

2009 Medicare Advantage CAHPS Results

Report for: BCBS of Tennessee (H5884)

Issued October 2009
By the Centers for Medicare & Medicaid Services

Table of Contents

Part 1: Executive Summary **iii**

- Overview iv
- How this Report is Organized iv
- What’s New For 2009 iv
- How Results are Adjusted iv
- Other Public Reporting of Medicare CAHPS Data v
- How Scores are Compared..... v
- How to Use this Report..... vi
- Summary Tables..... vii
- General Assessment of Your Medicare Advantage Prescription Drug Contract’s Performance ix
- Consumer Reports x

Part 2: Detailed Results..... **1**

- Getting Needed Care Composite 2
 - Getting Needed Care: Getting Appointments With Specialists 4
 - Getting Needed Care: Getting Needed Care, Tests, or Treatment 6
- Getting Care Quickly Composite 8
 - Getting Care Quickly: Getting Care Needed Right Away 10
 - Getting Care Quickly: Getting Appointments 12
 - Getting Care Quickly: Getting Seen Within 15 Minutes of Your Appointment..... 14
- Doctors Who Communicate Well Composite 16
 - Doctors Who Communicate Well: Providing Clear Explanations..... 18
 - Doctors Who Communicate Well: Listening Carefully 20
 - Doctors Who Communicate Well: Showing Respect for What Patients Have to Say 22
 - Doctors Who Communicate Well: Spending Enough Time With Patients..... 24
- Health Plan Customer Service Composite 26
 - Health Plan Customer Service: Give Information Needed 28
 - Health Plan Customer Service: Courtesy and Respect..... 30
 - Health Plan Customer Service: Forms Were Easy to Fill Out 32
- Overall Rating of Health Plan 34
- Overall Rating of Care Received..... 36
- Overall Rating of Personal Doctor..... 38
- Overall Rating of Specialist 40
- Getting Needed Prescription Drugs Composite 43
 - Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines 45
 - Getting Needed Prescription Drugs: Ease of Filling Prescriptions (combined item)..... 47
 - Getting Needed Prescription Drugs: Ease of Filling Prescriptions at a Pharmacy..... 49

- Getting Needed Prescription Drugs: Ease of Filling Prescriptions by Mail..... 51
- Getting Information From the Plan About Prescription Drug Coverage and Cost Composite..... 53
 - Getting Information From the Plan About Prescription Drug Coverage and Cost: Customer Service Give Information About Prescription Drugs..... 55
 - Getting Information From the Plan About Prescription Drug Coverage and Cost: Customer Service Treat You With Courtesy and Respect 57
 - Getting Information From the Plan About Prescription Drug Coverage and Cost: Which Medicines Covered..... 59
 - Getting Information From the Plan About Prescription Drug Coverage and Cost: Out-of-Pocket Costs..... 61
- Overall Rating of Prescription Drug Coverage 63
- Willingness to Recommend Plan for Drug Coverage 65
- Medicare-Specific and HEDIS Measures: Influenza Vaccination..... 67
- Medicare Specific and HEDIS Measures: Pneumonia Shot..... 69
- Medicare Specific and HEDIS Measures: Getting Medical Equipment 71
- Medicare Specific and HEDIS Measures: Getting Special Therapy 73
- Frequency Tables 75
- Part 3: Background and Methodology 99**
 - Background 100
 - Summary of Changes from 2007-2008 Continued in 2009..... 100
 - Methodology 101
 - Data Collection..... 104
 - Sample Selection and Eligibility Criteria 104
 - Survey Implementation 104
 - Outreach to Spanish-Speaking Beneficiaries 105
 - Sample Disposition 105
 - Data Analysis..... 107
 - Differences Between CAHPS and NCQA Scoring Methodology 108
 - Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires..... 110

Part 1: Executive Summary

Overview

The CAHPS survey is conducted annually by the Centers for Medicare & Medicaid Services (CMS) to assess the experiences of beneficiaries in Medicare Advantage plans. This report provides results from the 2009 CAHPS Survey of Medicare Advantage Prescription Drug (MA-PD) Plans. The 2009 survey was conducted in the first half of 2009 and measured members' experiences with your plan over the previous six months. The survey sample was drawn from all individuals who had been members of your plan for at least six months. Although beneficiaries provide ratings of their "plans," the unit of analysis is not a health and/or prescription drug plan but rather a health and/or prescription drug plan contract. This report refers both to plans and to contracts. In the context of this report, the terms both refer to health and/or prescription drug contracts.

How this Report is Organized

This report provides your results from the 2009 CAHPS survey. The remainder of this summary highlights changes to the 2009 report, suggests how to use the report, and describes your contract's performance on several summary measures, overall ratings, and a set of measures mandated for public reporting. Part 2 of the report presents detailed results, including your contract's performance on the individual dimensions that make up the summary measures and frequency tables that display the unadjusted (i.e., not adjusted for case-mix) and unweighted responses to all survey items. For comparison, the detailed results are shown for other private fee-for-service contracts nationally. Part 3 describes sampling and other methodological topics and provides some background about the surveys.

What's New For 2009

This report retains many of the features and changes that were incorporated in 2008; these are summarized in Part 3 of this report. In addition, the following features are new for 2009.

1. **Changes to survey content:** One question from the 2008 survey was dropped in 2009; "Considering what you pay, how satisfied are you with the value of the health care you get?" Some questions were reworded in 2009; these changes are shown in the "Survey Item Crosswalk" in Part 3.
2. **New survey version for PPOs:** In 2009, a new version of the MA-CAHPS survey was conducted with beneficiaries enrolled in Medicare Advantage PPO (MA-PPO) plans. The MA-PPO survey has many of the same items as the MA-PD survey, but includes several new questions covering aspects of plan performance unique to PPOs. To make room for these new items, several of the MA-PD items were dropped. Responses from the MA-PPO survey are incorporated with the results in this report for those items common to the two surveys as they have been in the past.
3. **New scoring for global ratings:** Data on the five global ratings (personal doctor, specialist, care received, health plan, and prescription drug coverage), will be reported as 0-6, 7-8, and 9-10. In 2008, the distribution of responses to these items was shown as 0-7, 8-9, and 10. This change makes Medicare CAHPS more consistent with other venues in which CAHPS data are reported. Your 2008 scores shown for comparison in this report have been recalculated with the new scoring, and so will appear different from those shown in your 2008 report.

How Results are Adjusted

Analyses of CAHPS data have shown that beneficiaries with certain characteristics tend to report systematically higher or lower scores, even when they are members of the same contract and therefore exposed to the same level of contract quality. Notably, older patients, healthier patients, less educated members and those with dual eligibility for Medicare and Medicaid tend to give higher scores than younger, sicker and more educated members and those with higher SES. Different contracts do not have the same distribution ("case-mix") of enrollees with these characteristics, so these tendencies can bias comparisons among contracts.

We perform a procedure called "case-mix adjustment" to correct for these effects using a statistical model (linear regression) to estimate the scores that would be obtained by each contract if every contract had the same distribution of member characteristics, equivalent to the average across all contracts. Because the overall national mean is the same before and after adjustment, scores for some contracts (those with beneficiaries who tend to give more favorable scores) will be adjusted downwards, and others will be adjusted upwards. A more detailed explanation of these procedures is available in Part 3 of this report. Note that the HEDIS measures on immunizations are not adjusted for case-mix.

Other Public Reporting of Medicare CAHPS Data

It is important to recognize that this report is but one of several venues in which CAHPS data on MA contracts are publicly reported. There are sometimes important differences in how the results are organized and displayed in different venues as a function of their different purposes. For example, CMS reports these data on its website, www.medicare.gov. In that venue, however, CMS assigns stars to contracts based on the mean of the distribution. Your contract's scores and star ratings from this venue are presented at the end of Part 1, and in more detail in the Appendix to this report. The National Committee for Quality Assurance (NCQA) also collects CAHPS results about MA contracts, but uses a different method for calculating results for accreditation purposes. See Part 3 for more information about NCQA's scoring methodology. It is important to keep these distinctions in mind when comparing data from these different venues.

How Scores are Compared

Contract scores are reported on www.medicare.gov using a 1-to-5 star scale. The algorithm for assigning stars combines information about the *ranking* of the contract case-mix adjusted mean score relative to other contracts, the *reliability* with which the mean is estimated in comparison to the distribution of means, and the *statistical significance* for the test of the difference of the contract mean from the national mean. In this plan report, the up and down arrows accompanying scores reflect only the last of these factors, the test for statistical significance.

Some apparently paradoxical results can occur with this system. These are unavoidable, especially with the five-star scale, because (1) several pieces of information are combined into a display that varies along only a single dimension, and (2) continuous results are broken down into a few discrete categories. Consequently in each year we occasionally observe some of the following phenomena:

- Two scores that are extremely close receive different star ratings: one was just above a cutoff between categories and the other just below;
- Contract A has a higher score than Contract B, but Contract B is significantly above the mean and Contract A is not: Contract B might have had more data and therefore a more precise estimate than Contract A, so even a smaller numerical difference from the mean is statistically significant, indicating a greater degree of confidence that it is above average. These differences in statistical significance can then be reflected in the star ratings, or in the assignment of up and down arrows in this report.
- All contracts in one area receive 4 or 5 stars, while all contracts in another area receive 1 or 2: all comparisons are to national means and distributions, not local ones.
- A contract's mean score went up but received fewer stars than last year: it may be that the national mean went up as well, and the contract did not keep up with this shift.

How to Use this Report

MA-PD contracts can use the information in this report for many purposes. Some of the most common uses include the following:

- **Identify program strengths and opportunities for improvement**

Part 2 of this report [Detailed Results] presents an analysis of your contract's performance on a variety of dimensions and compares your performance to the mean performance of other MA contracts nationally. It also displays results for other private fee-for-service contracts.

The *CAHPS Improvement Guide* provides practical strategies that organizations can use to improve the aspects of performance measured by CAHPS. This Guide describes specific strategies for improving the quality of health care services and the beneficiaries' experience of care. In 2007-2008, the *CAHPS Improvement Guide* was transformed into a Web-based resource that enables users to identify pertinent strategies and resources more efficiently. This resource is now available at www.cahps.ahrq.gov. Over time, the contents of the Guide will be updated to reflect changes to the Health Plan Survey, the availability of a new patient experience survey focused on clinicians and medical groups, and new information about effective strategies for improving performance in the domains measured by CAHPS surveys.

- **Give feedback to providers**

Some MA-PD contracts present summary results to physicians and other contracting providers, primarily through newsletters or presentations. This feedback may be a good way to provide information about how beneficiaries perceive their experiences with physicians and with MA-PD overall.

- **Track trends**

You may want to see how your performance has changed over time by comparing the 2009 and 2008 survey results to those of previous years. When using MA-CAHPS data for analyzing trends, you need to consider the changes from CAHPS 3.0 to CAHPS 4.0 implemented for the 2007 survey. If you wish to compare trends within your individual contract from before 2007, it is important to adjust for these differences. When comparing results, you should also bear in mind that some contracts' service areas or reporting units have changed from previous years. Finally, the change in how the distribution of overall ratings is presented means that comparisons with years before 2008 may only be made using the unweighted and unadjusted frequencies at the end of Part 2 of the reports.

Summary Tables

Below are the summaries for your health plan composite measures, overall health plan ratings, prescription drug composite measures, overall ratings of drug coverage, and Medicare-specific and HEDIS measures.

Health Plan Composite Measures - Responses to individual survey questions were combined to form four composite (summary) measures of members’ experiences with their health plans. For each measure, the table below shows your contract’s case-mix adjusted mean score on a 1-4 scale and the national average for all MA contracts.

Health Plan Composite Measures	National	Your Contract	↑↓
Getting Needed Care	3.55	3.71	↑
Getting Care Quickly	3.24	3.33	↑
Doctors Who Communicate Well	3.69	3.72	
Health Plan Customer Service	3.64	3.77	↑

Overall Health Plan Ratings - Survey respondents used a 0 to 10 scale to rate their health plan, care received from their plan overall, their personal doctor, and the specialist (if any) they had seen most frequently in the past 6 months. For each rating, the table below shows your contract’s mean score and the national average for all MA contracts.

Overall Health Plan Ratings	National	Your Contract	↑↓
Health Plan Overall	8.47	9.12	↑
Care Received Overall	8.47	8.62	
Personal Doctor	9.00	9.07	
Specialist	8.82	9.20	↑

Prescription Drug Composite Measures - Responses to individual survey questions about prescription drugs were combined to form two composite (summary) measures of members’ experiences. For each measure, the table below shows your contract’s case-mixed adjusted mean on a 1-4 scale and the national average for all MA-PD contracts.

Prescription Drug Composite Measures	National	Your Contract	↑↓
Getting Needed Prescription Drugs	3.71	3.85	↑
Getting Information From the Plan About Prescription Drug Coverage and Cost	3.44	3.50	

Overall Ratings of Drug Coverage - Survey respondents were asked for an overall rating of their plan’s drug coverage on a 0-10 scale, and about their willingness to recommend the plan for drug coverage on a 1-4 scale. For each rating, the table below shows your contract’s mean score and the national average for all MA-PD contracts.

Overall Ratings of Drug Coverage	National	Your Contract	↑↓
Overall Rating of Drug Coverage	8.45	8.89	↑
Willingness to Recommend Plan for Drug Coverage	3.54	3.78	↑

Note: An up arrow (↑) indicates that your contract scored significantly better than the national average, a down arrow (↓) that it scored significantly worse than the national average, and the absence of an arrow means that it was not significantly different from the national average. Scores in italics have low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the questions to permit reporting. For more detailed results of your contract and other private fee-for-service contracts, see Part 2.

Summary Tables (continued)

Medicare-Specific and HEDIS Measures - Survey respondents were asked whether they received an influenza vaccination recently and whether they had ever received a pneumonia vaccination (yes or no). They were also asked about getting needed medical equipment and special therapy, on a 1-4 scale. The table below shows your contract’s percentage of “yes” responses or mean score for these four items and the national average for all MA Contracts. The vaccination items are not adjusted for case-mix; the other two are.

Medicare-Specific and HEDIS Measures	National	Your Contract	↑↓
Influenza Vaccination	68.6%	72.9%	
Pneumonia Vaccination	68.2%	72.9%	↑
Getting Medical Equipment	3.29	3.62	↑
Getting Special Therapy	3.39	3.61	

Note: An up arrow (↑) indicates that your contract scored significantly better than the national average, a down arrow (↓) that it scored significantly worse than the national average, and the absence of an arrow means that it was not significantly different from the national average. Scores in italics have low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the questions to permit reporting. For more detailed results of your contract and other private fee-for-service contracts, see Part 2.

General Assessment of Your Medicare Advantage Prescription Drug Contract's Performance

In total, 44 private fee-for-service MA plans participated in the 2009 CAHPS Survey of MA Plans, conducted from February 2009 through June 2009.

The response rate for your contract was 76.7%, compared with 70.1%, the average response rate for all private fee-for-service MA contracts.

Strengths

Your MA-PD contract performed above the national average on the following composite measure(s):

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- Getting Needed Prescription Drugs

Opportunities for Improvement

On other measures, your contract performed below the national average. The following list shows those measures and references strategies for improving performance as described in the *CAHPS Improvement Guide*. The Guide is available on the CAHPS Web site at www.cahps.ahrq.gov. Because questions about prescription drug benefits have only been asked since 2007, strategies for improving performance in that area have not yet been identified.

Your contract did not perform below the national average on any composite measure.

Consumer Reports

The results of the Medicare CAHPS survey are published in the *Medicare & You* handbook and on the Medicare web site: <http://www.medicare.gov>. These publicly reported results help beneficiaries choose a Medicare health or prescription drug plan, and allow the public and research community to assess Medicare program performance. Survey measures that are reported in the *Medicare & You* handbook and on the Medicare web site are not directly comparable to the ones presented in this report. First, the calculations are different from the ones used to produce the results in this report. Second, the handbook and website provide stars to indicate contract performance rather than showing response distributions. Finally, the numeric scores are transformed onto a 100-point scale.

The scores are adjusted for case mix using the same factors described elsewhere in this report. Your contract’s results as they will appear in these consumer reports are shown below. Note: If your contract is not renewing for CY 2010, information about your contract will not be available on <http://www.medicare.gov>.

CAHPS Star Assignments

Star ratings are designed to compare CAHPS measure scores for each contract to all other contracts. In particular, they are based on the percentile rank of each contract’s case-mix adjusted score and tests of significance versus the national average score (i.e. the overall mean score). The numerical ratings describe the underlying scores from which stars are derived, but because the average (mean) performance and number of respondents vary across measures, a given score may translate into a different number of stars for different measures.

Star assignments are made using the following rules.

Number of Stars	
1	A contract is assigned 1 star if the contract’s average CAHPS measure score is ranked below the 15 th percentile and the contract’s average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score.
2	A contract is assigned 2 stars if it does not meet the 1 star criteria and meets at least one of these two criteria: (a) the contract’s average CAHPS measure score is lower than the 30 th percentile OR (b) the contract’s average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score.
3	A contract is assigned 3 stars if the contract’s average CAHPS measure score is ranked between the 30 th and 70 th percentiles (inclusive) and the contract’s average CAHPS measure score is NOT statistically significantly different from the national average CAHPS measure score.
4	A contract is assigned 4 stars if it does not meet the 5 star criteria, but meets at least one of these two criteria: (a) the contract’s average CAHPS measure score is higher than the 70 th percentile OR (b) the contract’s average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.
5	A contract is assigned 5 stars if the contract’s average CAHPS measure score is ranked above the 85 th percentile and the contract’s average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.

Consumer Reports (continued)

Reporting Composite or Item	Scores	Stars
Ratings of Health Plan Responsiveness and Care		★★★★★
Getting Needed Care	90.35	★★★★★
Getting Care Quickly	77.63	★★★★
Doctors Who Communicate Well	90.66	★★★★
Rating of Care	86.17	★★★★
Rating of Plan	91.20	★★★★★
Health Plan Customer Service	92.18	★★★★★
Vaccine		
Flu Vaccination	72.9%	★★★
Pneumonia Vaccination	72.9%	★★★★
Member Experience with Drug Plan		★★★★★
Getting Needed Prescription Drugs	94.86	★★★★★
Getting Information From the Plan About Prescription Drug Coverage and Cost	83.48	★★★★
Overall Rating of Prescription Drug Coverage	88.92	★★★★★

Part 2: Detailed Results

In the following pages, we provide detailed results of the 2009 MA-PD CAHPS Survey, including your contract's performance on the individual performance dimensions that make up each of the summary measures. Frequency tables that display unadjusted responses (not case-mix adjusted) to all survey items are also shown.

Getting Needed Care Composite

This table shows how your contract and other private fee-for-service MA contracts performed on “Getting Needed Care,” a composite of survey questions 22 and 26. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages.

		Never + Sometimes	Usually	Always	
		↑ = Significantly better than the national average ↓ = Significantly worse than the national average			
National Distribution – All MA Contracts	n=160100	26%	65%		3.55
National Distribution – PFFS MA Contracts	n=24321	25%	68%		3.59
2009 BCBS of Tennessee (H5884)	n=291	20%	76%		3.71 ↑
2008 BCBS of Tennessee (H5884)	n=443	20%	75%		3.68
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=470	28%	66%		3.58
Advantra Freedom (H5952)	n=264	27%	65%		3.54
Aetna Medicare (H5736)	n=1817	24%	69%		3.61 ↑
American Progressive Life/HLth (H3333)	n=583	24%	69%		3.59
Anthem BC&BS (H9452)	n=243	30%	62%		3.53
Anthem Blue Cross (H5419)	n=292	30%	62%		3.52
Anthem Insurance Co (H1689)	n=423	29%	67%		3.60 ↑
Arkansas BCBS (H5849)	n=318	25%	69%		3.61 ↑
BC of Idaho Health Services (H5862)	n=241	27%	67%		3.58
BCBS of Florida (H3518)	n=338	27%	64%		3.54
BCBS of Michigan (H2319)	n=2278	26%	68%		3.61 ↑
BCBS of South Carolina (H4205)	n=233	23%	70%		3.61
CIGNA Medicare Access (H2762)	n=240	28%	62%		3.50
Educators Mutual Ins Assoc (H0747)	n=350	25%	71%		3.67 ↑
Empire BCBS (H5304)	n=322	28%	66%		3.58
First Health Life & HLth Ins Co (H0846)	n=1185	23%	69%		3.58

BCBS of Tennessee (H5884)

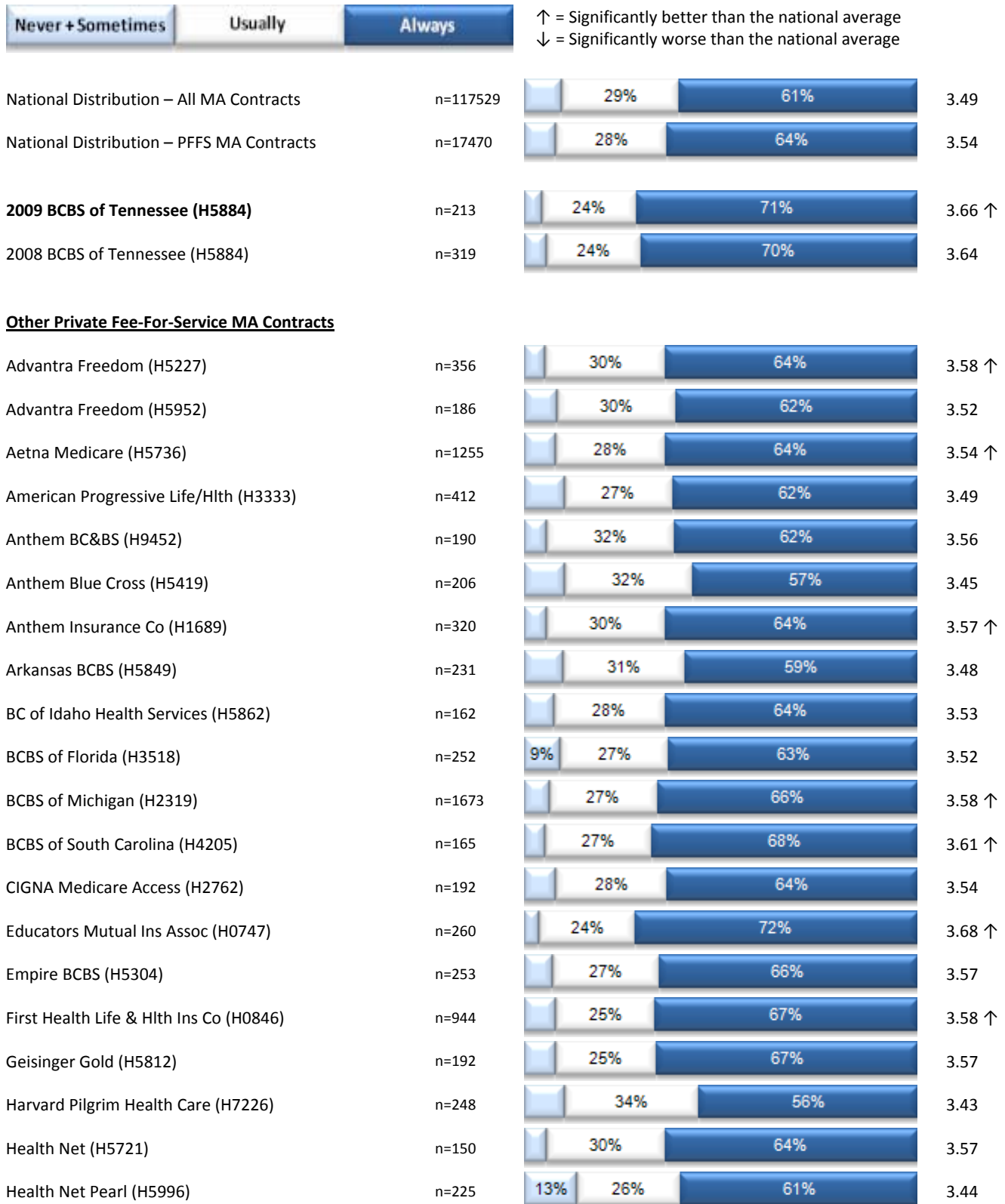
Other Private Fee-For-Service MA Contracts

Geisinger Gold (H5812)	n=285		3.63 ↑
Harvard Pilgrim Health Care (H7226)	n=324		3.55
Health Net (H5721)	n=239		3.56
Health Net Pearl (H5996)	n=331		3.45 ↓
Healthy Alliance Life Ins Co (H2613)	n=226		3.47
Highmark (H9793)	n=337		3.60
Humana (H1804)	n=3214		3.58 ↑
Humana (H1906)	n=246		3.72 ↑
Humana (H5657)	n=250		3.54
Independent Health (H9519)	n=356		3.59
InStil Health Ins Co (H4204)	n=206		3.53
Marquette National Life Ins Co (H7357)	n=238		3.56
Medica Health Plans (H2410)	n=291		3.47
Medical Mutual of Ohio (H4836)	n=416		3.53
Metropolitan Health Plan (H8201)	n=260		3.52
PacifiCare (H5435)	n=701		3.57
Sierra Health & Life Ins Co (H4449)	n=271		3.61
Sterling Life Insurance Co (H5006)	n=1082		3.60 ↑
Tufts Associated (H3057)	n=285		3.61
Unicare Life & Health Ins. Co (H0540)	n=1336		3.59 ↑
Universal American (H5421)	n=1234		3.60 ↑
Universal Health Care (H5820)	n=324		3.52
UPMC Health (H1254)	n=284		3.70 ↑
USACare (H6806)	n=268		3.56
WellCare (H1340)	n=596		3.50
WellCare (H4577)	n=480		3.51
WellCare (H6499)	n=353		3.52

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Needed Care: Getting Appointments With Specialists

Question 22: In the last 6 months, how often was it easy to get appointments with specialists?



BCBS of Tennessee (H5884)

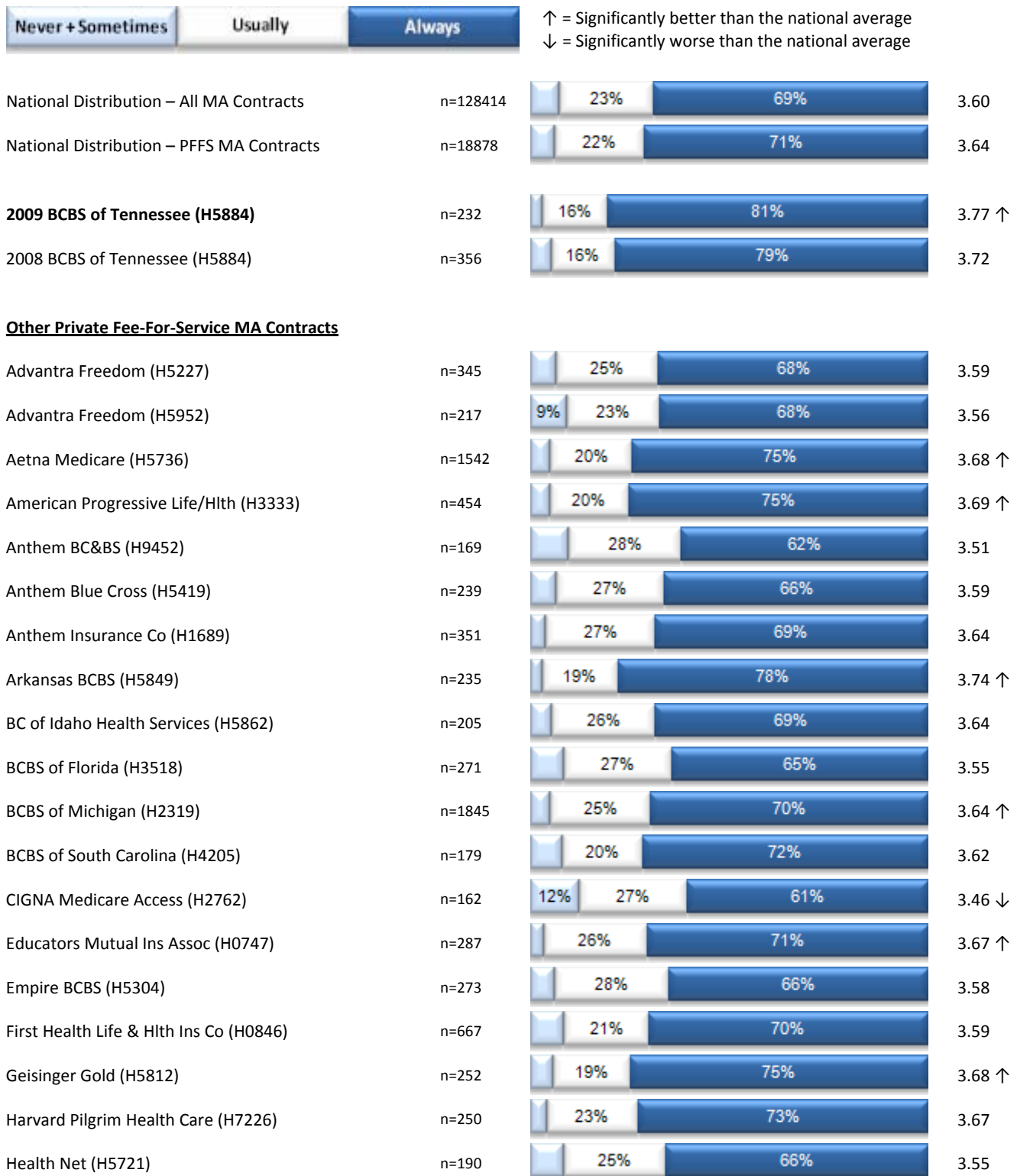
Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)	n=168		3.49
Highmark (H9793)	n=248		3.54
Humana (H1804)	n=2276		3.53 ↑
Humana (H1906)	n=189		3.67 ↑
Humana (H5657)	n=180		3.49
Independent Health (H9519)	n=290		3.49
InStil Health Ins Co (H4204)	n=132		3.56
Marquette National Life Ins Co (H7357)	n=177		3.58
Medica Health Plans (H2410)	n=195		3.36 ↓
Medical Mutual of Ohio (H4836)	n=306		3.47
Metropolitan Health Plan (H8201)	n=164		3.46
PacifiCare (H5435)	n=554		3.57 ↑
Sierra Health & Life Ins Co (H4449)	n=184		3.62 ↑
Sterling Life Insurance Co (H5006)	n=699		3.51
Tufts Associated (H3057)	n=220		3.51
Unicare Life & Health Ins. Co (H0540)	n=919		3.54 ↑
Universal American (H5421)	n=884		3.53
Universal Health Care (H5820)	n=226		3.48
UPMC Health (H1254)	n=201		3.55
USACare (H6806)	n=233		3.52
WellCare (H1340)	n=371		3.48
WellCare (H4577)	n=326		3.43
WellCare (H6499)	n=243		3.57

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Needed Care: Getting Needed Care, Tests, or Treatment

Question 26: In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Health Net Pearl (H5996)	n=264	12%	25%	62%	3.47 ↓
Healthy Alliance Life Ins Co (H2613)	n=157	12%	28%	60%	3.45 ↓
Highmark (H9793)	n=263		20%	73%	3.66
Humana (H1804)	n=2549		22%	71%	3.63 ↑
Humana (H1906)	n=198	18%		80%	3.76 ↑
Humana (H5657)	n=207		20%	70%	3.58
Independent Health (H9519)	n=292		22%	74%	3.69 ↑
InStil Health Ins Co (H4204)	n=160	14%	19%	66%	3.49
Marquette National Life Ins Co (H7357)	n=180		28%	64%	3.54
Medica Health Plans (H2410)	n=248		30%	65%	3.58
Medical Mutual of Ohio (H4836)	n=313		28%	66%	3.58
Metropolitan Health Plan (H8201)	n=219		25%	67%	3.59
PacifiCare (H5435)	n=393		24%	68%	3.58
Sierra Health & Life Ins Co (H4449)	n=226		21%	71%	3.60
Sterling Life Insurance Co (H5006)	n=877	17%		78%	3.70 ↑
Tufts Associated (H3057)	n=219		21%	76%	3.71 ↑
Unicare Life & Health Ins. Co (H0540)	n=1012		24%	71%	3.64
Universal American (H5421)	n=942		20%	74%	3.67 ↑
Universal Health Care (H5820)	n=254		26%	66%	3.56
UPMC Health (H1254)	n=215			87%	3.85 ↑
USACare (H6806)	n=144		28%	67%	3.61
WellCare (H1340)	n=494		25%	64%	3.52 ↓
WellCare (H4577)	n=403		24%	69%	3.59
WellCare (H6499)	n=284		29%	60%	3.48 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Care Quickly Composite

This table shows how your contract and other private fee-for-service MA contracts performed on “Getting Care Quickly,” a composite of survey questions 4, 6 and 8. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means too few beneficiaries answered the question to permit reporting. All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages.

