MARYLAND HEALTH CARE COMMISSION

2011 HEALTH BENEFIT PLAN

Performance Report

Measuring the Quality of Maryland Commercial Health Benefit Plans

About the Commission

The Maryland Health Care Commission (MHCC) is a public regulatory commission appointed by the Governor with the advice and consent of the Maryland Senate. A primary function of the Commission is to evaluate and publish findings on the quality and performance of commercial health benefit plans that operate in Maryland. MHCC publishes annual comparative reports with the cooperation of the health plans. These annual performance reports are a free source of objective, comprehensive, independently audited information on health plan quality in Maryland. More information about MHCC and the reports it produces is available at http://mhcc.maryland.gov.

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SECTION 1: About This Report

SECTION 1 LINKS

Measuring the Quality of Maryland Commercial Health Benefit Plans: 2011 Health Benefit Plan Performance Report allows Marylanders to compare health plans on key quality measures regarding health care delivery and member satisfaction. Quality ratings show a health plan's ability to deliver high-quality care to its members. Performance data are collected from health maintenance organizations (HMO), point of service (POS), and preferred provider organizations (PPO) plans. Go to Features of HMO, POS, PPO, and EPO Plans to learn about key differences among plan types.

This report highlights areas of health care where plans had average and above-average performance, and areas that need improvement. In addition to this year's quality ratings, the report includes information about how to maintain wellness, which can bring multiple benefits, including a longer lifespan and fewer illnesses. Wellness can be defined as the process of becoming aware of, taking responsibility for, and making choices that directly contribute to well-being.

Who Should Read This Report?

Maryland employers who want to consider quality when making decisions about health care purchasing so they can get the best value for their employees and companies.
- See **page 7** for performance ratings for each Maryland health plan on a range of clinical health care measures and member satisfaction measures.
- See **page 18** for comparisons of Maryland statewide averages with regional and national performance averages (for HMO and POS plans only).
- See **page 32** to learn about Maryland's Health Information Exchange.
- See **page 21** for information about wellness and links to resources and tools on the Internet.

Maryland consumers who want to choose a new health plan or examine their current plan's performance on the measures of care and service highlighted in this report.
- See **page 7** for performance ratings for each Maryland health plan on a range of clinical health care measures and member satisfaction measures.
- See **page 34** for information about the differences among HMO, POS, and PPO plans.
- See **page 21** for information about wellness and links to resources and tools on the Internet.

Maryland employers and consumers who want to learn about health plan and State activities to promote wellness.
- See **page 25** for information about how Maryland health plans help keep their members well.
- See **page 31** for current initiatives by the State to promote wellness.

State of Maryland employees who want to compare overall health plan performance when choosing a plan.
- See **page 37** for information on the difference between the EPO, PPO, and POS options available.
- See **page 38** for information on health benefit plan choices and where to find your plan in the report.
- See **page 25** for information about how Maryland health benefit plans help keep their members well.

SECTION 2: Maryland Commercial Health Benefit Plans in This Report

The performance data in this report provide a comprehensive view of the quality of care that health benefit plans deliver to Maryland consumers. This year, eight HMO/POS plans and three PPO plans reported performance data (see Table 1). PPO plans participation in this year's report is voluntary.

Data Sources

Information in this report is gathered by Maryland HMO and POS health benefit plans, as required by the State. PPO plans that voluntarily submitted data are not required to submit results for all measures in the report.

Health Plan Records: Health plans submitted data from health care records using standardized measures called the Healthcare Effectiveness Data and Information Set, or "HEDIS®."[a] An independent company audits health plans' methods for accuracy.

Member Survey: An independent survey company surveyed a random sample of health plan members about their experiences with their health plan, using a survey called the Consumer Assessment of Healthcare Providers and Systems, or "CAHPS®."[b]

Health plan ratings include the combined data for HMO and POS plans, except for Kaiser Permanente, whose ratings show HMO data only. PPO plan data are presented separately because these plans operate differently.

TABLE 1. Health Benefit Plans Reporting in 2011

HMO/POS Plans	PPO Plans
Aetna Health Inc. (Pennsylvania)—Maryland (**Aetna**)	Aetna Life Insurance Company (MD/DC) (**Aetna PPO**)
CareFirst BlueChoice, Inc. (**BlueChoice**)	BluePreferred PPO (**BluePreferred**)
CIGNA HealthCare Mid-Atlantic, Inc. (**CIGNA**)	Connecticut General Life Insurance Company (**CGLIC**)
Coventry Health Care of Delaware, Inc. (**Coventry**)	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (**Kaiser Permanente**)	
MD Individual Practice Association, Inc. (**M.D. IPA**)	
Optimum Choice, Inc. (**OCI**)	
UnitedHealthcare of the Mid-Atlantic, Inc. (**UnitedHealthcare**)	

[a] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[b] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

SECTION 3: Health Benefit Plan Quality Summary

The measures in this report provide information about how well Maryland health benefit plans deliver high-quality health care. Measures are grouped into four categories: Primary Care, Chronic Care, Behavioral Health Care, and Member Satisfaction. To learn more about the categories, go to Performance Measure Categories.

Table 2 highlights above-average plan performance. It compares HMO/POS plans on the number of measures in the report that rank above the 2011 Maryland State average. Results for PPO plans are not shown because there is not enough information to calculate a state average.

Go to Methods for a description of how the ratings were calculated.

TABLE 2: Number of Measures With Above-Average Scores

Health Benefit Plan	Total	Performance Measure Category			
		Primary Care	Chronic Care	Behavioral Health Care	Member Satisfaction
HMO and HMO/POS plans reported 22 measures in this report.					
Aetna	**0**				
BlueChoice	**4**		1	3	
CIGNA	**8**	5	3		
Coventry	**4**	1	1	2	
Kaiser Permanente	**14**	8	2		4
M.D. IPA	**1**	1			
OCI	**1**		1		
UnitedHealthcare	**0**				

SECTION 4: Performance Measure Categories

SECTION LINKS

Each of the following four performance categories provides an important perspective about what health plans should be doing to maintain and improve the health of their members. ***Click on a category title to see health plan results for the measures in that section.***

Primary Care

Regular health screenings and check-ups from your primary care provider (PCP) can lead to positive health outcomes. Primary care services can reduce your risk of illness and increase the likelihood of detecting diseases in the early stages, when recovery rates are higher. Measures reported in this section highlight how health plans provide prevention services to their members.

Chronic Care

Chronic care refers to health care services that treat people who have a long-lasting or recurring disease. People with chronic conditions, such as diabetes and heart disease, often take multiple medications and require care from multiple health care providers. It is important to discuss the disease and your treatment options with your provider. Measures reported in this section highlight how health plans provide services to treat their members' chronic illnesses.

Behavioral Health Care

Care for behavioral health includes treatment for conditions such as depression, alcohol and drug dependency, and other behavioral disorders. Services for the measures reported in this section were provided by health plans or by managed behavioral healthcare organizations (MBHO). MBHOs contract with health plans or employers to provide services to plan members, although health plans maintain legal responsibility for the quality of care they provide. Go to MBHOs for information on the MBHOs that contract with the health plans in this report.

Member Satisfaction

Measures reported in this section reflect member responses to survey questions about their experiences with health care services provided by their health plan.

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

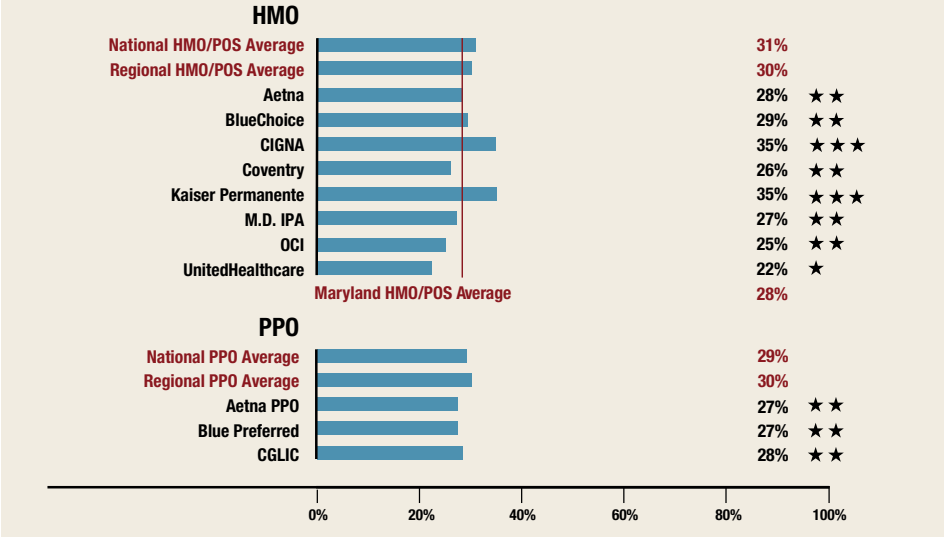
Data Source: Health Plan Records or Member Survey

SECTION 5: Health Benefit Plan Performance

GRAPH 1: PRIMARY CARE MEASURES

HEALTH PROMOTION AND EDUCATION

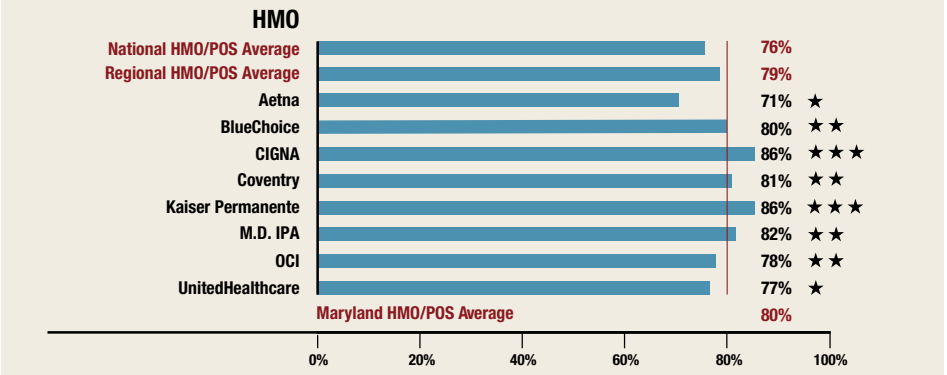
The percentage of adult members who said their doctor "always" talks about specific ways to prevent illness.



