

Pursuing Perfection in Quality Care 2007

Patient/member-centered
Timely
Effective
Efficient
Equitable
Safe

Table of Contents

Quality Improvement 2007 Annual Report

Introduction	4
Overall Effectiveness.....	6
Health Plan Programs to Support Best Care and Outcomes	
Behavioral Health.....	14
Chronic Care	
Diabetes	16
Heart Disease	18
Respiratory Disease.....	20
Complex Care.....	22
Depression Care	23
Diagnostic Imaging	25
Financial Incentives for Quality	26
Health Care Disparities.....	27
Healthy Lifestyles.....	28
Hospital Care.....	30
Medical Policy.....	31
Pharmacy.....	32
Preventive Care	
Services for Adults and Children.....	33
Immunizations.....	35
Cancer Screenings.....	37
Rare and Chronic Care	39
Safety	40
Service Quality.....	41
Specialty Networks.....	43
Low Back Pain.....	45
Weight Loss Surgery	46
Shared Decision Making.....	47

State Public Programs and Medicare

HPCare Adolescent Well Care.....	48
HPCare Asthma.....	49
HPCare Blood Lead Testing.....	50
HPCare Child and Teen Checkup.....	51
HPCare Dual Diagnosis.....	52
HPCare PCA.....	53
Medicare BMI in the Elderly Population.....	55
MSHO Calcium / Vitamin D Supplementation.....	56
MSHO Coordination of Care.....	57
HEDIS®/CAHPS® Results.....	58
Recognition and Leadership.....	65

Introduction

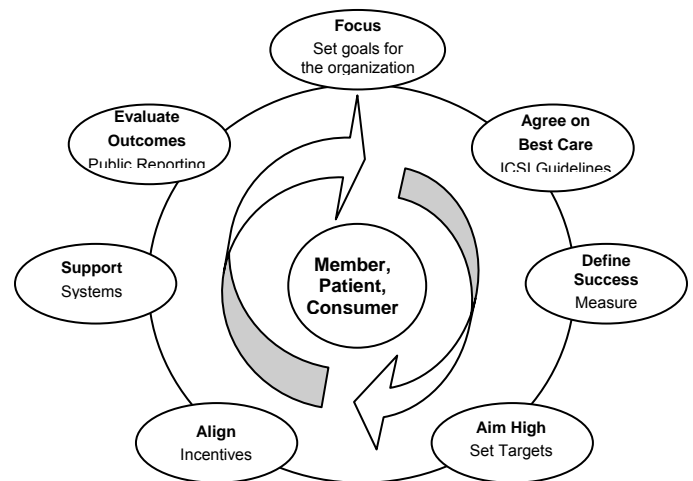
Welcome to the HealthPartners 2007 Annual Report. This year has seen a continuation of HealthPartners' tradition as one of the best and most progressive health and health care solutions companies in the nation. We continue the pursuit of our mission to improve the health of our members, our patients, and our community. Our vision is to be the best and most trusted provider of health care, health promotion, health care financing, and health care administration in the country. We strive to realize that vision through the delivery of care and service that is patient centered, timely, effective, efficient, equitable and safe.

Achieving this mission and vision is exciting work, strongly supported by our comprehensive and highly effective quality improvement program. Reflecting the creativity and hard work of the talented people of HealthPartners, it is a shining example of what we can accomplish by aiming high and collaborating effectively with organizations that share our passion. Through that collaboration we lead and learn at local and national levels, assuring that the work has the greatest possible impact on our members, our patients and our community. The work is hard and rewarding, and we have enjoyed many successes. Transformation, however, takes

time and persistence and we look forward to the continued challenge.

This Annual Report will tell the story of those successes and spell out the challenges. Thank you for your interest in this story and for your "HealthPartnership" in this journey.

HealthPartners was awarded the 2007 National Quality Healthcare award by the National Quality Forum.



For questions regarding HealthPartners, our programs or the report content, please e-mail us at quality@healthpartners.com.



HealthPartners commercial and Medicare Advantage plans have received the highest rating of "Excellent" from the National Committee for Quality Assurance (NCQA). Excellent accreditation status is the highest possible rating. It is granted to health care plans that have demonstrated continuous quality improvement in their programs while meeting or exceeding NCQA's rigorous accreditation standards.

The topics in this report, selected based on analyses of barriers and opportunities, are applicable to HealthPartners commercial, Medicare and Medicaid products and, as such, include conformance to all applicable state and federal laws, rules and regulations.

HealthPartners quality improvement program has yielded significant multi-year quality gains through leading-edge consumer engagement, performance measurement, provider incentive and member support programs.

HealthPartners has improved the health of our members and our community, helped slow cost trends and significantly improved the experience of our members.

Visions/Goals

- To improve the health of our members, patients and the community.
- To deliver care and service that is patient centered, timely, effective, efficient, equitable, and safe.
- To measurably improve performance results to achieve our Health Goals 2010.
- To measurably improve our members' experience.
- To reduce cost trend.

National Leader in Transforming Health Care

- The National Quality Forum awarded HealthPartners the 2007 National Quality Healthcare Award.
- The National Business Coalition on Health's 2007 "eValue8 Cornerstone Report" ranked HealthPartners as the top performing health plan in the nation in six out of seven areas, including behavioral health, consumer engagement and support, provider measurement, pharmaceutical management, prevention and health promotion, chronic disease management and behavioral health.

- NCQA awarded HealthPartners "Excellent" accreditation for the seventh year in a row.
- NCQA awarded HealthPartners the Quality Plus Distinction for Physician and Hospital Quality.
- HealthPartners Behavioral Health case management program received an honorable mention in the 2007 C. Everett Koop National Health Awards.
- National Research Corporation survey rated HealthPartners as the top ranked health plan in Minnesota for customer satisfaction.
- HealthPartners is the top commercial and Medicare health plan in Minnesota and among the top 50 best health plans in the nation according to 2007 U.S. News & World Report/NCQA America's Best Health Plans issue.

Health Improvement Effectiveness

- Overall health improvement results reached a plateau in 2007 for preventive, diabetes and heart disease care, despite significant provider incentive rewards, comparative provider reporting and strong member and provider support programs, though multi-year gains have been significant.
- HEDIS[®] Top Band performance dropped from seven measures in Top Band in 2006, to three measures in HEDIS[®] 2007, including a drop in band on several diabetes and alcohol and drug measures. Performance was essentially flat on 20 additional HEDIS[®] measures.

Overall Effectiveness

- Clinical Indicator performance was essentially flat on 25 of 45 measures, including Optimal Care Preventive, Optimal Diabetes Care and Optimal Heart Disease Care, all important measures in Health Goals 2010.
- Partners in Excellence (PIE) provider incentive program recognized 38 groups for meeting one or more targets with payouts equaling \$860,000 for 2006 performance.
- Partners in Progress (PIP) provider incentive program recognized 95 percent of HealthPartners network providers that participated in the program for having met one or more of their targets resulting in \$20 million in total payouts for 2007.
- Healthy lifestyle improvements continued to be successful, decreasing the number of children exposed to secondhand smoke (5.9 percent) and assessing members for tobacco status at each clinic appointment (94.5 percent).
- Significant strides in making lifestyle assessments as routine as taking vitals at each clinic visit, resulting in tobacco assessments of 94.5 percent and an increase in BMI assessments from 38.3 to 57.6 percent in 2006.
- For the fifth consecutive year, HealthPartners attained HEDIS® Top Band performance for Antidepressant Medication Management.
- Members in complex case management program achieved significant improvement in medication adherence, blood pressure control and HbA1c levels.
- Behavioral Health 30-day Follow-up after Hospitalization improved from Band 4 to Band 2, through direct to member, direct to provider and data accuracy efforts.
- Race, country of origin and language information has been requested from 425,000 patients in the HPMG clinic system. Capturing patient responses helps to alleviate potential barriers to care. This information is also added to our Partners in Progress program for future years.
- Successfully completed study of comparative effectiveness across four different member outreach methods for preventive service reminders.
- Through community collaboration and the development and distribution of decision support software by HealthPartners Medical Group, we have improved the quality of decisions made in the use of High Tech Diagnostic Imaging and reduced overall exposure to medical radiation in our community.
- Significant positive outcome results with network strategies, including both the Low Back Pain (LBP) Network and the Weight Loss Surgery (WLS) Network.
 - The Preferred Physical Therapy Network demonstrated a 95 percent compliance rate with Oswestry functional assessments for both acute and chronic back pain.

- The WLS Network demonstrated 97 percent adherence to evidence-based care and 93 percent member engagement in the phone-based pre-op weight management program. Overall outcomes included a low hospital mortality rate, in combination with lower re-operation rates when compared to nationally published data and lower average length of stay (LOS) and zero days in ICU.
- Transparency of comparative provider performance continued with results available on the web and in the comprehensive Clinical Indicators Report of 45 measures, containing 145 elements of care across primary care, hospitals and four major specialties.
- Effectively transitioned HealthPartners knowledge and expertise to Minnesota Community Measurement for both Optimal Diabetes and Optimal Heart Disease measures, allowing us to shift to use of community reported performance rates in our 2008 Partners in Excellence provider incentive program.

Experience Improvement Effectiveness

- Member satisfaction related to behavioral health had highest rates ever on 12 of 14 measures. Ratings of satisfied/very satisfied:
 - 88 percent with number of behavioral health providers;
 - 83 percent for availability of convenient behavioral health appointments and overall satisfaction with the health plan.
- HealthPartners 2007 commercial CAHPS® results show marked improvement from the previous year. Importantly, we demonstrated substantial

improvement in four key ratings—health plan, health care received, personal doctor and specialist.

- In 2007 we surpassed NCQA’s national average in 5 of 8 summary measures: Health Plan Rating, Personal Doctor Rating, Getting Care Quickly, MD Communication and Claims Processing.
- Overall, HealthPartners outperforms Medica, Blue Plus and Preferred One, the other local plans participating in the national survey.
- For HealthPartners three DHS products, DHS provided the CAHPS® results:
 - HealthPartners Minnesota Care demonstrated results similar to Minnesota Average on 10 of 10 key measures, and Minnesota Senior Care and PMAP products were similar on 9 of 10 key measures.
 - MSHO demonstrated 4 of 10 measures similar to Minnesota Average, with Customer Service significantly higher and five measures significantly lower than Minnesota Average: Getting Care Quickly, Doctor Communication, Courteous Office Staff, Ratings of health plan and all health care received.
- For HealthPartners two main Medicare products, CMS’s star-based reporting method demonstrated satisfaction above the 75th percentile or significantly higher than the National Average on 9 of 11 key Medicare measures for the Freedom (Cost) product, and 6 of 11 for the Classic (Advantage) product.