		Never + Sometimes	Usually	Always	
		↑ = Significantly better than the national average ↓ = Significantly worse than the national average			
National Distribution – All MA Contracts	n=207745	21%	27%	52%	3.24
National Distribution – PFFS MA Contracts	n=32821	20%	28%	52%	3.25
2009 BCBS of Tennessee (H5884)	n=374	18%	24%	57%	3.33 ↑
2008 BCBS of Tennessee (H5884)	n=554	23%	24%	52%	3.21
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=675	24%	26%	50%	3.18 ↓
Advantra Freedom (H5952)	n=392	22%	29%	49%	3.20
Aetna Medicare (H5736)	n=2230	19%	29%	52%	3.27 ↑
American Progressive Life/Hlth (H3333)	n=836	20%	29%	51%	3.24
Anthem BC&BS (H9452)	n=327	26%	24%	50%	3.15 ↓
Anthem Blue Cross (H5419)	n=362	21%	26%	53%	3.24
Anthem Insurance Co (H1689)	n=528	20%	29%	50%	3.24
Arkansas BCBS (H5849)	n=405	22%	26%	51%	3.20
BC of Idaho Health Services (H5862)	n=319	18%	32%	51%	3.28
BCBS of Florida (H3518)	n=392	25%	28%	47%	3.13 ↓
BCBS of Michigan (H2319)	n=2835	20%	28%	52%	3.27 ↑
BCBS of South Carolina (H4205)	n=341	25%	26%	49%	3.13 ↓
CIGNA Medicare Access (H2762)	n=363	20%	28%	52%	3.26
Educators Mutual Ins Assoc (H0747)	n=397	20%	31%	49%	3.24
Empire BCBS (H5304)	n=397	23%	29%	48%	3.17
First Health Life & Hlth Ins Co (H0846)	n=1919	22%	28%	51%	3.22
Geisinger Gold (H5812)	n=396	13%	25%	61%	3.44 ↑

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

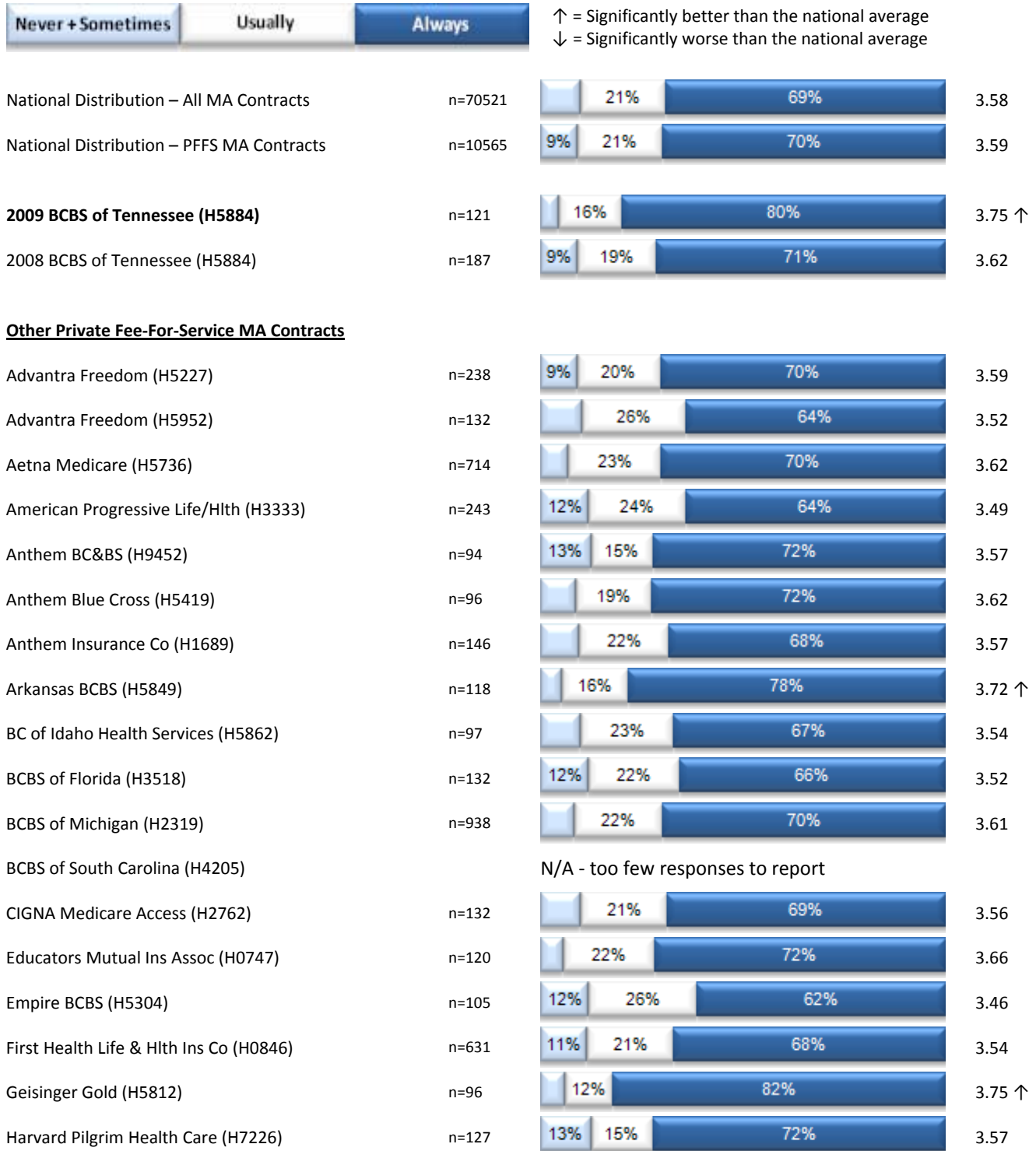
Harvard Pilgrim Health Care (H7226)	n=397	20%	27%	53%	3.28
Health Net (H5721)	n=331	16%	28%	56%	3.34 ↑
Health Net Pearl (H5996)	n=455	23%	27%	49%	3.17
Healthy Alliance Life Ins Co (H2613)	n=342	22%	31%	47%	3.16 ↓
Highmark (H9793)	n=452	20%	30%	50%	3.24
Humana (H1804)	n=4397	21%	28%	51%	3.24
Humana (H1906)	n=334	29%	22%	48%	3.06 ↓
Humana (H5657)	n=335	22%	26%	52%	3.22
Independent Health (H9519)	n=420	19%	30%	51%	3.26
InStil Health Ins Co (H4204)	n=309	27%	24%	49%	3.12 ↓
Marquette National Life Ins Co (H7357)	n=338	22%	27%	52%	3.22
Medica Health Plans (H2410)	n=353	17%	35%	47%	3.26
Medical Mutual of Ohio (H4836)	n=528	21%	27%	52%	3.23
Metropolitan Health Plan (H8201)	n=341	15%	31%	54%	3.36 ↑
PacifiCare (H5435)	n=1098	20%	27%	54%	3.27
Sierra Health & Life Ins Co (H4449)	n=333	17%	27%	56%	3.35 ↑
Sterling Life Insurance Co (H5006)	n=1416	20%	29%	51%	3.25
Tufts Associated (H3057)	n=376	16%	31%	53%	3.30
Unicare Life & Health Ins. Co (H0540)	n=1884	19%	28%	53%	3.29 ↑
Universal American (H5421)	n=1712	20%	28%	52%	3.25
Universal Health Care (H5820)	n=453	24%	25%	51%	3.18
UPMC Health (H1254)	n=358	19%	26%	55%	3.27
USACare (H6806)	n=360	21%	26%	54%	3.26
WellCare (H1340)	n=849	23%	26%	51%	3.19 ↓
WellCare (H4577)	n=664	23%	28%	49%	3.19
WellCare (H6499)	n=498	22%	26%	52%	3.24

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Care Quickly: Getting Care Needed Right Away

Question 4: In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

[Scored only for those who needed care right away in the last six months.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

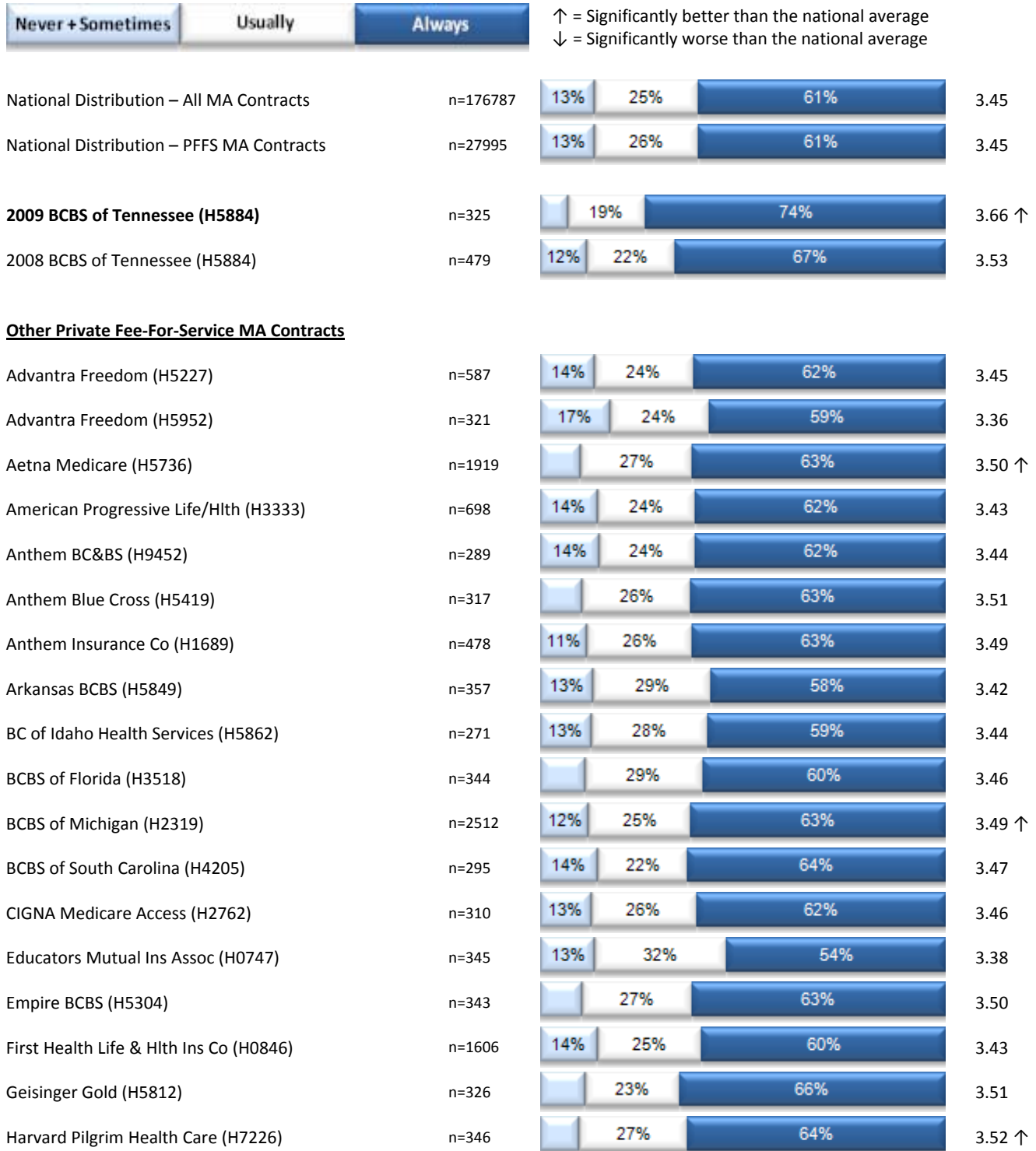
Health Net (H5721)	n=92	17%	80%	3.76 ↑	
Health Net Pearl (H5996)	n=152	14%	26%	60%	3.43 ↓
Healthy Alliance Life Ins Co (H2613)	n=110	12%	26%	62%	3.47
Highmark (H9793)	n=102	11%	23%	65%	3.53
Humana (H1804)	n=1474	9%	20%	71%	3.60
Humana (H1906)	n=115		20%	70%	3.58
Humana (H5657)	n=124		26%	65%	3.53
Independent Health (H9519)	n=139	9%	25%	66%	3.56
InStil Health Ins Co (H4204)	n=129	17%	20%	63%	3.43 ↓
Marquette National Life Ins Co (H7357)	n=126		27%	65%	3.55
Medica Health Plans (H2410)	n=119		25%	65%	3.54
Medical Mutual of Ohio (H4836)	n=153		22%	68%	3.55
Metropolitan Health Plan (H8201)	n=99		20%	74%	3.68
PacifiCare (H5435)	n=367		19%	74%	3.65 ↑
Sierra Health & Life Ins Co (H4449)	n=99	19%		78%	3.75 ↑
Sterling Life Insurance Co (H5006)	n=435		21%	71%	3.63
Tufts Associated (H3057)	n=102		25%	69%	3.62
Unicare Life & Health Ins. Co (H0540)	n=516		20%	71%	3.61
Universal American (H5421)	n=568		23%	70%	3.61
Universal Health Care (H5820)	n=144	13%	17%	70%	3.54
UPMC Health (H1254)	n=128		19%	77%	3.71 ↑
USACare (H6806)	n=100		19%	72%	3.63
WellCare (H1340)	n=359		21%	69%	3.55
WellCare (H4577)	n=252	12%	23%	66%	3.54
WellCare (H6499)	n=179	13%	17%	71%	3.57

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Care Quickly: Getting Appointments

Question 6: In the last 6 months, not counting the times when 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?

[Scored only for those who needed an appointment for health care in the last six months.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

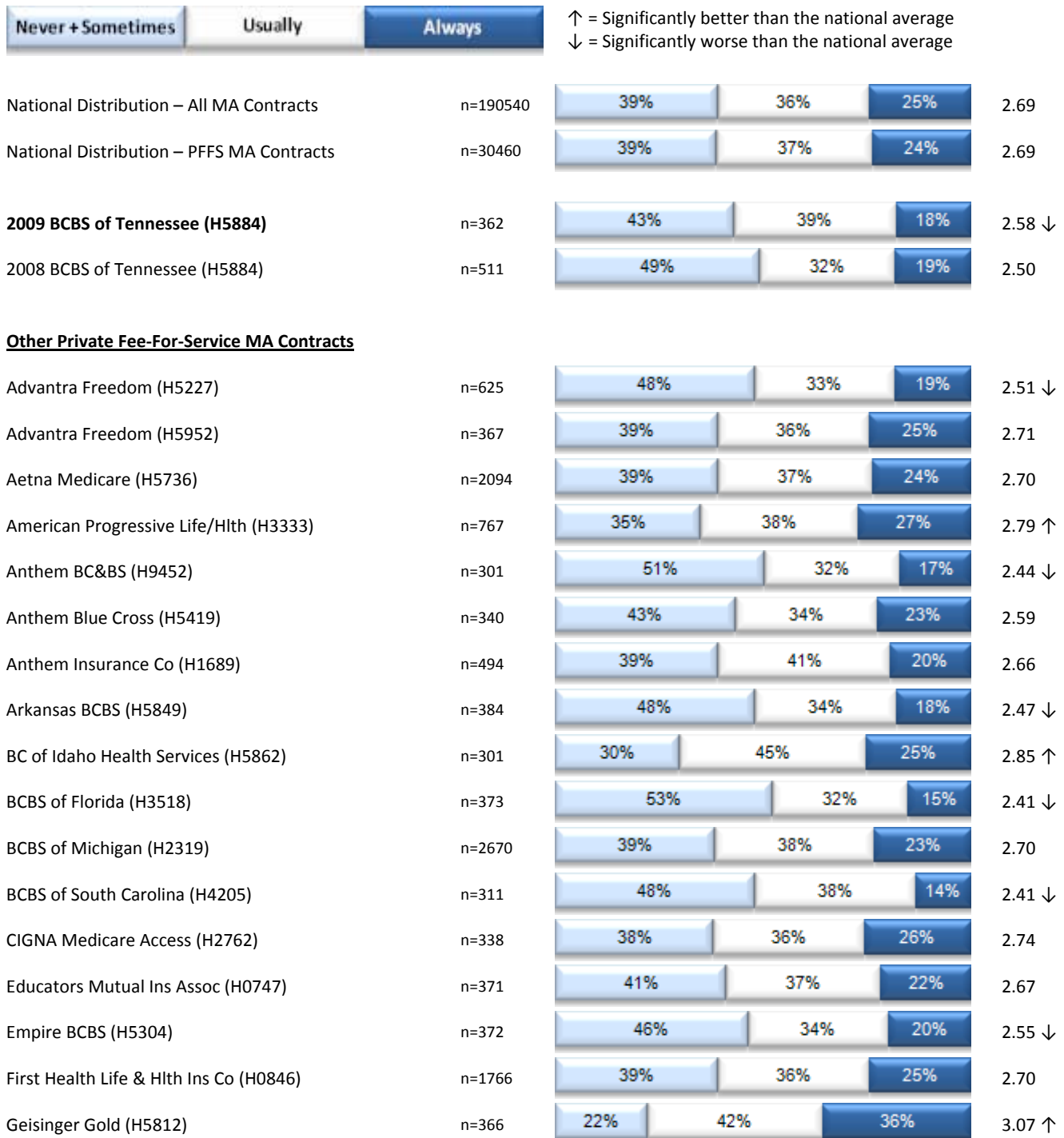
Health Net (H5721)	n=269	12%	25%	63%	3.47
Health Net Pearl (H5996)	n=375	14%	23%	63%	3.46
Healthy Alliance Life Ins Co (H2613)	n=286	17%	26%	58%	3.36
Highmark (H9793)	n=382		29%	62%	3.51
Humana (H1804)	n=3739	14%	26%	60%	3.42 ↓
Humana (H1906)	n=273	20%	23%	57%	3.31 ↓
Humana (H5657)	n=286	14%	21%	65%	3.47
Independent Health (H9519)	n=376	9%	26%	64%	3.54 ↑
InStil Health Ins Co (H4204)		N/A - too few responses to report			
Marquette National Life Ins Co (H7357)	n=285	12%	23%	65%	3.50
Medica Health Plans (H2410)	n=311	15%	35%	51%	3.34 ↓
Medical Mutual of Ohio (H4836)	n=450	15%	23%	63%	3.45
Metropolitan Health Plan (H8201)	n=287	11%	32%	57%	3.43
PacifiCare (H5435)	n=933	14%	24%	62%	3.45
Sierra Health & Life Ins Co (H4449)	n=293	14%	25%	61%	3.44
Sterling Life Insurance Co (H5006)	n=1205	14%	27%	59%	3.42
Tufts Associated (H3057)	n=350		27%	63%	3.49
Unicare Life & Health Ins. Co (H0540)	n=1619	15%	25%	61%	3.43
Universal American (H5421)	n=1428	13%	24%	62%	3.47
Universal Health Care (H5820)	n=364	17%	23%	60%	3.39
UPMC Health (H1254)	n=302		26%	64%	3.52
USACare (H6806)	n=323		24%	66%	3.53
WellCare (H1340)	n=678	15%	24%	62%	3.44
WellCare (H4577)	n=554	15%	27%	58%	3.41
WellCare (H6499)	n=403	15%	24%	62%	3.44

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Care Quickly: Getting Seen Within 15 Minutes of Your Appointment

Question 8: In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

[Scored only for those who went to a doctor’s office or clinic for care in the last six months.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Harvard Pilgrim Health Care (H7226)	n=371	38%	39%	24%	2.74
Health Net (H5721)	n=304	34%	41%	25%	2.79
Health Net Pearl (H5996)	n=414	43%	32%	25%	2.62
Healthy Alliance Life Ins Co (H2613)	n=316	39%	40%	21%	2.65
Highmark (H9793)	n=420	39%	39%	22%	2.67
Humana (H1804)	n=4074	38%	38%	23%	2.69
Humana (H1906)	n=305	58%	25%	18%	2.30 ↓
Humana (H5657)	n=319	44%	31%	25%	2.66
Independent Health (H9519)	n=397	40%	39%	21%	2.69
InStil Health Ins Co (H4204)	n=275	48%	29%	23%	2.53 ↓
Marquette National Life Ins Co (H7357)	n=311	44%	31%	25%	2.61
Medica Health Plans (H2410)	n=325	27%	47%	27%	2.91 ↑
Medical Mutual of Ohio (H4836)	n=502	40%	35%	25%	2.68
Metropolitan Health Plan (H8201)	n=320	27%	40%	33%	2.96 ↑
PacifiCare (H5435)	n=1006	38%	38%	25%	2.71
Sierra Health & Life Ins Co (H4449)	n=315	33%	38%	29%	2.85 ↑
Sterling Life Insurance Co (H5006)	n=1318	38%	39%	23%	2.68
Tufts Associated (H3057)	n=355	33%	40%	26%	2.79
Unicare Life & Health Ins. Co (H0540)	n=1737	33%	39%	28%	2.84 ↑
Universal American (H5421)	n=1573	40%	38%	23%	2.66
Universal Health Care (H5820)	n=419	42%	36%	23%	2.61
UPMC Health (H1254)	n=324	42%	35%	23%	2.59
USACare (H6806)	n=342	43%	33%	23%	2.62
WellCare (H1340)	n=755	45%	33%	22%	2.58 ↓
WellCare (H4577)	n=607	43%	34%	23%	2.62
WellCare (H6499)	n=454	40%	37%	23%	2.71

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Doctors Who Communicate Well Composite

This table shows how your contract and other private fee-for-service MA contracts performed on “Doctors Who Communicate Well,” a composite of survey questions 16, 17, 18 and 19. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages.

			<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> Never + Sometimes Usually Always </div>	↑ = Significantly better than the national average ↓ = Significantly worse than the national average
National Distribution – All MA Contracts	n=184239	19%	76%	3.69
National Distribution – PFFS MA Contracts	n=28538	19%	76%	3.69
2009 BCBS of Tennessee (H5884)	n=326	18%	77%	3.72
2008 BCBS of Tennessee (H5884)	n=492	19%	75%	3.69
<u>Other Private Fee-For-Service MA Contracts</u>				
Advantra Freedom (H5227)	n=600	19%	75%	3.70
Advantra Freedom (H5952)	n=353	23%	70%	3.63 ↓
Aetna Medicare (H5736)	n=2001	20%	75%	3.69
American Progressive Life/Hlth (H3333)	n=753	18%	77%	3.72
Anthem BC&BS (H9452)		N/A - too few responses to report		
Anthem Blue Cross (H5419)	n=312	21%	72%	3.64
Anthem Insurance Co (H1689)	n=458	18%	77%	3.71
Arkansas BCBS (H5849)	n=342	21%	75%	3.70
BC of Idaho Health Services (H5862)	n=241	21%	73%	3.68
BCBS of Florida (H3518)	n=355	23%	72%	3.66
BCBS of Michigan (H2319)	n=2445	20%	76%	3.70
BCBS of South Carolina (H4205)	n=294	18%	76%	3.71
CIGNA Medicare Access (H2762)	n=335	18%	76%	3.69
Educators Mutual Ins Assoc (H0747)	n=322	24%	72%	3.68
Empire BCBS (H5304)	n=345	19%	76%	3.70
First Health Life & Hlth Ins Co (H0846)	n=1665	17%	77%	3.71
Geisinger Gold (H5812)	n=349	17%	78%	3.73

BCBS of Tennessee (H5884)

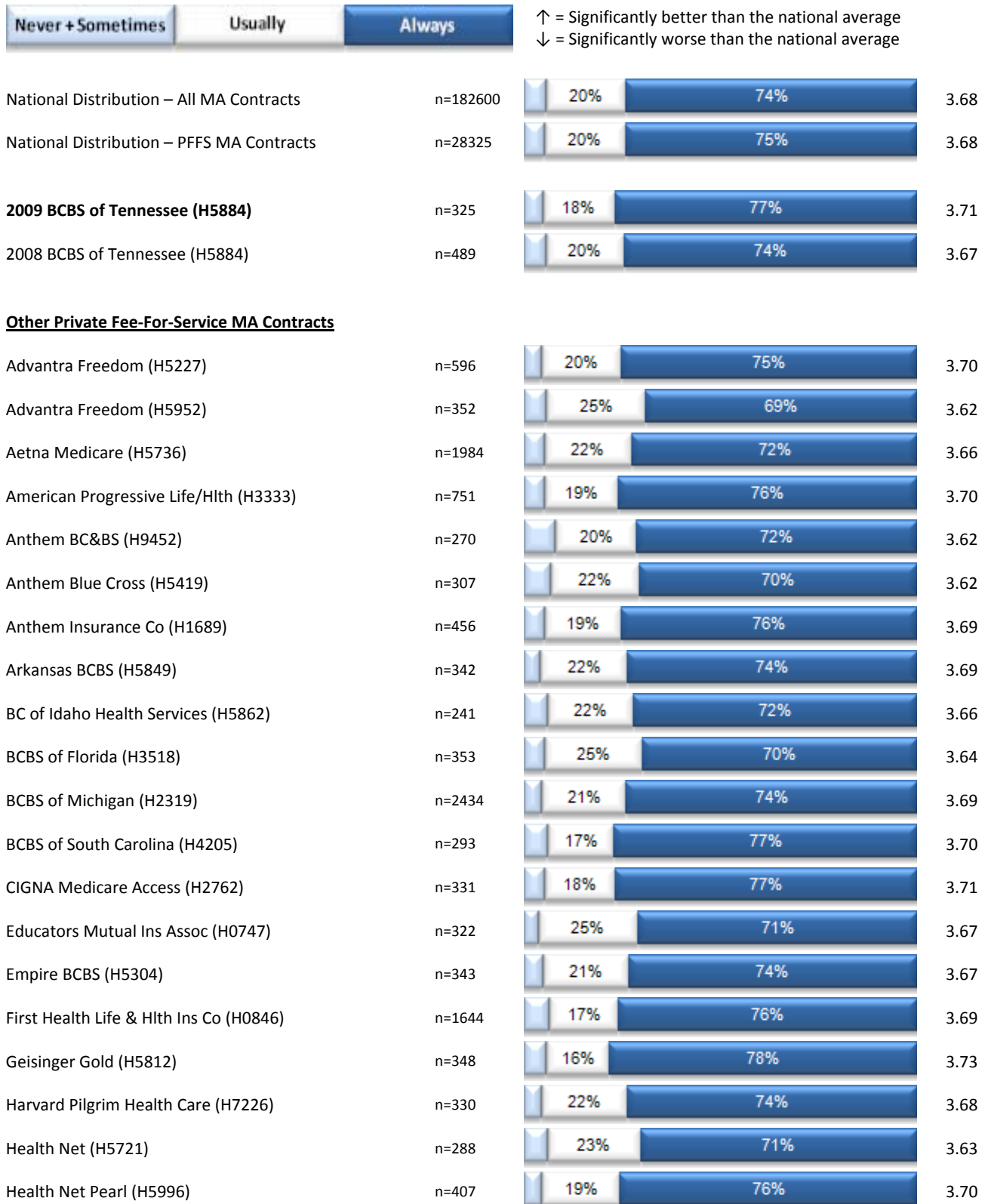
Other Private Fee-For-Service MA Contracts

Harvard Pilgrim Health Care (H7226)	n=334	21%	74%	3.69
Health Net (H5721)	n=292	19%	75%	3.67
Health Net Pearl (H5996)	n=410	18%	78%	3.73
Healthy Alliance Life Ins Co (H2613)	n=296	21%	72%	3.65
Highmark (H9793)	n=399	18%	76%	3.70
Humana (H1804)	n=3745	20%	75%	3.69
Humana (H1906)	n=287	13%	84%	3.81 ↑
Humana (H5657)	n=292	17%	78%	3.72
Independent Health (H9519)	n=379	27%	68%	3.62 ↓
InStil Health Ins Co (H4204)	n=262	13%	79%	3.70
Marquette National Life Ins Co (H7357)	n=299	17%	80%	3.76 ↑
Medica Health Plans (H2410)	n=304	22%	74%	3.68
Medical Mutual of Ohio (H4836)	n=473	19%	77%	3.71
Metropolitan Health Plan (H8201)	n=281	24%	71%	3.66
PacifiCare (H5435)	n=984	18%	75%	3.69
Sierra Health & Life Ins Co (H4449)	n=280	22%	75%	3.71
Sterling Life Insurance Co (H5006)	n=1205	20%	74%	3.68
Tufts Associated (H3057)	n=334	19%	75%	3.68
Unicare Life & Health Ins. Co (H0540)	n=1622	20%	75%	3.69
Universal American (H5421)	n=1474	19%	75%	3.69
Universal Health Care (H5820)	n=399	17%	77%	3.71
UPMC Health (H1254)	n=313	12%	85%	3.82 ↑
USACare (H6806)	n=318	24%	72%	3.66
WellCare (H1340)	n=742	17%	79%	3.73 ↑
WellCare (H4577)	n=601	17%	75%	3.66
WellCare (H6499)	n=446	18%	76%	3.69

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Doctors Who Communicate Well: Providing Clear Explanations

Question 16: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?



