



WellCare Health Plans, Inc.

WellCare Health Insurance of Illinois, Inc. dba

WellCare of Kentucky, Inc.

A member of the WellCare Group of Companies

2012 Health Outcomes And 2013 Member Satisfaction

Table of Contents

I Executive Summary..... 4

II Clinical Initiatives and Indicators..... 5

III State Clinical Performance Indicators..... 29

IV Member Satisfaction..... 37

I. Executive Summary

WellCare's mission is to enhance our members' health and quality of life; partner with providers and governments to provide quality, cost-effective health care solutions; and create a rewarding and enriching environment for our associates. Our vision is to be the leader in government sponsored health care programs in partnerships with members, providers, governments, and communities we serve. Accomplishing our mission and vision is a top priority for WellCare. Our approach to the mission and vision is centers on four value-based behaviors; partnership, integrity, accountability, and teamwork. These behaviors are reflected in all activities across the health plan, including clinical and service activities.

Provided in this document is an annual summary of WellCare of Kentucky's baseline 2012 health outcomes and 2013 member satisfaction results, analysis, and interventions. Health outcomes were assessed through the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS[®]) specifications and the Department for Medicaid Services' (DMS) developed performance measure specifications. Member satisfaction was assessed through the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]). The scope of the NCQA HEDIS Compliance Audit included the following domains; Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Relative Resource Use, and Health Plan Descriptive Information. WellCare of Kentucky has undergone a full HEDIS[®] audit and the HEDIS[®] measures included in this document were deemed reportable according to NCQA HEDIS[®] Compliance Audit standards.

The Plan assessed its HEDIS[®] results against the Quality Compass[®] 50th percentile and CAHPS[®] results were assessed against the Quality Compass[®] Medicaid Mean, with the Quality Compass[®] 75th percentile benchmark as the ultimate goal. For calendar year 2012 baseline HEDIS[®] results, WellCare of Kentucky exceeded the 50th percentile in 40 percent of measures and exceeded the 75th percentile in 9 percent of measures with identified benchmarks. In addition, calendar year 2013 baseline CAHPS[®] results for adults exceeded the Medicaid Mean in 67 percent of the adult member satisfaction measures and 56 percent of the child member satisfaction measures with identified benchmarks. WellCare of Kentucky uses these results to identify areas of strength and opportunity to improve services to members.

II. Clinical Initiatives and Indicators

A. Prevention and Screening

Cervical Cancer Screening

Measure Description:

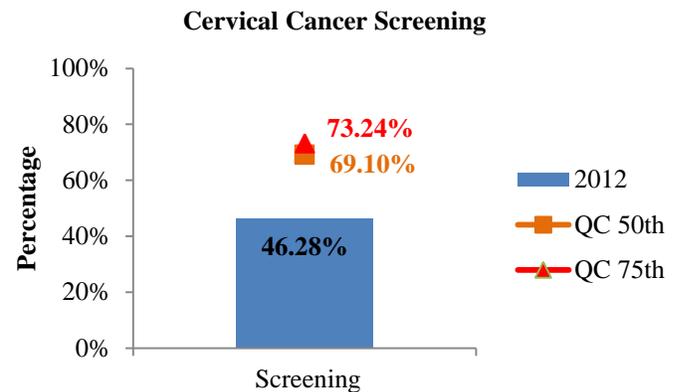
The percentage of women 21-64 years of age who were continuously enrolled during the measurement year and received one or more Pap tests to screen for cervical cancer.

Methodology: This measure was collected using the hybrid methodology. A total of 21,212 members were eligible for this measure, with a denominator of 417 and numerator of 193.

Findings: First year baseline results were 46.28 percent, which is well below the 50th and 75th benchmarks.

Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not assessed against HEDIS and members were not encouraged to receive preventive screenings. Education and awareness are the two main barriers to achieving the goal for this measure.



2013 Interventions:

- Distribute member non-compliant lists to providers identifying members in need of cervical cancer screenings.
- Conduct targeted outreach calls to members identified as non-compliant with screening and offer assistance in making an appointment with their provider and transportation assistance if needed.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of preventive screenings through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of screening when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of screening so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

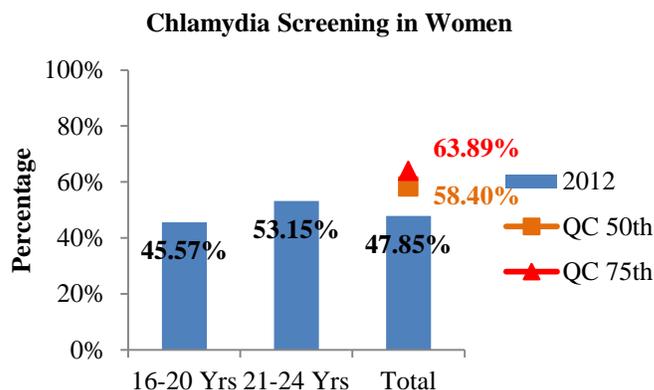
Chlamydia Screening in Women

Measure Description:

The percentage of women 16-24 years of age who were continuously enrolled during the measurement year who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Methodology: This measure was collected using administrative data. The denominator was 5,227 and the numerator was 2,501.

Findings: First year baseline total results were 47.85 percent, which is well below the 50th and 75th benchmarks. There were a total of 2,726 non-compliant members for this measure and of those 1,991 were in the 16-20 year age range and 735 were between 21-24 years of age. Data analysis identified that the majority of member 16-20 were identified as being sexually active due to a dispensed contraceptive prescription. It is known that oral contraceptives are prescribed in the treatment of acne in teenaged women, which is not accounted for in this measure.



Barriers:

Education and awareness are the two main barriers to achieving the goal for this measure. In addition, many providers prescribe birth control medications for the treatment of acne, which subsequently identifies the member as needing a screening.

2013 Interventions:

- Distribute member non-compliant lists to providers identifying members in need of chlamydia screenings.
- Conduct targeted outreach calls to members identified as non-compliant with screening and offer assistance in making an appointment with their provider and transportation assistance if needed.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of preventive screenings through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of screening when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of screening so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

B. Respiratory Conditions

Appropriate Testing for Children with Pharyngitis

Measure Description:

The percentage of children 2-18 years of age continuously enrolled 30 days prior to the episode date through three days after the episode date who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Methodology: This measure was collected using administrative data. The denominator was 5,524 and the numerator was 3,576.

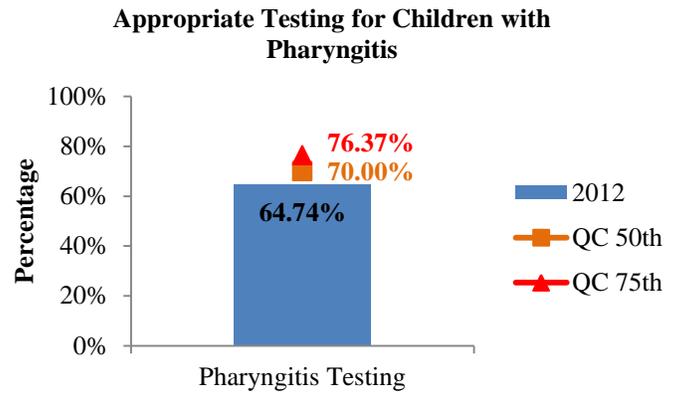
Findings: First year baseline results were 64.74 percent, which fell short of the 50th percentile benchmark.

Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically assessed against HEDIS.

Through provider feedback, we discovered the prior fee-for-service Medicaid encouraged the use of a code that HEDIS

did not recognize for strep A testing. Therefore, provider education on the measure specification is the main barrier to achieving goal for this measure.



2013 Interventions:

- Distribute attestations to providers to determine members that received a Strep A test for treatment of pharyngitis.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers using generic lab codes and conduct targeted provider education.
- Increase member knowledge of appropriate treatment of pharyngitis through member newsletter articles and targeted mailings.

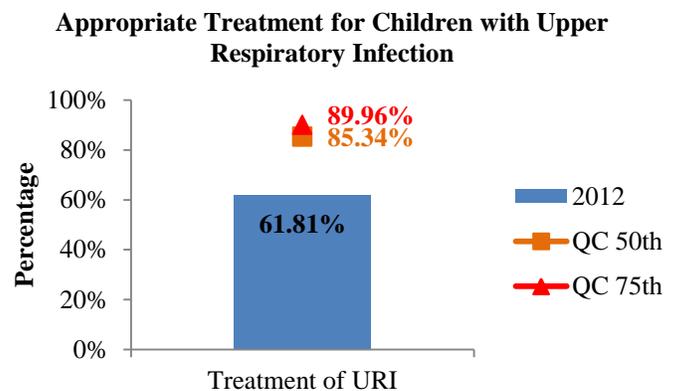
Appropriate Treatment for Children with Upper Respiratory Infection

Measure Description:

The percentage of children 3 months-18 years of age who were continuously enrolled 30 days prior to the episode date through three days after the episode date who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Methodology: This measure was collected using administrative data. The denominator was 6,758 and the numerator was 4,177.

Findings: First year baseline results were 61.81 percent, which fell short of the 50th and 75th percentile benchmarks. A total of 2,581 members were non-compliant with this measure. The majority of members (2,289) received the URI diagnosis at an outpatient visit. An analysis of regional differences was examined and found that nearly half of members living in Regions 8, 2, and 4 who had a diagnosis of URI did not receive appropriate treatment.



Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically assessed against HEDIS. Provider education on the measure specification is the main barrier to achieving goal for this measure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately treating URI and conduct targeted provider education.
- Increase member knowledge of appropriate treatment of URI through member newsletter articles and targeted mailings.

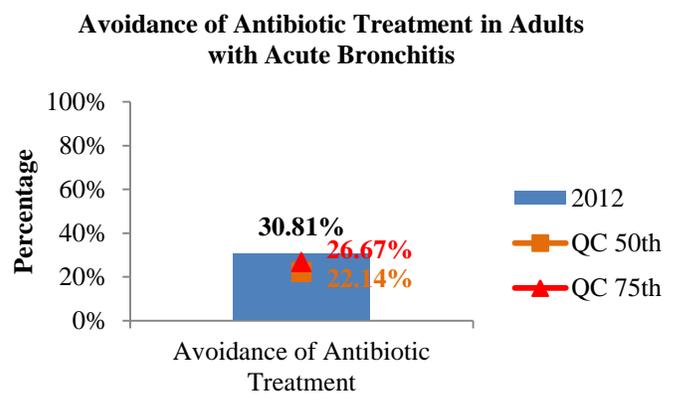
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Measure Description:

The percentage of adults 18-64 years of age who were continuously enrolled one year prior to the episode date through seven days after the episode date who had a diagnosis of acute bronchitis and were not dispensed an antibiotic prescription.

Methodology: This measure was collected using administrative data. The denominator was 568 and the numerator was 175.

Findings: First year baseline results were 30.81 percent, which exceeded both the 50th and 75th percentile benchmarks. A total of 393 members were non-compliant with this measure. The majority of non-compliant members (331) were diagnosed with acute bronchitis at outpatient visits. When looking at the percentage of members in each region found non-compliant, all regions had rates over 60 percent for inappropriate antibiotic prescribing for acute bronchitis.



Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically assessed against HEDIS. Provider education on the measure specification is the main barrier to achieving goal for this measure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately treating acute bronchitis and conduct targeted provider education.

Pharmacotherapy Management of COPD Exacerbation

Measure Description:

The percentage of COPD exacerbation for members 40 years of age and older who were continuously enrolled from the episode date through 30 days after the episode date who had an acute inpatient discharge or ED encounter on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medication.