Overall Effectiveness

- Implemented four significant new types of member support programs, all of which are positioned to favorably influence member health and experience for 2007 and 2008 performance.
 - Member Decision Support to assist members with resolving decisional conflict and making informed decisions regarding their health care.
 - Teachable Moments to provide key messages to members each time they interact with HealthPartners.
 - Medication Therapy Management to provide one-on-one consultation with an experienced clinical pharmacist to help members get the results they need from their medications.
 - Significant expansion of member information on the web, including Health Savings Account balances, cost and quality data, Healthwise educational information, Health Benefits participant program status and Health Activity Tracker.
- Service recovery across the organization to address member issues and concerns through advanced planning and staff empowerment.
- High levels of member satisfaction and provider satisfaction with medical and behavioral health case management and disease management.
- Significant member outreach across programs:
 - 99,000 members received preventive care reminders;
 - 47,000 members received depression information including directing them to **healthpartners.com** for interactive screening and treatment options;
 - 25,616 members received disease management outreach across the diabetes, heart disease and congestive heart failure (CHF) programs;
 - 23,468 members received disease management outreach across the chronic obstructive pulmonary disease (COPD) and asthma programs;
 - 2,844 members received the *On Your Way* newsletter and antidepressant refill reminders.
- Significant member engagement across programs:
 - 98,000 enrolled in the HealthPartners award winning 10,000[®] Steps program;
 - 16,124 members in medical inpatient case management;
 - 15,011 members actively participating in the CHF, coronary artery disease (CAD) and diabetes disease management programs;
 - 11,703 members actively participating in the COPD and asthma disease management programs;
 - 4,301 members actively engaged in medical complex case management;
 - 3,069 members actively engaged in behavioral health case management (1,429 during and after hospitalization; 1,640 complex care);
 - 734 members actively engaged in Medication Therapy Management (Medicare Part D only);
 - 686 members actively engaged in the weight loss surgery pre-op program.

Stewardship Improvement

- Achieved significant first year reduction in PMPM associated with the use of high-tech diagnostic imaging studies through community collaboration in promoting use of provider decision support integrated into the electronic medical record (EMR) and available at the point of care, supplemented with use of a vendor for the remaining network providers. Projected trend reduction savings for 2007 are \$3.9 million, reflecting a 6.5 percent decrease in utilization and a 10 percent overall PMPM trend reduction.
- Inpatient hospital care management programs continued to achieve high levels of success in maintaining inpatient length of stay (LOS) rates that were lower than our local competitors in medical, surgical and behavioral health admissions, though admission rates were stable.
- Strong behavioral health stewardship initiatives resulted in a 14 percent reduction in inpatient behavioral health costs and an increase of 11 percent in outpatient visits. Additionally, reduced medication costs by 11 percent, but increased antipsychotic medication costs by 14 percent by assisting members to adhere to their needed medications.
- Focused utilization review programs continued to support consistent interpretation of benefits and management of potential overuse and misuse of services through effective evidence-based coverage decisions. HealthPartners was cited in the DHS ATR as having the “lowest rate of decisions overturned at 13 percent and the highest number of

grievances and appeals, suggesting that

HealthPartners is quite effective at sharing its G&A process as an enrollee benefit to members.

Furthermore, HealthPartners continues to have the highest percentage of denial decisions upheld on appeal, confirming HealthPartners has an effective UM process.”

- Achieved significant multi-year and multi-strategy progress in reducing trend associated with Personal Care Attendant (PCA) services for the State Public Program population, with impact of \$2.3 million trend reduction in 2006 and \$4.8 million projected trend reduction in 2007, while focusing on training for interpreters and public health nurses (PHNs).
- Preferred network strategies for both LBP and WLS through collaborative partnership with providers are leading to improved pre-op assessments and education, as well as increased adherence to evidence-based care. The WLS Network outcomes are impressive with a lower rate of post-op complications compared to nationally published data.

Government Programs successes, in addition to the above full population strategies:

- Statistically significant improvement in Adolescent Well Care.
- HealthPartners was the only health plan in Minnesota to achieve its DHS withhold of \$1 million for achieving the blood lead testing target of 46 percent in 2006.

Overall Effectiveness

- Increased use of child and teen checkup (C&TC) screening templates in those medical groups with EMRs benefited both C&TC rates and Adolescent Well Care rates.
- Performance improvement efforts for Calcium/Vitamin D Supplementation and BMI Assessment in the Elderly have shown increased participation by Medicare members and their providers.
- Implementation efforts are underway to promote ASA Therapy in Ischemic Heart Disease and/or Diabetes for eligible MSHO and MSC/MSO+ members.
- MSHO care coordination was successful in ensuring that 99 percent of all enrollees were assessed for health risks and needs with 48 percent reporting improved functional status.
- Network access for certain services such as colonoscopy screenings
- *Member activation methods and systems in early stages of development:*
 - Variable effectiveness of methods for member outreach and reminders for care
 - Member health literacy and understanding regarding the importance of care elements
 - Cultural limitations not fully understood and integrated into care, especially where there is limited data on member language preferences
 - Lack of knowledge of member contact preferences (e.g., languages, methods of contact, etc.)
 - Program materials not available in languages other than English
 - Limited member support for post hospital discharge care (e.g., behavioral health follow-up post hospitalization)

Challenges and Barriers

- *Health care system design, reimbursement and incentives not aligned with delivering best care:*
 - Health care reimbursement that is not fully aligned with evidence-based care
 - Effects of provider incentive reward and recognition programs appear to have reached a plateau in their effect on improving care for diabetes, heart disease and preventive care
 - Open access network design increases challenges in effectively measuring and delivering Optimal Care
 - Lack of structure or payment mechanisms for effective coordination of care
- *Strategies and programs that are fully developed need to address integration and transitions:*
 - Continuing need to smooth the transitions across all programs and strategies
- *Variable provider engagement and action across the network:*
 - Many missed opportunities to use every visit to fill all health and care needs
 - Diversion of provider energies to implementation of Electronic Medical Records (EMR), with many new implementations in the last two years

- Variable sophistication of use of EMR data to support improving outcomes of care
- Limited transparency of practitioner-specific performance results
- Limited specialty-specific performance measures and results
- Attention to improvement actions limited with some groups due to provider concerns regarding use of measurement results in tiering and web displays
- *Unintended or adverse effect of programs and strategies on member satisfaction:*
 - Unintended member satisfaction concerns associated with diagnostic imaging decision support program
 - Member appeals associated with utilization review programs
 - Perceptions associated with the Personal Care Attendant (PCA) strategies
 - Complex regulatory and policy environment limits ability to effectively and efficiently reduce variation and address factors contributing to potential overuse of PCA services
- *Measurement limitations:*
 - NCQA did not report results for all CAHPS[®] questions as the survey underwent major change with some unexpected results, limiting knowledge of impact of initiatives
 - Limited ability to trend performance on CAHPS[®] survey questions with rating scale changes
- Open access network challenges associated with ability to efficiently locate members' clinical information from multiple providers
- Difficulty in developing specialty measures
- Lack of national measures for specialty care
- Evolving measurement standards
- Higher profile of publicly reported results

Practitioner Participation

- HealthPartners has substantial practitioner participation on our governing board, advisory boards, quality improvement committees and numerous provider roundtables. This participation includes representation from across the network with a wide range of clinic sites and specialties.
- Community collaboratives such as the Institute for Clinical Systems Integration (ICSI), Minnesota Community Measurement (MNCM), Safest in America and Minnesota Alliance for Patient Safety provide an additional method of obtaining practitioner input into our work.

Overall Effectiveness

Committee Structure

- Annual committee structure review identified the opportunity to streamline formal committee structure, resulting in a reduction in the number of committees reporting in to the Quality Council.

Resources and Technology

- Significant leveraging of HealthPartners Medical Group EMR software infrastructure design for diagnostic imaging decision support benefited other network providers by sharing programming with EPIC users in support of moving criteria to the point of care.
- Effectively transitioned Optimal Care measures to MNMCM as a community benefit to free up resources for development work in future years.
- Significant achievement in collaborating on the MN Information Exchange to develop a community electronic record locator to support best practice with coordination of care.
- Technology solutions identified and assessed throughout the year.
- Patient Centered System continued development and implementation of Teachable Moments campaigns to promote Health Risk Assessments, preventive service reminders and cost savings opportunities with medications for chronic conditions.
- Adequacy of program resources and health information analytical resources were routinely assessed throughout 2007, with adjustments implemented as necessary.

Focus for 2008

- Ongoing enterprise-wide efforts through the Health Council, Experience Council and Stewardship Council to achieve Health Goals 2010, improve member experience and reduce cost trends.
- HEDIS[®] Best in Class Workgroup to focus on development of strategies for breakthrough to higher levels of performance and to improve “Top Band” performance to stay #1 in our market and top 50 nationally.
- Increasing measurement transparency on cost and quality to provide greater depth and breadth to the information we provide to members, patients and providers, leveraging national and regional measures.
- Payment reform to support best practice and new models of care, building off of experience with DIAMOND and other payment innovations in the marketplace.
- Health assessment and healthy lifestyle behavior measurement and initiatives to respond to growing purchaser demand and support the objectives of our Health Goals 2010.
- Reduce disparities gaps by setting the expectation for gathering the data at the clinic level and creating targeted programs to close the caps thus identified.

- Measurable improvement in coordination of care to reduce harm in transitions of care and to improve the consistency in using evidence-based care.
- Grow strategic provider relations to assure strong collaboration on issues of cost and quality improvement.
- Development and implementation of strategies to address overuse and misuse of health care services.
- Value-based benefits redesign to align best use of resources with best health outcomes.
- Primary care redesign as a strategy to support the most cost-efficient care and best overall coordination of care.
- Compliance monitoring to assure the impact and compliance of our programs.

HealthPartners Clinical Indicators Report is a companion document of trended results and comparative provider performance.

The topics in this report are applicable to all HealthPartners Commercial, Medicare, and Medicaid products and, as such, include conformance to all applicable state and federal laws, rules and regulations.

Behavioral Health

Goals

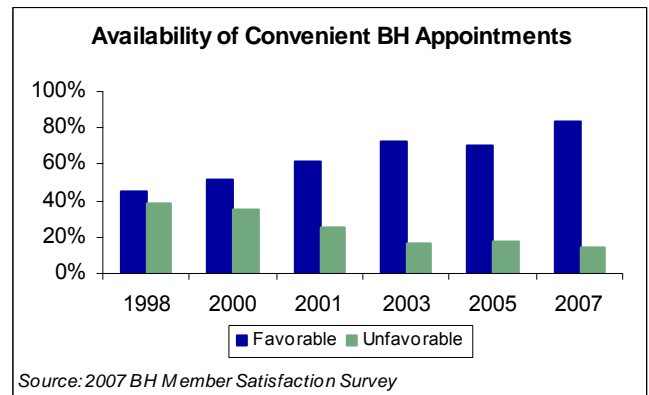
- Improve health, experience and stewardship for behavioral health care.
- Partner on community-wide initiatives to improve behavioral health services and outcomes.
- Achieve 95 percent of members using behavioral health benefits rate themselves satisfied or very satisfied with both access to behavioral health care and satisfaction with the health plan.