BCBS of Tennessee (H5884)

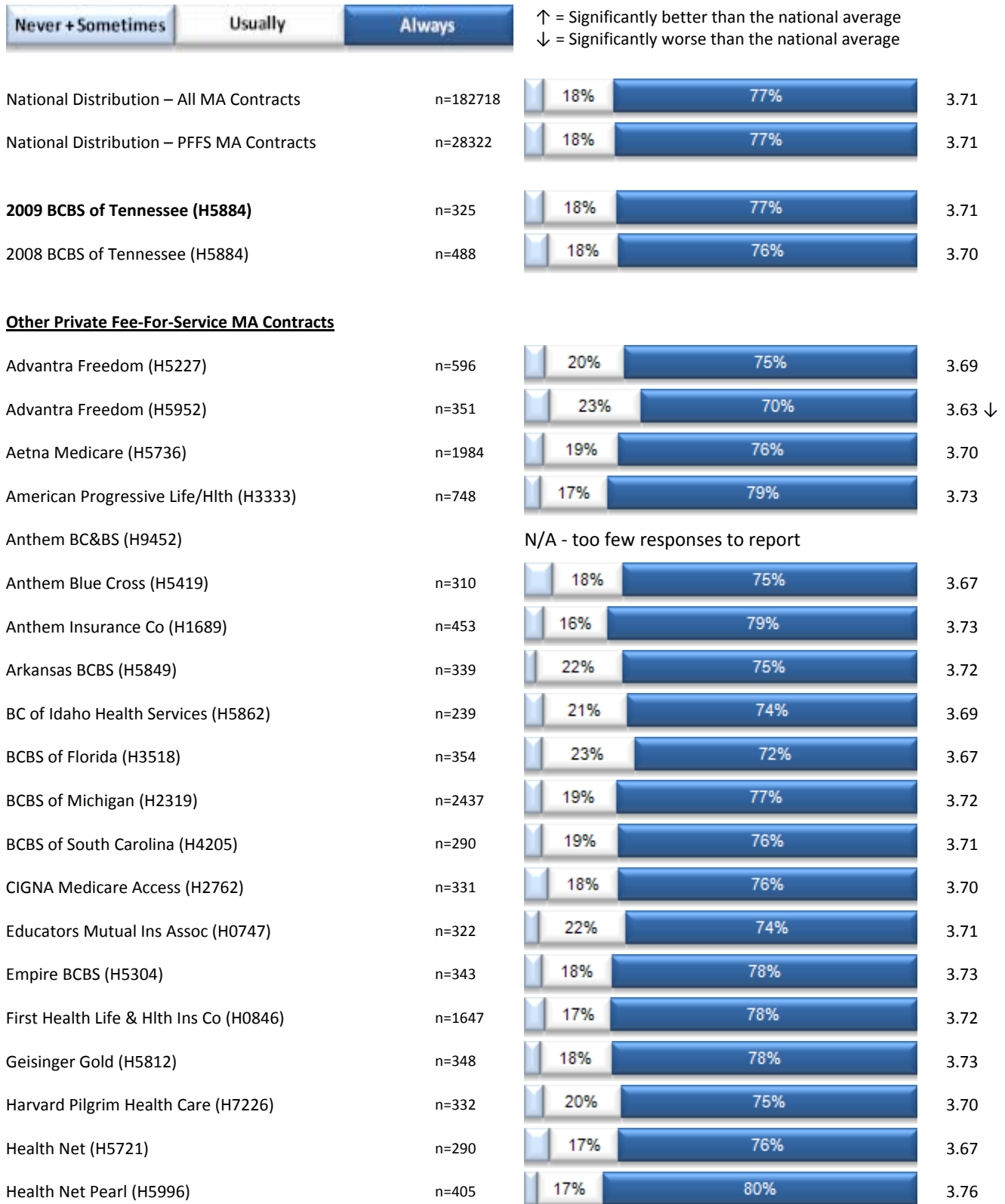
Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)	n=296	23% 70%	3.62
Highmark (H9793)	n=398	20% 75%	3.70
Humana (H1804)	n=3719	21% 75%	3.69
Humana (H1906)	n=281	15% 81%	3.77 ↑
Humana (H5657)	n=289	19% 75%	3.69
Independent Health (H9519)	n=377	28% 68%	3.62
InStil Health Ins Co (H4204)	n=260	13% 79%	3.70
Marquette National Life Ins Co (H7357)	n=295	16% 79%	3.73
Medica Health Plans (H2410)	n=302	23% 71%	3.64
Medical Mutual of Ohio (H4836)	n=471	21% 74%	3.69
Metropolitan Health Plan (H8201)	n=281	24% 71%	3.66
PacifiCare (H5435)	n=973	19% 74%	3.67
Sierra Health & Life Ins Co (H4449)	n=280	23% 74%	3.71
Sterling Life Insurance Co (H5006)	n=1192	21% 74%	3.68
Tufts Associated (H3057)	n=333	19% 75%	3.68
Unicare Life & Health Ins. Co (H0540)	n=1612	21% 73%	3.67
Universal American (H5421)	n=1461	21% 74%	3.68
Universal Health Care (H5820)	n=395	17% 77%	3.71
UPMC Health (H1254)	n=310	14% 82%	3.79 ↑
USACare (H6806)	n=316	23% 72%	3.67
WellCare (H1340)	n=732	16% 78%	3.72
WellCare (H4577)	n=594	17% 75%	3.65
WellCare (H6499)	n=441	18% 76%	3.69

Note: Percentages may not add to 100 due to rounding. For information on how we defined calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Doctors Who Communicate Well: Listening Carefully

Question 17: In the last 6 months, how often did your personal doctor listen carefully to you?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)	n=295	21% 73%	3.65
Highmark (H9793)	n=399	16% 79%	3.73
Humana (H1804)	n=3719	18% 76%	3.70
Humana (H1906)	n=281	12% 85%	3.83 ↑
Humana (H5657)	n=288	15% 80%	3.75
Independent Health (H9519)	n=377	28% 68%	3.62 ↓
InStil Health Ins Co (H4204)	n=260	12% 81%	3.74
Marquette National Life Ins Co (H7357)	n=298	15% 82%	3.79 ↑
Medica Health Plans (H2410)	n=303	19% 77%	3.72
Medical Mutual of Ohio (H4836)	n=469	18% 77%	3.72
Metropolitan Health Plan (H8201)	n=280	23% 73%	3.70
PacifiCare (H5435)	n=968	17% 77%	3.71
Sierra Health & Life Ins Co (H4449)	n=280	22% 75%	3.72
Sterling Life Insurance Co (H5006)	n=1197	20% 75%	3.69
Tufts Associated (H3057)	n=331	22% 73%	3.67
Unicare Life & Health Ins. Co (H0540)	n=1612	19% 76%	3.71
Universal American (H5421)	n=1463	19% 76%	3.71
Universal Health Care (H5820)	n=397	16% 78%	3.71
UPMC Health (H1254)	n=311	85%	3.82 ↑
USACare (H6806)	n=316	24% 72%	3.68
WellCare (H1340)	n=731	15% 80%	3.75
WellCare (H4577)	n=594	18% 76%	3.69
WellCare (H6499)	n=439	17% 77%	3.70

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Doctors Who Communicate Well: Showing Respect for What Patients Have to Say

Question 18: In the last 6 months, how often did your personal doctor show respect for what you had to say?

		Never + Sometimes	Usually	Always	
↑ = Significantly better than the national average ↓ = Significantly worse than the national average					
National Distribution – All MA Contracts	n=182766	15%	81%		3.76
National Distribution – PFFS MA Contracts	n=28354	15%	81%		3.76
2009 BCBS of Tennessee (H5884)	n=324	14%	83%		3.79
2008 BCBS of Tennessee (H5884)	n=489	14%	81%		3.76
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=597	15%	81%		3.77
Advantra Freedom (H5952)	n=352	16%	79%		3.73
Aetna Medicare (H5736)	n=1987	16%	81%		3.77
American Progressive Life/HLth (H3333)	n=748	14%	82%		3.78
Anthem BC&BS (H9452)		N/A - too few responses to report			
Anthem Blue Cross (H5419)	n=311	18%	77%		3.72
Anthem Insurance Co (H1689)	n=455	15%	82%		3.77
Arkansas BCBS (H5849)	n=341	15%	81%		3.77
BC of Idaho Health Services (H5862)	n=239	18%	78%		3.74
BCBS of Florida (H3518)	n=355	19%	76%		3.70 ↓
BCBS of Michigan (H2319)	n=2434	15%	81%		3.77
BCBS of South Carolina (H4205)	n=291	14%	82%		3.77
CIGNA Medicare Access (H2762)	n=333	14%	81%		3.75
Educators Mutual Ins Assoc (H0747)	n=322	17%	80%		3.77
Empire BCBS (H5304)	n=344	13%	84%		3.80
First Health Life & HLth Ins Co (H0846)	n=1651	14%	82%		3.77
Geisinger Gold (H5812)	n=348	13%	82%		3.77
Harvard Pilgrim Health Care (H7226)	n=332	18%	79%		3.75
Health Net (H5721)	n=290	15%	80%		3.75

BCBS of Tennessee (H5884)

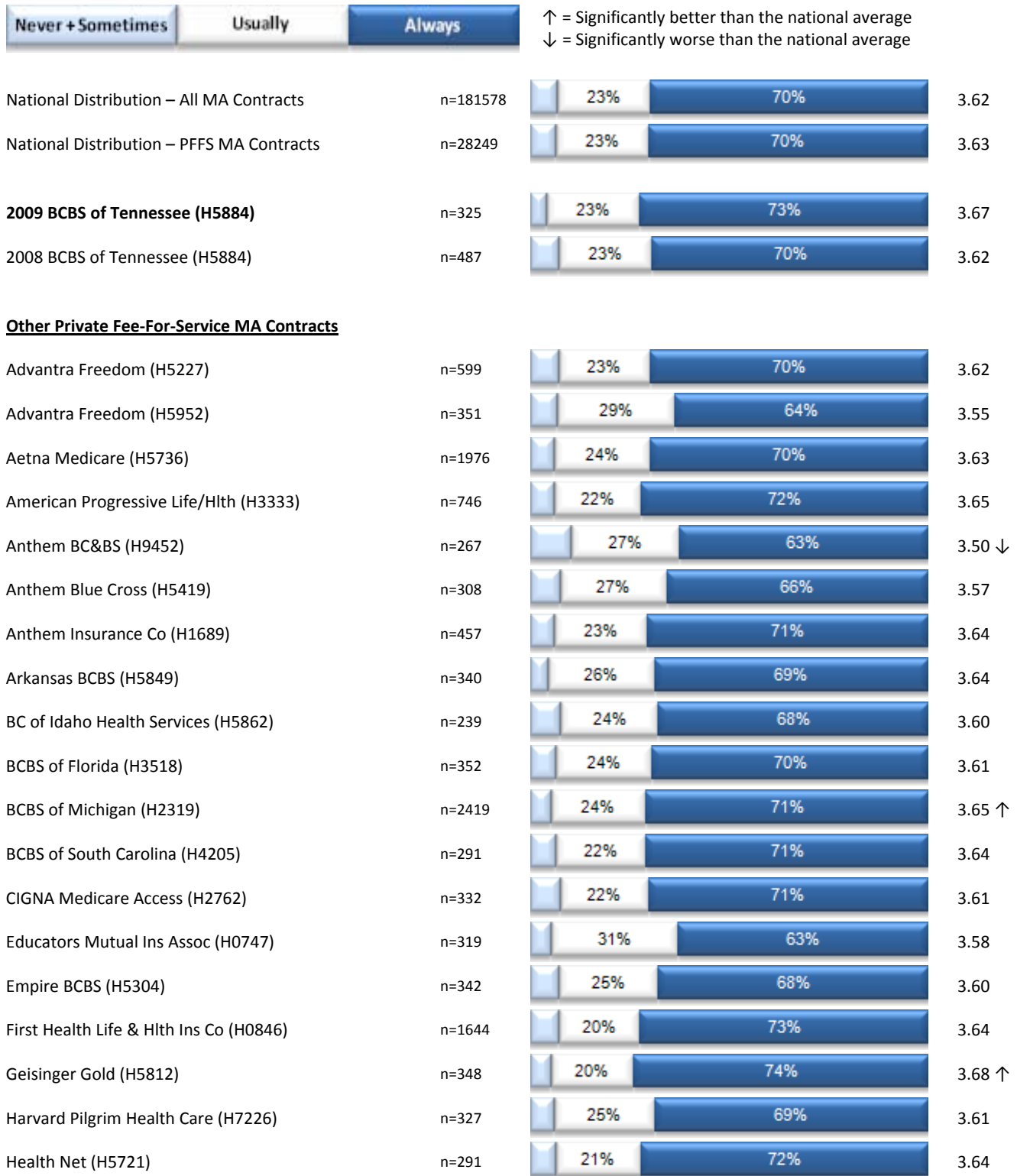
Other Private Fee-For-Service MA Contracts

Health Net Pearl (H5996)	n=407	17%	82%	3.79
Healthy Alliance Life Ins Co (H2613)	n=296	18%	78%	3.72
Highmark (H9793)	n=397	15%	80%	3.75
Humana (H1804)	n=3719	15%	80%	3.74 ↓
Humana (H1906)	n=286		90%	3.88 ↑
Humana (H5657)	n=290	13%	84%	3.80
Independent Health (H9519)	n=377	24%	72%	3.68 ↓
InStil Health Ins Co (H4204)	n=259	12%	82%	3.75
Marquette National Life Ins Co (H7357)	n=298	13%	85%	3.82 ↑
Medica Health Plans (H2410)	n=302	19%	78%	3.75
Medical Mutual of Ohio (H4836)	n=468	16%	81%	3.77
Metropolitan Health Plan (H8201)	n=280	19%	78%	3.74
PacifiCare (H5435)	n=976	15%	81%	3.75
Sierra Health & Life Ins Co (H4449)	n=278	16%	81%	3.79
Sterling Life Insurance Co (H5006)	n=1197	16%	79%	3.74
Tufts Associated (H3057)	n=332	16%	81%	3.76
Unicare Life & Health Ins. Co (H0540)	n=1611	16%	79%	3.74
Universal American (H5421)	n=1470	15%	81%	3.76
Universal Health Care (H5820)	n=398	16%	81%	3.77
UPMC Health (H1254)	n=309		88%	3.87 ↑
USACare (H6806)	n=316	20%	76%	3.72
WellCare (H1340)	n=729	12%	84%	3.80
WellCare (H4577)	n=592	14%	81%	3.74
WellCare (H6499)	n=444	16%	80%	3.76

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Doctors Who Communicate Well: Spending Enough Time With Patients

Question 19: In the last 6 months, how often did your personal doctor spend enough time with you?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Health Net Pearl (H5996)	n=403	21% 73%	3.65
Healthy Alliance Life Ins Co (H2613)	n=294	25% 68%	3.60
Highmark (H9793)	n=394	22% 71%	3.64
Humana (H1804)	n=3696	24% 69%	3.61
Humana (H1906)	n=283	17% 80%	3.75 ↑
Humana (H5657)	n=290	19% 73%	3.64
Independent Health (H9519)	n=378	27% 66%	3.57
InStil Health Ins Co (H4204)	n=259	16% 74%	3.63
Marquette National Life Ins Co (H7357)	n=294	22% 74%	3.70 ↑
Medica Health Plans (H2410)	n=300	27% 68%	3.62
Medical Mutual of Ohio (H4836)	n=469	21% 74%	3.67
Metropolitan Health Plan (H8201)	n=280	29% 63%	3.55
PacifiCare (H5435)	n=976	23% 69%	3.61
Sierra Health & Life Ins Co (H4449)	n=277	26% 68%	3.61
Sterling Life Insurance Co (H5006)	n=1193	24% 69%	3.61
Tufts Associated (H3057)	n=331	20% 72%	3.62
Unicare Life & Health Ins. Co (H0540)	n=1608	25% 70%	3.64
Universal American (H5421)	n=1458	23% 70%	3.62
Universal Health Care (H5820)	n=397	20% 72%	3.64
UPMC Health (H1254)	n=311	14% 83%	3.80 ↑
USACare (H6806)	n=317	28% 66%	3.57
WellCare (H1340)	n=731	22% 72%	3.65
WellCare (H4577)	n=594	21% 68%	3.56
WellCare (H6499)	n=443	22% 70%	3.61

Note: Percentages may not add to 100 due to rounding. For information on how we defined calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Health Plan Customer Service Composite

This table shows how your contract and other private fee-for-service MA contracts performed on “Health Plan Customer Service,” a composite of survey questions 28, 29 and 31. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages. The questions in this composite were not asked for PPO contracts in 2009.

		<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> Never + Sometimes Usually Always </div>			
		↑ = Significantly better than the national average ↓ = Significantly worse than the national average			
National Distribution – All MA Contracts	n=188216	9%	15%	75%	3.64
National Distribution – PFFS MA Contracts	n=35965		15%	74%	3.60
2009 BCBS of Tennessee (H5884)	n=395		11%	83%	3.77 ↑
2008 BCBS of Tennessee (H5884)	n=640		15%	78%	3.69
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=681		15%	74%	3.60
Advantra Freedom (H5952)	n=446	13%	13%	73%	3.55
Aetna Medicare (H5736)	n=2370		14%	79%	3.69 ↑
American Progressive Life/HLth (H3333)	n=931	14%	14%	72%	3.54 ↓
Anthem BC&BS (H9452)	n=352		14%	76%	3.62
Anthem Blue Cross (H5419)	n=393	12%	18%	70%	3.55
Anthem Insurance Co (H1689)	n=573		16%	77%	3.68
Arkansas BCBS (H5849)	n=451		18%	72%	3.60
BC of Idaho Health Services (H5862)	n=403		16%	75%	3.64
BCBS of Florida (H3518)	n=422	13%	20%	67%	3.50 ↓
BCBS of Michigan (H2319)	n=3008		16%	76%	3.65
BCBS of South Carolina (H4205)	n=354		15%	78%	3.68
CIGNA Medicare Access (H2762)	n=384	12%	17%	71%	3.57
Educators Mutual Ins Assoc (H0747)	n=444		16%	79%	3.73 ↑
Empire BCBS (H5304)	n=440		17%	75%	3.66
First Health Life & HLth Ins Co (H0846)	n=1955		16%	73%	3.59

BCBS of Tennessee (H5884)

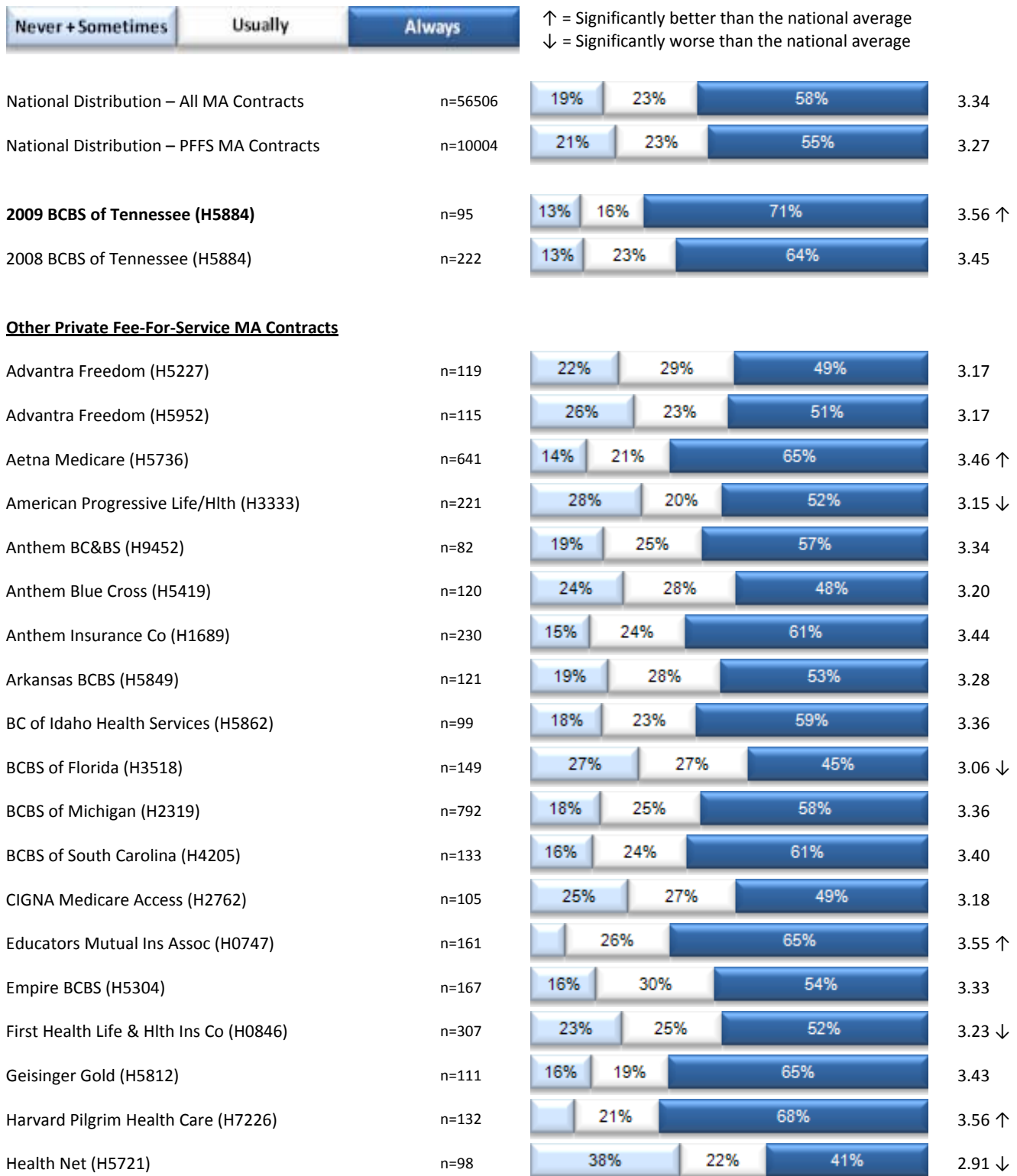
Other Private Fee-For-Service MA Contracts

Geisinger Gold (H5812)	n=449		3.71
Harvard Pilgrim Health Care (H7226)	n=437		3.74 ↑
Health Net (H5721)		N/A - too few responses to report	
Health Net Pearl (H5996)	n=508		3.41 ↓
Healthy Alliance Life Ins Co (H2613)		N/A - too few responses to report	
Highmark (H9793)	n=484		3.69
Humana (H1804)	n=4900		3.58 ↓
Humana (H1906)	n=374		3.68
Humana (H5657)	n=371		3.65
Independent Health (H9519)	n=429		3.75 ↑
InStil Health Ins Co (H4204)	n=342		3.52 ↓
Marquette National Life Ins Co (H7357)	n=359		3.46 ↓
Medica Health Plans (H2410)	n=417		3.64
Medical Mutual of Ohio (H4836)	n=581		3.60
Metropolitan Health Plan (H8201)	n=396		3.59
PacifiCare (H5435)	n=1174		3.49 ↓
Sierra Health & Life Ins Co (H4449)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=1653		3.68 ↑
Tufts Associated (H3057)	n=399		3.73 ↑
Unicare Life & Health Ins. Co (H0540)	n=2092		3.60
Universal American (H5421)	n=1904		3.49 ↓
Universal Health Care (H5820)	n=525		3.46 ↓
UPMC Health (H1254)	n=382		3.85 ↑
USACare (H6806)	n=369		3.69
WellCare (H1340)	n=955		3.54 ↓
WellCare (H4577)	n=755		3.55 ↓
WellCare (H6499)	n=563		3.51 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we defined calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Health Plan Customer Service: Give Information Needed

Question 28: In the last 6 months, how often did your health plan's customer service give you the information or help you needed?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Health Net Pearl (H5996)	n=185	36%	24%	41%	2.94 ↓
Healthy Alliance Life Ins Co (H2613)		N/A - too few responses to report			
Highmark (H9793)	n=127	14%	19%	68%	3.50 ↑
Humana (H1804)	n=1514	23%	23%	54%	3.24 ↓
Humana (H1906)	n=89	14%	23%	63%	3.42
Humana (H5657)	n=129	22%	22%	56%	3.30
Independent Health (H9519)	n=165		23%	67%	3.56 ↑
InStil Health Ins Co (H4204)	n=91	31%	18%	52%	3.12 ↓
Marquette National Life Ins Co (H7357)	n=102	32%	28%	40%	2.99 ↓
Medica Health Plans (H2410)	n=126	14%	27%	59%	3.41
Medical Mutual of Ohio (H4836)	n=177	18%	28%	54%	3.29
Metropolitan Health Plan (H8201)	n=92	15%	33%	52%	3.32
PacifiCare (H5435)	n=183	31%	22%	46%	3.04 ↓
Sierra Health & Life Ins Co (H4449)	n=88	22%	27%	51%	3.21
Sterling Life Insurance Co (H5006)	n=550	15%	22%	62%	3.41
Tufts Associated (H3057)	n=162	14%	18%	68%	3.50 ↑
Unicare Life & Health Ins. Co (H0540)	n=477	22%	23%	55%	3.26
Universal American (H5421)	n=491	32%	22%	46%	3.05 ↓
Universal Health Care (H5820)	n=175	30%	27%	43%	3.00 ↓
UPMC Health (H1254)	n=109	12%		84%	3.79 ↑
USACare (H6806)	n=115	15%	20%	65%	3.47
WellCare (H1340)	n=316	26%	22%	52%	3.17 ↓
WellCare (H4577)	n=266	25%	24%	51%	3.21 ↓
WellCare (H6499)	n=213	26%	27%	48%	3.14 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Health Plan Customer Service: Courtesy and Respect

Question 29: In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?



↑ = Significantly better than the national average
 ↓ = Significantly worse than the national average

National Distribution – All MA Contracts	n=62018	17%	76%	3.68
National Distribution – PFFS MA Contracts	n=10606	18%	74%	3.64
2009 BCBS of Tennessee (H5884)	n=108		87%	3.84 ↑
2008 BCBS of Tennessee (H5884)	n=238	15%	80%	3.74

Other Private Fee-For-Service MA Contracts

Advantra Freedom (H5227)	n=138	14%	80%	3.72
Advantra Freedom (H5952)	n=131	13%	74%	3.56
Aetna Medicare (H5736)	n=662	16%	79%	3.72
American Progressive Life/Hlth (H3333)	n=226	14%	67%	3.51 ↓
Anthem BC&BS (H9452)		N/A - too few responses to report		
Anthem Blue Cross (H5419)	n=124	21%	68%	3.55 ↓
Anthem Insurance Co (H1689)	n=231	19%	78%	3.75 ↑
Arkansas BCBS (H5849)	n=126	18%	77%	3.71
BC of Idaho Health Services (H5862)	n=108	19%	75%	3.66
BCBS of Florida (H3518)	n=158	27%	65%	3.56 ↓
BCBS of Michigan (H2319)	n=875	18%	76%	3.69
BCBS of South Carolina (H4205)	n=135	17%	77%	3.70
CIGNA Medicare Access (H2762)	n=107	9%	73%	3.62
Educators Mutual Ins Assoc (H0747)	n=168	14%	83%	3.79 ↑
Empire BCBS (H5304)	n=180	16%	79%	3.74
First Health Life & Hlth Ins Co (H0846)	n=309	18%	74%	3.64
Geisinger Gold (H5812)	n=123	13%	83%	3.79 ↑
Harvard Pilgrim Health Care (H7226)	n=152	13%	82%	3.77 ↑
Health Net (H5721)		N/A - too few responses to report		
Health Net Pearl (H5996)	n=191	28%	61%	3.48 ↓

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)

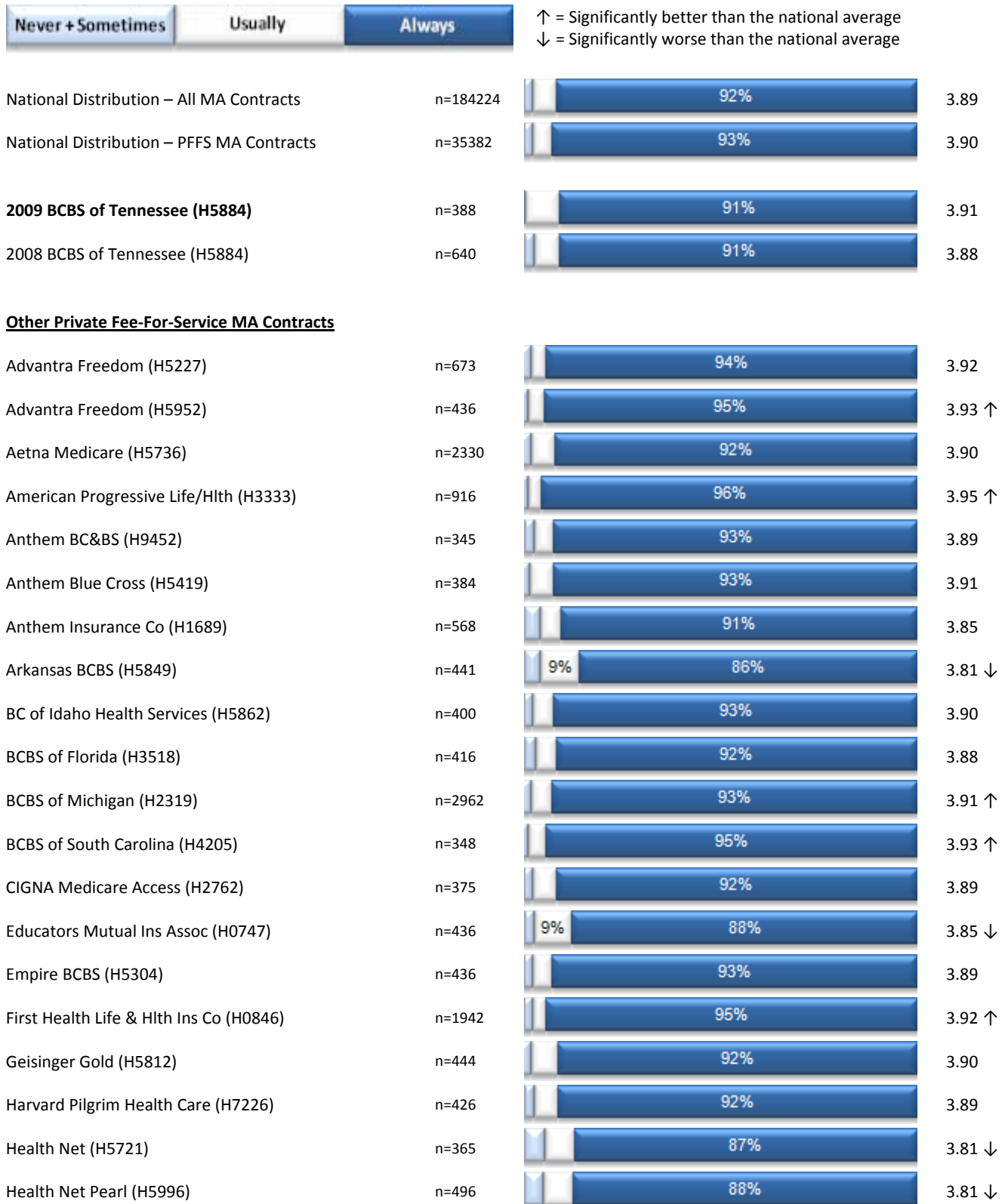
N/A - too few responses to report

Highmark (H9793)	n=134		3.69
Humana (H1804)	n=1659		3.61 ↓
Humana (H1906)	n=104		3.67
Humana (H5657)	n=138		3.74
Independent Health (H9519)	n=172		3.82 ↑
InStil Health Ins Co (H4204)	n=92		3.51 ↓
Marquette National Life Ins Co (H7357)	n=108		3.47 ↓
Medica Health Plans (H2410)	n=133		3.62
Medical Mutual of Ohio (H4836)	n=191		3.64
Metropolitan Health Plan (H8201)	n=95		3.55
PacifiCare (H5435)	n=191		3.52 ↓
Sierra Health & Life Ins Co (H4449)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=566		3.73 ↑
Tufts Associated (H3057)	n=168		3.79 ↑
Unicare Life & Health Ins. Co (H0540)	n=494		3.64
Universal American (H5421)	n=510		3.50 ↓
Universal Health Care (H5820)	n=182		3.53 ↓
UPMC Health (H1254)	n=114		3.88 ↑
USACare (H6806)	n=120		3.72
WellCare (H1340)	n=330		3.61
WellCare (H4577)	n=275		3.58 ↓
WellCare (H6499)	n=224		3.59

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Health Plan Customer Service: Forms Were Easy to Fill Out

Question 31: In the last 6 months, how often were the forms for your health plan easy to fill out?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)	n=363	93%	3.88
Highmark (H9793)	n=477	93%	3.90
Humana (H1804)	n=4808	93%	3.91 ↑
Humana (H1906)	n=366	97%	3.95 ↑
Humana (H5657)	n=365	94%	3.91
Independent Health (H9519)	n=422	92%	3.89
InStil Health Ins Co (H4204)	n=334	95%	3.93
Marquette National Life Ins Co (H7357)	n=351	94%	3.92
Medica Health Plans (H2410)	n=412	90%	3.87
Medical Mutual of Ohio (H4836)	n=563	90%	3.87
Metropolitan Health Plan (H8201)	n=392	94%	3.91
PacifiCare (H5435)	n=1164	94%	3.92 ↑
Sierra Health & Life Ins Co (H4449)	n=405	94%	3.94 ↑
Sterling Life Insurance Co (H5006)	n=1627	93%	3.90
Tufts Associated (H3057)	n=394	94%	3.92
Unicare Life & Health Ins. Co (H0540)	n=2062	93%	3.90
Universal American (H5421)	n=1869	96%	3.94 ↑
Universal Health Care (H5820)	n=513	89%	3.85
UPMC Health (H1254)	n=373	92%	3.88
USACare (H6806)	n=366	91%	3.89
WellCare (H1340)	n=936	89%	3.85 ↓
WellCare (H4577)	n=738	90%	3.85 ↓
WellCare (H6499)	n=555	87%	3.79 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Overall Rating of Health Plan

Question 32: 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?

Note that the presentation for this item has been changed from previous reports – the distribution had been shown as 0-7, 8-9, and 10. The 2008 results shown here reflect this change and are thus different from what was presented in last year’s report. For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix.

