



# Puget Sound Community Checkup: 2012 Report on Health Plans

An Ongoing Report to the Community on  
Health Care Performance Across the Region

*To compare health care organizations, go to  
[www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)*

Puget Sound  
**Health Alliance**  
An Aligning Forces for Quality Community



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## Introduction

The Puget Sound Health Alliance (the Alliance) is the one place in this region where all stakeholders – employers, unions, doctors, hospitals, health plans, patients and others – have come together to work on constructive ways to improve the value of local health care. A centerpiece of that collaborative work is the creation and expansion of the *Community Checkup*, a report to the public about health care quality and value.

Alliance participants, including many large purchasers (public and private employers and union trusts), are committed to promoting the use of national, evidence-based standards and public sharing of information on *all* aspects of the health care system. The *Community Checkup* report uses available data sources and draws from national standards. For measuring health plan activities, this report is based on scores from the national eValue8™ Request for Information (RFI) owned and maintained by the National Business Coalition on Health (NBCH).

The Alliance, on behalf of its members, has worked with NBCH to conduct a rigorous evaluation of health plans in Washington State using the eValue8 tool in 2008, 2009 and 2010, and most recently in 2012. By sponsoring eValue8 in the Puget Sound region, Alliance participants have these shared objectives:

1. **Generate consistency in health plan assessment** that enables greater transparency of health plan performance and permits comparison within and across markets over time, including national benchmarks and best practices;
2. **Stimulate improved performance from health plans**, with a particular focus on information, systems and tools within the control of the plan that can be used to encourage and support improved performance from providers and delivery systems, as well as promote healthy behavior for wellness and informed decision-making by consumers;
3. **Enable purchasers and plans to work collaboratively** to structure programs to reward value; and
4. **Inform purchasers' procurement decisions** about health insurance for their employees and dependents.

## Acknowledgements

**In 2012, five health plans participated\* in the process in this region:**

- One regional Health Maintenance Organization (HMO) plan: Group Health Cooperative;
- One regional PPO plan\*: Regence Blue Shield; and,
- Three national Preferred Provider Organization (PPO) plans: Aetna, CIGNA and UnitedHealthcare,

*\*Premera Blue Cross, another regional PPO plan, was invited but declined to participate.*

We congratulate and thank these five health plans for their participation in the process, including completing the extensive eValue8 Request for Information, which required a significant time and resource commitment. We applaud them for their commitment to transparency regarding their performance and their willingness to have the results shared publicly.

**In 2012, 12 purchasers sponsored eValue8 in this region. We thank them for their sponsorship of the eValue8 process.**

- Alaska Air
- The Boeing Company
- City of Seattle
- King County
- Pierce County
- Point B Consulting
- Port Blakely Companies
- Port of Seattle
- Puget Sound Energy
- REI
- Snohomish County
- Washington State Health Care Authority

## Laying the Foundation for Reporting Over Time

Our hope is that health plans and purchasers alike will continue to participate in eValue8 in future years. With ongoing participation, health plans can use their responses and results in Value8 to clearly demonstrate to employers and consumers how the health plan's actions and programs are helping to promote health and provide value in the Puget Sound region. Each health plan can show its commitment to public accountability regarding its continuous performance improvement, as measured by a process based on evidence and national standards that allows comparisons across health plans in this market and with other health plans nationally. This kind of health plan accountability and transparency is important to purchasers and policy-makers throughout the region.

This is the third *Community Checkup* public report on health plan performance based on results calculated by the eValue8 program, which the Alliance believes to be the best approach currently available to consistently measure performance *across* health plans. Following this report, we plan to update results for participating health plans again in 2014.

While this report includes summary level information shared publicly, the participating purchasers exclusively receive *very detailed* information on the programs, services and performance of each of the health plans as measured by the eValue8 RFI, and each health plan can see how it was scored in the process.

Given the complexity of health care and health plan products and programs, there is no single, “perfect” approach to consistently measure and report on the quality, cost-effectiveness and value provided by health plans. We acknowledge that what is measured may not equate to the actual experience individual members have with their health plan. Fortunately, the willingness of all but one health plan serving commercial members to participate in this project is a credible step toward an evidence-based comparison of health plan activities, based upon national standards and accreditation processes, and one that gets useful information in the hands of purchasers, health plans and the public. The evolution of the *Community Checkup* report reflects a shared commitment among stakeholders to improve health care quality measurement and public reporting over time.

## Focus Areas in eValue8™

eValue8 is a robust RFI that focuses on multiple areas where health plans can and do positively influence health care quality, the health status of members and efficiency. Health plans first submit their responses to NBCH online along with extensive documentation that describes their performance in a number of clinical and administrative areas. The information is then assessed with reference to accepted best practices, and scores are tabulated so purchasers can compare the health plans’ performance against each other as well as to national benchmarks. In addition, purchasers meet with the management of each of the health plans for an intensive discussion about select areas of focus and opportunities for improvement.

eValue8 covers seven areas – or modules – listed below in the order they appear in the RFI. Each module is weighted differently, as shown below. The percentages noted for each item reflect that item’s impact *within* that particular module. So, for example, the Health Plan Overview module is worth 7% of the *total eValue8 points*, and national accreditation is worth 37% of the points within the Health Plan Overview module (or 1.3% of the total eValue8 points).

### Health Plan Overview (Weighting of Module, 7%)

	Weight of Scoring within Module
• National accreditation status and participation in quality reporting	37%
• Health plan activities to use racial, cultural and language information from its members to improve the care and service they receive	34%
• Reporting capabilities that reveal opportunities for purchasers to strengthen plan design and improve health management	26%
• Use and promotion of data inter-operability and electronic exchange of health information in a collaborative manner	3%

## 1. Consumer Engagement (Weighting of Module, 15%)

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	Weight of Scoring within Module
• Information and tools to help members <b>understand the benefits and risks of treatment alternatives</b>	26%
• Availability of <b>value-based benefit designs</b> that promote healthy behaviors and help members adhere to effective care	21%
• Provider directories and other information easily accessed by members that include <b>quality and patient experience information for physicians and hospitals</b>	20%
• Promoting the use of <b>portable, electronic personal health records</b>	13%
• Efforts to help members be <b>better informed about the cost</b> of their healthcare, including the use of cost calculators	11%
• <b>Patient experience</b> measurement and reporting (CAHPS*)	9%

\* It's expected that health plans will routinely field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience survey and report their results publicly.

## 2. Provider Measurement (Weighting of Module, 23%)

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	Weight of Scoring within Module
• <b>Differentiation among hospitals, primary care physicians, and specialty care physicians</b> using clinical process and outcome measures, evaluation of patient experience, utilization and efficiency	41%
• Use of incentives, benefits design and information <b>to promote high performing providers and hospitals</b>	30%
• Monitoring providers for <b>efficiency and overuse*</b> to identify opportunities for improvement	14%
• <b>Partnering with other health plans in the community to measure and improve</b> physician and hospital performance	9%
• Support for physicians and the <b>promotion of health information technology</b>	6%

*\*Overuse refers to the provision of health care services for which harms outweigh benefits, and represents poor quality and a contributor to high costs.*

### 3. **Pharmaceutical Management** (Weighting of Module, 8%)

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	Weight of Scoring within Module
• <b>Promote the cost-effective use of pharmaceuticals</b> , including the use of generic prescription drugs when available and clinically appropriate	50%
• Use health plan information <b>to influence patient safety and encourage members to stay on prescribed medications</b> (includes HEDIS measurement and reporting – see note on page 9)	48%
• Programs to address cost and appropriate utilization of <b>specialty pharmaceuticals</b>	2%

### 4. **Prevention and Health Promotion** (Weighting of Module, 17%)

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	Weight of Scoring within Module
• Programming to address the <b>prevention and treatment of tobacco use and obesity</b> , including HEDIS* measurement and reporting	43%
• <b>Cancer screening</b> programs, including HEDIS measurement and reporting	23%
• Promoting pre-conception counseling and tracking of <b>high-risk pregnancies and interventions</b> , including HEDIS measurement and reporting	15%
• <b>Child, adolescent and adult immunizations</b> with emphasis on member-specific interventions, including HEDIS measurement and reporting	12%
• Partnering with employers on <b>worksite health promotion and education</b> about the risk factors associated with chronic diseases (includes providing and promoting the use of health risk assessments)	7%

*\*Healthcare Effectiveness Data and Information Set (HEDIS): see page 9 for more detail.*

## 6. Chronic Disease Management (Weighting of Module, 20%)

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	Weight of Scoring within Module
<ul style="list-style-type: none"> <li>• <b>Monitoring clinical indicators</b> - especially in the areas of diabetes, coronary artery disease, and chronic obstructive pulmonary disease - with the goal of providing useful clinical data to doctors and other practitioners, including <b>HEDIS measurement and reporting</b></li> </ul>	57%
<ul style="list-style-type: none"> <li>• <b>Identifying members with chronic disease and use of interventions involving direct contact with members to address their specific needs</b>, including staying on prescribed medication</li> </ul>	25%
<ul style="list-style-type: none"> <li>• <b>Disease management programs that engage providers and facilitate the coordination</b> of care that may involve more than one health condition, depression, alcohol and tobacco screening, and prescription drugs</li> </ul>	18%

## 7. Behavioral Health (Weighting of Module, 10%)

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	Weight of Scoring within Module
<ul style="list-style-type: none"> <li>• <b>Identification and tracking of members who would benefit</b> from treatment from behavioral health treatment; <b>member support</b> – includes use of interventions to engage and support members in their treatment</li> </ul>	33%
<ul style="list-style-type: none"> <li>• <b>Provider support</b> – includes providing and monitoring the use of <b>tools to screen</b> members for depression and alcohol use</li> </ul>	33%
<ul style="list-style-type: none"> <li>• <b>Monitoring clinical indicators</b> and other indicators such as absenteeism and productivity -, including HEDIS measurement and reporting</li> </ul>	23%
<ul style="list-style-type: none"> <li>• Whether they offer <b>coverage for behavioral health in an accredited program</b> to all of their members, with 24-hour clinical support</li> </ul>	11%

## HEDIS: Measuring and Reporting Quality

The eValue8 RFI places an emphasis on measuring and reporting HEDIS, and this is reflected in how health plans score on eValue8. HEDIS – the Healthcare Effectiveness Data and Information Set – is owned and maintained by the National Committee for Quality Assurance and includes nationally standardized measures used by more than 90 percent of America’s health plans to measure performance on improvement dimensions of care and service. In four of the seven eValue8 modules, health plans are scored on whether they measure and report publicly on HEDIS and how well they perform:

- Pharmaceutical Management
- Prevention and Health Promotion
- Chronic Disease Management
- Behavioral Health

HEDIS is important because it provides a common language and a basis for comparison of performance across health plans within the market and against top performers nationally.