Assessment of Effectiveness

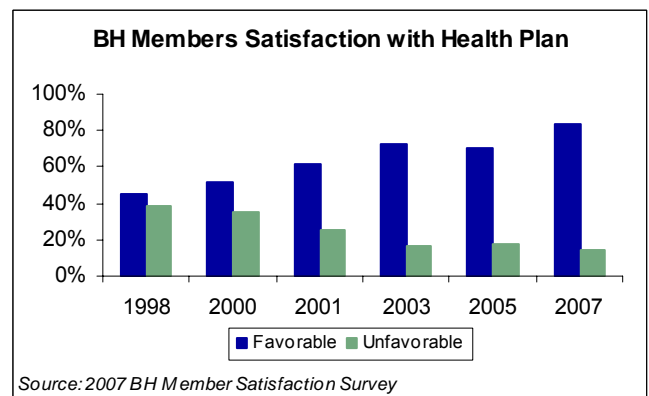
- National and local recognition of HealthPartners leadership and outcomes in behavioral health care:
 - In 2007 HealthPartners earned national benchmark status from eValue8 for the health plan's Behavioral Health Programs and Outcomes.
 - HealthPartners Behavioral Health Case Management Program was awarded the 2007 C. Everett Koop National Health Award Honorable Mention.
 - AHIP's Innovations in Care featured an article on HealthPartners Behavioral Health Case Management Program and outcomes.
 - Senior Director of Behavioral Health Strategy and Operations was awarded the first annual Health Care Hero Award by the Twin Cities Business Journal.
- 2007 HEDIS® results indicate that HealthPartners members receive better quality care and coordination than members at other local health plans.
- HEDIS® Top Band (90th percentile) recognition for Antidepressant Medication Management for the fifth consecutive year. In 2007 no other Minnesota health plan attained Band 1 recognition for this measure.
- HEDIS® Follow-up After Hospitalization (a measurement of continuity and coordination of care for mental health patients leaving the hospital) demonstrated significant improvement and attained Band 2 (75th percentile), outperforming other local health plans.
- Member satisfaction survey confirmed that members using their behavioral health benefits were more satisfied than at any point since surveying began nearly ten years ago. Twelve of 14 key measures showed statistically significant improvement compared to the previous year.
 - Eighty-eight percent of members were satisfied or very satisfied with the number of providers from which to choose.
 - Eighty-three percent of members were satisfied or very satisfied with their access to convenient behavioral health appointments.
 - Ninety-four percent of members rated their overall level of satisfaction with HealthPartners health plan as satisfied or very satisfied.
 - One measure, access to emergency behavioral health care, had a statistically significant decline to 55 percent satisfied or very satisfied.
- Successfully reduced health care expenses by a net \$7 million dollars while improving clinical outcomes for members in 2007.

- Behavioral Health Utilization Coordination program handled nearly 5,000 clinical requests for coverage, achieving a return on investment (ROI) of 5.8 to 1 in assuring appropriate use of benefits and progression of care.
- Behavioral Health Case Management program achieved a positive ROI of 4.3 to 1 by proactive outreach using proprietary predictive modeling to identify members at risk for behavioral health hospitalization. This telephonic case management program provides health coaching, decision support and coordination of care, with a goal of promoting appropriate outpatient treatment and avoiding complications leading to emergencies requiring inpatient care.
 - This program produced an 11 percent increase in outpatient behavioral health visits and a decrease of 14 percent in inpatient behavioral health costs.
 - Medication costs were reduced 9 percent, but antipsychotic medication costs increased by 14 percent as more members became more adherent to these needed medications.
- Member and provider satisfaction with health plan behavioral health programs are at an all-time high.
 - Ninety-two percent of members were satisfied or very satisfied with how much they were helped by Behavioral Health Case Managers and 95 percent would recommend it to others.

- Ninety-three percent of providers indicated that Behavioral Health Case Management added value for their patient.



- 2007 favorable score is higher than prior years at a statistically significant level.
- Note the 84 percent improvement since 1998.



- 2007 favorable score is higher than prior years at a statistically significant level.
- Note the 36 percent improvement since 1998.

Chronic Care: Diabetes

Goals

- Increase the quality and years of healthy life for our members, patients and community affected by diabetes.
- Reduce predictable, preventable exacerbations and complications associated with diabetes that result in Emergency Room (ER) visits and hospital admissions.
- Promote and support effective patient self-management for diabetes.
- Achieve an Optimal Diabetes Care (HbA1c <7 percent, LDL cholesterol < 100, blood pressure < 130/80, aspirin use and documented non-tobacco use) rate of 40 percent.

Assessment of Effectiveness:

- HealthPartners HEDIS[®] 2007 NCQA Comprehensive Diabetes Care HbA1c Testing and Monitoring for Diabetes Nephropathy were above the national average. In addition, HealthPartners was lower than the national average for members having their HbA1c poorly controlled (>9.0 percent).
 - HealthPartners: HbA1c Testing 91.5 percent, Monitoring for Diabetes Nephropathy 86.9 percent, HbA1c Poorly Controlled 20.7 percent.*
 - National Average: HbA1c Testing 87.5 percent, Monitoring for Diabetes Nephropathy 79.7 percent, HbA1c Poorly Controlled 29.6 percent.*
- Optimal Diabetes Care results continued to improve; 1,200 more adults with diabetes were optimally

managed. Current rate of members optimally managed is 12.7 percent.

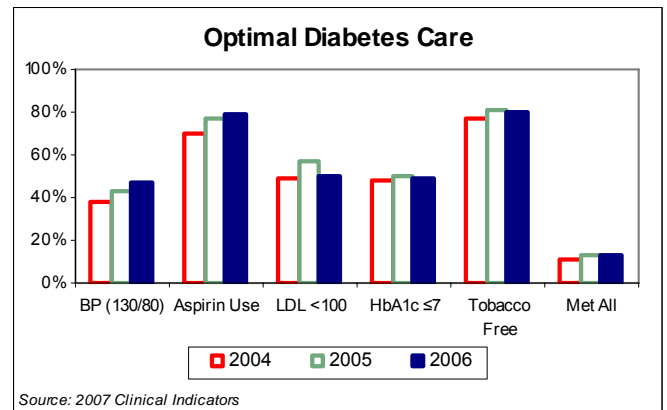
- BMI assessment for members with diabetes continued to increase with a 24 percent increase from 2004.
- HealthPartners HEDIS[®] 2007 Medicare Advantage outperformed HEDIS[®] Commercial results on three measures: HbA1c <7, LDL <100 and BP < 130/80.
- HealthPartners HEDIS[®] 2007 MSHO (Medicare SNP) outperformed HEDIS[®] commercial results on two measures, HbA1c screening and BP < 130/80.
- HealthPartners Partners in Quality (PIQ) Program recognized three medical groups at the “Superior” level and one medical group at the “Excellent” level for diabetes care.
- Results for newly enrolled members in the CareSpan[®] Diabetes Disease Management program included:
 - 66 percent had an LDL-cholesterol screening;
 - 84 percent had their HbA1c tested;
 - 36 percent had a blood pressure screening;
 - 75 percent up-to-date on LDL screening;
 - 87 percent up-to-date on HbA1c screening;
 - 37.7 percent up-to-date on blood pressure screening;
 - Engagement: 63 percent (opt-in program*).
 - Participant and Provider satisfaction rates not available at this time as new program in place less than 12 months.

** Went from “opt-out” to “opt-in” program; industry average for “opt-in” engagement is 20 percent.*

Improvement Initiatives:

- Diabetes disease management program brought in-house to ensure “best-in-class” disease management. Members with co-morbidity of diabetes have specialized disease management program to help support self-management of both diseases.
- Medicaid HEDIS® measures for Comprehensive Diabetes Care continue to fall short of HealthPartners Commercial rates. Continue to incorporate strategies to close the gap into overall care coordination for all members with diabetes.
- Continue to identify members at risk for diabetes or with active disease through HealthPartners Health Assessment. In 2007, 22 Medicaid members and 20 Medicare Advantage additional members were identified through the Health Assessment and received proactive follow up from HealthPartners.
- Continued integration with HealthPartners case management, health assessment and lifestyle behavior change programs, utilizing co-management practice to ensure seamless care across the continuum.
- Continue to provide online Registry through a secure Intranet site to medical groups to identify members who could benefit from diabetes care.

- Exploring methods of outreach to members to ensure timeliness of evidence-based standard of care screenings to help decrease risk of diabetes-related complications.
- eValue8™ ranked HealthPartners the national benchmark for both Chronic Disease Management (HMO) and Prevention and Health Promotion (both HMO and PPO) in 2007.



Chronic Care: Heart Disease

Goals

- Increase the quality and years of healthy life for our members, patients and community affected by heart disease.
- Reduce predictable, preventable exacerbations and complications associated with heart disease that result in Emergency Room (ER) visits and hospital admissions.
- Promote and support effective patient self-management for heart disease.
- Achieve an Optimal Coronary Artery Disease (CAD) Care (LDL cholesterol < 100, blood pressure < 140/90, daily aspirin use and documented non-tobacco use) rate of 60 percent.

Assessment of Effectiveness

- HealthPartners HEDIS[®] 2007 NCQA Commercial Beta Blocker Treatment after Heart Attack result was 100 percent for 2006 dates of service.
- HealthPartners HEDIS[®] 2007 NCQA Controlling High Blood Pressure result was higher than the national average.
 - HealthPartners: 67.4 percent
 - National average: 59.7 percent
- HealthPartners was also higher than the national average for HEDIS[®] 2007 Cholesterol Management for Patients with Cardiovascular Conditions, achieving Band 1 performance for LDL Screening Rate and LDL Level <100. HealthPartners Medicare Advantage HEDIS[®] 2007 results for these two measures outperformed the HealthPartners Commercial rates.

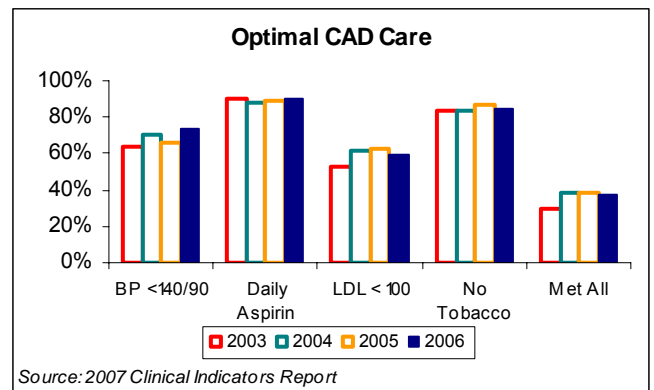
- HealthPartners Commercial: LDL Screening 91.2 percent, LDL Level <100 69.1 percent.
- HealthPartners Medicare Advantage: LDL Screening 92.6 percent, LDL Level <100 71.6 percent.
- National Average: LDL Screening 87.5 percent, LDL Level <100 56.6 percent.
- Optimal CAD Care results continue to significantly improve, with 1,100 more members reaching all treatment targets. Current rate of members optimally managed is 37.5 percent.
- BMI assessment for members with coronary artery disease has increased by 29 percent since 2004 with a current rate of 65.4 percent.
- HealthPartners Partners in Quality (PIQ) Program recognized three primary care groups and one specialty care group for Top Band performance in CAD care.
- CareSpan[®] CAD Management program results included:
 - 50 percent up-to-date on blood pressure screening;
 - 72.4 percent up-to-date on LDL cholesterol screening;
 - Engagement rate: 54 percent (opt-in program*).
 - Participant and Provider satisfaction rates not available at this time as new program in place less than 12 months.

* Went from “opt-out” to “opt-in” program, industry average for “opt-in” engagement is 20 percent.

