Dear Senator/Representative,

Per our conversation of today, I am forwarding information to you, which calls for an immediate suspension of activities regarding the outsourcing of Medicaid to any and all companies for a minimum of six months and most probably more so that the executive branch can do credible background checks on what is happening in the industry, who does a good job, what the financial rankings are, and get out of this "rush-rush" environment that is going to cost Kansas taxpayers hundreds of millions of dollars if the executive branch is permitted to jump into this thing without having done their homework, which is very obvious from the attached.

Additionally, we are strongly recommending that the I/DD community (intellectually and developmentally disabled) not be outsourced and continue to operate as they currently do. This period should be at a minimum of three years so that the actual production, performance, and expensing when the rest of Medicaid is outsourced can be measured. We are not suggesting that the I/DD community be exempted from the Medicaid outsourcing for medical treatment, only for their existing long-term care treatment.

So the first ranking is the independent rating services of Moody's, Standard & Poor, Fitch, and to a lesser degree A.M. Best. If you look at Moody's on the bottom left, you will see vulnerable/questionable/lowest – Centene (known in Kansas as Sunflower State Health Plan), AmeriGroup, and Wellcare that fall into that vulnerable/questionable/lowest corner box. Under the Standard & Poor's ratings, Centene and Wellcare once again fall into the bottom center box. Interestingly enough, when Wellcare received the lowest possible grade, they asked to be unlisted from the Standard & Poor's rating. Also interesting, under the Moody's rating, Coventry has a higher

rating of vulnerable/adequate and United Healthcare has a higher rating of secure/good. Once again, this is for economic ratings but is critically important when you look at the fact that if they have to raise money as a commercial medical care company and can't or have to at a huge expense because of their economic ratings, it becomes marginal as to their continued viability to perform in this marketplace.

Just one of many examples of this would be the attachment provided "The president of Syncare, LLC – the Missouri Medicaid contractor ousted last year after a barrage of patient complaints – has filed bankruptcy, leaving a trail of heavy debts to former employees, vendors, and it's Fortune 500 backer Centene Corp of St. Louis, MO". This is our next door neighbor, Missouri, and is symptomatic of what has happened in a number of places around the country due to improper research, planning, documentation, review, etc. Also see the attached article regarding Kentucky.

The next attachment is NCQA's Health Insurance Plan Rankings for 2011-12 Medicaid Plans – Summary, which is published in September of each year at the same time as S&P and other financial ratings. "NCQA" stands for National Committee for Quality Assurance and is a private 501(c)3 not-for-profit organization dedicated to improving healthcare quality. Please see the attached for information.

The NCQA rankings are shown and color-coded along with scoring, accreditation (or lack thereof), and location sites and they grade consumer satisfaction, prevention, and treatment. As you proceed from the top towards the bottom (there are 99 accredited corporate locations), you will see the numbers rankings decline in a similar fashion to the graded performances. We have highlighted in yellow the companies mentioned. For a more thorough backup, we have printed out the individual

reports for each of the companies, e.g., United Healthcare, AmeriGroup, Wellcare, and Coventry.

Interestingly enough, Centene is not listed anywhere in this report nor is it certified through this

agency for performance. We asked the question why not and did in fact call the NCQA and their

answer was as follows: "per Angela at NCQA on March 8, 2012, the reason Centene is not on the

medical plan ranking list is because they did not agree to have their information made public." Well,
that fits right in with the information in previous paragraphs talking about the failure of their companies
and their ratings.

None of this information was provided by the Executive Branch such as the former Secretary of SRS or current Secretary of Aging, etc. We are suggesting that they stop the problem for a minimum of a year, conduct thorough studies utilizing outside specialists to review and compare options to the excellent program that exists today. Using scare tactics of increasing costs is not an excuse. We are not talking about political people here, we are talking about people who do not know how or cannot speak for themselves, and their very existence may depend upon other caring persons, the current advocates of the I/DD community.

Your review of this and discussion with your fellow senators and representatives would be most appreciated. This information will be forwarded as well to Mrs. Committee Chair, Brenda Landwehr of the Kansas House of Representatives.

Thanks for your time and consideration in these matters. Please feel free to get in touch and we look forward to having you as our guest per the attached on Tuesday.

Once again, this should be all printed out on a color copier so that all highlighted areas provided on the appropriate documents are easily noticeable.

### Jim Coopersmith

P.S. Please see the attached email received in our office March 8, 2012 titled "Prudential Financial Halts Sale of Individual Long-Term Care" and the Kansas City Star article dated March 7, 2012 titled "Stop the rush...."

### Independent Rating Services

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Į	Total	141	100%	Total	228	100%	Total	168	100%	Total	535	100%

N/A indicates that a company does not subscribe to the specific rating agency service and no rating is available.

Note: Some services use category qualifiers to further subdivide their ratings into as many as 21 different levels. Excludes rating categories for companies under state supervision, in default or in liquidation.

Data is provided by SNL Financial and is current as of September 7, 2011.

This report is prepared by Northwestern Mutual. Not for use in a variable life sales situation.

THIS REPORT MUST NOT BE HIGHLIGHTED, EDITED OR MODIFIED IN ANY MANNER. It must be shown in its entirety.

### Bankruptcy of former SynCare president sheds light on Medicaid debacle

The president of SynCare, LCC - the Missouri Medicaid contractor ousted last year after a barrage of patient complaints - has filed bankruptcy, leaving a trail of heavy debts to former employees, vendors and its Fortune 500 backer, Centene Corp.

The Chapter 7 filing also sheds new light on SynCare's relationship with Centene, the Clayton-based giant in the field of Medicaid management. Centene, in fact, is listed as the biggest creditor of SynCare's Stephanie DeKemper, who owes Centene nearly \$2 million in business loans. Centene is also named as a co-debtor on a \$266,735 loan DeKemper obtained from Regions Bank.

DeKemper's personal and business debts are comingled in the bankruptcy, filed on Dec. 29 in federal court in Indianapolis, where her company was based. In all, DeKemper lists \$793,661 in assets and debts totaling \$5.9 million.

DeKemper and SynCare owes former employees unpaid wages totaling about \$350,000, and thousands more in unreimbursed expenses, according to the documents. The company also left banks, investors and vendors on the hook, for amounts ranging into the tens and hundreds of thousands of dollars.

DeKemper's bankruptcy filing comes four months after the Missouri Department of Health and Senior Services severed ties with the company. A former Indiana police officer, DeKemper also worked as a Centene executive before she purchased and ran SynCare.

SynCare, which started work on its state contract in mid-May, was hired to assess the eligibility of Medicaid clients for in-home medical services. The assessments, for the physically and developmentally disabled, also covered personal needs, such as bathing and light housekeeping.

But the company's work - or rather its failure to complete it - soon snowballed into a statewide debacle, enraging patients and health providers and embarrassing state officials who hired the company.

One of those health officials who helped evaluate the SynCare bid - Christine Larson, chief of the department's Bureau of Program Integrity - ended up as a key SynCare manager, in charge of field assessors. (The bankruptcy lists her as a creditor who is owed more than \$4,000 in unpaid salary and expenses.)

Craig Henning, a statewide health care advocate and director of the Disability Resource Association in Washington, Mo., called the bankruptcy another chapter in a woeful saga.

"There were enough indications of problems with SynCare from the get-go, and the involvement with Centene is extremely concerning," Henning said. "People don't call home community

services because they want to. They call because they don't have a choice. The state fumbling the ball on these people makes me embarrassed to be a Missourian."

### CENTENE CONNECTIONS

Centene wields substantial clout in the healthcare industry and in state politics, donating heavily to politicians of both parties, including Democratic Gov. Jay Nixon. The company holds contracts to manage Medicaid programs in about a dozen states but not Missouri.

Centene received \$8 million in Missouri tax incentives for choosing to remain in St. Louis County and expanding its Clayton headquarters in 2008.

Since January 2006, Centene and its executives have given more than \$400,000 in campaign contributions to dozens of Missouri politicians, including about \$85,000 to Nixon.

Centene's donations to Nixon's campaign included \$10,000 on Nov. 18 of 2010, a month before the state issued a request for bids on the Medicaid contract; \$5,000 on June 21 of last year, the day before Larsen resigned her state position to take a job with SynCare; and another \$20,000 on June 26.

SynCare donated \$5,000 to Nixon on July 5, just before its mismanagement became public when it missed a payroll and abruptly laid off 29 workers.

In previous public comments, Centene has downplayed its connection to SynCare and denied helping the company get any business in Missouri.

Presented in September with a company document listing \$400,000 in loan guarantees to SynCare and DeKemper, Centene spokeswoman Deanne Lane acknowledged the company "provided financing (to SynCare) and is now a creditor." Centene's more extensive financing, including \$2 million in loans, only became public in DeKemper's bankruptcy.

In an interview Friday, Centene chief executive Michael Neidorff acknowledged the company's investment in SynCare didn't exactly pay off. "Not everything you try, works," he said.

Neidorff said he personally hired DeKemper several years ago as a chief operating officer of a Centene subsidiary in Indiana. She ran a program that served pregnant minority women who faced a high risk of obstetric problems. She also served as a Centene vice president for diversity and special projects, and as president of the Centene Foundation for Quality Health Care, which provides grants to nonprofit organizations in many states.

Neidorff said his company helped DeKemper purchase SynCare in January 2010 because it was a certified "minority business enterprise" whose mission was to provide quality health care to the disadvantaged.

"She had a company that was culturally sensitive, but she also (was working with) some respected physicians," Neidorff said. "\$2 million is a lot of money, but if you save one, two, or

three premature babies from being seriously ill for the rest of their lives, how can you calculate that value?"

In 2008, when DeKemper made an unsuccessful bid for the Indiana House of Representatives, Neidorff and his wife Noemi each donated \$2,500 to her campaign.

Neidorff stressed that Centene did not finance SynCare's explorations in the Missouri market, but indicated that he and DeKemper had spoken about working together in other states.

"We did not bank her in Missouri. The loans we made were all focused on Indiana. ... When she said she was going to Missouri, that's when I told her she was on her own."

Asked whether he considers DeKemper a friend, Neidorff said: "No."

Neidorff also questioned the legitimacy of some of SynCare's expenditures since DeKemper bought the company, but he did not detail examples.

### PATIENTS PAID THE PRICE

With or without Centene's help, SynCare secured a contract potentially worth about \$5.5 million to assess the needs of the nearly 53,000 homebound Missouri residents requiring Medicaid-subsidized medical and personal services.

Before a Missouri legislative vote authorized hiring a third-party contractor, those assessments were provided by home-health providers who also provided services to patients, which some called a conflict of interest.

But SynCare's problems surfaced almost immediately, starting with understaffing that prevented the company from filing assessments within the contractually agreed period of 15 days, according to providers, patients and lawmakers.

The goal of home-health services, in part, is to save money with preventive care that limits more expensive hospital stays. But after SynCare took over, reports surfaced that some patients were forced into hospitals or acute care facilities because delayed assessments prevented them from getting home care.

Other complaints involved SynCare curtailing the number of hours providers were allowed to spend with patients on a weekly or monthly basis. Patients and providers also waited hours on hold when calling SynCare's Ballwin call center.

At the end of August, the health department responded to the outcry from the public and lawmakers by terminating SynCare's contract, though SynCare officials countered that the company had quit on its own.

