

Quality Counts at Florida Health Care Plans!

Florida Health Care Plan, Inc. (FHCP) works hard to help members stay healthy and offer members high quality, evidence-based care for diabetes, high blood pressure and other health conditions. Our goal is to help detect risk factors or disease early when it is easier to treat and reduce catastrophic complications such as heart attack and stroke.

FHCP is preparing for a fall 2011 health plan accreditation survey by the National Committee for Quality Assurance (NCQA). Our NCQA survey score is based on evaluation of our performance on accreditation standards and the results of HEDIS clinical performance measures and CAHPS member satisfaction results. About 600 health plans across the country report their HEDIS data each year to NCQA. NCQA uses that data to compile a database which allows FHCP to compare its performance with health plans in Florida and across the country.

FHCP is proud to report that performance on many of the HEDIS clinical performance measures compare well nationally to other health plans. In other areas, however, there is room for improvement. Here we report on our progress on a few of the measures we monitor each year. With the help of our members and doctors, FHCP's performance on these measures is at or above the top 10 percent in the country:

- **Breast Cancer Screening:** Measures the percentage of females, ages 52 through 69 years, who have had at least one mammogram during the last two years. Early detection and treatment increase the survival rate of breast cancer patients. FHCP's 2011 rate was 81.26 for commercial members and 83.79 for Medicare members.
- **Cervical Cancer Screening:** Measures the percentage of females between the ages of 21-64 years who had a Pap test during the past three years. PAP tests have been credited with reducing the number of deaths from cervical cancer. FHCP's 2011 rate was 83.16 for commercial members.
- **Diabetes Care - Lipid Profile Performed:** Measures the percentage of diabetic plan members, ages 18 through 75 years, who had a screening for cholesterol (LDL-C) during the year. This measure, among the other diabetes care measures, provides a comprehensive view of how providers and the health plan address and help manage this disease. FHCP's 2011 rate was 90.51 for commercial members and 94.89 for Medicare members.
- **Behavioral health problems** - follow up care of children prescribed medication for attention deficit/hyperactive disorder. Measures the percentage of children age 6-12 on ADHD medication who took it for at least 210 days and had one follow-up visit with their doctor in the first 30 days after starting the medication and two additional follow-up doctor visits in the next nine months to monitor how well the medication is working for the child. Regular monitoring is key to ensuring the child is receiving the appropriate benefit from the medication. FHCP's 2011 rate was 55.56 for commercial members.

There are number of initiatives for improvement underway at FHCP. The initiatives are designed to support the patient and practitioner in improving health care.

- **Diabetes Care - Dilated Eye Exam Performed:** Measures the percentage of diabetic plan members, ages 18 through 75 years, who received an eye exam during the year. Diabetes is the leading cause of adult blindness in the U.S., which makes it important that diabetics have their eyes examined regularly so that appropriate treatment can be initiated at the first sign of a problem. FHCP's 2011 rate was 54.93 for commercial members and 73.72 for Medicare members.
- **Controlling High Blood Pressure:** Measures the percentage of adults, ages 46 through 85 years, diagnosed with high blood pressure, who had their blood pressure adequately controlled (systolic pressure under 140 mm and diastolic pressure under 90 mm) during the year. Persons with uncontrolled high blood pressure have a greater risk of stroke and heart disease. FHCP's 2011 rate was 60.73 for commercial members and 57.47 for Medicare members.

Florida Health Care Plan's
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Commercial and Medicare

MEASURE			2011					2010				2009			
			FHCP		NATIONAL			FHCP		NATIONAL		FHCP		NATIONAL	
ACRONYM	DESCRIPTION	PRODUCT	NUM	DEN	RATE	%TILE	BASE	NUM	DEN	RATE	%TILE	NUM	DEN	RATE	%TILE
ABA	Adult BMI Assessment	COM	301	395	76.20	90th	71.50	250	411	60.86	75th	4,201	18,029	23.30	*CG
ABA	Adult BMI Assessment	MED	274	321	85.36	90th	74.40	308	411	74.94	90th	2,512	6,648	37.79	*CG
WCC	WCC BMI Percentile Total	COM	212	411	51.58	50th	33.30	167	411	40.63	50th	60	411	14.60	*CG
WCC	WCC Counseling for Nutrition Total	COM	196	411	47.69	50th	45.40	157	411	38.20	25th	188	411	45.74	*CG
WCC	WCC Counseling for Physical Activity Total	COM	158	411	38.44	50th	38.20	140	411	34.06	25th	169	411	41.12	*CG
CIS	Childhood Immunization Status Combo 2	COM	145	174	83.33	75th	83.20	152	187	81.28	25th	205	246	83.33	50th
IMA	Immunization for Adolescents - Meningococcal	COM	127	290	43.79	25th	39.60	101	318	31.76	*CG	*CG	*CG	*CG	*CG
IMA	Immunization for Adolescents - Tdap/Td	COM	273	290	94.14	90th	88.10	261	318	82.08	*CG	*CG	*CG	*CG	*CG
IMA	Immunization for Adolescents - Combo 1	COM	126	290	43.45	25th	35.10	97	318	30.50	*CG	*CG	*CG	*CG	*CG
BCS	Breast Cancer Screening	COM	5,796	7,133	81.26	90th	80.10	6,277	7,613	82.45	90th	6,156	7,797	78.95	90th
BCS	Breast Cancer Screening	MED	1,432	1,709	83.79	90th	82.70	1,568	1,834	85.50	90th	1,618	1,997	81.02	75th
CCS	Cervical Cancer Screening	COM	6,612	7,951	83.16	90th	82.50	7,145	8,461	84.45	75th	169	207	81.64	25th
COL	Colorectal Cancer Screening	COM	239	342	69.88	75th	67.40	293	411	71.29	90th	255	384	66.41	75th
COL	Colorectal Cancer Screening	MED	219	279	78.49	90th	73.80	327	411	79.56	90th	240	321	74.77	90th
CHL	Chlamydia Screening 16-20 years	COM	184	428	42.99	50th	40.10	214	449	47.66	75th	243	496	48.99	90th
CHL	Chlamydia Screening 21-24 years	COM	211	395	53.42	75th	53.10	198	373	53.08	75th	186	394	47.21	75th
CHL	Chlamydia Screening Total	COM	395	823	48.00	50th	42.40	412	822	50.12	75th	429	890	48.20	75th
GSO	Glaucoma Screening in Older Adults	MED	8,825	10,958	80.53	90th	77.20	9,088	11,252	80.77	90th	9,018	11,901	75.78	75th
CWP	Appropriate Testing for Children with Pharyngitis	COM	84	145	57.93	10th	63.30	135	220	61.36	10th	115	202	56.93	10th
URI	Appropriate Treatment for Children with Upper Respiratory Infection	COM	54	307	82.41	25th	80.10	59	360	83.61	25th	62	382	83.77	25th
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	COM	413	560	26.25	75th	25.30	565	730	22.60	50th	355	568	37.50	90th
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	COM	147	239	61.51	90th	50.00	159	309	51.46	90th	186	357	52.10	90th
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	MED	406	634	64.04	90th	40.80	335	758	44.20	90th	312	687	45.41	90th
PCE	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid within 14 days of event	COM	9	16	56.25	10th	53.60	51	82	62.20	25th	38	77	54.84	50th
PCE	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator within 30 days of event	COM	11	16	68.75	10th	68.90	59	82	71.95	25th	46	77	64.52	25th
PCE	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid within 14 days of event	MED	55	75	73.33	75th	69.70	170	292	58.22	25th	135	275	48.60	25th
PCE	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator within 30 days of event	MED	53	75	70.67	10th	62.50	210	292	71.92	25th	182	275	62.15	25th
ASM	Use of Appropriate Medications for People with Asthma Combined Rate	COM	128	140	91.43	10th	89.40	143	164	87.20	10th	204	239	85.36	10th
CMC	Cholesterol Management for People with Cardiovascular Conditions - LDL-C Level <100mg/dL	COM	264	384	68.75	75th	65.10	253	411	61.56	50th	242	403	60.05	50th
CMC	Cholesterol Management for People with Cardiovascular Conditions - LDL-C Screening	COM	358	384	93.23	75th	91.00	385	411	93.67	90th	371	403	92.06	75th
CMC	Cholesterol Management for People with Cardiovascular Conditions - LDL-C Level <100mg/dL	MED	233	348	66.95	75th	65.80	289	411	70.32	75th	257	380	67.63	75th
CMC	Cholesterol Management for People with Cardiovascular Conditions - LDL-C Screening	MED	328	348	94.25	75th	92.20	390	411	94.89	90th	364	380	95.79	90th
CBP	Controlling High Blood Pressure	COM	215	354	60.73	25th	59.60	286	411	69.59	75th	247	366	67.49	75th
CBP	Controlling High Blood Pressure	MED	227	395	57.47	25th	53.50	250	411	60.83	50th	278	398	69.85	90th
PBH	Persistence of Beta Blocker Treatment After a Heart Attack	COM	13	23	56.52	10th	62.50	15	22	68.18	10th	13	16	81.25	75th