GRAPH 2: PRIMARY CARE MEASURES

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

The percentage of members who turned 15 months old during 2010 and had six or more well-child visits with a PCP during their first 15 months of life.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

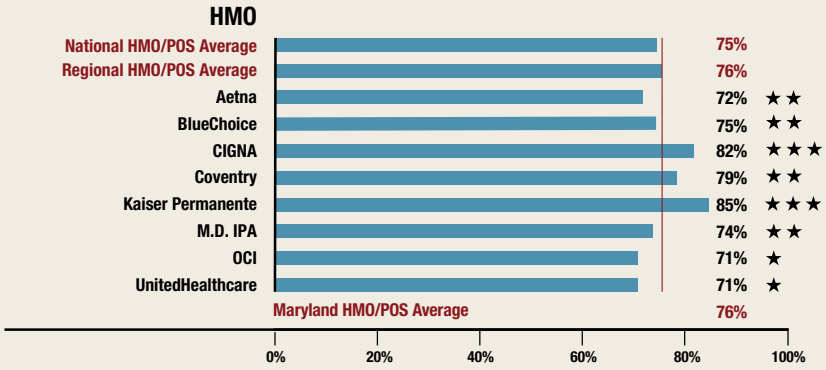
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records

GRAPH 3: PRIMARY CARE MEASURES

CHILDHOOD IMMUNIZATION STATUS–COMBO 3

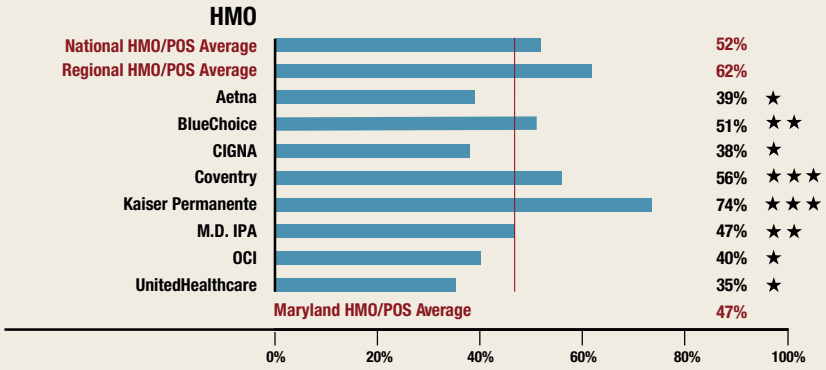
The percentage of children 2 years of age who received recommended vaccines for diphtheria, tetanus, and pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV) and hepatitis A (HepA) by their second birthday.



GRAPH 4: PRIMARY CARE MEASURES

IMMUNIZATIONS FOR ADOLESCENTS

The percentage of adolescents 13 years of age who received recommended vaccines for meningococcal vaccine and tetanus, diphtheria toxoids and pertussis vaccine (Tdap) or tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

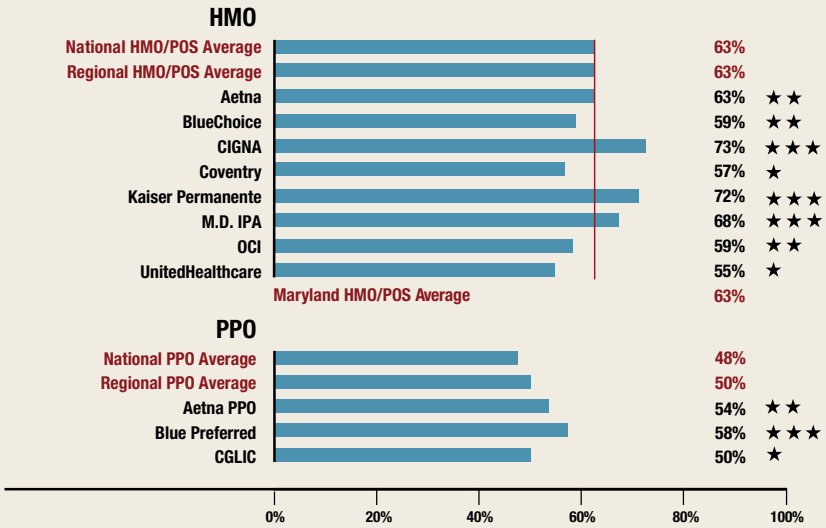
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records or Member Survey

GRAPH 5: PRIMARY CARE MEASURES

COLORECTAL CANCER SCREENING

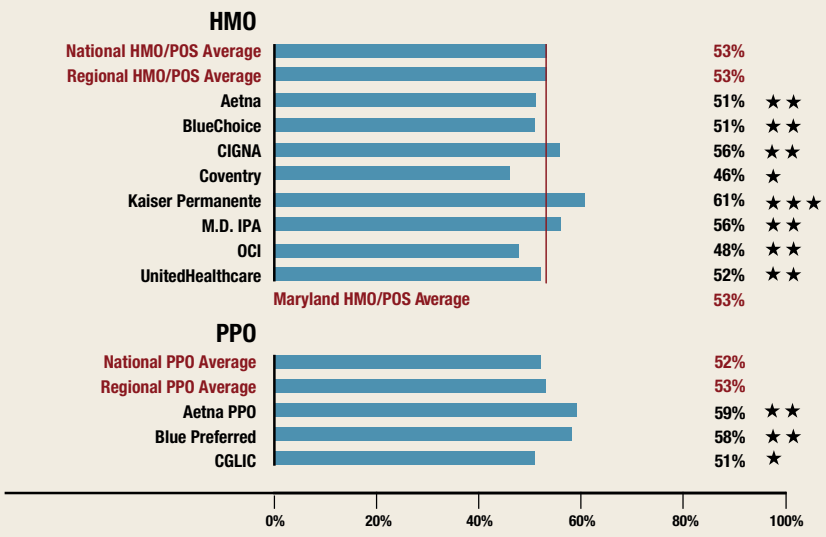
The percentage of adult members 50–75 years of age who received appropriate screening for colorectal cancer.



GRAPH 6: PRIMARY CARE MEASURES

FLU SHOTS FOR ADULTS AGES 50–64

The percentage of members 50–64 years of age who received an influenza vaccination during the flu season.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

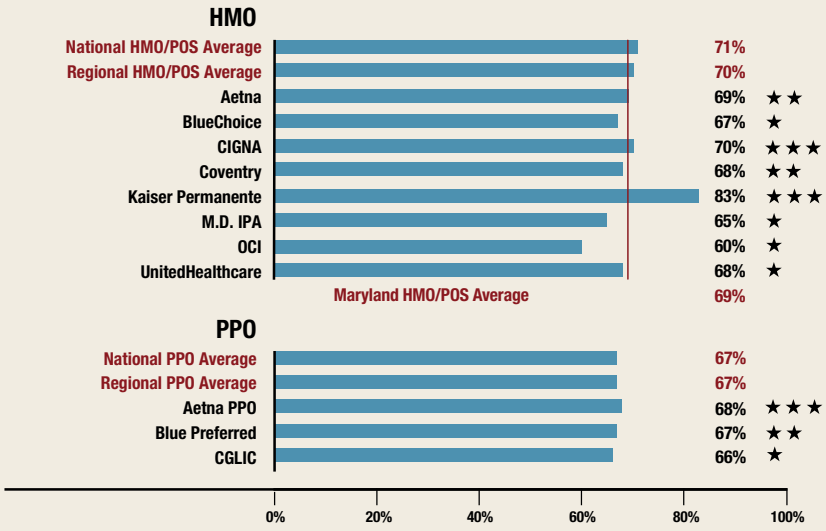
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records

GRAPH 7: PRIMARY CARE MEASURES

BREAST CANCER SCREENING

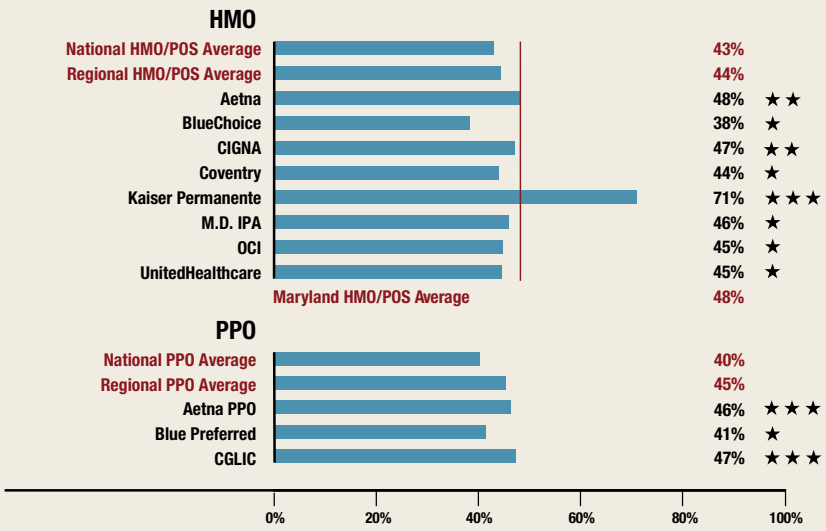
The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.



GRAPH 8: PRIMARY CARE MEASURES

CHLAMYDIA SCREENING IN WOMEN

The percentage of female members 16–24 years of age who were identified as sexually active and had at least one test for chlamydia, a sexually transmitted disease.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

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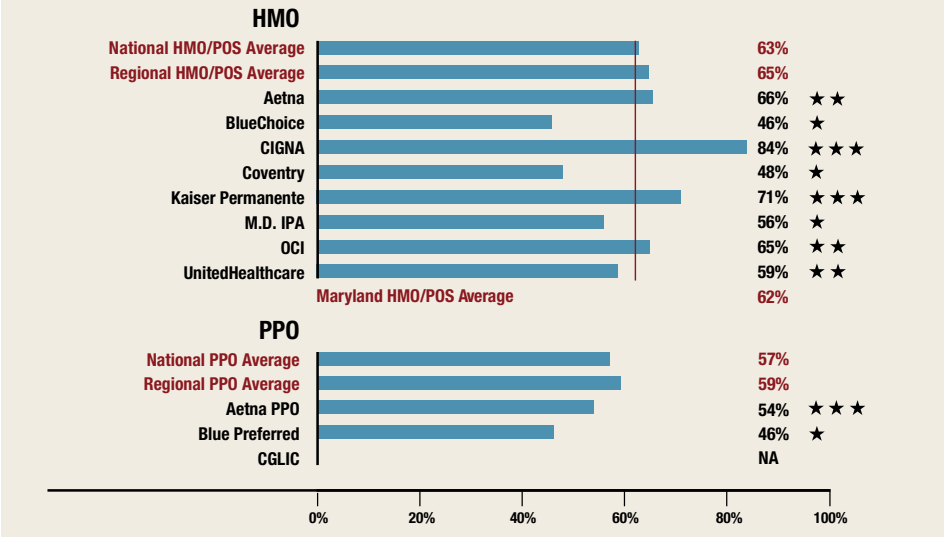
Data Source: Health Plan Records