Since then, state workers have taken over direct management of the assessments and struggled to clear a backlog of 15,726 cases left by SynCare. Health department spokeswoman Gena Terlizzi said Friday that the agency has cleared all of those cases.

The state has no current plans, she added, to outsource the assessments to a private contractor.

### **UNPAID DEBTS**

The papers DeKemper filed recently with the U.S. Bankruptcy Court for Southern Indiana list scores of former SynCare employees who are owed unpaid wages.

"How do you lose that kind of money (\$5.9 million) in four months?" asked ex-employee Herman Pruitt Jr. in an interview. "It's impossible."

As SynCare hurdled toward collapse last July, the bankruptcy filing shows that DeKemper liquidated over \$390,000 in retirement accounts, stock holdings and life insurance policies.

Her primary assets, according to the petition, include a five-bedroom, four bathroom home in Indianapolis valued at \$400,000 and a \$370,000 North Hollywood, Cal. condominium on which DeKemper is a co-signor on her son's mortgage.

The court record also shows DeKemper has 11 payments remaining - at \$924 a month - on a 2009 Mercedes Benz. She also left debts of \$650 for flowers and gifts, and \$2,492 for jewelry.

DeKemper's debts range from \$11 owed a former employee for expenses, to an outstanding \$10,000 commitment to the Indianapolis chapter of the March of Dimes, to a \$73,000 bill with the Drury Inn & Suites in Creve Coeur, to the \$2 million she owes Centene.

Other major debts include:

- Fifth Third Bank Loans totalling \$950,000
- Indianapolis technical services provider Synergy ISG \$319,332
- Anthem Blue Cross Blue Shield \$167,352
- Outstanding software lease with PNC Equipment \$311,933
- Outstanding leases on SynCare Indianapolis offices \$1.034 million
- Outstanding lease on Ballwin office \$1.029 million

A spokeswoman for Missouri Attorney General Chris Koster said the state has secured the \$677,000 performance bond forfeited by SynCare when its contract was terminated. The attorney general is meanwhile meeting with health department officials to "calculate other damages" incurred by SynCare.

But the company should never been hired in the first place, said Missouri Rep. Ryan Silvey, R-Kansas City, chair of the Interim Committee on Budget Transparency, which last summer successfully pressured the Missouri Department of Health and Senior Services to sever its ties with SynCare. "I'm disappointed the (health) department) didn't do more due diligence."

<u>Steve Giegerich</u> covers the manufacturing and employment for the <u>Post-Dispatch</u>. He blogs on <u>STL JobsWatch</u>. Follow him on Twitter <u>@stevegiegerich</u> and the Business section <u>@postdispatchbiz</u>.

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Medicaid managed care system draws sharp complaints

Written by Deborah Yetter The Courier-Journal February 2, 2012

FRANKFORT, KY. - Complaints about the state's new Medicaid managed care system boiled over Wednesday at a legislative meeting, where a top Medicaid official acknowledged major problems since the state hired three outside companies to provide services.

"It is a drastic change to the system," Neville Wise, the state's acting Medicaid commissioner, told the Senate Health and Welfare Committee. "We didn't expect the level of issues that we had."

Lawmakers voiced growing dissatisfaction with managed care, citing complaints about lack of payments for medical services, difficulty in getting patient medications approved and delays in authorizing services. Sen. Julie Denton, a Louisville Republican who is the committee's chairwoman, expressed outrage about a case in which she recently called the president of one company trying to get care authorized for a battered domestic violence victim who sought treatment at a Lexington clinic on a Friday afternoon.

Despite the call, a scan the woman needed to detect a shoulder injury was not authorized by Coventry Health Care until the following Monday, Denton said.

"This woman had to go in pain all weekend because she couldn't get the services she needed," Denton said. "This is not acceptable, and this is only one instance that I know of."

She said in an interview afterward that she called Barbara Witte, president of Coventry Health Care in Kentucky, after the clinic called the senator, asking her to intervene on the patient's behalf. Denton said she doesn't know why the matter wasn't resolved.

Coventry spokesman Matthew Eyles said the company couldn't comment on any specific cases, such as the one Denton mentioned, because of federal health

privacy laws. He said the company is working to pay claims on time and with health care providers to assist them.

Medicaid services for about 560,000 people outside the Louisville area have been divided among Coventry, WellCare Health Plans and Kentucky Spirit - all affiliated with national managed care companies outside Kentucky.

Passport Health Plan, a nonprofit managed care entity, has provided Medicaid services to about 170,000 patients in Jefferson County and 15 surrounding counties for about 14 years.

John Lee, a spokesman for Centene, the parent company of Kentucky Spirit, said that company is working to pay all claims promptly.

"To date, Kentucky Spirit has had relatively few instances where claims were not paid in a timely fashion," he said.

WellCare spokeswoman Denise Malecki said her company is working to put in place a quality health care network in Kentucky.

Denton said late payments are a growing problem for providers who treat Medicaid patients - some of whom are owed tens of thousands of dollars and are having trouble staying in business.

"What we're hearing is that providers just aren't getting their payments," she said.

Wise said the cabinet is working with the managed care companies to try to speed payments.

"The payment issues have gone on way too long, and it should have been better." he said.

Wise told the panel that the cabinet and managed care companies are continuing to try to resolve the problems but realize people are growing frustrated.

"The timetable to work that out is not soon enough for anyone's satisfaction," he said.

Lawmakers have been hearing complaints from providers since the state launched statewide managed care Nov. 1 - an effort by the Beshear administration to contain rising Medicaid costs and balance the budget. The new system has vastly complicated work for health care providers when it comes to getting paid, several groups have told lawmakers.

Health care providers who used to file claims directly with Medicaid now must bill three different companies with different procedures. In addition, many providers must go through billing "clearinghouses," which in turn file the bills with the managed care companies.

And for prescription drug claims, the managed care companies contract that work out to pharmacy benefit management companies to determine which drugs to authorize.

"This whole thing has been a nightmare for all of us," said Rosemary Smith, a Beattyville pharmacist. She and her husband, Luther Smith, own eight small drugstores in Eastern Kentucky.

Mental health advocates say some patients are having trouble getting medication approved or services authorized. That can be disruptive for persons with mental illness who are used to certain medications and depend on them to stay stable, said Sheila Schuster, head of the Kentucky Mental Health Coalition.

The Kentucky Medical Association has been tracking member complaints, and

most concerns stem from a higher volume of prior authorizations that managed care organizations require for expensive drugs and "high end" diagnostic services, such as CAT scans and MRIs.

The state's system of 14 community health centers - 12 of which are in Medicaid managed plans - also reports problems getting services authorized and getting paid.

"We can't provide services until they're authorized," said Steve Shannon, who represents the centers.

Susan Kingrey, a Glasgow foster parent to two boys who need psychiatric care, said finding a doctor has been a struggle under the new system. She said the boys' former psychiatrist refused to continue treating them because he has not been paid since Nov. 1.

Kingrey secured a three-month supply of prescriptions at the last visit. But the earliest appointment with a new psychiatrist is four months away. Reach Deborah Yetter at (502) 582-4228. Mike Wynn contributed to this story.



The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service.

NCQA has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what's important, how to measure it, and how to promote improvement. That consensus is invaluable — transforming our health care system requires the collected will and resources of all these constituencies and more.

NCQA's programs and services reflect a straightforward formula for improvement: Measure. Analyze. Improve. Repeat. NCQA makes this process possible in health care by developing quality standards and performance measures for a broad range of health care entities. These measures and standards are the tools that organizations and individuals can use to identify opportunities for improvement. The annual reporting of performance against such measures has become a focal point for the media, consumers, and health plans, which use these results to set their improvement agendas for the following year.

NCQA's contribution to the health care system is regularly measured in the form of statistics that track the quality of care delivered by the nation's health plans. Every year for the past five years, these numbers have improved; health care protocols have been refined, doctors have learned new ways to practice, and patients have become more engaged in their care. Those improvements in quality care translate into lives saved, illnesses avoided and costs reduced. For instance, for every additional person who receives beta blockers after a heart attack, chances of suffering a second, perhaps fatal, heart attack are reduced by up to 40%.

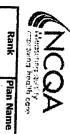
NCQA consistently raises the bar. Accredited health plans today face a rigorous set of more than 60 standards and must report on their performance in more than 40 areas in order to earn NCQA's seal of approval. And even more stringent standards are being developed today. These standards will promote the adoption of strategies that we believe will improve care, enhance service and reduce costs, such as paying providers based on performance, leveraging the Web to give consumers more information, disease management and physician-level measurement.

Health plans in every state, the District of Columbia and Puerto Rico are NCQA Accredited. These plans cover 109 million Americans or 70.5 percent of all Americans enrolled in health plans.

You play a role in making NCQA successful. Whether you're a consumer, a legislator or an employer, the most valuable thing you can do is simply to use NCQA's information — and encourage others to use it too. Doing so sends a powerful message: quality matters.

If you're a provider or a health plan, we invite you to participate in our voluntary programs — doing so will help you achieve your potential and demonstrate to the world that you care about quality.

We would also appreciate your feedback. Tell us how we can serve you better. Comments are always welcome at customersupport@ncqa.org.



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`'s as of July 31, 2011; I≕Insufficient data; NA=Not Applicable; NR=Not Reported 'ophic data supplied by AIS's Directory of Health Plans (www.AISHealth.com)