		0 - 6	7 - 8	9 - 10	
National Distribution – All MA Contracts	n=227723	13%	27%	60%	8.47
National Distribution – PFFS MA Contracts	n=35583	16%	28%	55%	8.27
2009 BCBS of Tennessee (H5884)	n=397	18%	77%		9.12 ↑
2008 BCBS of Tennessee (H5884)	n=605	24%	66%		8.71
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=671	18%	27%	55%	8.24 ↓
Advantra Freedom (H5952)	n=433	21%	30%	49%	7.94 ↓
Aetna Medicare (H5736)	n=2390	26%	63%		8.61 ↑
American Progressive Life/Hlth (H3333)	n=924	16%	25%	59%	8.34 ↓
Anthem BC&BS (H9452)	n=340	25%	36%	39%	7.67 ↓
Anthem Blue Cross (H5419)	n=389	22%	30%	48%	7.99 ↓
Anthem Insurance Co (H1689)	n=567	15%	30%	54%	8.24 ↓
Arkansas BCBS (H5849)	n=444	13%	28%	58%	8.50
BC of Idaho Health Services (H5862)	n=388	22%	31%	46%	7.89 ↓
BCBS of Florida (H3518)	n=412	20%	34%	45%	7.88 ↓
BCBS of Michigan (H2319)	n=3002	14%	29%	57%	8.43
BCBS of South Carolina (H4205)	n=349	21%	27%	52%	8.08 ↓
CIGNA Medicare Access (H2762)	n=378	20%	26%	54%	8.16 ↓
Educators Mutual Ins Assoc (H0747)	n=441	31%	62%		8.74 ↑
Empire BCBS (H5304)	n=431	19%	38%	43%	7.90 ↓

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

First Health Life & Hlth Ins Co (H0846)	n=1932	17%	29%	54%	8.24 ↓
Geisinger Gold (H5812)	n=450	13%	26%	61%	8.52
Harvard Pilgrim Health Care (H7226)	n=431		24%	68%	8.76 ↑
Health Net (H5721)	n=355	27%	32%	42%	7.56 ↓
Health Net Pearl (H5996)	n=495	25%	25%	50%	7.81 ↓
Healthy Alliance Life Ins Co (H2613)	n=358	25%	29%	46%	7.77 ↓
Highmark (H9793)	n=491	20%	29%	51%	8.11 ↓
Humana (H1804)	n=4841	17%	30%	53%	8.19 ↓
Humana (H1906)	n=378	14%	22%	64%	8.65
Humana (H5657)	n=367	17%	28%	55%	8.28
Independent Health (H9519)	n=424		26%	67%	8.82 ↑
InStil Health Ins Co (H4204)	n=341	17%	26%	57%	8.23 ↓
Marquette National Life Ins Co (H7357)	n=357	25%	28%	46%	7.59 ↓
Medica Health Plans (H2410)	n=406	14%	30%	56%	8.38
Medical Mutual of Ohio (H4836)	n=573	18%	32%	50%	8.08 ↓
Metropolitan Health Plan (H8201)	n=383	19%	28%	53%	8.05 ↓
PacifiCare (H5435)	n=1161	17%	30%	54%	8.19 ↓
Sierra Health & Life Ins Co (H4449)	n=397	23%	29%	49%	7.95 ↓
Sterling Life Insurance Co (H5006)	n=1636	15%	27%	58%	8.34 ↓
Tufts Associated (H3057)	n=387		24%	66%	8.65 ↑
Unicare Life & Health Ins. Co (H0540)	n=2060	17%	30%	52%	8.16 ↓
Universal American (H5421)	n=1889	19%	25%	56%	8.13 ↓
Universal Health Care (H5820)	n=510	21%	34%	45%	7.89 ↓
UPMC Health (H1254)	n=394	14%		80%	9.17 ↑
USACare (H6806)	n=371	19%	30%	51%	8.09 ↓
WellCare (H1340)	n=949	20%	25%	54%	8.05 ↓
WellCare (H4577)	n=739	20%	29%	51%	8.10 ↓
WellCare (H6499)	n=552	21%	27%	51%	7.93 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Overall Rating of Care Received

Question 9: 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?

Note that the presentation for this item has been changed from previous reports – the distribution had been shown as 0-7, 8-9, and 10. The 2008 results shown here reflect this change and are thus different from what was presented in last year’s report. For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix.

[Scored only for those who visited a doctor or clinic in the last 6 months.]

		0 - 6	7 - 8	9 - 10	
					↑ = Significantly better than the national average ↓ = Significantly worse than the national average
National Distribution – All MA Contracts	n=190493	13%	29%	58%	8.47
National Distribution – PFFS MA Contracts	n=30304	12%	30%	58%	8.48
2009 BCBS of Tennessee (H5884)	n=361	13%	24%	63%	8.62
2008 BCBS of Tennessee (H5884)	n=511		27%	62%	8.62
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=618	12%	34%	54%	8.44
Advantra Freedom (H5952)	n=364	16%	33%	51%	8.32
Aetna Medicare (H5736)	n=2077		30%	60%	8.59 ↑
American Progressive Life/HLth (H3333)	n=763		30%	59%	8.53
Anthem BC&BS (H9452)	n=296	16%	37%	47%	8.19 ↓
Anthem Blue Cross (H5419)	n=337	14%	31%	55%	8.37
Anthem Insurance Co (H1689)	n=497		31%	57%	8.55
Arkansas BCBS (H5849)	n=382	13%	32%	54%	8.37
BC of Idaho Health Services (H5862)	n=299	16%	35%	49%	8.23 ↓
BCBS of Florida (H3518)	n=371	13%	34%	54%	8.39
BCBS of Michigan (H2319)	n=2644		29%	60%	8.58 ↑
BCBS of South Carolina (H4205)	n=311	14%	28%	57%	8.43
CIGNA Medicare Access (H2762)	n=337	14%	31%	55%	8.40
Educators Mutual Ins Assoc (H0747)	n=373		29%	60%	8.55
Empire BCBS (H5304)	n=372	15%	34%	50%	8.31

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

First Health Life & Hlth Ins Co (H0846)	n=1748	13%	30%	56%	8.42
Geisinger Gold (H5812)	n=363		30%	60%	8.58
Harvard Pilgrim Health Care (H7226)	n=372		31%	59%	8.56
Health Net (H5721)	n=304		32%	57%	8.52
Health Net Pearl (H5996)	n=413	15%	29%	56%	8.38
Healthy Alliance Life Ins Co (H2613)	n=308	16%	33%	51%	8.31
Highmark (H9793)	n=420	12%	32%	56%	8.49
Humana (H1804)	n=4071	13%	29%	58%	8.47
Humana (H1906)	n=303	14%	26%	60%	8.51
Humana (H5657)	n=318	13%	35%	52%	8.39
Independent Health (H9519)	n=397		28%	61%	8.54
InStil Health Ins Co (H4204)	n=270	15%	24%	61%	8.49
Marquette National Life Ins Co (H7357)	n=312		32%	58%	8.56
Medica Health Plans (H2410)	n=325	17%	29%	54%	8.30
Medical Mutual of Ohio (H4836)	n=497		31%	58%	8.53
Metropolitan Health Plan (H8201)	n=316	12%	34%	54%	8.42
PacifiCare (H5435)	n=1003	13%	30%	57%	8.44
Sierra Health & Life Ins Co (H4449)	n=312		30%	60%	8.59
Sterling Life Insurance Co (H5006)	n=1307	13%	31%	56%	8.40
Tufts Associated (H3057)	n=357		31%	59%	8.54
Unicare Life & Health Ins. Co (H0540)	n=1721	13%	30%	58%	8.49
Universal American (H5421)	n=1570	14%	31%	55%	8.40
Universal Health Care (H5820)	n=420	12%	35%	53%	8.36
UPMC Health (H1254)	n=323	13%	23%	64%	8.60
USACare (H6806)	n=340	14%	35%	51%	8.28 ↓
WellCare (H1340)	n=756	15%	30%	55%	8.32
WellCare (H4577)	n=601	17%	29%	55%	8.26 ↓
WellCare (H6499)	n=455	20%	27%	53%	8.18 ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Overall Rating of Personal Doctor

Question 20 : 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?

Note that the presentation for this item has been changed from previous reports – the distribution had been shown as 0-7, 8-9, and 10. The 2008 results shown here reflect this change and are thus different from what was presented in last year’s report. For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix.

[Scored only for those who have a personal doctor.]

		0 - 6	7 - 8	9 - 10		
					↑ = Significantly better than the national average	↓ = Significantly worse than the national average
National Distribution – All MA Contracts	n=181567	19%	74%		9.00	
National Distribution – PFFS MA Contracts	n=28223	19%	74%		8.99	
2009 BCBS of Tennessee (H5884)	n=323	19%	75%		9.07	
2008 BCBS of Tennessee (H5884)	n=487	18%	74%		9.00	

Other Private Fee-For-Service MA Contracts

Advantra Freedom (H5227)	n=594	22%	72%		9.01	
Advantra Freedom (H5952)	n=347	19%	71%		8.79 ↓	
Aetna Medicare (H5736)	n=1986	20%	73%		8.98	
American Progressive Life/HLth (H3333)	n=744	17%	77%		9.06	
Anthem BC&BS (H9452)	n=269	9%	27%	64%	8.75 ↓	
Anthem Blue Cross (H5419)	n=307	22%	69%		8.83	
Anthem Insurance Co (H1689)	n=455	18%	74%		9.00	
Arkansas BCBS (H5849)	n=340	22%	73%		9.05	
BC of Idaho Health Services (H5862)	n=238	23%	67%		8.74 ↓	
BCBS of Florida (H3518)	n=354	24%	69%		8.90	
BCBS of Michigan (H2319)	n=2416	19%	75%		9.06 ↑	
BCBS of South Carolina (H4205)	n=293	19%	76%		9.09	
CIGNA Medicare Access (H2762)	n=330	18%	74%		8.98	
Educators Mutual Ins Assoc (H0747)	n=318	18%	74%		8.98	
Empire BCBS (H5304)	n=343	25%	69%		8.92	

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

First Health Life & Hlth Ins Co (H0846)	n=1646		9.03
Geisinger Gold (H5812)	n=349		9.02
Harvard Pilgrim Health Care (H7226)	n=328		9.07
Health Net (H5721)	n=289		8.89
Health Net Pearl (H5996)	n=405		9.11
Healthy Alliance Life Ins Co (H2613)	n=293		8.70 ↓
Highmark (H9793)	n=398		9.10
Humana (H1804)	n=3691		8.97
Humana (H1906)	n=283		9.18
Humana (H5657)	n=290		8.94
Independent Health (H9519)	n=380		8.84 ↓
InStil Health Ins Co (H4204)		N/A - too few responses to report	
Marquette National Life Ins Co (H7357)	n=296		9.10
Medica Health Plans (H2410)	n=297		8.88
Medical Mutual of Ohio (H4836)	n=462		9.07
Metropolitan Health Plan (H8201)	n=280		8.82 ↓
PacifiCare (H5435)	n=975		8.92
Sierra Health & Life Ins Co (H4449)	n=276		9.02
Sterling Life Insurance Co (H5006)	n=1196		8.88 ↓
Tufts Associated (H3057)	n=330		9.01
Unicare Life & Health Ins. Co (H0540)	n=1611		8.98
Universal American (H5421)	n=1461		8.95
Universal Health Care (H5820)	n=395		9.02
UPMC Health (H1254)	n=310		9.24 ↑
USACare (H6806)	n=316		8.86
WellCare (H1340)	n=726		9.01
WellCare (H4577)	n=589		8.86
WellCare (H6499)	n=440		9.03

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Overall Rating of Specialist

Question 24: 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?

Note that the presentation for this item has been changed from previous reports – the distribution had been shown as 0-7, 8-9, and 10. The 2008 results shown here reflect this change and are thus different from what was presented in last year’s report. For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix.

[Scored only for those who saw a specialist in the last 6 months.]

	0 - 6	7 - 8	9 - 10	
				↑ = Significantly better than the national average ↓ = Significantly worse than the national average
National Distribution – All MA Contracts	n=113837	21%	70%	8.82
National Distribution – PFFS MA Contracts	n=17228	21%	71%	8.85
2009 BCBS of Tennessee (H5884)	n=208	18%	78%	9.20 ↑
2008 BCBS of Tennessee (H5884)	n=313	19%	76%	9.06

Other Private Fee-For-Service MA Contracts

Advantra Freedom (H5227)	n=350	9%	21%	69%	8.85
Advantra Freedom (H5952)	n=185		23%	69%	8.91
Aetna Medicare (H5736)	n=1271		21%	71%	8.89
American Progressive Life/HLth (H3333)	n=408		20%	70%	8.78
Anthem BC&BS (H9452)	n=186		19%	70%	8.81
Anthem Blue Cross (H5419)	n=200	9%	29%	62%	8.64
Anthem Insurance Co (H1689)	n=316		20%	72%	8.86
Arkansas BCBS (H5849)	n=222		22%	67%	8.72
BC of Idaho Health Services (H5862)	n=158		27%	67%	8.86
BCBS of Florida (H3518)	n=249		24%	69%	8.84
BCBS of Michigan (H2319)	n=1654		20%	73%	8.97 ↑
BCBS of South Carolina (H4205)	n=166		19%	73%	8.90
CIGNA Medicare Access (H2762)	n=192		24%	67%	8.78
Educators Mutual Ins Assoc (H0747)	n=260		17%	78%	9.07 ↑

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Empire BCBS (H5304)	n=252		8.83
First Health Life & Hlth Ins Co (H0846)	n=938		8.85
Geisinger Gold (H5812)	n=193		9.09 ↑
Harvard Pilgrim Health Care (H7226)	n=238		8.76
Health Net (H5721)	n=150		8.88
Health Net Pearl (H5996)	n=214		9.03
Healthy Alliance Life Ins Co (H2613)	n=163		8.90
Highmark (H9793)	n=251		8.94
Humana (H1804)	n=2216		8.83
Humana (H1906)	n=185		9.08 ↑
Humana (H5657)	n=177		8.67
Independent Health (H9519)	n=276		8.82
InStil Health Ins Co (H4204)		N/A - too few responses to report	
Marquette National Life Ins Co (H7357)	n=167		8.90
Medica Health Plans (H2410)	n=189		8.75
Medical Mutual of Ohio (H4836)	n=301		8.72
Metropolitan Health Plan (H8201)	n=167		8.60
PacifiCare (H5435)	n=546		8.81
Sierra Health & Life Ins Co (H4449)	n=186		8.73
Sterling Life Insurance Co (H5006)	n=697		8.72
Tufts Associated (H3057)	n=217		8.96
Unicare Life & Health Ins. Co (H0540)	n=898		8.83
Universal American (H5421)	n=886		8.93 ↑
Universal Health Care (H5820)	n=218		8.65
UPMC Health (H1254)	n=204		9.15 ↑
USACare (H6806)	n=227		8.81
WellCare (H1340)	n=357		8.69
WellCare (H4577)	n=320		8.64

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

WellCare (H6499)

n=235



9.10 ↑

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.




















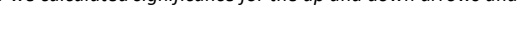
Getting Needed Prescription Drugs Composite

This table shows how your contract and other private fee-for-service MA-PD contracts performed on “Getting Needed Prescription Drugs,” a composite of survey questions 47, 49, and 51. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA-PD contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages. Questions 49 and 51 were combined for inclusion in the composite; both the combined and individual results are presented.

		Never + Sometimes	Usually	Always		Mean Score	Significance
↑ = Significantly better than the national average ↓ = Significantly worse than the national average							
National Distribution – All MA-PD Contracts	n=183734	15%	80%			3.71	
National Distribution – PFFS MA-PD Contracts	n=17583	15%	80%			3.71	
2009 BCBS of Tennessee (H5884)	n=359		90%			3.85	↑
2008 BCBS of Tennessee (H5884)	n=531	13%	84%			3.79	
<u>Other Private Fee-For-Service MA-PD Contracts</u>							
Advantra Freedom (H5227)	n=651	17%	78%			3.68	
Advantra Freedom (H5952)	n=377	15%	77%			3.64	↓
Aetna Medicare (H5736)	n=392	18%	77%			3.69	
American Progressive Life/Hlth (H3333)	n=220	19%	78%			3.70	
Anthem BC&BS (H9452)	n=252	17%	72%			3.47	↓
Anthem Blue Cross (H5419)	n=251	16%	78%			3.69	
Anthem Insurance Co (H1689)	n=280	18%	78%			3.70	
Arkansas BCBS (H5849)	n=303	9%	88%			3.82	↑
BC of Idaho Health Services (H5862)	n=321	14%	84%			3.77	↑
BCBS of Florida (H3518)	n=399	18%	77%			3.69	
BCBS of Michigan (H2319)	n=2348	17%	78%			3.69	
CIGNA Medicare Access (H2762)	n=205	18%	74%			3.58	↓
Educators Mutual Ins Assoc (H0747)	n=346		88%			3.84	↑
Empire BCBS (H5304)	n=364	17%	77%			3.69	
Geisinger Gold (H5812)	n=358	14%	81%			3.72	
Harvard Pilgrim Health Care (H7226)	n=375	12%	85%			3.80	↑

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Health Net Pearl (H5996)	n=203		3.57 ↓
Healthy Alliance Life Ins Co (H2613)	n=208		3.60 ↓
Highmark (H9793)	n=235		3.79 ↑
Humana (H1804)	n=4240		3.73 ↑
Humana (H1906)	n=347		3.80 ↑
Humana (H5657)	n=265		3.74
Independent Health (H9519)	n=367		3.78 ↑
Marquette National Life Ins Co (H7357)	n=216		3.66
Medica Health Plans (H2410)	n=332		3.65 ↓
Medical Mutual of Ohio (H4836)	n=224		3.72
PacifiCare (H5435)	n=195		3.61 ↓
Sterling Life Insurance Co (H5006)	n=292		3.65
Tufts Associated (H3057)	n=318		3.76
Unicare Life & Health Ins. Co (H0540)	n=522		3.69
Universal American (H5421)	n=343		3.68
Universal Health Care (H5820)	n=455		3.62 ↓
USACare (H6806)	n=331		3.62 ↓
WellCare (H1340)	n=240		3.64
WellCare (H4577)	n=237		3.61 ↓
WellCare (H6499)	n=212		3.69

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines


















Question 47: In the last 6 months, how often was it easy to use your plan to get the medicines your doctor prescribed?

[Scored only for those who used their health plan in the last 6 months to get medicines their doctors prescribed.]



BCBS of Tennessee (H5884)

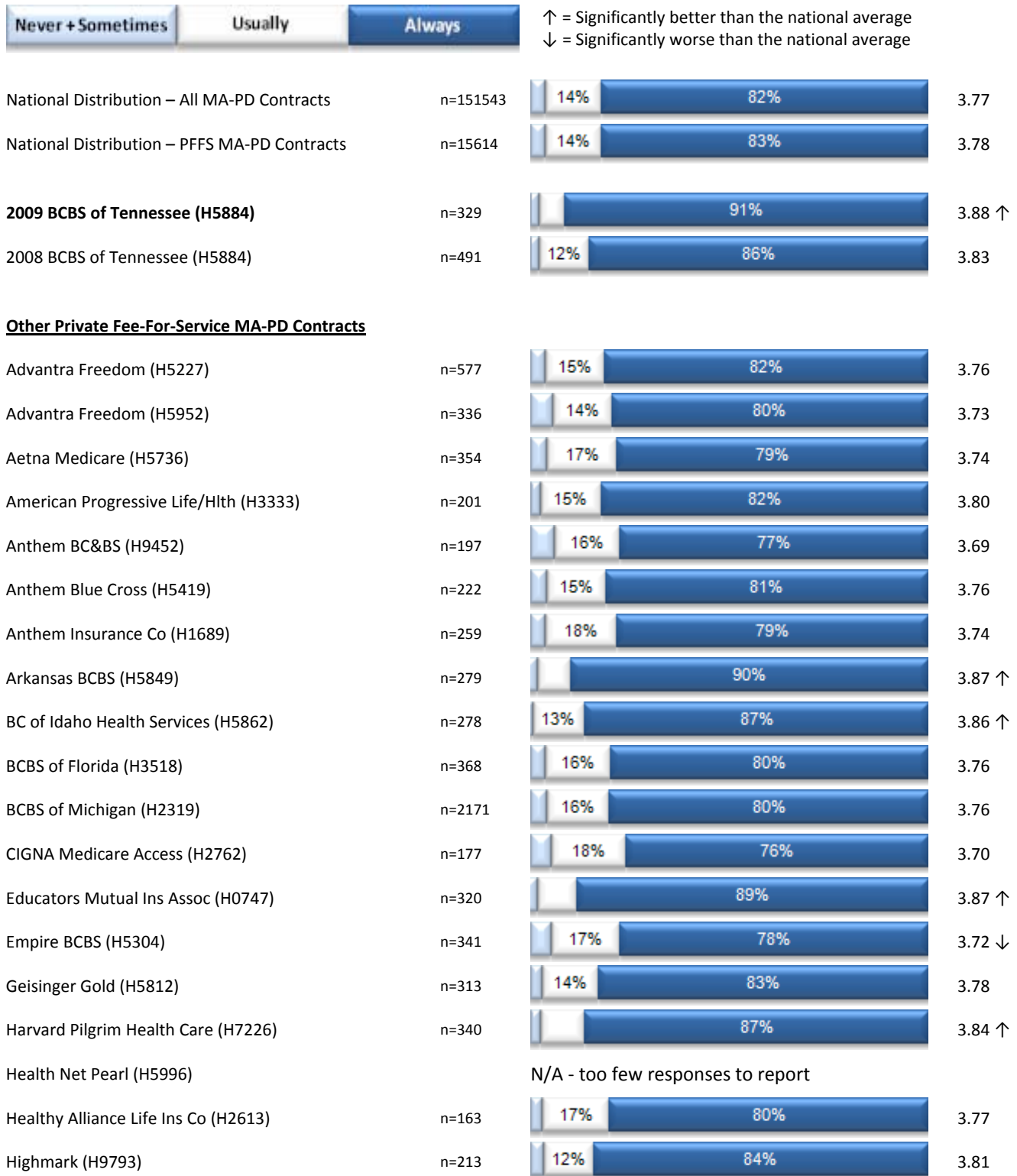
Other Private Fee-For-Service MA-PD Contracts

Highmark (H9793)	n=229		3.77 ↑
Humana (H1804)	n=4134		3.67
Humana (H1906)	n=337		3.73 ↑
Humana (H5657)	n=259		3.68
Independent Health (H9519)	n=358		3.75 ↑
Marquette National Life Ins Co (H7357)	n=213		3.55
Medica Health Plans (H2410)	n=326		3.56 ↓
Medical Mutual of Ohio (H4836)	n=215		3.64
PacifiCare (H5435)	N/A - too few responses to report		
Sterling Life Insurance Co (H5006)	n=281		3.57 ↓
Tufts Associated (H3057)	n=311		3.71
Unicare Life & Health Ins. Co (H0540)	n=509		3.63
Universal American (H5421)	n=332		3.63
Universal Health Care (H5820)	n=442		3.54 ↓
USACare (H6806)	n=320		3.55 ↓
WellCare (H1340)	n=233		3.57
WellCare (H4577)	n=231		3.55 ↓
WellCare (H6499)	n=210		3.57

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Needed Prescription Drugs: Ease of Filling Prescriptions (combined item)

[Scored only for those who used their health plan in the last 6 months to get medicines their doctors prescribed.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

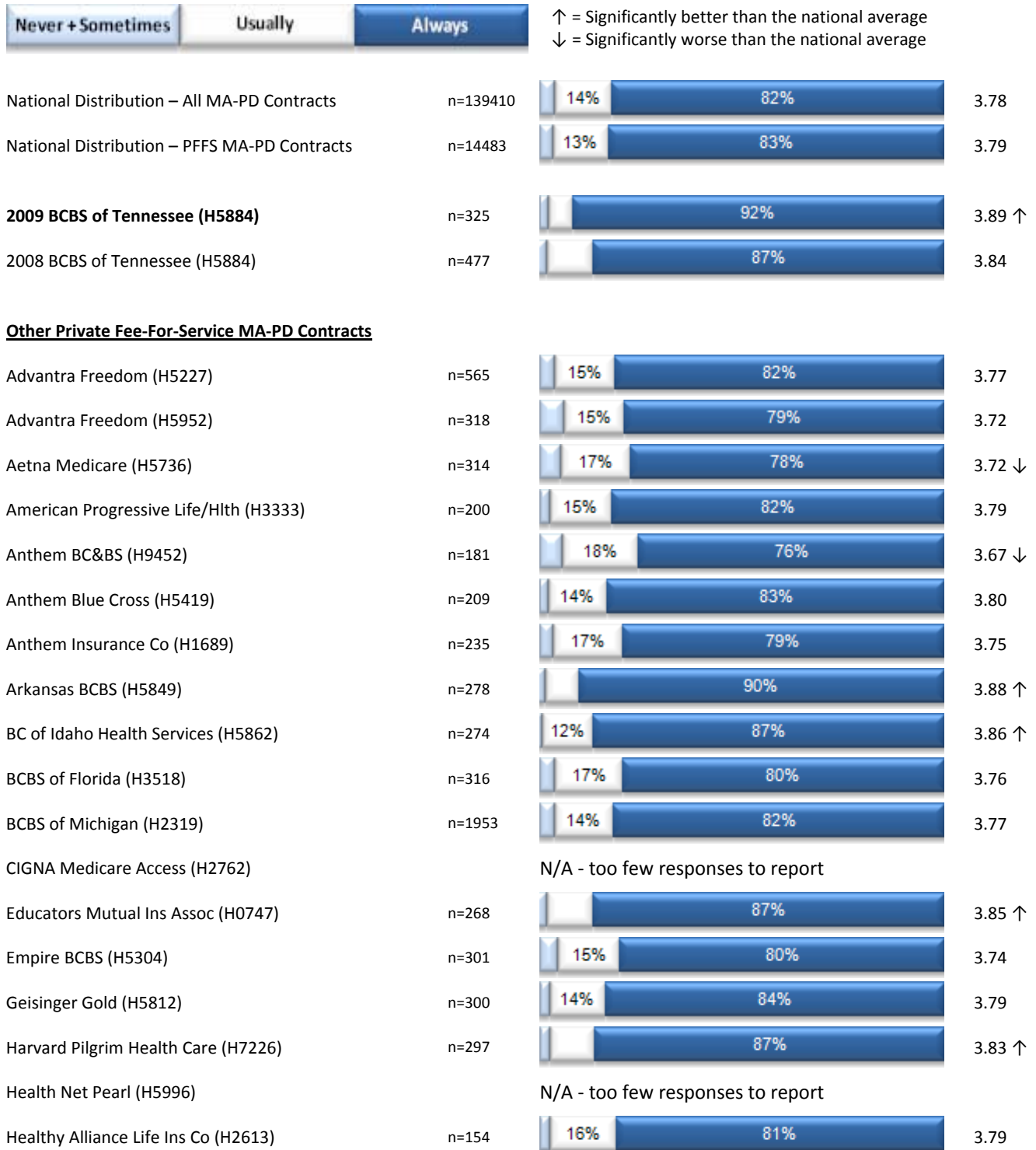
Humana (H1804)	n=3780	13% 84%	3.79 ↑
Humana (H1906)	n=304	89%	3.87 ↑
Humana (H5657)	n=238	86%	3.81
Independent Health (H9519)	n=317	13% 85%	3.82
Marquette National Life Ins Co (H7357)	n=191	17% 80%	3.76
Medica Health Plans (H2410)	n=271	22% 76%	3.73
Medical Mutual of Ohio (H4836)	n=201	14% 84%	3.81
PacifiCare (H5435)	n=154	13% 82%	3.76
Sterling Life Insurance Co (H5006)	n=251	13% 81%	3.73
Tufts Associated (H3057)	n=271	12% 85%	3.81
Unicare Life & Health Ins. Co (H0540)	n=462	15% 81%	3.76
Universal American (H5421)	n=304	15% 80%	3.73
Universal Health Care (H5820)	n=375	15% 78%	3.70 ↓
USACare (H6806)	n=273	18% 77%	3.70 ↓
WellCare (H1340)	n=216	13% 80%	3.72
WellCare (H4577)		N/A - too few responses to report	
WellCare (H6499)	n=185	9% 86%	3.80

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.



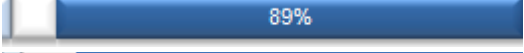




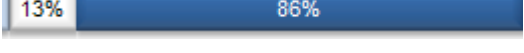

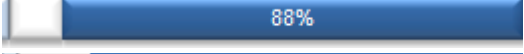







Getting Needed Prescription Drugs: Ease of Filling Prescriptions at a Pharmacy

Question 49: In the last 6 months, how often was it easy to use your plan to fill a prescription at a local pharmacy?

[Scored only for those who used their health plan in the last 6 months to get medicines their doctors prescribed.]



Other Private Fee-For-Service MA-PD Contracts

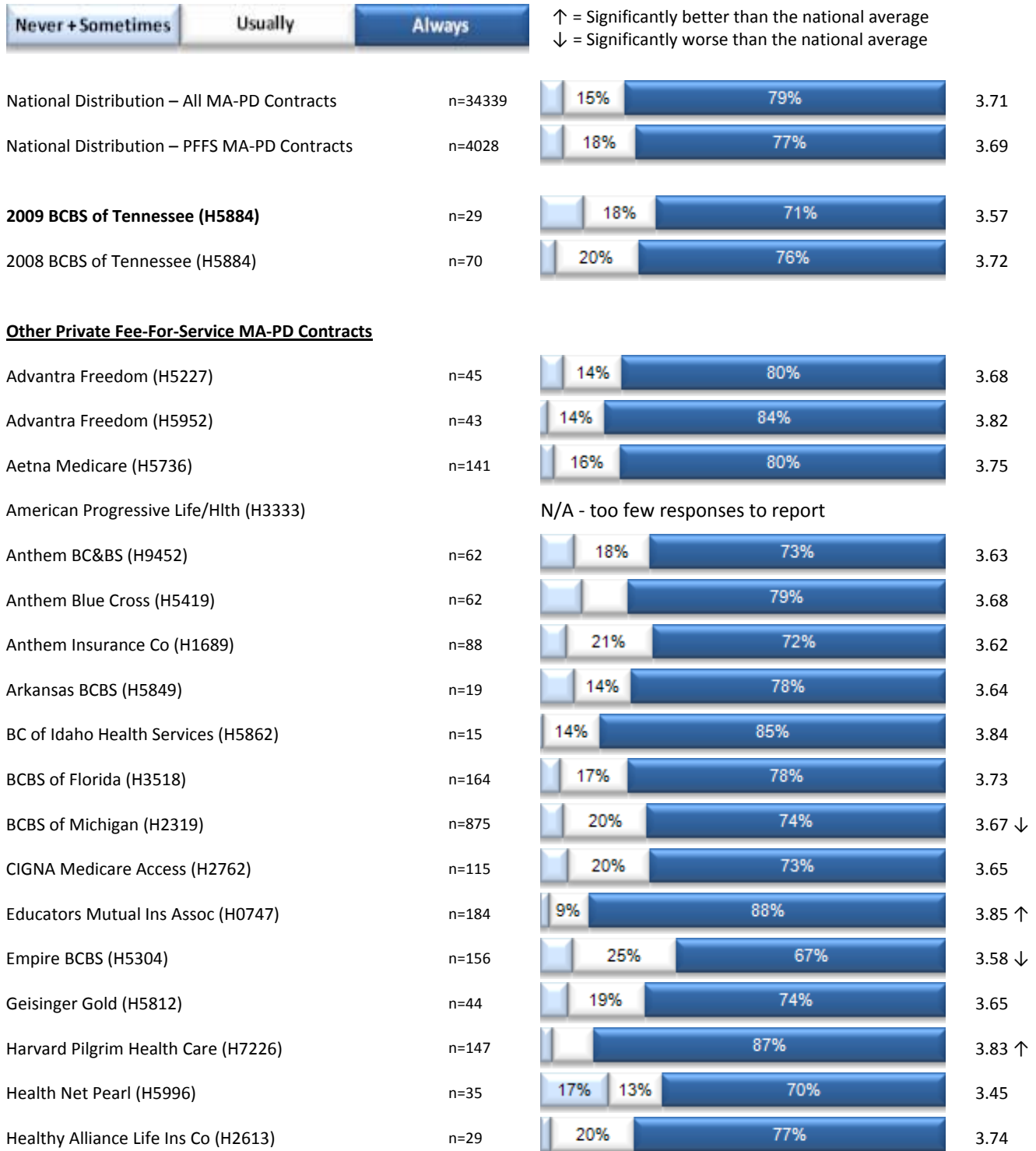
Highmark (H9793)	n=185		3.79
Humana (H1804)	n=3497		3.80 ↑
Humana (H1906)	n=288		3.87 ↑
Humana (H5657)	n=230		3.81
Independent Health (H9519)	n=314		3.82
Marquette National Life Ins Co (H7357)	n=189		3.77
Medica Health Plans (H2410)	n=256		3.73
Medical Mutual of Ohio (H4836)	n=185		3.84 ↑
PacifiCare (H5435)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=232		3.72
Tufts Associated (H3057)	n=240		3.86 ↑
Unicare Life & Health Ins. Co (H0540)	n=438		3.79
Universal American (H5421)	n=300		3.74
Universal Health Care (H5820)	n=373		3.70 ↓
USACare (H6806)	n=244		3.71
WellCare (H1340)	n=214		3.73
WellCare (H4577)	n=209		3.68 ↓
WellCare (H6499)	n=180		3.80

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Needed Prescription Drugs: Ease of Filling Prescriptions by Mail














Question 51: In the last 6 months, how often was it easy to use your plan to fill prescriptions by mail?

