

Quality at ConnectiCare

A Report Card on Our Performance

ConnectiCare's Quality Improvement program has a mission to continually improve the service and health care our beneficiaries receive. The scope of this effort includes:

- Health Promotion and Preventive Care;
- Behavioral health;
- Chronic Care Management programs for beneficiaries with diabetes, COPD, coronary artery disease and heart failure;
- Complex Case Management programs for beneficiaries with complex medical issues
- Availability and accessibility to a quality network of physicians, hospitals and other health care providers;
- Beneficiary safety;
- Drug utilization;
- Utilization management;
- Customer service;
- Beneficiary and physician satisfaction;
- Continuity and coordination of care;
- Online tools to help beneficiaries manage their health;
- Reduction of health care disparities.

Table of contents

Clinical Initiatives

Influenza Immunizations	2
Breast Cancer Screening	2
Colorectal Cancer Screening	2
Cholesterol Management for Patients with Cardiovascular Conditions	3
Monitoring Labs of Members on Persistent Medications	3
Anti-Rheumatic Therapy	3
Osteoporosis Identification Program	4
ACE Inhibitors	4
Medication Compliance	4
Antidepressant Medication Management	5
Depression Screening of Beneficiaries with a Chronic Condition	5
Ambulatory Follow-Up after a Mental Health Admission	6
Chronic Care Management Programs	6

Service Initiatives

Customer Service	7
Claims Processing	7



Medicare Plan Star Ratings measure plan quality and performance. The rating scale is 1 – 5 stars with 5 stars representing the highest quality. In 2011, ConnectiCare received a 3.5 Star rating which was among the highest of all plans in CT that offer plans with medical and drug coverage.

Our chronic care management and quality improvement programs help beneficiaries manage their health care expenses and increase productivity with a variety of proven strategies. Below is a brief description of what each program offers and our most recent results. Note: CCI is ConnectiCare.

Clinical Initiatives

Influenza Immunizations

Each year beneficiaries are directed to resources that inform them where clinics are being held. We offer a hot line to beneficiaries for any flu-related questions.

Percentage of Members Who Reported Receiving a Flu Shot

2010 HEDIS®

70%

Breast Cancer Screening

Each month ConnectiCare sends reminders to women who are due for their mammogram. Non-compliant women receive an annual educational mailing. Physicians receive a report of their patients who are overdue for a mammogram.

Percentage of Women Appropriately Screened for Breast Cancer

2010 HEDIS®

CCI	National Average
78.9%	71.8%

Colorectal Cancer Screening

Each year beneficiaries who do not have evidence of colon cancer screening are sent educational material about the importance of such screening. Physicians receive a pre-populated laboratory request for a stool blood test for each beneficiary on the list. If the physician would like the beneficiary to have the screening done, he/she signs the laboratory request and returns it to ConnectiCare. ConnectiCare then sends the laboratory request and a test kit to the beneficiary. The beneficiary can perform this test in the privacy of his/her home and return the test kit to the lab in the envelope supplied.

Percentage of Beneficiaries Appropriately Screened for Colorectal Cancer

2010 HEDIS®

CCI	National Average
72.3%	59.8%

Cholesterol Management for Patients with Cardiovascular Conditions

ConnectiCare beneficiaries, who have a cardiac event, or a diagnosis of cardiovascular disease, receive educational materials encouraging them to have their cholesterol checked the following year. Beneficiaries with a high LDL (>100 mg/dL) receive a letter educating them about the importance of a lower LDL. Physicians also receive a report of their patients who are overdue for cholesterol screening or who have a high LDL.

Percentage of Members With Cardiovascular Disease Who Have Their Cholesterol Tested and Have an LDL <100		
	2010 HEDIS®	
	CCI	National Average
LDL Screening	90.8%	89.3%
LDL Control	68.5%	56.4%

Monitoring Labs of Members on Persistent Medications

Patient safety is important, especially for patients at increased risk of adverse drug events from long-term medication use. Persistent use of some drugs warrants monitoring and follow-up by the prescribing physician. Beneficiaries who are on drugs that require lab monitoring receive a reminder to speak to their physician. In addition, physicians receive a report of their patients who are overdue for monitoring.