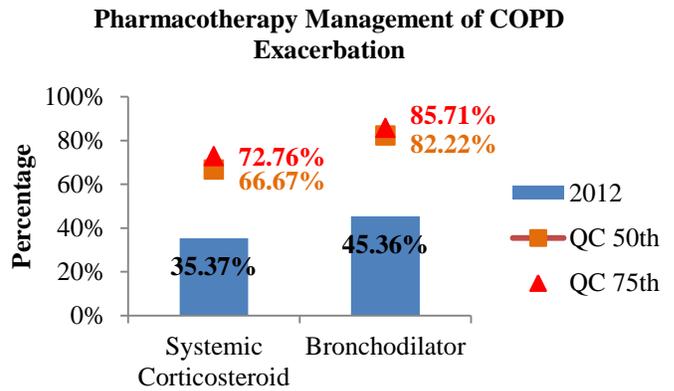
Methodology: This measure was collected using administrative data. The denominator was 1,821 and the numerator for dispensed a bronchodilator was 826 and 644 dispensed a systemic corticosteroid.

Findings: First year baseline results were 35.37 percent for systemic corticosteroid and 45.36 percent for bronchodilators and did not meet the 50th and 75th percentile benchmarks.

Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State.

Providers were not historically assessed against HEDIS. Provider education on the measure specification is the main barrier to achieving goal for this measure.



2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately treating COPD exacerbations and conduct targeted provider education.
- Conduct targeted member outreach educating members on the appropriate treatment of COPD.
- Conduct COPD disease management activities with members identified as having COPD.

C. Cardiovascular Conditions

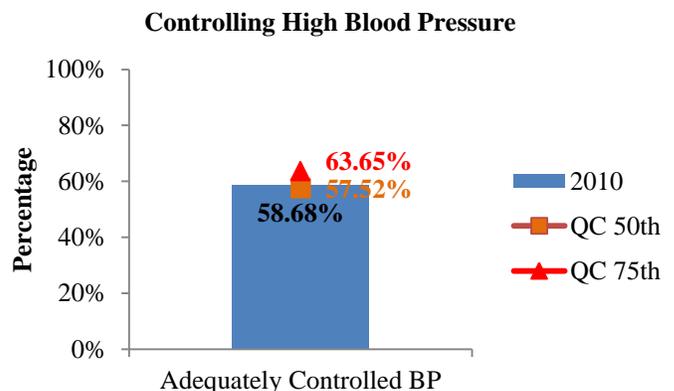
Controlling High Blood Pressure

Measure Description:

The percentage of members 18-85 years of age who were continuously enrolled during the measurement year who had a diagnosis of hypertension and whose blood pressure was adequately controlled hypertension.

Methodology: This measure was collected using the hybrid method. A total of 13,870 members were eligible for this measure, with a denominator of 438 and numerator of 257.

Findings: First year baseline results were 58.68 percent, which exceeded the 50th percentile benchmark.



Barriers:

Feedback from providers indicates that member compliance with medication treatment is a barrier to adequately controlled blood pressure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Conduct targeted member outreach educating members on the appropriate treatment of high blood pressure.
- Conduct disease management activities with members identified as having high blood pressure.
- Alert providers of members with high blood pressure when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who have high blood pressure so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute non-compliant reports to providers identifying members on their panel who have high blood pressure.

Persistence of Beta-Blocker Treatment after a Heart Attack

Measure Description:

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. Member must be continuously enrolled from their discharge date through 180 days after discharge to be included in the measure.

Methodology: This measure was collected using administrative data. The denominator was 84 and the numerator was 61.

Findings: First year baseline results were 72.62 percent, which did not meet the established benchmarks.

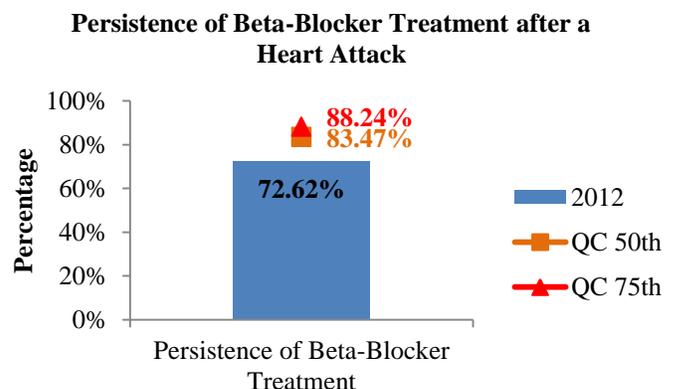
Barriers:

Member compliance with medication therapy is the main barrier to this measure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Enroll all members eligible for this measure into disease management for targeted one-on-one intervention and education.

D. Diabetes



Comprehensive Diabetes Care

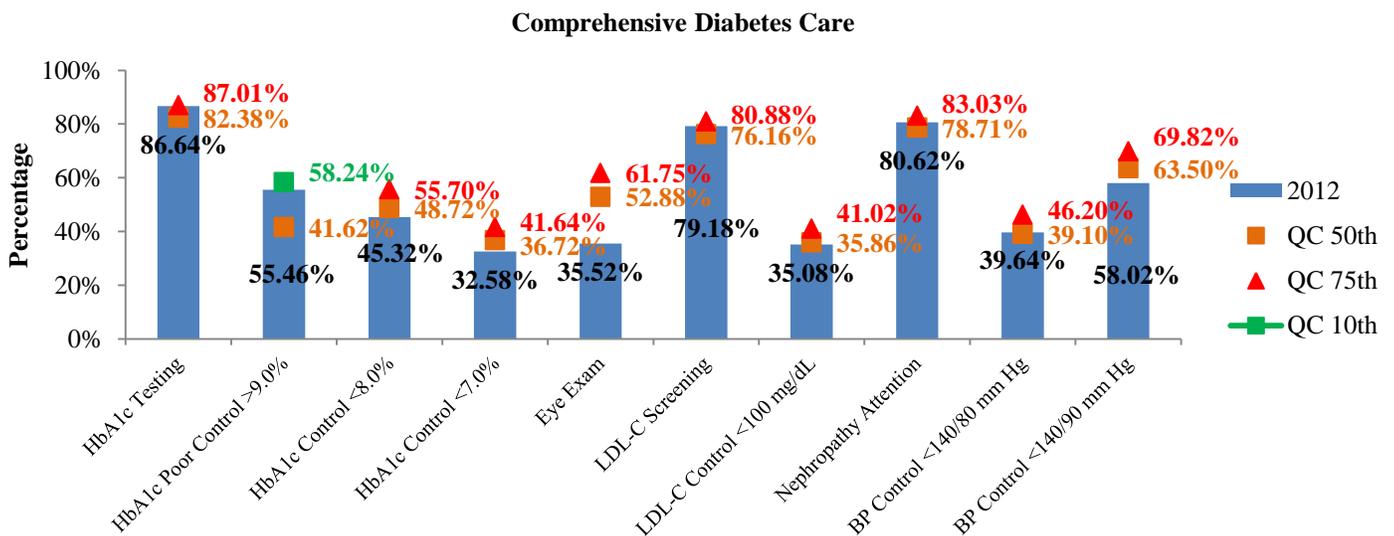
Measure Description:

The percentage of members 18-75 years of age with diabetes who were continuously enrolled in the measurement year who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a selected population
- Eye exam (retinal) performed
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- BP control (<140/80 mmHg)
- BP control (<140/90 mmHg)

Methodology: This measure was collected using the hybrid method. A sample of 898 members from the total 7,840 members eligible for this measure was used to calculate results. The HbA1c control <7.0% rate was based on a sample of 445 members from a total of 4,795 eligible members.

Findings: First year baseline results exceeded the 50th percentile benchmark in HbA1c testing, LDL-C screening, medical attention for nephropathy, and BP control <140/80. The remaining diabetes measure elements did not meet established benchmarks.



Barriers:

Member knowledge and understanding of how to manage their chronic condition is an identified barrier to achieving better outcomes.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Conduct targeted member outreach educating members on the appropriate treatment and management of diabetes.

- Conduct disease management activities with members identified as having diabetes.
- Alert providers of members who are non-compliant with diabetes screenings when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or who call into the plan that have diabetes of their care gaps so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute non-compliant reports to providers identifying members on their panel who are non-compliant with diabetes screenings.
- Identify HbA1c and LDL-C lab claims received by the Plan with no lab values and conduct targeted outreach to obtain results.
- Identify members who had a dilated retinal exam (DRE) in 2012 and conduct outreach to eye care providers for the exam results.
- Engage the eye benefits manager to conduct member and provider interventions to increase the number of members receiving a DRE.

E. Musculoskeletal Conditions

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Measure Description:

The percentage of members continuously enrolled in the measurement year who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug.

Methodology: This measure was collected using administrative data. The denominator was 390 and the numerator was 174.

Findings: First year baseline results were 44.62 percent and did not meet the established benchmarks.

Barriers:

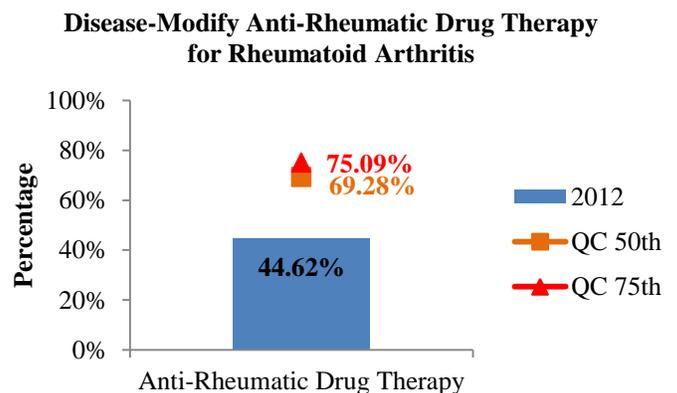
Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically assessed against HEDIS. Provider education on the measure specification is the main barrier to achieving goal for this measure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately treating rheumatoid arthritis and conduct targeted provider education.

Use of Imaging Studies for Low Back Pain

Measure Description:



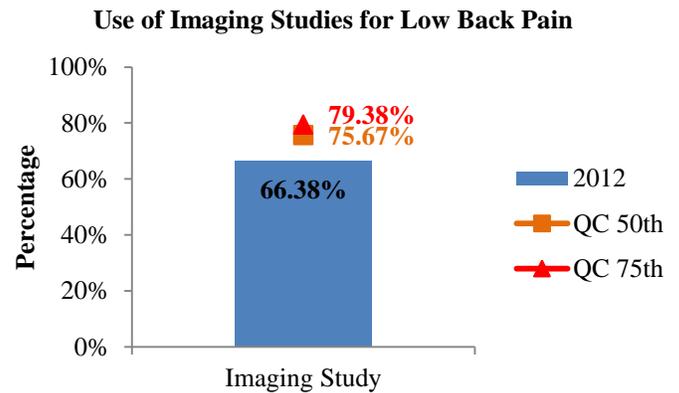
The percentage of members with a primary diagnosis of low back pain that did not have an imaging study (plain x-ray, MRI, or CT scan) within 28 days of the diagnosis. Members must be continuously enrolled from 180 days prior to the index episode start date (IESD) through 28 days after the IESD to be included in the measure.

Methodology: This measure was collected using administrative data. The denominator was 1,059 and the numerator was 703.

Findings: First year baseline results were 66.38 percent and did not meet the established benchmarks.

Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically assessed against HEDIS. Provider education on the measure specification is the main barrier to achieving goal for this measure.



2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately treating low back pain and conduct targeted provider education.