[Scored only for those who used their health plan in the last 6 months to get medicines their doctors prescribed.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Highmark (H9793)	n=101		3.82 ↑
Humana (H1804)	n=964		3.70
Humana (H1906)	n=40		3.76
Humana (H5657)	n=45		3.63
Independent Health (H9519)		N/A - too few responses to report	
Marquette National Life Ins Co (H7357)		N/A - too few responses to report	
Medica Health Plans (H2410)	n=40		3.66
Medical Mutual of Ohio (H4836)	n=51		3.67
PacifiCare (H5435)	n=79		3.79
Sterling Life Insurance Co (H5006)	n=54		3.71
Tufts Associated (H3057)	n=113		3.67
Unicare Life & Health Ins. Co (H0540)	n=79		3.46 ↓
Universal American (H5421)		N/A - too few responses to report	
Universal Health Care (H5820)	n=16		3.63
USACare (H6806)	n=119		3.61
WellCare (H1340)		N/A - too few responses to report	
WellCare (H4577)		N/A - too few responses to report	
WellCare (H6499)	n=11		3.70

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.















Getting Information From the Plan About Prescription Drug Coverage and Cost Composite

This table shows how your contract and other private fee-for-service MA-PD contracts performed on “Getting Information From the Plan About Prescription Drug Coverage and Cost,” a composite of survey questions 37, 38, 40, and 42. For each contract, the table shows: the number of members who answered at least one of these questions, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA-PD contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. All statistics are adjusted for case-mix. Results for the individual questions included in this composite are on the following pages.

		Never + Sometimes	Usually	Always		
						↑ = Significantly better than the national average ↓ = Significantly worse than the national average
National Distribution – All MA-PD Contracts	n=54077	15%	20%	64%		3.44
National Distribution – PFFS MA-PD Contracts	n=4900	17%	20%	63%		3.40
2009 BCBS of Tennessee (H5884)	n=62	12%	22%	66%		3.50
2008 BCBS of Tennessee (H5884)	n=118		20%	70%		3.57
<u>Other Private Fee-For-Service MA-PD Contracts</u>						
Advantra Freedom (H5227)	n=147	19%	21%	60%		3.35
Advantra Freedom (H5952)	n=104	19%	21%	60%		3.33
Aetna Medicare (H5736)	n=136	17%	20%	63%		3.41
American Progressive Life/Hlth (H3333)		N/A - too few responses to report				
Anthem BC&BS (H9452)		N/A - too few responses to report				
Anthem Blue Cross (H5419)	n=78	18%	23%	59%		3.34
Anthem Insurance Co (H1689)	n=79	15%	16%	69%		3.47
Arkansas BCBS (H5849)		N/A - too few responses to report				
BC of Idaho Health Services (H5862)		N/A - too few responses to report				
BCBS of Florida (H3518)	n=123	19%	27%	54%		3.29
BCBS of Michigan (H2319)	n=590	18%	25%	57%		3.33 ↓
CIGNA Medicare Access (H2762)	n=68	14%	21%	65%		3.48
Educators Mutual Ins Assoc (H0747)	n=54		15%	78%		3.70 ↑
Empire BCBS (H5304)	n=106	12%	24%	64%		3.50
Geisinger Gold (H5812)	n=96		17%	74%		3.61 ↑

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Harvard Pilgrim Health Care (H7226)	n=91		3.56
Health Net Pearl (H5996)		N/A - too few responses to report	
Healthy Alliance Life Ins Co (H2613)		N/A - too few responses to report	
Highmark (H9793)	n=59		3.64 ↑
Humana (H1804)	n=1320		3.42
Humana (H1906)	n=91		3.53
Humana (H5657)	n=86		3.66 ↑
Independent Health (H9519)	n=77		3.60 ↑
Marquette National Life Ins Co (H7357)		N/A - too few responses to report	
Medica Health Plans (H2410)	n=101		3.32
Medical Mutual of Ohio (H4836)		N/A - too few responses to report	
PacifiCare (H5435)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=105		3.35
Tufts Associated (H3057)	n=78		3.52
Unicare Life & Health Ins. Co (H0540)	n=131		3.48
Universal American (H5421)		N/A - too few responses to report	
Universal Health Care (H5820)	n=125		3.35
USACare (H6806)	n=112		3.53
WellCare (H1340)		N/A - too few responses to report	
WellCare (H4577)	n=70		3.35
WellCare (H6499)	n=74		3.39

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Information From the Plan About Prescription Drug Coverage and Cost: Customer Service Give Information About Prescription Drugs

Question 37: In the last 6 months, how often did your plan's customer service give you the information or help you needed about prescription drugs?

		Never + Sometimes	Usually	Always	
		↑ = Significantly better than the national average ↓ = Significantly worse than the national average			
National Distribution – All MA-PD Contracts	n=36405	20%	22%	58%	3.32
National Distribution – PFFS MA-PD Contracts	n=3353	22%	22%	56%	3.26
2009 BCBS of Tennessee (H5884)	n=40	25%	19%	56%	3.21
2008 BCBS of Tennessee (H5884)	n=91	15%	25%	61%	3.43
<u>Other Private Fee-For-Service MA-PD Contracts</u>					
Advantra Freedom (H5227)	n=90	27%	23%	50%	3.14
Advantra Freedom (H5952)	n=72	27%	26%	47%	3.10
Aetna Medicare (H5736)	n=97	19%	24%	56%	3.34
American Progressive Life/HLth (H3333)		N/A - too few responses to report			
Anthem BC&BS (H9452)		N/A - too few responses to report			
Anthem Blue Cross (H5419)	n=49	16%	32%	52%	3.28
Anthem Insurance Co (H1689)	n=54	14%	18%	68%	3.45
Arkansas BCBS (H5849)	n=42	17%	26%	57%	3.36
BC of Idaho Health Services (H5862)	n=52		19%	70%	3.54
BCBS of Florida (H3518)	n=78	27%	25%	48%	3.14
BCBS of Michigan (H2319)	n=415	25%	24%	52%	3.20 ↓
CIGNA Medicare Access (H2762)	n=46	17%	29%	54%	3.35
Educators Mutual Ins Assoc (H0747)		N/A - too few responses to report			
Empire BCBS (H5304)	n=68	18%	28%	54%	3.33
Geisinger Gold (H5812)	n=63	13%	26%	61%	3.43
Harvard Pilgrim Health Care (H7226)	n=64	12%	22%	65%	3.50
Health Net Pearl (H5996)	n=48	36%	24%	39%	2.97 ↓

BCBS of Tennessee (H5884)

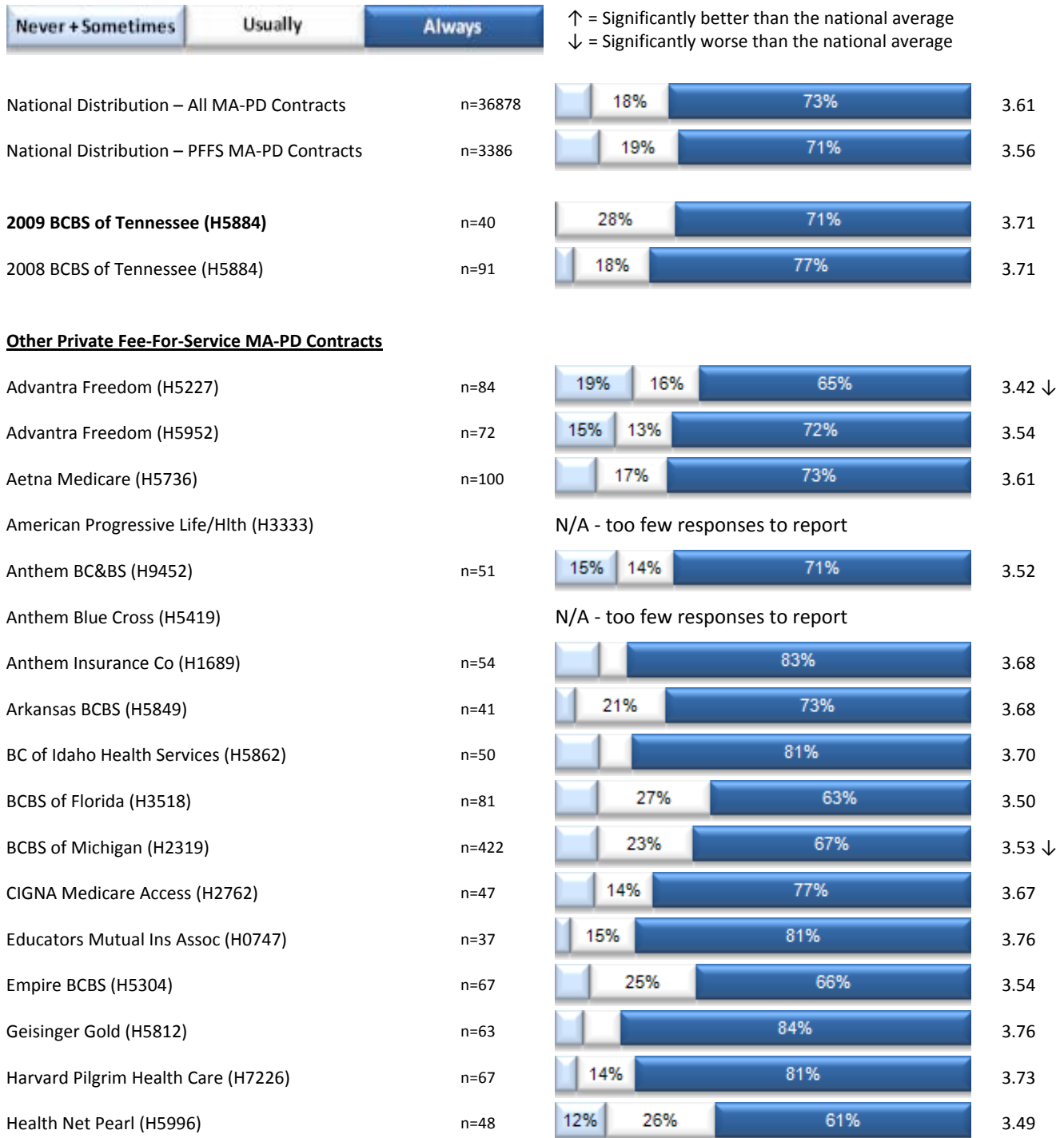
Other Private Fee-For-Service MA-PD Contracts

Healthy Alliance Life Ins Co (H2613)			N/A - too few responses to report	
Highmark (H9793)	n=41	19%	73%	3.51
Humana (H1804)	n=927	21%	57%	3.27
Humana (H1906)	n=60	18%	61%	3.37
Humana (H5657)	n=64	13%	68%	3.50
Independent Health (H9519)	n=59	26%	69%	3.63 ↑
Marquette National Life Ins Co (H7357)			N/A - too few responses to report	
Medica Health Plans (H2410)	n=65	23%	47%	3.10
Medical Mutual of Ohio (H4836)	n=44	15%	57%	3.40
PacifiCare (H5435)			N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=65	27%	53%	3.16
Tufts Associated (H3057)	n=61	18%	65%	3.44
Unicare Life & Health Ins. Co (H0540)	n=88	17%	54%	3.34
Universal American (H5421)	n=58	29%	46%	3.06 ↓
Universal Health Care (H5820)	n=72	26%	58%	3.27
USACare (H6806)	n=85	14%	61%	3.43
WellCare (H1340)			N/A - too few responses to report	
WellCare (H4577)	n=46	23%	49%	3.25
WellCare (H6499)	n=54	18%	59%	3.37

Note: Percentages may not add to 100 due to rounding. For information on how we defined calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.
















Getting Information From the Plan About Prescription Drug Coverage and Cost: Customer Service Treat You With Courtesy and Respect

Question 38: In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Healthy Alliance Life Ins Co (H2613)			N/A - too few responses to report	
Highmark (H9793)	n=43			3.82 ↑
Humana (H1804)	n=932	17%		3.58
Humana (H1906)	n=60	16%		3.76
Humana (H5657)	n=64	17%		3.73
Independent Health (H9519)	n=63	17%		3.76 ↑
Marquette National Life Ins Co (H7357)			N/A - too few responses to report	
Medica Health Plans (H2410)	n=65	16%		3.27 ↓
Medical Mutual of Ohio (H4836)	n=43	15%		3.68
PacifiCare (H5435)			N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=65	23%		3.53
Tufts Associated (H3057)	n=65	15%		3.67
Unicare Life & Health Ins. Co (H0540)	n=91	25%		3.59
Universal American (H5421)	n=59	17%		3.33 ↓
Universal Health Care (H5820)	n=75	22%		3.50
USACare (H6806)	n=87	19%		3.57
WellCare (H1340)			N/A - too few responses to report	
WellCare (H4577)	n=46	12%		3.50
WellCare (H6499)	n=56	28%		3.60

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Information From the Plan About Prescription Drug Coverage and Cost: Which Medicines Covered

Question 40: In the last 6 months, how often did your plan give you all the information you needed about which prescription medicines were covered?

		Never + Sometimes	Usually	Always	
↑ = Significantly better than the national average ↓ = Significantly worse than the national average					
National Distribution – All MA-PD Contracts	n=30767	16%	21%	63%	3.42
National Distribution – PFFS MA-PD Contracts	n=2753	18%	21%	60%	3.37
2009 BCBS of Tennessee (H5884)	n=33		23%	68%	3.56
2008 BCBS of Tennessee (H5884)	n=65	16%		73%	3.57
<u>Other Private Fee-For-Service MA-PD Contracts</u>					
Advantra Freedom (H5227)	n=91	16%	24%	60%	3.43
Advantra Freedom (H5952)	n=71	18%	22%	60%	3.36
Aetna Medicare (H5736)	n=72	19%	21%	60%	3.33
American Progressive Life/Hlth (H3333)		N/A - too few responses to report			
Anthem BC&BS (H9452)	n=50	13%	22%	65%	3.47
Anthem Blue Cross (H5419)	n=39	19%	24%	57%	3.38
Anthem Insurance Co (H1689)	n=51	17%	19%	64%	3.41
Arkansas BCBS (H5849)	n=33	9%	28%	63%	3.54
BC of Idaho Health Services (H5862)	n=47	16%	12%	72%	3.50
BCBS of Florida (H3518)	n=75	19%	30%	51%	3.25
BCBS of Michigan (H2319)	n=327	20%	26%	54%	3.30 ↓
CIGNA Medicare Access (H2762)	n=44	15%	21%	64%	3.45
Educators Mutual Ins Assoc (H0747)		N/A - too few responses to report			
Empire BCBS (H5304)	n=55		21%	70%	3.59
Geisinger Gold (H5812)	n=55	13%	17%	69%	3.52
Harvard Pilgrim Health Care (H7226)	n=46		15%	75%	3.63
Health Net Pearl (H5996)		N/A - too few responses to report			
Healthy Alliance Life Ins Co (H2613)	n=37		32%	66%	3.64

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

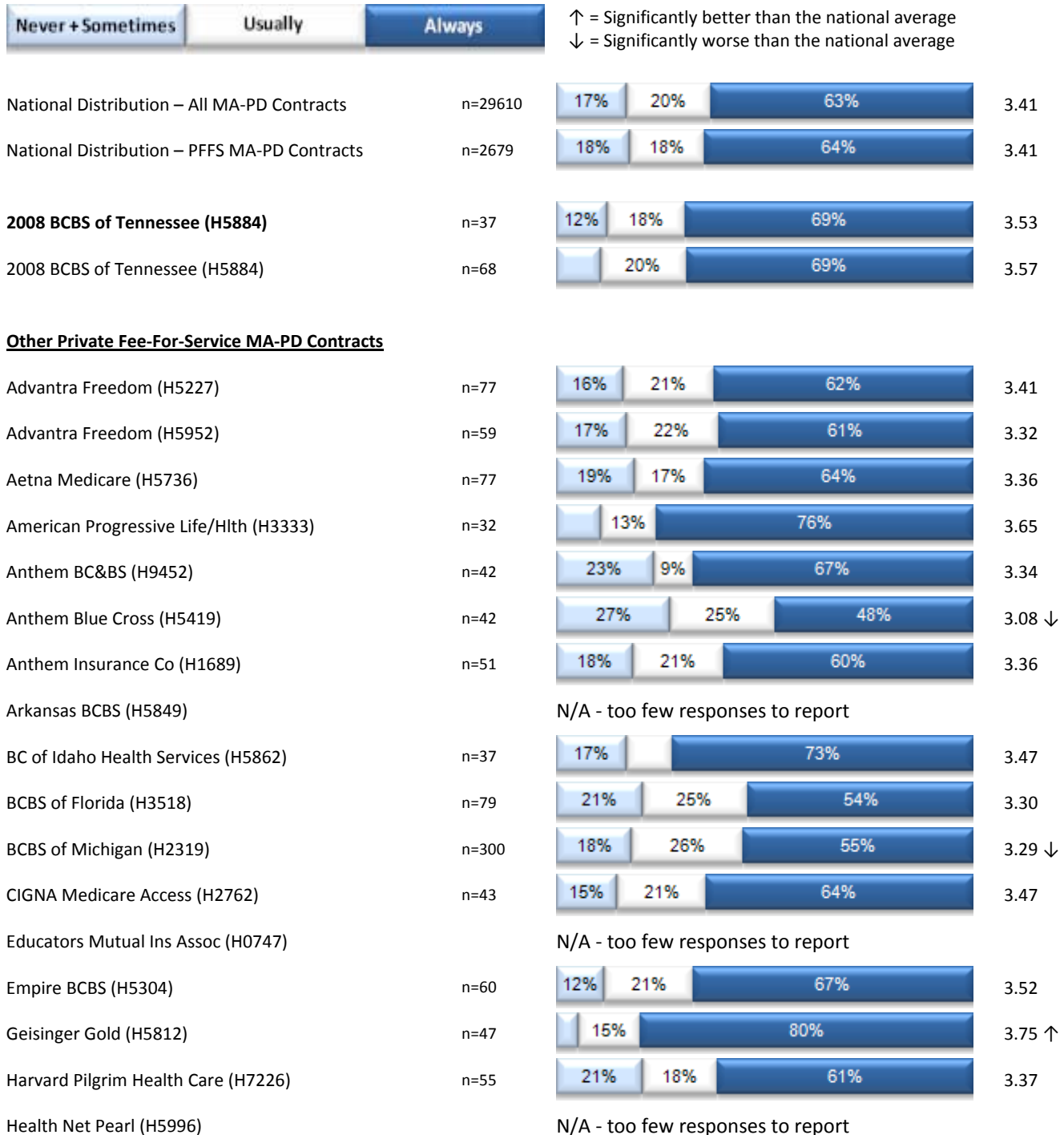
Highmark (H9793)		N/A - too few responses to report	
Humana (H1804)	n=705		3.37
Humana (H1906)	n=43		3.44
Humana (H5657)	n=56		3.69 ↑
Independent Health (H9519)	n=39		3.48
Marquette National Life Ins Co (H7357)		N/A - too few responses to report	
Medica Health Plans (H2410)	n=51		3.47
Medical Mutual of Ohio (H4836)		N/A - too few responses to report	
PacifiCare (H5435)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=52		3.46
Tufts Associated (H3057)	n=47		3.56
Unicare Life & Health Ins. Co (H0540)	n=74		3.48
Universal American (H5421)	n=65		3.21
Universal Health Care (H5820)	n=75		3.28
USACare (H6806)	n=52		3.55
WellCare (H1340)		N/A - too few responses to report	
WellCare (H4577)	n=49		3.24
WellCare (H6499)	n=50		3.37

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Getting Information From the Plan About Prescription Drug Coverage and Cost: Out-of-Pocket Costs












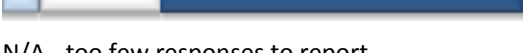

Question 42: In the last 6 months, how often did your plan give you all the information you needed about how much you would have to pay for your prescription medicines?

[Scored only for those who tried to get information from their health plan in the last 6 months about how much they would have to pay for their prescription medicines.]



BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Healthy Alliance Life Ins Co (H2613)	n=42		3.30
Highmark (H9793)		N/A - too few responses to report	
Humana (H1804)	n=779		3.45
Humana (H1906)	n=41		3.55
Humana (H5657)	n=48		3.72 ↑
Independent Health (H9519)	n=41		3.54
Marquette National Life Ins Co (H7357)		N/A - too few responses to report	
Medica Health Plans (H2410)	n=40		3.43
Medical Mutual of Ohio (H4836)		N/A - too few responses to report	
PacifiCare (H5435)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=63		3.24
Tufts Associated (H3057)	n=39		3.42
Unicare Life & Health Ins. Co (H0540)	n=77		3.50
Universal American (H5421)	n=55		3.14
Universal Health Care (H5820)	n=70		3.34
USACare (H6806)	n=59		3.59
WellCare (H1340)		N/A - too few responses to report	
WellCare (H4577)	n=37		3.42
WellCare (H6499)		N/A - too few responses to report	

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Overall Rating of Prescription Drug Coverage

Question 52: Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your Health Plan for coverage of prescription drugs?

Note that the presentation for this item has been changed from previous reports – the distribution had been shown as 0-7, 8-9, and 10. The 2008 results shown here reflect this change and are thus different from what was presented in last year’s report. For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA-PD contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix.

		0 - 6	7 - 8	9 - 10	
		↑ = Significantly better than the national average ↓ = Significantly worse than the national average			
National Distribution – All MA-PD Contracts	n=190314	14%	25%	61%	8.45
National Distribution – PFFS MA-PD Contracts	n=18390	16%	27%	57%	8.29
2009 BCBS of Tennessee (H5884)	n=365		21%	71%	8.89 ↑
2008 BCBS of Tennessee (H5884)	n=555		28%	61%	8.54
<u>Other Private Fee-For-Service MA-PD Contracts</u>					
Advantra Freedom (H5227)	n=645	13%	26%	60%	8.41
Advantra Freedom (H5952)	n=406	22%	29%	49%	7.81 ↓
Aetna Medicare (H5736)	n=398	18%	29%	53%	8.15 ↓
American Progressive Life/Hlth (H3333)	n=230	18%	29%	53%	8.13 ↓
Anthem BC&BS (H9452)	n=257	27%	29%	45%	7.68 ↓
Anthem Blue Cross (H5419)	n=265	22%	24%	54%	8.09 ↓
Anthem Insurance Co (H1689)	n=292	15%	30%	54%	8.33
Arkansas BCBS (H5849)	n=332		29%	60%	8.56
BC of Idaho Health Services (H5862)	n=382	22%	24%	54%	8.11 ↓
BCBS of Florida (H3518)	n=404	16%	29%	55%	8.19 ↓
BCBS of Michigan (H2319)	n=2424	16%	29%	55%	8.24 ↓
CIGNA Medicare Access (H2762)	n=201	19%	26%	55%	8.10 ↓
Educators Mutual Ins Assoc (H0747)	n=359		22%	74%	9.04 ↑
Empire BCBS (H5304)	n=390	16%	35%	50%	8.18 ↓
Geisinger Gold (H5812)	n=378	14%	25%	61%	8.44

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Harvard Pilgrim Health Care (H7226)	n=384	9%	27%	64%	8.69 ↑
Health Net Pearl (H5996)	n=210	21%	22%	58%	8.19
Healthy Alliance Life Ins Co (H2613)	n=215	27%	34%	39%	7.62 ↓
Highmark (H9793)	n=245		23%	67%	8.80 ↑
Humana (H1804)	n=4470	15%	26%	59%	8.35 ↓
Humana (H1906)	n=364	12%	21%	67%	8.73 ↑
Humana (H5657)	n=271	17%	25%	58%	8.30
Independent Health (H9519)	n=376		23%	67%	8.74 ↑
Marquette National Life Ins Co (H7357)	n=232	22%	24%	54%	7.99 ↓
Medica Health Plans (H2410)	n=359	22%	29%	49%	8.03 ↓
Medical Mutual of Ohio (H4836)	n=230	14%	27%	59%	8.31
PacifiCare (H5435)	n=192	15%	33%	52%	8.20
Sterling Life Insurance Co (H5006)	n=312	28%	28%	44%	7.58 ↓
Tufts Associated (H3057)	n=327	13%	25%	62%	8.46
Unicare Life & Health Ins. Co (H0540)	n=572	20%	31%	49%	8.01 ↓
Universal American (H5421)	n=350	20%	21%	59%	8.18 ↓
Universal Health Care (H5820)	n=489	22%	29%	49%	7.82 ↓
USACare (H6806)	n=337	23%	31%	45%	7.81 ↓
WellCare (H1340)	n=254	15%	24%	62%	8.37
WellCare (H4577)	n=251	18%	22%	60%	8.25
WellCare (H6499)	n=222	13%	21%	66%	8.51

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Willingness to Recommend Plan for Drug Coverage

Question 53: Would you recommend your Health Plan for coverage of prescription drugs to other people like yourself?

For each contract, the table shows: the number of members who answered this question, the distribution of responses, the mean score, and whether the contract was significantly better than (↑), significantly worse than (↓), or not significantly different from (no arrow) the national average for MA-PD contracts. If your score appears in italics, it means that the score has low reliability (below 0.75 in a 0 to 1.0 range). N/A means that too few beneficiaries answered the question to permit reporting. This item is adjusted for case-mix. There are no benchmarks for Original Medicare for this item.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; background-color: #e0e0e0;">Definitely or Somewhat No</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: #e0e0e0;">Somewhat Yes</div> <div style="border: 1px solid black; padding: 2px 5px; background-color: #0056b3; color: white;">Definitely Yes</div> </div> <div style="font-size: small;"> ↑ = Significantly better than the national average ↓ = Significantly worse than the national average </div> </div>					
National Distribution – All MA-PD Contracts	n=190287			3.54	
National Distribution – PFFS MA-PD Contracts	n=18532			3.48	
2009 BCBS of Tennessee (H5884)	n=365			3.78	↑
2008 BCBS of Tennessee (H5884)	n=559			3.60	
<u>Other Private Fee-For-Service MA-PD Contracts</u>					
Advantra Freedom (H5227)	n=649			3.43	↓
Advantra Freedom (H5952)	n=424			3.35	↓
Aetna Medicare (H5736)	n=404			3.41	↓
American Progressive Life/Hlth (H3333)	n=241			3.33	↓
Anthem BC&BS (H9452)	n=259			3.21	↓
Anthem Blue Cross (H5419)	n=264			3.38	↓
Anthem Insurance Co (H1689)	n=296			3.42	↓
Arkansas BCBS (H5849)	n=335			3.68	↑
BC of Idaho Health Services (H5862)	n=392			3.49	
BCBS of Florida (H3518)	n=409			3.45	↓
BCBS of Michigan (H2319)	n=2434			3.51	↓
CIGNA Medicare Access (H2762)	n=195			3.36	↓
Educators Mutual Ins Assoc (H0747)	n=360			3.70	↑
Empire BCBS (H5304)	n=392			3.49	
Geisinger Gold (H5812)	n=378			3.54	
Harvard Pilgrim Health Care (H7226)	n=388			3.61	↑
Health Net Pearl (H5996)	n=215			3.24	↓

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA-PD Contracts

Healthy Alliance Life Ins Co (H2613)	n=210	14%	41%	46%	3.26 ↓
Highmark (H9793)	n=243		27%	67%	3.61
Humana (H1804)	n=4516		28%	63%	3.50 ↓
Humana (H1906)	n=367		23%	72%	3.66 ↑
Humana (H5657)	n=275	9%	25%	65%	3.51
Independent Health (H9519)	n=378		22%	74%	3.69 ↑
Marquette National Life Ins Co (H7357)	n=232	17%	34%	50%	3.25 ↓
Medica Health Plans (H2410)	n=359		36%	55%	3.43 ↓
Medical Mutual of Ohio (H4836)	n=231		35%	57%	3.45
PacifiCare (H5435)	n=186		30%	62%	3.49
Sterling Life Insurance Co (H5006)	n=320	18%	34%	48%	3.21 ↓
Tufts Associated (H3057)	n=332		24%	70%	3.62 ↑
Unicare Life & Health Ins. Co (H0540)	n=577	9%	37%	53%	3.40 ↓
Universal American (H5421)	n=354	12%	31%	57%	3.41 ↓
Universal Health Care (H5820)	n=488	13%	33%	53%	3.31 ↓
USACare (H6806)	n=328	12%	34%	55%	3.39 ↓
WellCare (H1340)	n=256		28%	61%	3.46
WellCare (H4577)	n=256		31%	58%	3.40 ↓
WellCare (H6499)	n=224	12%	21%	67%	3.47

Note: Percentages may not add to 100 due to rounding. For information on how we defined calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Medicare-Specific and HEDIS Measures: Influenza Vaccination

Question 67: Have you had a flu shot since September 1, 2008?

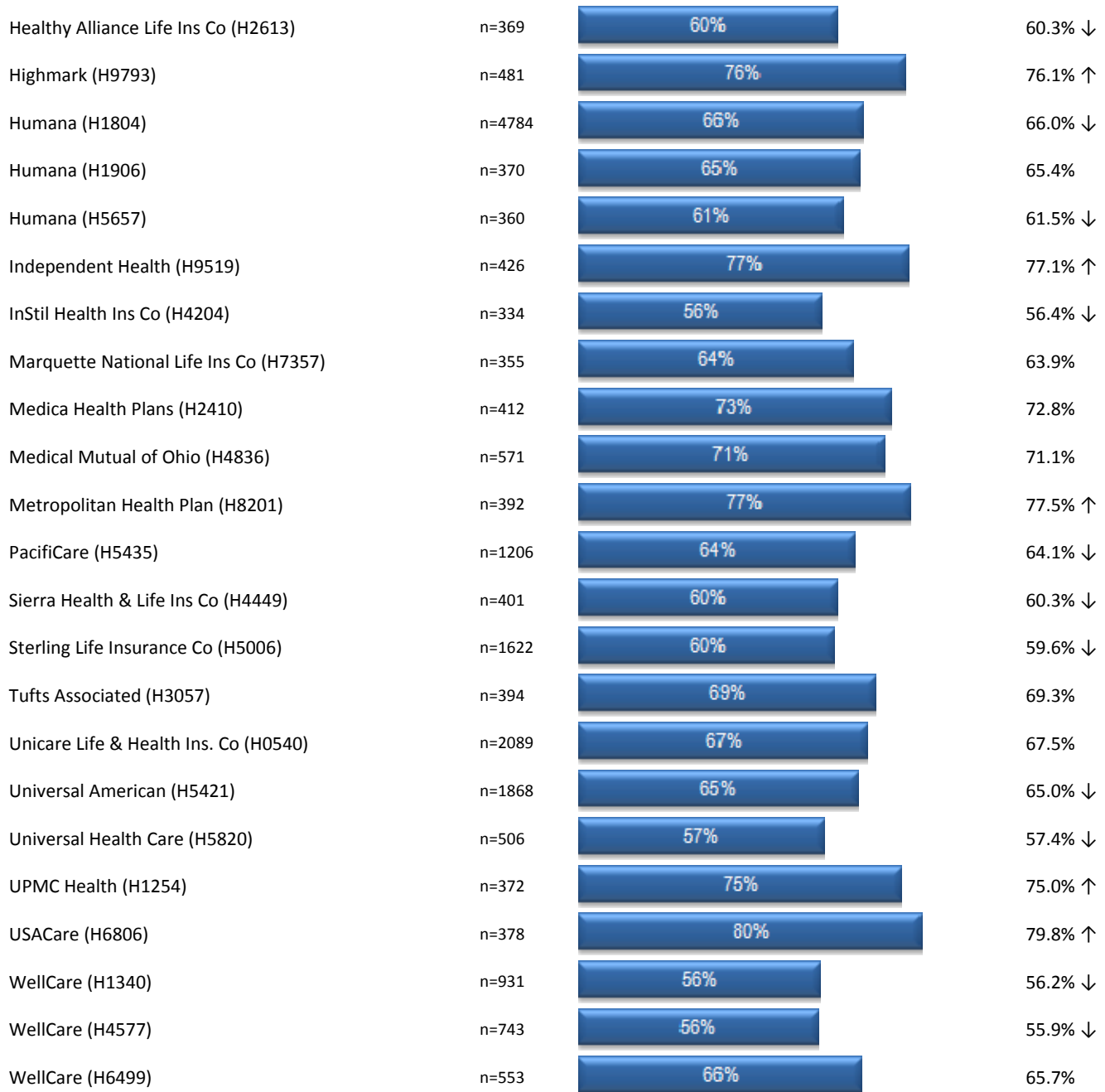
Percentage Saying Yes

↑ = Significantly better than the national average
 ↓ = Significantly worse than the national average

National Distribution – All MA Contracts	n=224661	69%	68.6%
National Distribution – PFFS MA Contracts	n=35499	67%	67.4%
2009 BCBS of Tennessee (H5884)	n=384	73%	72.9%
2008 BCBS of Tennessee (H5884)	n=596	75%	74.5%
<u>Other Private Fee-For-Service MA Contracts</u>			
Advantra Freedom (H5227)	n=673	73%	72.7% ↑
Advantra Freedom (H5952)	n=419	60%	59.7% ↓
Aetna Medicare (H5736)	n=2328	74%	73.8% ↑
American Progressive Life/Hlth (H3333)	n=924	66%	66.4%
Anthem BC&BS (H9452)	n=357	53%	52.8% ↓
Anthem Blue Cross (H5419)	n=382	66%	66.0%
Anthem Insurance Co (H1689)	n=556	75%	75.2% ↑
Arkansas BCBS (H5849)	n=434	62%	62.1% ↓
BC of Idaho Health Services (H5862)	n=399	53%	52.9% ↓
BCBS of Florida (H3518)	n=413	68%	67.8%
BCBS of Michigan (H2319)	n=2937	74%	73.8% ↑
BCBS of South Carolina (H4205)	n=340	68%	67.5%
CIGNA Medicare Access (H2762)	n=386	68%	67.9%
Educators Mutual Ins Assoc (H0747)	n=433	71%	70.6%
Empire BCBS (H5304)	n=431	67%	67.1%
First Health Life & Hlth Ins Co (H0846)	n=2058	65%	65.5% ↓
Geisinger Gold (H5812)	n=450	71%	70.7%
Harvard Pilgrim Health Care (H7226)	n=425	83%	82.5% ↑
Health Net (H5721)	n=354	67%	66.7%
Health Net Pearl (H5996)	n=499	63%	62.8% ↓

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts



Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows, see Part 3 of this report. Note that this item is not adjusted for case-mix.