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Medicaid Plans - Summary September 20, 2011	ealth Insurance Plan Rankings 2011-12
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	¥ 2	http://www.hpsm.org	ß	No	T	S E M		nsni
	I	http://www.harmonyhpi.com	F	S		E MO	L	Insul
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-	O	http://www.wellcare.com	НО	No	54.3	HMO		ع ا
		http://www.healthplanofnevada.com	NΝ	No	54.6	HMO	98 Health Plan of Nevada	<u> </u>
~	<u>ම</u>	http://www.unicare.com	KS	No	56.4	OWH	97 UniCare Health Plan of Kansas	
N		http://www.missouricare.com	S) MO	No (In Process)	62.2	OWH	96 Missouri Care	
Ø		http://www.bcbsnm.com	MM	No	62.5	НМО	95 Blue Cross and Blue Shield of New Mexico	
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W		http://www.caresource-michigan.com	MI	No	64.7	OWH	92 CareSource Michigan	Γ
Θ		http://www.chchcusa.com	s) MO	No (In Process)	65.5	HMO		Γ
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(ω)		http://www.caresource.com	ОН	No	65.7	E M O		_
A)	<sub>2</sub>	http://www.horizonnjhealth.com	N.	No	67.4	OWH		<del>-</del>
4		ealth.org	8	No	69.0	НМО	87 Denver Health Medical Plan	Γ
A)	<b>4</b>	http://www.superiorhealthplan.com	TX	No	69.5	HMO		
145		rephysicianscare.com	DE	No	70.2	НМО	85 Delaware Physicians Care	
Ui.	1	http://www.jaimedicalsystems.com		No	70.3	HMO	84 Jai Medical Systems	
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Rank	Plan Name	Туре	Score	NCQA	States	URL	Consumer	Prevention	Treatment
neufficient	L		Ł	Accreditation			Satisfaction	. icaciidoii	camicir
Insumcient	onal Health Authority	OWH		No	δ	http://www.cencalhealth.org	-	S)	4
Insufficient	Santa Clara County Health Authority	OWH		No	ß	http://www.schp.com	1		1
Insufficient	มั	OWH	$\rfloor$	Yes	DC.	http://www.unisonhealthplan.com	4,	,	¥   1
Insufficient	Plan of Ohio	OWH		Yes	오	http://www.unlsonhealthplan.com	- ,	,	*
Insufficient	UnitedHealthcare of Delaware	OWH		Yes	요		1,	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
No Data	Aetna Better Health - Connecticut	OWH		No	g	http://www.aetnabetterhealth.com/Connecticut.aspx		,	<b>)</b> m
No Data	Affinity Health Plan	OMH	$\downarrow$	No	NY	http://www.affinityplan.org			
No Data	Alameda Alliance for Health	정	$\downarrow$	S	2	http://www.alamodaelliance.org			
No Data		QWI		No	9	http://www.amerkhoire.com			
No Data		OWH		No	3	http://www.americhoice.com			
No Data	ork (	OMH		No	×γ	http://www.americhoice.com			
No Data		OMH		No	7	http://www.amerigroupcorp.com			
No Data	AMERIGROUP Maryland	OMH		No	₹	http://www.amerigroupcorp.com			
No Data		OWH		No (In Process)	₹	http://www.amerigroupcorp.com			
No Data	AMERIGROUP New Jersey	OWH	_	No	3	http://www.amerigroupcorp.com			
No Data	ork	OWH		No	Ą	http://www.amerigroupcorp.com			
No Data	AMERIGROUP Texas	OWH		No	ᆽ	http://www.amerigroupcorp.com			
No Data	cians IPA	OWH		No	Ş	http://www.myapipa.com			
No Data	Better Health	OWH		No	72	http://www.betterhealthflorida.com			
No Data		OMH		No (In Process)	중	http://www.bcbskc.com			
No Data	HealthPlan of South Carolina	OWH		No	SS	http://www.bluechoicesc.com			
No Data		OWH		No	ξ	http://www.caloptima.org			
NO Data		OWH		No	Я	http://www.careoregon.org			
No Data		ОМН		No (In Process)	ß	http://www.fhp.org			
No Data	aith Partners (Missouri)	HMO		No (In Process)	ŏ	http://www.fhp.org			
No Data		OWH		No	WI	http://www.communitycareinc.org			
NO Data	ans	P H		No	Ż	http://www.cfhp.com			
No Data		OWH		No	אָד	http://www.communityhealthchoice.org			
No Data	Cut	OWH		No	CT	http://www.chnct.org			
No Data		OWE		No	δ	http://www.chp.dhs.lacounty.gov			
No Data	no Dental Program	OMH		S	ΑZ	http://www.azdes.gov/cmdp			
No Data	Cook Children's Health Plan	בואס		No	Ş	http://www.cchealth.org			
No Data		HMO	1	3	8 3	http://www.cookcip.org			
No Data	ealth Pian	ğ		No	₹ :	http://www.dchokide.com			
No Data	El Paso First Premiere Plan	HMO OMH		No	₹	http://www.epfirst.com			
No Data	Evercare of New Mexico	OWH		No (In Process)	N <sub>M</sub>	http://www.evercarehealthplans.com			
No Data		OWH		No	F	http://www.fhnchicago.com			
No Data	FamilyCare Health Plans	OWH		No	웆	http://www.familycareInc.org			
No Data	Fidells Care New York	OWH		No	NY	http://www.fldeliscare.org			
	First Plan of Minnesota	OWH		Νο	ž	http://www.firstolog.com			











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Rank	Plan Name	TWO							
		<u> </u>	7	Accreditation	Santic	CR.	Consumer	Prevention	Treatment
No Data	Group Health Cooperative of Eau Claire	OWH		No	WI	http://www.group-health.com	- September 1		
No Data	Harmony Health Plan of Illinois (Cook County)	OWH		No	F	http://www.harmonyhpi.com			
No Data	Harmony Health Plan of Illinols (Southern)	OWH		No	F	http://www.harmonyhpl.com	1		
No Data	Health Care Plus	OWH		No	Ŋ	http://www.healthplus-ny.org	†		
No Data	Health Plan of San Joaquin	OWH		No	δ	http://www.hpsf.com			
No Data	HealthEase of Florida	OWH		8	,T	http://www.weilcare.com			
No Data	HealthFirst	OWH	_	No	Ą	http://www.healthfirst.org			
No Data	HIP Health Plan of New York	종	_	No	Ę	http://www.hinica.com			
No Data	HMSA QUEST	H O	1	No.	¥ :	http://www.hmea.com			
No Data	Hudson Health Plan	HM5	1	No.	-				
No Data	JMH Health Plan	130	L	No	NY	http://www.hudsonhealthplan.org			
No Data	Kaiser Foundation Health Dian of Northern California	O C		No	F	http://www.jmhhp.com			
no porce	(Sacramento - GMC)	OWH	·	8	ς	http://www.kp.org			
No Data	Kaiser Foundation Health Plan of Southern California	OMH	-	No.	Ω	http://www.kb.org			
No Data	Kern Health Systems	HMO H		No	ડ	http://www.kemfamilyhealthcare.com			
No Data	Lane Individual Practice Association	H M D		<del>V</del> o	윘	http://www.lipa.net			
No Data	Maricopa Health Man	OWH		S	Ř.	http://www.mhpaz.com			
No Data	Marion Polk Community Health Plan	OWH		No	Я	http://www.mvipa.org			
No Data	Maryland Physicians Care	OWH		R	ð	http://www.marylandphysicianscare.com			
No Data	Mercy Care Plan	OWH		S	A2	http://www.mercycareplan.com			
No Data	MercyCare	OMH		₹	W.	http://www.mercycarehealthplans.com			
No Data	Metropolitan Health Plan	OWH		S	ž				
No Data	Mid Rogue Independent Physician Association	OWH		₹	R	http://www.mripa.org			
No Data	Network Health Plan	OWH		No	š	http://www.networkhealth.com			
No Data	Parkland Community Health Plan	OWH		No	코	http://www.parklandhmo.com			
No Data	Phoenix Health Plan	OWH		No	ΑZ	http://www.phoenixhealthplan.com			
No Data	Pima Health System	OWH		No	Ř	http://www.pimahealthsystem.org	1		
No Data	Preferred Medical Plan	OWH		No	꾸	http://www.pmphmo.com			
No Data	Prestige Health Choice	OWH		No	F	http://www.prestigehealthchoice.com			
No Data	PrimeWest Health	OWH		No	NM				
No Data	Shands Jacksonville	OWH		No	72	http://jax.shands.org/			
No Data	South Florida Community Care Network	OWH		No	긘	http://www.sfccn.org			
No Daka	Southern Tier Pediatrics/Southern Tier Priority	OWH		No	Nγ	http://www.stpeds.net			
No Data	Texas Children's Health Plan	NMO		No	ᆽ	http://www.texaschildrenshealthplan.org			
No Data	lotal Care	OWH		No	NY	http://www.totalcareny.com			
No Data	UCare	ОМН		No	MN N	http://www.ucare.org			
NO Data	Unison Family Health Plan of Pennsylvania	ОМН		No	PA	http://www.unisonheaithpian.com	1		
No Data	UnitedHealthcare (Texas)	OWH		So	Ż				
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	UnitedHealthcare of Florida (Reform counties)	OWH THE		No 8	72 7	http://www.uhcmedicaid.com			











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No Data	UnitedHealthcare of Wisconsin	E E		SKY CANADION			Satisfaction		
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NO Data	Unity Health Plans	DMH		No.	TW				
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	Comments of the state of the st	HMC		8	5	http://www.uuhsc.utah.edu/uhealthplan			
No Data	Vista Healthplan	ONT.		N/S	1				
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0000	visia nealtripian of South Florida	7 8		QN.	5	http://www.richaboothering			
to Data	WellCare of Florida					Herbolt sassas resembled in COM			
		כייוני		No	72	http://www.wellcare.com			
NO Data	WellCare of New York	HMO O		25	NV.	http://same.college			
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### United Healthcare













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Plan Name: UnitedHealthcare of New England

States:

http://www.uhc.com

Consumer Satisfaction 3		Pre
Getting Care	ည	Children
Getting care easily	ၜ	Well-chi
Getting care quickly	(2)	Well-chi
Satisfaction with Physicians	<u>ග</u>	Access
How well doctors communicate	0	Adolesc
Rating personal doctor	<u>ω</u>	Early in
Rating specialists	ၜ	Adolesc
Rating care received	ၜ	вмі %
Satisfaction with Health Plan Services		Counse
Rating health plan	ၜ	Counse

nmunizations cent well-care visits evention ling on physical activity sling on nutrition cent immunizations for children ages 7-11 nild visits, ages 3-6 ild visits, infants n and Adolescents 9

	Women's Reproductive Health	$\odot$	
1	Timeliness of prenatal checkups	$(\omega)$	=1
1	Postpartum care	(0)	Ī
	Cancer Screening		
- 1	Breast cancer screening		
1	Cervical cancer screening	$\odot$	
	Other Preventive Services		
	Adult BMI Assessment	<b>(5)</b>	
	Chlamydia screening	<b>(3)</b>	
	Lead Screening		

Ranked #16

Overall Score: 86.4 NCQA Accreditation: Yes

L			<b>#</b>
(CI)		Asthma	ၜ
Ü		Medicate appropriately (5-11 years old)	(a)
ឲ	 I	Medicate appropriately (12-50 years old)	<u>ω</u>
9		Diabetes	<u>ම</u>
UJ,		Blood pressure control (140/90)	<b>(a)</b>
5		Retinal eye exams	<u>ම</u>
(I)		Glucose testing	<u></u>
3		Glucose control	(v)
		LDL cholesterol screening	ၜ
		LDL cholesterol control	N
$(\omega)$		Monitoring kidney disease	0
$(\omega)$		Heart Disease	ၜ
6		Controlling high blood pressure	<b>ω</b>
3		Cholesterol Management screening	ၜ
		LDL cholesterol control < 100mg	
$\omega$		Smoking advice	Ä
1		Stop-smoking strategies	NA
2		Stop-smoking medications	¥.