GRAPH 1: CHRONIC CARE MEASURES

CONTROLLING HIGH BLOOD PRESSURE

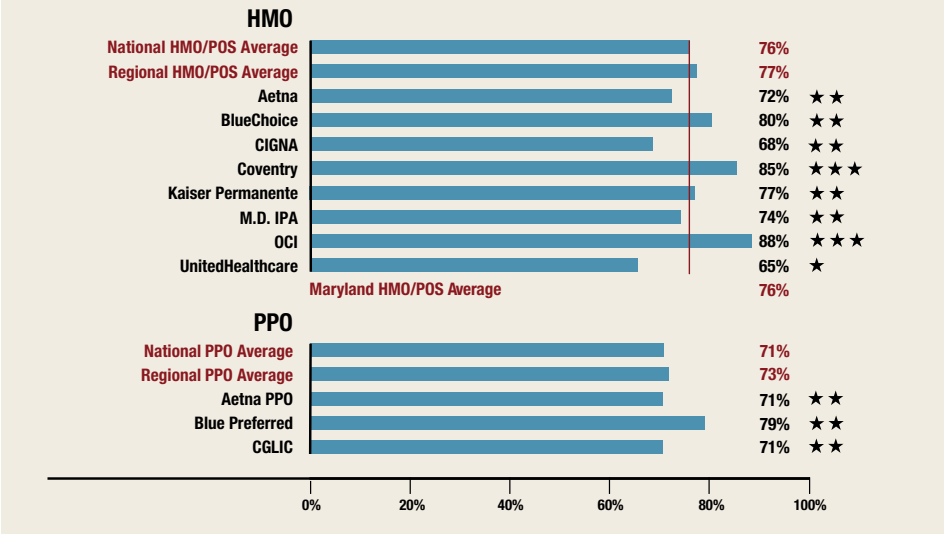
The percentage of members 18–85 years of age with a diagnosis of hypertension whose blood pressure was under control (<140/90 mm Hg).



GRAPH 2: CHRONIC CARE MEASURES

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

The percentage of members 18 years of age and older who were hospitalized due to a heart attack and received a beta-blocker medication for at least six months after being discharged.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

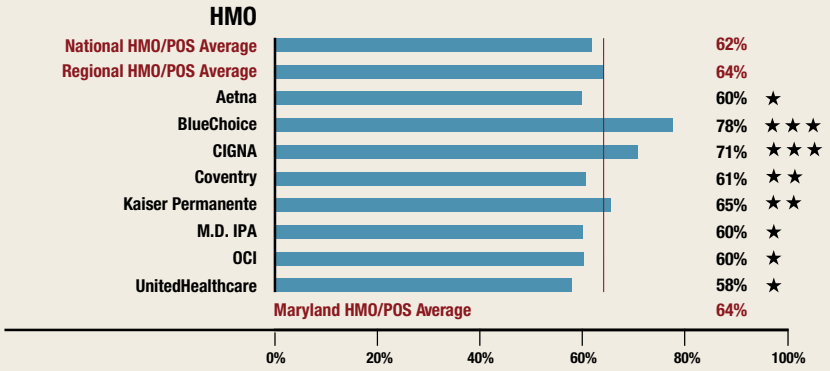
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records

GRAPH 3: CHRONIC CARE MEASURES

DIABETES CARE: BLOOD GLUCOSE GOOD CONTROL

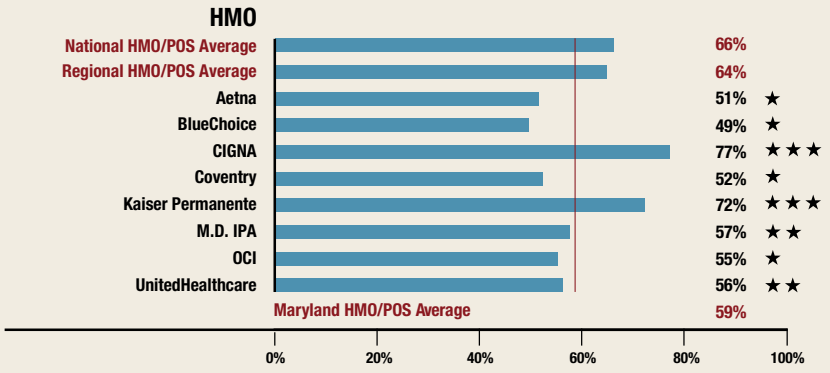
The percentage of adult members 18–75 years of age with diabetes whose blood sugar (HbA1c) level was in good control (less than 8%).



GRAPH 4: CHRONIC CARE MEASURES

DIABETES CARE: BLOOD PRESSURE CONTROL

The percentage of adult members 18–75 years of age with diabetes whose blood pressure was in good control (<140/90 mm Hg).



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

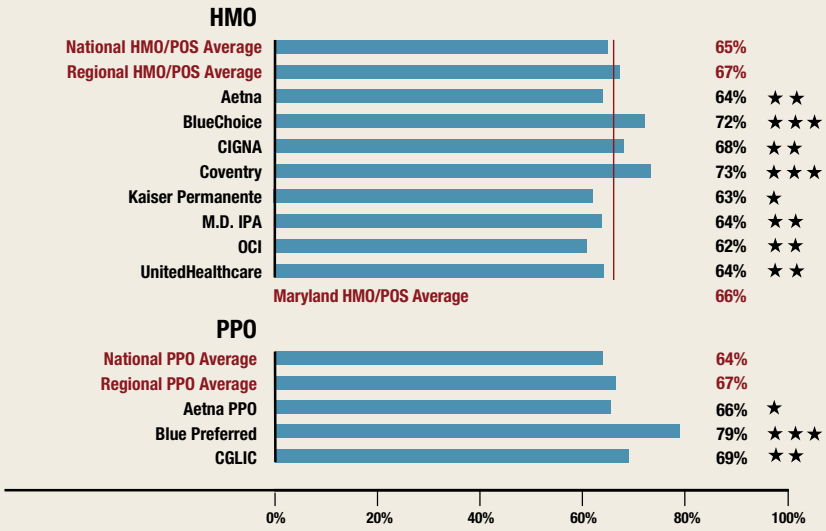
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records

GRAPH 1: BEHAVIORAL HEALTH MEASURES

ANTIDEPRESSANT MEDICATION MANAGEMENT: ACUTE PHASE TREATMENT

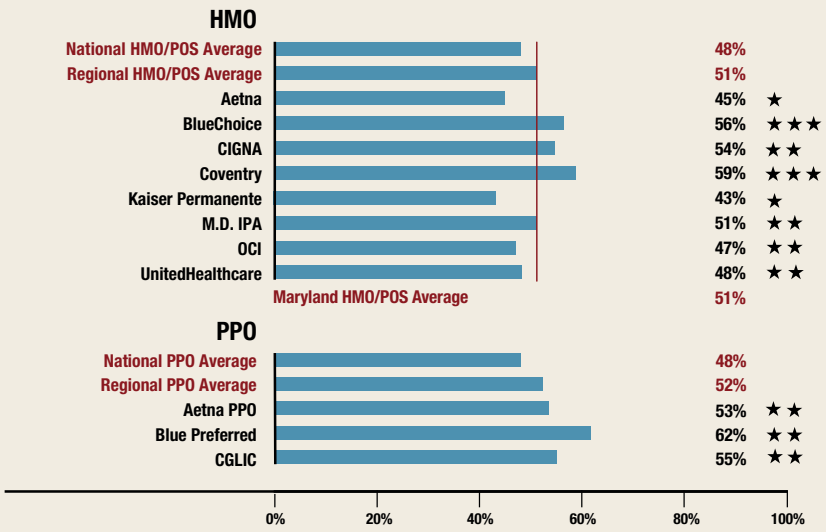
The percentage of adult members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for at least 12 weeks.



GRAPH 2: BEHAVIORAL HEALTH MEASURES

ANTIDEPRESSANT MEDICATION MANAGEMENT: CONTINUATION PHASE TREATMENT

The percentage of adult members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for at least 6 months.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

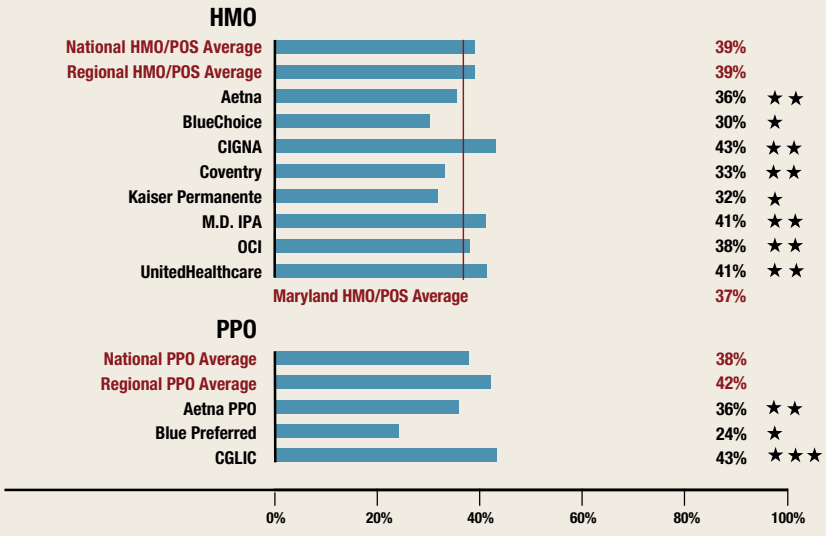
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Health Plan Records

GRAPH 3: BEHAVIORAL HEALTH MEASURES

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION: INITIATION PHASE

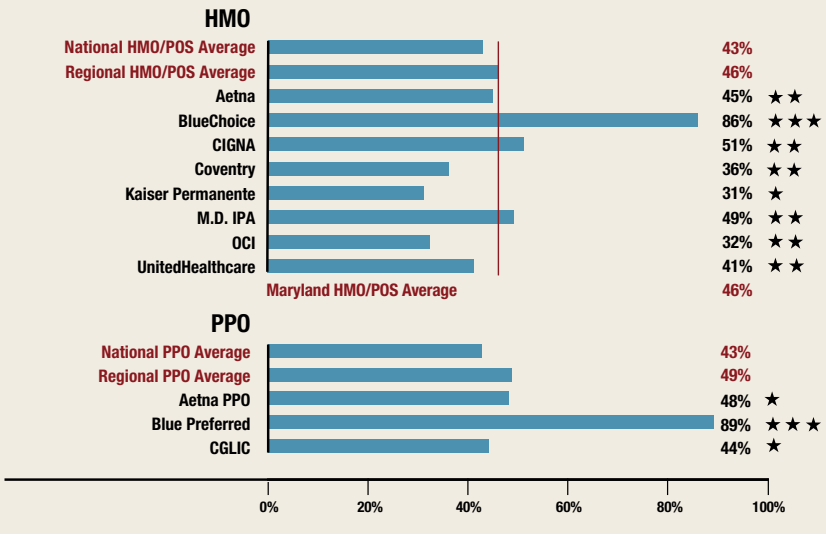
The percentage of children 6–12 years of age who were given a prescription for ADHD medication and had one visit with a practitioner within 30 days of being given the prescription.