- CareSpan[®] Heart Failure Disease Management program results included:
 - Eighty-eight percent of all members engaged in the program were on one or more of the class drugs for heart failure.
 - All members receiving “high touch” program interventions were screened for depression.
 - Medicare Advantage members continued to experience a reduction in hospital admissions after being in the heart failure program for more than six months.
 - Hospital admissions have decreased for members who have participated in the heart failure disease management program for more than six months.
 - Engagement rate: 96 percent
 - Patient satisfaction with the program: 96 percent
 - Provider satisfaction with the program: 64 percent
- Continue to identify members at high risk for heart disease or with active disease through HealthPartners Health Assessment, including Medicare and Medicaid members. In 2007, 23 Medicare Advantage members and 23 Medicaid members were identified through the Health Assessment and all received proactive outreach from HealthPartners.
- Provided in-home biometric monitoring for members with severe heart failure.
- Continue to provide online Registry, through a secure Intranet site, to medical groups to identify members who could benefit from CAD and CHF services.
- Collaboration with other local health plans and public health initiatives to improve heart health including the ICSI CHF Registry Task Force.
- eValue8 ranked HealthPartners the national benchmark for both Chronic Disease Management (HMO) and Prevention and Health Promotion (both HMO and PPO) in 2007.

Assessment of Effectiveness

- CareSpan[®] CAD Disease Management program brought in-house to ensure “best-in-class” heart disease management. Members with co-morbidity of diabetes have specialized disease management program to help support self-management of both diseases.
- Continued integration with HealthPartners case management, health assessment and lifestyle behavior change programs, utilizing co-management practice to ensure seamless care across the continuum.



Chronic Care: Respiratory

Goals

- Increase the quality and years of healthy life for our members, patients and community affected by asthma and chronic obstructive pulmonary disease (COPD).
- Reduce predictable, preventable exacerbations and complications associated with asthma and COPD that result in Emergency Room (ER) visits and hospital admissions.
- By 2010 90 percent of patients with persistent asthma will be on anti-inflammatory therapy.
- Promote and support effective patient self-management for asthma and COPD.
- Eliminate tobacco use and exposure among members with asthma and COPD.

Assessment of Effectiveness:

- HealthPartners HEDIS[®] 2007 NCQA Commercial Use of Appropriate Medications for People With Asthma rates exceed the national average for the following age categories:
 - HealthPartners: Ages 5-9, 97.4 percent; Ages 10-17, 95.2 percent; All Ages Combined, 92.2 percent.
 - National Average: Ages 5-9, 96.4 percent; Ages 10-17, 92.9 percent; All Ages Combined, 91.6 percent.
- CareSpan[®] Asthma Disease Management program results included:
 - Reduction in ER visits by 66 percent.
 - Adult smoking rate decrease of 23 percent.

- Decrease in the number of program participants reporting interference with normal and social activities by 57 percent.
- Forty-seven percent fewer work days missed by adults and 39 percent fewer school days missed by children. In addition, there was a 61 percent decrease in the number of days a parent missed work due to child's asthma.
- Patient satisfaction with program: 89 percent.
- Provider satisfaction with program: 52 percent.
- CareSpan[®] COPD Disease Management program results included:
 - Reduction in ER visits by 53 percent.
 - Smoking quit rate of 21.7 percent.
 - Decrease in the number of program participants reporting interference with normal activities by 66 percent.
 - Reduction in missed days of work: 52 percent.
 - Patient satisfaction with program: 89 percent.
 - Provider satisfaction with program: 52 percent.

Improvement Initiatives:

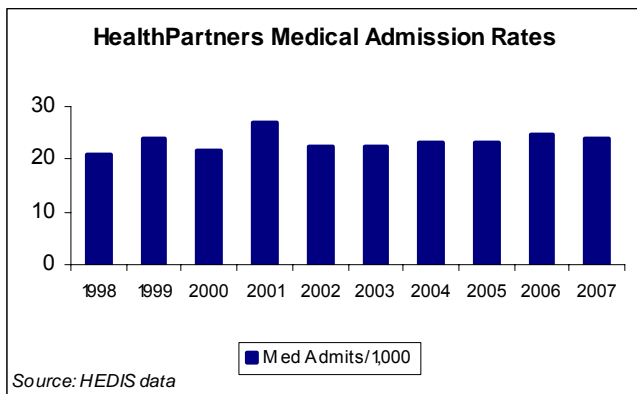
- Continue to provide “best-in-class” disease management through our CareSpan[®] Asthma and COPD programs.
- Medicaid HEDIS[®] measures for Appropriate Medication Use for People with Asthma continue to lag behind the commercial population in all age groups. Continued monitoring and efforts in place to decrease that gap.

- HealthPartners CareSpan[®] Asthma Disease Management program offers gift certificates to eligible Medicaid members to help promote participation in the program.
- Provided in-home visits by a respiratory therapist for members needing additional assistance.
- Integration with case management, health assessment and award-winning lifestyle behavior change programs to ensure continuity of care to meet the needs of our members.
- Members are offered HealthPartners innovative A Call to Change...Partners in Quitting[®] tobacco cessation phone course free of charge to support members in their efforts to quit using tobacco.
- Collaboration with community organizations including Saint Paul Healthy School Initiative and the American Lung Association Controlling Asthma in American Cities Project.
- Supporting members to ensure they are on the appropriate medications through various outreach methods including customized mailings and newsletters.
- eValue8[™] ranked HealthPartners the national benchmark for both Chronic Disease Management (HMO) and Prevention and Health Promotion (both HMO and PPO) in 2007.

Complex Care

Goals

- Provide well-coordinated medical care for complex, high-risk patients.
- Support complex, high-risk patients to increase self-reliance, improve daily activity and fitness, increase interdependence with family and friends, increase mental challenge and achieve greater community involvement and purpose.
- Provide member decision support to assist individuals in resolving decisional conflict and to make informed decisions regarding their health care.



Assessment of Effectiveness

- Identified 1 percent of the population as high-risk, complex members.
- Improved member engagement rate to 98 percent for culturally diverse members.
- Maintained an active care plan rate over 90 percent.
- Made 4,297 referrals for ongoing care management to support programs for members.
- Maintained high levels of patient satisfaction (93 percent) and physician satisfaction (82 percent).
- Improved member medication adherence rate to 71 percent from a baseline of 44 percent.
- Improved member blood pressure control rate to 64 percent from a baseline of 46 percent.
- Improved member HbA1c control (≤ 7) rate to 45 percent from a baseline of 36 percent.
- Commercial medical inpatient admissions maintained at 23.76/1,000.

Goals

- Improve the understanding, recognition, diagnosis and treatment of depression across the risk continuum by providing supports to members based on the complexity of their clinical needs.
- Increase the percentage of members receiving Optimal Depression Care (accurate diagnosis, appropriate follow-up and medication for six months).
- Increase collaboration among community systems, families and health care entities.
- Provided a full complement of depression disease management programs based on population risk and member need stratification. These programs inform, activate and support members with depression in self-management and treatment adherence in order to reduce avoidable complications, including need for hospitalization.
- Achieved a program ROI of 3.4 to 1, while providing depression support services tailored to meet the needs of members as follows:

Assessment of Effectiveness

- Maintained significant multi-year improvement in HEDIS[®] acute-phase and continued-phase treatment of depression, achieving 90th percentile performance for the fifth year in a row.
 - HealthPartners was the only Minnesota health plan ranking among the top 10 percent nationally on appropriate antidepressant treatment in 2007, as well as the only Minnesota health plan holding this achievement for five consecutive years.

Depression Supports Tailored to Meet the Needs of Members: 2007 Report of Scope of Services

- Nearly 47,000 members got an educational mailing and information directing them to **healthpartners.com** for depression information, interactive screening and treatment options.
- Nearly 2,500 members got six months of educational newsletters and antidepressant refill reminders with prescriber alerts if they discontinued refills before meeting the duration recommended as best practice.

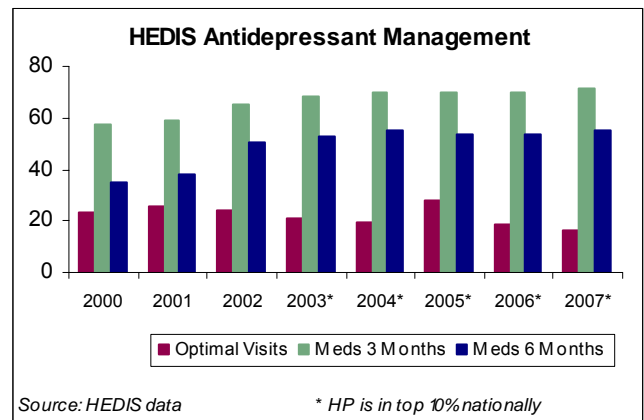
HealthPartners achieved top 10 percent HEDIS[®] results nationally for antidepressant best practice in 2003, 2004, 2005, 2006 and 2007, the only Minnesota health plan to reach and sustain this level.

Depression Care

At Risk	Over 600 members identified as at risk for depression by the health risk assessment received telephonic follow-up by licensed behavioral health staff for screening, education and referral to treatment.
Low Risk	47,000 members received a mailing regarding the depression education materials and interactive screening available on healthpartners.com .
Moderate Risk	Nearly 3,000 members were enrolled and got more than 20,000 contacts including six issues of <i>On Your Way</i> depression education newsletters, antidepressant refill reminders and automatic prescriber alerts for non-refill.
High Risk	Over 1,500 members were engaged with support after hospitalization for depression treatment to support appropriate ongoing outpatient care.
Complex Case	Over 1,600 members with the most highly complex depression combined with other coexisting behavioral health conditions were proactively identified and engaged in telephonic care health coaching, decision support and care coordination. These members were identified by use of proprietary predictive algorithms.

Planning and Preparation for a Depression Care Improvement Initiative in 2008

- HealthPartners is one of a group of founding members of a state-wide collaborative to improve outcomes for members who receive depression care from their primary care provider.
 - Depression Improvement Across Minnesota, Offering New Directions (DIAMOND) is a state-wide quality improvement collaborative that will be initiated in early 2008. The approach includes care system redesign to incorporate a clinic-based case manager to provide health education and monitoring patient response to depression treatment.
 - This approach is based on research that demonstrates that better clinical and utilization outcomes can be expected. Patient outcomes will be tracked to establish to what degree this translation of research-to-practice has been successful.



HealthPartners has been a strong participant in creating strategy and operational approaches to a new statewide quality improvement initiative entitled Depression Improvement Across Minnesota, Offering New Directions (DIAMOND), which will be implemented in 2008.

Diagnostic Imaging

Goals

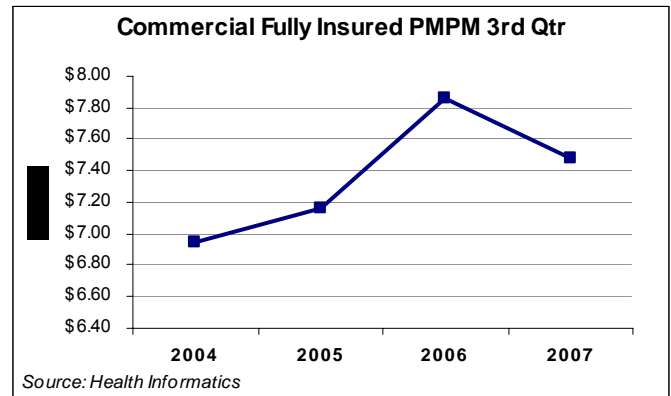
- To improve the quality of diagnostic imaging ordering, through implementation of evidence-based decision support tools for practitioners.
- To favorably impact the current trend of high-tech diagnostic imaging, specifically MRI, CT and PET scans.