Other Treatment Measures  Follow-up after ADHD diagnosis Appropriate antibiotic use, adults with acute bronchitis Appropriate testing and care, children with pharyngitis Monitoring key long-term medications Appropriate antibiotic use, children with URI Use of imaging studies for low back pain

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NCQA Accreditation as of July 31, 2011



Worse









v**o** Better

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Ranked #17 Overall Score: 86.0 NCQA Accreditation: Yes

States:

URL: http://www.glhp.com

	Consumer Satisfaction		
	Getting Care	0	Child
	Getting care easily		Well
	Getting care quickly	<b>②</b>	Well
	Satisfaction with Physicians	0	Acce
	How well doctors communicate	<u>ම</u>	Adol
	Rating personal doctor	0	Earl)
	Rating specialists	0	Adol
_	Rating care received	<u>ම</u>	BMI
	Satisfaction with Health Plan Services		Cour
	Rating health plan	0	Cour

Women's Reproductive	Timeliness of prenatal ch	Postpartum care	Cancer Screening	Breast cancer screening	cancer d cance	it cancer s cal cancer Preventi	st cancer scre cal cancer scr Preventive BMI Assessn	t cancer scre al cancer scr Preventive BMI Assessn
	activity 3	S F			3	alth cups	ify alth wps	alth
		I I		ELOIO EL SIELEI				LDL Cont Chole Stop

	ឲ	Asthma
	ົ່ງ	Medicate appropriately (5-11 years old)
	6	Medicate appropriately (12-50 years old)
	9	Diabetes
		Blood pressure control (140/90)
	<b>②</b>	Retinal eye exams
	<u> </u>	Glucose testing
	<b>③</b>	Glucose control
	<b>③</b>	LDL cholesterol screening
	<b>(3)</b>	LDL cholesterol control
L	<u> </u>	Monitoring kidney disease
	<u>(a)</u>	Heart Disease
Ĺi	( <u>a</u> )	Controlling high blood pressure
	0	Cholesterol Management screening
	0	LDL cholesterol control < 100mg
L	0	Smoking advice
		Stop-smoking strategies
1	0	Stop-smoking medications
	9	

Appropriate testing and care, children with pharyngiti  Monitoring key long-term medications  Appropriate antibiotic use, children with URI  Use of imaging studies for low back pain	Treatment (2)  2 Other Treatment Measures Follow-up after ADHD diagno Appropriate antibiotic use, ac
	3
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Lead Screening

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States:

http://www.uhcmedicaid.com

Satisfaction with Health Plan Services Satisfaction with Physicians Rating health plan Rating care received How well doctors communicate Getting care quickly Getting care easily Rating specialists Rating personal doctor Consumer Satisfaction (a) (4) (b) S 4 (v) Children and Adolescents BMI % Counseling on physical act Counseling on nutrition Early immunizations Well-child visits, ages 3-6 Well-child visits, infants Adolescent immunizations Adolescent well-care visits Access for children ages 7-Prevention

> Overall Score: 83.1 Ranked #36

NCQA Accreditation: Yes

	Asthma  Medicate appropriately (5-11 years old)  Medicate appropriately (12-50 years old)  Diabetes  Blood pressure control (140/90)  Retinal eye exams  Glucose testing  Glucose control  LDL cholesterol screening  LDL cholesterol control  Monitoring kidney disease  Heart Disease  Cholesterol Management screening  LDL cholesterol control <	Medicate appropriately (5-11 years old)  Medicate appropriately (12-50 years old)  Diabetes  Blood pressure control (140/90)	Blood pressure control (140/90)	Retinal eye exams	Glucose testing	Glucose control	LDL cholesterol screening		Monitoring kidney disease				-		3 Smoking advice	Smoking advice Stop-smoking strategles	Smoking advice Stop-smoking strategies Stop-smoking medications
--	--	--	---------------------------------	-------------------	-----------------	-----------------	---------------------------	--	---------------------------	--	--	--	---	--	------------------	--	---

Women's Reproductive H

Timeliness of prenatal ched

Cancer Screening

Postpartum care

Breast cancer screening

Other Preventive Service

Cervical cancer screening

Chlamydia screening Adult BMI Assessment

Lead Screening

	]	Treatment 2
	Ĭ	Other Treatment Measures
	NA	Follow-up after ADHD diagnosis
١.	Š	Appropriate antibiotic use, adults with acute bronchitis
		Appropriate testing and care, children with pharyngitis
	$\Theta$	Monitoring key long-term medications
L	(3)	Appropriate antibiotic use, children with URI
	0	Use of imaging studies for low back pain
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I = Insufficient data; NA = Not Applicable; NR = Not Reported

Specific plan demographic data supplied by AIS's Directory of Health Plans, Atlantic Information Services, Inc. (www.AISHealth.com)

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NCQA Accreditation as of July 31, 2011













Plan Name: UnitedHealthcare Plan of the River Valley (Middle)

URL: States: 덫

http://www.uhcrivervalley.com O

Consumer Satisfaction

Satisfaction with Physicians

 $(0) \notin (\omega)(\omega)(\omega)(\omega)$ 

Getting care quickly Getting care easily

Ranked #39

Overall Score; 82.9 NCQA Accreditation: Yes

Treatment 3

Other Treatment Measures

Follow-up after ADHD diagnosis

Prevention 3		
Children and Adolescents	<u>ම</u>	Asthma
Well-child visits, infants		Medicate appropriately (5-11 years old)
Well-child visits, ages 3-6	<b>②</b>	Medicate appropriately (12-50 years old)
Access for children ages 7-11		Diabetes
Adolescent well-care visits	<u> </u>	Blood pressure control (140/90)
Early immunizations	<u>ම</u>	Retinal eye exams
Adolescent immunizations	<b>②</b>	Glucose testing
BMI %	(2)	Glucose control
Counseling on nutrition	<u>ග</u>	LDL cholesterol screening
Counseling on physical activity	<u>@</u>	LDL cholesterol control
Women's Reproductive Health	<u>ග</u>	Monitoring kidney disease
Timeliness of prenatal checkups	( <u>a</u> )	Heart Disease
Postpartum care	( <u>w</u>	Controlling high blood pressure
Cancer Screening	<b>ω</b>	Cholesterol Management screening
Breast cancer screening	N	LDL cholesterol control < 100mg
Cervical cancer screening	<b>ω</b>	Smoking advice
Other Preventive Services		Stop-smoking strategies
Adult BMI Assessment	<u>ම</u>	Stop-smoking medications
Chlamydia screening	( <u>a</u> )	
Lead Screening	ω)	

(B) N

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**-** ∖N

Appropriate antibiotic use, children with URI Monitoring key long-term medications

Use of imaging studies for low back pain

Appropriate testing and care, children with pharyngitis

Appropriate antibiotic use, adults with acute bronchitis

N W W W W

š ¥ X Satisfaction with Health Plan Services

Rating care received Rating specialists Rating personal doctor How well doctors communicate

Rating health plan

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NR = Not
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Page: 39 of 143













Better

Plan Name: UnitedHealthcare of Pennsylvania

States:

Consumer Satisfaction http://www.uhccommunityplan.com

Prevention

**Getting Care** 

Ranked #41

Overall Score: 82.7 NCQA Accreditation: Yes

3				
	( <u>a</u> )	Children and Adolescents	Ĭ	Asthma
	(6)	Well-child visits, infants	NR.	Medicate appropriately (5-11 years old)
	( <u>(</u> )	Well-child visits, ages 3-6	NR.	Medicate appropriately (12-50 years old)
sicians	<b>(3)</b>	Access for children ages 7-11	爱	Diabetes
unicate	<b>(</b> (a)	Adolescent well-care visits	₹	Blood pressure control (140/90)
	<u>ම</u>	Early immunizations	$\Theta$	Retinal eye exams
	( <u>a</u> )	Adolescent immunizations	풁	Glucose testing
	<u> </u>	BMI %	₹	Glucose control
th Plan Services		Counseling on nutrition	景	LDL cholesterol screening
	<b>©</b>	Counseling on physical activity	₹	LDL cholesterol control
		Women's Reproductive Health	<u> </u>	Monitoring kidney disease
		Timeliness of prenatal checkups	<i>[</i> 0]	Heart Disease
			N	Controlling high blood pressure
		Cancer Screening	ง	Cholesterol Management screening
		Breast cancer screening	8	LDL cholesterol control < 100mg
			้อ	Smoking advice
		Other Preventive Services		Stop-smoking strategies
		Adult BMI Assessment	爱	Stop-smoking medications
		Chlamydla screening	₹	
		Lead Screening	≸	

NR

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Satisfaction with Heal

Rating care received

Rating specialists

Rating personal doctor

How well doctors comm

Rating health plan

Satisfaction with Phys

Getting care quickly Getting care easily

© N	Use of imaging studie	Appropriate antibiotic	NR Monitoring key long-t	2 Appropriate testing a		3 Follow-up after ADHE	3 Other Treatment Me	Treatment 3	
	Use of imaging studies for low back pain NR	Appropriate antibiotic use, children with URI	Monitoring key long-term medications	Appropriate testing and care, children with pharyngitis	Appropriate antibiotic use, adults with acute bronchitis NR	Follow-up after ADHD diagnosis	Other Treatment Measures	eatment 3	
Ł	~		7	4	~	7	1		











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Plan Name: UnitedHealthcare Plan of the River Valley (East)

URL: States:

Consumer Satisfaction http://www.uhcrivervalley.com (w)

**Getting Care** 

Children and Adolescents

Prevention

<u>(3</u>

Well-child visits, infants

Well-child visits, ages 3-6

Overall Score: 81.6 Ranked #47

NCQA Accreditation: Yes

ž	Stop-smoking medications	-	ง	
ž	Stop-smoking strategies	·		1
₹	Smoking advice	L. Tank	(w)	
0	LDL cholesterol control < 100mg		N	
<u>ම</u>	Cholesterol Management screening	-	2	
0	Controlling high blood pressure		N	
ၜ	Heart Disease		(G)	
0	Monitoring kidney disease	 	( <u>a</u> )	_
0	LDL cholesteral control		(3)	
<u>ග</u>	LDL cholesterol screening		( <u>a</u> )	
(O)	Glucose control		10	
N	Glucose testing		(3)	
0	Retinal eye exams		(3)	
<b>ω</b>	Blood pressure control (140/90)		<b>②</b>	
િ	Diabetes		<b>③</b>	
(0)	Medicate appropriately (12-50 years old)		(3)	
	Medicate appropriately (5-11 years old)		(3)	
ၜ	Asthma		(G)	

Satisfaction with Health Plan Services

Rating care received Rating specialists Rating personal doctor

(a)(a)

Early immunizations Adolescent well-care visits Access for children ages 7-11

Adolescent immunizations

BMI %

Rating health plan

(a)

Women's Reproductive Healtl

Timeliness of prenatal checkups

Counseling on physical activity

Counseling on nutrition

Cancer Screening

Postpartum care

Other Preventive Services

Adult BMI Assessment

Cervical cancer screening Breast cancer screening

Chlamydia screening

Lead Screening

Satisfaction with Physicians

 $\omega(\omega)(\omega)(\omega)(\omega)(\omega)$ 

Getting care quickly Getting care easily

How well doctors communicate

	Treatment 3
<u> </u>	Other Treatment Measures
	Follow-up after ADHD diagnosis
0	Appropriate antibiotic use, adults with acute bronchitis
(0)	Appropriate testing and care, children with pharyngitis
<u>(</u>	Monitoring key long-term medications
0	Appropriate antibiotic use, children with URI
0	Use of imaging studies for low back pain
N	

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NCQA Accreditation as of July 31, 2011













Plan Name: UnitedHealthcare Plan of the River Valley (West)

States:

URL: Consumer Sa http://www.uhcrivervalley.com

Overall Score: 79.9 Ranked #58

NCQA Accreditation: Yes

easily  Ma Well-child visits, infants quickly  With Physicians  3 Access for children ages 3-6 al doctor  allists  Na Adolescent well-care visits BMI %  Counseling on nutrition  plan  Counseling on physical activity Postpartum care  Cancer Screening  Cervical cancer screening  Chlamydia screening  Adult BMI Assessment  Cancer Screening  Chlamydia screening  Cancer Screening	Consumer Satisfaction (3)	<u> </u>	Prevention (3)		
Well-child visits, infants  Well-child visits, ages 3-6  Well-child visits, ages 3-6  Access for children ages 7-11  Access	Getting Care	ω	nts	<u>ω</u>	Asthma
Well-child visits, ages 3-6  Access for children ages 7-11  Band Access for children visits  Acceptations	Getting care easily	₹		િ	Medicate appr
Adult BMI Assessment  Other Preventive Services  Adult BMI Assessment  Clandy Immydia screening  Clandy Immunizations  Adolescent immunizations  2  Adolescent immunizations  2  Counseling on nutrition  3  Counseling on physical activity  Women's Reproductive Health  Postpartum care  Cancer Screening  Cervical cancer screening  Chlamydia screening  Adult BMI Assessment  Adult Screening  Cead Screening  Cancer Screening  Adult Screening  Adult Screening  Chlamydia screening  Cead Screening  Adult BMI Assessment	Getting care quickly	( <u>a</u> )		<u>ω</u>	Medicate appr
Adolescent well-care visits  Adolescent immunizations  Adolescent immunizations  BMI %  Counseling on nutrition  Counseling on physical activity  Women's Reproductive Health  Immeliness of prenatal checkups  Postpartum care  Cancer Screening  Breast cancer screening  Cervical cancer screening  Other Preventive Services  Adult BMI Assessment  Chlamydia screening  Chan Screening  Adult Screening  Adult Screening  Adult Screening  Chlamydia screening  Adult Screening  Chlamydia screening  Adult Screening	Satisfaction with Physicians	<u>ම</u>	Access for children ages 7-11	ဩ	Diabetes
Adolescent Immunizations  Adolescent Immunizations  BMI %  Counseling on nutrition  Counseling on physical activity  Women's Reproductive Health  Postpartum care  Cancer Screening  Breast cancer screening  Cervical cancer screening  Chlamydia screening  Adult BMI Assessment  Adult BMI Assessment  Adult Screening  Lead Screening  2  3  Chlamydia screening  3  Chlamydia screening  Adult BMI Assessment	How well doctors communicate	<u>(a)</u>	Adolescent well-care visits	<u> </u>	Blood pressure
MA Adolescent immunizations 2 BMI % 2 Counseling on nutrition 3 Counseling on physical activity 4 Women's Reproductive Health 2 Postpartum care Cancer Screening 2 Breast cancer screening 1 Cervical cancer screening 2 Other Preventive Services Adult BMI Assessment 3 Chlamydia screening 2 Lead Screening 3	Rating personal doctor	<u>ම</u>		(V)	Retinal eye ex
BMI % 2 Counseling on nutrition 3 Counseling on physical activity 4 Women's Reproductive Health 2 Timeliness of prenatal checkups 1 Postpartum care Cancer Screening 2 Breast cancer screening 2 Cervical cancer screening 2 Other Preventive Services Adult BMI Assessment 3 Chlamydia screening 2 Lead Screening 3	Rating specialists	Š		િ	Glucose testing
Counseling on nutrition 3 Counseling on physical activity 2 Women's Reproductive Health 2 Timeliness of prenatal checkups 1 Postpartum care Cancer Screening 2 Breast cancer screening 1 Cervical cancer screening 2 Other Preventive Services Adult BMI Assessment 3 Chlamydia screening 4 Lead Screening 3	Rating care received	<b>(20)</b>		0	Glucose contro
Counseling on physical activity 2  Women's Reproductive Health 2  Timeliness of prenatal checkups 1  Postpartum care  Cancer Screening 2  Breast cancer screening 1  Cervical cancer screening 2  Other Preventive Services  Adult BMI Assessment 3  Chlamydia screening 4  Lead Screening 3	Satisfaction with Health Plan Services		Counseling on nutrition	<u>ග</u>	LDL cholestero
	Rating health plan	<u>@</u>	Counseling on physical activity	0	LDL cholestero
			Women's Reproductive Health	N	Monitoring kid
@			Timeliness of prenatal checkups	0	Heart Disease
			Postpartum care	0	Controlling hig
<b>040 NC</b>			Cancer Screening	(v)	Cholesterol Ma
<b>080</b>			Breast cancer screening		LDL cholestero
<b>0 0 0</b>		٠	Cervical cancer screening	<b>(3)</b>	Smoking advic
<b>@</b>			Other Preventive Services		Stop-smoking
			Adult BMI Assessment	<u>ම</u>	Stop-smoking
			Chlamydia screening		
				<u>ම</u>	

			Treatment 2
	Asthma	(D)	Other Treatment Measures
ζŲ,	Medicate appropriately (5-11 years old)	(N	Follow-up after ADHD diagnosis
۳	Medicate appropriately (12-50 years old)		Appropriate antibiotic use, adults with acute bronchitis
	Diabetes	0	Appropriate testing and care, children with pharyngitis
٣	Blood pressure control (140/90)	6)	Monitoring key long-term medications
	Retinal eye exams	0	Appropriate antibiotic use, children with URI
	Glucose testing	N)	Use of imaging studies for low back pain
	Glucose control	0	
٣	LDL cholesterol screening	N	
	LDL cholesterol control	10	
<u>vy</u>	Monitoring kidney disease	(v)	
	Heart Disease	ၜ	
	Controlling high blood pressure	0	
N.	Cholesterol Management screening	ၜ	
i.	LDL chalesterol control < 100mg	0	
W.	Smoking advice	X.	
<u> </u>	Stop-smoking strategies	NA	
<u> </u>	Stop-smoking medications	¥	

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Better

Plan Name: UnitedHealthcare of South Carolina

States

URL: http://www.uhc.com

Consumer Satisfaction (3)			Prevention 2
Getting Care	<b>(3</b> )		Children and Adolescents
Getting care easily	( <u>a</u> )	رححا	Well-child visits, infants
Getting care quickly	( <u>a</u> )		Well-child visits, ages 3-6
Satisfaction with Physicians	(G)		Access for children ages 7-11
How well doctors communicate	( <u>a</u> )		Adolescent well-care visits
Rating personal doctor	(a)		Early immunizations
Rating specialists	3	L	Adolescent immunizations
Rating care received	ω		BMI %
Satisfaction with Health Plan Services	· ·	L	Counseling on nutrition
Rating health plan	(a)	1 1	Counseling on physical activity

Overall Score: 79.7 Ranked #61

NCQA Accreditation: Yes

			reatment 3
	N	Asthma	3 Other Treatment Measures
	( <u>a</u>	Medicate appropriately (5-11 years old)	(3) Follow-up after ADHD diagnosis
		Medicate appropriately (12-50 years old)	Appropriate antibiotic use, adults with acute bronchitis
	<u>@</u>	Diabetes	2 Appropriate testing and care, children with pharyngitis
		Blood pressure control (140/90)	2 Monitoring key long-term medications
		Retinal eye exams	Appropriate antibiotic use, children with URI
	N	Glucose testing	2 Use of imaging studies for low back pain
	Ŗ	Glucose control	2
	NR	LDL cholesterol screening	
~	₹	LDL cholesterol control	2
) Eth		Monitoring kidney disease	<u>o</u>
S	0	Heart Disease	<b>③</b>
		Controlling high blood pressure	2
	<u> </u>	Cholesterol Management screening	<u> </u>
	( <u>a</u> )	LDL cholesterol control < 100mg	
	Ø	Smoking advice	NA
		Stop-smoking strategies	NA
	ş	Stop-smoking medications	NA

(a) (b)

R Stop-si	Stop-si	Smokir			Choles	Choles	Contro	Heart D Contro					Ī	T T	<b>=</b>	Diabeta Diabeta Blood   Retinal Glucos R Glucos R LDL ch Heart D Contro	
Stop-smoking medications	Stop-smoking strategies	Smoking advice	LDL cholesterol control < 100mg	sterol Manage	Controlling high blood pressure		Heart Disease	Monitoring kidney disease eart Disease	LDL cholesterol control Monitoring kidney dises eart Disease	LDL cholesterol screening LDL cholesterol control Monitoring kidney disease eart Disease	Glucose control  LDL cholesterol scre  LDL cholesterol con  Monitoring kidney deart Disease	Glucose testing Glucose control LDL cholesterol scre LDL cholesterol con Monitoring kidney deleart Disease	Retinal eye exams Glucose testing Glucose control LDL cholesterol scre LDL cholesterol con Monitoring kidney deleart Disease	Blood pressure control Retinal eye exams Glucose testing Glucose control LDL cholesterol screen LDL cholesterol control Monitoring kidney dise eart Disease	pressure contail eye exams se testing se control sholesterol control coring kidney difference difference control coring kidney difference c	tes pressure cont al eye exams se testing se control holesterol con holesterol con oring kidney a	ate approprial tes pressure cont pressure cont al eye exams se testing se control holesterol con holesterol con oring kidney d
cations	egies		trol < 100mg	Cholesterol Management screening	od pressure			lisease	ltrol	eening itroi lisease	ening Itroi Iisease	eening itrol iisease	ening Itrol Iisease	trol (140/90) eening itrol lisease	trol (140/90)  Bening  Itrol  Ilsease	Medicate appropriately (12-50 years old) iabetes Blood pressure control (140/90) Retinal eye exams Glucose testing Glucose control LDL cholesterol screening LDL cholesterol control Monitoring kidney disease eart Disease	Medicate appropriately (5-11 years old) Medicate appropriately (12-50 years old iabetes Blood pressure control (140/90) Retinal eye exams Glucose testing Glucose control LDL cholesterol screening LDL cholesterol control LDL cholesterol control Monitoring kidney disease eart Disease
	*	NA		( <u>a</u> )	N		(3)	(G)(G)	(A) (A) (B)	(A) (A) (A)	(a) (a) (b) (b)	@ @ N N N N	@@\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	@@NNNN=N	@@\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	- 1					ļ											

Women's Reproductive Hea

Timeliness of prenatal checku

Cancer Screening

Postpartum care

Other Preventive Services

Chlamydia screening Adult BMI Assessment

Lead Screening

Cervical cancer screening

Breast cancer screening

I = Insufficient data; NA = Not Applicable; NR = Not Reported

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Plan Name: UnitedHealthcare Community Plan of Ohio

**States:** 

E.

http://www.unisonhealthplan.com

Insufficient

Overall Score:

NCQA Accreditation: Yes

Treatment I

Other Treatment Measures Follow-up after ADHD diagnosis

Consumer Satisfaction		Prevention T		
Getting Care	H	Children and Adolescents	<u> </u>	Asthma
Getting care easily	Ä	Well-child visits, infants	₹	Medicate appropriately (5-11 years old)
Getting care quickly	₹	Well-child visits, ages 3-6	\$	Medicate appropriately (12-50 years old)
Satisfaction with Physicians	Ĭ	Access for children ages 7-11	8	Diabetes
How well doctors communicate	š	Adolescent well-care visits	*	Blood pressure control (140/90)
Rating personal doctor	ž	Early immunizations	× ×	Retinal eye exams
Rating specialists	ž	Adolescent immunizations	₹	Glucose testing
Rating care received	ž	BMI %	Ä	Glucose control
Satisfaction with Health Plan Services		Counseling on nutrition	NA A	LDL cholesterol screening
Rating health plan	Š	Counseling on physical activity	₹	LDL cholesterol control
		Women's Reproductive Health	_	Monitoring kidney disease
		Timeliness of prenatal checkups	₹	Heart Disease
			₹	Controlling high blood pressure
		Cancer Screening	<b></b>	Cholesterol Management screening
		Breast cancer screening	₹	LDL cholesterol control < 100mg
		Cervical cancer screening	¥	Smoking advice
		Other Preventive Services		Stop-smoking strategies
		Adult BMI Assessment	₹	Stop-smoking medications
		Chlamydia screening	ž	
		Lead Screening	ž	