## eValue8 in the Puget Sound Region

The following outlines the focus areas and priorities of eValue8 established by the sponsoring purchasers in 2012. These areas of interest formed the framework for the purchaser-plan discussions that occurred during site visits held in June 2012.

### 1. Provider Measurement

- ✓ Health plan strategy for using payment and incentives for physicians and hospitals *to improve value*
- ✓ Integration of information on treatment option support, provider quality and price *into decision support tools for members*
- ✓ Collaboration with other health plans in the market to pool data for the purpose of measuring the quality, efficiency and price of care by health care delivery system providers

### 2. Consumer Engagement

- ✓ Working with purchasers to design and implement effective value-based benefits for members
- ✓ Continual improvement of member experience with health plans (e.g., communication, claims, etc.)

### 3. Prevention and Health Promotion

- ✓ Building member participation in programs on tobacco cessation and obesity prevention
- ✓ Use of incentives for improving cancer screening, tobacco cessation, immunization and obesity prevention
- ✓ Use of incentives to encourage patients to select and maintain a relationship with a primary care provider

### 4. Chronic Disease Management and Behavioral Health

- ✓ Increasing identification of members that would benefit from active disease management
- ✓ Effective monitoring of screening, testing and medication adherence (with providers) to close “gaps in care” for members

### 5. Pharmaceutical Management

- ✓ Promotion of generic prescription medications when appropriate
- ✓ Quality, safety and adherence in the use of prescription medications to improve member outcomes

## Using This Report

As one aspect of the Alliance's commitment to increase accountability and transparency in health care, high-level summary results from the eValue8 process are shared with the public. The most detailed eValue8 data continue to be confidential, shared only with each health plan and the participating purchasers. This is similar to the approach the Alliance takes with respect to medical group measurement, where only summary results for each clinic and medical group measure are publicly available on the *Community Checkup* website, and detailed individual provider results are shared privately with each medical group.

Members of the Alliance community have agreed to the following rules in using the information in this report:

1. Each health plan may communicate about their own summary-level eValue8 results; however, health plans are prohibited from using any eValue8 results that reference or compare to another health plan's results in any public communication or promotional materials.
2. All organizations are encouraged to direct people to the *Community Checkup* website to see the comparison of summary-level results from eValue8.
3. Any communication regarding eValue8 results must follow the media guidelines of the National Business Coalition on Health (see the guidelines at [www.nbch.org/eValue8/Media Protocol](http://www.nbch.org/eValue8/Media_Protocol)).

In the future, these rules may change per direction from the Alliance Board or NBCH.

**Note:** It is important to recognize that the health plan scores are determined based on information submitted directly by the health plans and a combination of quantitative and qualitative assessments that required the judgment of numerous experts. Others who use their own processes to assess the quality, cost-effectiveness and value offered by health plans in this region may reach different conclusions than the results shown in this report.

The *Community Checkup* is not a substitute for independent decision-making that incorporates other pertinent information not included in this report. If you have concerns or questions about your medical care, health plan coverage, services or other related programs, always consult your health care provider, health plan or employer directly.

## Health Plan Results in the Puget Sound Region

Participating health plans submit information via eValue8, describing their performance in a number of clinical areas and administrative practices. The information is interpreted, scored\* and tabulated by eValue8 experts at the National Business Coalition on Health. Summaries of the scores for each module are presented on the following pages to enable comparison of eValue8 results for each health plan. In each section, the graph shows the high level summary 2012 scores for the five participating health plans, differentiating between plans that are PPO and HMO, as well as the score for the PPO or HMO health plan that earned the highest eValue8 score in the country.

We are very pleased to report that two of the health plans operating in the Puget Sound market represent **the national benchmark for best performance in the area of Pharmaceutical Management including: CIGNA Washington (PPO) and Group Health Cooperative (HMO)**.

In addition, three health plans are **among the top 15% performers nationally** for several individual eValue8 modules including:

Aetna-Washington	Provider Measurement
CIGNA-Washington	Consumer Engagement and Health Plan Overview
Group Health Cooperative	Behavioral Health

\*Health plan scores may be affected by completeness of the narrative submitted by the health plan, other information submitted by the health plan to document their actual activity, how that description and data were scored, whether or not the health plan has pursued national accreditation, and measurement and reporting of HEDIS quality and patient experience (CAHPS). What is measured by eValue8 may not equate to the actual experience of individuals with their health plan.

## Importance of National Accreditation and Performance Reporting

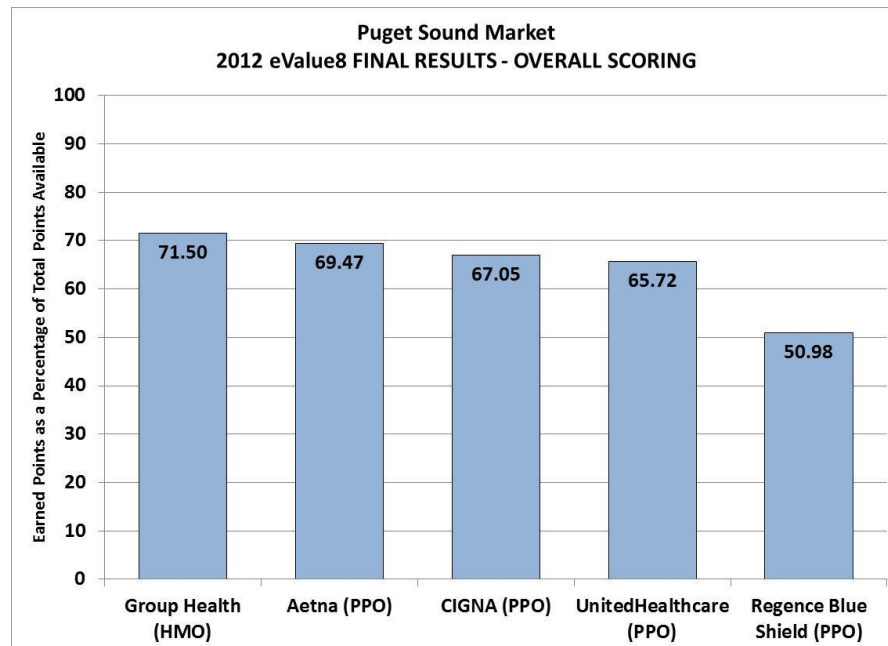
A number of nationally-recognized health plan accreditation and reporting tools exist in the United States today. eValue8 awards points to health plans that engage in external review and oversight of the health plan operations by the National Committee for Quality Assurance (NCQA) and by URAC. Health plans that have chosen to participate in other evaluation systems or have not been nationally accredited receive a lower score in the Plan Overview module. The sponsoring purchasers acknowledge that becoming nationally accredited is a time and resource intensive process for health plans; however, they also believe that the national accreditation process: (1) provides a needed nationally-recognized external, independent review of a health plan's programs and policies; (2) stimulates a health plan to refine its structure and processes to focus on improving quality, customer service and value; and, (3) creates a way for purchasers and others to make "apples-to-apples" comparisons among health plans in this region and with top performers across the country.

Accreditation by a nationally recognized organization, such as NCQA, by itself represents about 37% of the points in the *Plan Overview* module and zero points in the other six scored modules; therefore, its overall impact on total eValue8 scoring is minimal (less than 2% of the total points available overall). However, if a health plan does not measure and report key HEDIS quality indicators to NCQA and Quality Compass, the impact on scores is larger.

The eValue8 RFI heavily credits plans for HEDIS participation because it provides a standard set of condition-specific process and outcome measures that are audited and reported nationally. The eValue8 RFI awards the most points for health plans that have achieved HEDIS results at or above the 90<sup>th</sup> percentile nationally. The eValue8 scoring break points are based on the national distribution of HEDIS results calculated from a total pool of more than 400 public and private health plan products covering about 100 million people. Health plans that have not measured and reported HEDIS, or that do not have satisfactory HEDIS results, earn lower scores in four of the seven eValue8 modules. It is possible for health plans to use other approaches to operationally achieve many of the outcomes measured by eValue8. In that case, the health plan must fully describe its activities so evaluators at NBCH are able to apply the eValue8 criteria appropriately.

## 2012 Results

The **OVERALL** results for the 2012 eValue8 process are shown below. These results show the earned points as a percentage of total points available for all seven modules of the eValue8 Request for Information.



On the following pages, health plan results for each eValue8 module are **presented in the order of importance designed by the participating purchasers**, as follows:

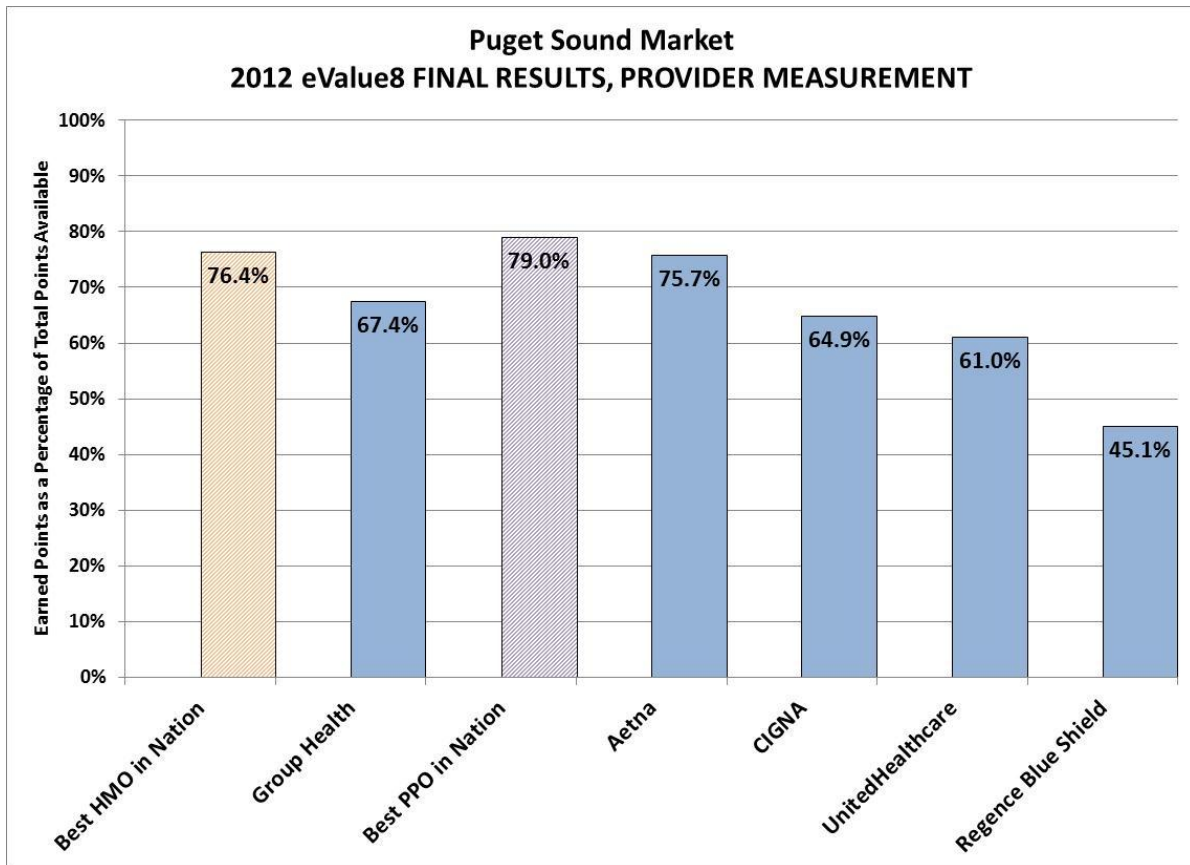
1. Provider Measurement
2. Consumer Engagement
3. Health Promotion and Prevention
4. Chronic Disease Management
5. Behavioral Health
6. Pharmaceutical Management
7. Health Plan Overview

For each section, there are two charts.

- The first shows the health plan's overall score for the module compared to the best performing HMO or PPO in the nation.
- The second shows the detailed results for each health plan, showing how each plan performed in each of the module's components. These results are compared to the maximum points achievable in each area if the health plan had earned 100% of the points available.

For each section, there is also a narrative description that provides additional information about what is being measured and why it is important in terms of improving value.

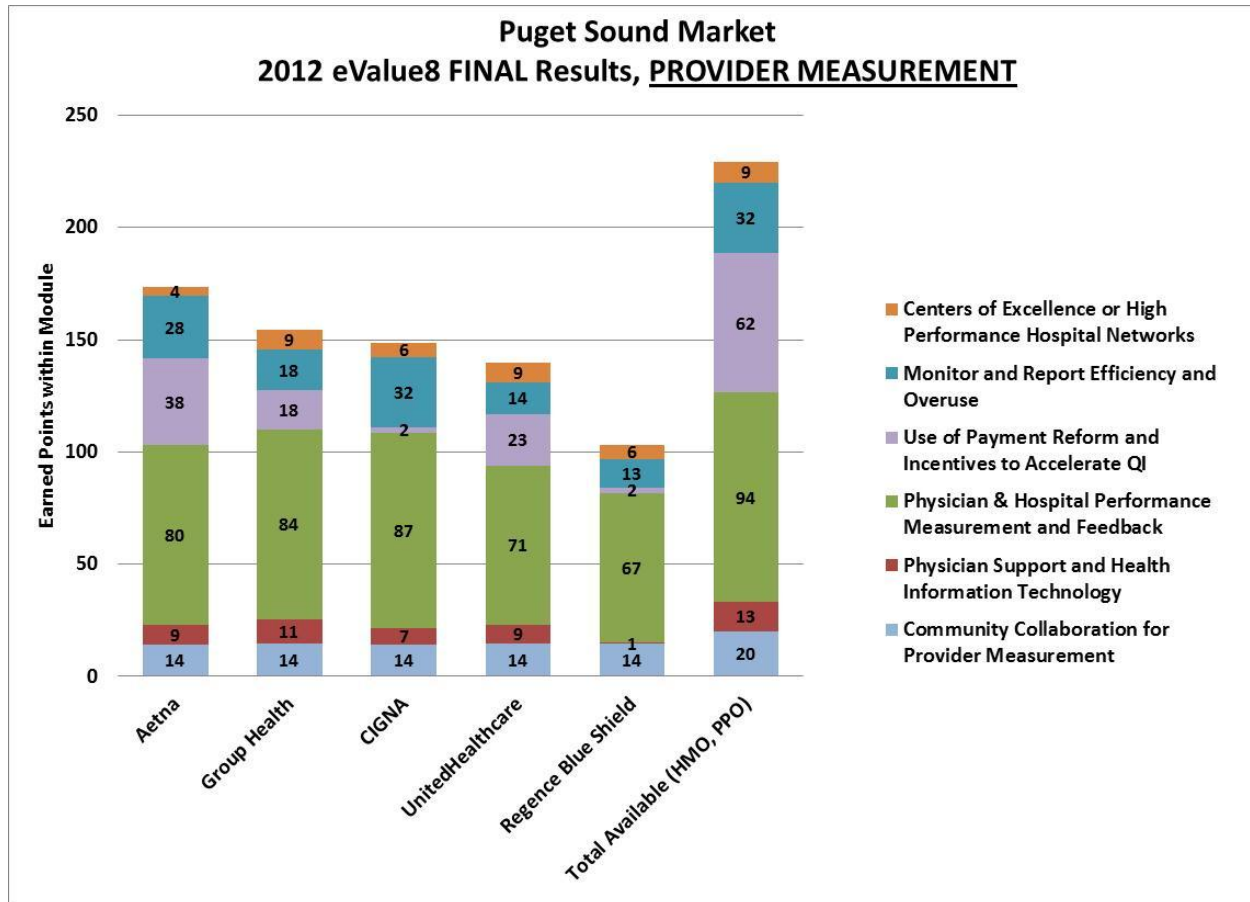
## Provider Measurement



The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Provider Measurement.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.  
Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

## What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

This module assesses how the health plan measures, differentiates and rewards the performance of physicians and hospitals, and the degree to which the plan uses nationally standardized measures. Plans can influence the quality of care and service provided by physicians and hospitals through transparency of performance as well as contracting (provider networks) and financial incentives.

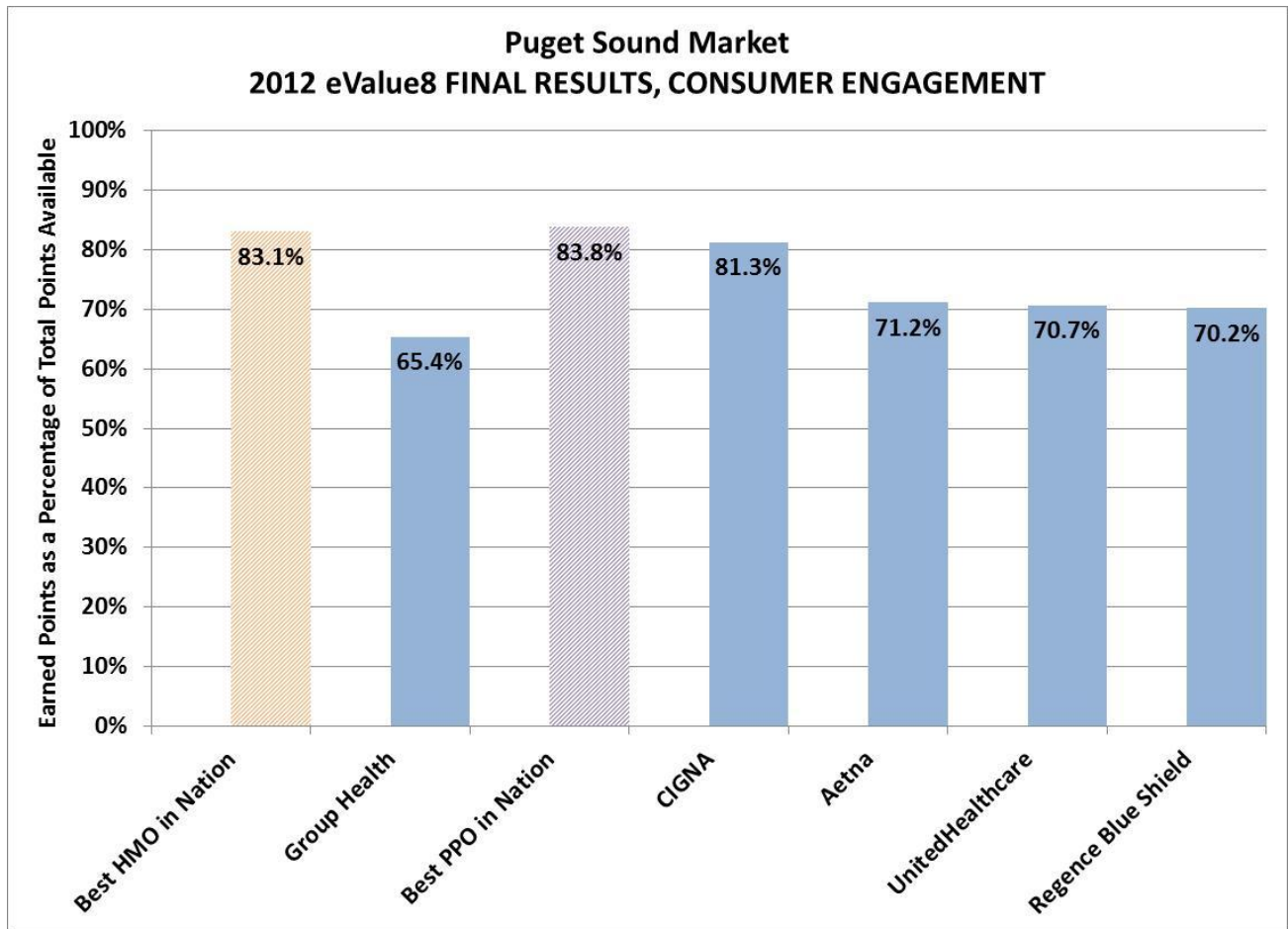
### PROVIDER MEASUREMENT: What is Being Measured in Each Color Segment in the Chart?