Medicare Specific and HEDIS Measures: Pneumonia Shot

Question 69: Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

Percentage Saying Yes

↑ = Significantly better than the national average
 ↓ = Significantly worse than the national average

National Distribution – All MA Contracts	n=210989	68%	68.2%
National Distribution – PFFS MA Contracts	n=33915	67%	66.8%
2009 BCBS of Tennessee (H5884)	n=367	73%	72.9% ↑
2008 BCBS of Tennessee (H5884)	n=579	70%	70.5%

Other Private Fee-For-Service MA Contracts

Advantra Freedom (H5227)	n=662	73%	73.3% ↑
Advantra Freedom (H5952)	n=398	61%	61.3% ↓
Aetna Medicare (H5736)	n=2228	73%	72.8% ↑
American Progressive Life/Hlth (H3333)	n=885	65%	64.9% ↓
Anthem BC&BS (H9452)	n=345	60%	60.4% ↓
Anthem Blue Cross (H5419)	n=363	67%	66.8%
Anthem Insurance Co (H1689)	n=534	74%	73.8% ↑
Arkansas BCBS (H5849)	n=421	58%	58.1% ↓
BC of Idaho Health Services (H5862)	n=373	51%	51.2% ↓
BCBS of Florida (H3518)	n=400	71%	70.6%
BCBS of Michigan (H2319)	n=2811	72%	72.4% ↑
BCBS of South Carolina (H4205)	n=318	64%	63.6%
CIGNA Medicare Access (H2762)	n=363	67%	66.6%
Educators Mutual Ins Assoc (H0747)	n=420	75%	74.9% ↑
Empire BCBS (H5304)	n=409	64%	63.5% ↓
First Health Life & Hlth Ins Co (H0846)	n=1963	65%	64.8% ↓
Geisinger Gold (H5812)	n=426	70%	69.8%
Harvard Pilgrim Health Care (H7226)	n=400	78%	77.7% ↑
Health Net (H5721)	n=343	66%	65.6%
Health Net Pearl (H5996)	n=449	62%	62.3% ↓

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

Healthy Alliance Life Ins Co (H2613)	n=355	59%	59.3% ↓
Highmark (H9793)	n=471	75%	74.8% ↑
Humana (H1804)	n=4577	65%	65.3% ↓
Humana (H1906)	n=363	67%	66.9%
Humana (H5657)	n=348	59%	59.0% ↓
Independent Health (H9519)	n=414	79%	78.5% ↑
InStil Health Ins Co (H4204)	n=320	53%	53.4% ↓
Marquette National Life Ins Co (H7357)	n=334	65%	64.9%
Medica Health Plans (H2410)	n=383	69%	69.2%
Medical Mutual of Ohio (H4836)	n=543	74%	73.5% ↑
Metropolitan Health Plan (H8201)	n=370	75%	75.4% ↑
PacifiCare (H5435)	n=1168	62%	62.1% ↓
Sierra Health & Life Ins Co (H4449)	n=378	60%	60.2% ↓
Sterling Life Insurance Co (H5006)	n=1550	62%	62.4% ↓
Tufts Associated (H3057)	n=365	71%	71.2%
Unicare Life & Health Ins. Co (H0540)	n=2027	67%	67.1%
Universal American (H5421)	n=1805	66%	65.5% ↓
Universal Health Care (H5820)	n=477	62%	61.6% ↓
UPMC Health (H1254)	n=365	72%	71.8%
USACare (H6806)	n=362	77%	77.2% ↑
WellCare (H1340)	n=866	54%	54.2% ↓
WellCare (H4577)	n=683	58%	57.8% ↓
WellCare (H6499)	n=513	64%	63.8% ↓

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows, see Part 3 of this report. Note that this item is not adjusted for case-mix.

Medicare Specific and HEDIS Measures: Getting Medical Equipment

Question 11: In the last 6 months, how often was it easy to get the medical equipment you needed through your Health Plan?

Note: This question was not asked for PPO contracts in 2009.

		Never + Sometimes	Usually	Always	
↑ = Significantly better than the national average ↓ = Significantly worse than the national average					
National Distribution – All MA Contracts	n=39558	20%	20%	60%	3.29
National Distribution – PFFS MA Contracts	n=7042	20%	21%	59%	3.27
2009 BCBS of Tennessee (H5884)	n=83	13%		76%	3.62 ↑
2008 BCBS of Tennessee (H5884)	n=116	14%	18%	69%	3.46
<u>Other Private Fee-For-Service MA Contracts</u>					
Advantra Freedom (H5227)	n=167	13%	21%	65%	3.43
Advantra Freedom (H5952)	n=86	25%	29%	46%	3.05 ↓
Aetna Medicare (H5736)	n=516	14%	20%	66%	3.44 ↑
American Progressive Life/Hlth (H3333)	n=164	19%	22%	59%	3.25
Anthem BC&BS (H9452)	n=67	27%	24%	49%	3.02 ↓
Anthem Blue Cross (H5419)	n=66	22%	30%	48%	3.09
Anthem Insurance Co (H1689)	n=120	13%	27%	60%	3.41
Arkansas BCBS (H5849)	n=92	15%	25%	60%	3.35
BC of Idaho Health Services (H5862)		N/A - too few responses to report			
BCBS of Florida (H3518)	n=74	21%	20%	58%	3.22
BCBS of Michigan (H2319)	n=640	17%	22%	61%	3.35
BCBS of South Carolina (H4205)		N/A - too few responses to report			
CIGNA Medicare Access (H2762)	n=79	29%	14%	56%	3.11
Educators Mutual Ins Assoc (H0747)	n=74		23%	68%	3.56 ↑
Empire BCBS (H5304)	n=64	15%	22%	62%	3.43
First Health Life & Hlth Ins Co (H0846)	n=470	27%	23%	51%	3.06 ↓
Geisinger Gold (H5812)	n=73	18%	25%	57%	3.25

BCBS of Tennessee (H5884)

Other Private Fee-For-Service MA Contracts

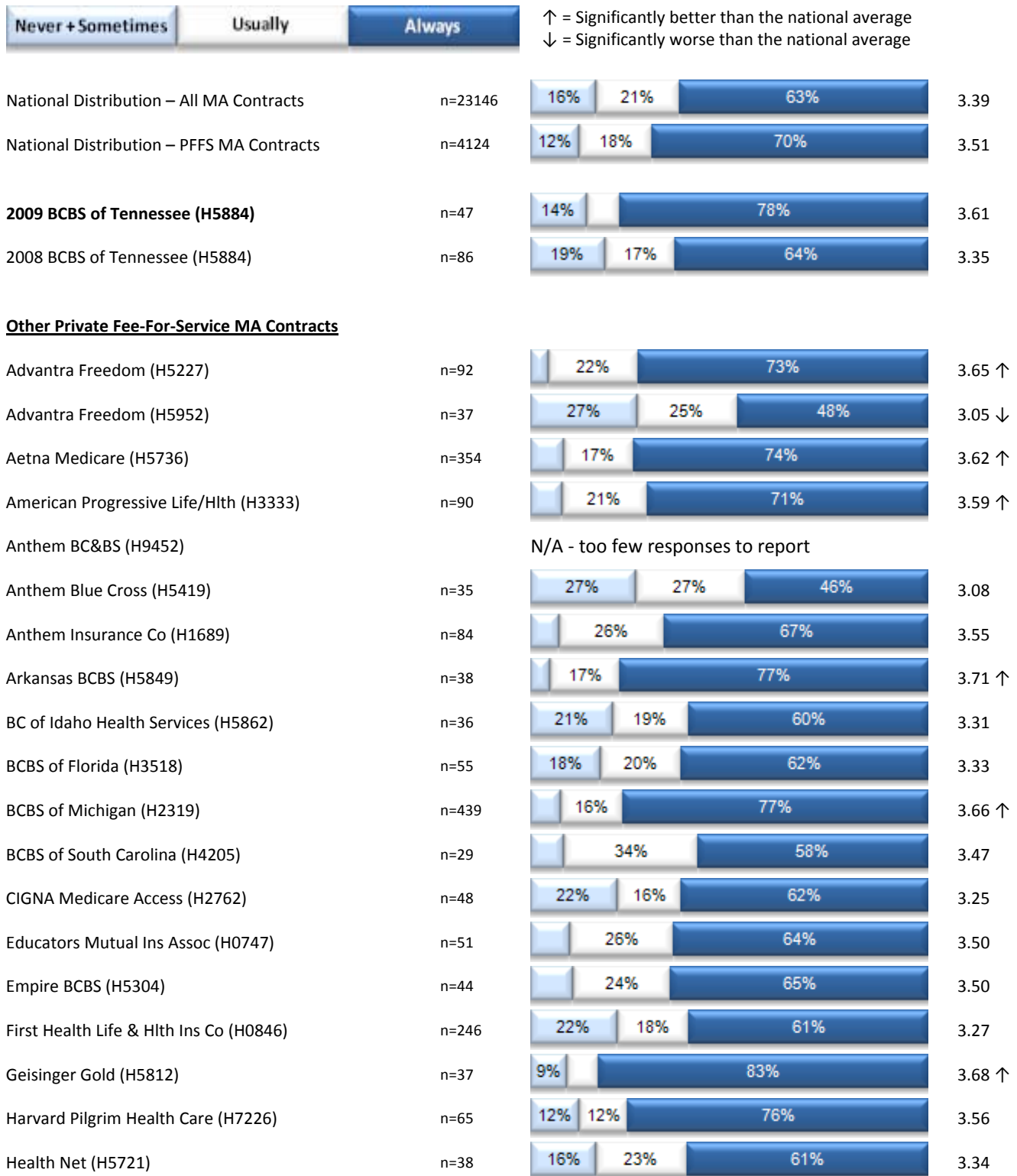
Harvard Pilgrim Health Care (H7226)	n=65		3.66 ↑
Health Net (H5721)	n=71		2.91 ↓
Health Net Pearl (H5996)	n=99		2.83 ↓
Healthy Alliance Life Ins Co (H2613)		N/A - too few responses to report	
Highmark (H9793)	n=79		3.37
Humana (H1804)	n=943		3.32
Humana (H1906)	n=73		3.54 ↑
Humana (H5657)	n=76		3.24
Independent Health (H9519)	n=87		3.54 ↑
InStil Health Ins Co (H4204)	n=93		3.20
Marquette National Life Ins Co (H7357)	n=84		2.97 ↓
Medica Health Plans (H2410)	n=82		3.31
Medical Mutual of Ohio (H4836)	n=101		3.19
Metropolitan Health Plan (H8201)	n=67		3.14
PacifiCare (H5435)	n=255		2.98 ↓
Sierra Health & Life Ins Co (H4449)		N/A - too few responses to report	
Sterling Life Insurance Co (H5006)	n=282		3.26
Tufts Associated (H3057)	n=64		3.42
Unicare Life & Health Ins. Co (H0540)	n=308		3.16 ↓
Universal American (H5421)	n=373		3.18
Universal Health Care (H5820)	n=90		3.14
UPMC Health (H1254)	n=87		3.70 ↑
USACare (H6806)		N/A - too few responses to report	
WellCare (H1340)	n=254		3.27
WellCare (H4577)	n=188		3.02 ↓
WellCare (H6499)	n=124		3.16

Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Medicare Specific and HEDIS Measures: Getting Special Therapy






















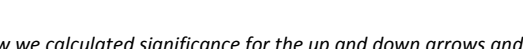

Question 13: In the last 6 months, how often was it easy to get the special therapy you needed through your Health Plan?

Note: This question was not asked for PPO contracts in 2009.



BCBS of Tennessee (H5884)



Other Private Fee-For-Service MA Contracts

Health Net Pearl (H5996)	n=57		3.34
Healthy Alliance Life Ins Co (H2613)		N/A - too few responses to report	
Highmark (H9793)	n=59		3.72 ↑
Humana (H1804)	n=481		3.50 ↑
Humana (H1906)	n=34		3.67
Humana (H5657)	n=46		3.34
Independent Health (H9519)	n=73		3.74 ↑
InStil Health Ins Co (H4204)	n=36		3.66 ↑
Marquette National Life Ins Co (H7357)	n=42		3.16
Medica Health Plans (H2410)	n=70		3.33
Medical Mutual of Ohio (H4836)	n=66		3.30
Metropolitan Health Plan (H8201)	n=45		3.55
PacifiCare (H5435)	n=117		3.37
Sierra Health & Life Ins Co (H4449)	n=43		3.20
Sterling Life Insurance Co (H5006)	n=155		3.55 ↑
Tufts Associated (H3057)	n=53		3.65 ↑
Unicare Life & Health Ins. Co (H0540)	n=213		3.49
Universal American (H5421)	n=208		3.52 ↑
Universal Health Care (H5820)	n=38		3.17
UPMC Health (H1254)	n=41		3.73 ↑
USACare (H6806)	n=52		3.51
WellCare (H1340)	n=112		3.41
WellCare (H4577)	n=93		3.23
WellCare (H6499)	n=71		3.45



Note: Percentages may not add to 100 due to rounding. For information on how we calculated significance for the up and down arrows and adjusted for case-mix, see Part 3 of this report.

Frequency Tables¹




Q1. Our records show that in 2008 your health services were covered by the [PLAN NAME]. Is that right?

	<i>Frequency</i>	<i>Percent</i>	
Yes	404	100%	
No	2	0%	
Total	406	100%	
Missing	147		



Q3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

	<i>Frequency</i>	<i>Percent</i>	
Yes	123	30%	
No	286	70%	
Total	409	100%	
Missing	144		

Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

	<i>Frequency</i>	<i>Percent</i>	
Never	0	0%	
Sometimes	5	4%	
Usually	19	16%	
Always	97	80%	
Total	121	100%	
Missing	432		

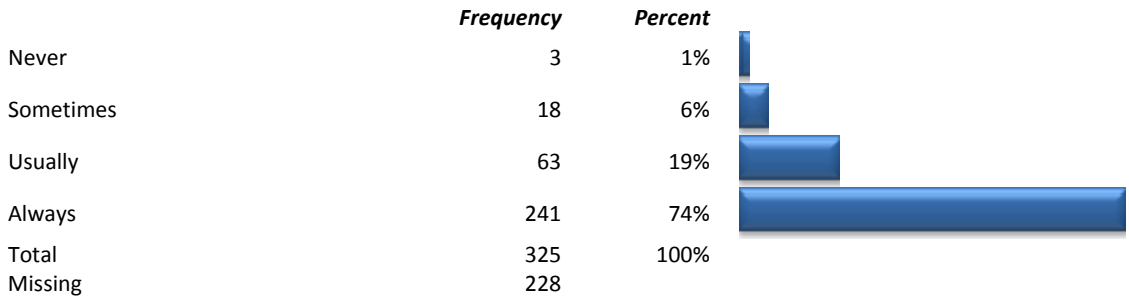
Q5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

	<i>Frequency</i>	<i>Percent</i>	
Yes	342	84%	
No	67	16%	
Total	409	100%	
Missing	144		

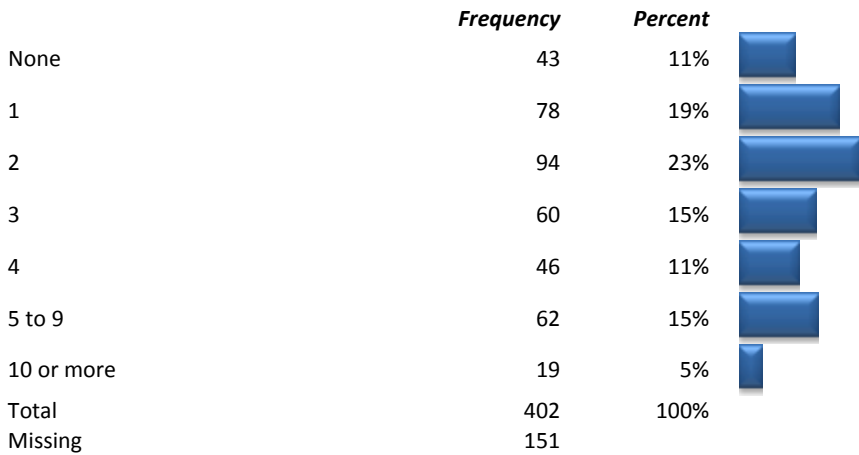
¹ Note: The frequencies shown in this section are not case-mix adjusted and therefore may not be consistent with means displayed in previous report sections. In addition, percentages may not add to 100% due to rounding. Questions not pertaining to prescription drugs (Q's 1-35 and 54-81) were asked of all MA plan members, regardless of whether they have prescription drug benefits. Questions about prescription drug benefits (Q's 36-53) were asked only of those members enrolled in the prescription drug portion of the plan.

Frequency Tables (continued)

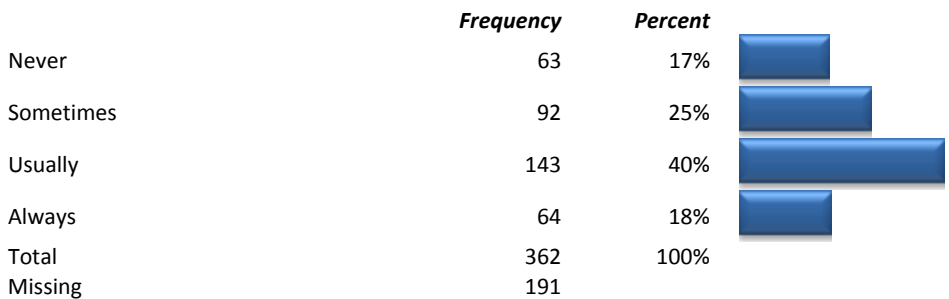
Q6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?



Q7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get healthcare for yourself?

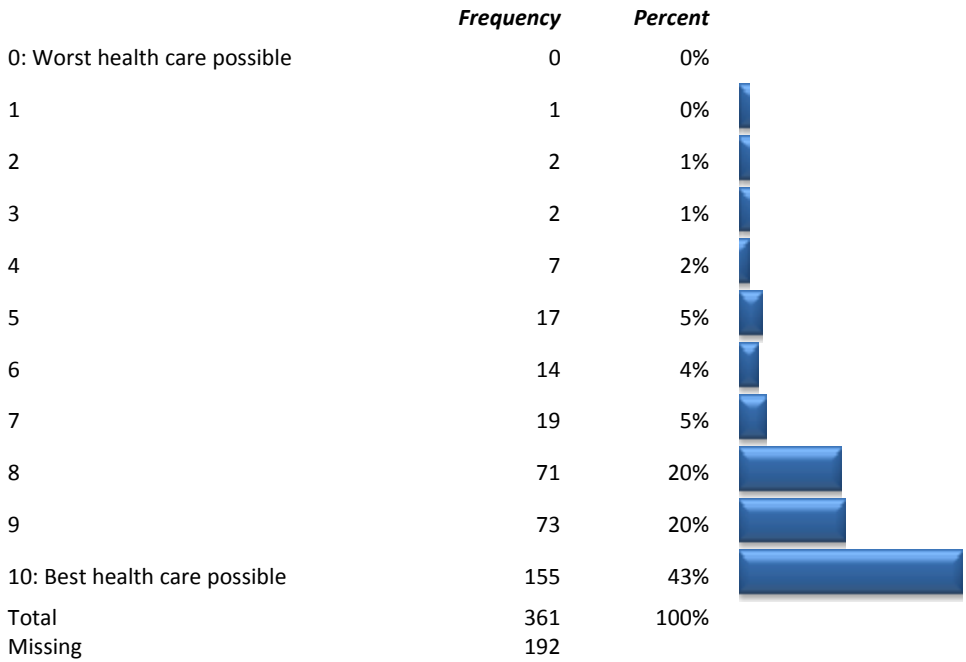


Q8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

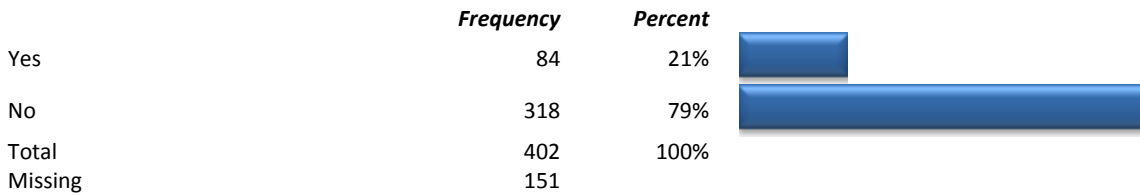


Frequency Tables (continued)

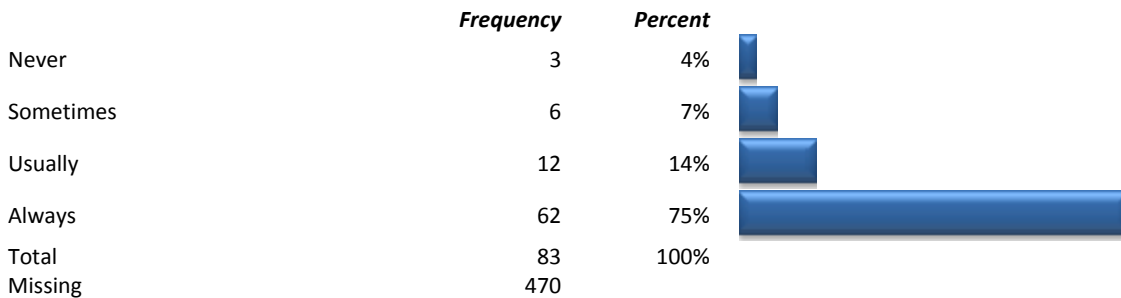
Q9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?



Q10. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?



Q11. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?



Frequency Tables (continued)

Q12. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

	<i>Frequency</i>	<i>Percent</i>
Yes	49	12%
No	350	88%
Total	399	100%
Missing	154	

Q13. In the last 6 months, how often was it easy to get the special therapy you needed through your Health Plan?

	<i>Frequency</i>	<i>Percent</i>
Never	1	2%
Sometimes	5	11%
Usually	4	9%
Always	37	79%
Total	47	100%
Missing	506	

Q14. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

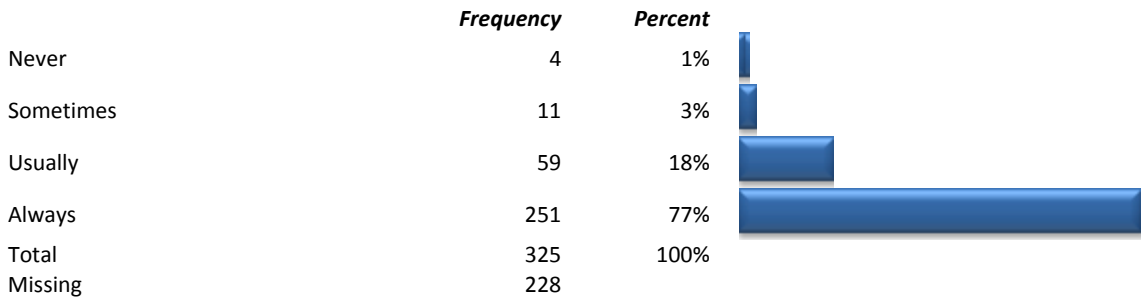
	<i>Frequency</i>	<i>Percent</i>
Yes	392	97%
No	13	3%
Total	405	100%
Missing	148	

Q15. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

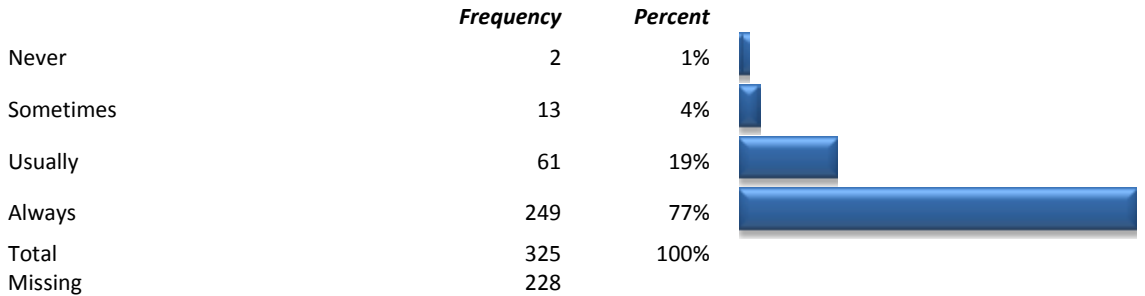
	<i>Frequency</i>	<i>Percent</i>
None	46	13%
1	102	28%
2	112	31%
3	57	16%
4	25	7%
5 to 9	22	6%
10 or more	3	1%
Total	367	100%
Missing	186	

Frequency Tables (continued)

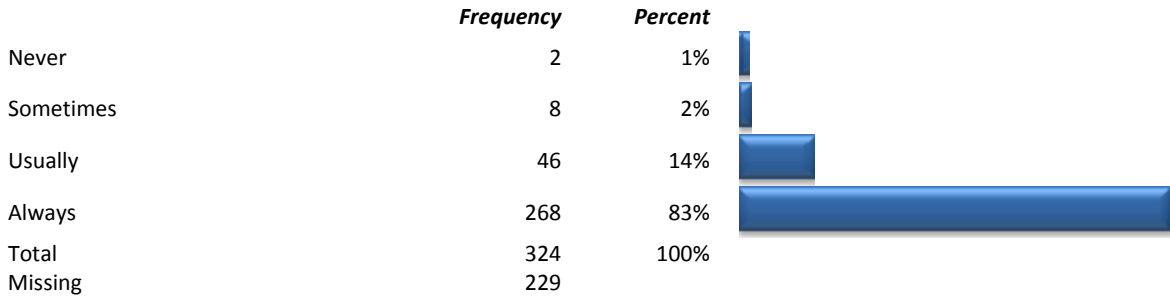
Q16. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?



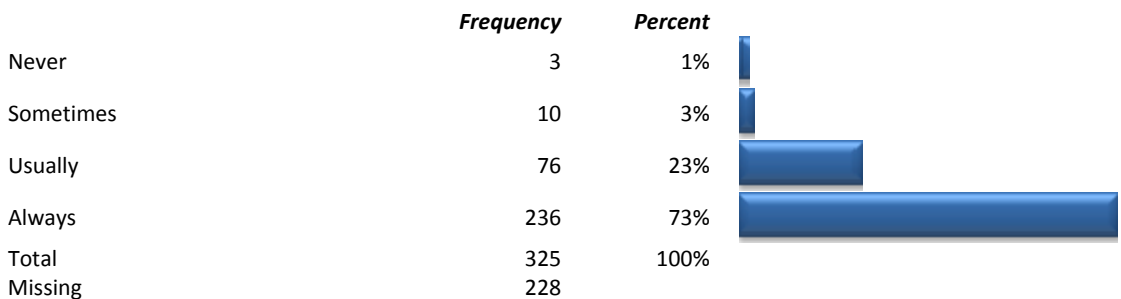
Q17. In the last 6 months, how often did your personal doctor listen carefully to you?



Q18. In the last 6 months, how often did your personal doctor show respect for what you had to say?

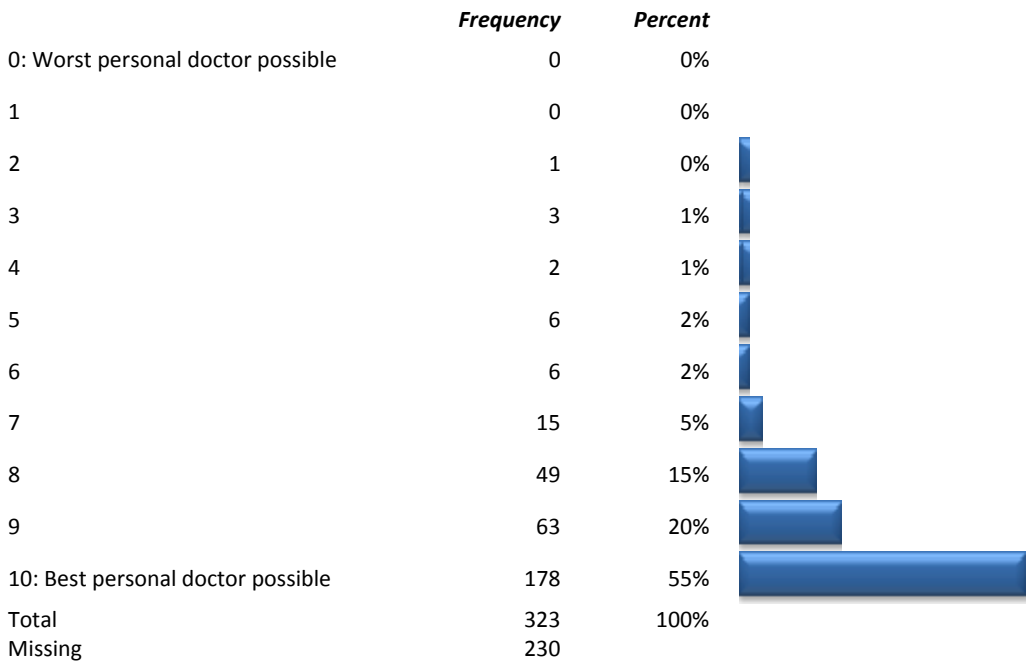


Q19. In the last 6 months, how often did your personal doctor spend enough time with you?

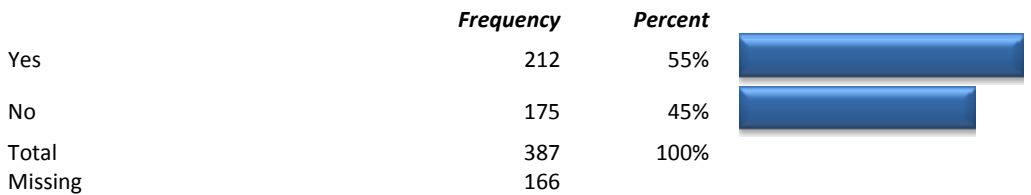


Frequency Tables (continued)

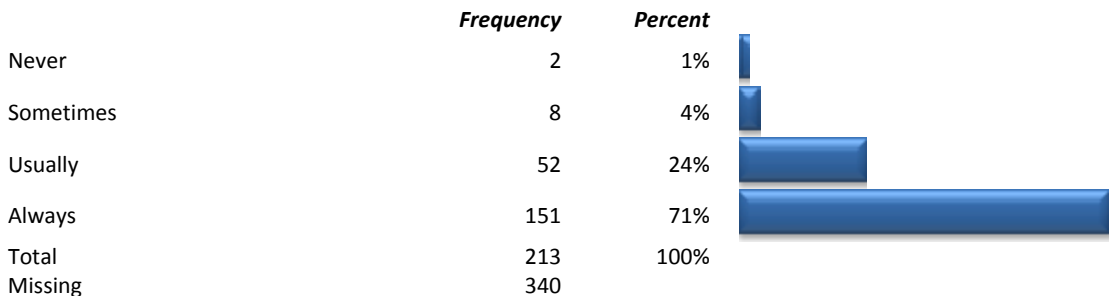
Q20. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?