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ACRONYM	DESCRIPTION	PRODUCT	NUM	DEN	RATE	%TILE	BASE	NUM	DEN	RATE	%TILE	NUM	DEN	RATE	%TILE
PBH	Persistence of Beta Blocker Treatment After a Heart Attack	MED	53	59	89.83	75th	88.50	44	52	84.62	50th	64	76	84.21	75th
CDC	Diabetes - Hemoglobin A1c (HbA1c Testing)	COM	505	548	92.15	75th	92.00	584	630	92.70	75th	377	411	91.73	75th
CDC	Diabetes - Good HbA1c Control (<7.0%)	COM	206	418	49.28	75th	46.80	226	468	48.29	50th	177	314	56.37	*CG
CDC	Diabetes - HbA1c Control (<8.0%)	COM	397	548	72.45	90th	71.00	451	630	71.59	90th	311	411	75.67	*CG
CDC	Diabetes - Poor HbA1c Control (>9.0%)	COM	105	548	19.16	75th	22.20	83	630	13.17	90th	68	411	16.55	90th
CDC	Diabetes - Eye Exam (retinal) performed	COM	301	548	54.93	25th	47.30	335	630	53.17	25th	210	411	51.09	25th
CDC	Diabetes - LDL-C Screening Performed	COM	496	548	90.51	90th	90.50	579	630	91.90	90th	380	411	92.46	90th
CDC	Diabetes - LDL-C Control (<100mg/dL)	COM	279	548	50.91	50th	47.70	342	630	54.29	90th	200	411	48.66	75th
CDC	Diabetes - Medical Attention for Nephropathy	COM	445	548	81.20	25th	79.70	532	630	84.44	50th	340	411	82.73	50th
CDC	Diabetes - Blood Pressure Control (<140/90 mm Hg)	COM	373	548	68.07	50th	65.90	439	630	69.68	50th	297	411	72.26	75th
CDC	Diabetes - Blood Pressure Control (<140/80 mm Hg)	COM	244	548	44.53	90th	43.80	258	630	40.95	75th	137	411	33.33	50th
CDC	Diabetes - Hemoglobin A1c (HbA1c Testing)	MED	397	411	96.59	90th	95.60	522	548	95.26	75th	393	411	95.62	90th
CDC	Diabetes - HbA1c Control (<8.0%)	MED	334	411	81.27	90th	80.00	441	548	80.47	90th	336	411	81.75	90th
CDC	Diabetes - Poor HbA1c Control (>9.0%)	MED	47	411	11.44	75th	16.10	33	548	6.02	90th	43	411	10.46	90th
CDC	Diabetes - Eye Exam (retinal) performed	MED	303	411	73.72	75th	73.70	434	548	79.20	75th	321	411	78.10	75th
CDC	Diabetes - LDL-C Screening Performed	MED	390	411	94.89	90th	93.90	509	548	92.88	75th	396	411	96.35	90th
CDC	Diabetes - LDL-C Control (<100mg/dL)	MED	270	411	65.69	90th	64.70	330	548	60.22	75th	253	411	61.56	90th
CDC	Diabetes - Medical Attention for Nephropathy	MED	364	411	88.56	25th	86.10	520	548	94.89	90th	382	411	92.94	75th
CDC	Diabetes - Blood Pressure Control (<140/90 mm Hg)	MED	271	411	65.94	50th	62.00	348	548	63.50	50th	282	411	68.61	75th
CDC	Diabetes - Blood Pressure Control (<140/80 mm Hg)	MED	233	411	56.69	*CG	*CG	230	548	41.97	75th	151	411	36.74	75th
ART	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	COM	118	157	75.16	10th	78.60	121	154	78.57	10th	121	157	77.07	10th
ART	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	MED	187	236	79.24	50th	74.80	178	245	72.65	25th	136	189	71.96	25th
OMW	Osteoporosis Management in Women Who Had a Fracture	MED	84	180	46.67	90th	27.70	116	229	50.66	90th	99	279	35.48	90th
LBP	Use of Imaging Studies for low Back Pain	COM	111	408	72.79	25th	70.10	130	465	72.04	25th	148	514	71.21	25th
AMM	Antidepressant Medication Management- Acute Phase Treatment	COM	158	291	54.30	10th	55.10	118	218	54.13	10th	149	249	59.84	25th
AMM	Antidepressant Medication Management - Continuation Phase Treatment	COM	113	291	38.83	10th	38.10	83	218	38.07	10th	113	249	45.38	25th
AMM	Antidepressant Medication Management- Acute Phase Treatment	MED	117	188	62.23	25th	56.60	88	143	61.54	25th	111	185	60.00	25th
AMM	Antidepressant Medication Management - Continuation Phase Treatment	MED	97	188	51.60	50th	50.10	70	143	48.95	25th	84	185	45.41	25th
ADD	Follow-up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication - Initiation Phase	COM	20	53	37.74	50th	37.00	32	72	44.44	75th	28	66	42.42	75th
ADD	Follow-up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication - Continuation Phase	COM	5	9	55.56	90th	52.40	11	19	57.89	90th	9	13	69.23	90th
FUH	Follow-up After Hospitalization for Mental Illness - 30 day follow up	COM	88	113	77.88	25th	70.20	85	93	91.40	90th	65	82	79.27	50th
FUH	Follow-up After Hospitalization for Mental Illness - 7 day follow up	COM	64	113	56.64	25th	51.20	71	93	76.34	90th	51	82	62.20	50th
FUH	Follow-up After Hospitalization for Mental Illness - 30 day follow up	MED	21	37	56.76	25th	40.80	31	40	77.50	75th	36	49	73.47	75th
FUH	Follow-up After Hospitalization for Mental Illness - 7 day follow up	MED	16	37	43.24	50th	35.80	23	40	57.50	75th	28	49	57.14	75th
MPM	Annual Monitoring for Patients on Persistent Medications ACE or	COM	2,526	2,918	86.57	90th	85.80	2,435	2,811	86.62	90th	2,194	2,623	83.64	75th
MPM	Annual Monitoring for Patients on Persistent Medications Anticonvulsants	COM	84	103	81.55	90th	71.10	68	91	74.73	90th	85	102	83.33	90th
MPM	Annual Monitoring for Patients on Persistent Medications Digoxin	COM	47	55	85.45	50th	84.40	40	53	75.47	10th	49	58	84.48	50th