¥

Use of imaging studies for low back pain

Monitoring key long-term medications

Appropriate antibiotic use, children with URI

3 š ¥

Appropriate testing and care, children with pharyngitis Appropriate antibiotic use, adults with acute bronchitis

N. ¥

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31, 2011

I = Insufficient data; NA = Not Applicable; NR = Not Reported













^ v

Plan Name: UnitedHealthcare of Delaware

States:

Consumer Satisfaction http://www.uhc.com

**Getting Care** 

Satisfaction with Physicians

Getting care quickly

Getting care easily

How well doctors communicate

Overall Score: Insufficient

NCQA Accreditation: Yes

Follow-up after ADHD diagnosis

Appropriate testing and care, children with pharyngitis Appropriate antibiotic use, adults with acute bronchitis

ž ž

Use of imaging studies for low back pain Appropriate antibiotic use, children with URI Monitoring key long-term medications

ž

		Dravention 1				
			L			Ireatment 1
	<b>`</b>	Children and Adolescents	_	Asthma	Ĭ	Other Treatment Measures
	Š	Well-child visits, infants	₹	Medicate appropriately (5-11 years old)	<u>₹</u>	Follow-up after ADHD diagnosi
	š	Well-child visits, ages 3-6	ž	Medicate appropriately (12-50 years old)	ž	Appropriate antibiotic use, adu
		Access for children ages 7-11	₹	Diabetes		Appropriate testing and care, or
	3	Adolescent well-care visits	₹	Blood pressure control (140/90)	₹	Monitoring key long-term medi
	₹	Early immunizations	ž	Retinal eye exams	₹	Appropriate antibiotic use, chil
	ž	Adolescent immunizations	₹	Glucose testing	₹	Use of imaging studies for low
	3	вмі %	¥	Glucose control	₹	
ces		Counseling on nutrition	¥	LDL cholesterol screening	₹	
	₹	Counseling on physical activity	š	LDL cholesterol control	₹	
		Women's Reproductive Health	X	Monitoring kidney disease	₹	
		Timeliness of prenatal checkups	₹	Heart Disease	ĭ	
		Postpartum care	š	Controlling high blood pressure	¥	
		Cancer Screening	7	Cholesterol Management screening	×	
		Breast cancer screening	₹	LDL cholesterol control < 100mg	₹	
		Cervical cancer screening	₹	Smoking advice	¥	
		Other Preventive Services	L	Stop-smoking strategies	₹	
		Adult BMI Assessment	¥	Stop-smoking medications	₹	
		Chlamydia screening	ž		L	
		And the state of t				

Satisfaction with Health Plan Service

Rating care received Rating specialists Rating personal doctor

Rating health plan

Lead Screening

NCQA Accreditation as of July 31, 2011



Worse









### Better

Non Reporting Plans - Medicaid

Plan name: UnitedHealthcare (Texas)

No Data

States: せ

URL:

http://www.uhc.com

Overall Score:

NCQA Accreditation: No

UnitedHealthcare Evercare QeXA

Plan name:

No Data

States:

URL:

http://www.evercarehealthplans.com

Overall Score:

NCQA Accreditation: No

States:

Plan name:

UnitedHealthcare of Florida (Nonreform counties)

URL:

http://www.uhcmedicaid.com

Overall Score:

No Data

Plan name: UnitedHealthcare of Florida (Reform counties)

**NCQA Accreditation: No** 

No Data

States:

ERI:

Overall Score:

Plan name: UnitedHealthcare of the Mid-Atlantic

http://www.uhcmedicaid.com

NCQA Accreditation: No

States:

http://www.uhcmedicaid.com

URL:

Overall Score:

No Data

NCQA Accreditation: No

Plan name: UnitedHealthcare of Wisconsin

Overall Score:

No Data

States: http://www.uhcmedicaid.com

URL:

NCQA Accreditation: No

I = Insufficient data; NA = Not Applicable; NR = Not Reported

NCQA Accreditation as of July 31, 2011

### AmeriGroup



₩orse









**°**0 Better

Plan Name: AMERIGROUP Tennessee

URL: States:

Consumer Satisfaction http://www.amerigroupcorp.com <u>ω</u>

**Getting Care** 

Satisfaction with Physicians

(a)(a)(a)(a)(a)(a)

Getting care quickly Getting care easily

How well doctors communicate

Rating personal doctor

Overall Score; 83.1 Ranked #37

NCQA Accreditation: Yes

		_	Ì		
	ľ		N	Chlamydla screening	
	Š	Stop-smoking medications	(3)	Adult BMI Assessment	
	ž	Stop-smoking strategies		Other Preventive Services	
	Š	Smoking advice	( <u>a</u> )	Cervical cancer screening	
	<u>ම</u>	LDL cholesterol control < 100mg	Ø	Breast cancer screening	
	(V)	Cholesterol Management screening	( <u>a</u> )	Cancer Screening	. ~
	<u>ම</u>	Controlling high blood pressure	0	Postpartum care	
	0	Heart Disease	ω	Timeliness of prenatal checkups	
	<u>ဖ</u>	Monitoring kidney disease	( <u>a</u> )	Women's Reproductive Health	
	ම	LDL cholesterol control	8	Counseling on physical activity	L
	಄	LDL cholesterol screening	(0)	Counseling on nutrition	
1	<u>ම</u>	Glucase control	છ	BMI %	
_	<u>ම</u>	Glucose testing	( <u>a</u>	Adolescent immunizations	
>	0	Retinal eye exams	( <u>a</u> )	Early immunizations	
3	<b>@</b>	Blood pressure control (140/90)	$\Theta$	Adolescent well-care visits	
ΣĪ	ၜ	Diabetes	<u>ග</u>	Access for children ages 7-11	
ا⊲	(0)	Medicate appropriately (12-50 years old)	<u> </u>	Well-child visits, ages 3-6	
긁	0	Medicate appropriately (5-11 years old)	<b>ω</b>	Well-child visits, infants	
유	<u>ω</u>	Asthma	<u> </u>	Children and Adolescents	. ^
Tre				Prevention (3)	

Satisfaction with Health Plan Services

Rating care received Rating specialists

0 ž

Rating health plan

Lead Screening

		Treatment
	( <u>()</u>	Other Treatment Measures
riately (5-11 years old)	0	Follow-up after ADHD dlagnosis
oriately (12-50 years old)	0	Appropriate antibiotic use, adults with acute bronchitis
	<u>ω</u>	Appropriate testing and care, children with pharyngitis
ontrol (140/90)	( <u>@</u>	Monitoring key long-term medications
115		Appropriate antibiotic use, children with URI
	( <u>a</u>	Use of imaging studies for low back pain
	<u>ω</u>	
screening	<u>ω</u>	
control	<u></u>	
ey disease	( <u>G</u> )	
	0	
blood pressure	( <u>a</u> )	
agement screening	N	
control < 100mg	( <u>a</u> )	
	₹	
rategies	₹	
edications	ž	



Worse











Better

Plan Name: AMERIGROUP Virginia

URL: States: Y

Consumer Satisfaction http://www.amerigroupcorp.com

**Getting Care** 

Ranked #48 Overall Score: 81.5

NCQA Accreditation : Yes

	-		
	<u>ම</u>	Lead Screening	
		Chlamydia screening	
Stop-smok		Adult BMI Assessment	
Stop-smok	L	Other Preventive Services	
Smoking a	N	Cervical cancer screening	
LDL choles	N	Breast cancer screening	
Cholesterol	<b>(</b> 2)	Cancer Screening	•
Controlling	<b>Θ</b>	Postpartum care	
Heart Disea	N	Timeliness of prenatal checkups	
Monitoring	ω	Women's Reproductive Health	
LDL choles	0	Counseling on physical activity	<u>@</u>
LDL choles	0	Counseling on nutrition	ervices
Glucose co	0	BMI %	6
Glucose tes	0	Adolescent immunizations	( <u>a</u>
Retinal eye	<b>ω</b>	Early immunizations	( <u>a</u>
Blood press	<u>ω</u>	Adolescent well-care visits	( <u>(</u>
Diabetes		Access for children ages 7-11	( <u>a</u>
Medicate a		Well-child visits, ages 3-6	( <u>(</u>
Medicate a	<b>ω</b>	Well-child visits, infants	Ŋ
Asthma	<u>ω</u>	Children and Adolescents	N
	<u> </u>	Prevention (3)	3

Satisfaction with Health Plan Se

Rating care received

Rating specialists Rating personal doctor

Rating health plan

Satisfaction with Physicians

Getting care quickly

Getting care easily

How well doctors communicate

			Treatment (5)
$(\omega)$	Asthma	0	Other Treatment Measures
(ω)	Medicate appropriately (5-11 years old)	0	Follow-up after ADHD diagnosis
	Medicate appropriately (12-50 years old)	<u>ම</u>	Appropriate antibiotic use, adults with acute bronchitis
	Diabetes	0	Appropriate testing and care, children with pharyngitis
ω)	Blood pressure control (140/90)	ၜ	Monitoring key long-term medications
ω	Retinal eye exams	<b>N</b>	Appropriate antibiotic use, children with URI
N	Glucose testing	<u>(a)</u>	Use of imaging studies for low back pain
8	Glucose control	<u> </u>	
0	LDL cholesterol screening	0	
<i>(</i> 0)	LDL cholesterol control		
ω	Monitoring kidney disease	<u>ම</u>	
N	Heart Disease	0	
<b>ω</b>	Controlling high blood pressure		
N	Cholesterol Management screening	0	
N	LDL cholesterol control < 100mg	0	
N	Smoking advice		
_	Stop-smoking strategies	<u>ω</u>	
	Stop-smoking medications	(iii)	

I = Insufficient data; NA = Not Applicable; NR = Not Reported

Specific plan demographic data supplied by AIS's Directory of Health Plans, Atlantic Information Services, Inc. (www.AISHealth.com)

NCQA Accreditation as of July 31, 2011











Plan Name: AMERIGROUP Georgia Managed Care

States:

**Consumer Satisfaction** http://www.amerigroupcorp.com

**Getting Care** 

 $\omega$ 

Satisfaction with Physicians

Getting care quickly Getting care easily

How well doctors communicate

ω ဩ (**a**)

NR

ppropriate testing and care, children with pharyngitis ppropriate antibiotic use, adults with acute bronchitis Ranked #52

NCQA Accreditation: Yes Overall Score: 80.7

Children and Adolescents Women's Reproductive Health Cancer Screening Counseling on physical activity Counseling on nutrition BMI % Early immunizations Adolescent well-care visits Access for children ages 7-11 Well-child visits, ages 3-6 Well-child visits, infants Breast cancer screening Adolescent immunizations Cervical cancer screening Postpartum care Imeliness of prenatal checkups Prevention