- Community Collaboration for Provider Measurement:** Tells you the extent the plan works with other health plans in the same region to measure and improve physician and hospital performance. Collaboration is important for at least two reasons:
  - (1) providers prefer to have a clear signal about what performance is important and what

level of performance is expected (based on evidence-based clinical guidelines) and this is easier to achieve if health plans and purchasers work together on a single performance report for the community; and (2) performance measurement can be a costly and resource intensive activity and collaboration can reduce the overall burden on all stakeholders.

- **Physician Support and Health Information Technology (HIT)**: Lets you know what information and tools are provided to physicians to help them identify patients who need services and potential gaps in care. This section focuses on HIT interoperability and rate of adoption by providers. The emphasis is on financial rewards, incentives and other forms of support.
- **Physician and Hospital Performance Measurement and Feedback**: Lets physicians and hospitals know how they compare to their peers and peer organizations on standardized performance measures. Promotes transparency as well as quality and safety improvement.
- **Use of Payment Reform and Incentives to Accelerate Quality Improvement (QI)**: Tells the types of incentives the plan uses to accelerate efforts in continuous quality improvement and how the plan promotes high performing physicians and hospitals to members. This is how the plan uses its leverage as a payer to drive improvement.
- **Monitor and Report Efficiency and Overuse**: Estimates indicate that 30% or more of costs in the healthcare system are due to inefficiency and overuse of health care services that don't add value to members. This area focuses on what plans are doing to improve efficiency and reduce the inappropriate overuse of procedures.
- **Centers of Excellence or High Performing Hospital Networks**: Identifies initiatives that promote patient use of higher-performing facilities to optimize clinical outcomes and values, particularly for services such as cardiac surgery, transplants, neonatal care and bariatric surgery.

## Consumer Engagement

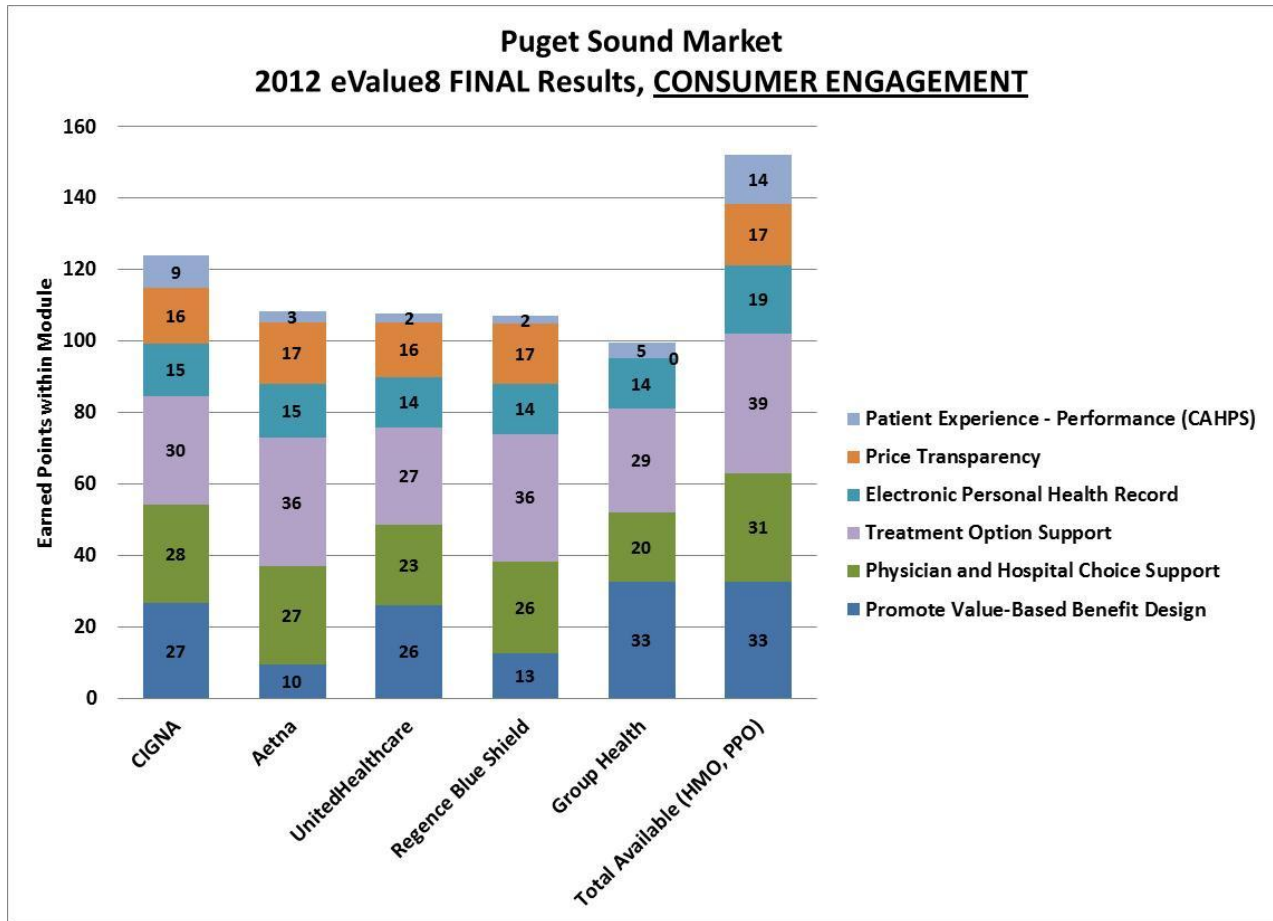


The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Consumer Engagement.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

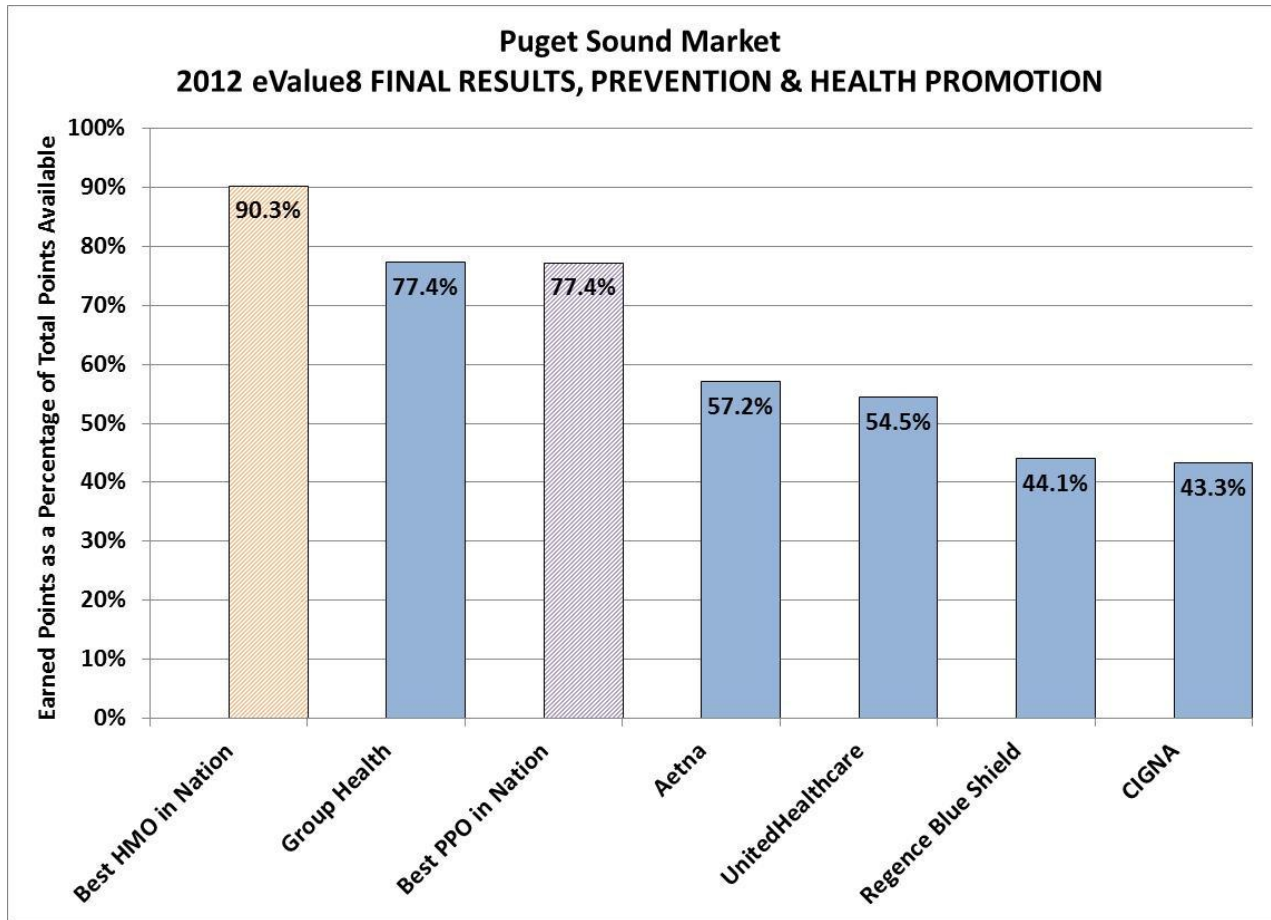
### What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

Health plans can provide a tremendous amount of information and support to their members, as health care consumers and as patients. This module looks at the types of support that are important to consumers, such as the content and usability of a health plan's electronic provider directories, availability of performance information about hospitals and other facilities, personal health records, information and tools to help members understand the benefits and risks of treatment alternatives, and patient experience survey results.

## CONSUMER ENGAGEMENT: What is Being Measured in Each Color Segment in the Chart?

- **Promote Value-Based Benefit Design:** Assesses the plan's efforts to promote value-based benefit designs (these are benefits that promote healthy behaviors as well as reduce financial barriers to consumer adherence to recommended, evidence-based care).
- **Physician and Hospital Choice Support:** Explains the extent the plan provides thorough, user-friendly performance information to members to help them select a provider of care, including clinical quality, patient safety and patient experience.
- **Treatment Option Support:** Determines the types of resources available to support members in making treatment decisions.
- **Electronic Personal Health Record:** Assesses the degree to which the plan is engaged with Personal Health Records, either by providing one and/or utilizing the information from one (initiating messages or sending reminders).
- **Price Transparency:** Describes the plan's efforts to help consumers become more involved in the financial aspects of managing their healthcare and the cost of that care.
- **Patient Experience (CAHPS):** Plans are expected to survey patients (using the CAHPS survey tool) to measure and continually improve member experience. Plans are expected to reports their results to the NCQA Quality Compass for national benchmarking.