Assessment of Effectiveness

- Successfully implemented prior notification program for high-tech diagnostic imaging services (CT, MRI, PET) in 2007, through use of an external vendor for provider decision support.
- Effectively collaborated with the Institute for Clinical Systems Improvement (ICSI) in identifying community-based standards for the implementation of diagnostic imaging decision support solutions.
- Collaboration across the community exceeded expectations in provider adoption of EMR-based decision support tools at the point of care, through significant leveraging of HealthPartners Medical Groups software infrastructure through sharing with other EPIC users in the community. Over 30 medical groups serving more than 80 percent of our members now have a decision support solution at the point of care.
- Achieved significant first year reduction in PMPM associated with the use of high-tech diagnostic

imaging studies, with PMPM trend reduction of 10.29 percent and a 6.5 percent reduction in scans/1000 for commercial fully insured products. The 2007 estimate of trend reduction is \$3.9 million (commercial, fully insured, Medicaid and MSHO).

- Member satisfaction as measured by calls to Member Services indicated an initial concern that was mitigated with clarification that the decision to proceed with a diagnostic imaging service remains with the practitioner.
- Development of a quality assessment process is underway as a 2008 initiative.



Financial Incentives for Quality

Goals

- Promote care that is patient/member-centered, timely, effective, efficient, equitable and safe.
- Provide financial recognition to medical groups for superior performance.
- Reinforce principles of prevention, population-based care, evidence-based decision making and continuous process improvement.
- In 2007 HealthPartners dedicated \$26 million to fund all financial incentives in quality for primary care groups, specialty groups and hospitals.

Assessment of Effectiveness

- Partners in Quality (PIQ) program has two key components:
 - Partners in Excellence (PIE) bonus program recognizes groups for achieving stretch goals;
 - Partners in Progress (PIP) program incorporates quality and safety goals in standard reimbursement programs.
- PIQ expanded to additional primary care and specialty medical groups with eligible medical

groups providing care for more than 90 percent of HealthPartners members.

- Eighty-two percent of all primary care and multi-specialty medical groups eligible for PIE awards for exceptional performance reached one or more quality targets. A total of 54 individual quality targets were reached.
- HealthPartners paid more than \$600,000 in PIE primary care bonus awards in 2007.
- Provider success on PIP quality and safety goals resulted in \$20 million in payments to providers.
- PIP incentives are in place in standard reimbursement agreements with all high-volume cardiology groups, metropolitan hospitals, most orthopaedics, ENT, emergency medicine and OB/GYN providers.
- Overall quality performance has improved substantially on all program measures.

HealthPartners Equitable Care initiatives for our members and patients support our Health Goals 2010 to reduce identified health disparities.

Goals

- Improve understanding of member/patient background of race, country of origin and language preferences. Increase staff knowledge and capabilities to support a diverse member/patient base.
- Enhance our ability to serve non-English-speaking members and patients through the provision of effective interpreter services.

Assessment of Effectiveness

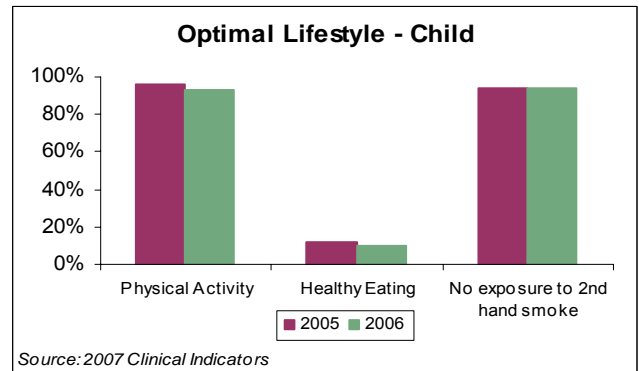
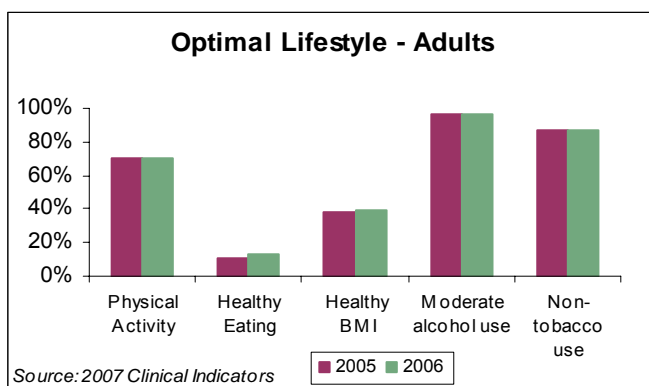
- Continued the collection of self-reported race, country of origin and language preference (HPMG, Regions, HealthPartners website).
- HealthPartners Medical Group collected information at point of care for 72-95 percent of patients (by indicator race, country of origin, language). Information has been requested from 425,000 patients.
- Regions Hospital initiative analyzing disparities in heart care, pneumonia care and patient experience.
- Equitable Care “Expert Panel” designed/implemented pilot interventions to improve optimal Diabetes care, preventive services for diverse population groups.

- The Language Assistance Plan initiative in 2007 included learning sessions, “Health in Any Language” and promoted best practices in interpreter services.
- Created clinic-based “learning diversity circles” and launched a successful “Let’s Talk About Race” community forum with the YWCA, City of Brooklyn Center and the Brooklyn Center Clinic.
- Member of the National Health Plan Collaborative on health disparities sponsored by Robert Wood Johnson (RWJ) Foundation and Agency for Healthcare Research & Quality (AHRQ) to examine issues of disparities and share best practices.
- Regions Hospital awarded a RWJ Foundation “Speaking Together” grant to enhance services to non-English speaking patients, one of 10 urban hospitals nationwide funded for this work.
- Provided leadership and expertise for the MN Health Care Disparities Task Force, and co-hosted eValue8 Disparities program with Blue Cross Blue Shield and Medica in 2007.
- Engaged the community and our patients in our equitable care work through a series of community meetings and on specific activities in the Somali community related to our pilot projects and case management services.

Healthy Lifestyles

Goals

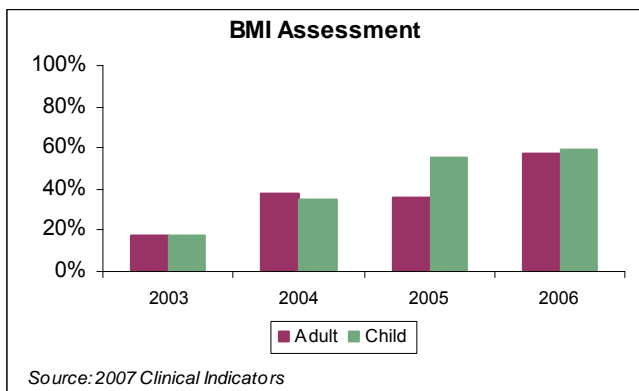
- Reduce the prevalence of tobacco use and reduce childhood exposure to tobacco among HealthPartners members.
- Tobacco assessment rate of 95 percent.
- BMI assessment rate of 95 percent.
- HealthPartners 2010 goal is to improve by 100 percent the number of people who do not smoke, who are physically active at least 30 minutes most days of the week, who have a healthy BMI, who do not drink alcohol or do so in moderation, and who eat five or more servings of fruit and vegetables most days of the week. Our baseline rate increased from last year by 0.8 percent for a member meeting all five elements. The current baseline is 4.5 percent.
- HealthPartners 2010 goal is to offer a Health Assessment to every adult member and medical group patient and have a 75 percent adult participation rate.



Assessment of Effectiveness

- Number of children exposed to secondhand smoke continues to decrease, with a current rate of 5.9 percent.
- Tobacco assessment rates continue to show significant improvement. The assessment rate has increased 13.8 percent since 2003. Currently 94.5 percent of our members are assessed for tobacco use.
- Adult tobacco assist rates continue to increase; 66.7 percent of adults were offered assistance from their provider to help them stop using tobacco.
- BMI assessment in adults has increased from 38.3 to 57.6 percent from 2004 to 2006. For children and adolescents the assessment of BMI has increased from 36.2 to 59.7 percent for the same time period. This reflects HealthPartners provider groups' increased awareness and efforts to address the obesity epidemic.
- Enrollment in HealthPartners 10,000 Steps[®] program increased by more than 12,000 in 2006 to 98,000 in 2007.
- Participants in the 10,000 Steps[®] Lose Weight edition lost an average of five pounds over the eight-week period.

- A Call to Change...Healthy Lifestyles, Healthy Weight[®] phone course participants lost, on average, 1.4 BMI units at the six-month follow up.
- Healthy eating among adults has increased from 10.6 to 12.8 percent between 2005 and 2006. More adults are eating at least five or more fruits and vegetables in a typical day.
- To date 27.5 percent of eligible members have completed a Health Assessment.
- Continue to provide Jump Start[®] program, an innovative program that combines our proprietary Health Assessment with our award-winning 10,000[®] Steps program and other choices. In 2007 more than 7,000 members completed the Health Assessment and 53 percent of our participants chose the 10,000[®] Steps program as their incentive.

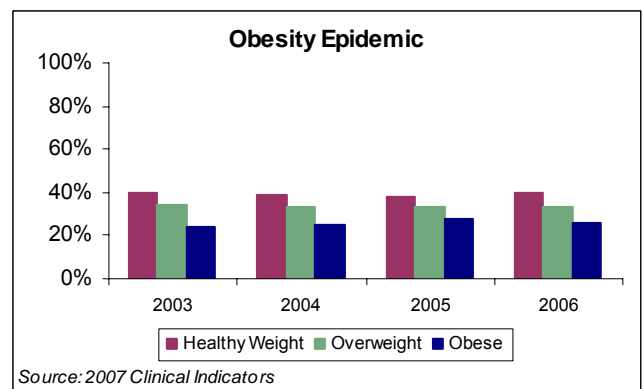


Improvement Initiatives:

- Provide online Registry through secure Intranet site for medical groups to identify members who can benefit from tobacco cessation assistance. Identification of tobacco users continues to be an

important component in reaching our goal of 100 percent improvement in Optimal Lifestyle behaviors.

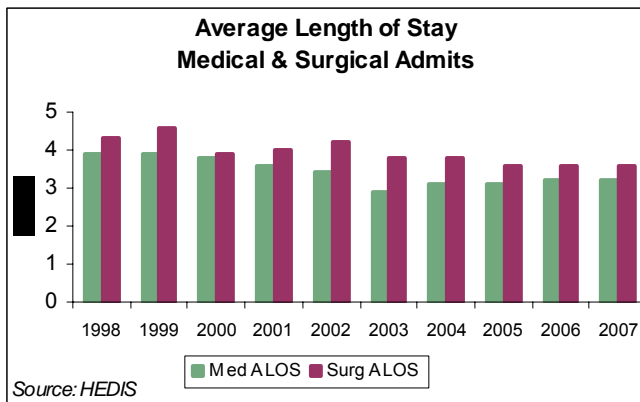
- Explore outreach methods to tobacco users including customized letters to promote tobacco cessation programs available through HealthPartners including the phone course, A Call to Change...Partners in Quitting[®].
- Continue to focus on capturing data to help assess effectiveness of education and wellness strategies and identify areas of improvement in response to the higher BMIs in both adults and children.
- Continue to provide wide range of weight loss and weight management programs including 10,000[®] Steps program and the innovative A Call to Change...Healthy Lifestyles, Healthy Weight[®] phone course.
- Continue promotion of annual Health Assessment completion to help members identify their health risks and modifiable health risk behaviors, and direct them to the appropriate resources available to them through HealthPartners.