F. Behavioral Health

Antidepressant Medication Management

Measure Description:

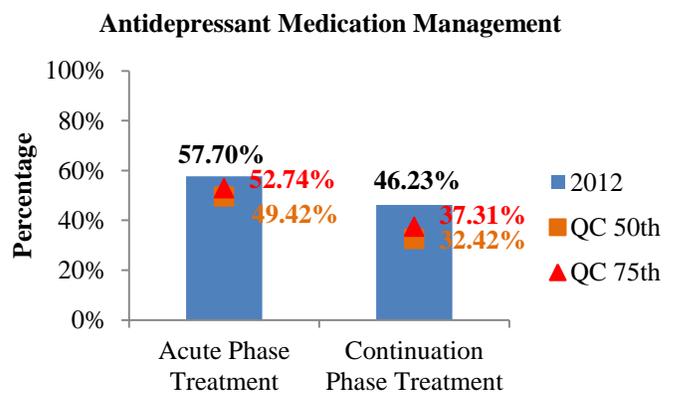
The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Members must be continuously enrolled from 90 days prior to the IESD through 245 days after the IESD to be included in the measure.

Methodology: This measure was collected using administrative data. The denominator was 305 and the numerator for acute phase treatment was 176 and 141 for continuation phase treatment.

Findings: First year baseline results were 57.70 percent for acute phase treatment and 46.23 percent for continuation phase treatment. Both measurements exceed the 50th and 75th percentile benchmarks.

Barriers:

Member knowledge and understanding of depression treatment and continued use



of antidepressant medication is an identified barrier for this measure.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Distribute targeted member letters informing them of the importance of continued medication treatment for depression and encouraging follow-up with their provider if needed.
- Distribute targeted provider letters notifying them of members who have not refilled their antidepressant medication.
- Present results at the Behavioral Health Advisory Council (BHAC) and Community Mental Health Centers (CMHC) meeting for recommendations.

Follow-Up after Hospitalization for Mental Illness

Measure Description:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of a selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Members must be continuously enrolled from the date of discharge through 30 days after discharge to be included in the measure.

Methodology: This measure was collected using administrative data. The denominator was 2,099 and the numerator for within 30 was 1,296 and 754 within seven days.

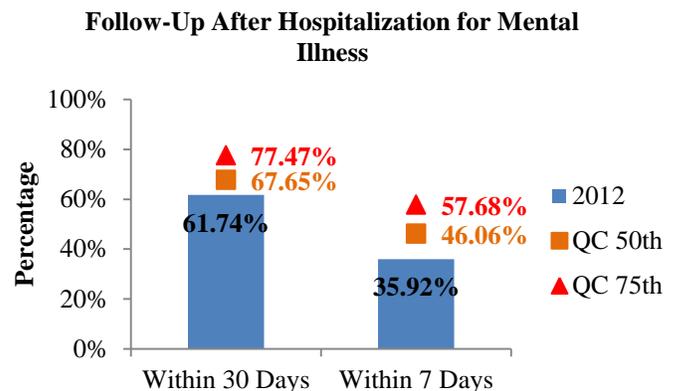
Findings: First year baseline results were 61.74 percent for follow-up within 30 days and 35.92 percent for follow-up within seven days. Results did not meet the 50th and 75th percentile benchmarks.

Barriers:

Traditionally, our contract with the State has only allowed us to contract with CMHSs, which limits the appointment availability of behavioral health providers. Additionally, the State requires hospital follow-up for mental illness to occur within 14 days.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Distribute targeted reports to hospitals notifying them of their compliance rate with the seven day follow up and member information of those who did not have follow-up within seven days of discharge from their facility.
- Assign WellCare behavioral health staff members to each of the CMHC to assist in getting members timely follow-up appointments after hospital discharge.
- Present results at the BHAC and CMHC meeting for recommendations.



Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

Measure Description:

The percentage members continuously enrolled during the measurement year with a diagnosis of schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Methodology: This measure was collected using administrative data. A total of 809 members were eligible for this measure with a numerator of 654.

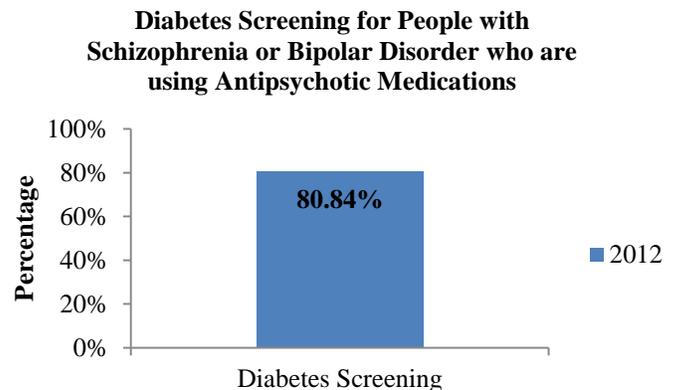
Findings: This is a first year measure and as such no benchmarks are available. The Plan's baseline results were 80.84 percent.

Barriers:

CMHCs are not able to provide lab services onsite due to a State regulation. Additionally, transportation is a barrier for many Medicaid members.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately screening for diabetes and conduct targeted provider education.
- Conduct case management activities with members identified as having mental illness.
- Present results at the BHAC and CMHC meeting for recommendations.



Diabetes Monitoring for People with Diabetes and Schizophrenia

Measure Description:

The percentage members continuously enrolled during the measurement year age 18-64 years with diabetes and schizophrenia, who had an LDL-C test and an HbA1c test during the measurement year.

Methodology: This measure was collected using administrative data. A total of 341 members were eligible for this measure and the numerator was 240.

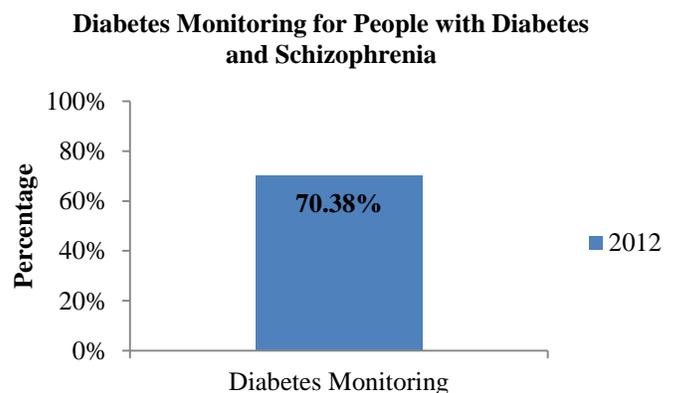
Findings: This is a first year measure and as such no benchmarks are available. The Plan's baseline results were 70.38 percent.

Barriers:

CMHCs are not able to provide lab services onsite due to a State regulation. Additionally, transportation is a barrier for many Medicaid members.

2013 Interventions:

- Distribute HEDIS toolkits to providers



- that contain information on the measure specifications and what is needed for compliance.
- Review non-compliant lists and identify providers who are not appropriately monitoring diabetes and conduct targeted provider education.
- Conduct disease management activities with members identified as having diabetes and schizophrenia.
- Present results at the BHAC and CMHC meeting for recommendations.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Measure Description:

The percentage members continuously enrolled during the measurement year age 19-64 years with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Methodology: This measure was collected using administrative data. A total of 564 members were eligible for this measure and the numerator was 388.

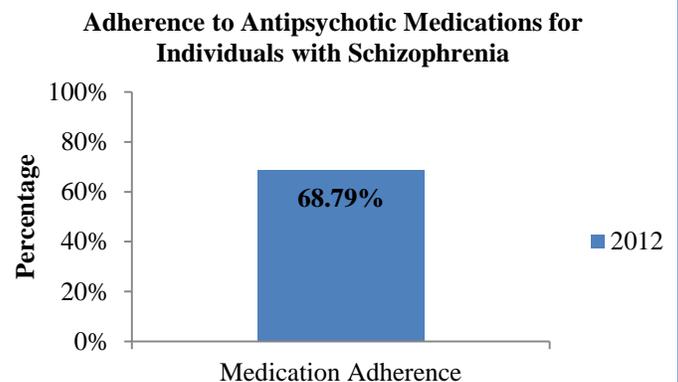
Findings: This is a first year measure and as such no benchmarks are available. The Plan's baseline results were 68.79 percent.

Barriers:

Compliance with medication therapy is a nationally known barrier to improved outcomes in people with mental illness.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Conduct case management activities with members identified as having schizophrenia.
- Present results at the BHAC and CMHC meeting for recommendations.



G. Medication Management

Annual Monitoring for Patients on Persistent Medications

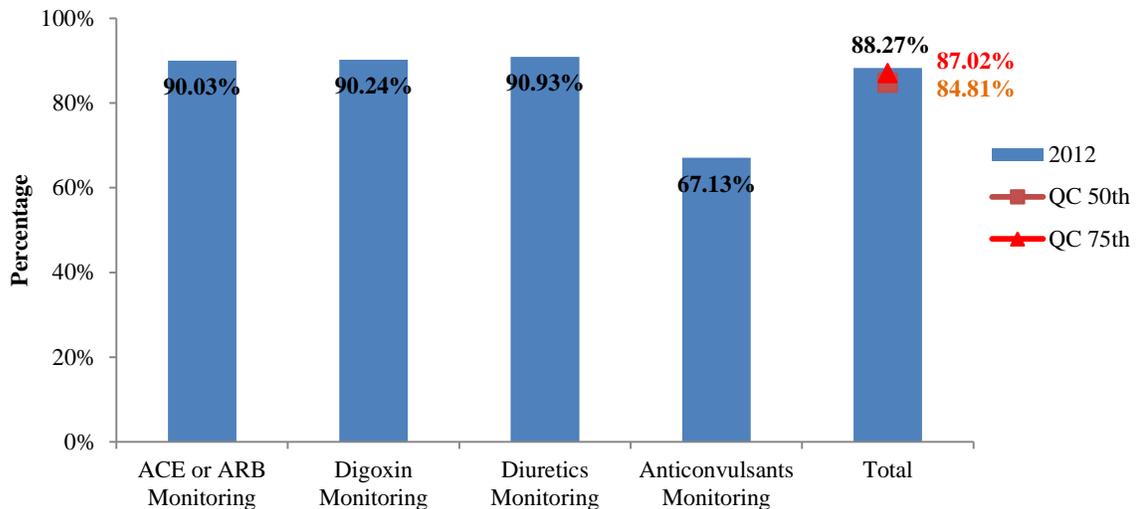
Measure Description:

The percentage of members 18 years of age and older who were continuously enrolled during the measurement year and received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year.

Methodology: This measure was collected using administrative data. The denominator was 10,840 and the numerator was 9,568.

Findings: First year baseline total results were 88.27 percent and exceeded the 50th and 75th percentile benchmarks. The largest area of opportunity is the monitoring of members taking anticonvulsants.

Annual Monitoring for Patients on Persistent Medications



Barriers:

A barrier to making improvements in this measure is member lack of transportation and providers off label use of anticonvulsants to treat other conditions.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of medication monitoring through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of monitoring when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of monitoring so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

H. Access/Availability of Care

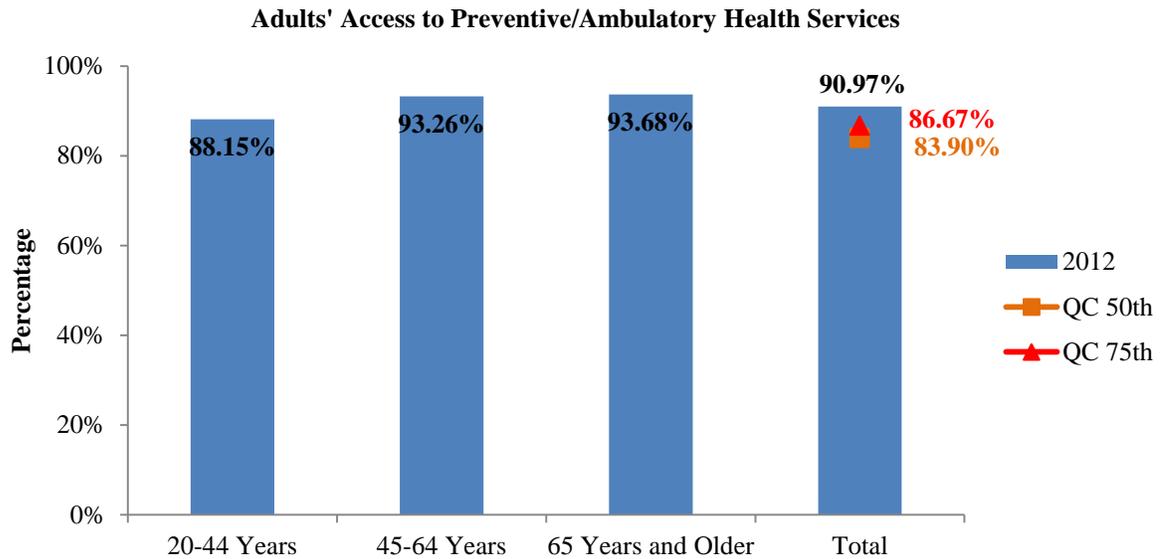
Adults' Access to Preventive/Ambulatory Health Services

Measure Description:

The percentage of members continuously enrolled during the measurement year who were 20 years of age and older who had an ambulatory or preventive care during the measurement year.

