage points below 2009 baseline survey results.

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.

COMPOSITE GETTING CARE QUICKLY

DESCRIPTION

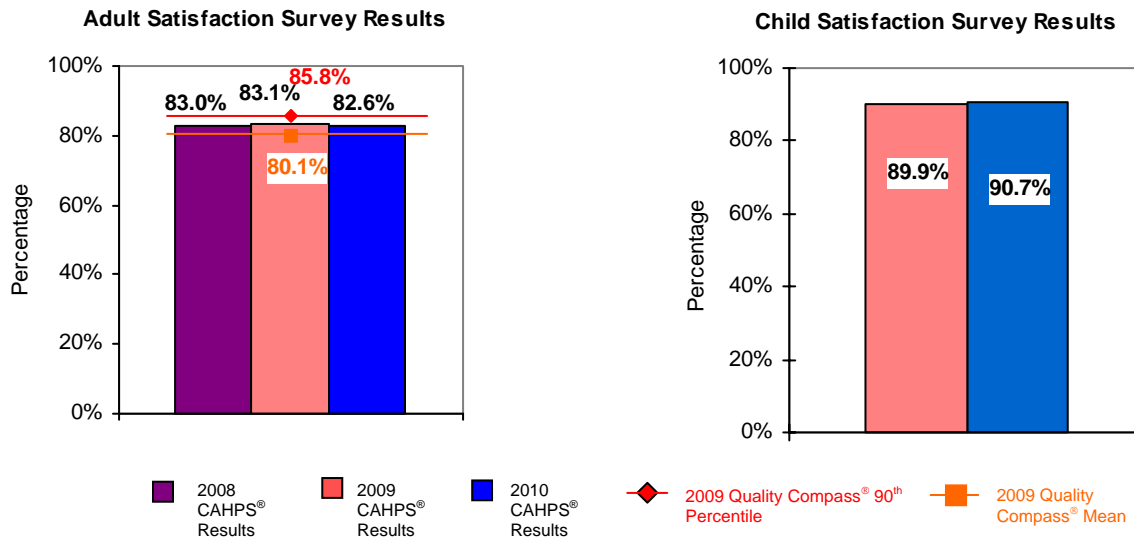
The adult and child composites are comprised of two questions:

- 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 decreased half a percentage point from the 2009 results and exceeded the Quality Compass® Mean. The child survey results increased by nearly one percentage point above 2009 baseline survey results.



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.

COMPOSITE SHARED DECISION MAKING

DESCRIPTION

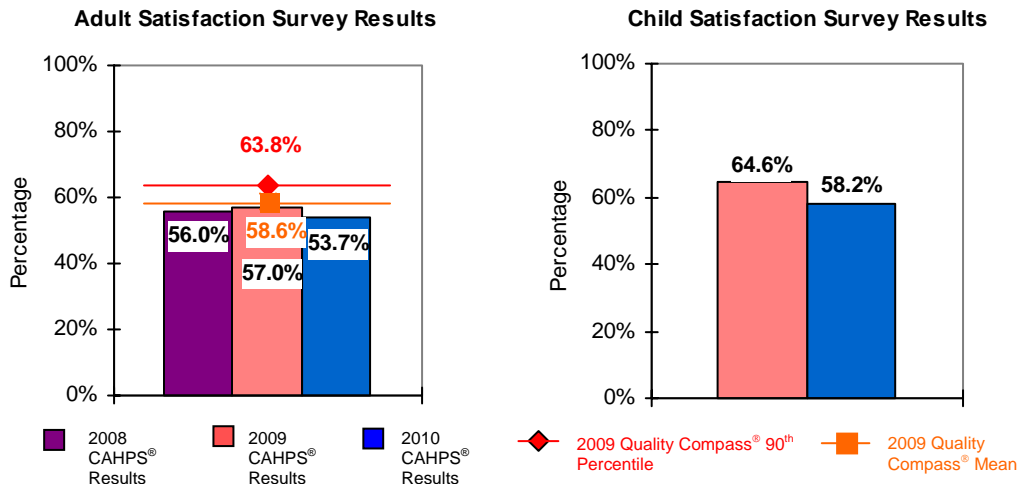
The Adult and Child composites are comprised of two questions:

- 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 decreased 3.3 percentage points below 2009 results. The child survey results decreased by 6.4 percentage points below 2009 baseline survey results.



OPPORTUNITIES

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.
- Distribute a training tool for practitioners 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.
- Increase provider awareness of members' rights and responsibilities.