## Prevention and Health Promotion

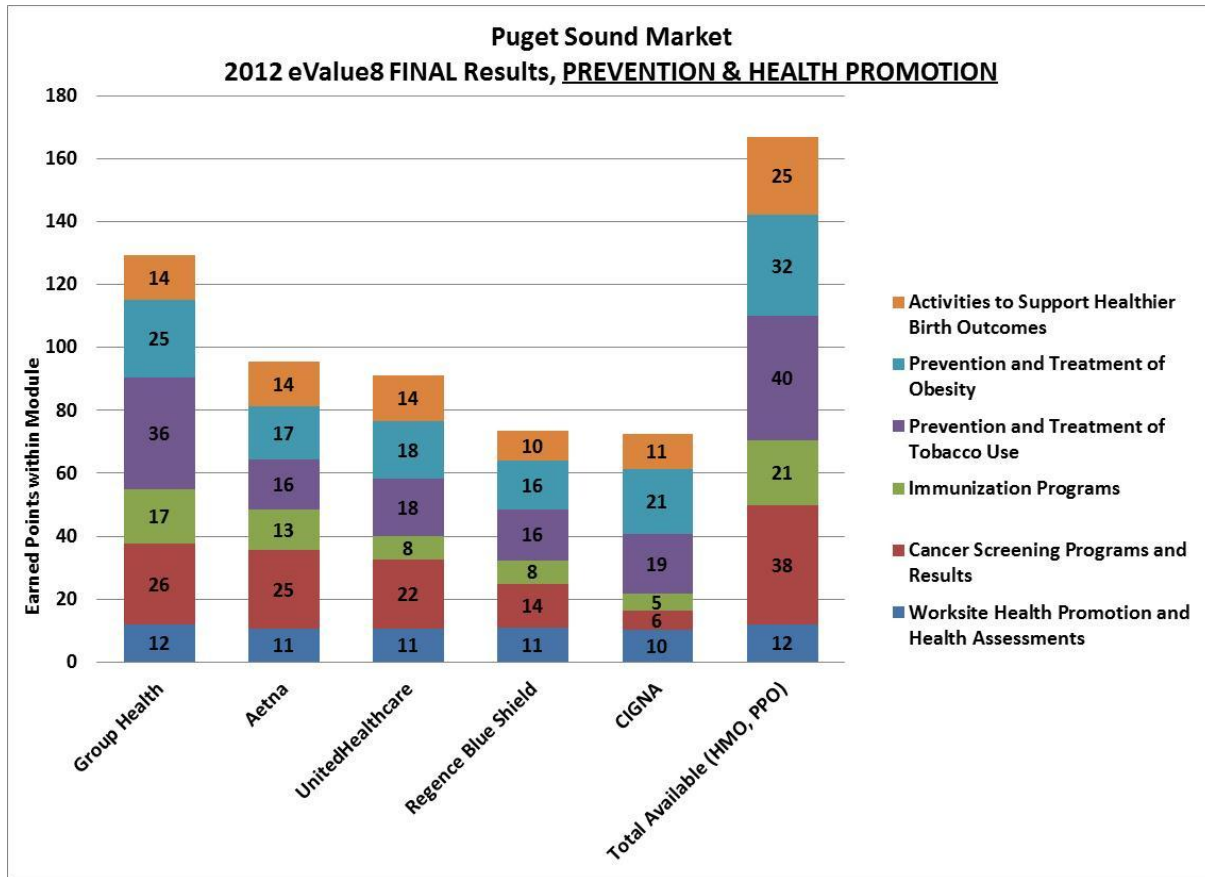


The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Prevention & Health Promotion.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

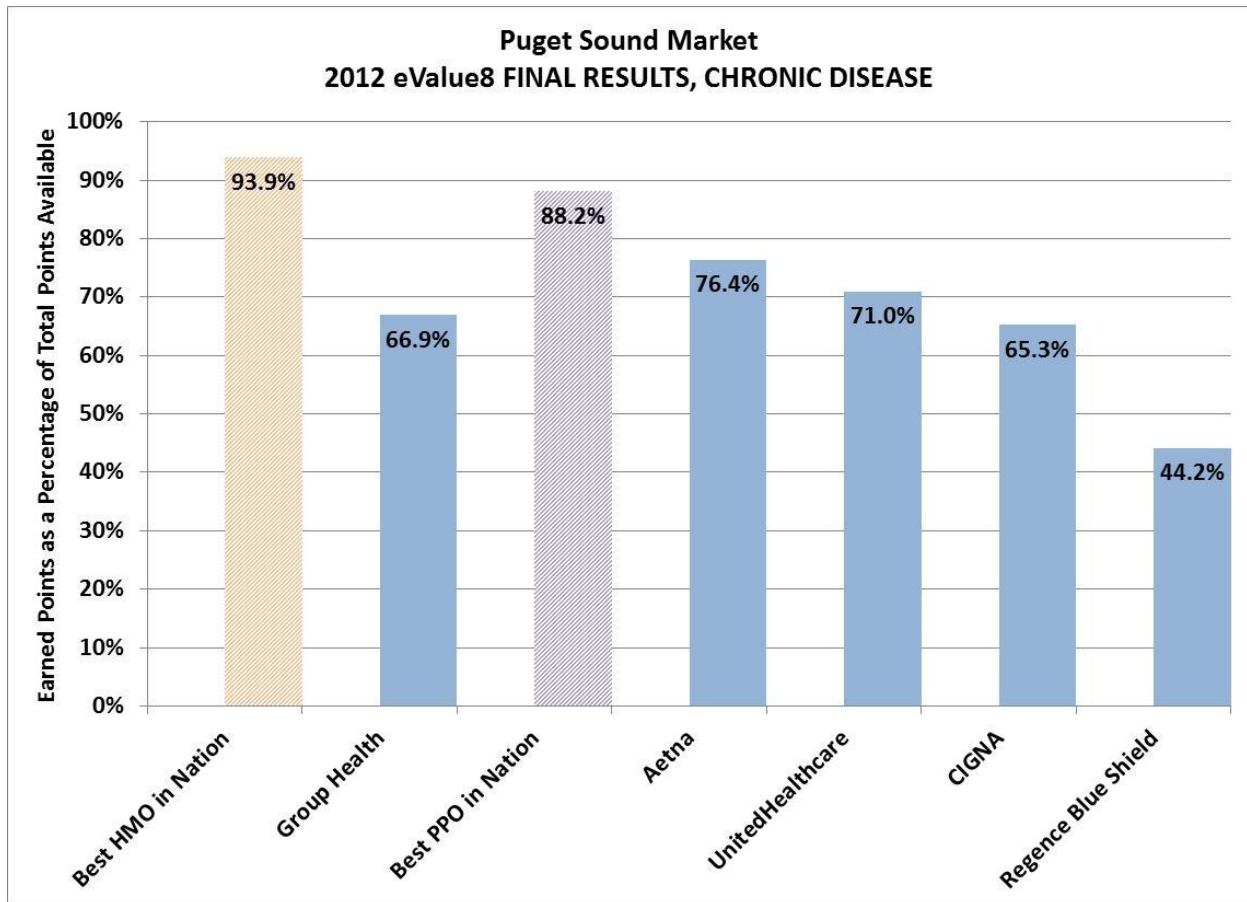
## What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

Overall, this section reviews the plan's efforts to prevent illness and keep people healthy. Health plans provide benefits and services that influence health care decisions made by members, including actions that affect an individual's current and future health. This module considers health plan actions to: partner with employers on worksite health promotion and education about risk factors associated with chronic diseases; provide and promote the use of health risk assessments; and offer programs to address cancer screening, immunizations, tobacco use, obesity and high-risk pregnancy.

## PREVENTION AND HEALTH PROMOTION: What is Being Measured in Each Color Segment in the Chart?

- **Worksite Health Promotion and Health Assessments**: Describes worksite programs offered to employers, like onsite screenings.
- **Cancer Screening Programs and Results**: Results for breast, cervical and colorectal screening as measured by HEDIS. Also focuses on types of member-specific interventions undertaken by the plan such as reminders and practitioner support including both member-specific and comparative information.
- **Immunization Programs**: Reports on plan's ability to get children and adults immunized, as measured by HEDIS. Also focuses on types of member-specific interventions undertaken by the plan such as reminders and practitioner support including both member-specific and comparative information.
- **Prevention and Treatment of Tobacco Use**: Describes programs that address prevention and treatment of tobacco use (identification of members who use tobacco, participation in cessation programs, and the types of interventions).
- **Prevention and Treatment of Obesity**: Details the plan's member education on the health risks of obesity, how members are identified for obesity programs and how the plan tracks results from program efforts. Reporting of HEDIS results also a focus.
- **Activities to Support Healthier Birth Outcomes**: Demonstrates the extent of activities that support healthier birth outcomes (e.g., preconception and prenatal counseling, high risk pregnancy management).