GRAPH 4: BEHAVIORAL HEALTH MEASURES

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION: CONTINUATION AND MAINTENANCE PHASE

The percentage of children 6–12 years of age who were given a prescription for ADHD medication and had at least two follow-up visits with a practitioner within 9 months after the Initiation Phase ended.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

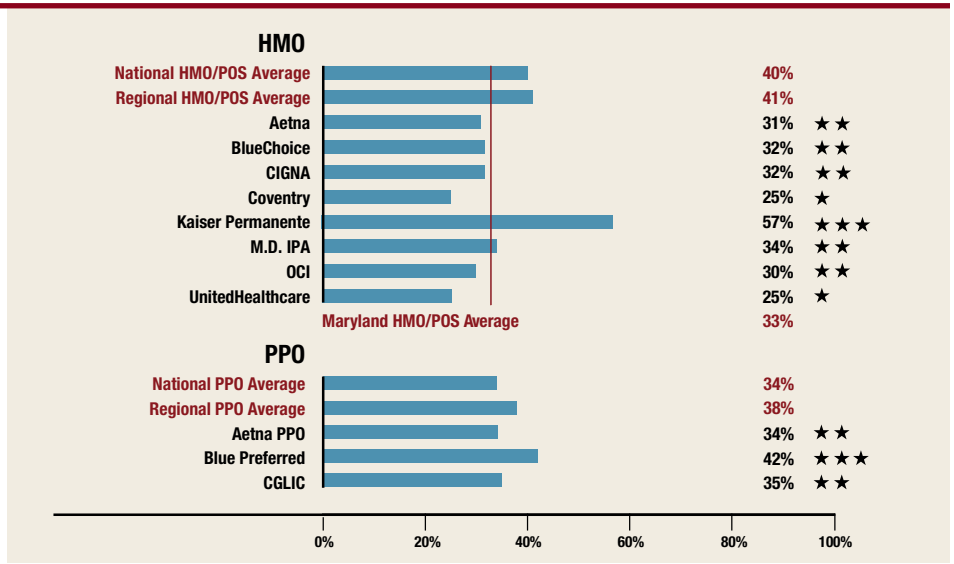
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Member Survey

GRAPH 1: MEMBER SATISFACTION MEASURES

RATING OF HEALTH PLAN

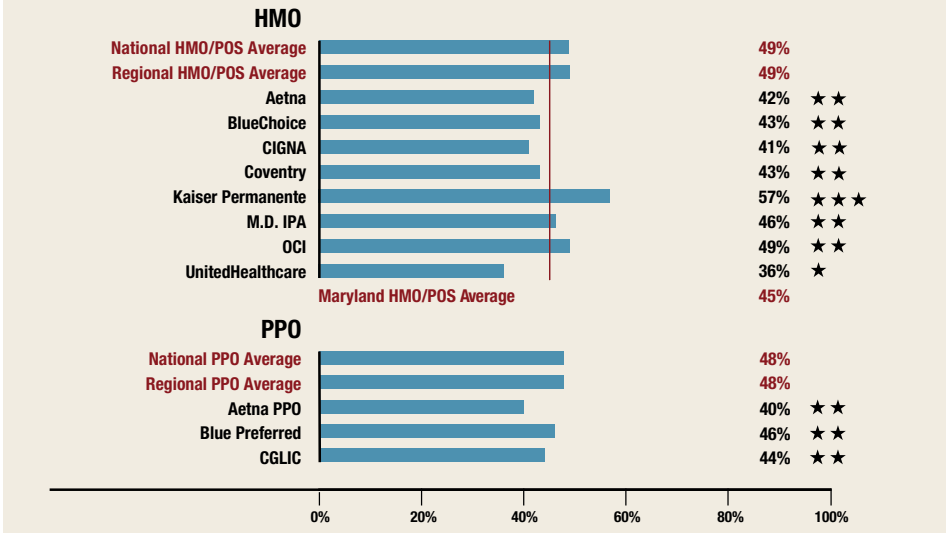
The percentage of adult members who rated their health plan "9 or 10" on a scale of 0–10, with 10 being the "best health plan possible."



GRAPH 2: MEMBER SATISFACTION MEASURES

COORDINATION OF CARE

The percentage of adult members who said their personal doctor is "always" informed and up-to-date on the care they receive from other doctors and health providers.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

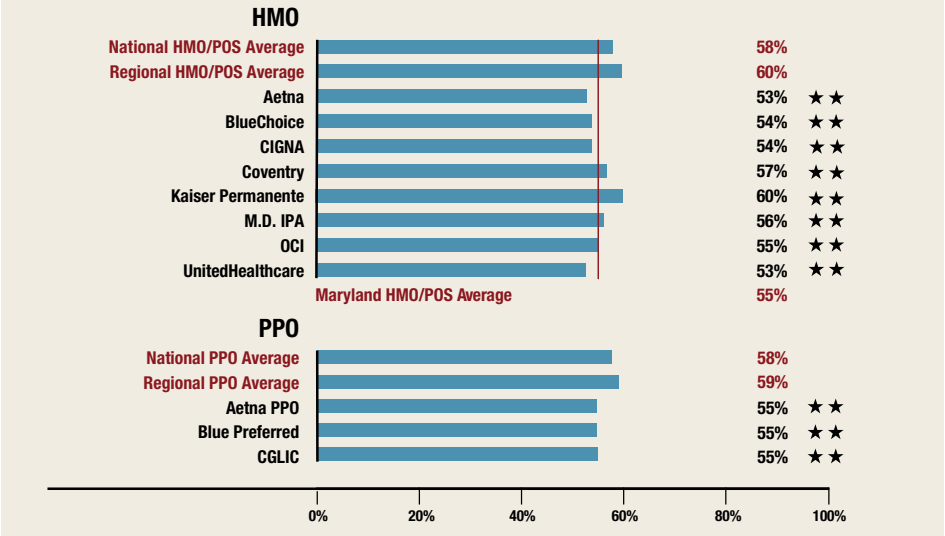
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Member Survey

GRAPH 3: MEMBER SATISFACTION MEASURES

GETTING CARE QUICKLY

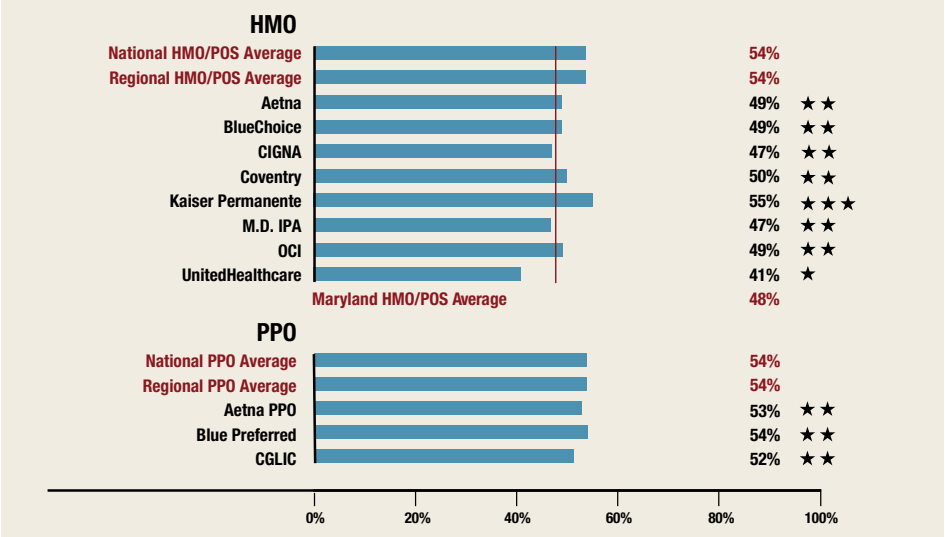
The percentage of adult members who said they "always" get needed care when they want it and get timely appointments for care at a doctor's office or clinic.



GRAPH 4: MEMBER SATISFACTION MEASURES

GETTING NEEDED CARE

The percentage of adult members who said it is "always" easy to get appointments with specialists and get the care, tests, or treatment they thought they needed through their health plan.



SECTION 5: Health Benefit Plan Performance

SECTION LINKS

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

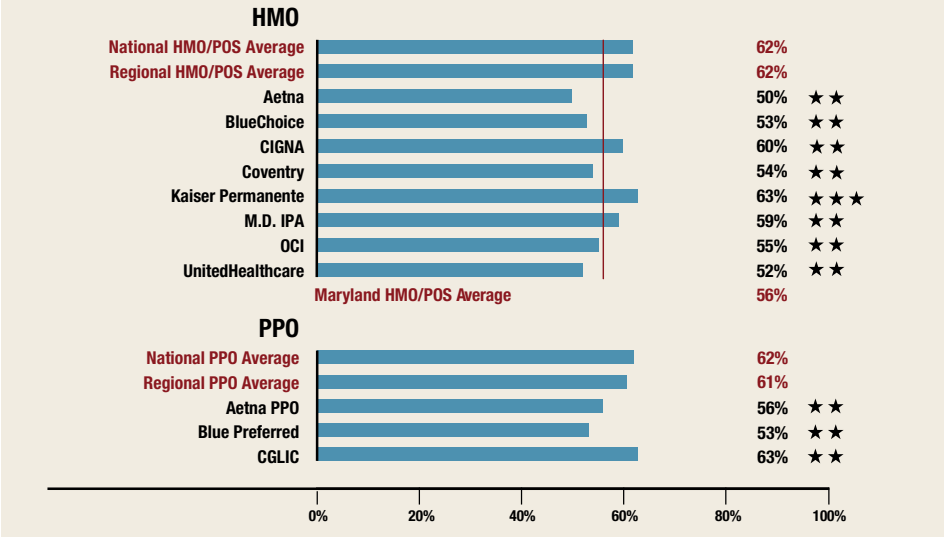
Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

Data Source: Member Survey

GRAPH 5: MEMBER SATISFACTION MEASURES

SHARED DECISION MAKING

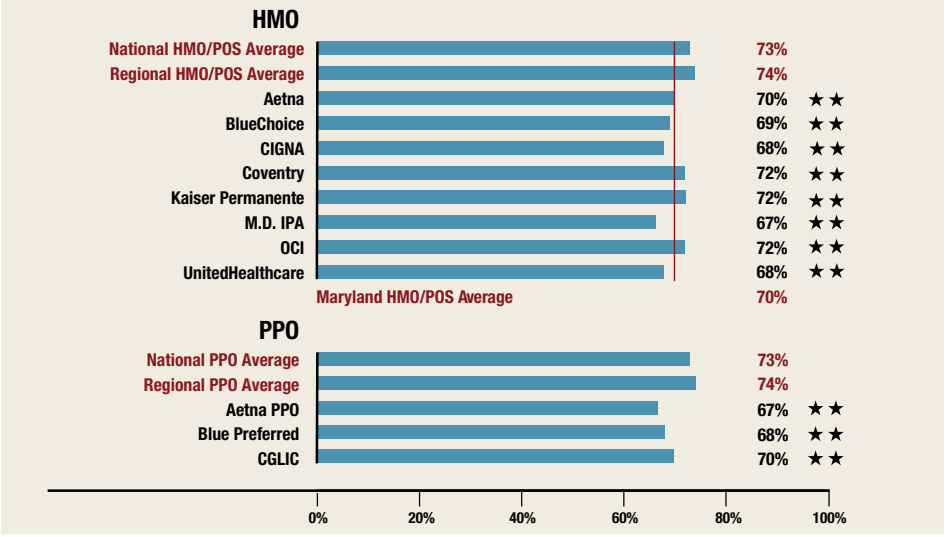
The percentage of adult members who said "definitely yes" when asked if their doctor discusses the pros and cons of treatments and involves them in making the best treatment choice.