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ACRONYM	DESCRIPTION	PRODUCT	NUM	DEN	RATE	%TILE	BASE	NUM	DEN	RATE	%TILE	NUM	DEN	RATE	%TILE
MPM	Annual Monitoring for Patients on Persistent Medications Diuretics	COM	1,340	1,542	86.90	90th	86.00	1,270	1,451	87.53	90th	1,247	1,484	84.03	90th
MPM	Annual Monitoring for Patients on Persistent Medications Total	COM	3,997	4,618	86.55	90th	85.20	3,813	4,406	86.54	90th	3,575	4,267	83.78	90th
MPM	Annual Monitoring for Patients on Persistent Medications ACE or	MED	5,092	5,499	92.60	50th	91.10	5,205	5,577	93.33	75th	4,137	4,662	88.74	50th
MPM	Annual Monitoring for Patients on Persistent Medications Anticonvulsants	MED	115	149	77.18	75th	75.90	137	156	87.82	90th	107	139	76.98	75th
MPM	Annual Monitoring for Patients on Persistent Medications Digoxin	MED	467	497	93.96	50th	93.40	529	558	94.80	75th	486	506	96.05	90th
MPM	Annual Monitoring for Patients on Persistent Medications Diuretic	MED	3,263	3,481	93.74	75th	93.10	3,418	3,621	94.39	25th	3,104	3,430	90.50	50th
MPM	Annual Monitoring for Patients on Persistent Medications Total	MED	8,937	9,626	92.84	75th	92.50	9,289	9,912	93.71	90th	7,834	8,737	89.66	50th
DAE	Use of High-Risk Medications in the Elderly - Receipt of at Least One Drug to be Avoided.	MED	3,255	11,962	27.21	25th	28.60	3,658	12,277	29.80	25th	3,580	12,089	29.61	25th
DAE	Use of High-Risk Medications in the Elderly - Receipt of at Least Two Drugs to be Avoided.	MED	816	11,962	6.82	25th	7.70	994	12,277	8.10	25th	966	12,089	7.99	50th
DDE	Potentially Harmful Drug - Disease Interactions in the Elderly: History of Falls	MED	106	744	14.25	50th	16.30	79	597	13.23	75th	50	392	12.76	75th
DDE	Potentially Harmful Drug - Disease Interactions in the Elderly: Dementia	MED	161	692	23.27	50th	27.30	197	705	27.94	50th	134	549	24.41	75th
DDE	Potentially Harmful Drug - Disease Interactions in the Elderly: Chronic Renal Failure	MED	6	97	6.19	75th	6.70	8	76	10.53	50th	6	69	8.70	75th
DDE	Potentially Harmful Drug - Disease Interactions in the Elderly: Total	MED	273	1,533	17.81	75th	18.60	284	1,378	20.61	75th	190	1,010	18.81	75th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 20-44 years	COM	5,479	5,867	93.39	25th	92.70	5,842	6,293	92.83	25th	6,116	6,644	92.05	25th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 45-64 years	COM	9,584	9,932	96.50	50th	95.90	9,898	10,275	96.33	50th	10,239	10,677	95.90	50th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 65 years or Older	COM	461	476	96.85	25th	96.10	505	515	98.06	75th	524	539	97.22	50th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Total	COM	15,524	16,275	95.39	50th	95.20	16,245	17,083	95.09	*CG	16,879	17,860	94.51	*CG
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 20-44 years	MED	70	75	93.33	75th	91.70	81	87	93.10	75th	92	96	95.83	90th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 45-64 years	MED	892	916	97.38	75th	96.40	946	958	98.75	90th	1,031	1,067	96.63	75th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Age 65 years or Older	MED	12,030	12,330	97.57	90th	97.50	12,352	12,617	97.90	90th	13,220	13,594	97.25	75th
AAP	Adults' Access to Preventative/Ambulatory Health Services - Total	MED	12,992	13,321	97.53	90th	97.50	13,379	13,662	97.93	90th	14,343	14,757	97.19	75th
CAP	Children and Adolescents Access to Primary Care Practitioners Age 12 months - 24 months	COM	183	183	100.00	90th	99.30	205	209	98.09	50th	221	223	99.10	90th
CAP	Children and Adolescents Access to Primary Care Practitioners Age 25 months - 6 years	COM	893	957	93.31	50th	92.30	1,006	1,073	93.76	75th	1,069	1,163	91.92	50th
CAP	Children and Adolescents Access to Primary Care Practitioners Age 7 years - 11 years	COM	988	1,046	94.46	75th	94.40	1,065	1,157	92.05	50th	1,160	1,287	90.13	50th
CAP	Children and Adolescents Access to Primary Care Practitioners Age 12 years - 19 years	COM	1,990	2,236	89.00	25th	86.50	2,259	2,567	88.00	50th	2,405	2,783	86.42	25th
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	COM	168	172	97.67	75th	96.70	280	283	98.94	90th	187	196	95.41	50th
PPC	Prenatal and Postpartum Care - Postpartum Care	COM	155	172	90.12	75th	88.60	254	283	89.75	75th	171	196	87.24	75th

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IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment -Initiation Total	COM	99	341	29.03	10th	32.60	84	281	29.89	10th	75	218	34.40	10th
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment -Engagement Total	COM	23	341	6.74	10th	7.50	10	281	3.56	10th	7	218	3.21	10th
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation Total	MED	56	169	33.14	10th	26.30	45	126	35.71	10th	54	111	48.65	25th
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment -Engagement Total	MED	4	169	2.37	25th	1.80	1	126	0.79	10th	0	111	0.00	10th
CAT	Call Answer Timeliness	COM	80,642	87,471	92.19	90th	84.80	97,314	109,637	88.76	90th	83,613	95,842	87.24	75th
CAT	Call Answer Timeliness	MED	80,642	87,471	92.19	90th	87.80	97,314	109,637	88.76	75th	83,613	95,842	87.24	75th
CAB	Call Abandonment	COM	1,723	87,471	1.97	75th	1.90	1,587	109,637	1.45	75th	83,613	95,842	1.59	75th
CAB	Call Abandonment	MED	1,723	87,471	1.97	75th	2.20	1,587	109,637	1.45	75th	1,526	95,842	1.59	50th
W15	Well Child Visits in the First 15 Months of Life - No Visits	COM	0	173	0.00	10th	0.00	1	181	0.55	25th	2	206	0.97	25th
W15	Well Child Visits in the First 15 Months of Life - One Visit	COM	1	173	0.58	25th	0.50	2	181	1.10	50th	0	206	0.00	10th
W15	Well Child Visits in the First 15 Months of Life - Two Visits	COM	0	173	0.00	10th	0.30	6	181	3.31	90th	1	206	0.49	10th
W15	Well Child Visits in the First 15 Months of Life - Three Visits	COM	4	173	2.31	50th	2.00	8	181	4.42	75th	2	206	0.97	10th
W15	Well Child Visits in the First 15 Months of Life - Four Visits	COM	8	173	4.62	25th	3.30	10	181	5.52	50th	5	206	4.37	25th
W15	Well Child Visits in the First 15 Months of Life - Five Visits	COM	29	173	16.76	75th	16.70	34	181	18.78	75th	24	206	14.56	50th
W15	Well Child Visits in the First 15 Months of Life - Six or More Visits	COM	131	173	75.72	25th	67.90	120	181	66.30	10th	137	206	78.64	50th
W34	Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	COM	553	794	69.65	25th	62.90	616	899	68.52	25th	257	354	72.60	50th
AWC	Adolescent Well Care Visits	COM	1,233	3,334	36.98	25th	35.00	1,504	3,467	43.38	50th	161	411	39.17	25th
BCR	Board Certification - Geriatrician	COM	2	2	100.00	90th	96.02								
BCR	Board Certification - Internal Medicine	COM	26	34	76.47	10th	73.85								
BCR	Board Certification - OB/GYN	COM	23	25	92.00	90th	89.08								
BCR	Board Certification - Other Specialists	COM	380	421	90.26	90th	88.39								
BCR	Board Certification - Family Medicine	COM	88	97	90.72	90th	90.24								
BCR	Board Certification - Pediatrician	COM	23	28	82.14	10th	76.79								
BCR	Board Certification - Geriatrician	MED	1	1	100.00	90th	100.00								
BCR	Board Certification - Internal Medicine	MED	21	27	77.78	10th	72.62								
BCR	Board Certification - Other Specialists	MED	322	358	89.94	75th	87.07								
BCR	Board Certification - Family Medicine	MED	55	64	85.94	75th	84.15								

*Change: 1st year rates or change in measure.