## Chronic Disease Management

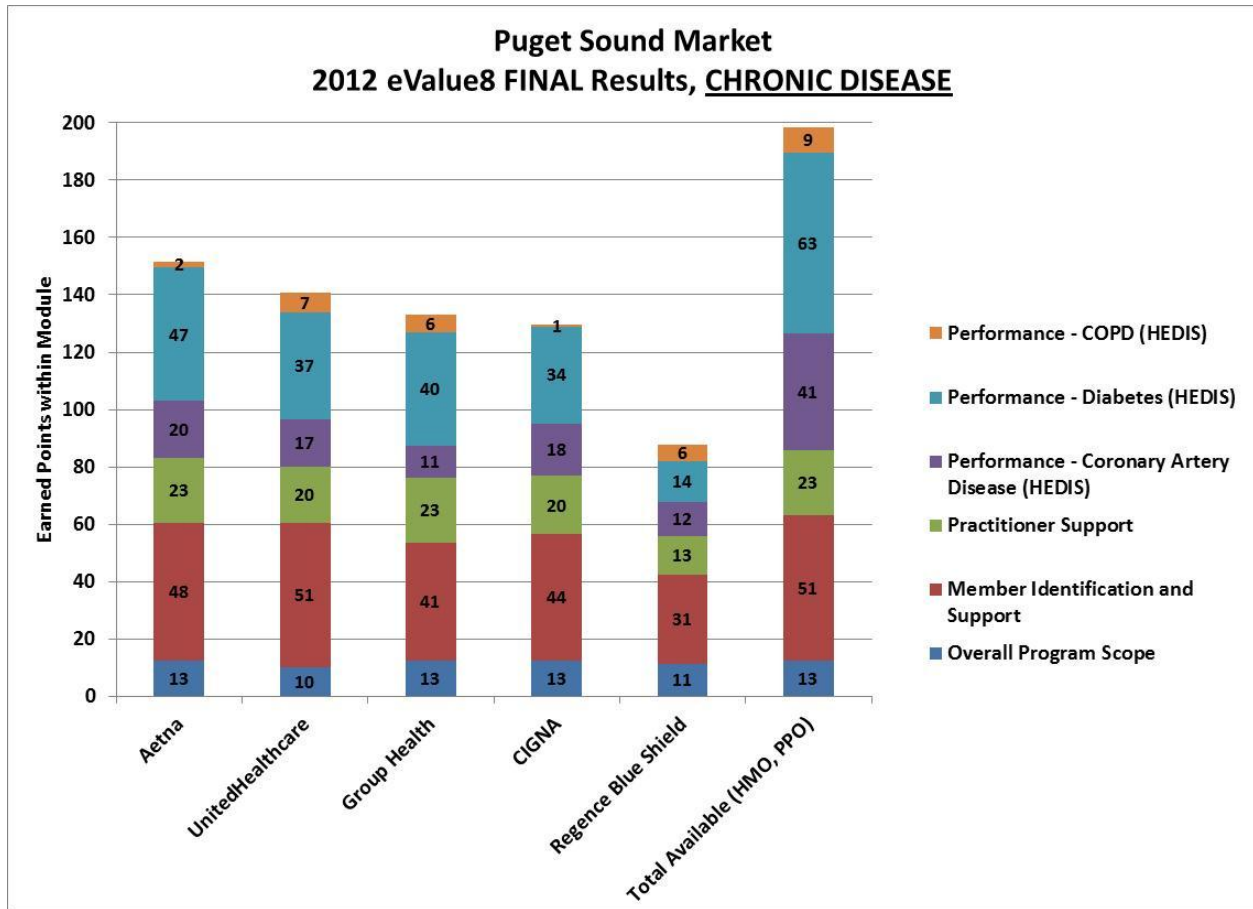


The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Chronic Disease.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

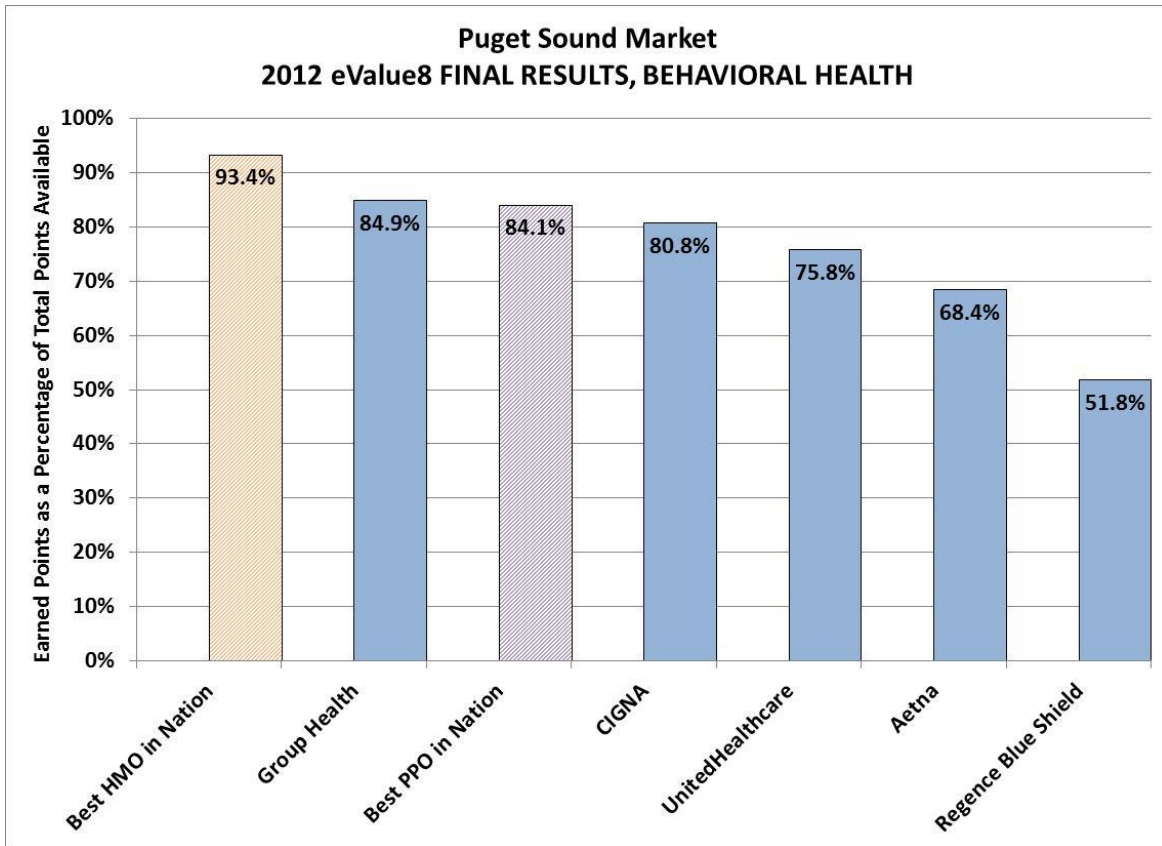
## What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

Health plan services need to focus on preventing and managing the impact of chronic disease, because it is one of the largest cost drivers in health care. This module considers health plan actions to: provide disease management programs that enable coordination of care across multiple health conditions while addressing depression, alcohol and tobacco use and prescription drugs; use interventions that involve direct contact with members to address the member's specific needs, including staying on needed medication; and proactively engage providers in the health plan's disease management program to support effective patient care.

## CHRONIC DISEASE: What is Being Measured in Each Color Segment in the Chart?

- **Overall Program Scope:** This section looks at the plan's overall ability to coordinate disease management services for members with comorbid conditions. In medicine, comorbidity describes the effect of all other diseases an individual patient might have in addition to the primary disease of interest. For example, it is not uncommon for a person with diabetes to also have cardiovascular disease. Depression is a common comorbid condition.
- **Member Identification and Support:** Reviews how the plan identifies eligible members for disease management programs, what programs the plan has and how many people are participating. Focus is also on the types of interventions that involve a direct member contact to address specific needs to enhance self-management to improve outcomes.
- **Practitioner Support:** Describes how the plan interacts with the physician regarding a member enrolled in the plan's disease management program. Assesses whether the plan provides information to physicians about missed services, poor control and resources available to the patient.
- **Performance (HEDIS Results):** The results of HEDIS measures (for Diabetes, Cardiovascular Disease and Chronic Obstructive Pulmonary Disease) tell how the plan performs in management patients with these all-too-common chronic diseases. Maximum credit given to those health plans whose HEDIS scores are in the 90<sup>th</sup> percentile nationally.

## Behavioral Health

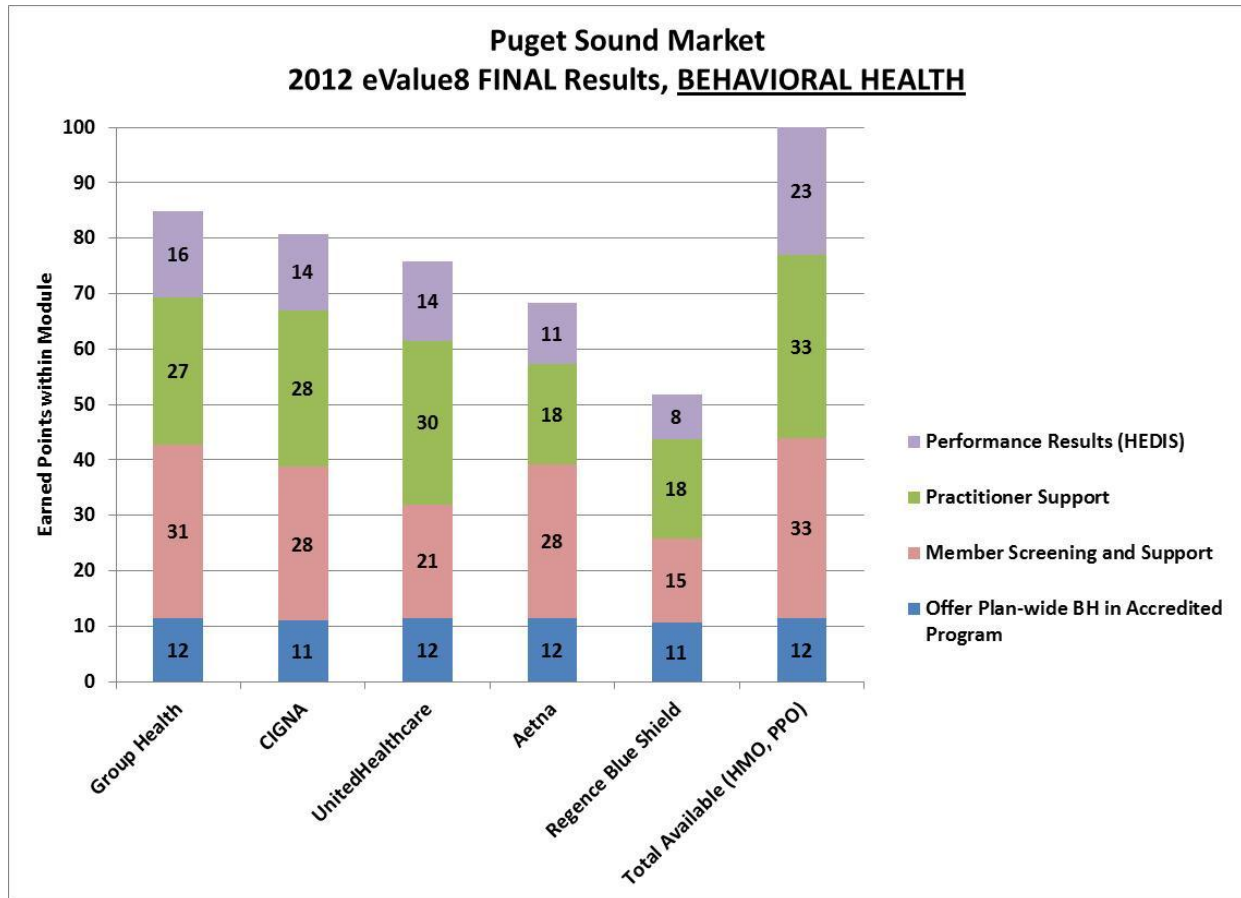


The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Behavioral Health.