Methodology: This measure was collected using administrative data. The denominator was 41,993 and the numerator was 38,199.

Findings: First year baseline total results were 90.97 percent and exceeded the 50th and 75th percentile benchmarks.



Barriers:

Transportation to provider offices and member understanding of the importance of preventive care is a barrier to increasing results.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of preventive visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of preventive visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of preventive visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having a preventive visit and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had a preventive visit.

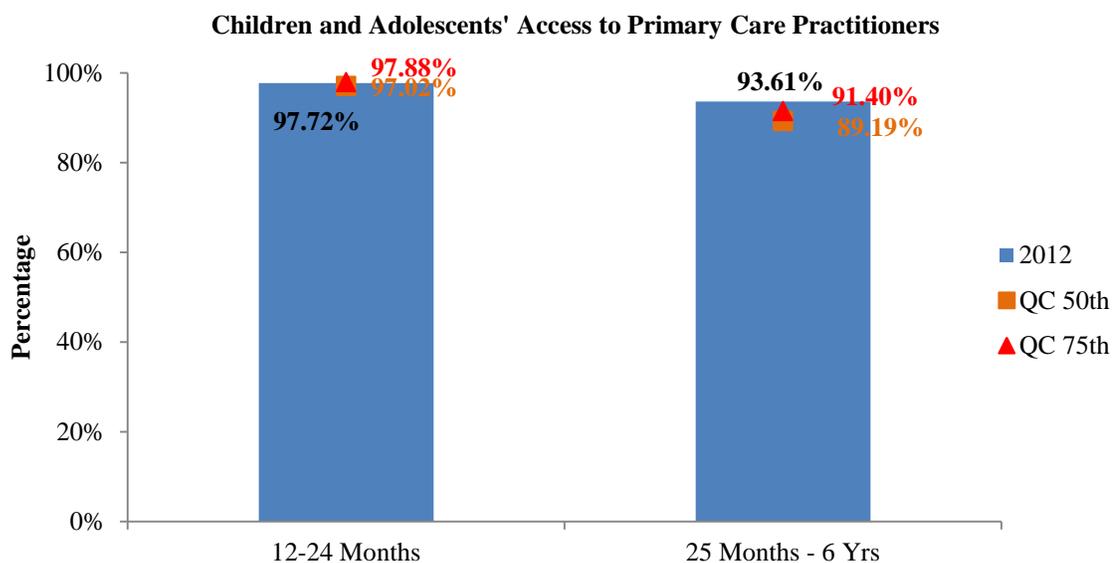
Children and Adolescents' Access to Primary Care Practitioners

Measure Description:

The percentage of members 12 months - 19 years of age who had a visit with a PCP. Members 12 months to six years of age were continuously enrolled during the measurement year and had a visit with a PCP during the measurement year. Members seven – 19 years of age were continuously enrolled during the measurement year and year prior to the measurement year and had a visit with a PCP during the measurement year or year prior.

Methodology: This measure was collected using administrative data. The denominator for children 25 months – 6 years was 23,990 and the numerator was 22,457. The denominator for children 12-24 months was 5,954 and the numerator was 5,818.

Findings: First year baseline results for children 12-24 months was 97.72 percent and results for children 25 months – six years of age was 93.61 percent. Both rates exceeded the 50th percentile benchmark and the rate for 25 months-six years of age exceeded the 75th percentile benchmark.



Barriers:

Transportation to provider offices and member understanding of the importance of preventive care is a barrier to increasing results.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of preventive visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of preventive visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of preventive visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having a preventive visit and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had a preventive visit.

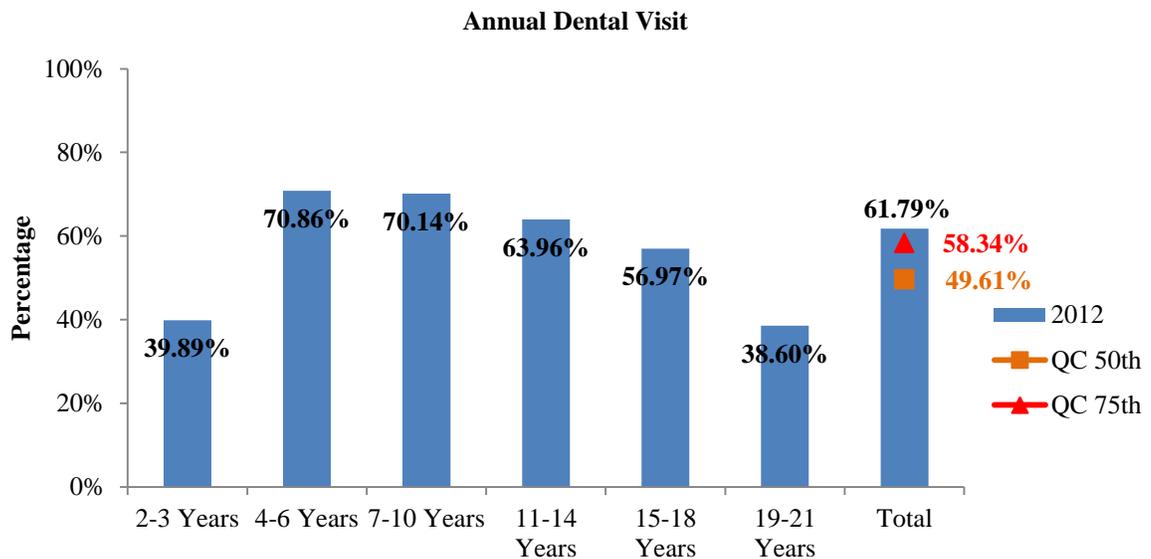
Annual Dental Visit

Measure Description:

The percentage of members 2-21 years of age who were continuously enrolled during the measurement year and had at least one dental visit during the measurement year.

Methodology: This measure was collected using administrative data. The denominator was 74,286 and the numerator was 45,900.

Findings: First year baseline total results were 61.79 percent, which exceeded the 50th and 75th percentile benchmarks. The age groups with the largest opportunity are 2-3 year olds and 19-21 year olds.



Barriers:

Lack of member knowledge of the importance of preventive dental care is a barrier to improve results.

2013 Interventions:

- Offer a member incentive program encouraging annual dental visits.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of preventive visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of preventive visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of preventive visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having a preventive visit and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had a preventive visit.

I. Pregnancy

Prenatal and Postpartum Care and Frequency of Ongoing Prenatal Care

Measure Descriptions:

The percentage of live birth deliveries between November 6th of the year prior to the measurement year and November 5th of the measurement year. Members were continuously enrolled from 43 days prior to delivery through 56 days after delivery.

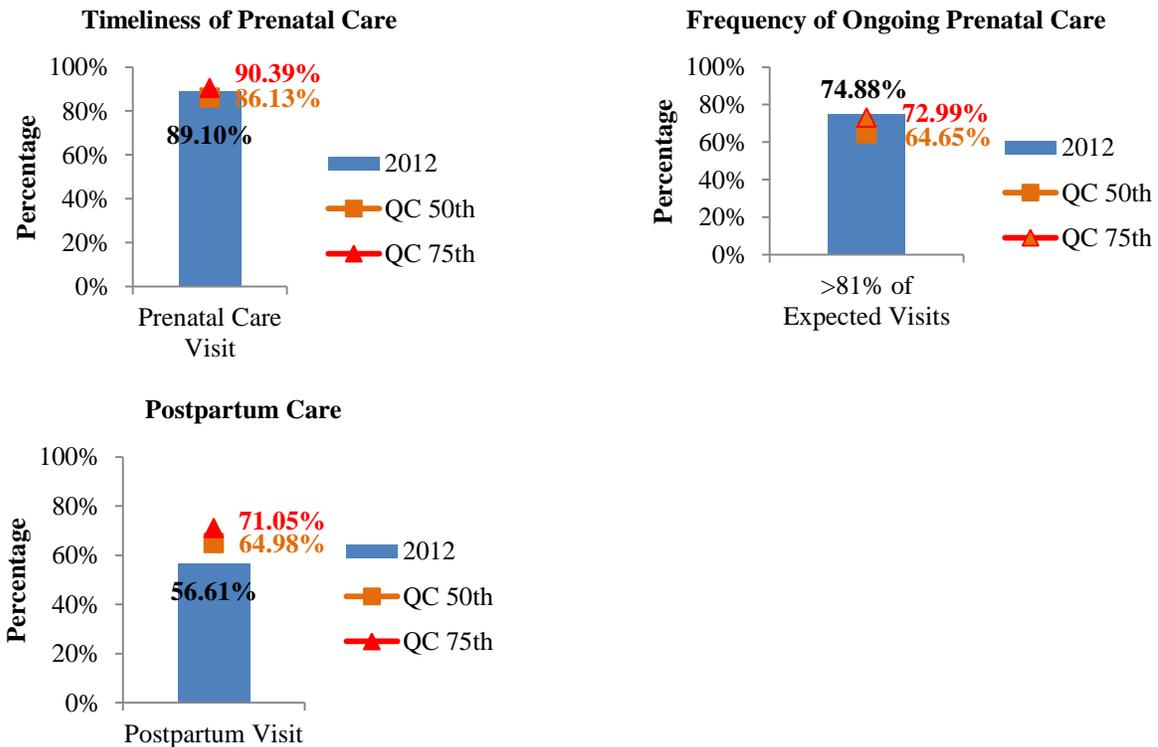
Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Frequency of Prenatal Care: The percentage of deliveries that had ≥ 81 percent of expected prenatal care visits.

Methodology: These measures were collected using the hybrid method. A total of 4,893 members were eligible for these measures. The denominator was 431 and the numerator for timeliness of Prenatal Care was 384, 322 for Frequency of Ongoing Prenatal Care, and 244 for Postpartum Care.

Findings: First year baseline results for timeliness of prenatal care were 89.10 percent, which exceeded the 50th percentile benchmark and narrowly missed the 75th percentile benchmark by 1.29 percentage points. First year baseline results for frequency of ongoing prenatal care were 74.88 percent, which exceeded both percentile benchmarks. First year results for postpartum care were 56.61 percent and did not meet established benchmarks. There were a total of 187 members who were non-compliant with postpartum care and analysis of data revealed that 61 of these members had a postpartum visit but was outside of the 21 – 56 day timeframe. Additionally, 43 non-compliant members had a gynecological related visit after delivery but were not submitted with the HEDIS accepted diagnosis code or did not meet postpartum documentation requirements.



Barriers: Lack of member knowledge of the importance of postpartum care is a barrier to improve results. Many times member present for suture removal and do not return to the provider for postpartum care or return outside the 21-56 day window. Provider appointment staff awareness of the 21-56 day timeframe is an additional barrier to increased rates.