Hospital Care

Goals

- Improve care, safety and satisfaction for hospitalized members.
- Improve coordination of care for hospitalized members.
- Reduce delays in care to achieve appropriate length of stay.
- Increase adoption of inpatient best practices.



Assessment of Effectiveness

- Targeted and engaged 16,124 admissions and managed more than 70,500 inpatient days.
- Made 2,769 referrals for follow-up services available to patients needing ongoing care after discharge.
- Patient satisfaction: 96 percent
- Physician satisfaction: 86 percent
- Continued to decrease admits/1,000 trend for angina/chest pain.
- Continued to decrease congestive heart failure (CHF) admits and length of stay (LOS), which is below well-managed benchmark.
- Effected a 48 percent reduction in rate of nonqualified admissions for community-acquired pneumonia compared to baseline.
- Decreased physician-related discharge delays.

Goals

- To improve the health of our members by analyzing the scientific evidence to determine safety and effectiveness of new and/or existing technologies and make recommendations regarding coverage to the Benefits Committee.
- To apply benefit and coverage decisions for those services on Prior Review List consistently across our population of members, regardless of where they receive their care and in accordance with the applicable contractual terms.
- To deliver benefit and coverage decisions to our members that are easy to understand, provide appropriate appeal rights, and meet timeliness and compliance standards.

Assessment of Effectiveness

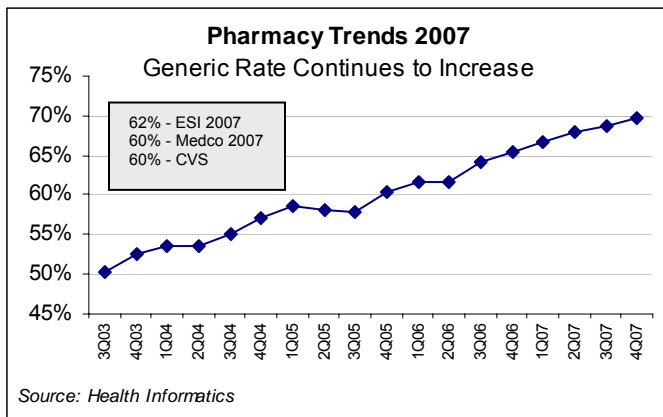
- Researched new and existing technologies with coverage decisions published in 24 new coverage policies, with 51 existing policies reviewed and updated and 108 Fact Sheets developed for lower frequency topics.
- Routinely monitored CMS National Coverage Decisions (NCD) and developed specific policies where needed.

- Managed 31,600 requests for authorization with an average approval rate of 81 percent. Only 14 percent of denials were appealed and 4 percent of denials overturned.
- Compliance with timeliness and letter standards improved to 98 percent and 97 percent, respectively.
- Achieved an overall ROI of 8.6:1 across all medical prior auth reviews.
- Authorizations for physical therapy and occupational therapy (PT/OT) services greater than 20 visits per patient per year demonstrated a reduction in trend impact in year 2 compared to year 1. Analysis underway to determine if underlying cause.
- Successfully incorporated the new CIGNA and Lifesource network and several new products into our utilization review (UR) process.
- Successfully implemented system modifications to address employer-specific requirements.

Pharmacy

Goals

- Improve appropriate drug use by reducing overuse, under-use and misuse.
- Provide pharmacy services to members that exceed their expectations.
- Enable and promote pharmacists as key providers of improved member health.
- Increase use of generic alternatives when appropriate through incentives and drug utilization review programs.
- Improve medication safety through ongoing drug utilization review and the formulary process.
- Reward pharmacy providers for achieving Partners in Excellence (PIE) targets.



Assessment of Effectiveness

- HealthPartners pharmacy services achieved the top rating nationally in the 2007 eValue8 survey.
- HealthPartners pharmacy trend was the lowest in over a decade (<2 percent).
- Generic use increased from 63 percent in 2006 to 70 percent in 4th quarter 2007, higher than pharmacy benefit manager (PBM) reported rates.
- Cholesterol class PMPM decreased 30 percent while use increased 9 percent due to new generic options.
- Over 95 percent of specialty drugs continue to be distributed through our Specialty Pharmacy program with high rates of reported adherence.
- Successfully implemented Medication Therapy Management Services for high-risk members with high satisfaction from patients and providers.
- Rewarded pharmacy providers for effective patient-centered care, efficient use of prescriptions and completion of safety self-assessment as part of the pharmacy PIE program.
- Multiple drug safety concerns (from the FDA) resulted in numerous communications to providers and members, reminding them of the need for increased monitoring and/or re-evaluation of benefit/risk.
- Pharmacy-related member complaints continue to decline.

Goal

- Ninety percent of members will be up-to-date for all preventive services appropriate to age and gender.

Initiatives

- Preventive Services Guidelines are mailed to all members and also available via our website at **healthpartners.com**. The recommendations are defined by evidence-based guidelines established by the Institute for Clinical Systems Improvement (ICSI) and are updated annually.
- HealthPartners systematically supports providers' quality improvement efforts by identifying patients in need of required services to achieve optimal preventive care (e.g., breast cancer screening). Patient registries are updated quarterly and made available to providers via a secure web portal. Care parameters are defined by evidence-based guidelines established by ICSI.
- HealthPartners proactively reaches out to members in need of preventive screenings (mammograms, cervical cancer screening, immunizations, colorectal screening). Health reminders are directed to all members who have not received best care as defined by evidence-based clinical guidelines. Messages are customized to meet the member's individual needs and personalized nursing consultation is provided as needed. Preventive messaging is also integrated into disease and case management programs.
- The Clinical Indicators Report includes data and outcomes on Adult and Pediatric Preventive Services. This report is published annually and contains comparative provider performance results.

The report is distributed to primary care, OB/GYN and pediatric groups on an annual basis and is also publicly available on our website at **healthpartners.com**. Detailed reports of composite measures are also provided to groups to assist in focusing their improvement efforts.

- A Preventive Up to Date Clinical Indicator measure for Obstetric and Gynecology providers was published.
- The Partners in Excellence program offers financial incentives (bonuses) to pediatric clinics achieving exceptional results on preventive service measures. The Adult Preventive Service measure was reintroduced in the 2007 primary care provider incentive program.
- Provider Outcome Summaries are available and contain key measures of patient satisfaction, resource utilization, clinic processes and preventive services results. HealthPartners assigns providers to different benefit levels (e.g., tiers) based on quality and cost scores. Information is provided to purchasers, members and potential members to assist in selecting a provider.
- HealthPartners participates in MN Community Measurement and contributes data that is included in cancer screening and immunization publicly reported provider measures.

Assessment of Effectiveness

- The Clinical Indicator rate for 2006 Dates of Service for Adult Preventive Services was 71.9 percent. The rate is stable with no improvement seen in the last measurement year.
- Clinical Indicator rate for 2006 Dates of Service for Child and Adolescent Preventive Services was 67.9 percent. The rate is stable with no improvement seen in the last measurement year.
- There were no Partners in Excellence winners for the Child Preventive Services program component.
- HEDIS[®] measures related to prevention were stable.
- Outcome data from 2007 preventive reminder outreach indicated strong statistical evidence that customized letters are the most effective outreach method.
- A 93 percent success rate was achieved on outbound preventive reminder messages resulting in over 119,000 messages being delivered to 99,000 members.

Barrier Analysis

- HealthPartners surveyed members in 2007 on Preventive Reminder Outreach to assess recall, barriers to completing necessary care and communication preferences. This member feedback will be incorporated into improvement initiatives for 2008.
- Eighteen of 31 medical groups fell below the average group rate for the Adult Preventive Services Up to Date rate in the 2007 Clinical Indicators Report.
- Colon Cancer screening (61.6 percent) and Chlamydia screening (73.4 percent) were the two lowest clinical indicator components of the composite measure.
- Challenges continue in achieving goals due to the need for consistent encounters in all clinic systems to deliver preventive care.

Goal

- Ninety percent of children, adolescents and adults will be up to date on childhood, adolescent and adult immunizations.

Initiatives

- HealthPartners proactively reaches out to parents of children aged 2 years and 13 years old who were believed to be behind on immunizations. Health reminders are directed to all members who have not received best care as defined by evidence-based preventive care clinical guidelines. Personalized nursing consultation is provided as needed. Preventive messaging is also integrated into disease and case management programs.
- Immunization guidelines are mailed to all members and also available via our website at healthpartners.com. The recommendations are defined by evidence-based guidelines established by ICSI and updated annually.
- The Clinical Indicators Report includes immunization rates for children, adolescents and adults. This report is published annually and contains comparative provider performance results. The report is distributed to primary care and pediatric providers on an annual basis and is also publicly available on our website at healthpartners.com. Detailed reports of composite measures are also provided to groups to assist in focusing their improvement efforts.
- The Partners in Excellence program offers financial incentives (bonuses) to pediatric clinics achieving exceptional results on immunization measures and

for participation in the state-wide immunization registry (MIIC).

- Provider Outcome Summaries are available and contain key measures of patient satisfaction, resource utilization, clinic processes and preventive services results. HealthPartners assigns providers to different benefit levels (e.g., tiers) based on quality and cost scores. Information is provided to purchasers, members and potential members to assist in selecting a provider.
- Introduced a Health Information Technology clinical indicator measure that displays comparative provider group status on participation in the state-wide immunization registry (MIIC).
- HealthPartners participates in MN Community Measurement and contributes data that is included in publicly reported immunization provider measures.

Assessment of Effectiveness

- HEDIS[®] 2007* results for Childhood Immunizations Combo 2 were 85.9 percent. The rate was stable.
- HEDIS[®] 2007* results for Childhood Immunizations Combo 3 were 80.3 percent. The rate increased from 2005.
- HEDIS[®] 2007* results for Adolescent Immunizations were 68.5 percent. The rate was stable.
- HEDIS[®] 2007* CAHPS[®] results for Pneumococcal was 90 percent for COST and 86 percent for Advantage. The rates were stable.

Preventive Care: Immunizations

- HEDIS[®] 2007* CAHPS[®] results for Commercial Flu Immunizations was 63.14 percent. The rate was stable.
- Clinical Indicator results for 2006 Dates of Service for Childhood Immunizations Combo 2 was 83.6 percent. The rate was stable.
- Clinical Indicator results for 2006 Dates of Service for Childhood Immunizations Combo 3 was 77.7 percent. The rate increased from 2006.
- HealthPartners successfully reached 9,237 or 88 percent of families whose 2 year old and 13 year old children were believed to be behind on immunizations, to remind them to complete the service.
- Of those members who received preventive reminders for immunizations, 8 percent received the appropriate immunizations.
- There were no Partners in Excellence winners for the Child Preventive Services program component. There were two primary groups recognized for participation in the statewide immunization registry (MIIC).
- Outcome data from 2007 preventive reminder outreach indicated strong statistical evidence that customized letters are the most effective outreach method.

* 2006 performance

Barrier Analysis

- The population-based registry used for immunizations is updated annually for preventive reminder outreach messages but is not currently distributed to provider groups.
- Adult flu and pneumococcal vaccine data that relies on claims is not reliable due to the variety of locations members receive flu shots and the periodicity schedule for pneumococcal.
- Only 57 percent of network providers report using the state-wide immunization registry (MIIC).
- MIIC does not include adult immunization status.
- Four of 7 medical groups fell below the average group rate for Combination 2 and Combination 3 Pediatric Immunizations data rate in the 2007 Clinical Indicators Report.
- HealthPartners surveyed members in 2007 on Preventive Reminder Outreach to assess recall, barriers to completing necessary care and communication preferences. This member feedback will be incorporated into improvement initiatives for 2008.