CAHPS Summary

The Myers Group, a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS¹) Survey Vendor, was selected by Florida Health Care Plans, Inc. to conduct its 2011 Consumer Assessment of Healthcare Providers and Systems (CAHPS²) 4.0H Commercial Adult Member Satisfaction Survey. This At-A-Glance report is designed to give you a summary view of those CAHPS³ results. TMG collected 436 valid surveys from the eligible member population from January through May of 2011, yielding a response rate of 40.1%.

CAHPS⁴ 4.0H Commercial Adult Survey

Topics included in the CAHPS⁵ 4.0H Commercial Adult Survey are:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Claims Processing
- Shared Decision Making
- Plan Information on Costs
- Health Promotion and Education
- Coordination of Care
- Provider and Plan Ratings
- Effectiveness of Care Measures

Throughout this report, results are shown as “Summary Rates.” Summary Rates represent the percentage of respondents who answer in the most positive way, as defined by NCQA.

The *Getting Needed Care* composite measures member experiences when attempting to get care from specialists and care, tests, or treatment through the health plan in the last twelve months (Questions 23 and 27). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

The *Getting Care Quickly* composite measures member experiences with receiving care (when needed care right away) and obtaining appointments (not when needed right away) in a reasonable amount of time (Questions 4 and 6). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

The *How Well Doctors Communicate* composite measures how well providers explain, listen, spend enough time with, and show respect for what members have to say (Questions 15-18). The Summary Rate represents the percentage of respondents reporting “Always” or “Usually.”

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). ² CAHPS[®] is registered trademark of the Agency for Healthcare Research and Quality (AHRQ). ³ The 2010 Public Report benchmark is derived from NCQA’s Quality Compass benchmark and calculated by The Myers Group. The 2010 Public Report benchmark is the mean of plan samples that submitted their data to NCQA in 2010 and allowed their scores to be reported publicly. Please note that any analyses, interpretations, or conclusions based upon the Public Report benchmark are solely that of the author (TMG) and NCQA specifically disclaims responsibility for any such analyses, interpretations, or conclusions.

The *Customer Service* composite measures member experiences with getting information from as well as treatment by customer service staff in the last twelve months (Questions 35 and 36). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

The *Claims Processing* composite measures member experiences with the timeliness and accuracy of claims in the last twelve months (Questions 40 and 41). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

The *Shared Decision Making* composite measures member experiences with doctors or providers in discussing the pros and cons of treatments, and in asking members which choice they thought was best (Questions 10 and 11). The Summary Rate represents the percentage of members who responded “Definitely yes.”

The *Plan Information on Costs* composite measures member experiences with obtaining information from their health plan about expenses related to services, equipment, and specific prescription medicines in the last twelve months (Questions 31 and 33). The Summary Rate represents the percentage of members who responded “Always” or “Usually.” Due to anticipated small denominators, this composite is calculated on a rolling average methodology over a period of two years.

The *Health Promotion and Education* measure evaluates member experiences with doctor discussions of specific things to do to prevent illnesses in the last twelve months (Question 8). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

The *Coordination of Care* measure evaluates member perceptions that his or her personal doctor seemed informed and up-to-date about the care received from other doctors and health providers in the last twelve months (Question 20). The Summary Rate represents the percentage of members who responded “Always” or “Usually.”

There are four questions with responses scaled 0 to 10 in the CAHPS[®] 4.0H survey: *Rating of Health Care* (Q12), *Rating of Personal Doctor* (Q21), *Rating of Specialist* (Q25), and *Rating of Health Plan* (Q42), where zero represents “worst possible” and ten represents “best possible.” The Summary Rate represents the percentage of respondents who rated the question an “8,” “9,” or “10.”

Effectiveness of Care measures covers the following: *Aspirin Use and Discussion*, *Medical Assistance with Smoking and Tobacco Use Cessation*, and *Flu Shots for Adults Ages 50-64*. All *Effectiveness of Care* measures are calculated on a rolling average methodology over a period of two years.

The *Aspirin Use and Discussion* measures assess the following two components:

- 1) The percentage of members⁴ who are currently taking aspirin, and 2) The percentage of members⁵ who discussed the risks and benefits of using aspirin with a doctor or other health provider.

The Summary Rate for the *Aspirin Use* measure is the proportion of members who indicate that they currently take aspirin daily or every other day, while the Summary Rate for the *Discussing Aspirin Risks and Benefits* measure is the proportion of members who indicate that their doctor or other provider discussed the risks and benefits of aspirin use to prevent heart attack or stroke. The *Aspirin Use and Discussion* measures will be publicly reported for the first time in 2012.

The *Medical Assistance with Smoking and Tobacco Use Cessation* measures evaluate the following three components:

- 1) The percentage of members 18 years and older who were current smokers or tobacco users and who received advice to quit during the measurement year,
- 2) The percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year, and
- 3) The percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

The Summary Rate for the *Advising Smokers and Tobacco Users to Quit* measure is the percentage of members who indicated that they “Sometimes,” “Usually,” or “Always” received counsel to quit smoking or using tobacco from a doctor or other health practitioner. The Summary Rates for the *Discussing Cessation Medications* and *Discussing Cessation Strategies* measures are the percentage of members who indicated that their doctor or health provider “Sometimes,” “Usually,” or “Always” recommended cessation medications or provided cessation methods or strategies. Please note that NCQA intends to publicly report results for the *Medical Assistance with Smoking and Tobacco Use Cessation* measures in 2011 as this is the second year of the rolling average.

The *Flu Shots for Adults Ages 50-64* measure is the percentage of members 50-64 years of age who received an influenza vaccination since September 1, 2010. The Summary Rate for the *Flu Shots for Adults Ages 50-64* measure is the proportion of respondents between the ages of 50-64 who responded “Yes” to the question, “Have you had a flu shot since September 1, 2010?”

⁴ Members eligible for inclusion in the *Aspirin Use* measure are as follows: 1) Women 55-79 years of age with at least two risk factors for cardiovascular disease, 2) Men 45-64 years of age with at least one risk factor for cardiovascular disease, and 3) Men 65-79 years of age, regardless of risk factors. ⁵ Members eligible for inclusion in the *Discussing Aspirin Risks and Benefits* measure are as follows: 1) Women 55-79 years of age, and 2) Men 45-79 years of age.

Three-Point Scores

For accreditation assessment purposes, NCQA converts certain CAHPS 4.0H results into Three-Point Scores. In Three-Point scoring, a value of 1, 2, or 3 is assigned to each question response category, and a numeric average is computed based upon the valid responses for each question. The four rating questions (*Health Plan*, *Health Care*, *Personal Doctor*, and *Specialist*) and the following composites are evaluated:

- *Getting Needed Care*
- *Getting Care Quickly*
- *How Well Doctors Communicate*
- *Customer Service, and Claims Processing.*

NCQA initially planned to discontinue the sampling variation adjustment for all organizations in 2011 in an attempt to raise the bar for health plans and drive further improvement. Upon recognizing the disruption this change would have in one year, they instead decided to phase out the scoring adjustment over a five-year period – 20 percent per year, from 2011 through 2015.

“Your Three-Point Scores” are your plan’s results before any variation adjustments are made, while “Adjusted Three-Point Scores” take into account the inherent sampling variations that NCQA adds. Each of the four rating questions (Q12, Q21, Q25, and Q42), as well as the *Customer Service* and *Claims Processing* composite Three-Point scores receive an additional 0.056 points in 2011. The *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate* composite Three-Point scores will each receive 0.040 additional points in 2011.