Other Preventive Services

Adult BMI Assessment

Chlamydia screening

Lead Screening

ω ž

Satisfaction with Health Plan Services

Rating health plan

Rating care received

Rating specialists Rating personal doctor

	L		İ	I
	ž	Stop-smoking medications	35	
	NR.	Stop-smoking strategies		ł
	<b>(</b>	Smoking advice	<u>ω</u>	1
	<b>₹</b>	LDL chalesterol control < 100mg	( <u>(</u> )	
	<u>ග</u>	Cholesterol Management screening	<u>ω</u>	•
	8	Controlling high blood pressure	( <u>a</u> )	i
	<u>ග</u>	Heart Disease	0	ı
	(3)	Monitoring kidney disease	( <u>a</u> )	1
	NR.	LDL cholesterol control	¥	
	0	LDL cholesterol screening	₹	ŀ
	O	Glucose control	₹	ı
Use of imaging studies for low back pain	<u>ග</u>	Glucose testing	₹	ł
Appropriate antibiotic use, children with URI	0	Retinal eye exams	( <u>a</u>	i
Monitoring key long-term medications	NR.	Blood pressure control (140/90)	3	i
Appropriate testing and care, children with pl	0	Diabetes	¥	i
Appropriate antibiotic use, adults with acute I	0	Medicate appropriately (12-50 years old)	₹	
Follow-up after ADHD diagnosis	<b>©</b>	Medicate appropriately (5-11 years old)	3	ł
Other Treatment Measures	0	Asthma	×	1
Treatment 3				1

NA = Not Applicable; NR = Not Reported	îcient data; N
Not Applicable; NR = Not	$\Sigma$
t Applicable; NR = Not .	1
= Not	Not Applicable;
= Not	₹
	11
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I = Insuffi

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# NCQA's Health Insurance Plan Rankings 2011-12 - Medicaid (Detailed Report)











Better

Plan Name: AMERIGROUP Community Care of New Mexico

States: URL:

Cons http://www.amerigroupcorp.com

> Ranked #77 Overall Score: 75.1

NCQA Accreditation: Yes

										Rating health plan	Satisfaction with Health Plan Services	Rating care received	Rating specialists	Rating personal doctor	How well doctors communicate	Satisfaction with Physicians	Getting care quickly	Getting care easily	Getting Care	Consumer Satisfaction
										( <u>a</u> )		<u> </u>	<u> </u>	0	<b>(2)</b>	0	ω	<u>ම</u>	<u>ම</u>	
Lead Screening	Chlamydia screening	Adult BMI Assessment	Other Preventive Services	Cervical cancer screening	Breast cancer screening	Cancer Screening	Postpartum care	Timeliness of prenatal checkups	Women's Reproductive Health	Counseling on physical activity	Counseling on nutrition	BMI %	Adolescent immunizations	Early immunizations	Adolescent well-care visits	Access for children ages 7-11	Well-child visits, ages 3-6	Well-child visits, infants	Children and Adolescents	Prevention I
¥	N R	¥.		0	(હ	0	0	3		NR R	R R	X X	₹	₹	X R	¥	NR.	¥	Ţ	
	į	Stop-smoking	Stop-smoking s	Smoking advice	LDL cholestero	Cholesterol Ma	Controlling high	Heart Disease	Monitoring kidr	LDL cholestero	LDL cholestero	Glucose control	Glucose testing	Retinal eye exa	Blood pressure	Diabetes	Medicate appro	Medicate appro	Asthma	

			•	
70	¥.	Stop-smoking medications		20
70	N.R	Stop-smoking strategies		L
	ပ	Smoking advice		
70	N,	LDL cholesterol control < 100mg		
20	Z,	Cholesterol Management screening		
70	NR	Controlling high blood pressure		
	Ţ	Heart Disease	_	
	6	Monitoring kidney disease	1	
<i>-</i> 0	NR	LDL cholesterol control		2
	4	LDL cholesterol screening		_~
		Glucose control		_~
		Glucose testing		_~_
	10	Retinal eye exams		
	NR	Blood pressure control (140/90)		_~
	<b>6</b> 5	Diabetes		
ت	(a)	Medicate appropriately (12-50 years old)		<u>_~</u>
لثا	NA A	Medicate appropriately (5-11 years old)	- 1	_~_
9	ଭ	Asthma		
ı			7	J

(a)	Use of imaging studies for low back pain
¥	Appropriate antibiotic use, children with URI
NR	Monitoring key long-term medications
NA	Appropriate testing and care, children with pharyngitis
NR	Appropriate antibiotic use, adults with acute bronchitis
ΑŽ	Follow-up after ADHD diagnosis
	Other Treatment Measures
	Treatment 2

I = Insufficient data; NA = Not Applicable; NR = Not Reported

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# NCQA's Health Insurance Plan Rankings 2011-12 — Medicaid (Detailed Report)









**°**0

States:

URL: http://www.amerigroupcorp.com

Insufficient

NCQA Accreditation .: Yes Overall Score:

	Ž	Lead Screening		
	¥	Chlamydia screening		
Stop-smoking medications	¥	Adult BMI Assessment		
Stop-smoking strategies		Other Preventive Services		
Smoking advice	Š	Cervical cancer screening		
LDL cholesterol control < 100mg	¥	Breast cancer screening		
Cholesterol Management screening	=	Cancer Screening		
Controlling high blood pressure	₹	Postpartum care		
Heart Disease	N A	Timeliness of prenatal checkups		
Monitoring kidney disease	I	Women's Reproductive Health		
LDL cholesterol control	NA	Counseling on physical activity	₹	Rating health plan
LDL cholesterol screening	NA	Counseling on nutrition		Satisfaction with Health Plan Services
Glucose control	NA	BMI %	ž	Rating care received
Glucose testing	NA	Adolescent immunizations	ž	Rating specialists
Retinal eye exams	AN	Early immunizations	A	Rating personal doctor
Blood pressure control (140/90)	ž	Adolescent well-care visits	Š	How well doctors communicate
Diabetes	ž	Access for children ages 7-11	-	Satisfaction with Physicians
Medicate appropriately (12-50 years old)	N A	Well-child visits, ages 3-6	¥	Getting care quickly
Medicate appropriately (5-11 years old)	Ä	Well-child visits, infants	Ä	Getting care easily
Asthma	Ĭ	Children and Adolescents	ĭ	Getting Care
		Prevention I		Consumer Satisfaction I.

ž ¥

\*

ž NA ¥ \* š

 •]	Treatment I
I	Other Treatment Measures
NA	Follow-up after ADHD diagnosis
NA.	Appropriate antibiotic use, adults with acute bronchitis
I	Appropriate testing and care, children with pharyngitis
NA	Monitoring key long-term medications
2	Appropriate antibiotic use, children with URI
NA	Use of imaging studies for low back pain
5	

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NCQA Accreditation as of July 31, 2011



# NCQA's Health Insurance Plan Rankings 2011-12 - Medicaid (Detailed Report)













Non Reporting Plans - Medicaid

NCQA Accreditation: No.

Overall Score :

No Data

NCQA Accreditation: No

Overall Score:

No Data

Plan name : AMERIGROUP Florida

States:

http://www.amerigroupcorp.com

URL:

AMERIGROUP Maryland

States:

Plan name:

http://www.amerigroupcorp.com

URL:

Plan name: AMERIGROUP Nevada

States:

URI:

http://www.amerigroupcorp.com

Plan name: AMERIGROUP New Jersey

States:

http://www.amerigroupcorp.com

NCQA Accreditation: No

Overall Score:

No Data

NCQA Accreditation: No (In Process)

Overall Score:

No Data

Overall Score:

No Data

NCQA Accreditation: No

Plan name: AMERIGROUP New York

States:

http://www.amerigroupcorp.com

URL:

Plan name: AMERIGROUP Texas

States:

http://www.amerigroupcorp.com

NCQA Accreditation: No

Overall Score:

No Data

I = Insufficient data; NA = Not Applicable; NR = Not Reported

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### Wellcare



States:

http://www.wellcare.com

# NCQA's Health Insurance Plan Rankings 2011-12 — Medicaid (Detailed Report)









Better

NCQA Accreditation: Yes Overall Score: 77.7 Ranked #72

	Rating health plan	Satisfaction with Health Plan Services	Rating care received 3	Rating specialists 3	Rating personal doctor	How well doctors communicate	Satisfaction with Physicians	Getting care quickly	Getting care easily	Getting Care	
	( <u>w</u> )		$(\omega)$	$(\omega)$		$(\omega)$		$(\omega)$	$(\omega)$	$\omega$	
	Couns	Coun	BMI 9	Adole	Early	Adole	Acces	Well≺	Well-	Childr	
1	5	5	1 9	응	₹	)le	ig l	౼	뚯	육	٠

	<b>(3)</b>	Chlamydia screening
Stop-smok	NR	Adult BMI Assessment
Stop-smok		Other Preventive Services
Smoking a	0	Cervical cancer screening
LDL choles	<b>②</b>	Breast cancer screening
Cholestero	0	Cancer Screening
Controlling	<u>(a)</u>	Postpartum care
Heart Dise	$\odot$	Timeliness of prenatal checkups
Monitoring	ၜ	Women's Reproductive Health
LDL choles	N	Counseling on physical activity
LDL choies	<b>(2)</b>	Counseling on nutrition
Glucose co	<b>©</b>	вмі %
Glucose te	NR	Adolescent Immunizations
Retinal eye	<u>ම</u>	Early immunizations
Blood pres	2)	Adolescent well-care visits
Diabetes	<u>(a)</u>	Access for children ages 7-11
Medicate a	[၇]	Well-child visits, ages 3-6
Medicate a	<u>ග</u>	Well-child visits, infants
Asthma	ၜ	Children and Adolescents
		Prevention 3

_		
<u>1</u>		reatment 2
$\omega$	Asthma	Other Treatment Measures
$\omega$	Medicate appropriately (5-11 years old)	Follow-up after ADHD diagnosis
N	Medicate appropriately (12-50 years old)	Appropriate antibiotic use, adults with acute bronchitis
$\omega$	Diabetes	Appropriate testing and care, children with pharyngitis
N	Blood pressure control (140/90)	Monitoring key long-term medications
$\Theta$	Retinal eye exams	Appropriate antibiotic use, children with URI
(R	Glucose testing	(3) Use of imaging studies for low back pain
$\omega$	Glucose control	2
$\odot$	LDL cholesterol screening	<u> </u>
S	LDL cholesterol control	
$\omega$	Monitoring kidney disease	
$\odot$	Heart Disease	<u>@</u>
$\omega$	Controlling high blood pressure	
	Cholesterol Management screening	<u> </u>
$\Theta$	LDL cholesterol control < 100mg	
	Smoking advice	
<u> </u>	Stop-smoking strategies	0
岩	Stop-smoking medications	

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Lead Screening

NCQA Accreditation as of July 31, 2011



URL: States:

http://www.wellcare.com

9

# NCQA's Health Insurance Plan Rankings 2011-12 — Medicaid (Detailed Report)









**°0** Better

Plan Name: WellCare of Ohio

NCQA Accreditation: No Overall Score: 54.3 Ranked #99

isfaction 2  ly  Physicians  communicate  ctor  ed  Health Plan Services	)	Prevention I  Children and Adolescents  Well-child visits, infants Well-child visits, ages 3-6 Access for children ages 7-11 Adolescent well-care visits Early immunizations Adolescent immunizations BMI %  Counseling on nutrition
	<u>(</u> ((())(())(()()()()()()()()()()()()()(	Adolescent immunizat
Satisfaction with Health Plan Services		Counseling on nutritic
Rating health plan	0	Counseling on physical activity
		Women's Reproductive Health
		Timeliness of prenatal checkups
		Postpartum care
		Cancer Screening Breast cancer screening
		Cervical cancer screening
		Other Preventive Services
		Adult BMI Assessment
		Chlamydia screening
		Lead Screening

