

*The Senate of the University of Pittsburgh*

**Spring Plenary Session**

**UPMC Health Plan**

March 23, 2005

**UPMC Health Plan Customers**

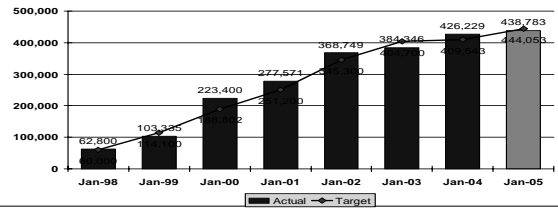
- Members
- Providers
- Purchasers
  - Employers
  - Governmental agencies
    - Centers for Medicare and Medicaid Services
    - Pennsylvania Department of Public Welfare

**Assessment of Customer/Consumer Satisfaction**

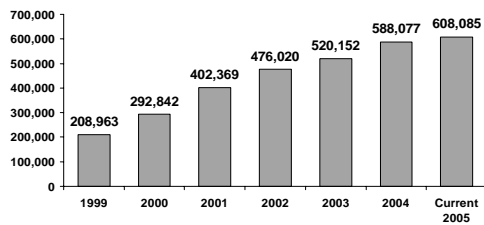
- Membership Growth
- Management of Administrative Costs
- Monitor Operational Performance
- Clinical Quality
- Member Satisfaction Surveys
- Provider Satisfaction Surveys
- Root Cause Analysis of Complaints and Grievances

**UPMC Health Plan Membership Growth**

Product Line	Dec 2003	Dec 2004	Jan 2005
Commercial	310,631	329,410	320,525
Medicaid	80,968	94,033	95,062
Medicare	14,994	22,131	23,196
<b>Total</b>	<b>406,593</b>	<b>445,574</b>	<b>438,783</b>

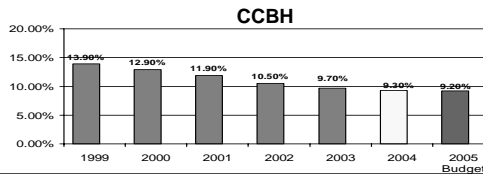
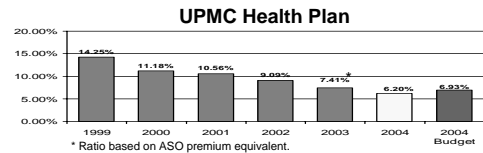


**Community Care Behavioral Health Membership Growth**



**Total unduplicated lives across Insurance Services = 243,297**

**Consolidated Administrative Ratio**



## Quality Highlights

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## Quality Recognition Highlights

### ACCREDITATION

UPMC Health Plan earned an important symbol of high quality when it received an "Excellent" rating from the National Committee for Quality Assurance (NCQA). UPMC Health Plan received this rating—the highest honor a managed care company can earn—in its first comprehensive review. Only 25 percent of the more than 650 HMOs in the country have earned an "Excellent" rating. This accreditation, for the Health Plan's commercial and Medicaid products, continues through November 2006.



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## NCQA Recognizes UPMC Health Plan

- Named one of the Top 5 health plans in the Mid Atlantic Region (Pennsylvania, New York, New Jersey)
- Rated #1 in the state of Pennsylvania in the Living with Illness measures
- Set national benchmark with the top score in the United States for Breast Cancer Screening
- Rated in the top 10 plans nationally for antidepressant medication management, substantially outperforming other plans in area that is of ongoing concern (as stated in NCQA's *The State of Health Care Quality*).
- Received "Best in Class" designation and rated in the top 5% nationally for 6 measures.



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## UPMC Health Plan HEDIS Highlights

Measure	UPMC Health Plan CY 2003	National Average	90 <sup>th</sup> Percentile
Breast Cancer Screening	88.32%	74.93%	83.13%
Childhood Immunization	89.54%	62.51%	82.48%
Timeliness of Prenatal Care	96.59%	86.68%	94.85%
Comprehensive Diabetes Care: HbA1c Screening	91.00%	82.58%	90.64%
Antidepressant Medication Management – Optimal Practitioner Contacts	42.85%	20.30%	32.11%

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## Top 10 in Nation

- UPMC for You earned a top 10 rating nationally for Medicaid health plans for effectiveness of care by NCQA
  - ◆ The only Medicaid plan in Pennsylvania to be rated in the **top 10**
  - ◆ Categories include childhood immunization, adolescent immunization, breast cancer screening, smoking cessation, prenatal and postpartum care, and comprehensive diabetes care

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## Community Care Behavioral Health Receives a Perfect Score from NCQA

- Full (3 year) Accreditation
- Full compliance (100%)
- Recognition of collaboration with Health Plan and quality activities ("We've never seen this before")



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Community Care Behavioral Health HEDIS Results

The following tables present Commercial HEDIS 2003 rates for all behavioral health related measures for UPMC Health Plan. These HEDIS rates experience during calendar year 2002. In addition, the Health Plan goal and national and local comparators

Measure	UPMC Health Plan Calendar				National Average	90th Percentile	Quality Compass 2003	
	Year 2000 (HMO/POS)	Year 2001 (HMO/POS)	Year 2002 (HMO/POS)	Year 2003 (HMO/POS)			KeyStone Health Plan (HMO/POS)	Health America (HMO)
Follow-Up After Hospitalization for Mental Illness (30-Day Follow Up)	72.97%	79.34%	83.82%	84.24%	73.55%	84.38%	71.93%	67.69%
Follow-Up After Hospitalization for Mental Illness (7-Day Follow Up)	53.38%	57.30%	65.98%	66.20%	52.69%	67.63%	45.54%	47.38%
Antidepressant Medication Management - Optimal Practitioner Contacts	33.76%	37.61%	42.20%	42.85%	19.18%	30.58%	17.25%	17.04%
Antidepressant Medication Management - Effective Acute Phase Treatment	73.12%	75.33%	75.75%	75.04%	59.80%	68.87%	67.27%	61.27%
Antidepressant Medication Management - Effective Continuation Phase Treatment	60.65%	61.00%	61.22%	62.08%	42.80%	52.93%	51.62%	45.98%