GRAPH 6: MEMBER SATISFACTION MEASURES

HOW WELL DOCTORS COMMUNICATE

The percentage of adult members who said that their doctors or health care providers "always" listen carefully to them, explain things in a way they understand, show respect for what they have to say, and spend enough time with them during visits.



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SECTION 6: Comparison of Maryland, Regional, and National Averages

PERFORMANCE RATINGS

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

For the measures in this report, Table 3 shows the average results for the Maryland HMO/POS plans, compared with the regional and national averages.

The National Committee for Quality Assurance (NCQA) is the source for the regional and national data.

TABLE 3: Comparison of Maryland to Regional and National HMO/POS Averages

HMO Measure	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
Primary Care					
Breast Cancer Screening	69%	70%	★★	71%	★
Childhood Immunization Status (Combo 3)	76%	76%	★★	75%	★★
Chlamydia Screening in Women (Ages 16-24)	48%	44%	★★★	43%	★★★
Colorectal Cancer Screening	63%	63%	★★	63%	★★
Flu Shots for Adults	53%	53%	★★	53%	★★
Health Promotion and Education	28%	30%	★★	31%	★
Immunizations for Adolescents	47%	62%	★	52%	★
Well-Child Visits in the First 15 Months of Life	80%	79%	★★	76%	★★★
Chronic Care					
Controlling High Blood Pressure	62%	65%	★	63%	★★
Diabetes Care–Blood Pressure Control (<140/90 mm Hg)	59%	64%	★	66%	★
Diabetes Care–HbA1c Good Control (<8.0%)	64%	64%	★★	62%	★★★
Persistence of Beta-Blocker Treatment After a Heart Attack	76%	77%	★★	76%	★★
Behavioral Health Care					
Antidepressant Medication Management: Effective Acute Phase Treatment	66%	67%	★★	65%	★★
Antidepressant Medication Management: Effective Continuation Phase Treatment	51%	51%	★★	48%	★★★
Follow-Up Care for Children Prescribed ADHD Medication: Initiation	37%	39%	★★	39%	★
Follow-Up Care for Children Prescribed ADHD Medication: Continuation	46%	46%	★★	43%	★
Member Satisfaction					
Coordination of Care	45%	49%	★	49%	★
Getting Care Quickly	55%	60%	★	58%	★
Getting Needed Care	48%	54%	★	54%	★
How Well Doctors Communicate	70%	74%	★	73%	★
Rating of Health Plan	33%	41%	★	40%	★
Shared Decision Making	56%	62%	★	62%	★

SECTION 6: Comparison of Maryland, Regional, and National Averages

Table 4 shows only regional and national averages for PPO plans; state averages for PPO plans were not calculated because there was insufficient information.

TABLE 4: Comparison of Regional and National PPO Averages

PPO Measure	Region	Nation
Primary Care		
Breast Cancer Screening	67%	67%
Chlamydia Screening in Women (Ages 16-24)	45%	40%
Colorectal Cancer Screening	50%	48%
Flu Shots for Adults	53%	52%
Health Promotion and Education	30%	29%
Chronic Care		
Controlling High Blood Pressure	59%	57%
Persistence of Beta-Blocker Treatment After a Heart Attack	73%	71%
Behavioral Health Care		
Antidepressant Medication Management: Effective Acute Phase Treatment	67%	64%
Antidepressant Medication Management: Effective Continuation Phase Treatment	52%	48%
Follow-Up Care for Children Prescribed ADHD Medication: Initiation	42%	38%
Follow-Up Care for Children Prescribed ADHD Medication: Continuation	49%	43%
Member Satisfaction		
Coordination of Care	48%	48%
Getting Care Quickly	59%	58%
Getting Needed Care	54%	54%
How Well Doctors Communicate	74%	73%
Rating of Health Plan	38%	34%
Shared Decision Making	61%	62%

SECTION 7: Managed Behavioral Healthcare Organizations

MBHOs specialize in managing behavioral healthcare for members by providing a network of psychiatrists and other behavioral healthcare professionals. These professionals contract with health insurance carriers or employers to provide services to health insurance plan members. Carriers maintain legal responsibility for the quality of care provided to plan members. Table 5 shows the total number of behavioral healthcare professionals who are located in Maryland and contract with each carrier. Note that the number of providers in an MBHO network is based on the service area of the health insurance carrier.

TABLE 5: Behavioral Health Care Providers in Maryland

Health Insurance Carrier	MBHO	MBHO Accreditation[1] Accrediting Body: Status (Expiration Date)	Number of Behavioral Healthcare Providers in MBHO Network				
			Psychiatrists (MDs)	Psychologists (PhDs)	Social Workers	Licensed Therapists and Counselors	All Behavioral Health Professionals[2]
Aetna	Aetna Behavioral Health	NCQA: Full (expires 1/14)	517	422	1151	561	2731
CareFirst BlueChoice	Magellan Tristate Care Management Center	NCQA: Full (expires 7/13) URAC: Full (expires 6/13 & 9/13)	498	455	1301	622	2991
CIGNA	CIGNA Behavioral Health, Inc.	NCQA: Full (expires 12/11)	313	167	451	192	1164
Coventry	MHNet	NCQA: Full (expires 9/12) URAC: Full (expires 1/12)	254	200	679	283	1456
Kaiser Permanente	Internal Network	NCQA: Excellent (expires 6/13)	359	293	513	167	1425
M.D. IPA	United Behavioral Health	NCQA: Full (expires 6/12) URAC: Full (expires 2/14)	436	430	933	311	2207
OCI	United Behavioral Health	NCQA: Full (expires 6/12) URAC: Full (expires 2/14)	436	430	936	311	2210
UnitedHealthcare	United Behavioral Health	NCQA: Full (expires 6/12) URAC: Full (expires 2/14)	436	430	933	310	2206

[1] MBHO accreditation is voluntary. Status is current as of August 2011.
[2] Maryland requires carriers to report the number of behavioral health care professionals for 11 categories, including the 4 above. "All Behavioral Health Professionals" is the total number for the 11 categories.

SECTION 8: How to Take Charge of Your Health and Wellness

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What Is Wellness?

Wellness is being actively engaged in attaining and improving health. It is multidimensional and incorporates all aspects of health: physical, spiritual, mental, and social. The concept of wellness goes beyond avoiding or managing illness; it involves decisions you make every day—what you eat, how (and if) you exercise, how you cope with stress, and how you interact with others. Achieving optimal wellness has to do with managing the different dimensions of health over time.

Importance of Screening and Reminders

Preventive care includes vaccinations, care for acute illnesses, and routine exams and tests. Regular health exams and tests can find problems before they start or find problems early, when your chances for treatment and cure are better. Early detection of serious conditions such as cancer, diabetes, and hypertension can improve health outcomes and lower health care costs. When you get the right health care services, screenings, and treatments, you are taking steps that can help you live longer and be healthier. Your health plan or doctor sends you reminders about necessary check-ups and tests—don't ignore them!

Tools and Resources

The immunizations or screenings that you need are based on factors such as your age, family history of certain diseases, whether you have any chronic conditions (for example, diabetes), and even lifestyle choices (for example, if you plan to travel outside the United States). You can use the resources below as a guide to help you talk with your health care provider.

For Women: Interactive Screening Chart and Immunization tool: http://www.womenshealth.gov/WHW/health-resources/screening-tool/index.cfm

For Men: Stay Healthy at Any Age checklist: http://www.ahrq.gov/ppip/healthymen.htm

Immunization Schedules for Children, Adolescents and Adults and Immunization Recording and Screening Forms: http://www.cdc.gov/vaccines/recs/schedules/default.htm

Immunization recommendations if traveling outside of the U.S.: http://wwwnc.cdc.gov/travel/page/vaccinations.htm

In less than one minute, you can sign up to receive a free text message and e-mail from the College of American Pathologists reminding you to schedule important health screening tests: http://myhealthtestreminder.org/.

SECTION 8: How to Take Charge of Your Health and Wellness

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Personal Health Records

Personal health records (PHR) are electronic applications patients can use to access, manage, and share their health information in a secure and confidential environment. The patient owns and maintains the health information stored in the PHR and can determine who may access the information. PHRs help patients become active participants in their health care by storing information such as daily symptoms, over-the-counter medicines taken, personal exercise programs, special diets, or data from home monitoring devices. PHRs offer these benefits and others:

- You have convenient and secure access to personal health information stored in the PHR.
- You can record your health history details and set reminders for office visits and necessary vaccinations or tests.
- You control the information contained in your PHR and update it when necessary.
- PHRs can provide health management tools to help you understand the information contained in your medical record and recommend ways to improve your health.

Tools and Resources

MyPHR (www.myphr.com) is a site developed by the American Health Information Management Association to provide information and resources about PHRs.

To learn how to create a PHR, go to: www.myphr.com/StartaPHR/Create_a_PHR.aspx

To view PHR forms and different products to help create a PHR, go to: www.myphr.com/resources/choose.aspx

Electronic Health Records

Health systems and providers are adopting electronic health records (EHR) to improve health care delivery and outcomes. An EHR is a digital version of a patient's medical history. It gives clinicians access to comprehensive patient information; helps them make better clinical decisions and avoid preventable errors; and facilitates doctor-patient agreement about treatment goals. EHRs are the essential next step in continued progress of advancing health information technology.

EHRs can include automated alerts to promote healthy outcomes—for example, reminders for immunizations, missed appointments, or recommended screenings and tests. Some EHRs use patient portals that let patients log on to a secure Internet site to review test results, request prescription refills, e-mail their physician, schedule appointments, and complete other tasks.