Q21. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

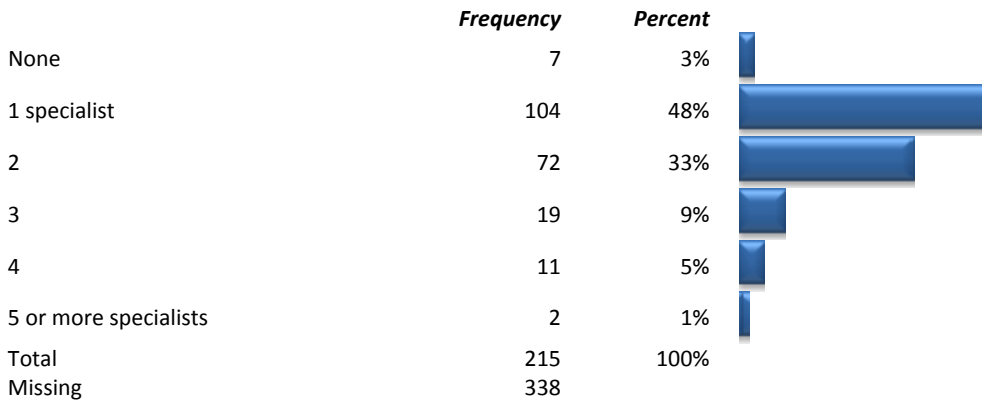


Q22. In the last 6 months, how often was it easy to get appointments with specialists?

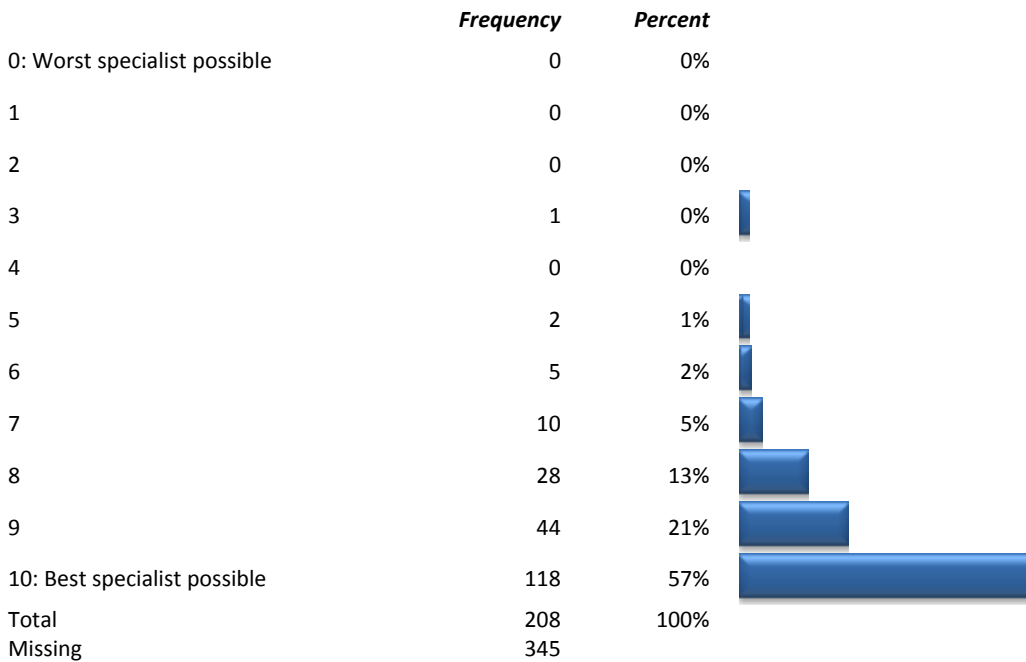


Frequency Tables (continued)

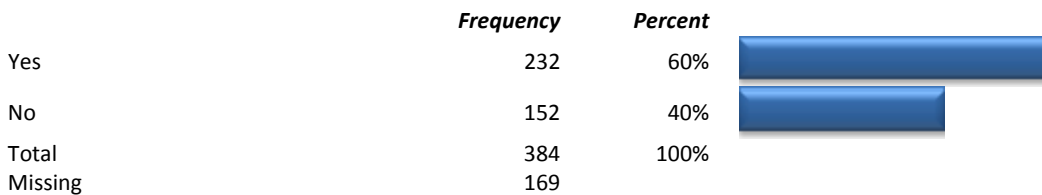
Q23. How many specialists have you seen in the last 6 months?



Q24. 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?

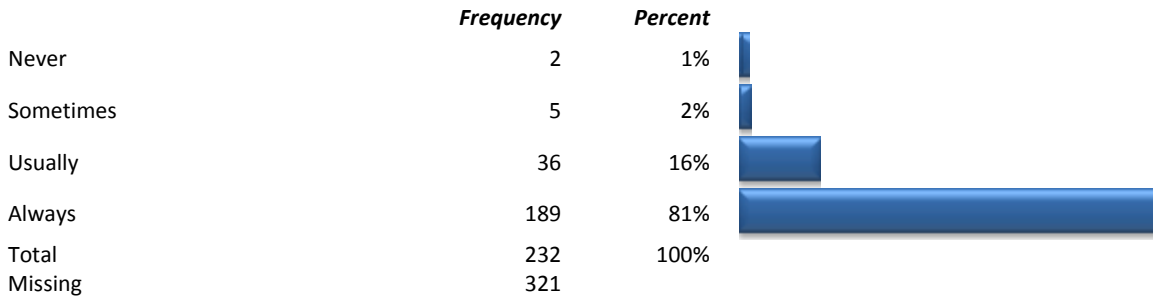


Q25. In the last 6 months, did you try to get any kind of care, tests, or treatment through your Health Plan?

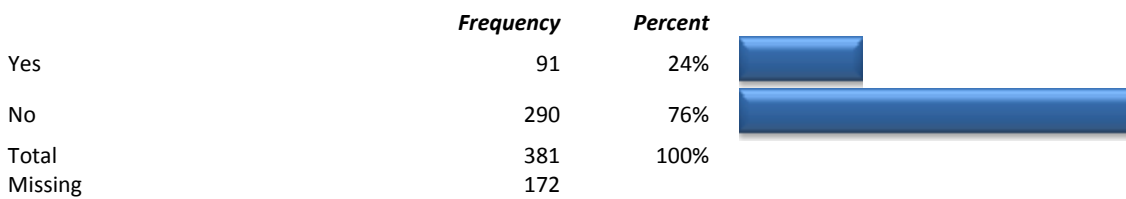


Frequency Tables (continued)

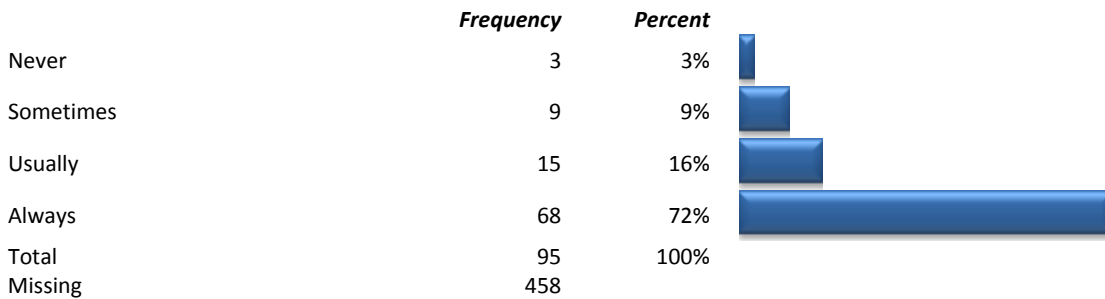
Q26. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your Health Plan?



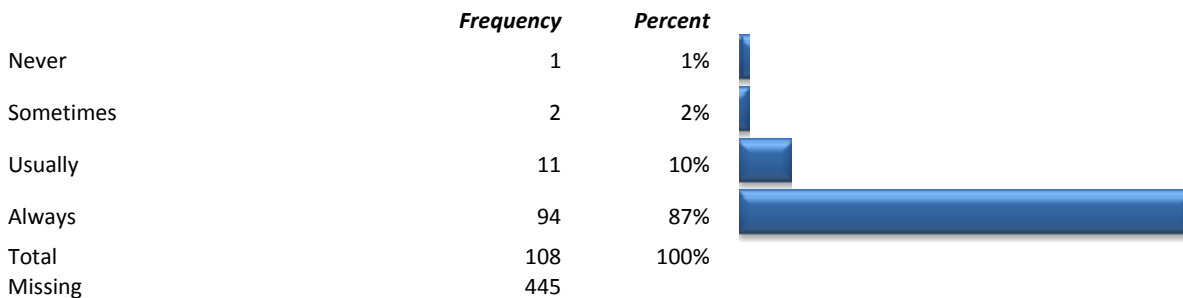
Q27. In the last 6 months, did you try to get information or help from your plan’s customer service?



Q28. In the last 6 months, how often did your Health Plan’s customer service give you the information or help you needed?



Q29. In the last 6 months, how often did your Health Plan’s customer service staff treat you with courtesy and respect?



Frequency Tables (continued)

Q30. In the last 6 months, did your Health Plan give you any forms to fill out?

	<i>Frequency</i>	<i>Percent</i>
Yes	55	14%
No	334	86%
Total	389	100%
Missing	164	

Q31. In the last 6 months, how often were the forms from your Health Plan easy to fill out?



	<i>Frequency</i>	<i>Percent</i>
Never	0	0%
Sometimes	1	2%
Usually	32	59%
Always	21	39%
Total	54	100%
Missing	499	

Q32. 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?


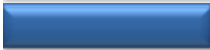
	<i>Frequency</i>	<i>Percent</i>
0: Worst health plan possible	0	0%
1	2	1%
2	2	1%
3	2	1%
4	3	1%
5	8	2%
6	4	1%
7	22	6%
8	55	14%
9	70	18%
10: Best health plan possible	229	58%
Total	397	100%
Missing	156	

Frequency Tables (continued)

Q33. Was there ever a time when you believed you needed care or services that your Health Plan decided not to give you?

	<i>Frequency</i>	<i>Percent</i>	
Yes	16	4%	
No	370	96%	
Total	386	100%	
Missing	167		



Q34. Have you ever asked anyone at your Health Plan to reconsider a decision not to provide or pay for health care or services?

	<i>Frequency</i>	<i>Percent</i>	
Yes	9	60%	
No	6	40%	
Total	15	100%	
Missing	538		

Q35. When you spoke to your Health Plan about the decision not to provide care or services, did they...

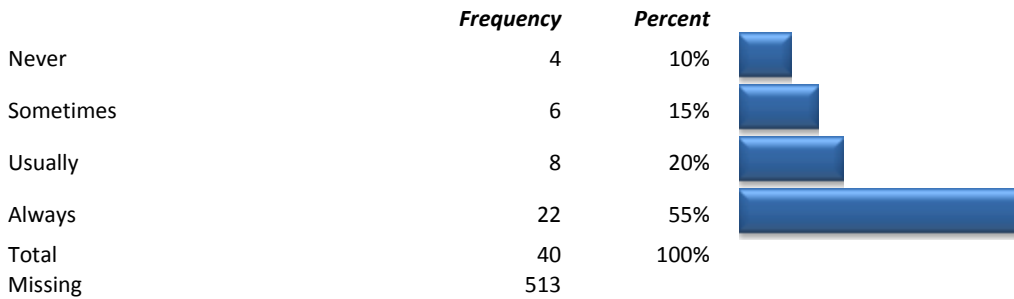
	<i>Frequency</i>	<i>Percent</i>
Plan tell that you can file appeal	N/A	
Plan offer to send appeal forms	N/A	
Plan suggest how to resolve complaint	N/A	
Plan listen but not resolve your complai	N/A	
Plan discourage you from taking action	N/A	
Plan do none of these things	N/A	
Total	N/A	
Missing	N/A	

Q36. In the last 6 months, did you try to get information or help from your Health Plan’s customer service about prescription drugs?

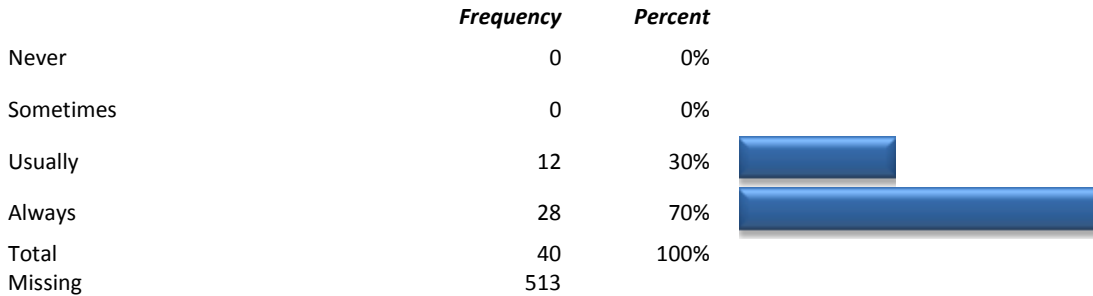
	<i>Frequency</i>	<i>Percent</i>	
Yes	44	12%	
No	319	88%	
Total	363	100%	
Missing	190		

Frequency Tables (continued)

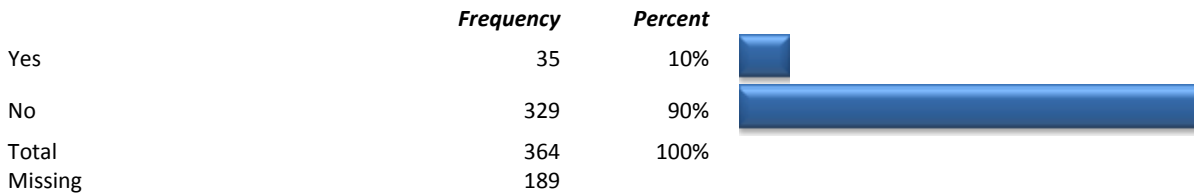
Q37. In the last 6 months, how often did your Health Plan customer service give you the information or help you needed about prescription drugs?



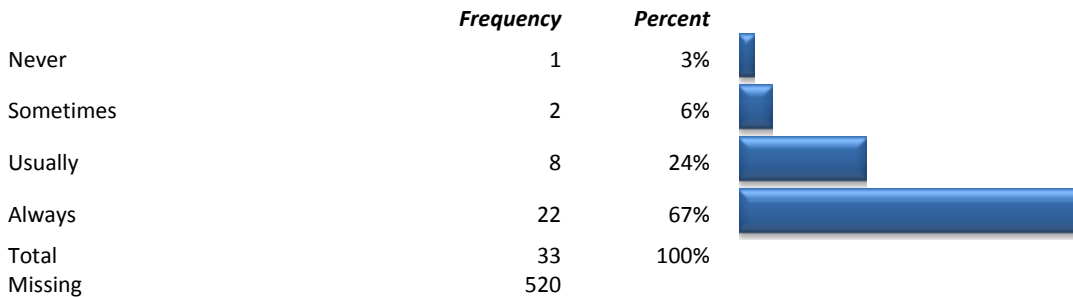
Q38. In the last 6 months, how often did your Health Plan customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?



Q39. In the last 6 months, did you try to get information from your Health Plan about which prescription medicines were covered?

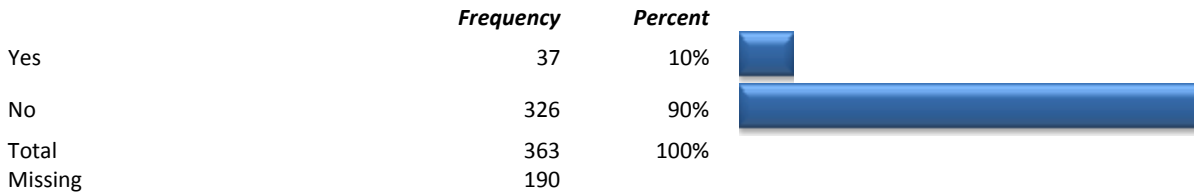


Q40. In the last 6 months, how often did your Health Plan give you all the information you needed about which prescription medicines were covered?

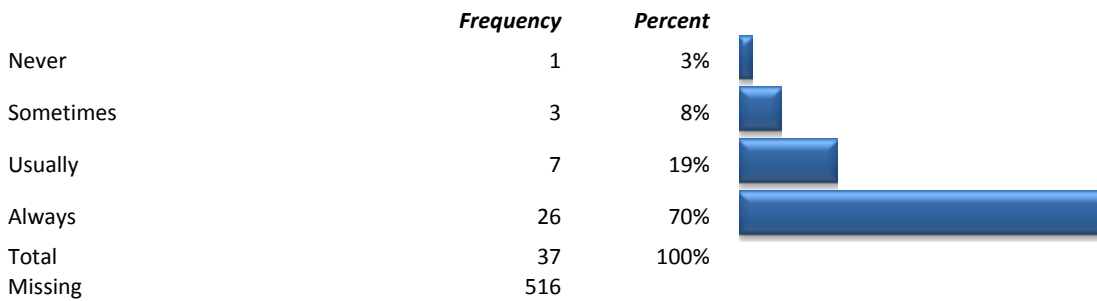


Frequency Tables (continued)

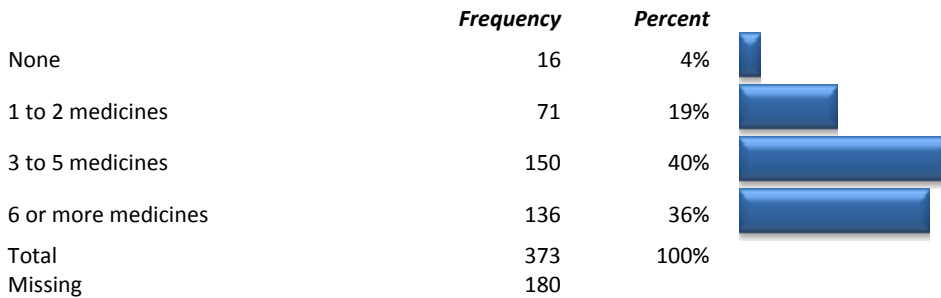
Q41. In the last 6 months, did you try to get information from your Health Plan about how much you would have to pay for your prescription medicines?



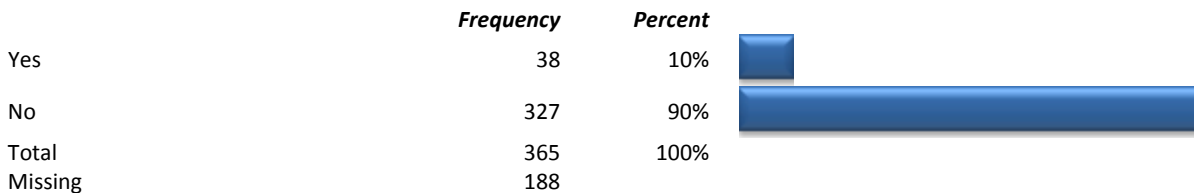
Q42. In the last 6 months, how often did your Health Plan give you all the information you needed about how much you would have to pay for your prescription medicine?



Q43. In the last 6 months, how many different prescription medicines did you fill or have refilled?





Q44. In the last 6 months, did a doctor prescribe a medicine for you that your Health Plan did not cover?



Frequency Tables (continued)





Q45. When this happened, did you contact your Health Plan to ask them to cover the medicine your doctor prescribed?

	<i>Frequency</i>	<i>Percent</i>	
Yes	6	16%	
No	31	84%	
Total	37	100%	
Missing	516		



Q46. When you contacted your Health Plan about the decision not to cover a prescription medicine did they ...

	<i>Frequency</i>	<i>Percent</i>
PDP tell that you can file appeal	N/A	
PDP offer to send appeal forms	N/A	
PDP suggest how to resolve complaint	N/A	
PDP listen but not resolve your complain	N/A	
PDP discourage you from taking action	N/A	
PDP do none of these things	N/A	
PDP said prescription drugs were covered	N/A	
Total	N/A	
Missing	N/A	

Q47. In the last 6 months, how often was it easy to use your Health Plan to get the medicines your doctor prescribed?

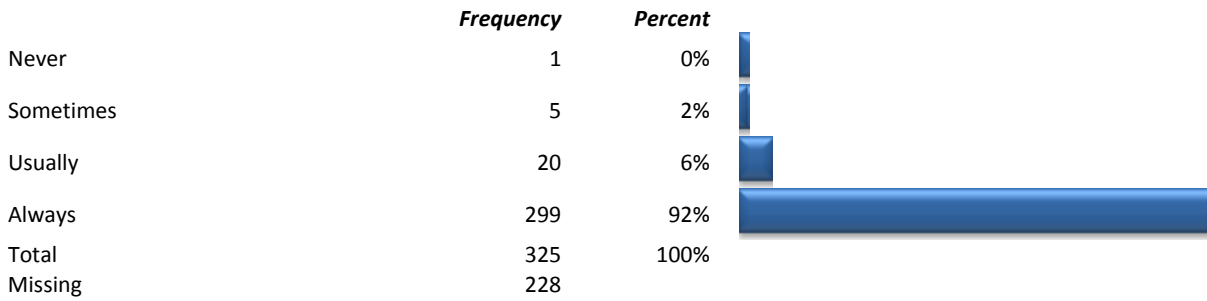
	<i>Frequency</i>	<i>Percent</i>	
Never	5	1%	
Sometimes	6	2%	
Usually	38	11%	
Always	304	86%	
Total	353	100%	
Missing	200		

Q48. In the last 6 months, did you ever use your Health Plan to fill a prescription at a local pharmacy?

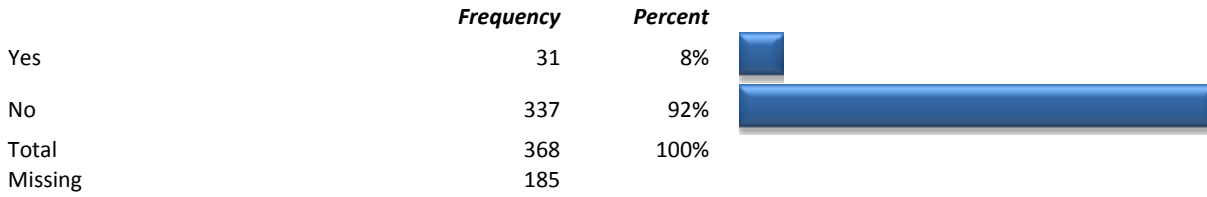
	<i>Frequency</i>	<i>Percent</i>	
Yes	326	89%	
No	40	11%	
Total	366	100%	
Missing	187		

Frequency Tables (continued)

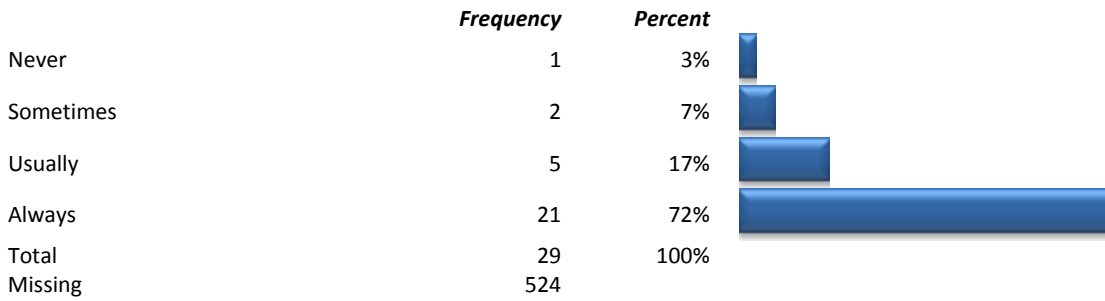
Q49. In the last 6 months, how often was it easy to use your Health Plan to fill a prescription at a local pharmacy?



Q50. In the last 6 months, did you ever use your Health Plan to fill any prescriptions by mail?

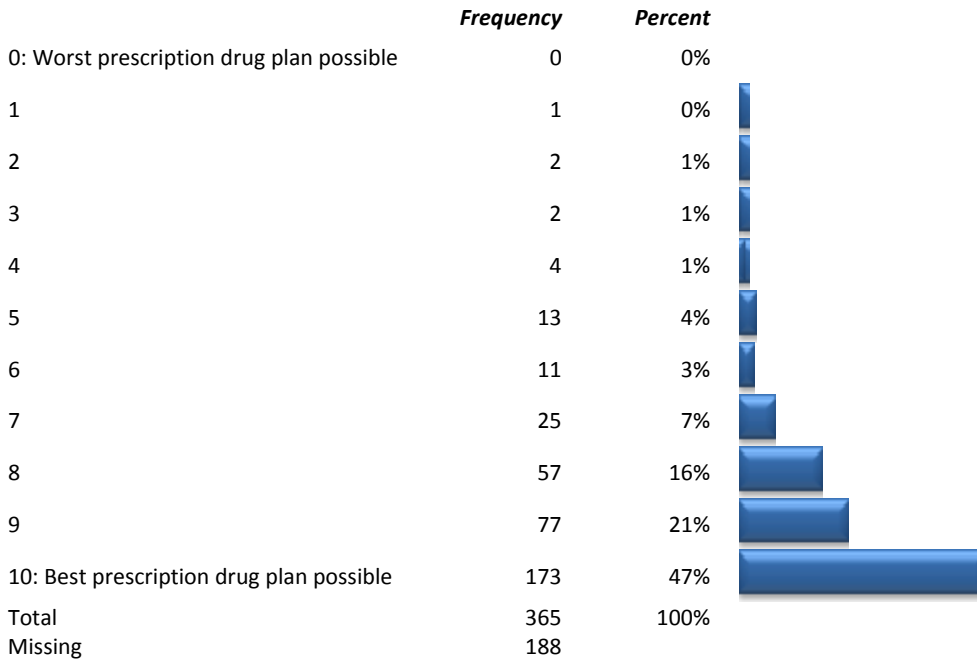


Q51. In the last 6 months, how often was it easy to use your Health Plan to fill prescriptions by mail?

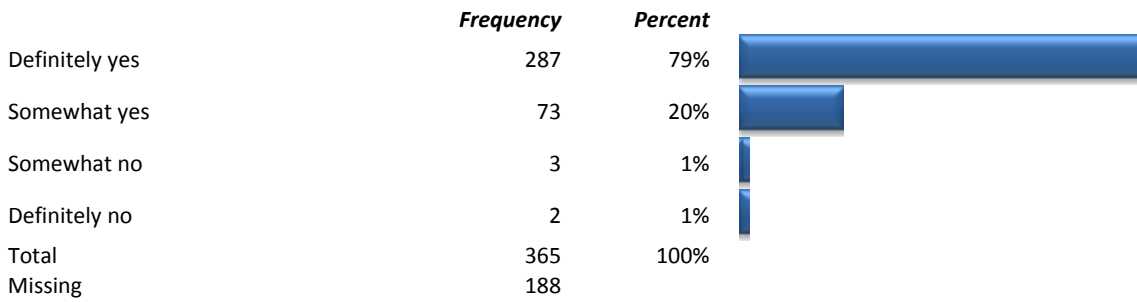


Frequency Tables (continued)

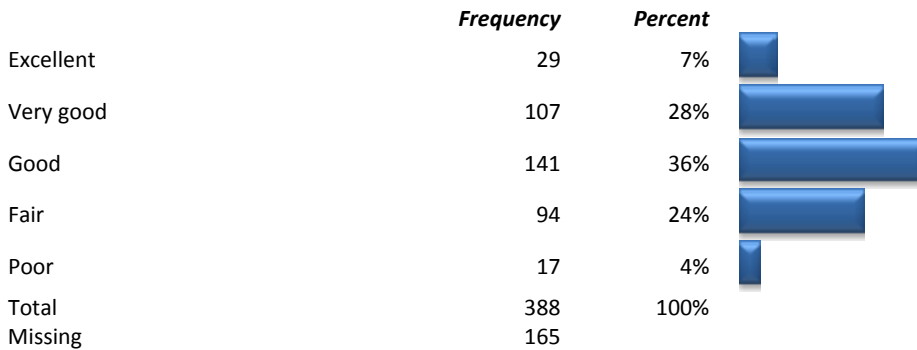
Q52. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your Health Plan for coverage of prescription drugs?



Q53. Would you recommend your Health Plan for coverage of prescription drugs to other people like yourself?








Q54. In general, how would you rate your overall health?





Frequency Tables (continued)



Q55. In general, how would you rate your overall mental health?

	<i>Frequency</i>	<i>Percent</i>	
Excellent	127	33%	
Very good	136	35%	
Good	97	25%	
Fair	23	6%	
Poor	3	1%	
Total	386	100%	
Missing	167		



Q56. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

	<i>Frequency</i>	<i>Percent</i>	
Yes	185	49%	
No	196	51%	
Total	381	100%	
Missing	172		

Q57. Is this a condition or problem that has lasted for at least 3 months?

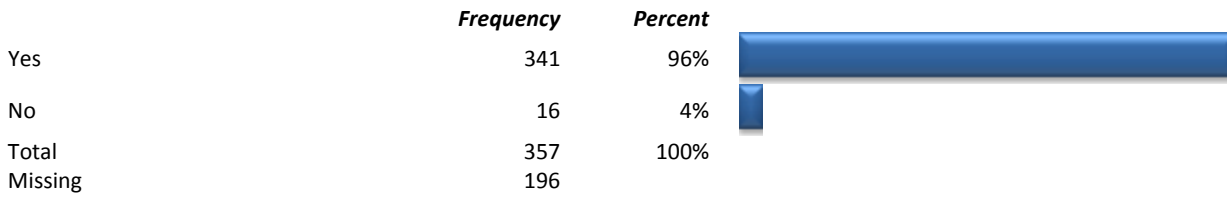
	<i>Frequency</i>	<i>Percent</i>	
Yes	173	94%	
No	11	6%	
Total	184	100%	
Missing	369		

Q58. Do you now need or take medicine prescribed by a doctor?

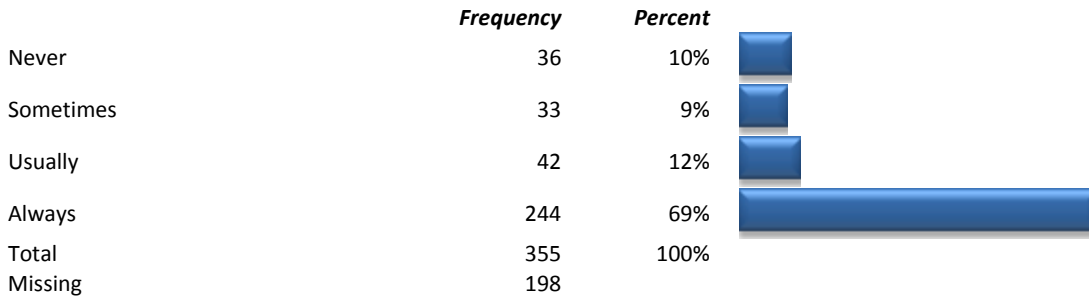
	<i>Frequency</i>	<i>Percent</i>	
Yes	361	93%	
No	26	7%	
Total	387	100%	
Missing	166		

Frequency Tables (continued)

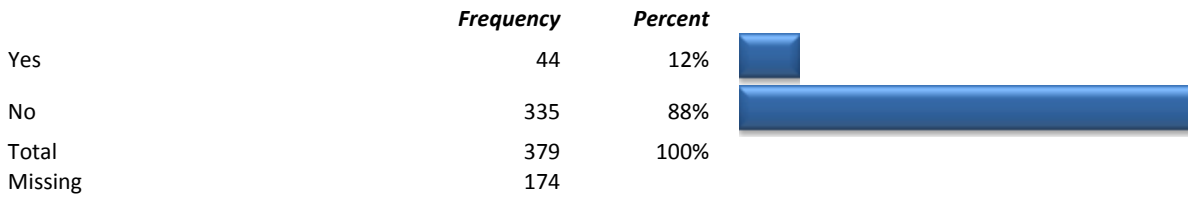
Q59. Is this to treat a condition that has lasted for at least 3 months?



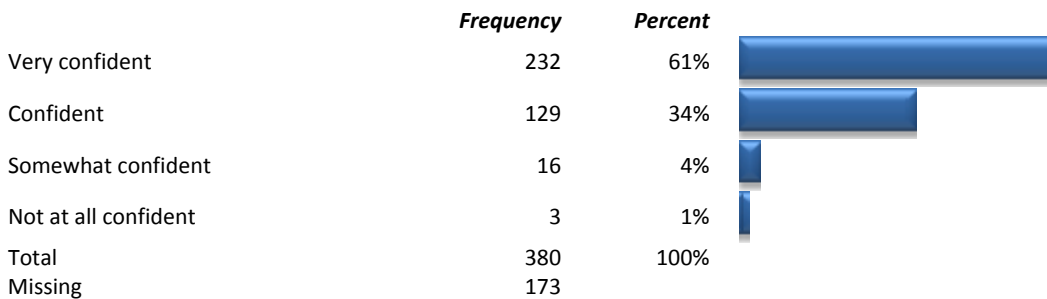
Q60. How often do you take a list of all your prescribed medicines to your doctor visits?