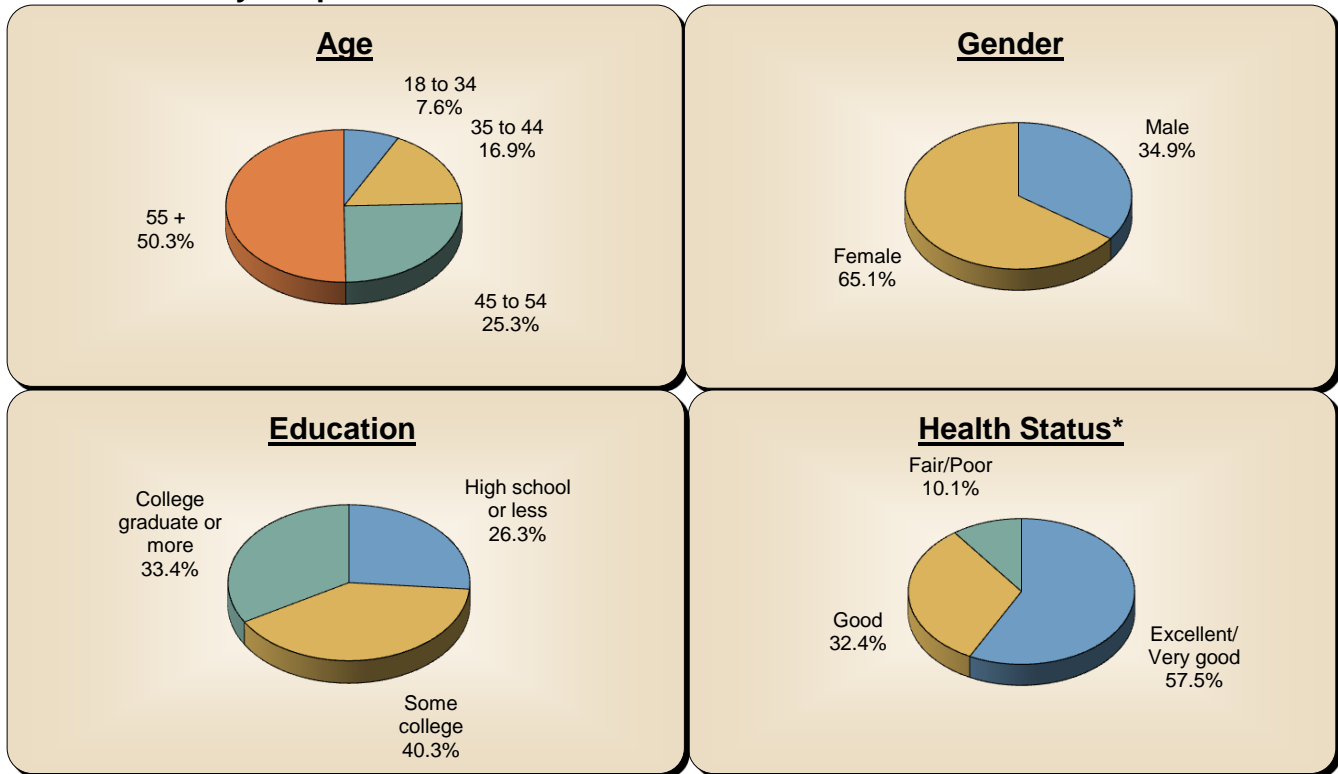
For comparison purposes, NCQA’s national benchmark (the 90th percentile) and national thresholds (the 75th, 50th, and 25th percentiles) are also provided for your review. Thresholds are based on HEDIS/CAHPS[®] benchmark data from other commercial adult survey results.



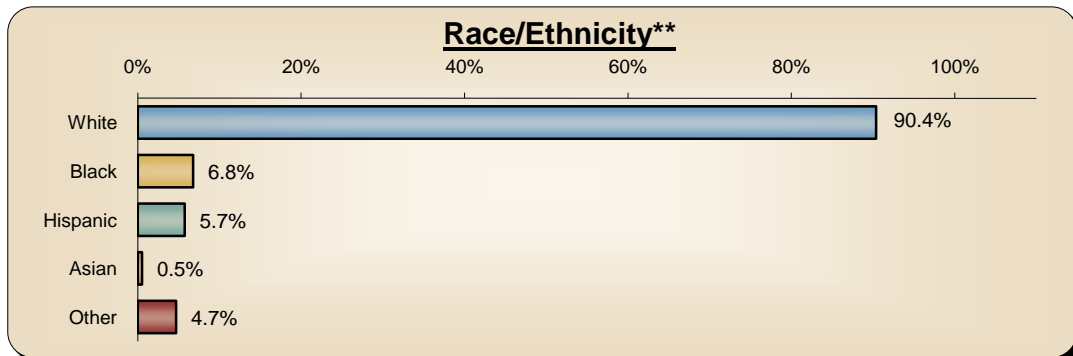
HEDIS® 2011
CAHPS® 4.0H At-A-Glance
Commercial Adult Members

Sample Size	1,100
Total Survey Returns	436
Response Rate	40.1%

Profile of Survey Respondents



* Health status is defined by survey respondent.



** Race/Ethnicity figures will not equal 100% because they are separate questions. "Other" includes all response options that are not shown.

Composite/Attribute/Rating Item	Valid n	Your Plan Summary Rate*	2010 Public Report (Non-PPO) Mean & Percentiles**				
			Mean	25th	50th	75th	90th
Getting Needed Care		88.3%	85.6%	83.4%	86.0%	88.0%	90.6%
Q23-Seeing a specialist	259	88.4%	83.1%	80.6%	84.0%	86.2%	88.8%
Q27-Getting care, tests, or treatments necessary	290	88.3%	88.0%	85.3%	88.5%	90.8%	93.3%
Getting Care Quickly		88.2%	86.4%	84.1%	87.0%	89.2%	90.9%
Q4-Obtaining needed care right away	172	89.0%	87.6%	85.2%	88.1%	90.6%	92.8%
Q6-Obtaining care when needed, not when needed right away	350	87.4%	85.1%	82.9%	85.8%	88.1%	89.8%
How Well Doctors Communicate		95.2%	93.4%	92.6%	93.7%	94.8%	95.5%
Q15-Doctors explaining things in an understandable way	345	95.7%	94.6%	93.6%	94.7%	96.0%	97.0%
Q16-Doctors listening carefully to you	347	95.1%	93.4%	92.5%	93.6%	94.8%	95.5%
Q17-Doctors showing respect for what you had to say	346	95.7%	95.0%	94.1%	95.0%	96.0%	96.8%
Q18-Doctors spending enough time with you	345	94.2%	90.8%	89.6%	91.3%	92.7%	93.7%
Customer Service		84.0%	84.3%	80.8%	84.5%	87.5%	90.9%
Q35-Getting information/help from customer service	115	78.3%	77.2%	72.3%	77.2%	81.8%	86.6%
Q36-Treated with courtesy/respect by customer service	116	89.7%	91.4%	89.3%	91.7%	94.0%	95.5%
Claims Processing		92.4%	88.0%	85.5%	88.6%	91.6%	93.4%
Q40-Claims handled quickly	89	93.3%	86.7%	83.3%	87.1%	90.6%	93.0%
Q41-Claims handled correctly	83	91.6%	89.2%	86.9%	90.0%	92.8%	94.7%
Shared Decision Making		60.9%	60.7%	57.7%	60.6%	63.4%	66.5%
Q10-Provider talked about pros/cons of treatment	184	63.0%	65.6%	62.7%	65.5%	69.0%	71.7%
Q11-Doctor/provider asked which choice you thought was best	184	58.7%	55.8%	52.8%	55.8%	58.3%	61.7%
Plan Information on Costs (Rolling Average)		75.3%	67.0%	62.6%	66.9%	71.0%	75.2%
Q31-Able to find out cost of health care service/equipment	143	69.2%	66.8%	61.1%	67.1%	71.9%	76.5%
Q33-Able to find out cost of prescription medicines	300	81.3%	68.9%	65.0%	68.8%	72.9%	76.0%
Q8-Health Promotion and Education	362	68.5%	59.0%	55.8%	58.7%	61.7%	64.7%
Q20-Coordination of Care	225	82.2%	78.6%	75.5%	79.2%	81.7%	84.0%
Q12-Rating of Health Care	359	77.7%	74.8%	71.5%	75.3%	78.3%	80.9%
Q21-Rating of Personal Doctor	385	85.7%	82.1%	79.9%	82.2%	84.4%	87.3%
Q25-Rating of Specialist	250	84.4%	80.9%	78.5%	81.2%	83.4%	85.8%
Q42-Rating of Health Plan	390	70.0%	62.7%	55.4%	62.3%	68.9%	76.6%
Effectiveness of Care Measures (Rolling Average Methodology)			2010 Public Report (Non-PPO) Mean & Percentiles**				
			Mean	25th	50th	75th	90th
Flu Shots (Adults 50-64)	514	44.9%	51.1%	46.9%	51.4%	55.7%	61.5%
Advising Smokers and Tobacco Users to Quit	143	83.9%	NOT AVAILABLE				
Discussing Cessation Medications	141	58.9%					
Discussing Cessation Strategies	141	60.3%					
Aspirin Use	148	43.2%					
Discussing Aspirin Risks and Benefits	341	44.6%					

* Summary Rates are defined by NCQA in its HEDIS 2011 CAHPS® 4.0H guidelines and generally represent the most favorable response percentages.