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HEDIS Commercial Member Satisfaction Survey

	1999	2000	2001	2002	2003	2004	National Average
<b>Getting Needed Care</b> – no problems getting needed care	81%	80%	82%	82%	83%	82%	77%
<b>Getting Care Quickly</b> – usually or always got needed care quickly	81%	80%	79%	80%	78%	79%	78%
<b>Customer Service</b> – experienced no problems when contacting customer service for information or a problem	61%	57%	66%	67%	74%	71%	71%
<b>Claims Processing</b> – usually or always had claims processed correctly and in a reasonable amount of time	78%	68%	82%	84%	84%	91%	85%
<b>Overall Rating of Health Plan</b> – (a rating of 8 or higher on a scale of 1-10 with 10 being the best possible health plan)	64%	52%	62%	66%	61%	63%	61%

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Provider Satisfaction Survey

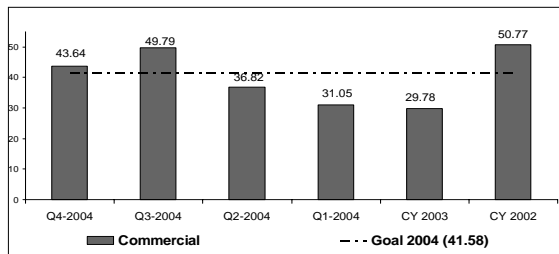
	2001	2002	2003	2004	All Other Plans 2004
Customer Service	63.4%	67.6%	62.7%	80.9%	76.5%
Provider Relations	59.1%	67.1%	62.5%	71.3%	67.8%
Network	67.9%	68.5%	62.7%	83.6%	82.8%
Utilization Management	58.0%	63.8%	56.7%	64.8%	60.3%
Quality Management	62.8%	67.4%	61.0%	72.7%	67.3%
Finance Issues	53.6%	60.4%	55.0%	70.6%	68.3%
Overall Satisfaction	NA	NA	72.6%	81.7%	75.8%

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Complaints and Grievances

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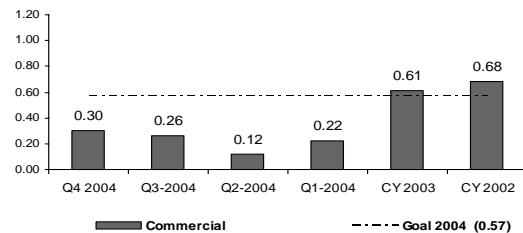
Complaints/1000 -- Commercial



Based on experience during 2001 and 2002, the upper control limit for Commercial complaints per 1000 was set at 77.22. Performance that exceeds this limit over a period of time indicates a need for intensive review and intervention.

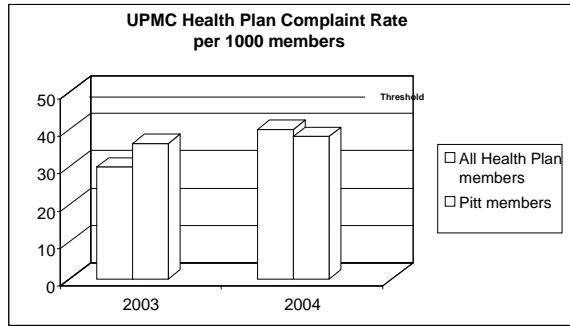
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Grievances/1000 -- Commercial

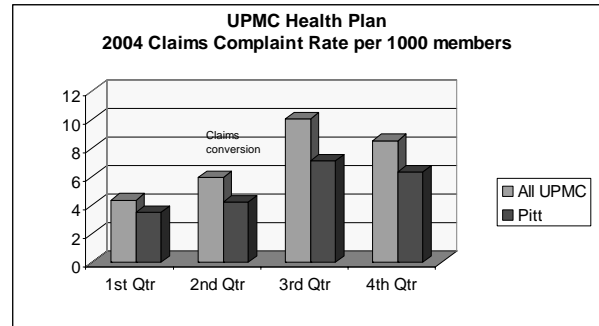


Based on experience during 2001 and 2002, the upper control limit for Commercial grievances per 1000 was set at 1.12. Performance that exceeds this limit over a period of time indicates a need for intensive review and intervention.

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**Complaint Analysis**

- Commercial
  - ◆ Complaints/1000 (43.64/1000) are above the 2004 goal (41.58/1000)
    - ◊ 13% decrease from the 3rd quarter 2004
      - ⌘ This decrease is related to a 15% decrease in the complaints about claim payment, indicative of stabilization post claims payment system conversion; the major issues were payments related to benefit design and member eligibility
- Medicaid
  - ◆ Complaints/1000 (13.75/1000) are above the 2004 goal (5.93/1000)
    - ◊ 8% increase in complaints from the 3rd quarter 2004
      - ⌘ The increase is related to a 9% increase in the number of claims complaints; the primary driver of this continued to be incorrect coordination of benefit (COB) information in the claims system, impacted by the claims system conversion
- Medicare (defined as a grievance by CMS)
  - ◆ Grievances/1000 (4.97/1000) are below the 2004 goal (19.07/1000)
    - ◊ 7% decrease from the 3rd quarter 2004
      - ⌘ Issues relate to enrollment, disenrollment, premiums and quality of service concerns; there are no provider trends