Goal

- Ninety percent of members will be up to date on all preventive cancer screenings.

Initiatives

- Preventive Services Guidelines are mailed to all members and also available via our website at **healthpartners.com**. The recommendations are defined by evidence-based guidelines established by ICSI and updated annually.
- HealthPartners systematically supports providers' quality improvement efforts by identifying patients in need of required services to achieve optimal preventive care (e.g., breast cancer screening). Patient registries are updated quarterly and made available to providers via a secure web portal. Care parameters are defined by evidence-based guidelines established by ICSI.
- HealthPartners proactively reaches out to members in need of preventive screenings (mammograms, cervical cancer screening, immunizations, colorectal screening). Health reminders are directed to all members who have not received best care as defined by evidence-based clinical guidelines. Messages are customized to meet the member's individual needs and personalized nursing consultation is provided as needed. Preventive messaging is also integrated into disease and case management programs.
- The Clinical Indicators Report includes data and outcomes on Adult Preventive Services, evidenced-based cancer screening and breast cancer screening by OB/GYN providers. This report is published annually and contains comparative provider performance results. The report is distributed to primary care, OB/GYN and pediatric groups on an annual basis and is also publicly available on our website at **healthpartners.com**. Detailed reports of composite measures are also provided to groups to assist in focusing their improvement efforts.
- A Preventive Up to Date Clinical Indicator measure for Obstetric and Gynecology providers was introduced and publicly reported.
- The Partners in Excellence program offers financial incentives (bonuses) to primary and OB/GYN clinics achieving exceptional results on preventive service measures. The Adult Preventive Service measure was reintroduced in the 2007 primary care provider incentive program.
- Provider Outcome Summaries are available and contain key measures of patient satisfaction, resource utilization, clinic processes and preventive services results. HealthPartners assigns providers to different benefit levels (e.g., tiers) based on quality and cost scores. Information is provided to purchasers, members and potential members to assist in selecting a provider.
- HealthPartners provided the opportunity for a \$20.00 gift card to certain members in the State Public Program (SPP) population if they completed their preventive breast cancer screening (mammogram).

Preventive Care: Cancer Screenings

- A Cancer Disease Management program was developed; all low severity members receive preventive outreach.
- HealthPartners participates in MN Community Measurement and contributes data that is included in publicly reported cancer screening provider measures.

Assessment of Effectiveness

- Outcome data from 2007 preventive reminder outreach indicated strong statistical evidence that customized letters are the most effective outreach method.
- Preventive reminder outreach data showed improvement in completed claims over 2006 outcome data.
- HEDIS[®] measures related to cancer screening were stable.
- Successfully reached 24,338 members or 90 percent of members believed to be behind on breast cancer screening; 14 percent of those who received reminders completed the screening.
- Successfully reached 20,688 or 90 percent of members believed to be behind on cervical cancer screening; 8 percent of those who received reminders completed the screening.
- Successfully reached 64,354 members or 93 percent of members believed to be behind on colon cancer screening; 5 percent of those who received colorectal cancer screening reminders completed the screening.

- Member reported outcomes from live phone surveys indicated that members prefer to be reminded about preventive services via a letter (first choice), a post card (second choice), or a live phone call from health plan staff (third choice).
- HEDIS[®] 2007 results for mammography continue to show a gap of 20 percent between HealthPartners commercial mammography rate and State Public Program Mammography rate.

Barrier Analysis

- Colorectal cancer (CRC) screening (61.6 percent) was the lowest Clinical Indicator completion rate for cancer screening by individual measure in 2007.
- Members reported an access wait time for colonoscopy appointments that ranged from 3 to 9 months, depending on the clinic system providing the preventive screening.
- In live telephone surveys for CRC screenings, members reported barriers as screenings being unnecessary and too unpleasant.
- Members reported that primary care clinics are not providing CRC screenings, but are referring to gastrointestinal (GI) specialists for colonoscopy. Evidence supported three other CRC screening tests that could be performed in a primary care setting.
- There is still variability in preventive messages, education and clinical practices regarding screening parameters. This variability contradicts evidence-based guideline recommendations for preventive care.

Goals

- Improve care for 14 uncommon and complex conditions (in neurology, rheumatology, hematology and pulmonology) based on best practice and patient preference.
- Improve clinical, functional, patient experience and cost-of-care outcomes by optimizing self care and preventing and managing complications, crises and co-morbidities.
- Enhance the coordination of care by proactively using disease management education and other targeted interventions.
- Maintain and/or improve patients' state of health by educating and supporting patients in healthy behaviors and preventive screenings.
- Design tools to engage all constituencies — patients, providers and payers — in a coordinated effort to improve outcomes.



Assessment of Effectiveness

- 2,300 members (87 percent of those eligible) participated in the HealthPartners AccordantCare program.
- Fifty-four percent of currently eligible members are participating in the interactive level (rather than self-directed).
- One hundred percent of interactive members with limited proficiency in English had their language preference identified and addressed at time of program enrollment.
- One hundred percent of interactive members were asked about tobacco use and 100 percent of members using tobacco were advised and assisted to quit during routine encounters with program nurses.
- One hundred percent of interactive members were screened for depression and all those who screened positive were referred for further services.
- Seventy-seven percent of interactive members eligible for flu immunizations were immunized.
- Partners in Progress (PIP) metrics based on outcomes in satisfaction, quality and services demonstrated positive results in 10 of 13 performance metrics.
- Achieved 95 percent patient satisfaction (third-party survey).
- Achieved 55 percent physician satisfaction (third-party survey).

Goals

- Reduce harm in hospital and clinic settings.

Assessment of Effectiveness

- Received score of 100 percent on the Quality and Safety components of the eValue8 Pharmacy Request for Proposal.
- Distributed Ambulatory Patient Safety Toolkit to primary and specialty care provider groups.
- Safety Survey sent to 80 primary and specialty provider groups with a response rate of 39 percent.
- Created tiered provider networks incorporating safety indicators.
- Significant progress has been made toward influencing safe clinical practice through pay-for-performance strategies with providers.
- Member satisfaction with medication safety questions was measured for second year.
- Distributed Agency for Healthcare Research and Quality (AHRQ) Patient Safety indicator comparative results to hospitals.
- Approximately 65 percent of our members received services at clinics with e-prescribing.
- Sent alerts to providers whose prescribing dosages appeared to be outside of safe limits.
- Provided leadership support to the Minnesota Hospital Association Safety Committee.
- Collaborated with MN Community Measurement on Health Information Technology survey of provider groups to assess EMR capabilities, decision support at point of care and e-prescribing capabilities.
- Actively participated in Minnesota Hospital Association Safety Committee, Minnesota Alliance

for Patient Safety, Leapfrog and Minnesota Pharmacists Association safety committee.

Improvement Initiatives

- Support safe prescribing practices through identification of multiple types of drug conflicts and initiate interventions to address them as appropriate.
- Provide incentives and structural strategies to encourage generic use and appropriate antibiotic prescribing.
- Offer financial incentives to pharmacies for participating in a safe practices survey.
- Encourage providers to provide adequate explanations to members regarding prescribed medications.
- Promote and monitor the use of health information technology by providers.
- Provide comprehensive quality and cost information to practitioners to support prescribing activities.
- Promote safety in the ambulatory care setting by providing tools and resources and use quantitative and qualitative measures to assess progress.
- Incorporate pay-for-performance provisions related to safety in provider contracts.
- Design plan products that include tiered networks that encourage members to make informed, cost-effective choices about their health care.
- Collaborate with other organizations engaged in safety activities.
- Developed medication reconciliation measure for ambulatory care.

Goals

- Continually increase member satisfaction by:
 - Improving business practices and systems
 - Increasing member outreach initiatives
 - Delivering a consistent member experience
 - Growing member/consumer engagement

Assessment of Effectiveness

- HealthPartners 2007 commercial CAHPS® results show marked improvement from the previous year. Importantly, we demonstrated substantial improvement in four key ratings—health plan, health care received, personal doctor and specialist.
 - In 2007 we surpassed NCQA’s national average of 5 of 8 summary measures: Health Plan Rating, Personal Doctor Rating, Getting Care Quickly, MD Communication and Claims Processing.
 - Overall, HealthPartners outperforms Medica, Blue Plus and PreferredOne, the other local plans participating in the national survey.
- DHS provided the CAHPS® results for HealthPartners three DHS products:
 - HealthPartners Minnesota Care demonstrated results similar to Minnesota Average on 10 of 10 key measures, and Minnesota Senior Care and PMAP products were similar on 9 of 10 key measures.
 - MSHO demonstrated 4 of 10 measures similar to Minnesota Average, with Customer Service significantly higher and five measures significantly lower than Minnesota Average: Getting Care Quickly, Doctor Communication,

Courteous Office Staff, Ratings of health plan and all health care received.

- For HealthPartners two main Medicare products, CMS’s star-based reporting method demonstrated satisfaction above the 75th percentile or significantly higher than the National Average on 9 of 11 key Medicare measures for the Freedom (Cost) product, and 6 of 11 for the Classic (Advantage) product .
- Created a dedicated web support team to answer member phone and email inquiries. Between August implementation and December, over 26,600 members were able to quickly access a customer service/system expert who helped them log on and navigate the website.
- Launched a new Healthy Benefits program to several employer groups that offers incentives to members to complete a health assessment and participate in health improvement programs.
- Continued expansion of member information available on **healthpartners.com** including; Health Savings Account balances, cost and quality data, Healthwise information, Healthy Benefits participant program status and Health Activity Tracker information.
- There were a total of 98,156 newly registered users with **healthpartners.com** in 2007. This is a 12 percent increase over the number of newly registered users in 2006.
- The number of hits or page views on the member portal increased from 19,638,152 in 2005 to 26,498,178 in 2006 and to 35,336,246 in 2007.

Service Quality

- Implemented a new system that gives front-line customer service and nurse-line staff the ability to proactively deliver messages to members regarding topics around improving member health, lowering member health care costs and giving members control over health care choices. In 2007 over 6,296 messages were delivered about the health assessment, mail order pharmacy and pill splitting opportunities.
- Implemented a new outreach program where front-line customer service and nurse-line staff follow up with members after providing service to them to make sure all their needs were met and to offer further assistance.
- Implemented a pilot for a new organization-wide complaint handling process, which represents a more comprehensive model, service recovery and documentation procedure.
- Conducted training for all levels of the organization on service recovery, scripting and reward and recognition to increase knowledge and skills that impact the member experience.
- Marketing created a new packet used by Sales at 2007 fall open enrollment meetings that contained key messages to include in presentations. The new packets were a result of member feedback on what information would be useful to them.
- Marketing and Sales also rewrote over 60 pieces of collateral including a new plan overview, more information on pharmacy programs and other topics members identified as confusing or lacking.

Specialty Networks

Goals

- Reduce practice variation in orthopaedics, cardiology, and spine surgery.
- Recognize and reward high-quality specialty performance for evidence-based care and satisfaction.
- Develop specialty partnerships that support an integrated comprehensive approach across care settings.
- Empower members and patients with comparative affordability and outcomes data for specialty services.

Assessment of Effectiveness

- Over eighteen roundtables conducted for active community collaboration and input on actionable measurement with cardiology, OB/GYN, orthopaedic, physical therapy, bariatric surgery and spine groups. Twelve specialty-specific and eight universal measures currently in place to support best practice and reduce variation in specialty care.