** The 2010 Public Report benchmark is derived from NCQA's Quality Compass® benchmark and calculated by The Myers Group. The benchmark is the mean of 224 plan-specific samples (Non-PPO) that submitted to NCQA in 2010. See Glossary of Terms for more information.

Composite/Attribute/Rating Item	Valid n	Your Plan Summary Rate*	Benchmarks		Significance Testing***	
			2011 TMG BoB (Non-PPO)**	2010 PR (Non-PPO)**	To TMG BoB	To Public Report
Getting Needed Care		88.3%	86.9%	85.6%	Not sig.	Not sig.
Q23-Seeing a specialist	259	88.4%	84.4%	83.1%	Not sig.	Above
Q27-Getting care, tests, or treatments necessary	290	88.3%	89.4%	88.0%	Not sig.	Not sig.
Getting Care Quickly		88.2%	87.0%	86.4%	Not sig.	Not sig.
Q4-Obtaining needed care right away	172	89.0%	88.3%	87.6%	Not sig.	Not sig.
Q6-Obtaining care when needed, not when needed right away	350	87.4%	85.6%	85.1%	Not sig.	Not sig.
How Well Doctors Communicate		95.2%	94.0%	93.4%	Not sig.	Not sig.
Q15-Doctors explaining things in an understandable way	345	95.7%	94.5%	94.6%	Not sig.	Not sig.
Q16-Doctors listening carefully to you	347	95.1%	94.0%	93.4%	Not sig.	Not sig.
Q17-Doctors showing respect for what you had to say	346	95.7%	95.5%	95.0%	Not sig.	Not sig.
Q18-Doctors spending enough time with you	345	94.2%	91.8%	90.8%	Not sig.	Above
Customer Service		84.0%	85.1%	84.3%	Not sig.	Not sig.
Q35-Getting information/help from customer service	115	78.3%	78.3%	77.2%	Not sig.	Not sig.
Q36-Treated with courtesy/respect by customer service	116	89.7%	91.9%	91.4%	Not sig.	Not sig.
Claims Processing		92.4%	88.5%	88.0%	Not sig.	Not sig.
Q40-Claims handled quickly	89	93.3%	87.2%	86.7%	Not sig.	Not sig.
Q41-Claims handled correctly	83	91.6%	89.8%	89.2%	Not sig.	Not sig.
Shared Decision Making		60.9%	63.4%	60.7%	Not sig.	Not sig.
Q10-Provider talked about pros/cons of treatment	184	63.0%	68.0%	65.6%	Not sig.	Not sig.
Q11-Doctor/provider asked which choice you thought was best	184	58.7%	58.8%	55.8%	Not sig.	Not sig.
Plan Information on Costs (Rolling Average)		75.3%	67.4%	67.0%	Above	Above
Q31-Able to find out cost of health care service/equipment	143	69.2%	65.7%	66.8%	Not sig.	Not sig.
Q33-Able to find out cost of prescription medicines	300	81.3%	69.1%	68.9%	Above	Above
Q8-Health Promotion and Education	362	68.5%	61.7%	59.0%	Above	Above
Q20-Coordination of Care	225	82.2%	79.1%	78.6%	Not sig.	Not sig.
Q12-Rating of Health Care	359	77.7%	76.9%	74.8%	Not sig.	Not sig.
Q21-Rating of Personal Doctor	385	85.7%	83.9%	82.1%	Not sig.	Not sig.
Q25-Rating of Specialist	250	84.4%	83.4%	80.9%	Not sig.	Not sig.
Q42-Rating of Health Plan	390	70.0%	65.5%	62.7%	Not sig.	Above
Effectiveness of Care Measures (Rolling Average Methodology)						
Flu Shots (Adults 50-64)	514	44.9%	54.1%	51.1%	Below	Below
Advising Smokers and Tobacco Users to Quit	143	83.9%	76.4%	NOT AVAILABLE	Above	
Discussing Cessation Medications	141	58.9%	53.4%		Not sig.	
Discussing Cessation Strategies	141	60.3%	47.7%		Above	
Aspirin Use	148	43.2%	45.4%		Not sig.	
Discussing Aspirin Risks and Benefits	341	44.6%	49.1%		Not sig.	

* Summary Rates are defined by NCQA in its HEDIS 2011 CAHPS® 4.0H guidelines and generally represent the most favorable response percentages.

** The 2011 Myers Group Book of Business consists of 59 commercial adult (Non-PPO) samples that conducted surveys with TMG in 2011 and submitted data to NCQA. The 2010 Public Report benchmark is derived from NCQA's Quality Compass® benchmark and calculated by The Myers Group. The benchmark is the mean of 224 plan-specific samples (Non-PPO) that submitted to NCQA in 2010. See Glossary of Terms for more information.

*** Significance Testing - All significance testing is performed at the 95% significance level. "—" indicates "Unable to Test" due to a combination of low valid n and/or extreme Summary Rate. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.

Composite/Rating Items	Global Proportions Response Percentages		
	Never/ Sometimes	Usually	Always
Composites			
Getting Needed Care (GNC)	11.7%	30.9%	57.4%
Getting Care Quickly (GCQ)	11.8%	23.4%	64.7%
How Well Doctors Communicate (HWDC)	4.8%	19.4%	75.7%
Customer Service (CS)	16.0%	19.5%	64.5%
Claims Processing (CP)	7.6%	23.2%	69.2%
Plan Information on Cost (PIOC)*	24.7%	31.1%	44.2%
Composites	Def./ Somewhat No	Somewhat yes	Def. yes
Shared Decision Making (SDM)	8.7%	30.4%	60.9%
Additional Measures	Never or Sometimes	Usually	Always
Health Promotion and Education (HPE)	31.5%	29.6%	39.0%
Coordination of Care (CC)	17.8%	31.1%	51.1%
Rating Items	0-6	7-8	9-10
Rating of Health Care (Q12)	10.6%	37.9%	51.5%
Rating of Personal Doctor (Q21)	8.3%	24.7%	67.0%
Rating of Specialist (Q25)	8.8%	24.0%	67.2%
Rating of Health Plan (Q42)	17.7%	38.2%	44.1%

* This composite is calculated on a two-year rolling average.

Three-Point Scores

Composite/Rating Items	Your Three- Point Scores	Adjusted Three-Point Scores	Three-Point Scoring			
			HEDIS/CAHPS® Percentiles*			
			25th	50th	75th	90th
Getting Needed Care (GNC)	2.4576	2.4976	2.28	2.36	2.43	2.48
Getting Care Quickly (GCQ)	2.5294	2.5694	2.40	2.45	2.50	2.55
How Well Doctors Communicate (HDC)	2.7086	2.7486	2.59	2.64	2.67	2.70
Customer Service (CS)	2.4842	2.5402	2.32	2.39	2.48	2.55
Claims Processing (CP)	2.6158	2.6718	2.29	2.40	2.49	2.56
Rating of Health Care (Q12)	2.4095	2.4655	2.27	2.33	2.40	2.43
Rating of Personal Doctor (Q21)	2.5870	2.6430	2.47	2.52	2.57	2.61
Rating of Specialist (Q25)	2.5840	2.6400	2.44	2.49	2.55	2.58
Rating of Health Plan (Q42)	2.2641	2.3201	2.05	2.16	2.25	2.34

* These benchmark percentiles are used to score health plans for accreditation year 2011. The source for the HEDIS/CAHPS® Measures is: NCQA>Programs>Accreditation>Policy Updates & Supporting Documents>Trending and Benchmarks>Benchmarks and Thresholds: 2011 Accreditation

Trend Comparisons

Composites, Attributes, and Ratings of Member Satisfaction

Florida Health Care Plans, Inc.