Comprehensive use of EHRs can improve quality of care and productivity and reduce cost, but there are challenges: EHRs can be costly and they require providers to adapt to new technology. Recent federal and state legislation seeks to overcome the cost barrier, promote the potential for improving health outcomes, and strengthen the privacy and security of electronic health information. The Health Information Technology for Economic and Clinical Health Act authorizes incentive payments (through Medicare and Medicaid) to clinicians and hospitals that use EHRs to achieve specific improvements in care delivery.

Maryland has implemented state-regulated payor incentives for EHR adoption by primary care practices, and is working to expand provider adoption and use of certified EHRs that can connect to a health information exchange (HIE).

SECTION 8: How to Take Charge of Your Health and Wellness

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Health Coaching

Health coaching is one-on-one health education that can help you reach a health-related goal—whether it is weight loss, lowering your blood pressure, managing diabetes, increasing your fitness level, or healthy eating.

Just as a sports team's coach motivates the players, a health coach motivates an individual working toward a specific goal. A health coach can help you make practical decisions about the next steps in improving your health, give you sound advice, motivation, and inspiration as you work toward your goals—and celebrate with you when you reach milestones!

Many health plans offer health coaching and online wellness programs for their members. Some plans reward members for participating in specific programs; for example, offering gift cards to members who complete a yearly health risk assessment. Although these programs and incentives are available, it is up to members to take advantage of them and use them to improve their health and reach their wellness goals.

Wellness programs may use different approaches to health; for example:

- Wellness newsletters
- Preventive screening reminders
- Health risk assessments
- Personal health records
- Health screenings
- Health coaching
- Programs in specific areas such as weight management, healthy diet, smoking cessation, or stress management
- Discounts on gym memberships

Tools and Resources

As you have learned, health plans may offer health coaching. If you want to learn more about how to improve wellness on your own, check out the following resources.

HealthFinder (www.healthfinder.gov) provides information and tools to help individuals stay healthy such as, calculators to evaluate health and lifestyle choices in the areas of alcohol and drugs, care giving, diseases and conditions, men's health, women's health, nutrition, smoking, and prevention.

Healthy Weight (www.cdc.gov/healthyweight) includes information on weight, nutrition, physical activity, and specific tools such as Body Mass Index Calculators, Food Diary, Physical Activity Diary, Meal Planning and Tracking Tools, and information about achieving and maintaining a healthy weight.

ChooseMyPlate (www.choosemyplate.gov/) can help you build a healthier diet with resources and tools for dietary assessment, nutrition education, and other user-friendly nutrition information.

Physical Activity for Everyone (www.cdc.gov/physicalactivity/everyone/guidelines/index.html) provides physical activity guidelines for children, adults, and older adults, and suggests how to fit physical activity into your life.

Smoking Stops Here (www.smokingstopshere.com/) provides resources that can help you stop smoking or using tobacco and is sponsored by the Maryland Department of Health and Mental Hygiene.

SECTION 8: How to Take Charge of Your Health and Wellness

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What Employers Should Know About Wellness Programs

A significant portion of health care costs can be attributed to chronic conditions, which have a considerable impact on worker productivity: the more chronic medical conditions an employee has, the higher the probability of absenteeism or presenteeism (working while sick). Early detection and treatment of serious chronic health issues not only help control rising health care costs, but also contribute to a healthier workforce.

Why Should Employers Get Involved?

Potential benefits to employers:

- Demonstrates concern for employees
- Reduced costs
- Decreased absenteeism
- Reduced employee turnover
- Improved worker satisfaction
- Improved morale

Potential benefits to employees:

- Greater productivity
- Decreased absenteeism
- Improved fitness and health
- Social opportunities and support in the workplace

Organizations of all sizes can implement wellness programs. The key components to a successful wellness program are a formal plan with specific goals and objectives, and methods for measurement and evaluation.

How to Start a Workplace Wellness Program

Maryland's Worksite Wellness Movement: www.dhmh.state.md.us/healthiest/index.html

Healthier Worksite Initiative: www.cdc.gov/nccdphp/dnpao/hwi/programdesign//index.htm

Wellness For Small Business: www.welcoa.org/wellworkplace/index.php?category=22

Workplace Wellness Toolkit: www.fittogethernc.org/Steps.aspx

Value-Based Benefit Design

Medical costs are rising faster in the United States than other economic indicators. But, in health care as in other areas, higher costs do not mean the purchaser gets better value.

Value-Based Benefit Design (VBBD) is an approach being used by some businesses that offer health care coverage to their employees. VBBD aims to reduce costs while improving quality of health care by identifying high-value health services and adjusting co-payments to encourage their use. For example, using tiered prescription drug plans that have lower co-pays for generic drugs, which are generally less expensive and just as effective as brand-name drugs.

VBBD also focuses on prevention such as first-dollar coverage for physical exams, preventive screenings, immunizations, and other tests that manage or prevent disease. Providing employee access to these services at a lower cost or at no cost can help prevent chronic health problems or help delay the complications of some chronic diseases.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

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Aetna Wellness Initiatives

Aetna Health, Inc. has a variety of programs that can help members improve or maintain their health.

Personal Health Record

The personal health record (PHR) is a secure online tool that lets members:

- Keep health information in a single, safe place
- Track doctor visits, prescriptions, and more
- Give their doctors a more comprehensive health history
- Receive timely, personalized health alerts and preventive care reminders

The PHR includes claims information and lets members list allergies, family history, and more. It can help members team up with their doctors. Members can share their PHR online, use it to help them fill out medical forms, or print a health summary to bring to an office visit.

The PHR can also help members get the care they need. They might see a pop-up reminder that they are due for a check-up or an important screening. Members can also give Aetna permission to send notification e-mails that an alert or reminder is in their PHR.

Health Reminders

Aetna sends Member Health Education reminders to members, with information about screenings and other important preventive services. Members can specify e-mail reminders or have them sent by regular mail.

Health Coaching

Aetna Health Connections℠ Healthy Lifestyle Coaching offers one-on-one support to help with lifestyle changes:

- Quitting tobacco
- Weight management
- Stress management
- Physical fitness and nutrition
- Staying healthy

During coaching sessions, members and coaches:

- Develop an action plan
- Develop a follow-up plan
- Review Aetna wellness resources, such as the 24-hour nurse information line

Members also have access to personalized online wellness programs, tailored to target specific health needs such as:

- Nutrition
- Fitness
- Stress management

Worksite Programs

Onsite health screening services from Summit Health complement Aetna's wellness programs and offer customized solutions to an organization's specific health concerns:

- Online appointment scheduling
- A dedicated program manager to coordinate logistics
- Onsite medical staff to administer services, including reviewing test results and counseling
- Educational materials and more

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

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CareFirst Wellness Initiatives

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. have a variety of programs that can help members improve or maintain their health. Health Advising is one.

Health Advising helps members connect with health improvement resources. After members complete a health assessment, health advisors trained in health education or allied health services contact members to:

- Review the results
- Educate
- Consult
- Encourage choices to help maintain or improve members' health and quality of life

Members who participate in Health Advising have an initial 10-minute phone conversation with a health advisor, who reviews and "translates" screening results (e.g., blood pressure, cholesterol, BMI) with them. Advisors also review lifestyle factors and how they can contribute to results, answer questions, and recommend appropriate resources for members who want to change behaviors.

Some employers provide Health Advising as part of a workplace health screening, giving employees the opportunity to discuss their results immediately after receiving them. The health advisor's goal is to ensure that all health risk assessment and screening participants:

- Have a positive experience
- Receive the information they need to make positive changes
- Gain access to the right resources and programs

Health advisors might refer members to or enroll them in a telephone health coaching program to help them manage lifestyle choices that put them at risk for health issues.

Health coaches work with members for up to a year, building motivation and commitment, setting goals, creating action plans, addressing barriers, and forming solutions with members. Coaching is flexible; although it usually takes place over the phone, members also have phone/print, face-to-face, or secure message board options. Health advisors might refer members to the Online Health Coaching program, which is a "virtual coach" program that gives members the impression they are working with a live counselor. This confidential, Web-based, 6-week program sends personalized, periodic e-mail communications tailored to members' concerns and conditions.

Coaching programs address:

- Weight management
- Smoking cessation
- Stress management
- Physical activity
- Nutrition
- Blood pressure management
- Cholesterol management
- Overcoming depression
- Overcoming insomnia
- Overcoming binge eating
- Chronic condition management
- Back pain management
- Diabetes management
- Hip pain management
- Chronic pain management

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

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CIGNA Wellness Initiatives

CIGNA Healthcare Mid-Atlantic, Inc. supports reporting of quality as means to ensure consumers have accurate information from which to make decisions. We have been a leader in reporting for many years. The company offers an array of programs that can help employers and customers improve or maintain their health.

Personal Health Record

Customers can gain awareness of their health and overall risk factors by completing CIGNA's online health risk assessment (www.mycigna.com).

Health Reminders

CIGNA's Home Delivery Pharmacy program reminds customers to refill a prescription or lets them know when a refill is overdue.

Health Coaching

CIGNA health coaches are available through the Health Advisor program to work with customers over the phone and online to promote early intervention. Customers can reach their health and wellness goals through personal development, behavior change strategies, referrals to specialized programs, treatment decision support, and ongoing coaching. (www.cigna.com/our_plans/programs/health_advisor.html)

CIGNA's lifestyle management programs (e.g., smoking cessation, weight loss, stress management strategies) can help customers maintain healthy behaviors and control or avoid risk.

CIGNA Well Aware for Better Health® (www.cigna.com/our_plans/programs/well_aware/index.html) chronic condition management programs promote healthy lifestyle choices and patient compliance with a care plan, identify risks, and improve self-care. Eight programs help people manage more than 30 conditions, including cancer, asthma, diabetes, low back pain, coronary artery disease, stroke, acid reflux, hypertension, depression, and weight complications.

Worksite Programs

Many CIGNA clients offer biometric screenings to help members identify potential health conditions, develop plans to prevent illness, and manage health concerns.

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

Coventry Wellness Initiatives

Coventry Health Care of Delaware, Inc. has a variety of programs that can help members improve or maintain their health.

Coventry WellBeing℠

All members have access to Coventry WellBeing℠ enhanced wellness programs. They allow members to enter their wellness activities, have access to personalized programs and targeted messages to increase awareness of their wellness needs, and receive encouragement to participate in wellness behaviors.

Health Reminders

Coventry mails newsletters and brochures to members several times a year, with important health reminders and health education pieces.

Disease Management Program

Coventry provides disease management to members, reaching out with educational mailings, or phone calls from health education associates. Members become engaged in managing their health through an emphasis on prevention, the physician-patient relationship, and compliance with a care plan. The level of intervention is determined by a member's disease severity or level of need.

Members are encouraged to take a health risk assessment that forms the basis for one of nine personalized coaching programs. Tools and trackers help members better monitor their progress, change behaviors and modify health risks.