**NOTES:**

Premiera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

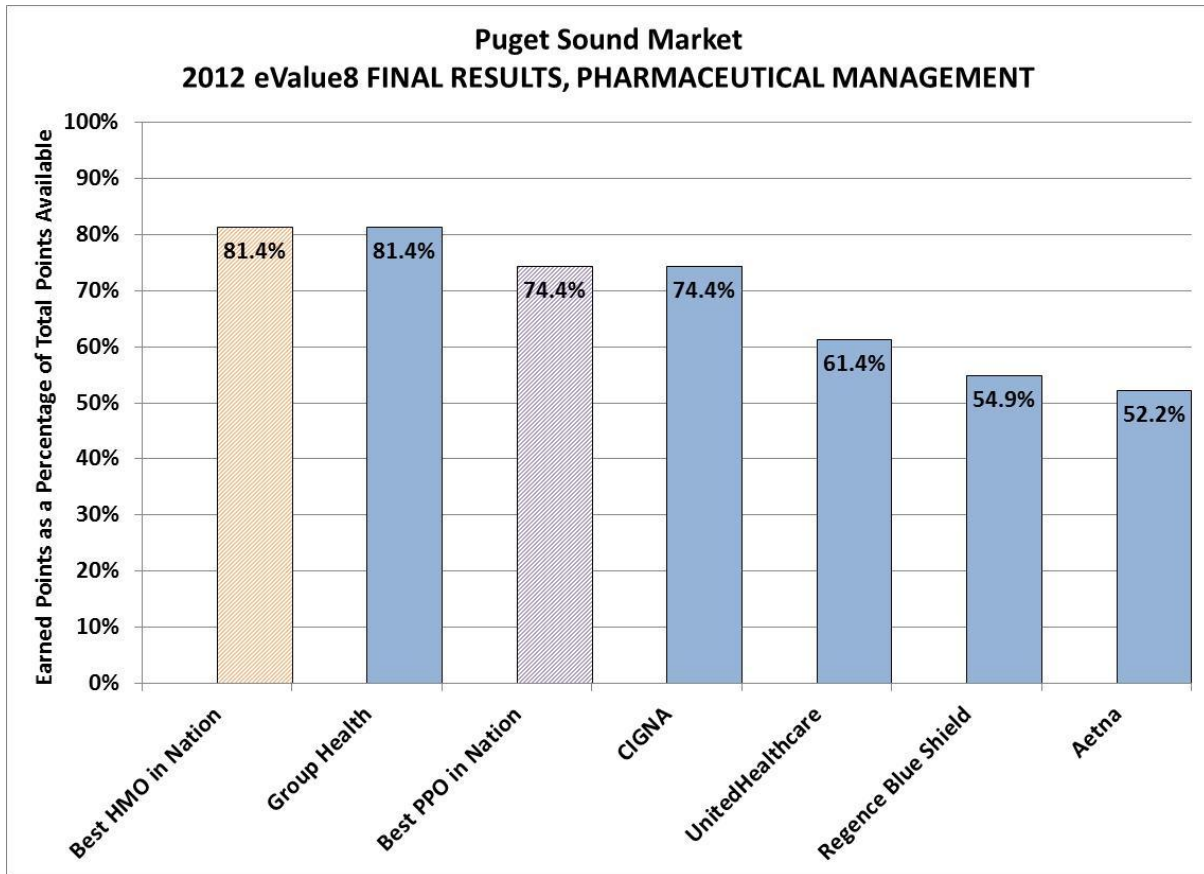
## What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

Health plan programs to address depression management and alcohol treatment are essential to promoting health and health care value. This module considers health plan actions to cover behavioral health in an accredited program for all members; identify, track and support members who need treatment for alcohol use and/or depression; provide and monitor physician use of patient screening tools for alcohol use and depression; and, use related clinical guidelines and patient-specific reports.

## BEHAVIORAL HEALTH: What is Being Measured in Each Color Segment in the Chart?

- **Plan-wide Behavioral Health in Accredited Program**: Tells you if the plan manages behavioral health internally or contracts out to an external vendor. Describes how well the plan's programs provide for assistance after hours or during crisis.
- **Member Screening and Support**: Looks at how the plan identifies eligible members for behavioral health programs, what programs the plan has and how many people are participating. Assesses the outreach services providers to a member and their ability to manage members across disease states.
- **Practitioner Support**: Describes how the plan interacts with the physician regarding a member enrolled in the behavioral health program. Assesses whether the plan provides information to physicians about missed services, poor control and resources available to the patient.
- **Performance (HEDIS Results)**: Similar to the Chronic Disease Management module above, the health plan's HEDIS results specific to depression and alcohol use disorders are used for this score, with maximum credit given to those health plans whose HEDIS scores are in the 90<sup>th</sup> percentile nationally. Health plans also disclose their use of non-HEDIS measures and are allowed to specify their own measures, for example in the areas of productivity and absenteeism.

## Pharmaceutical Management

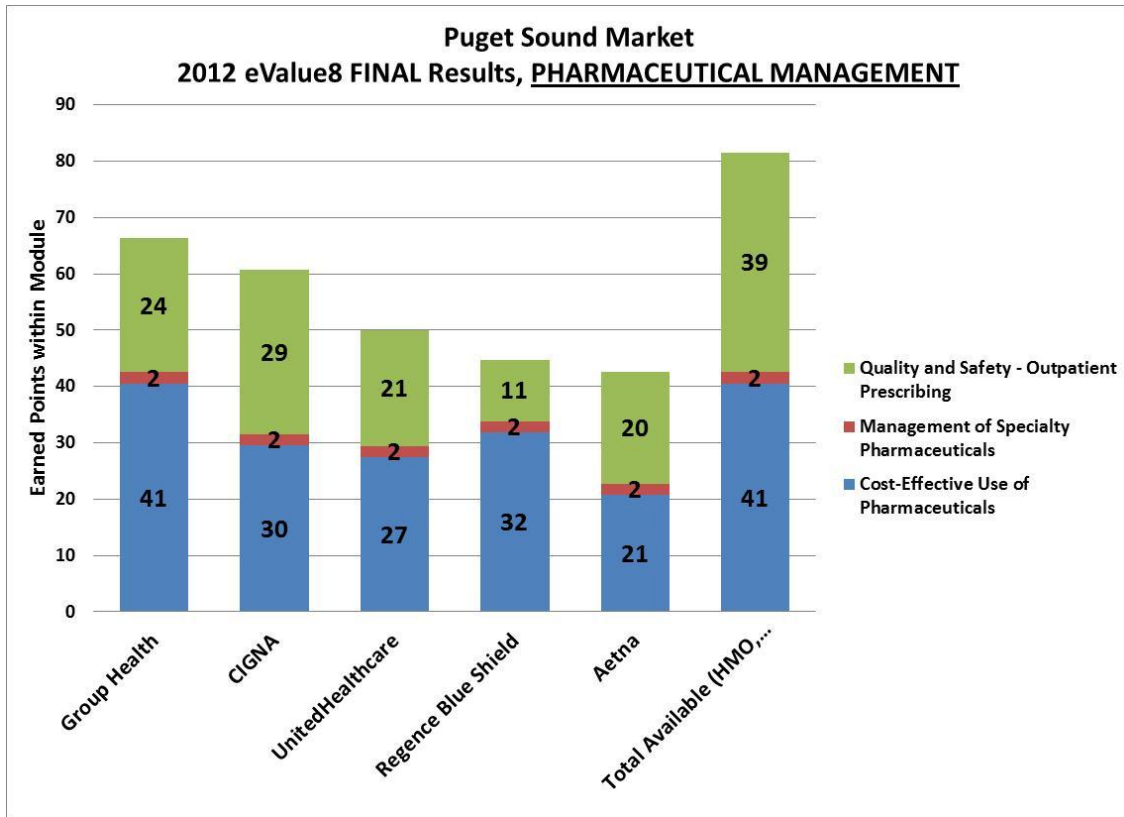


The "Best HMO and PPO in Nation" in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Pharmaceutical Management.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The “Total Available” in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

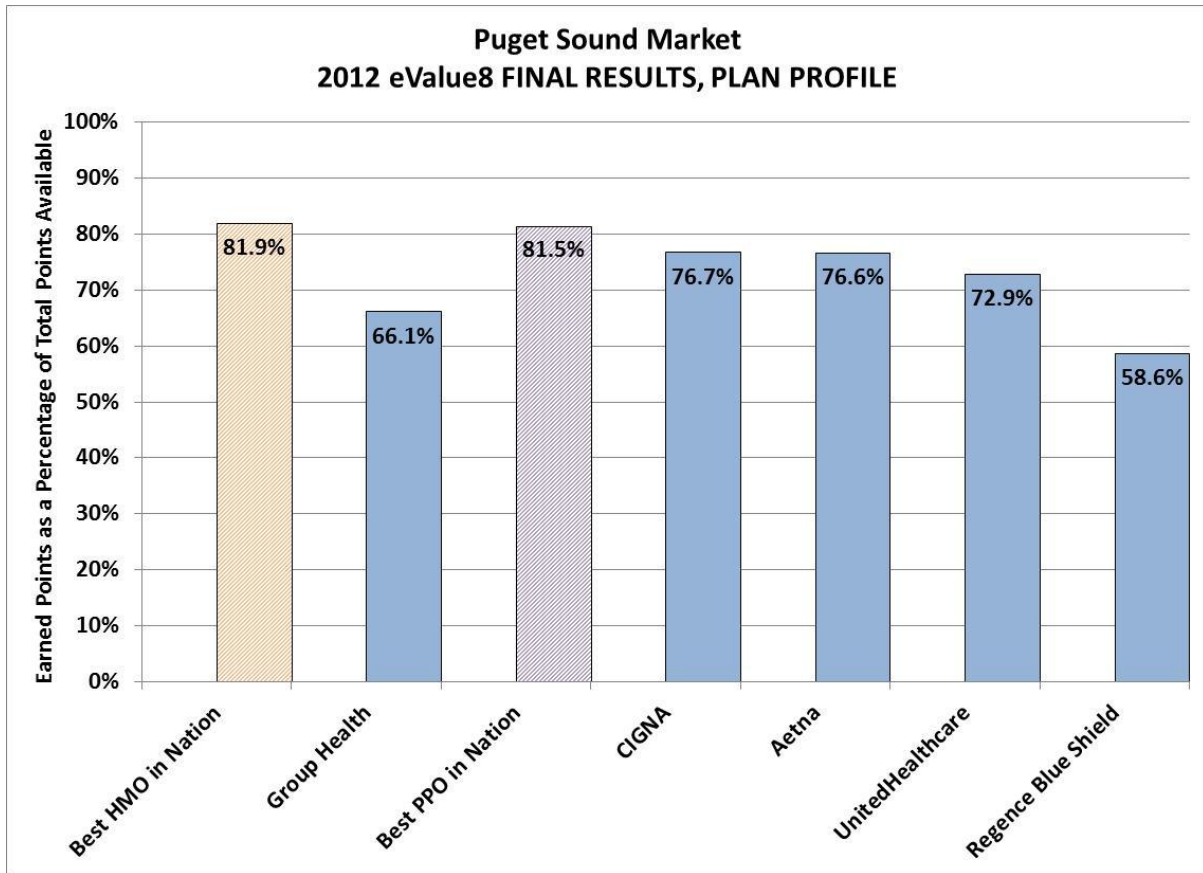
### What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