•			_
	0	Stop-smoking medications	72
	0	Stop-smoking strategies	<u>1</u>
		Smoking advice	7
	NR	LDL cholesterol control < 100mg	=
	₽R	Cholesterol Management screening	
	NR	Controlling high blood pressure	37
	ĭ	Heart Disease	
		Monitoring kidney disease	~
	NR.	LDL cholesterol control	72
	0	LDL cholesterol screening	2
	NR.	Glucose control	22
		Glucose testing	
	<u>ଭ</u>	Retinal eye exams	75
	₹ 75	Blood pressure control (140/90)	٧
	0	Diabetes	
	O	Medicate appropriately (12-50 years old)	$\sim$
-	0	Medicate appropriately (5-11 years old)	
$\Box$	10	Asthma	
_			

NR.	Use of imaging studies for low back pain
NR	Appropriate antibiotic use, children with URI
NR	Monitoring key long-term medications
NR.	Appropriate testing and care, children with pharyngitis
¥ R	Appropriate antibiotic use, adults with acute bronchitis
NR.	Follow-up after ADHD diagnosis
	Other Treatment Measures
	reatment I



# NCQA's Health Insurance Plan Rankings 2011-12 - Medicaid (Detailed Report)











Non Reporting Plans - Medicaid

Overall Score:

No Data

NCQA Accreditation: No

States: Plan name ; **Unity Health Plans** 

Plan name: Univera Community Health

URL:

http://www.unityhealth.com

URL: States: http://www.univerahealthcare.com No Data NCQA Accreditation: No Overall Score:

States: Plan name: University of Utah Hospitals and Clinics - Healthy U Overall Score: No Data

URL: http://www.uuhsc.utah.edu/uhealthplan NCQA Accreditation: No

States: URL: Plan name: http://www.vistahealthplan.com Vista Healthplan Overall Score: No Data NCQA Accreditation: No

States: Plan name: Vista Healthplan of South Florida No Data

No Data

Pian name: WellCare of Florida

URL:

http://www.vistahealthplan.com

ERI: States:

http://www.wellcare.com

NCQA Accreditation: No

Overall Score:

NCQA Accreditation: No

Overall Score:

NCQA Accreditation as of July 31, 2011

Page: 142 of 143



# NCQA's Health Insurance Plan Rankings 2011-12 — Medicaid (Detailed Report)









Non Reporting Plans - Medicaid

Plan name : WellCare of New York

URL: States:

http://www.weilcare.com

Overall Score:

No Data

NCQA Accreditation: No

### Coventry



# NCQA's Health Insurance Plan Rankings 2011-12 — Medicaid (Detailed Report)









°O Better

URL: States: Plan Name: Coventry Health Care of Delaware

http://www.chcde.com

Ranked #94

NCQA Accreditation: No

Overall Score: 62.8

Consumer Satisfaction		Prevention				•	2
Gelting Care	2	Children and Addition	土			176	reaunent 3
Cotting on the control of the contro	\\	cilidren and Adolescents	ω	Asthma	( <u>a</u>		Other Treatment Measures
Getting care easily	Ę.	Well-child visits, infants	N	Medicate appropriately (5-11 years old)	) ဩ	_	Follow-up after ADHD diagnosis
Getting care quickly	<u></u>	Well-child visits, ages 3-6	ည	O 1.	$\bot$		Appropriate antihiptic use adults with acute hopeshing
Satisfaction with Physicians		Access for children ages 7-11	SX	Diabetes			because the property of the state of the sta
How well doctors communicate	来		T.	- Annotes		1 4	Appropriate testing and care, children with pharyngiti
HOW WELL COCKIS COUNTINGICATE	(a	Adolescent well-care visits	ω	Blood pressure control (140/90)	0		Monitoring key long-term medications
Rating personal doctor	N	Early immunizations	(6)	Retinal eye exams	သ	<u>Ur</u> }	Appropriate antibiotic use, children with URI
Rating specialists		Adolescent immunizations	Ŋ	Glucose testing		G .	Use of imaging studies for low back pain
Rating care received	0	BMI %	ည	Glucose control	3)		the state of the s
Satisfaction with Health Plan Services		Counseling on nutrition	ယ	LDL cholesterol screening	-		
Rating health plan	0	Counseling on physical activity	಄	LDL cholesterol control	S		
		Women's Reproductive Health	<u>ω</u>	Monitoring kidney disease		<b>36</b> 21	
		Timeliness of prenatal checkups	<u>ම</u>	Heart Disease	(3)		
	_	Postpartum care	ω	Controlling high blood pressure		- CONT. 1	
		Cancer Screening	<u>ω</u>	Cholesterol Management screening	( <b>3</b> )	<u></u>	
		Breast cancer screening	N	LDL cholesterol control < 100mg	ω)	<u></u>	
	_	Cervical cancer screening	Θ	Smoking advice	ω)	<u> </u>	
		Other Preventive Services		Stop-smoking strategies			
		Adult BMI Assessment	<u>ω</u>	Stop-smoking medications	( <b>ω</b> )		
		Chlamydia screening	0			ı	
			)				

I = Insufficient data; NA = Not Applicable; NR = Not Reported

Lead Screening

**@** 

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NCQA Accreditation as of July 31, 2011

### Centene

### MEMORANDUM FOR THE RECORD

DATE: March 8, 2012

**TELEPHONE NUMBERS** 

NAME: Centene

OFC: (202) 955--3500

RE: Information obtained in a phone call to the National Committee for Quality

Assurance (NCQA) as follows:

1. Per Angela at NCQA, the reason Centene is not on the Medicaid plan ranking list is because they did not agree to have their information made public.

JMC/mre

March 07, 2012

### PRUDENTIAL FINANCIAL HALTS SALE OF INDIVIDUAL LONG-TERM CARE

(Bloomberg News) Prudential Financial Inc., the second-biggest U.S. life insurer, said it will halt the sale of individual long-term care policies, joining rivals in retreating from the industry.

The company will continue to offer group long-term care insurance, Newark, New Jersey-based Prudential said today in a statement distributed by Business Wire. Existing contracts are guaranteed renewable and won't change, Prudential said.

Insurers including CNO Financial Group Inc. have been burned by coverage sold in the past when they underestimated the number of claims, the cost of care or the life expectancy of their clients. MetLife Inc., the No. 1 U.S. life insurer, said in 2010 it would stop sales of new long-term care coverage, citing "financial challenges" in the business. Prudential said it faces "challenging economics" in the market.

"It's a smart move," said Dan Theriault, an analyst at Portales Partners LLC who has a "sector perform" rating on Prudential shares. Prudential, MetLife and other companies scaling back "can't price the product appropriately, and instead they've decided to exit the business."

Prudential advanced 1.8 percent to \$60.84 at 3:38 p.m. in New York and has gained 21 percent this year. New York-based MetLife has risen 22 percent since Dec. 31.

Deterioration in long-term care business pushed Unum Group into a \$425 million fourth-quarter loss and prompted the Chattanooga, Tennessee-based insurer to announce its exit from sales of the products to groups.

### Prudential's Expansion

Prudential Chairman and Chief Executive Officer John Strangfeld is expanding outside the U.S. and spent more than \$4 billion last year to buy two Japanese subsidiaries from American International Group Inc. Net income rose to \$3.53 billion in 2011 from \$2.71 billion a year earlier.

Long-term care policies provide coverage to help pay for home-health aides or residence in nursing homes or assisted- living facilities. Lower interest rates pressured the business, limiting investment income on funds set aside for claims.

"The decision to exit the Individual long-term care business reflects the challenging economics of the Individual market," Malcolm Cheung, vice president of long-term care for Prudential, said in the statement. Prudential will focus "our resources and capital on the group market where we see the greatest opportunity."



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### The Star's editorial | Stop the rush toward risky Medicaid change

A sizable and bipartisan group of Kansas lawmakers on Wednesday called on Gov. Sam Brownback and Lt. Gov. Jeff Colyer to slow down their plans to hand the care of the state's Medicaid patients over to private insurance companies.

Hospital administrators, doctors, nursing home operators and worried families have been making the same plea for months. They justifiably fear that a rushed move to KanCare, as the new managed care system is called, will disrupt medical services for poor, disabled and elderly clients.

Within hours, the legislators had their response in the form of a terse news release from Colver.

A delay, he said, would be "a costly mistake."

"The status quo is not serving us well, and delay will not improve the health of anyone," Colver said.

In its entirety, the lieutenant governor's statement smacks of hubris. Colyer is not listening to professionals in the field, who foresee chaos if thousands of patients are moved from a state-run program to a new managed care network on Jan. 1 of next year.

There are compelling reasons to delay the move for at least six months, as the House and Senate lawmakers requested:

 A large-scale shift to managed care in Kentucky has created havoc. Patients are complaining about disruptions in their treatment and medication, while doctors and other providers are frantic about late or non-existent reimbursements.

Similar to the plan for Kansas, Kentucky assigned the care of its Medicaid population — poor, disabled and indigent elderly citizens — to three private managed care companies. The switch took place in November, and the state auditor now says the insurers were unprepared.

• Blue Cross Blue Shield of Kansas, the state's largest insurer, waved a big red flag when it opted not to bid to manage a portion of the Medicaid program.

"We decided that we could not responsibly commit to so great a change at this time," a company official wrote to state leaders.

Five insurers did submit bids. Some, if not most, appear to have less capacity and experience than Blue Cross.

- Implementing the plan is contingent on obtaining a waiver from the federal Center for Medicaid and Medicare Services and that's not a certain proposition. Experts say the KanCare proposal is complex and is likely to receive a long, hard look before federal officials would sign off on its use of Medicaid funding.
- The Brownback administration has not adequately explained why long-term services for the physically and developmentally disabled things like housing, caretaker support and vocational opportunities should be placed under the jurisdiction of private insurance companies set up to facilitate medical care.

Families of disabled citizens are understandably distressed. Many spent years on waiting lists and fought to get adequate services for disabled children and adults. They are familiar with the network in place and wonder why they should have to appeal to a faceless insurance company for a continuation of services.

Colyer and other officials say that handling long-term services alongside medical care will enable the managed care providers to improve the health of disabled citizens. But there is little, if any, evidence to back that up.

In his news release, Colyer brushed off the concerns. "We are putting in place policies to avoid stumbling blocks that have tripped up other states," he said, noting that Kentucky moved more patients into managed care in a shorter time frame than Kansas is planning.

"Delaying KanCare will only guarantee continued cost increases, put providers at risk of rate cuts, and threaten the quality of care being provided to vulnerable Kansans." Colver added.

The Brownback administration is right to want to control Medicaid costs, even though Medicaid spending as a proportion of the Kansas budget is below the national average. And coordinated care, if done well, could prevent hospitalizations and nursing home stays and serve patients better.

But the fears of lawmakers, medical professionals and defenders of vulnerable Kansas citizens are well-founded. A six-month delay and some sensitivity to the needs of disabled citizens are not too much to ask.

What's the rush?

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