Wellness Program

Coventry's Wellness Program includes the following benefits for members:

- An "engagement" program level that is available to all members and an "incentive" program level that gives employers a buy-up option to customize and implement incentives for employees
- An online smoking cessation product, available to all members

Employer Wellness Program

This program allows members and employers to report wellness data. Members receive a personal, prioritized plan designed to address specific health risks, and employers receive outcome reports, including:

- Member activity and participation
- Time-over-time comparison
- Population health overview
- Risk factor prevalence and member readiness to change

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

Kaiser Permanente Wellness Initiatives

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. has a variety of programs that can help members improve or maintain their health.

Advanced Technology

Members have access to their electronic medical record through My Health Manager at kp.org to communicate with their doctors' offices, view most lab test results, schedule routine appointments, request prescription refills, and receive prescription refill reminders. In addition, Kaiser Permanente physicians, nurses, pharmacists, and other caregivers can view a member's electronic medical record, identify necessary preventive screenings, and log services that members receive.

Health Assessment

HealthMedia Succeed® is an online health assessment that can help members make smart choices, prevent disease, and improve their health by examining what affects their overall wellness, from how often they exercise to what they eat for breakfast. After answering questions about health and day-to-day activities, members receive a customized action plan to help them make healthier lifestyle choices.

Healthy Tools

Kaiser Permanente encourages members to take advantage of its Healthy Lifestyle programs available online at kp.org/healthylifestyles. Programs include a total health assessment, programs for chronic condition management, and more. Members can receive support and access educational resources for smoking cessation, nutrition planning, weight management, stress management, chronic pain, diabetes, depression, insomnia, back pain, and more.

Worksite Programs

Employers that have Kaiser Permanente can offer employees easy access to care right outside their door with the Kaiser Permanente mobile health vehicle. This small medical center on wheels offers:

- Blood pressure checks
- Health education for chronic disease management
- Body mass index (BMI) measurement
- Glucose and cholesterol screening
- Routine preventive care and more

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

SECTION 9: Maryland Health Benefit Plans Wellness Initiatives

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UnitedHealthcare Wellness Initiatives

UnitedHealthcare of the Mid-Atlantic, Inc., MD-Individual Practice Association (MDIPA), and Optimum Choice, Inc. (OCI) have a variety of programs that can help members improve or maintain their health. Members can access a number of resources at www.myuhc.com®,[a] www.myoptumhealth.com, and www.liveandworkwell.com.

Personal Health Record

Members can use the personal health record at myuhc.com to track their personal medical history, which can lead to more effective health management and meaningful discussions with their physician.

Health Assessment

The health assessment on myuhc.com is a widely recognized health awareness tool from the University of Michigan Health Management Research Center. Available in English and Spanish, it is a comprehensive, confidential online health questionnaire that analyzes lifestyle behaviors and identifies health risks. After completing the questionnaire, members receive a personalized health report with information that can help them improve or maintain overall health and well-being.

Online Health Coach Programs

Using data extracted from the online health assessment, the Online Health Coach creates personalized five-week health improvement programs designed to encourage behaviors that can lead to a healthier lifestyle. Seven modules address:

- Exercise
- Nutrition
- Weight management
- Stress management
- Smoking cessation
- Heart-healthy lifestyle
- Diabetes control lifestyle

Members can access counselors using 24-hour help lines. Counselors provide information on a variety of health topics, including illness, wellness tips, nutrition, prescriptions, over-the-counter medications, and medical resources.

Worksite Programs

UnitedHealthcare offers a wide variety of wellness tools for employers to promote health and wellness for their employees. UnitedHealthcare Health Strategies Directors are available for worksite wellness programs.[1] Directors are certified health educators or licensed clinicians who work directly with employers to create a comprehensive, strategic wellness work program based on organization goals and health risks of the employee population.

Quicken Health Expense Tracker℠

Available on myuhc.com, this online tool gives employees the personalized information they need to understand and track their health care spending. It gives employees easy-to-understand information about their health care benefits and claims costs and reduces uncertainty.

[a] myuhc.com® is a registered trademark of UnitedHealth Group Incorporated.

The Commission takes no position on the claimed motivations, methods, or results of these quality initiatives.

[1] *To qualify for services from a UnitedHealthcare Health Strategies Director, your organization must demonstrate a strong commitment to health and wellness as part of your overall business strategy and must have designated a wellness champion (or team) to help facilitate activities. Consultation with a Health Strategies Director is available at no additional cost to your organization.*

SECTION 10: Maryland Statewide Initiatives

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Maryland Multi-payer Patient-Centered Medical Home

The Patient-Centered Medical Home (PCMH) is a model of primary care delivery designed to strengthen the patient-clinician relationship by replacing episodic care with coordinated care and a long-term healing relationship. It can lower costs of care through a focus on patient self-management and engagement, rather than on disease. PCMH encourages teamwork and coordination among clinicians and support staff, to give patients better access to care, and encourage patients to take a greater role in making care decisions. Key PCMH components include understanding patients' preferences and culture, shared decision making between patient and clinician, and patients' willingness to establish and work toward personal health goals.

PCMH concepts endorsed in the Joint Principles of the Patient-Centered Medical Home have been adopted by national organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Physicians, and by many business and consumer organizations across the United States. For Maryland patients, the Maryland Multi-payer Patient-Centered Medical Home (MMPP) offers:

- Integrated care plans for ongoing medical care in partnership with patients and their families
- Chronic disease management, with the help of specialized care coordinators
- Medication reconciliation for every visit
- Increased access to a primary care provider through "24-7" telephone response
- Same-day appointments for urgent care
- Enhanced modes of care communication, such as e-mail.

For Maryland employers, the MMPP offers the type of health care benefits that they seek for their employees: a strong emphasis on primary care services and lowering the costs of care while improving the health of their workforce through expanded access to primary care clinicians, reduced health care disparities, and better coordination of care.

Maryland began a three-year program to test this new model of care in 2011, with 53 primary and multispecialty practices and federally-qualified health centers (FQHC) located across the state. Although Maryland law requires the five major carriers of fully insured health benefit products (Aetna, CareFirst, CIGNA, Coventry, and UnitedHealthcare) to participate in the MMPP, the Federal Employees Health Benefits Program (FEHBP), the Maryland State Employee and Retiree Health and Welfare Benefits Program, TRICARE, and private employers such as Maryland hospital systems, voluntarily elected to offer this program to their employees. Program participants are collaborating with the University of Maryland Department of Family Medicine, Johns Hopkins Community Physicians, Kaiser Foundation Health Plan of the Mid-Atlantic, Inc., and the program management staff at the Maryland Health Care Commission, Community

SECTION 10: Maryland Statewide Initiatives

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Health Resources Commission, and Department of Health and Mental Hygiene to encourage more than 300 primary care clinicians throughout Maryland to adopt these advanced principles of primary care.

If you would like to receive care from a clinician offering this innovative model of primary care, ask your employer's health benefits plan manager for more information or visit the Maryland Health Care Commission's PCMH Program page at mhcc.maryland.gov/pcmh/.

Maryland Health Information Exchange

A health information exchange (HIE) is a conduit for transmitting electronic health information safely and efficiently across providers and systems. An HIE facilitates access to and retrieval of health data, encouraging timely and efficient patient-centered care, and can also support research, public health, emergency response, and quality improvement. Maryland is committed to building a safe, secure network for exchanging health information, using input from various stakeholders such as medical and technical experts, providers, and patients.

The Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) are collaborating to implement an interoperable, statewide HIE that creates a data library (rather than a data repository) to allow providers and payers access to patient health data from hospitals, laboratories, and provider practices.

The MHCC is collaborating with stakeholders to build patient trust in the HIE through comprehensive privacy and security policies. Using $10 million allocated for this purpose, along with a federal grant of approximately $10.9 million, Maryland is developing a "citizen-centric," statewide HIE that allows providers to translate and share patient information using a system that maximizes security and patient privacy.

SECTION 11: Links to Other MHCC Resources

For additional information on health plan quality and performance, visit the MHCC Web site.

Comprehensive Performance Report: Commercial HMO, POS, and PPO Health Benefit Plans in Maryland contains plan-specific rates on HEDIS (clinical) and CAHPS (survey) measures.

Publications on the performance of health care facilities are available on the MHCC Web site, including the following Web-based, interactive guides.

Maryland Hospital Performance Evaluation Guide compares information on hospital characteristics, patient satisfaction ratings, quality scores, and selected health care associated infections (HAI) information. The site also features a pricing guide and other information about hospital services in Maryland.

Maryland Consumer Guide to Long Term Care helps consumers locate and compare Maryland long-term care services: nursing homes, assisted-living residences, home health agencies, and hospice programs. Users can sort by services offered and by county or zip code, view results from recent health and safety inspections, and family satisfaction surveys, and find Internet links to many resources of interest to seniors, such as preparing for long term care needs.

Maryland Ambulatory Surgery Facility Consumer Guide provides information useful for selecting an ambulatory surgery center. Users can find a surgical center by name, zip code, or medical specialty; download a checklist of questions to consider when having surgery in an outpatient center; and find information on what to do if they have a complaint.

A Consumer's Guide to Getting and Keeping Health Insurance in Maryland is a 45-page guide that explains rights and protections that apply to health insurance coverage in Maryland. Information is provided for individuals who buy their own health insurance or who get coverage through an employer, or for small business owners who offer health insurance to their employees.

Maryland Health Insurance Partnership for Small Businesses is a premium subsidy program available to very small businesses that currently do not offer group insurance to their employees, if the average wage of the business is less than a specified amount. The site includes a subsidy calculator, the maximum subsidy table, and a downloadable application for subsidy support.

VIRTUAL COMPARE is a Web portal that provides important information about selected health plans available to small employers in Maryland and allows a side-by-side comparison of benefits, premiums, and out-of-pocket costs for up to four health plans at a time.

SECTION 12: Features of HMO, POS, PPO, and EPO Plans

HMO, POS, PPO, and Exclusive Provider Organization (EPO) plans all have distinct features. Both HMO and POS plans use a PCP, who is responsible for coordinating a patient's care. Traditionally, a key difference among HMO, POS, and PPO plans is that POS and PPO plan members do not need a referral from a PCP to see a specialist and may select a provider who is not in the plan's network of providers—although members' out-of-pocket costs are lower when they use an in-network provider. Some employers have begun to offer EPO plans. An EPO is a relatively new type of hybrid health benefit plan with features of both an HMO and a PPO. State of Maryland employees have an option to select an EPO plan. If you are a state employee, please see page 37, which provides information on the various types of health benefit plans offered to State of Maryland employees.