Beneficiaries on Persistent Medications with Appropriate Monitoring		
	2010 HEDIS®	
	CCI	National Average
ACE/ARB	92.3%	90.1%
Anticonvulsants	81.5%	67.7%
Digoxin	94.3%	92.4%
Diuretics	92.5%	90.4%
Total	92.3%	89.9%

Anti-Rheumatic Therapy

Evidence-based guidelines support early initiation of Disease-Modifying Anti-Rheumatic Drugs (DMARD) in patients diagnosed with rheumatic arthritis (RA). Physicians receive a report of their patients who have RA and may not be taking a DMARD.

Percentage of Members on Anti-Rheumatic Therapy	
2010 HEDIS®	
CCI	National Average
87.6%	73.1%

Osteoporosis Identification Program

Female beneficiaries age 60 and older, who have sustained a fracture and have not had a bone mineral density test (BMD) or treatment for osteoporosis in the past year, receive a letter suggesting they speak to their physician about having a BMD.

ACE Inhibitors

Over the last few decades, drugs known as “ACE Inhibitors” and “ARBs” have become increasingly important in the treatment of heart disorders and diabetes. These drugs have become standard pharmaceutical adjuncts for patients with high blood pressure and/or heart failure. Recent studies suggest their use should be expanded to most patients with diabetes and heart disease. Every year ConnectiCare sends letters to beneficiaries who may benefit from ACE Inhibitors (ACE-I) or ARBs but, according to our claims, have not filled a prescription. Measurements one year later showed that between 15% - 25% of beneficiaries had initiated a fill for an ACE or ARB.

Medication Compliance

While initiating appropriate drug therapy is important, staying on the drug ensures appropriate control for conditions that require pharmaceutical support. ConnectiCare measures drug compliance and notifies beneficiaries and their physicians when prescription refill compliance falls below 75%. Currently ConnectiCare supports medication compliance activities for:

- Beta blockers after a heart attack
- Medications to treat COPD
- ACE/ARBs in beneficiaries with cardiac events, heart failure and/ or diabetes.

Percentage of Beneficiaries Who Stay on a Beta Blocker After a Heart Attack

2010 HEDIS®	
CCI	National Average
85.7%	81.6%

Percentage of Beneficiaries Who Take Appropriate Medications for COPD after a Hospitalization

	2010 HEDIS®	
	CCI	National Average
Bronchodilator	78.5%	75.7%
Systemic Corticosteroid	62.9%	62.7%

Antidepressant Medication Management

Beneficiaries who are prescribed an antidepressant for the first time to treat depression are sent monthly education information about the importance of staying on their medication and managing side effects.

Percentage of Beneficiaries Who Stay on Antidepressants for Three Months (Acute phase) and Six Months (Continuation Phase)		
	2010 HEDIS®	
	CCI	National Average
Acute Treatment Phase	88.5%	65.1%
Continuation Treatment Phase	84.6%	51.9%

Depression Screening of

Beneficiaries with a Chronic Condition

ConnectiCare and its behavioral health vendor, Optum Health Behavioral Solutions (OHBS), have collaborated in the development of a depression screening program for beneficiaries with a chronic disease. Nurse Case Managers for ConnectiCare’s Chronic Care Management Programs screen beneficiaries using the PHQ-2 depression screen scale. Beneficiaries with a positive depression screen are referred for further evaluation to the OHBS case manager. The OHBS case manager makes referrals to a behavioral health practitioner or to the Primary Care Provider when an individual is at risk for depression. The beneficiary is then re-screened by the OHBS case manager three months after the initial PHQ-9 to monitor improvement. The goal of the program is a 50% improvement in the beneficiary’s PHQ-9 scores, which indicates a lessening of depressive symptoms.