2013 Interventions:

- Offer a member incentive program encouraging prenatal and postpartum care visits.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of prenatal and postpartum visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of prenatal and postpartum visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of prenatal and postpartum visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

J. EPSDT for Children and Adolescents

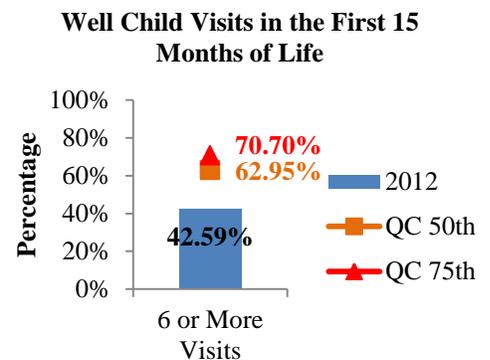
Well Child Visits in the First 15 Months of Life

Measure Description:

The percentage of members who turned 15 months old during the measurement year and who had six or more well child visits with a PCP during the first 15 months of life. Members were continuously enrolled 31 days through 15 months of age.

Methodology: This measure was collected using the hybrid method. A total of 596 members were eligible for this measure, the denominator was 432 and the numerator was 184.

Findings: First year baseline results were 42.59 percent, which did not meet the established benchmarks. A total of 248 members were non-compliant for the measure and of those 153 had four or five well child visits (81 had five well child visits and 72 had four well child visits). Of those 81 members with five visits, 48 had their sixth well child visit after their 15 month birthday.



Barriers:

An identified barrier is provider awareness of the EPSDT services needed and timeframes in which they are to be completed in. Member knowledge of the importance of preventive visits is also a barrier to increased results.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.

- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

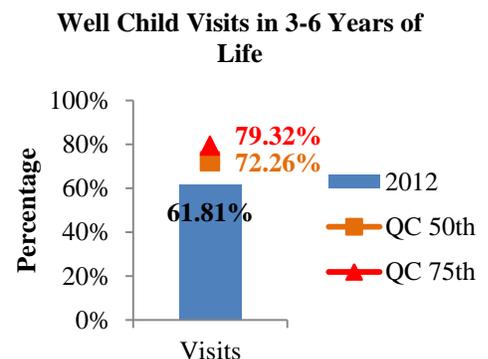
Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Measure Description:

The percentage of members three to six years of age who were continuously enrolled during the measurement year and had one or more well child visits with a PCP during the measurement year.

Methodology: This measure was collected using the hybrid method. A total of 19,550 members were eligible for this measure, the denominator was 432 and the numerator was 267.

Findings: First year baseline results were 61.81 percent, which did not meet the established benchmarks. A total of 165 members were non-compliant with this measure and of those 62 had one or two of the three medical record documentation requirements determining compliance with the measure. The majority of these members only had a physical exam documented. The remaining 103 non-compliant members had no well-child visit during the measurement year.



Barriers:

An identified barrier is provider awareness of the EPSDT services needed and timeframes in which they are to be completed in. Member knowledge of the importance of preventive visits is also a barrier to increased results.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.

- Conduct medical record audits to identify areas of improvement and implement corrective action.

Childhood Immunizations – Combo 2

Measure Description:

The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Members were continuously enrolled 12 months prior to their second birthday.

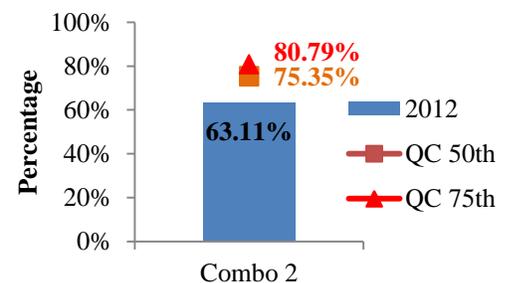
Methodology: This measure was collected using the hybrid method. A total of 1,303 members were eligible for this measure, the denominator was 431 and the numerator was 272.

Findings: First year baseline results were 63.11 percent, which did not meet the established benchmarks. There were a total of 159 non-compliant members in this measure. Of those, 73 had a well-child visit by their second birthday but either did not receive the recommended immunizations or received them after their second birthday.

Barriers:

In rural areas of the State, members utilize local health departments to get the necessary immunizations and as such, updated immunization certificates are not found in the PCPs medical record. Additionally, the State’s immunization requirements for entering school differ from the HEDIS measure requirements.

Childhood Immunizations Combo 2



2013 Interventions:

- Obtain access to the State’s immunization registry.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.

Lead Screening in Children

Measure Description:

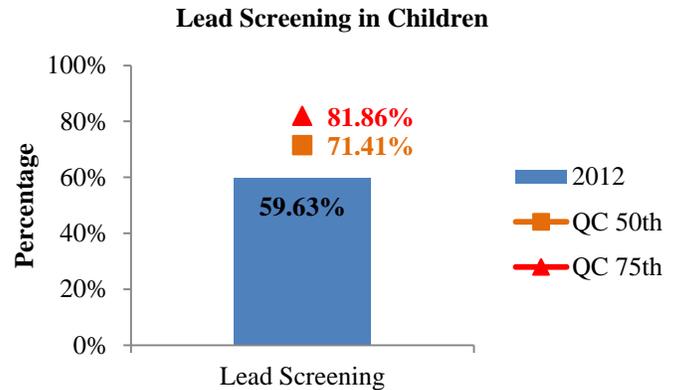
The percentage of children 2 years of age who were continuously enrolled 12 months prior to the child's second birthday who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Methodology: This measure was collected using the hybrid methodology. A total of 1,303 members were eligible for this measure, the denominator was 431 and the numerator was 257.

Findings: First year baseline results were 59.63 percent, which did not meet the established benchmarks.

Barriers:

An identified barrier is provider awareness of the EPSDT services needed and timeframes in which they are to be completed in. Member knowledge of the importance of preventive screenings is also a barrier to increased results.



2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

Adolescent Well Care Visits

Measure Description:

The percentage of members 12-21 years of age who were continuously enrolled during the measurement year and who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.

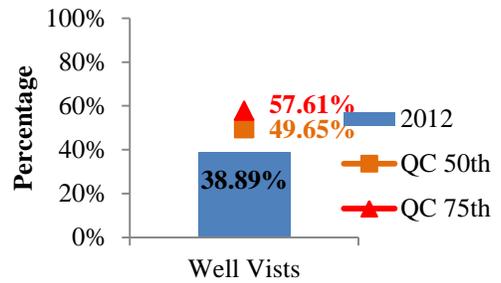
Methodology: This measure was collected using the hybrid method. A total of 27,678 members were eligible for this measure, the denominator was 432 and the numerator was 168.

Findings: First year baseline results were 38.89 percent, which did not meet the established benchmarks.

Barriers:

An identified barrier is provider awareness of the EPSDT services needed and timeframes in which they are to be completed in. Member knowledge of the importance of preventive visits is also a barrier to increased results.

Adolescent Well Care Visits



2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

Immunizations for Adolescents

Measure Description:

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. Members were continuously enrolled 12 months prior to their 13th birthday.

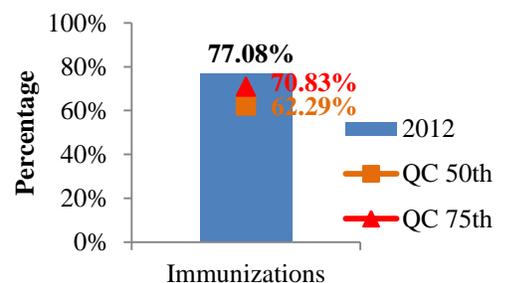
Methodology: This measure was collected using the hybrid method. A total of 1,021 members were eligible for this measure, the denominator was 432 and the numerator was 333.

Findings: First year baseline results were 77.08 percent, which exceeded the 50th and 75th percentile benchmarks.

Barriers:

In rural areas of the State, members utilize local health departments to get the necessary immunizations and as such, updated immunization certificates are not found in the PCPs medical record. Additionally, the State’s immunization requirements for entering school differ from the HEDIS measure requirements.

Immunizations for Adolescents



2013 Interventions:

- Obtain access to the State's immunization registry.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.

Human Papillomavirus Vaccine for Female Adolescents

Measure Description:

The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. Members were continuously enrolled 12 months prior to their 13th birthday.

Methodology: This measure was collected using the hybrid method. A total of 508 members were eligible for this measure, the denominator was 432 and the numerator was 51.

Findings: First year baseline results were 11.81 percent. This is a first year measure and as such benchmarks are not yet available.

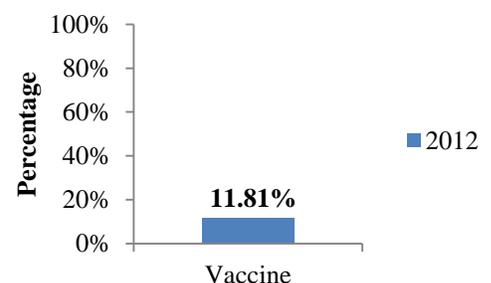
Barriers:

The HPV vaccination has been met with uncertainty among parents and as such many parents are apprehensive on getting this immunization for their female adolescents.

2013 Interventions:

- Obtain access to the State's immunization registry.
- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

HPV for Female Adolescents



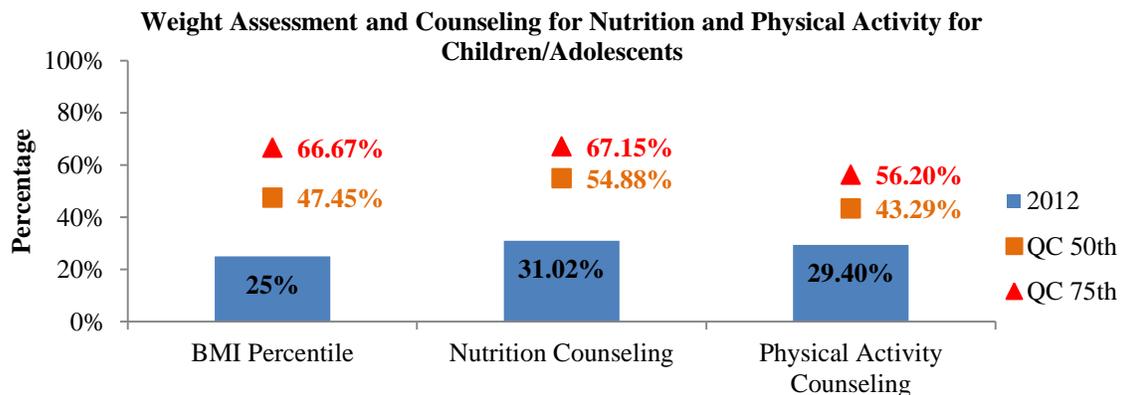
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Measure Description:

The percentage of members 3-17 years of age who were continuously enrolled in the measurement year, who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI assessment, and counseling for nutrition and physical activity during the measurement year.

Methodology: This measure was collected using the hybrid methodology. A total of 58,475 members were eligible for this measure, the denominator was 432 and the numerator for BMI percentile was 108, 134 for nutrition counseling, and 127 for physical activity counseling.



Findings: First year baseline results for BMI percentile was 25 percent, nutrition counseling was 31.02 percent, and physical activity counseling was 29.40 percent. Established benchmarks were not met for any of the three indicators.

Barriers:

Providers' documentation of counseling many times does not meet the HEDIS requirements, as it is generic in nature. Additionally, electronic medical record systems have been set up to calculate a BMI value and not a BMI percentile as applicable to the age of the members.

2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.

- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Use the EPSDT database as a resource to identify low performing providers for targeted outreach.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

K. Utilization of Services

Emergency Department Visits

Measure Description:

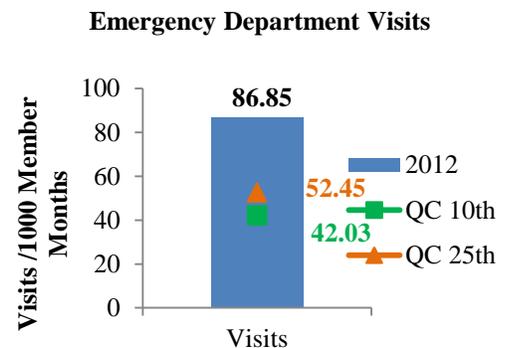
The number of emergency department visits per 1000 member months during the measurement period.

Methodology: This measure was collected using the administrative method. A total of 1,994,138 members months were used to calculate results.

Findings: First year baseline results were 86.85 visits per thousand member months, which did not meet established benchmarks. Lower rates indicate better results for this measure.

Barriers:

Fee-for-service Medicaid was in place prior to November 1, 2011, when managed care entered the State. Providers were not historically held accountable for their members who use the emergency department for non-urgent conditions and members were not discouraged from going to the emergency room for treatment of non-urgent conditions.



2013 Interventions:

- Distribute HEDIS toolkits to providers that contain information on the measure specifications and what is needed for compliance.
- Increase member knowledge of the treatment of the top non-urgent conditions through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members who are high utilizers of the emergency room.
- Conduct targeted one-on-one case management for members who are identified as high utilizers of the emergency room.
- Distribute a targeted mailing containing information on treatment of common non-urgent conditions such as otitis media, URI, and pharyngitis to households containing members age nine and younger.

III. State Clinical Performance Indicators

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Measure Description:

The percentage of child and adolescent members 3-17 years of age, who were continuously enrolled during the measurement year, had an outpatient visit with a PCP or OB/GYN and who had the following during the measurement year:

- BMI percentile documentation (with height and weight)
- Counseling for nutrition
- Counseling for physical activity

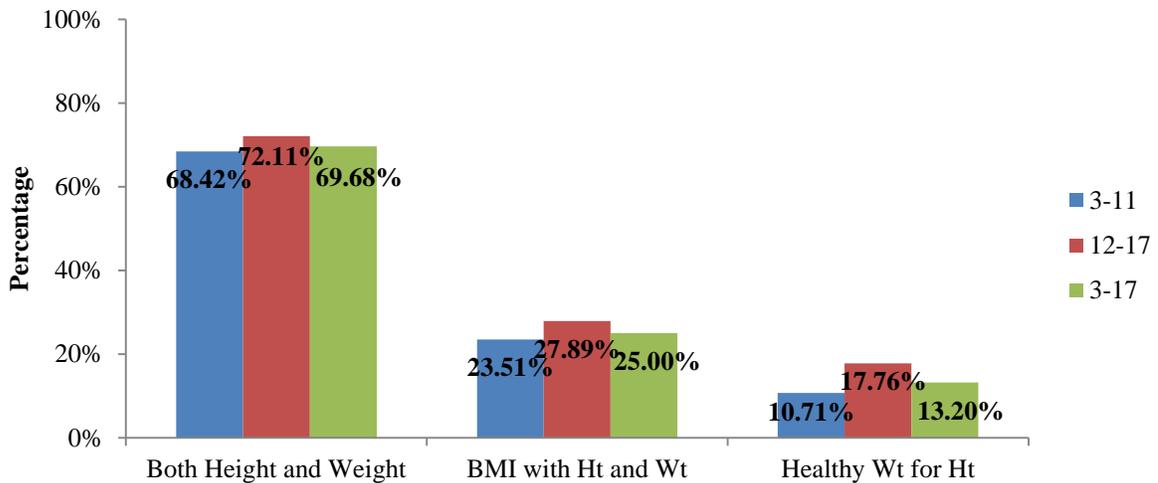
Additionally, the percentage of enrollees who had evidence of the following during the measurement year:

- Both a height and weight
- Healthy weight for height as determined by either:
 - The BMI in the medical record or
 - If the medical record does not contain a BMI value, as calculated by the MCO using the values in the medical record for height and weight

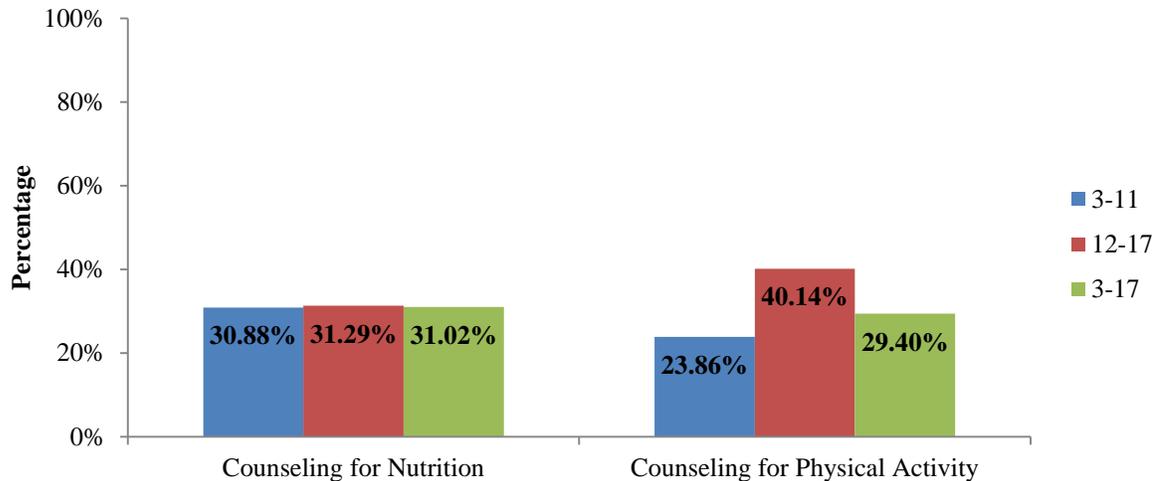
Methodology: This measure was collected using the hybrid methodology.

Findings: First year baseline results are demonstrated below. Benchmarks are not yet established as this is the first year measurement. No one particular age group stood out as an area of opportunity as results for all age groups are not where the Plan would expect them to be.

**Weight Assessment for Children and Adolescents
Measurement Year 2012**



**Counseling for Nutrition and Physical Activity for Children and Adolescents
Measurement Year 2012**



Barriers:

Providers’ documentation of counseling many times does not meet the HEDIS requirements, as it is generic in nature. Additionally, electronic medical record systems have been set up to calculate a BMI value and not a BMI percentile as applicable to the age of the members.

2013 Interventions:

- Increase providers’ knowledge of the documentation requirements for nutrition and physical activity counseling.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

Adolescent Preventive Screening/Counseling

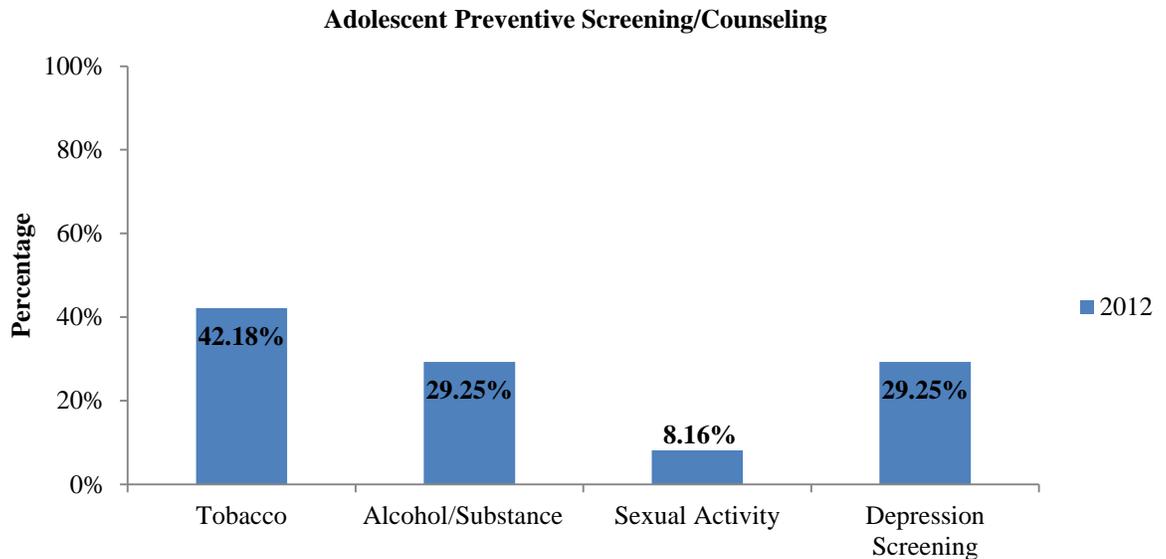
Measure Description:

The percentage of adolescents aged 12-17 years of age who received preventive screening/counseling related to tobacco use, alcohol/substance use, and sexual activity.

Methodology: This measure was collected using the hybrid methodology. The denominator was 147 and the numerator for tobacco screening/counseling was 62, 43 for alcohol/substance screening/counseling, 12 for sexual activity screening/counseling, and 43 for depression screening.

Findings: First year baseline results for tobacco screening/counseling were 42.18 percent, alcohol/substance screening/counseling were 29.25 percent, sexual activity screening/counseling

were 8.16 percent, and depression screening were 29.25 percent. Benchmarks are not yet established as this is the first year measurement.



Barriers:

Providers' specific documentation of screening/counseling of these items many times is not contained in the medical record documentation although providers say that these are being assessed.

2013 Interventions:

- Increase providers' knowledge of the documentation requirements for EPSDT.
- Increase member knowledge of the importance of well child visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of well child visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of well child visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having well child visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had well-child visits.
- Conduct medical record audits to identify areas of improvement and implement corrective action.

Individuals with Special Health Care Needs (Children and Adolescents) Access and Preventive Care

Measure Description:

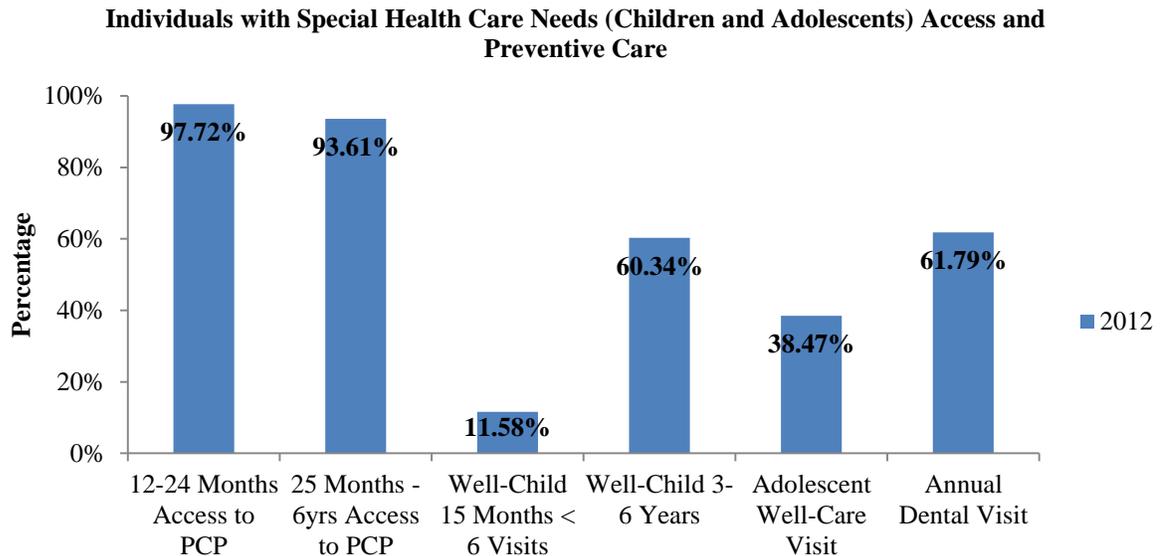
The percentage of child and adolescent members in the SSI and Foster Care categories of aid and those who received services from the Commission for Children with Special Health Care Needs (CCSHCN) who received specified services related to access to care and preventive care as defined in the HEDIS[®] specifications for each of the following measures:

- Children's and Adolescents' Access to Primary Care Practitioners
- Well-Child Visits in the First 15 Months of Life – 6+ Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Adolescent Well-Care Visits

- Annual Dental Visits

Methodology: The Children’s and Adolescents’ Access to PCPs and Annual Dental Visit measures were collected using the administrative methodology. The Well Visits in the First 15 Months of Life (6 or more visits), Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care Visits were collected using the hybrid methodology.