TABLE 6: Features of HMO, POS, PPO, and EPO plans

	HMO	POS	PPO	EPO
Access to primary care	Members must choose a PCP to manage their care. The PCP must be part of the plan's network.	Members may choose an in-network provider, but may also choose an out-of-network provider for higher out-of-pocket costs.	Members may choose an in-network provider or an out-of-network provider.	Depending on the plan, members may need to choose an in-network PCP.
Referrals to specialty care providers	Members need a referral from their PCP to see a specialist and other providers, although some HMOs no longer require referrals.	Members may choose between PCP referral providers or out-of-network providers.	No referrals are needed to seek care from specialists or other health care providers.	Referrals may be needed to seek care from specialists or other in-network providers. Some plans may allow referrals to out-of-network providers.
Out-of-pocket costs	Annual premiums tend to be lower than POS and PPO plans. *Cost sharing:* Fixed copayments.	Annual premiums tend to fall between HMO and PPO plans. *Cost sharing:* Fixed copayments for in-network services and deductibles and co-insurance for out-of-network services.	Annual premiums tend to be higher than HMO and POS plans. *Cost sharing:* Fixed copayments for in-network services and deductibles and co-insurance for out-of-network services.	Annual premiums tend to be lower than PPOs. *Cost sharing:* Fixed copayments for in-network services; deductibles and co-insurance may apply to in-network services and out-of-network services, if allowed.

Sources: Maryland Department of Budget and Management Health Benefits, National Association of Insurance Commissioners and Healthcare.gov.

SECTION 13: Health Benefit Plan Contact Information

SECTION LINKS

Health Benefit Plan	Phone	Web Site
Aetna	800-694-3258 Monday–Friday 8:00 AM–5:00 PM	www.aetna.com
CareFirst BlueCross BlueShield	866-520-6099 Monday–Friday 7:00 AM–7:00 PM Saturday 8:00 AM–1:00 PM	www.carefirst.com
CIGNA	800-CIGNA24 (800-244-6224) 24 hours a day, 7 days a week	www.cigna.com
Coventry	800-833-7423 Monday–Friday 8:00 AM–5:00 PM	www.coventryhealthcare.com
Kaiser Permanente	301-468-6000 (metro area) Monday–Friday 7:30 AM–5:00 PM 800-777-7902 (Outside metro area: toll free) Medical advice/appointments numbers for members 800-777-7904 or 703-359-7878 24 hours a day, 7 days a week For hearing and speech impaired: 301-879-6380	www.kaiserpermanente.org
MDIPA/Optimum Choice	Members should call the number on the back of their card, or 866-633-2446 24 hours a day, 7 days a week TTY: 711 (Maryland only)	www.myuhc.com
UnitedHealthcare	800-815-8958 24 hours a day, 7 days a week TTY: 711 (Maryland only)	www.uhc.com

SECTION 14: Health Benefit Plan Choices for State of Maryland Employees

This year, State of Maryland employees continue to have the option of EPO, POS, and PPO health plans. Table 7 compares the various types of health benefit plans offered to State of Maryland employees. Key differences include whether health plan members must select a PCP and whether they must obtain a referral before seeing a specialist. Members will typically have higher costs when using out-of-network providers. Each health plan (listed in Table 1) offers a national network of health care providers and has different rules for how members use the plan's benefits. Contact a health plan for more details.

Help Resolving Issues

Due to federal healthcare reform laws, effective January 2012, the external appeals process will be handled by the Maryland Insurance Administration. Until then, State of Maryland employees who have a problem with the care or service provided by a State health plan must first use the plan's internal process for resolving issues. If the problem cannot be resolved through the internal process, send an appeal to the State of Maryland Benefits Review Committee, c/o Employee Benefits Division, 301 W. Preston Street, Room 510, Baltimore, MD 21201. Each month, the committee considers appeals for which it has received all documentation from the provider and health plan.

Managed Behavioral Healthcare Organizations

State of Maryland employees automatically receive behavioral health coverage, but benefits vary by health plan. If you are enrolled in an EPO plan, your behavioral health benefits are provided by your plan's MBHO. Refer to **page 20** for information on behavioral healthcare networks. If you are enrolled in a PPO or POS plan, your behavioral health benefits are provided by APS Healthcare, Inc. Refer to the State of Maryland Guide to Your Health Benefits (http://dbm.maryland.gov/benefits/Documents/PlanYear2012/BeneftsGuide.pdf) for more details.

SECTION 14: Health Benefit Plan Choices for State of Maryland Employees

TABLE 7: Comparison of the Various Types of Health Benefit Plans Offered to State of Maryland Employees

	EPO	POS	PPO
Access to PCPs	*Aetna Select EPO* and *UnitedHealthcare Select EPO* **do** require members to choose an in-network PCP to manage their care. *CareFirst EPO* **does not** require members to choose a PCP.	*Aetna Choice POS II* and *UnitedHealthcare ChoicePlus POS* **do not** require members to choose a PCP. Members choosing *CareFirst Maryland POS* **must** choose an in-network PCP.	*CareFirst PPO* and *UnitedHealthcare Options PPO* **do not** require members to choose a PCP.
Referrals to specialists	Members **do not** need a referral to see an in-network specialist or other health care provider.	*Aetna Choice POS II* and *UnitedHealthcare ChoicePlus POS* **do not** require members to get a referral for in-network or out-of-network services.* *CareFirst Maryland POS* members **must** use a PCP referral for in-network providers or may opt to use an out-of-network provider **without** a referral.*	Members **do not** need a referral to see an in-network or out-of-network specialist or other health care provider.*
Out-of-network care	**There are no benefits for out-of-network services.** Members are responsible for the full charge billed by the out-of-network provider or facility.	For all plans, members may receive services from out-of-network providers without obtaining a referral. (This is called "self-referral.")*	Members must pay the entire fee when they receive a service and must submit a claim for reimbursement for out-of-network providers. This amount is applied toward the plan-year deductible.*

*For co-pay and out-of-network deductible amounts, see the State employee benefit booklet produced and distributed by the Employee Benefits Division of the Department of Budget and Management. To access the booklet online go to http://dbm.maryland.gov/benefits/Documents/PlanYear2012/BenefitDescriptions.pdf.

SECTION 14: Health Benefit Plan Choices for State of Maryland Employees

Table 8 provides contact information specifically for State of Maryland employees.

TABLE 8: State of Maryland Employee Health Benefit Plan Choices

Health Benefit Plans	Phone	Web Site	Where to Find the Plan in This Guide
Aetna (nationwide) *Select EPO* *Choice POS II*	800-501-9837 TTY/TDD: 800-501-9837	www.aetnamd.com	***Aetna Select EPO*** performance information is not represented in this report. Please refer to ***Aetna's HMO/POS*** for comparable quality information. ***Aetna Choice POS II*** performance information is reported as part of ***Aetna's HMO/POS*** quality information.
CareFirst BlueCross BlueShield (regional only) *EPO* *POS* *PPO*	State Operations Center: 410-581-3601 (Baltimore); 800-225-0131 (outside Baltimore) TTY: 711 (Maryland only); 800-735-2258 (outside Maryland)	www.carefirst.com/statemd	***CareFirst EPO*** performance information is not represented in this report. Please refer to ***CareFirst's HMO/POS*** for comparable quality information. ***CareFirst Maryland POS*** performance information is reported as part of ***CareFirst's HMO/POS*** quality information. ***CareFirst PPO*** is represented in this guide.
UnitedHealthcare (nationwide) *Select EPO* *Choice Plus POS* *Options PPO*	800-382-7513 TTY: 711 (Maryland only)	www.uhcmaryland.com	***UnitedHealthcare Select EPO, UnitedHealthcare Choice Plus POS,*** and ***UnitedHealthcare Options PPO*** performance information is not reported in this guide.

Note: For additional information regarding health benefit options for State of Maryland employees, visit the Department of Budget and Management.

SECTION 15: Methods

Comparison of Maryland Plan Rates and the Maryland Average

Rates for each Maryland HMO/POS plan are compared against the Maryland average. If the difference between a plan's rate and the Maryland HMO/POS average is statistically significant, the plan is assigned to the "above average" or "below average" category, accordingly. "Statistically significant" means that scores varied by more than could be accounted for by chance. A 95 percent degree of confidence is used to determine whether the difference between the rates is statistically significant.

This report uses the following symbols to denote relative comparisons between the plan and the Maryland HMO/POS average.

★★★ The plan's performance is significantly better than the Maryland HMO/POS average.

★★ The plan's performance is equivalent to the Maryland HMO/POS average.

★ The plan's performance is significantly worse than the Maryland HMO/POS average.

(Results for PPOs are not shown because there is not sufficient information upon which to calculate a state average.)

In some situations, two plans with the same rate are classified into two different performance rating categories. There are two possible reasons.

1. The statistical analysis used entire numbers without rounding. Rates were rounded for display in this report.
2. There is a difference in the plans' data collection method. Plans that use claims and physician encounters to collect data on their entire population that meet certain criteria or eligible population (the Administrative Method) have a larger eligible population, which allows a more precise estimation of the true rate than plans that collect data on a sample of the their population using administrative systems and member records (the Hybrid Method). This means that statistical examination of two plans with the same rate can result in the plans being in two different performance rating categories.

Comparison of Maryland to Regional and National Averages

The Maryland State average is compared to the regional and national averages. If the difference between the Maryland State average and regional or national average is statistically significant, the Maryland State average is assigned to the "above average" or "below average" category, accordingly. "Statistically significant" means that scores varied by more than could be accounted for by chance. A 95 percent degree of confidence is used to determine whether the difference between the rates is statistically significant.

National averages are calculated using rates from 239 commercial HMO/POS and 173 PPO plans around the country. Regional averages are calculated using the 2011 measure rates from 39 commercial HMO/POS and 23 PPO plans located in Washington, DC, Delaware, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia.

SECTION 15: Methods

This report uses the following symbols to denote relative comparisons between the Maryland State average and the national or regional averages.

★★★ The Maryland State average is significantly better than the national or regional average.

★★ The Maryland State average is equivalent to the national or regional average.

★ The Maryland State average is significantly worse than the national or regional average.

Data Collection Methodology

To capture representative results effectively, HEDIS gives HMO/POS plans the choice to use either the Administrative Method or the Hybrid Method of data collection. The Hybrid Method allows health plans to supplement rates typically calculated from administrative data systems that gather information from member medical records. By using the Hybrid Method, health plans can produce rates that reflect actual performance better.

Briefly, the basic steps of the two methods are as follows:

Administrative Method: After identifying the eligible member population for a measure, health plans search their administrative databases (claims and encounter systems) for evidence of the service. For some measures, rates calculated using the Administrative Method might be slightly lower than rates calculated for the same measure using the Hybrid Method.

Hybrid Method: After selecting a random sample of eligible members for a measure, the health plan searches its administrative database for information about whether each individual in the sample received the service. If the administrative database does not contain the information, the plan will then consult medical records to confirm that individuals in the sample received the service.

SECTION 16: References

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