2011 At-A-Glance Results

Composite/Attribute/Rating Items	2011		2010		Significance Testing**
	CAHPS 4.0				
	Valid n	Summary Rate*	Valid n	Summary Rate*	Since 2010
Getting Needed Care		88.3%		88.3%	Not sig.
Q23. Ease of getting appointment with a specialist	259	88.4%	306	88.9%	Not sig.
Q27. Getting care, tests, or treatments necessary	290	88.3%	344	87.8%	Not sig.
Getting Care Quickly		88.2%		87.4%	Not sig.
Q4. Obtaining needed care right away	172	89.0%	202	89.6%	Not sig.
Q6. Obtaining care when needed, not when needed right away	350	87.4%	423	85.1%	Not sig.
How Well Doctors Communicate		95.2%		91.5%	Sig. increase
Q15. Doctors explaining things in an understandable way	345	95.7%	426	92.7%	Not sig.
Q16. Doctors listening carefully to you	347	95.1%	425	90.8%	Sig. increase
Q17. Doctors showing respect for what you had to say	346	95.7%	424	92.9%	Not sig.
Q18. Doctors spending enough time with you	345	94.2%	424	89.4%	Sig. increase
Customer Service		84.0%		84.9%	Not sig.
Q35. Getting information/help from customer service	115	78.3%	146	79.5%	Not sig.
Q36. Treated with courtesy and respect by customer service staff	116	89.7%	146	90.4%	Not sig.
Claims Processing		92.4%		90.4%	Not sig.
Q40. Claims handled quickly	89	93.3%	114	90.4%	Not sig.
Q41. Claims handled correctly	83	91.6%	114	90.4%	Not sig.
Shared Decision Making		60.9%		62.2%	Not sig.
Q10. Health provider talked about pros and cons of choice of treatment	184	63.0%	224	67.4%	Not sig.
Q11. Doctor/provider asked which choice you thought was best	184	58.7%	226	57.1%	Not sig.
Plan Information on Costs (Rolling Average)		75.3%		72.7%	Not sig.
Q31. Able to find out from health plan cost of health care service or equipment	143	69.2%	158	67.7%	Not sig.
Q33. Able to find out from health plan cost of prescription medicines	300	81.3%	299	77.6%	Not sig.
Q8-Health Promotion and Education	362	68.5%	439	63.8%	Not sig.
Q20-Coordination of Care	225	82.2%	270	77.0%	Not sig.
Rating of Health Care (Q12)	359	77.7%	439	73.1%	Not sig.
Rating of Personal Doctor (Q21)	385	85.7%	466	80.7%	Not sig.
Rating of Specialist (Q25)	250	84.4%	299	83.6%	Not sig.
Rating of Health Plan (Q42)	390	70.0%	473	67.9%	Not sig.
Effectiveness of Care Measures (Rolling Average Methodology)					
Flu Shots (Adults 50-64)	514	44.9%	503	42.7%	Not sig.
Advising Smokers and Tobacco Users to Quit	143	83.9%	1st Year Measure Rolling Average		
Discussing Cessation Medications	141	58.9%			
Discussing Cessation Strategies	141	60.3%			
Aspirin Use	148	43.2%			
Discussing Aspirin Risks and Benefits	341	44.6%			

* Summary Rates are defined by NCQA in its HEDIS 2011 CAHPS® 4.0H guidelines and generally represent the most favorable response percentages.

** Significance Testing - "Sig. increase" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is higher for 2011 when compared to 2010. "Sig. decrease" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is lower for 2011 when compared to 2010. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.



Glossary of Terms

Attributes are the questions that relate to a specific service area or composite as defined by NCQA.

Composites are the mean of the Summary Rates of attributes within a given service area as specified by NCQA.

Global Proportions are a breakout of response option results according to the Three-Point Score definition. See “Three-Point Score” below.

Public Report (2010) benchmark is derived from NCQA’s Quality Compass® benchmark and calculated by The Myers Group. The benchmark is a collection of CAHPS® 4.0H mean summary ratings for those commercial adult plans (224 plan-specific Non-PPO samples) choosing to report their scores publicly, in addition to submitting their scores to be compiled anonymously into a Quality Compass aggregate, or national summary. The scores shown in this report reflect the mean Summary Rates from these plans.

Rating questions use a scale of 0 to 10 for assessing overall experience (doctor, specialist, health care, and health plan) with zero being the worst and ten being the best.

Significance test is a test to determine if an observed difference is too large to have occurred by chance alone.

Summary Rates are single statistics generated for a survey question. In general, Summary Rates represent the percentage of respondents who chose the most favorable response options (“Always” and “Usually”; “Definitely yes”; or “8,” “9”, or “10”).

The Myers Group Book of Business (calculated on a plan-level) consists of all commercial adult Non-PPO samples that conducted surveys with TMG and submitted data to NCQA. In 2011, there were 59 commercial adult samples included in the Book of Business. *Please note that Commercial Adult Non-PPO TMG Book of Business benchmark data was weighted on the plan level to account for unique health plan characteristics that could skew benchmark scores.*

Three-Point Score is the result of the process of assigning a value of 1, 2, or 3 to each question response category and then computing a numerical average based upon the valid responses for each question. The Three-Point values are assigned to question answer categories as follows:

Response Choice 1	Score Value
Definitely no	1
Somewhat no	1
Somewhat yes	2
Definitely yes	3

Response Choice 2	Score Value
Never	1
Sometimes	1
Usually	2
Always	3

Response Choice 3	Score Value
0-6	1
7 & 8	2
9 & 10	3

Health and Wellness

Florida Health Care Plans is committed to the health and well-being of our members.

Health and Wellness programs are designed with an emphasis on preventive care to promote a better quality of life. Programs are offered using different methods to educate and inform, such as: classroom instruction, monthly mailers, telephonic monitoring and newsletters, in an effort to teach and assist our members to self-manage their health, wellness and disease.

Programs are also offered for common chronic and disease specific conditions, such as: diabetes, heart disease and high blood pressure.

Florida Health Care Plans Health & Disease Management Programs

Below is a summary of programs available to FHCP members:

Diabetes

- FHCP provides a comprehensive Diabetes Education Program approved by the American Diabetes Association. Ten (10) hours of classroom instruction is provided by Certified Diabetes Educators (Registered Nurses and Registered Dietitians). The goal of this program is to provide the tools, skills and techniques necessary to follow treatment plans safely and accurately. Classes are offered in various facilities at **no additional charge** to our members. We encourage our members to take these classes every two years as a refresher. Call 386-676-7133 to request information.
- Educational information available via email or mail four times a year. It includes useful information to you or a family member with diabetes. To be placed on our mailing list, call 386-676-7150. This service is available at **no additional charge** to all members.

Heart Disease and or Hypercholesterolemia

- This program is for those with heart disease or high cholesterol. It is a bi-monthly program, available via email or mail, designed to increase knowledge of lipid-lowering medication, diet interventions, exercise and reducing risk factors. It is offered at **no additional charge** to all members. Call 386-676-7150 to enroll.

Chronic Obstructive Pulmonary Disease (COPD)

- This program is for those with COPD, Emphysema or Chronic Bronchitis. Educational materials are made available four times per year, via mail; the program is designed to increase knowledge of COPD disease process, risk factors, and interventions. It is offered at **no additional charge** to all members. Call 386-676-7150 to enroll.

Asthma

- Tool kits containing educational handouts are available in all FHCP clinics. These handouts are designed to help your patients manage their asthma and follow your treatment plan. These handouts are available at **no additional charge**.

Controlling High Blood Pressure

- This program is designed to increase awareness of the risk of blood pressures that are not at the best possible levels. It includes information regarding BP education, medications, diet interventions, exercise, and reducing risk factors. For patients to receive this tool kit via email or mail, call 386-676-7150. This service is available at **no additional charge** to all members.