Depression Screening of Beneficiaries with a Chronic Illness	
	2010*
% Beneficiaries Screened Positive	22.3%
% Beneficiaries Screened Positive Who Accept an OHBS Referral	19.8%
% Beneficiaries with Improved PHQ-9 Score Three Months Later	68.8%
*Through 9 months	

Ambulatory Follow-Up after a Mental Health Admission

ConnectiCare’s behavioral health vendor, OHBS, manages this initiative with consultative recommendations from ConnectiCare. OHBS works with:

- Beneficiaries, calling them after discharge to assess their status and confirm follow-up plans;
- Facilities, to assure that arranging follow-up plans is part of their discharge process; and
- Behavioral health clinicians, to promote timely follow-up care for beneficiaries after discharge from a mental health hospitalization.

Percentage of Beneficiaries Who Have Follow-Up Visits after a Mental Health Admission		
	2010 HEDIS®	
	CCI	National Average
Follow-Up Within Seven Days of Discharge	46.2%	41.8%
Follow-Up Within 30 Days of Discharge	55.4%	59.8%

Chronic Care Management Programs

Many ConnectiCare beneficiaries have medical conditions that require ongoing attention and management. Staying in control, following treatment plans and getting support along the way are all steps beneficiaries can take toward actively managing their condition. There are many challenges to living with a chronic condition. Thanks to our Chronic Care Management Programs, beneficiaries do not have to face them alone. Through regular telephonic contact, our nurse case managers provide information and support. They help beneficiaries learn how to avoid “triggers” that make the condition worse, understand how medications work, ask about scheduling tests and examinations according to recommended guidelines, and know what questions to ask their doctor.

Diabetic Care Outcomes		
	2010 HEDIS®	
	CCI	National Average
HbA1c Screening	96.4%	90.2%
LDL Screening	92.2%	88.6%
LDL Control	67.2%	51.6%
Medical Attention for Nephropathy	89.1%	88.6%
Retinal Eye Exam	84.9%	65.7%

Service Initiatives

Customer Service

At ConnectiCare we set vigorous goals each year for the quality of our service. We're able to achieve these goals because we continually strive to know our customers better. We anticipate the service needs of our customers by making information available before they even have a question. And, when they do need to call, we're ready with the information they need right at our fingertips. We have implemented an extensive interview process utilizing the Talent+® Quality Selection Process for hiring call center staff. The interview focuses on several key competencies and natural talents of each individual, such as work intensity, resourcefulness and relationship-building. We have a Customer Care Program that focuses on improving the quality of each transaction with beneficiaries and health care providers. One component is our Royal Treatment Program, which received the 2006 "Excellence in Practice Award" from the American Society for Training & Development (ASTD).

	2010 CAHPS	
	CCI	National Average
Getting Information/ Help from Customer Service	85.8%	82.0%
Treated with Courtesy and Respect	94.0%	93.2%

Claims Processing

At ConnectiCare we strive to achieve paperless claims processing and error-free results. We can achieve these goals by embracing technology, capturing innovative ideas that place quality first, and applying automation to benefit our customers. Claims can affect a number of customer touch points including: the Web, networks, cost-shares and utilization of benefits. To improve the customer experience, ConnectiCare has achieved:

Claims Processing	2010
Claims Paid in 15 days	88.3%
Claims Paid in 30 days	98.6%
Financial Accuracy	94.8%*
Claims Payment Accuracy	96.8%*
*2010 Financial and Claims Payment Accuracy is based on third-quarter results.	

ConnectiCare, Inc. is a Medicare Advantage organization with a Medicare contract. To request this document in an alternate format please contact the ConnectiCare VIP Member Services Department at 1-800-CCI-CARE (1-800-224-2273), TTY users should call 1-800-842-9710. We are open seven days a week from 8:00 a.m. to 8:00 p.m.

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