Q61. In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?





Q62. How confident are you that you can identify when it is necessary for you to get medical care?





Frequency Tables (continued)



Q63. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

	<i>Frequency</i>	<i>Percent</i>	
Yes	28	7%	
No	355	93%	
Total	383	100%	
Missing	170		

Q64. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?



	<i>Frequency</i>	<i>Percent</i>	
Yes	75	20%	
No	308	80%	
Total	383	100%	
Missing	170		

Q65. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?



	<i>Frequency</i>	<i>Percent</i>	
Yes	75	20%	
No	302	80%	
Total	377	100%	
Missing	176		

Q66. Has a doctor ever told you that you had any of the following conditions?

Q66a. A heart Attack?



	<i>Frequency</i>	<i>Percent</i>	
Yes	50	14%	
No	300	86%	
Total	350	100%	
Missing	203		

Q66b. Angina or coronary heart disease?



	<i>Frequency</i>	<i>Percent</i>	
Yes	61	18%	
No	280	82%	
Total	341	100%	
Missing	212		

Frequency Tables (continued)



Q66c. A stroke?

	<i>Frequency</i>	<i>Percent</i>	
Yes	27	8%	
No	312	92%	
Total	339	100%	
Missing	214		



Q66d. Cancer, other than skin cancer?

	<i>Frequency</i>	<i>Percent</i>	
Yes	55	16%	
No	286	84%	
Total	341	100%	
Missing	212		



Q66e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?

	<i>Frequency</i>	<i>Percent</i>	
Yes	57	17%	
No	288	83%	
Total	345	100%	
Missing	208		

Q66f. Any kind of diabetes or high blood sugar?



	<i>Frequency</i>	<i>Percent</i>	
Yes	99	28%	
No	257	72%	
Total	356	100%	
Missing	197		

Q67. Have you had a flu shot since September 2008?



	<i>Frequency</i>	<i>Percent</i>	
Yes	280	73%	
No	104	27%	
Total	384	100%	
Missing	169		

Frequency Tables (continued)




Q68. Did you get that flu shot either through your Health Plan or from your personal doctor?

	<i>Frequency</i>	<i>Percent</i>	
Yes	215	88%	
No	29	12%	
Total	244	100%	
Missing	309		



Q69. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

	<i>Frequency</i>	<i>Percent</i>	
Yes	267	73%	
No	100	27%	
Total	367	100%	
Missing	186		

Q70. Do you now smoke cigarettes every day, some days, or not at all?

	<i>Frequency</i>	<i>Percent</i>	
Every day	20	5%	
Some days	17	4%	
Not at all	345	90%	
Total	382	100%	
Missing	171		

Q71. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

	<i>Frequency</i>	<i>Percent</i>	
None	7	20%	
At least one visit	28	80%	
Total	35	100%	
Missing	518		

Frequency Tables (continued)

Q72. What is your age?

	<i>Frequency</i>	<i>Percent</i>
18 to 24	0	0%
25 to 34	0	0%
35 to 44	0	0%
45 to 54	2	1%
55 to 64	33	8%
65 to 69	113	29%
70 to 74	109	28%
75 to 79	65	17%
80 to 84	45	11%
85 or older	25	6%
Total	392	100%
Missing	161	

Q73. Are you male or female?

	<i>Frequency</i>	<i>Percent</i>
Male	181	46%
Female	209	54%
Total	390	100%
Missing	163	

Q74. What is the highest grade or level of school that you have completed?

	<i>Frequency</i>	<i>Percent</i>
8th grade or less	24	6%
Some high school, not graduate	48	12%
High school graduate or GED	139	36%
Some college or 2-year degree	104	27%
4-year college graduate	37	9%
More than 4-year college degree	38	10%
Total	390	100%
Missing	163	

Frequency Tables (continued)

Q75. Are you of Hispanic or Latino origin or descent?

	<i>Frequency</i>	<i>Percent</i>
Yes, Hispanic or Latino	6	2%
No, not Hispanic or Latino	373	98%
Total	379	100%
Missing	174	

Q76. What is your race?




	<i>Frequency</i>	<i>Percent</i>
White	373	96%
Black/African American	16	4%
Asian	0	0%
Hawaiian/Pacific Islander	0	0%
American Indian/Alaska Native	8	2%
Total	390	0%
Missing	163	

Q77. Did someone help you complete this survey?



	<i>Frequency</i>	<i>Percent</i>
Yes	34	11%
No	285	89%
Total	319	100%
Missing	234	

Frequency Tables (continued)

Q78. How did that person help you?




	<i>Frequency</i>	<i>Percent</i>	
Read questions to me	10	33%	
Wrote down answers I gave	13	43%	
Answered questions for me	12	40%	
Translated questions for me	0	0%	
Helped in other way	0	0%	
Total	30	0%	
Missing	523		

Q79. Do you live alone?




	<i>Frequency</i>	<i>Percent</i>	
Yes, I live alone	90	23%	
No, I live with others	298	77%	
Total	388	100%	
Missing	165		

Q80. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)

Q80a. Bathing?


	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	11	3%	
Yes, I do have difficulty	36	10%	
No, I do not have difficulty	329	88%	
Total	376	100%	
Missing	177		

Q80b. Dressing?


	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	10	3%	
Yes, I do have difficulty	31	8%	
No, I do not have difficulty	334	89%	
Total	375	100%	
Missing	178		

Frequency Tables (continued)


Q80c. Eating?

	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	9	2%	
Yes, I do have difficulty	6	2%	
No, I do not have difficulty	356	96%	
Total	371	100%	
Missing	182		


Q80d. Getting in or out of chairs?

	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	9	2%	
Yes, I do have difficulty	68	18%	
No, I do not have difficulty	300	80%	
Total	377	100%	
Missing	176		

Q80e. Walking?

	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	8	2%	
Yes, I do have difficulty	94	25%	
No, I do not have difficulty	272	73%	
Total	374	100%	
Missing	179		

Q80f. Using the toilet?

	<i>Frequency</i>	<i>Percent</i>	
I am unable to do this activity	8	2%	
Yes, I do have difficulty	18	5%	
No, I do not have difficulty	341	93%	
Total	367	100%	
Missing	186		

Part 3: Background and Methodology

Background

In 1998, CMS launched a nationwide effort to collect information from Medicare beneficiaries enrolled in managed care now referred to as Medicare Advantage (MA) about their experiences with, and evaluations of, their health plans. This effort has three primary goals:

- Provide Medicare beneficiaries and the general public with information to help them make more informed choices among health plans.
- Help MA plans identify problems and improve the quality of care and services by providing them with information about their performance relative to that of other health plan contracts in their state and region, as well as nationally; and
- Enhance CMS's ability to monitor the quality of care and performance of MA contracts.

In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries enrolled in the original Medicare Fee-For-Service program, and in 2007, began to collect information from Medicare beneficiaries about their experiences with the new Medicare Prescription Drug Benefit (Part D) in either an MA Prescription Drug plan or a Standalone Prescription Drug plan. The questions added to the Medicare CAHPS Survey at that time focus on beneficiaries' experiences with getting needed information about their prescription drug plan (PDP) and with getting the prescription drugs they need. The responses to these questions, as well as some overall ratings of PDPs, are included in this report.

Summary of Changes from 2007-2008 Continued in 2009

1. **How results are displayed:** The report shows results using segmented bar charts, along with an indication (up or down arrow) of whether each contract's mean score is statistically significantly better or worse than the national mean. "N/A" is reported for any item or composite with fewer than 10 responses for a contract. If there are at least 10 responses but the reliability of the measure is less than 0.75 (in a 0-1 range), the mean score for your contract is given in italics.
2. **Benchmark:** The 2009 report provides the national distribution, national mean, and distribution and mean for just private fee-for-service MA plans. Statistical comparisons, however, are still made with the national mean for all MA plans.
3. **Historical results:** If your contract participated in the 2008 CAHPS survey, the 2009 report provides your contract's 2008 means and distributions of responses for comparable measures to facilitate comparison (trending).
4. **Composite measures:** The health plan customer service composite, which was omitted from the 2007 report, is shown in the 2009 report. The prescription drug composite measure labeled "Getting Information about Prescription Drugs" in the 2007 report was relabeled "Getting Information From the Plan About Prescription Drug Coverage and Cost" in 2008. This relabeled composite contains one additional item compared with 2007: "In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?" Finally, the "Getting Care Quickly" composite also includes one item introduced in 2008, "In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?"
5. **Medicare-specific measures:** Comparative data are presented for two Medicare-specific measures that were added in 2008: (a) the ease of getting special medical equipment (e.g., a wheelchair) through a plan, and (b) the ease of getting special therapy (e.g., speech therapy) through a plan.

Methodology

CMS collects information about Medicare beneficiaries' experiences with and ratings of MA plans via the annual CAHPS survey of currently enrolled beneficiaries. Beneficiaries at least 18 years of age and currently enrolled in an MA plan for six months or longer are eligible for participation. Although beneficiaries provide ratings of their "plans," the unit of analysis is not a health and/or prescription drug plan but rather a health and/or prescription drug plan contract. This report refers both to plans and to contracts. In the context of this report, the terms both refer to health and/or prescription drug contracts.

The Medicare CAHPS Survey, which has been conducted annually with a sample of Medicare beneficiaries since 1998, is part of a group of surveys developed by a consortium of researchers from American Institutes for Research, Harvard Medical School, the RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service.

The Survey Instruments

The 2009 Medicare CAHPS survey includes five versions: Medicare Advantage (MA), Medicare Advantage Prescription Drug plan (MA-PD), Medicare Advantage for PPO Enrollees (MA-PPO), Medicare Fee-for-Service and Standalone Medicare Prescription Drug Plan (PDP). Medicare Private Fee-for-Service Plans are within the Medicare Advantage program. Although all five versions have a nearly identical set of core questions, each version also includes additional questions and response categories related to the enrollees' experiences in their own particular contract type.

The MA-PD Survey contains 82 questions, organized into the following sections: Your Health Plan (11 questions), Your Healthcare in the Last 6 Months (11 questions), Your Personal Doctor (7 questions), Getting Healthcare from Specialists (4 questions), Your Medicare Rights (3 questions), Your Prescription Drug Plan (17 questions, asked only of those with PD benefits), and About You (29 questions). A copy of the MA-PD CAHPS Survey instrument is included on the CD along with this report.

Many of the items in the CAHPS survey are preceded by screener questions, so that only those beneficiaries for whom the item is relevant (i.e., those with relevant needs or experiences) are asked to answer those questions.

For scoring and reporting purposes, we combined some questions into the following 6 composite measures: Getting Needed Care, Getting Care Quickly, Doctors Who Communicate Well, Health Plan Customer Service, Getting Needed Prescription Drugs, and Getting Information From the Plan About Prescription Drug Coverage and Cost. Table 1 displays these composites and the survey items they comprise, as well as items that are reported individually but that are not part of composites.

Table 1. MA-PD CAHPS Survey Composites, Overall Ratings and Single-Item Measures

Composite Measures	Survey Items Included in the Composite
Getting Needed Care	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?</p>
Getting Care Quickly	<p>In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?</p> <p>In the last 6 months, not counting the times when you needed health 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?</p> <p>Wait time includes time spent in the waiting room and exam room. In the past 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?</p>
Doctors Who Communicate Well	<p>In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>In the last 6 months, how often did your personal doctor spend enough time with you?</p>
Health Plan Customer Service	<p>In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?</p> <p>In the last 6 months, how often were the forms for your health plan easy to fill out?</p>
Getting Needed Prescription Drugs	<p>In the last 6 months, how often was it easy to use your health plan to get the medicines your doctor prescribed?</p> <p>In the last 6 months, how often was it easy to use your health plan to fill a prescription at a local pharmacy?</p> <p>In the last 6 months, how often was it easy to use your health plan to fill prescriptions by mail?</p>

Table 1. MA-PD CAHPS Survey Composites, Overall Ratings and Single-Item Measures (continued)

Composite Measures	Survey Items Included in the Composite
<p>Getting Information From the Plan About Prescription Drug Coverage and Cost</p>	<p>In the last 6 months, how often did your health plan’s customer service give you the information or help you needed about prescription drugs?</p> <p>In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?</p> <p>In the last 6 months, how often did your health plan give you all the information you needed about which prescription medicines were covered?</p> <p>In the last 6 months, how often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicine?</p>

Overall Ratings	Survey Item
<p>Overall Rating of Health Plan</p>	<p>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?</p>
<p>Overall Rating of Care Received</p>	<p>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?</p>
<p>Overall Rating of Personal Doctor</p>	<p>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?</p>
<p>Overall Rating of Specialist</p>	<p>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?</p>
<p>Overall Rating of Drug Coverage</p>	<p>Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your health plan for coverage of prescription drugs?</p>

Other Single Item Measures	Survey Item
<p>Willingness to Recommend Plan for Drug Coverage</p>	<p>Would you recommend your health plan for coverage of prescription drugs to other people like yourself?</p>
<p>Influenza Vaccination</p>	<p>Have you had a flu shot since September 2008?</p>
<p>Pneumonia Shot</p>	<p>Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.</p>
<p>Getting Medical Equipment</p>	<p>In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?</p>
<p>Getting Special Therapy</p>	<p>In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?</p>

Data Collection

Wilkerson & Associates (W&A) and its subcontractor, the Center for the Study of Services (CSS), collected and processed the survey data using a random sample of enrollees selected from CMS records. The Office of Information Services (OIS) at CMS selected the sample from CMS administrative data in January 2009.

Sample Selection and Eligibility Criteria

Samples for the Medicare CAHPS Survey were selected from 449 MA contracts, each identified by its name and four-digit contract or "H" number. The number of enrollees sampled per contract was calculated to yield at least 400 completed surveys, after accounting for ineligible and non - responding enrollees. For contracts with the largest enrollments, the target numbers were increased. For contracts with very few eligible enrollees, all were selected.

To be included in the random sample for the MA-CAHPS Survey, MA contracts including Medicare private fee-for-service contracts were required to have been in effect on or before January 1, 2008. Beneficiaries had to have been continuously enrolled in the plan for at least six months to be eligible for the survey. Institutionalized beneficiaries were not eligible for selection and, if identified during data collection, were excluded from the analysis. Beneficiaries also had to be 18 years old or older at the time of the sample draw.

In MA plans with some but not all beneficiaries enrolled for the prescription drug (PD) benefit, samples were drawn from both PD enrollees and non-enrollees, and each group was mailed the appropriate questionnaire form. Data from both groups were combined to obtain estimates for non-PD survey items. Some sample members were excluded from the survey protocol either prior to or during fielding of the survey due to being under 18 years of age, deceased, or identified as being in the sample for another Medicare CAHPS survey version, i.e., sample members can only be in the survey for one type of contract .

Survey Implementation

The 2009 Medicare CAHPS survey was conducted between February 16 and June 16, 2009, and asked about beneficiaries' experiences with care received in the previous six months. The data collection protocol included mailing of pre-notification letters, up to two mailings of paper surveys, and conduct of telephone surveys with those sample members who did not respond to the mail survey. The mail and telephone surveys were available in both English- and Spanish-language versions. Further details about the data collection schedule are shown in Table 2.

Table 2. Implementation Timeline, 2009 Medicare CAHPS Survey

Task	Dates
Pre-notification letters sent to sample members in 526 health plan contracts	February 16, 2009
Surveys mailed to sample members	February 26, 2009
Thank you/Reminder postcard mailings to sample members	March 9, 2009
Wave 2 Surveys mailed to non-respondents	March 26, 2009
Follow-up calls made to non-respondents	April 23 – June 16, 2009
Cutoff date for returned mail surveys	June 15, 2009

Outreach to Spanish-Speaking Beneficiaries

Significant efforts were made on both the mailed and telephone surveys to reach Spanish-speaking beneficiaries. The pre-notification letter was printed in English on one side of the page and Spanish on the reverse, and included a postcard to request a Spanish version of the survey as well as the telephone number for a Spanish-language toll-free hotline. Calls to the Spanish hotline were answered directly by bilingual operators, who would offer to conduct the survey by telephone in Spanish or take requests for a Spanish-language version of the written survey.

Sample Disposition

The sample disposition and response rates for the Medicare CAHPS Survey are presented in Table 3. Of the 680,413 beneficiaries in the original sample of the Medicare CAHPS Survey, 39,889 (5.9%) beneficiaries were classified as ineligible because they were under the age of 18, institutionalized, deceased, mentally or physically incapable, or had a language barrier that prevented them from completing the survey. Those who were excluded from the survey prior to fielding because they were under 18 years of age, deceased, or identified as being eligible for another Medicare survey version were also considered ineligible. The adjusted response rate, after accounting for both ineligible sample members and non-respondents who were excluded from the telephone follow-up, is 62.3 percent (399,317 survey completes divided by 680,413 beneficiaries in the original sample minus 39,889 beneficiaries deemed ineligible).

Table 3. Sample Disposition, 2009 Medicare CAHPS Survey

Disposition	Sample Member Count	Percentage of Sample
Completed survey	399,317	58.69%
Partially completed survey	21,842	3.21%
Ineligible	39,889	5.86%
Institutionalized	3,093	0.46%
Deceased	3,974	0.58%
Did not speak English or Spanish	7,956	1.17%
Mentally or physically unable to respond	24,439	3.59%
Excluded from survey prior to fielding ²	427	0.06%
Non-respondents	219,365	32.24%
Total sample	680,413	100.00%

² Please see sample exclusion criteria in text on previous page.

Data Analysis

Data from the Medicare CAHPS Survey were weighted to reflect the number of enrollees in each health plan contract and also to combine PD enrollees and non-enrollees in proportion to their enrollment in contracts with partial PD enrollment. Researchers at the Harvard Medical School analyzed the data to produce summary statistics for public reporting. The sections below describe the major analysis steps.

Use of Composite Measures

When a survey covers many topics, a report that simply lists the answers to every question can be overwhelming to readers. To keep survey reports shorter without sacrificing important information, answers to questions about the same topic are combined to form composites. In most cases the items in a composite are given equal weight in calculating the composite score.

Case-Mix Adjustment

Certain respondent characteristics, such as age, education, socioeconomic status, and health status, are not under the control of the health plan but are related to the plan member's experiences and survey responses. To ensure that comparisons between contracts reflect differences in performance rather than differences in case-mix, it is necessary to adjust for such respondent characteristics when comparing contracts' MA-CAHPS results.

Consistent with other research,^{3, 4, 5, 6} self-reported global health status, self-reported mental health status, age, and education accounted for a substantial amount of variation among contracts on the CAHPS global ratings. In general, individuals reporting better health, those who were older, and those with less education gave higher ratings. The case-mix model used for this report includes these four self-reported characteristics, together with two variables indicating whether another person helped the respondent complete the questionnaire and whether the individual providing help answered the questions for the intended respondent, one variable indicating the Medicaid dual eligibility status, and one variable indicating whether the respondent was eligible for the low income subsidy. These last two variables represent socioeconomic status, since the survey does not collect information about income or assets. Although proxy reporting contributed only very weakly to differences in contract means, these variables were retained in the case-mix models in order to allay concerns about potential biases.

To adjust for case-mix, linear regression models were developed in which the dependent variable was the response on a particular survey item and the independent variables were case-mix adjustors. First, the analysts identified important predictor variables by fitting models that controlled for differences in contract performance. In these models, the predictive power of the identified variables was tested both individually and in combination. Next, the analysts determined how much contracts differed on these variables and used this information to determine which variables would have the greatest impact on plan ratings when included in the case-mix model.

Prior to adjusting the data, missing data were imputed to the contract mean for individual adjustors. Each contract mean was then adjusted using the regression model by predicting the mean that would be obtained if the average of the case-mix variables at the contract was equal to the average across all contracts nationally. Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

Case-mix adjusted data were used to compare each contract to the national mean (see Significance Testing below). The case-mix adjusted data show how each contract would compare to other contracts if the patients cared for by each contract were the same with respect to age, education, self-reported physical and mental health status, proxy status, and Medicare dual-eligibility status.

³ Cleary PD, McNeil BJ. Patient Satisfaction as an Indicator of Quality Care. *Inquiry*. Spring 1988; 25:25-36.

⁴ Zaslavsky AM, Zaboriski LB, Ding L, Shaul JA, Cioffi MJ, Cleary PD. Adjusting Performance Measures to Ensure Equitable Plan Comparisons. *Health Care Financing Review*; 2001; 22(3):109-126.

⁵ Hargraves JL, Wilson IB, Zaslavsky A, James C, Walker JD, Rogers G, Cleary PD. Adjusting for patient characteristics when analyzing reports from patients about hospital care. *Med Care*; 2001; 39(6):635-641.

⁶ Epstein AM, Hall JA, Tognetti J, Son LH, Conant L. Using Proxies to Evaluate Quality of Life: Can They Provide Valid Information About Patients' Health Status and Satisfaction with Medical Care. *Medical Care* 1989; 27(3): S91-8.

Significance Testing

Two-tailed t-tests were used to assess whether the case-mix adjusted mean for each contract differed significantly from the overall mean for all contracts in the nation. Contract scores that are significantly different from the national mean at the $p < 0.05$ level are marked with an up or down arrow. The absence of an arrow means that the contract's score was not significantly different from the national average. In accordance with confidentiality requirements, "N/A" is reported for any item or composite with fewer than 10 observations. If the minimum sample size is met but the reliability of the measure is less than 0.75 (in a 0-1 range), the mean score is given in italics. For measures on which more than 12% of all contracts with minimum sample size of 10 had low reliability, the mean score is given in italics only for the 12% with lowest reliability. Even though italics indicate limited ability to detect smaller differences from the national mean, up or down arrows are shown whenever differences were sufficiently large to distinguish a contract's score from the national mean with $p < 0.05$.

Differences Between CAHPS and NCQA Scoring Methodology

The National Committee for Quality Assurance (NCQA) also collects CAHPS results from health plans but uses a different method for calculating MA-CAHPS results for accreditation purposes. NCQA is an independent, non-profit organization that evaluates and reports on the quality of the nation's managed care organizations. Although CMS and NCQA both collect and report on CAHPS surveys, there are important differences in how the results are organized and calculated.

- Results for MA-CAHPS have been case-mix adjusted using person-level characteristics, including age, education, and self-reported physical and mental health status. NCQA does not use case-mix adjustments in reporting.
- The national averages are calculated using person-level data for MA-CAHPS. NCQA results are based on contract-level data.

Table 4. Case-Mix Adjustment Variables, 2009 Medicare CAHPS Survey

Case-Mix Variable	Survey Questions	Variable Coding
Health Status	In general, how would you rate your overall health?	1) Excellent 2) Very good 3) Good 4) Fair 5) Poor
Mental Health Status	In general, how would you rate your overall mental health now?	1) Excellent 2) Very good 3) Good 4) Fair 5) Poor
Age	What is your age?	1) 18 to 24 2) 25 to 34 3) 35 to 44 4) 45 to 54 5) 55 to 64 6) 65 to 69 7) 70 to 74 8) 75 to 79 9) 80 to 84 10) 85 or older
Education	What is the highest grade or level of school that you have completed?	1) 8th grade or less 2) Some high school, but did not graduate 3) High school graduate or GED 4) Some college or 2-year degree 5) 4-year college graduate 6) More than 4-year college degree
Received Help Responding	Did someone help you complete this survey?	1) Yes 0) No
Proxy Answered Questions for Respondent	How did that person help you? Check all that apply	1) Answered the questions for me 0) Read the questions to me; Wrote down the answers I gave; Translated the questions into my language; Helped me in some other way; no help.
Medicaid Dual Eligibility Flag	A flag in the data set assigns a 1 if a person is eligible for both Medicaid and Medicare or a 0 if only eligible for Medicare.	
Low Income Subsidy Flag	A flag in the data set assigns a 1 if a person is eligible for the low income subsidy or a 0 if ineligible.	

Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires

Survey Section	2009 Question	2008 Question
Your Health Plan	1. Our records show that in 2008 your health services were covered by [plan name]. Is that right?	1. Our records show that in 2007 your health services were covered by [plan name]. Is that right?
	2. Please write below the name of the health plan you had in 2008 and complete the rest of the survey based on experiences you had with that plan. (Please print)	2. Please write below the name of the health plan you had in 2007 and complete the rest of the survey based on experiences you had with that plan. (Please print)
Your Health Care in the Last 6 Months	3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
	4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
	5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?	5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?
	6. In the last 6 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?	6. In the last 6 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?
	7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
	8. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?	8. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
	9. 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?	9. 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?
	10. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?	10. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?
	11. In the last 6 months, how often was it easy to get the medical equipment you needed through your plan?	11. In the last 6 months, how often was it easy to get the medical equipment you needed through your plan?
	12. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?	12. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?
	13. In the last 6 months, how often was it easy to get the special therapy you needed through your plan?	13. In the last 6 months, how often was it easy to get the special therapy you needed through your plan?
Your Personal Doctor	14. Do you have a personal doctor?	14. Do you have a personal doctor?
	15. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?	15. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
	16. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	16. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
	17. In the last 6 months, how often did your personal doctor listen carefully to you?	17. In the last 6 months, how often did your personal doctor listen carefully to you?

Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires (continued)

Survey Section	2009 Question	2008 Question
	18. In the last 6 months, how often did your personal doctor show respect for what you had to say?	18. In the last 6 months, how often did your personal doctor show respect for what you had to say?
	19. In the last 6 months, how often did your personal doctor spend enough time with you?	19. In the last 6 months, how often did your personal doctor spend enough time with you?
	20. 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?	20. 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?
Getting Health Care From Specialists	21. In the last 6 months, did you try to make any appointments to see a specialist?	21. In the last 6 months, did you try to make any appointments to see a specialist?
	22. In the last 6 months, how often was it easy to get appointments with specialists?	22. In the last 6 months, how often was it easy to get appointments with specialists?
	23. How many specialists have you seen in the last 6 months?	23. How many specialists have you seen in the last 6 months?
	24. 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?	24. 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?
Your Health Plan	25. In the last 6 months, did you try to get any kind of care, tests, or treatment through your plan?	25. In the last 6 months, did you try to get any kind of care, tests, or treatment through your plan?
	26. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your plan?	26. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your plan?
	27. In the last 6 months, did you try to get information or help from your plan's customer service?	27. In the last 6 months, did you try to get information or help from your plan's customer service?
	28. In the last 6 months, how often did your plan's customer service give you the information or help you needed?	28. In the last 6 months, how often did your plan's customer service give you the information or help you needed?
	29. In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect?	29. In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect?
	30. In the last 6 months, did your plan give you any forms to fill out?	30. In the last 6 months, did your plan give you any forms to fill out?
	31. In the last 6 months, how often were the forms from your plan easy to fill out?	31. In the last 6 months, how often were the forms from your plan easy to fill out?
	32. 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?	32. 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?
	No comparable question	33. Considering what you pay, how satisfied are you with the value of the health care you get?
Your Medicare Rights	33. Was there ever a time when you believed you needed care or services that your plan decided not to give you?	34. Was there ever a time when you believed you needed care or services that your plan decided not to give you?
	34. Have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?	35. Have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?
	35. When you spoke to your health plan about the decision not to provide care or services, did they... Please mark one or more.	36. When you spoke to your health plan about the decision not to provide care or services, did they... Please mark one or more.

Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires (continued)

Survey Section	2009 Question	2008 Question
Your Prescription Drug Plan	36. In the last 6 months, did you try to get information or help from your health plan's customer service about prescription drugs?	37. In the last 6 months, did you try to get information or help from your health plan's customer service about prescription drugs?
	37. In the last 6 months, how often did your health plan's customer service give you the information or help you needed about prescription drugs?	38. In the last 6 months, did you try to get information or help from your (health plan's/drug plan's) customer service?
	38. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs.	39. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
	39. In the last 6 months, did you try to get information from your health plan about which prescription medicines were covered?	40. In the last 6 months, did you try to get information from your health plan about which prescription medicines were covered?
	40. In the last 6 months, how often did your plan give you all the information you needed about which prescription medicines were covered?	41. In the last 6 months, how often did your plan give you all the information you needed about which prescription medicines were covered?
	41. In the last 6 months, did you try to get information from your health plan about how much you would have to pay for your prescription medicines?	42. In the last 6 months, did you try to get information from your health plan about how much you would have to pay for your prescription medicines?
	42. In the last 6 months, how often did your plan give you all the information you needed about how much you would have to pay for your prescription medicine?	43. In the last 6 months, how often did your plan give you all the information you needed about how much you would have to pay for your prescription medicine?
	43. In the last 6 months, how many different prescription medicines did you fill or have refilled?	44. In the last 6 months, how many different prescription medicines did you fill or have refilled?
	44. In the last 6 months, did a doctor prescribe a medicine for you that your plan did not cover?	45. In the last 6 months, did a doctor prescribe a medicine for you that your plan did not cover?
	45. When this happened, did you contact your health plan to ask them to cover the medicine your doctor prescribed?	46. When this happened, did you or someone else contact your health plan to ask them to cover the medicine your doctor prescribed?
	46. When you contacted your health plan about the decision not to cover a prescription medicine did they...	No comparable question.
	47. In the last 6 months, how often was it easy to use your plan to get the medicines your doctor prescribed?	47. In the last 6 months, how often was it easy to use your plan to get the medicines your doctor prescribed?
	48. In the last 6 months, did you ever use your plan to fill a prescription at a local pharmacy?	48. In the last 6 months, did you ever use your plan to fill a prescription at a local pharmacy?
	49. In the last 6 months, how often was it easy to use your plan to fill a prescription at a local pharmacy?	49. In the last 6 months, how often was it easy to use your plan to fill a prescription at a local pharmacy?
	50. In the last 6 months, did you ever use your plan to fill any prescriptions by mail?	50. In the last 6 months, did you ever use your plan to fill any prescriptions by mail?
	51. In the last 6 months, how often was it easy to use your plan to fill prescriptions by mail?	51. In the last 6 months, how often was it easy to use your plan to fill prescriptions by mail?
	52. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your plan for coverage of prescription drugs?	52. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your plan for coverage of prescription drugs?

Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires (continued)

Survey Section	2009 Question	2008 Question
	53. Would you recommend your plan for coverage of prescription drugs to other people like yourself?	53. Would you recommend your plan for coverage of prescription drugs to other people like yourself?
About You	54. In general, how would you rate your overall health?	54. In general, how would you rate your overall health?
	55. In general, how would you rate your overall mental health?	55. In general, how would you rate your overall mental health?
	56. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?	56. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
	57. Is this a condition or problem that has lasted for at least 3 months?	57. Is this a condition or problem that has lasted for at least 3 months?
	58. Do you now need or take medicine prescribed by a doctor?	58. Do you now need or take medicine prescribed by a doctor?
	59. Is this to treat a condition that has lasted for at least 3 months?	59. Is this to treat a condition that has lasted for at least 3 months?
	60. How often do you take a list of all your prescribed medicines to your doctor visits?	60. How often do you take a list of all your prescribed medicines to your doctor visits?
	61. In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	61. In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?
	62. How confident are you that you can identify when it is necessary for you to get medical care?	62. How confident are you that you can identify when it is necessary for you to get medical care?
	63. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?	63. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?
	64. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	64. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
	65. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?	65. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?
	66. Has a doctor ever told you that you had any of the following conditions?	66. Has a doctor ever told you that you had any of the following conditions?
	67. Have you had a flu shot since September 1, 2008.	67. Did you get a flu shot last year that is anytime from September to December 2007?
	68. Did you get that flu shot either through your plan or from your personal doctor?	68. Did you get that flu shot either through your plan or from your personal doctor?
	69. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	69. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
	70. Do you now smoke cigarettes every day, some days, or not at all?	70. Do you now smoke cigarettes every day, some days, or not at all?
	71. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?	71. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?
	72. What is your age?	72. What is your age?
	73. Are you male or female?	73. Are you male or female?
	74. What is the highest grade or level of school that you have completed?	74. What is the highest grade or level of school that you have completed?

Survey Item Crosswalk for 2008 - 2009 MA-PD Questionnaires (continued)

Survey Section	2009 Question	2008 Question
	75. Are you of Hispanic or Latino origin or descent?	75. Are you of Hispanic or Latino origin or descent?
	76. What is your race? Please mark one or more.	76. What is your race? Please mark one or more.
	77. Did someone help you complete this survey?	77. Did someone help you complete this survey?
	78. How did that person help you? Please mark one or more.	78. How did that person help you? Please mark one or more.
	79. Do you live alone?	No comparable question.
	No comparable question.	79. Which of the following best describes your current living arrangement?
	80. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)	80. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)
	81. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received?	81. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received?
	82. Please write your daytime telephone number below.	82. Please write your daytime telephone number below.