Acute Low Back and Neck Pain

- This is a physical therapy program for low back or neck pain that is either acute (sudden) or chronic (due to an old problem). It is open to all members age 17 and above; utilizing all Ability Health Services locations and Palm Coast Sports Medicine. Members can call direct to these facilities for more information or to see if they qualify. Co-pay and policy limits apply. Call Member Services at 386-615-4022 to determine cost and locations.

Smoking Cessation

- *QuitSmart* is a stop smoking program offered by FHCP at many of our facilities. It features three sessions, each two hours. The cost is \$130 (FHCP will pay a one time fee of \$110; member to pay \$20 supply fee). For patients to register, call 386-676-7110.

Weight Management

- *Lighter Lifestyles* is a weight loss program offered to all FHCP members age 18 and above who has been a member at least 6 months. They must have a body mass index (BMI) of 30 or above to participate. FHCP will pay half of the program cost (excluding supplements and medications). Call 386-254-4031 for more information.

Preferred Fitness

- This is a fitness program provided at **no additional charge to all FHCP Medicare members**. There is access to a variety of quality Health and Fitness facilities in Volusia and Flagler counties. For a current list of participating exercise and fitness facilities, patients may visit our website @ www.FHCP.com or call Member Services at 386-615-4022 for assistance.

Osteoporosis

- This is a wellness program for members at risk for or diagnosed with Osteoporosis or Osteopenia. Our rehab provider, Ability Health Services, will perform an evaluation and physical assessment to determine strength, endurance and activity level. Member can call direct - no referral is needed. Co-pay or co-insurance and policy limits apply. Call Member Services at 386-615-4022 to determine cost and available locations.

Nutrition Programs

- Classes are offered by a registered dietitian in the Diabetes/Health Education Department:
- **Pre-diabetes Course** – consists of two, two hour sessions. Designed to help identify risk factors for developing Diabetes, how to reduce calorie intake to achieve weight loss, how to start a moderate activity exercise program, how to identify multiple behavioral change strategies and provide resources for keeping weight off and healthy eating. Pre-registration is required.

- **Healthy Heart Eating Course** – consists of one 2 ½ hour class. Designed to help identify risk factors for heart disease and lifestyle choices that reduce this risk. Pre-registration is required.
- **Nutrition Game Plan for Diabetes** – a two (2) hour session designed for members who completed the ten hour Diabetes Self-Management Education program to reinforce nutrition education and answer question/concerns regarding diabetes. Pre-registration is required.
- Classes and appointments are offered in various facilities and at **no additional charge** to FHCP members. Call 386-676-7133 to request information.

Depression Program

- This is an educational program for members age 18 and above who have recently been prescribed antidepressant medications. Periodic information is sent on the use and importance of these medications. For those with a new depression diagnosis who potentially are not taking their medication, they may receive a phone call follow-up from a FHCP Mental Health physician or therapist. This follow-up phone call is FREE. Members may request to be added to the mailing list of educational information by calling 386-676-7150.

A Matter of Balance

- This 8 week program is intended for members of any age; designed to help your patients prevent falls and increase activity levels and balance. It is currently being offered at various FHCP facility locations. FHCP will cover the cost of this program for members in the FHCP Preferred Fitness Program. A nominal fee will be charged for individuals who are not members of our Preferred Fitness Program. Members may call Matter of Balance directly at 386-760-6063 for more information.

The 2011-2012 adopted clinical practice guidelines as follows:

(The clinical guidelines can be found at the links below, and can be made available in paper copy upon request)

Florida Health Care Plan's 2011-2012 Clinical Practice Guidelines

Guideline / Current Date	Anticipated change date	Source To open hyperlink, highlight link. then right click. With arrow touching highlighted link, box will show open hyperlink. Left click on open hyperlink	Last Reviewed (Date)	Date Adopted	Committee Approved	Scheduled Review Date
Diabetes January 2011	January, 2012	“Standards of Medical Care in Diabetes 2011”, DIABETES CARE, Vol. 34, Supplement 1, January 2011 <i>American Diabetes Association.</i> http://care.diabetesjournals.org/content/34/Supplement_1/S11.full	01/07/2011 Disease Management	Jan 20, 11 June 2011	Physician Leadership Committee Quality Committee	January, 2012
Hypertension 2004	Fall, 2011	The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure – Complete Report 2004 http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf	06/03/2011 Disease Management	June 2011 June 2011	Physician Leadership Committee Quality Committee	June, 2011
Cholesterol Management 2002	Fall, 2011	Detection, Evaluation and Treatment of High Cholesterol in Adults Third report of the National Cholesterol Education Program (NCEP) Expert Panel. NIH 2002 http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf	06/03/2011 Disease Management	June 2011 June 2011	Physician Leadership Committee Quality Committee	June, 2011
Asthma August, 2007		Diagnosis and Management of Asthma August 2007 Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf	06/03/2011 Disease Management	June 2011 June 2011	Physician Leadership Committee Quality Committee	June, 2011
COPD 2004		Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD) ATS Diagnosis and Treatment of patients with COPD http://www.copd-ats-ers.org/summary.pdf	06/03/2011 Disease Management	June 2011 June 2011	Physician Leadership Committee Quality Committee	June, 2011
Depression May, 2011	Per ICSI, w/in 12 months. – Begins June, 2011	Major Depression in Adults in Primary Care http://www.icsi.org/depression_5/depression_major_in_adults_in_primary_care_3.html	08/19/2010 Disease Management	Sept. 2010 Sept. 2010	Physician Leadership Committee Quality Committee	August, 2011
ADHD March, 2010	Per ICSI, w/in 24 months	ADHD, Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents, Diagnosis and Management http://www.icsi.org/adhd/adhd_executive_summary.html	06/03/2011 Disease Management	June 2011 June 2011	Physician Leadership Committee Quality Committee	August, 2011

Advance Directives and Living Wills

Here is important information for your patients about advance directives:

- A lawyer is not required to create an advance directive, unless desired.
- Two witnesses are required, whether the directive is oral or written. One must not be a spouse or blood relative.
- Patients should read and discuss their directive with those concerned (including doctor, surrogate and family) to make sure that they understand their wishes as intended.
- Copies should be given to the appropriate people. These might include family, loved ones, physician, lawyer, and clergy.
- Patients have the right to accept or refuse treatment and may change or cancel a directive at any time.

Various organizations also make advance directive forms available. One such document is “Five Wishes” that includes a living will and a health care surrogate designation. “Five Wishes” gives patients the opportunity to specify if they want tube feeding, assistance with breathing, pain medication, and other details that might bring your patients comfort such as what kind of music they might like to hear, among other things.

For more information you and your patient can visit:

Aging with Dignity
www.AgingWithDignity.org
(888) 594-7437

Other resources include:

American Association of Retired Persons (AARP) www.aarp.org (Type “advance directives” in the website’s search engine)

Brochure: End of Life Issues www.FloridaHealthStat.com (Under Reports and Guides)
(888) 419-3456

To learn more about DNRO's, visit the Department of Health at <http://www.doh.state.fl.us/> or <http://www.MyFlorida.com/> and type “DNRO” in these website search engines. For questions or assistance in obtaining a paper copies contact us at.

386-615-4022
1-877-615-4022
TRS Relay 711

Here are some tools to assist you and the patient:

- Your patient can obtain health advice and answers to their questions day or night by calling the 24 hour nurse advice line at [1-866-548-0727](tel:1-866-548-0727)
- The Member Portal on FHCP’s website (www.FHCP.com) includes a wide variety of information, tools and resources. Just click on the ‘Welcome To Wellness’ link on the FHCP website.

A copy of our QI Program Description and Workplan, and an evaluation of the status of our QI activities are available upon written request. If you have any questions, or would like more information regarding FHCP's quality indicators and results or information regarding any of the programs please contact:

Florida Health Care Plans
1340 Ridgewood Ave.
Holly Hill, FL 32117
Phone: (386) 676-7150
Fax: (386) 481-5088
E-mail: QualityManagement@FHCP.com

Remember to check FHCP's website for the most current information!

FHCP appreciates our partnership with our practitioners!