Health plan benefits and services focus on prescription drugs because it is an increasingly important part of health care today. This module considers health plan actions to (1) promote greater use of generic drugs when appropriate; (2) monitor and influence cost-effective use of pharmaceuticals; (3) use information under the health plan's control to promote patient health and safety; and, (4) address cost and appropriate utilization of specialty pharmaceuticals.

## PHARMACEUTICAL MANAGEMENT: What is Being Measured in Each Color Segment in the Chart?

- **Cost Effective Use of Pharmaceuticals:** Let's you know how the plan promotes generic drugs and demonstrates generic use. Assesses the plan's strategies for reducing usage of drugs that may be expensive or only applicable for certain populations, like step therapy.
- **Management of Specialty Pharmaceuticals:** Gives you the programs in place to address the costs and appropriate utilization of specialty pharmaceuticals. Specialty pharmaceuticals are sometimes referred to as "biologics" and refer to drugs that target a disease with a small-to-medium population and usually involve a large molecule injectable drug, *prescribed and administered by* a specialty physician (e.g., oncologist).
- **Quality and Safety-Outpatient Prescribing:** Health plans are expected to measure and report HEDIS and other pharmaceutical indicators and to use information under the health plan's control to promote patient safety and support patients staying on medications as prescribed.

## Health Plan Profile

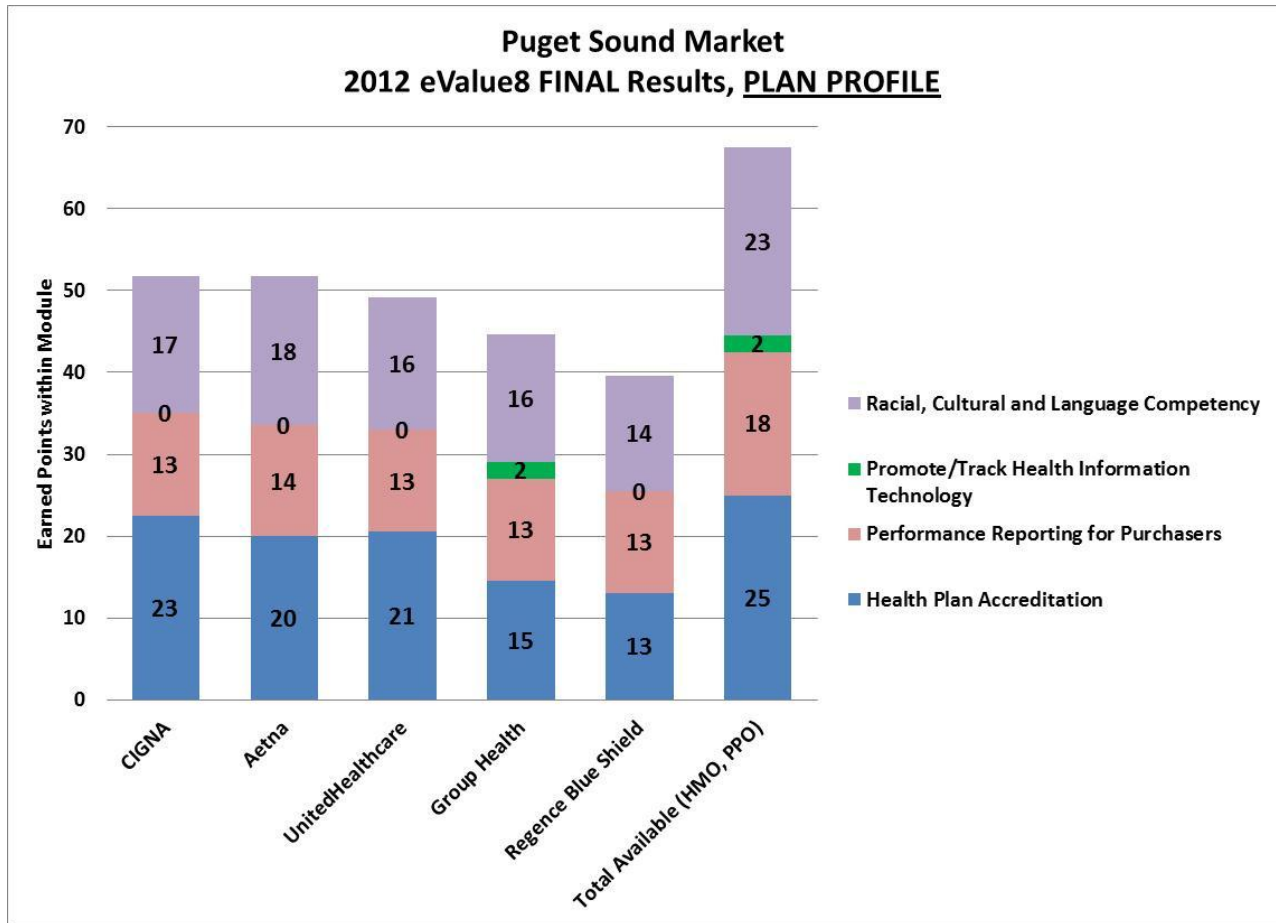


The “Best HMO and PPO in Nation” in the chart above shows the score earned by the highest scoring health plan (HMO or PPO) in the country for this module (as of August 10, 2012): Health Plan Profile.

**NOTES:**

Premera Blue Cross declined to participate in eValue8 in 2012.

Point values rounded for display.



The "Total Available" in the chart above shows the maximum score that is achievable in each area based on 2012 eValue8 scoring, i.e., if the plan scored 100%.

NOTE: Point values rounded for display.

### What Does This Tell Us About How Health Plans Affect Health and Health Care Value?

The plan profile gives you general information about the health plan. In particular, it evaluates whether and how a health plan seeks to have formalized external oversight and review of its operations and practices through accreditation by a nationally recognized organization. Health plan products and services can directly influence health care decisions made by patients and providers based on how they are designed. As such, this module also considers whether the health plan provides advice to employers about using health benefits to promote safe and effective care, and whether the plan ensures culturally appropriate services that reflect members' race, ethnicity or primary language.

## HEALTH PLAN PROFILE: What is Being Measured in Each Color Segment in the Chart?

- **Health Plan accreditation:** Gives you a comparison of the level of external accreditation achieved by the plan. Health plans are asked whether they participate in formalized external review and oversight through one or more types of national accreditation. One common accreditation comes from NCQA. This organization collects data and checks patient records to determine various levels of accreditation. Other recognized accreditation is through URAC or the Joint Commission. Health plans with accreditation at both the plan and program levels receive the highest scores on this measure.
- **Performance Reporting for Purchasers:** Assesses how extensive and accessible the plan's reporting is for purchasers.
- **Promote/Track Health Information Technology:** Health plans are evaluated on the degree to which they use and promote the exchange of health information and health information technology that can be shared in a collaborative manner to improve care, safety and patient satisfaction. Health plans are also evaluated on whether they track the health information technology capability of providers and include this information in their provider directories.
- **Race, Cultural and Language Competency:** Shows you if the plan understands the make-up of its members and the language support and cultural competent care that is available from providers.

## More about eValue8

eValue8 is a nationally-recognized health care quality improvement assessment process developed by the NBCH to help purchasers buy health care products and services. It was created in collaboration with concerned employers and union trusts that purchase health care (“purchasers”). The goal was to develop a means by which purchasers could evaluate health plans based on real value, not just on price. The concept of quality was introduced and has become the overarching principle in the eValue8 process. The eValue8 RFI conveys purchaser expectations for health plans, based on the best available evidence and expert agreement on innovative approaches to improving health and health care.

Using a standardized request for information based on national standards, eValue8 asks health plans to submit information about quality and efficiency so purchasers (public and private employers and union trusts) can compare plans against one another and against national benchmarks.

The following organizations *are among those* that routinely work with NBCH to develop and update the eValue8 tool and scoring method:

- Centers for Disease Control (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Agency for Healthcare Research and Quality (AHRQ)
- National Committee on Quality Assurance (NCQA)
- The Joint Commission
- URAC
- The Leapfrog Group
- The Pharmacy Quality Alliance

Once the health plans have electronically submitted their data, a certified eValue8 scoring team verifies the information to ensure that all the information is accurate and comparable, and then scores the information. At the local level – here in the Puget Sound area, purchasers review the information in meetings with each of the health plans to discuss strengths, best practices and opportunities for improvement. Purchasers, working through the Puget Sound Health Alliance, use the information to discuss community-wide opportunities for health improvement through collaboration.

Purchasers ultimately use the information gathered through eValue8 - the comparative charts, detailed health plan responses and the knowledge gained through site visits with the health plans - to compare health plan value, based on their own criteria, and to encourage collaboration on important community initiatives around improving value, such as performance measurement and reporting. Today, some purchasers in the Puget Sound area are using the information to select and contract with health plans, counting the plan’s scoring on

eValue8 as a significant part of their overall evaluation of health plans. In some parts of the country, purchasers are also using eValue8 results to negotiate pricing with health plans or set the employee share of premiums, with employees paying less when they choose a health plan that the purchaser considers to be higher quality.

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