Findings: First year baseline results are demonstrated below. Benchmarks are not yet established as this is the first year measurement.



Barriers:

Please see barriers listed above in each of these HEDIS measures.

2013 Interventions:

- Please see the interventions listed above in each of these HEDIS measures.

Weight Assessment/BMI Assessment and Counseling for Nutrition and Physical Activity for Adults

Measure Description:

The percentage of members 18-74 years of age who were continuously enrolled in the measurement year and year prior to the measurement year, had an outpatient visit and the following during the measurement year or the year prior to the measurement year:

- Height and weight
- BMI
- Counseling for nutrition
- Counseling for physical activity

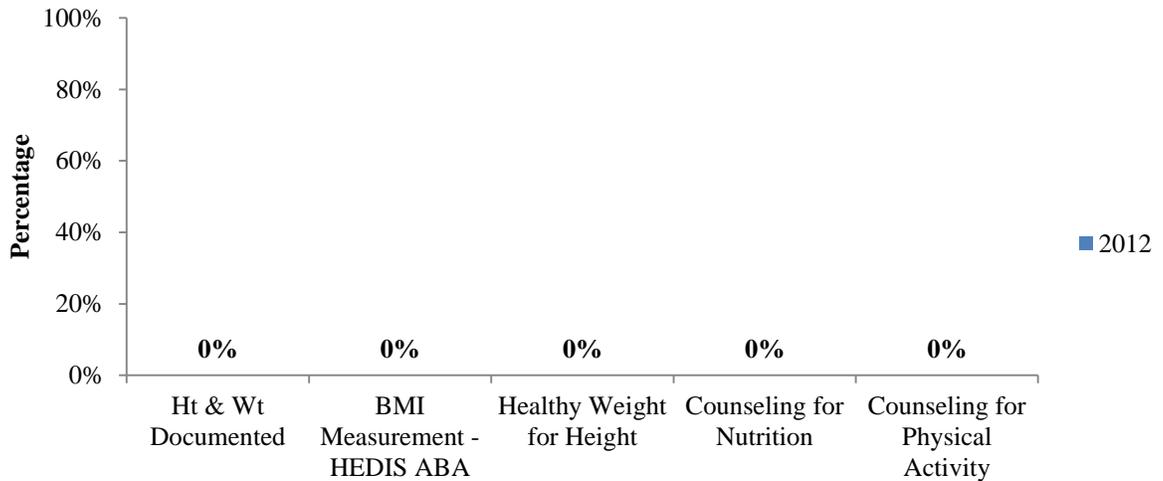
Additionally, the percentage of enrollees who had evidence of the following during the measurement year:

- Healthy weight for height as determined by either:
 - The BMI value in the medical record or
 - If the medical record does not contain a BMI value, as calculated by the MCO using the values in the medial record for height and weight (if both are documented)

Methodology: This measure was collected using the hybrid methodology. The denominator was 2 and the numerator was 0.

Findings: The Plan began its operations in Kentucky November 1, 2011 and as such did not have the membership to meet the two year continuous enrollment criteria for this measure. Baseline results for this measure will be assessed in conjunction with HEDIS 2014.

Weight Assessment/BMI Assessment and Counseling for Nutrition and Physical Activity for Adults



Barriers:
Not applicable.

2013 Interventions:

- Not applicable

Cholesterol Screening

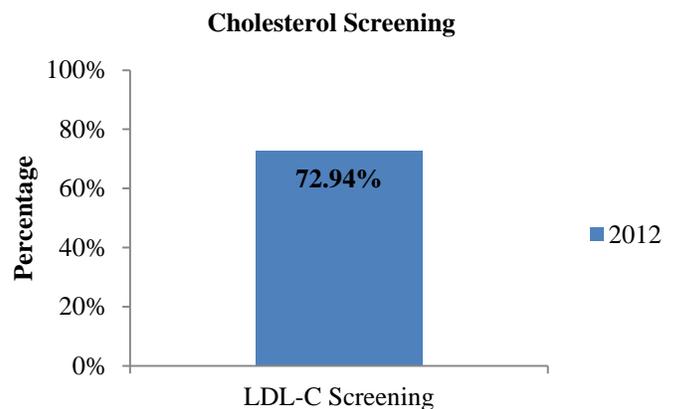
Measure Description:

The percentage of male members age ≥ 35 years and female members age ≥ 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening in the measurement year or during the four years prior.

Methodology: This measure was collected using the administrative methodology. The denominator was 22,579 and the numerator was 16,468.

Findings: First year baseline results were 72.94 percent and were based on screening completed in 2012. It is anticipated that results will continue to improve as the look back period is five year. Benchmarks are not yet established as this is the first year measurement.

Barriers:
Lack of member knowledge of the importance of preventive care screenings is a potential barrier to improved results.



2013 Interventions:

- Increase member knowledge of the importance of preventive visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of preventive visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of preventive visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.
- Distribute targeted letters to members identified as not having preventive visits and the importance.
- Distribute targeted letters to providers notifying them of their members who have not had preventive visits.

Prenatal and Postpartum Risk Assessment Counseling and Education**Measure Description:**

Of the women in the denominator for the HEDIS Prenatal and Postpartum Care measure, who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, and who met the Timeliness of Prenatal Care numerator (had a prenatal care visit in the first trimester or within 42 days of enrollment in the MCO), the measure assesses the proportion who received the following prenatal care services:

Screening, Risk Identification, Intervention for:

- Tobacco use
- Alcohol use
- Substance/Drug use

Assessment and/or Education/Counseling for:

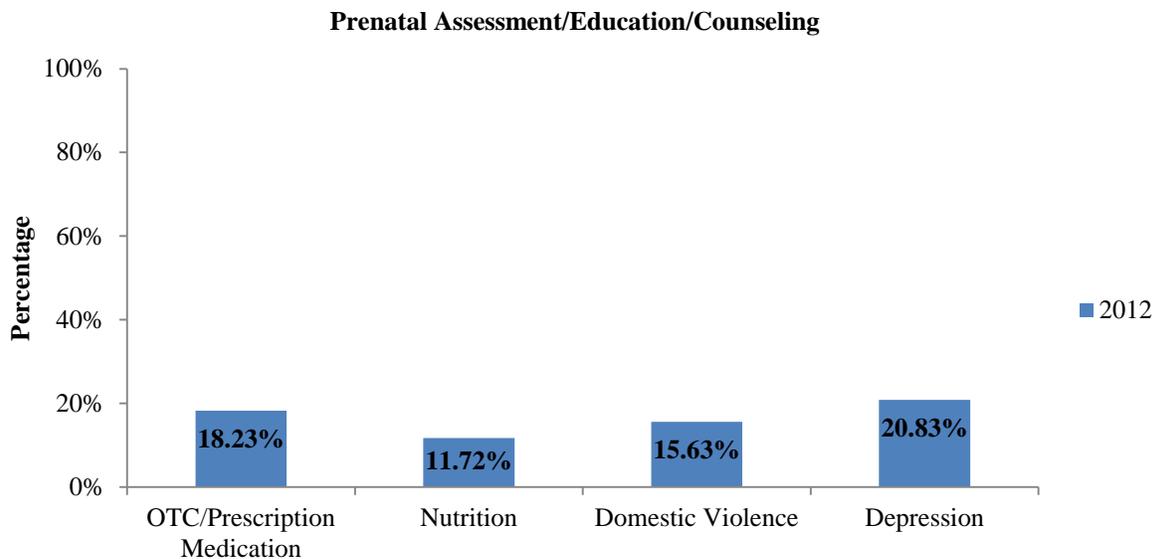
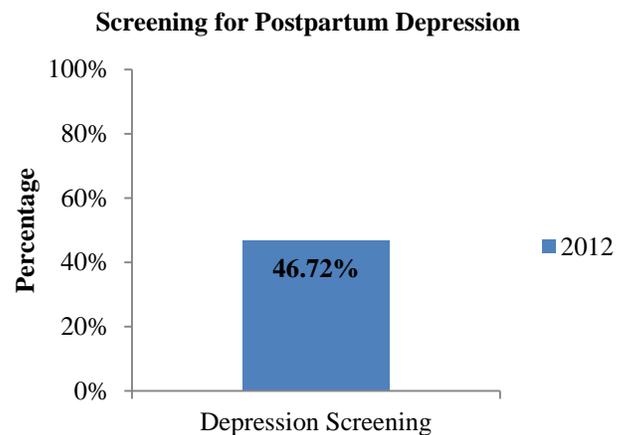
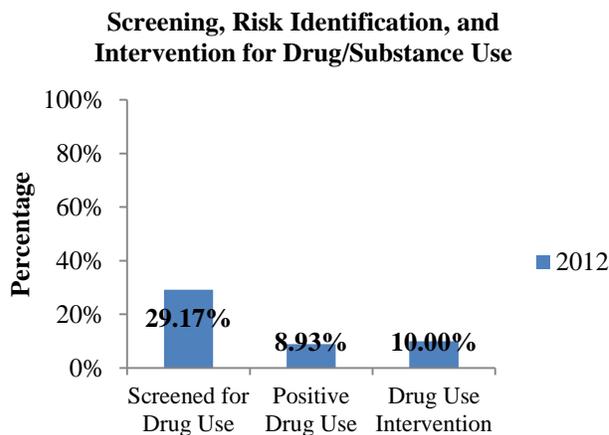
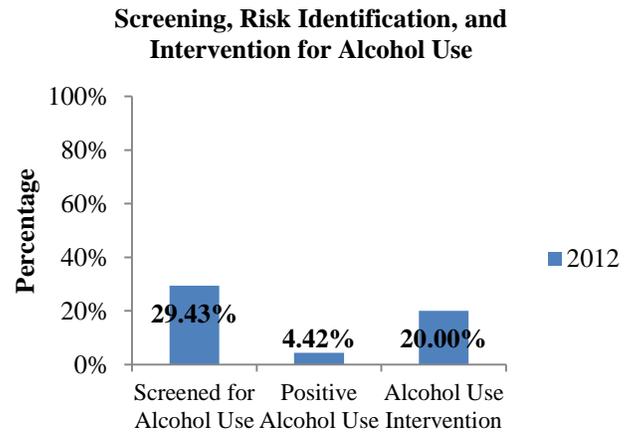
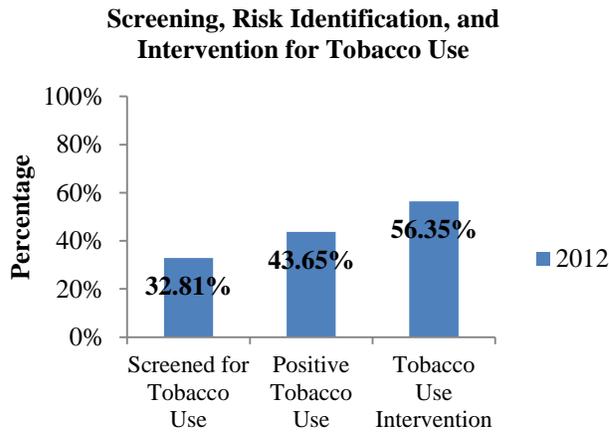
- Prescription/Over the Counter (OTC) medication use
- Nutrition

Screening for:

- Depression
- Domestic Violence

Methodology: This measure was collected using the hybrid methodology.

Findings: First year baseline results are demonstrated in the graphs below. Benchmarks are not yet established as these are first year measurements. Results are not where the Plan would expect them to be.



Barriers:

Providers' medical record documentation of screenings, education, and counseling is a barrier to increased results. Many OB/GYN providers tell us they distribute educational booklets to all pregnant women but documentation is not found in the medical record.

2013 Interventions:

- Offer a member incentive program encouraging prenatal and postpartum care visits.

- Increase member knowledge of the importance of prenatal and postpartum visits through member newsletter articles, targeted outreach calls, and case management services.
- Alert providers of members in need of prenatal and postpartum visits when they check eligibility through the secure provider portal.
- Alert case managers and customer service representatives of those members they are working with or call into the plan who are in need of prenatal and postpartum visits so that they may educate the member on the importance and assist with making an appointment and transportation if needed.

IV. Member Satisfaction

Overview:

WellCare of Kentucky contracted with an NCQA certified survey vendor to conduct a member satisfaction survey assessing members’ satisfaction with the health plan and the care and services provided to them by the Plan’s participating providers. Two surveys were conducted, one for adults and one for children. Composite scores and ratings measures make up the Plan’s results for member satisfaction. Using NCQA’s nationally recognized survey allows for uniform measurement of member experiences and comparison of results across Medicaid health plans.

Member satisfaction will be assessed on an annual basis and presented below are the 2013 baseline results for adult and children members.

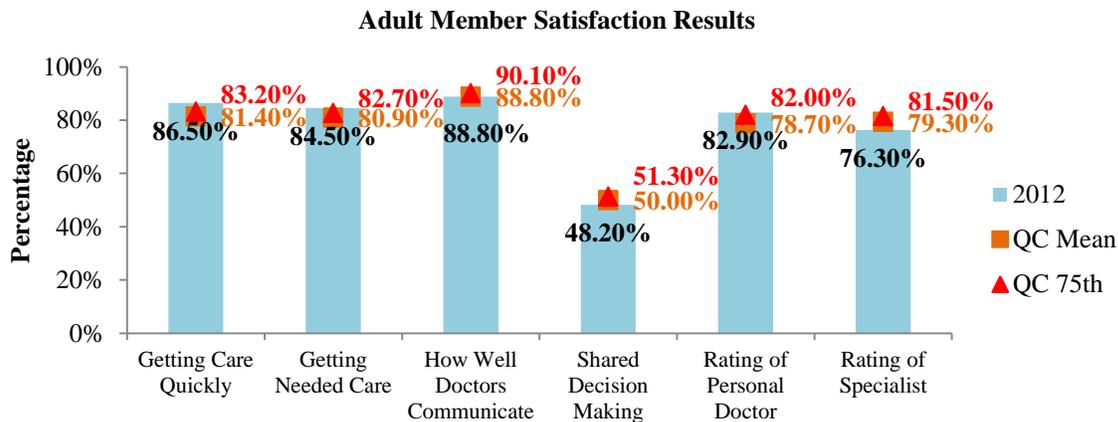
Adult

Measure Description:

These measures provide information on the experience of adult members with the Plan and a general indication of how well the Plan meets adult members’ expectations. Results summarize adult member experiences through ratings, composites and question summary rates.

Methodology: These measures were collected using the survey methodology. The sample size was 1,650 and 471 surveys were returned for a response rate of 28.8%.

Findings: First year baseline results are demonstrated in the graphs below. Results exceeded the mean benchmark in five of the nine areas assessed and exceeded the 75th benchmark in three of the nine areas assessed.



The Getting Care Quickly composite is made up of two questions:

1. In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed?
2. In the last six months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

The Getting Needed Care composite is made up of two questions:

1. In the last six months, how often was it easy to get appointment with specialists?
2. In the last six months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

The How Well Doctors Communicate composite is made up of four questions:

1. In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
2. In the last six months, how often did your personal doctor listen carefully to you?
3. In the last six months, how often did your personal doctor show respect for what you had to say?
4. In the last six months, how often did your personal doctor spend enough time with you?

The Shared Decision Making composite is made up of three questions:

1. When you talked about starting or stopping a prescription medication, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?
2. When you talked about starting or stopping a prescription medication, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?
3. When you talked about starting or stopping a prescription medication, did a doctor or other health provider ask you what you thought was best for you?

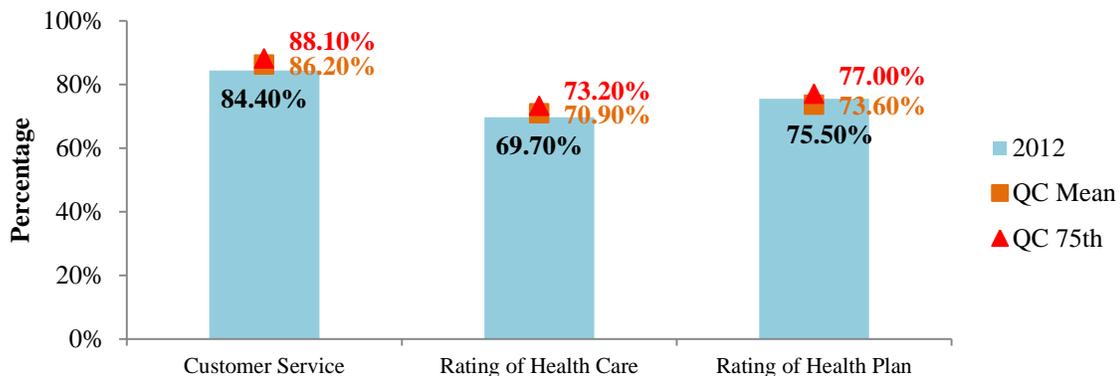
Rating of Personal Doctor is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Rating of Specialist is made up of one question:

1. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Adult Member Satisfaction Results



The Customer Service composite is made up of two questions:

1. In the last six months, how often did your health plan's customer service give you the information or help you needed?
2. In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?

Rating of Health Care is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Rating of Health Plan is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Barriers:

A key barrier to improvement is changing member's perception of the care and services they receive while operating and implementing managed care initiatives.

2013 Interventions:

- Resolve and monitor member complaints regarding getting needed services and access to care.
- Revamp the member portion of the Plan's website to provide additional resources and information members may benefit from.
- Develop and distribute provider and member communication tips so that members get the most out of their visit with their provider(s).
- Monitor the top member call reasons into Customer Service and conduct staff training on those key topics.
- Conduct a member loyalty survey to identify areas of further opportunity.

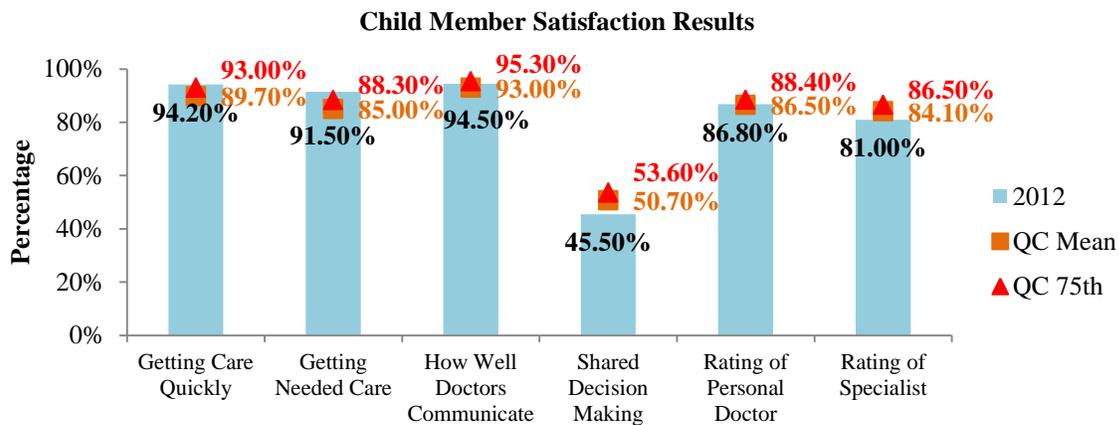
Child

Measure Description:

These measures provide information on parents' experience with their child's health plan. Results summarize member experiences through ratings, composites and individual question summary rates.

Methodology: These measures were collected using the survey methodology. The sample size was 1,350 and 482 surveys were returned for a response rate of 35.9%.

Findings: First year baseline results are demonstrated in the graphs below. Results exceeded the mean benchmark in four of the nine areas assessed and exceeded the 75th benchmark in two of the nine areas assessed.



The Getting Care Quickly composite is made up of two questions:

1. In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed?
2. In the last six months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

The Getting Needed Care composite is made up of two questions:

1. In the last six months, how often was it easy to get appointment with specialists?
2. In the last six months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

The How Well Doctors Communicate composite is made up of four questions:

1. In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
2. In the last six months, how often did your personal doctor listen carefully to you?
3. In the last six months, how often did your personal doctor show respect for what you had to say?
4. In the last six months, how often did your personal doctor spend enough time with you?

The Shared Decision Making composite is made up of three questions:

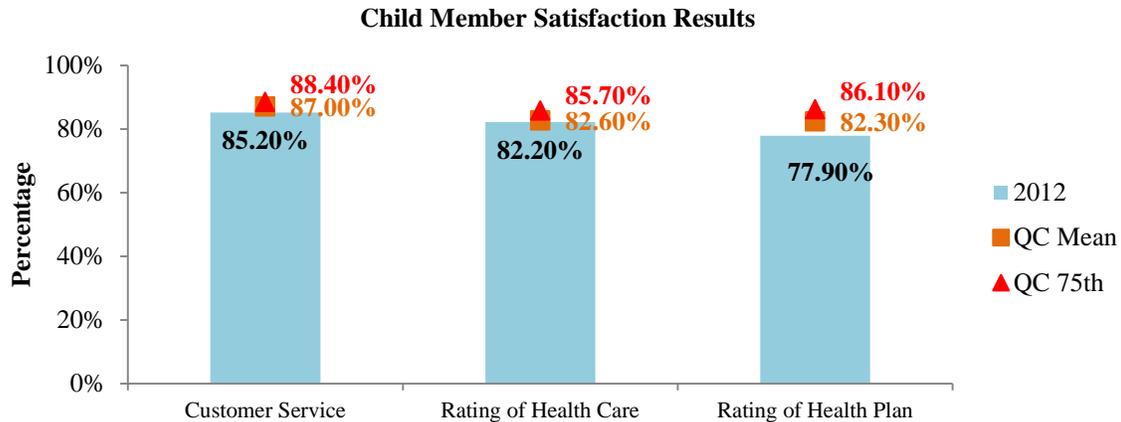
1. When you talked about starting or stopping a prescription medication, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?
2. When you talked about starting or stopping a prescription medication, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?
3. When you talked about starting or stopping a prescription medication, did a doctor or other health provider ask you what you thought was best for you?

Rating of Personal Doctor is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Rating of Specialist is made up of one question:

1. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?



The Customer Service composite is made up of two questions:

1. In the last six months, how often did your health plan's customer service give you the information or help you needed?
2. In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?

Rating of Health Care is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Rating of Health Plan is made up of one question:

1. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Barriers:

A key barrier to improvement is changing member's perception of the care and services they receive while operating and implementing managed care initiatives.

2013 Interventions:

- Resolve and monitor member complaints regarding getting needed services and access to care.
- Revamp the member portion of the Plan's website to provide additional resources and information members may benefit from.
- Develop and distribute provider and member communication tips so that members get the most out of their visit with their provider(s).
- Monitor the top member call reasons into Customer Service and conduct staff training on those key topics.
- Conduct a member loyalty survey to identify areas of further opportunity.