- For those groups for which 2007 results are available, 90 percent have met their pay-for-performance goals.

Highlights include:

- Successful generic drug penetration in five specialty areas.
- Combined overall improvement in adherence to practitioner-developed indications for carpal tunnel, meniscectomy and discectomy procedures.
- Successful completion of signed service agreements between ten primary care groups and four cardiology providers to ensure co-management of critical elements across care settings for heart failure patients. Measurement of outcomes planned for 2008.
- Patient satisfaction with cardiology providers improved significantly from 2004 to 2007.
- Spine fusion network demonstrated high performance in all medical criteria selection for fusion surgery. Sixty percent of the preferred network is reporting functional scores prior to surgery for outcome assessment.

2007 ENT Patient Satisfaction (compared to 2004 results)

Satisfaction Criteria	Patient Satisfaction
How well doctor and staff listened	↑
Helping to understand condition	↑
Individual health status	↑
↑ = p value < .05	

Specialty Networks

Assessment of Effectiveness

- Orthopaedic and cardiology onsite visits to review critical performance reporting and promote specialty engagement in hospital and primary care partnership performance.
- Specialty roundtables developed strategies for reducing variation and ensuring evidence-based care.
 - Improved spine fusion surgery behavioral health evaluation documentation.
 - Identified relevant key national measurement sets and preventive care for cardiology self-reporting.
 - Established “best choice” consumer information on cardiology groups available on healthpartners.com.
 - Improved adherence to medical indication for total knee replacement. Continued commitment to measure functional score pre-and post-operatively.
 - Identified and developed oncology program element standards.
 - Developed process with key dialysis centers to self-reported quality information on Stage 5 chronic kidney disease (CKD). Investigated strategies to increase early identification of CKD and improve education for consumers, primary care physicians and nephrologists.
- Hosted fall forum for employers and preferred back pain specialists to identify collaborative opportunities for optimizing employee back pain health.
- Partners in Progress (PIP) provider incentive program included new process and outcome measures developed across ten specialty areas to support patient experience, health information and technology, affordable value of care and safety.
- Partners in Excellence provider bonus program continues for cardiology, OB/GYN, physical therapy, behavioral health and ENT.
- Developed HealthPartners Innovations award to recognize specialty groups that design and implement transformational change in care delivery for a condition or in their care delivery model.
- Presented and gained feedback on efficiency reporting with select specialty providers.

Goals

- Assure evidence-based care across the continuum.
- Support timely collaborative practice and communication.
- Assure member engagement through patient-centered self-management, education, guidance and communication.
- Empower member and patient development of lifelong exercise and fitness lifestyle.
- Support member's value-based decisions through transparent measurements.
- Reduce the total cost of low back pain – financial and human.

Assessment of Effectiveness

- Confirmed reporting found overall reduction in total cost per low back pain case following the development of the preferred networks (physical therapy, injection therapy, behavioral health, pain management programs and spine fusion surgery).
- Ninety-five percent of the Preferred Physical Therapy Network self-reported Oswestry functional assessments for outcomes on treatment of acute and chronic low back pain.
- Preferred Physical Therapy Network continues to demonstrate lower number of visits on average to treat low back pain members.
- Preferred Injection Therapy Network demonstrated 55 percent overall adherence to indications for

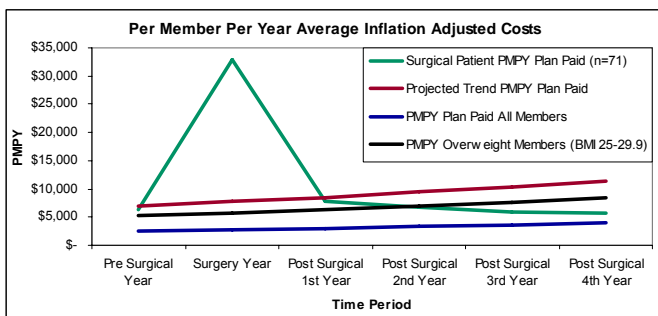
epidural steroid injections based on 2007 chart review.

- Successful increase in targeted member referrals by preferred network for complex case management services and shared decision making that provided demonstrated medically appropriate utilization outcomes for injection and surgical treatment interventions.
- Spine surgeons engaged through roundtable discussions on appropriate criteria for back surgery with Spine Fusion Network adherence to medical indications for surgery improving between 2006 and 2007.
- Hosted fall forum for employers and preferred back pain specialists to identify collaborative opportunities for optimizing employee back pain health.
- Planned Low Back Pain Network 2008 goals include:
 - Conduct a comprehensive renewal process and analysis of spine and injection networks for quality improvements.
 - Develop strategies to improve primary care engagement.
 - Develop consumer quality information for transparency in outcomes.

Specialty Networks: Weight Loss Surgery

Goals

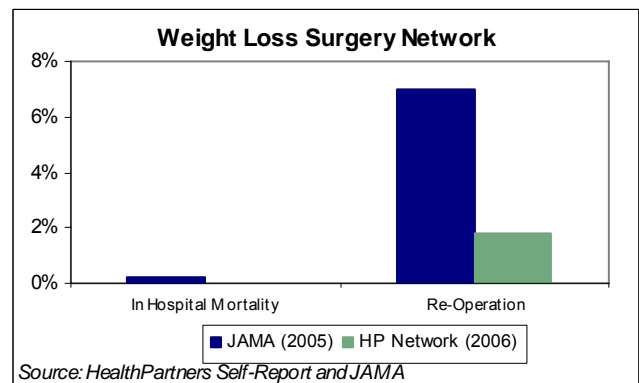
- Ensure evidence-based care and follow-up.
- Improve outcomes and promote patient safety for members having weight loss surgery.
- Empower members and patients for long-term success in weight loss treatment.
- Enhance member satisfaction.



Assessment of Effectiveness

- Completed sixth year of collaborative partnership and fourth year of 100 percent self-reported outcomes with bariatric programs which demonstrated:
 - Low hospital mortality in combination with lower re-operation rates when compared to nationally published data.
 - Lower average length of stay, zero days in ICU resulting in lower cost per surgical episode.
- Comparative provider performance available for consumers under weight loss surgery network statistics at healthpartners.com.
- Ninety-seven percent continue to demonstrate adherence to evidence-based care regarding patient assessment and selection on annual chart review.

- Full implementation of mandatory evidence-informed, phone-based pre- and post-bariatric surgery weight management program resulted in:
 - Ninety-three percent member engagement in pre-op program with 95 percent satisfaction with the counseling received.
 - Pre-op course completers:
 - Lost eight pounds or about 3 percent during the course.
 - Increased muscle conditioning exercises by 43 percent
 - Fifty percent indicated their dietary fat intake is “low” and 30 percent were taking daily multivitamin supplements.
 - Increased body image satisfaction by 19 percent.
- Health Plan 3-year cohort study found projected decrease in projected and trend costs for surgical members per year compared to overweight members per year.



Shared Decision Making

Goals

- Assist members in resolving decisional conflict and making informed decisions regarding their health, care, lifestyle, and psychosocial needs, based on their personal values and preferences.
- Provide a satisfactory experience.
- Support members in building their self-competency skills.

Assessment of Effectiveness

- Two hundred health plan staff members were trained to identify decisional conflict in members and provide Shared Decision Making (SDM) support.
- Four hundred thirty-seven members were offered SDM support and 417 members participated in the process.
- Decision quality improved for members who participated in the SDM process:
 - Knowledge increased from 71 percent to 100 percent after SDM.
 - Alignment with values increased from 60 percent to 98 percent after SDM.
- Certainty about the decision increased from 38 percent to 97 percent after SDM.
- One hundred percent of members were very satisfied or satisfied with the SDM process.
- Ninety-eight percent of members were very satisfied or satisfied with the decision they made following the SDM process.
- All members who are participating in health promotion, disease management, medical and behavioral health case management programs receive SDM support concurrently as needs are identified.
- All members who interact with Nurse Navigators receive SDM services as needs are identified or requested.
- All members have online access to SDM support through HealthPartners website. Directions and assistance are provided on the website for completing an independent decision making process or for connecting to a HealthPartners team member.

HPCare Adolescent Well Care

Initiative

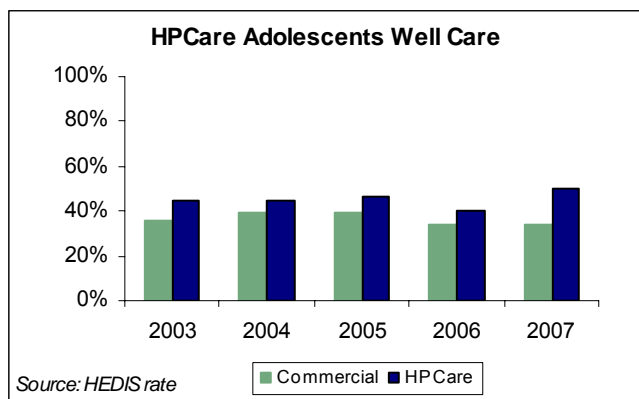
- Birthday mailings to all HealthPartners adolescents (ages 10, 14, 16 and 18) offering a \$30 gift card for completion of a preventive care exam.

Goals

- Increase and maintain an 80 percent rate in the number of HealthPartners Medicaid-eligible adolescents ages 12 to 21 who receive an annual well-care visit.
- Promote a medical home for adolescent members.
- Encourage the development of healthy habits and lifestyles.
- Identify potential health problems.
- Provide diagnosis and treatment of health problems or conditions.
- Determine the effect of a well-care incentive on this population and prove results on a national level.

Assessment of Effectiveness

- HEDIS[®] Adolescent well-care rate showed statistically significant improvement in 2007 (49.6 percent) when compared to 2006 (40.6 percent).
- HEDIS[®] annual adolescent well-child visit rates continue to remain better than the rates of the HealthPartners commercial population.
- HealthPartners presented results of Adolescent Well-Care Incentive research project at the 2007 Annual Meeting of the Medicaid Health Plans of America (MHPA) in Washington, DC.
- Incentive research results have been compiled in a professional journal article that will be submitted for publishing in 2008.
- HealthPartners successfully used administrative data to support four preventive care (including Child and Teen Checkups) and seven chronic care registries that are supplied to individual clinics through a secure, web-based, password protected Provider Portal based on clinic membership.
- Medical groups with electronic medical records are utilizing Child and Teen Checkups screening templates for well-care visits.



Initiative

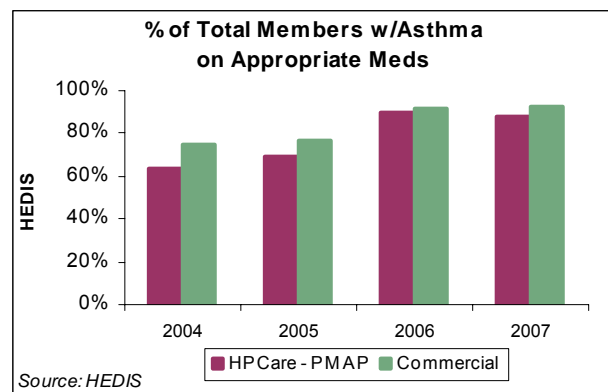
- Institution of an Asthma Disease Management program to provide outreach, evaluation and education on best asthma care.

Goals

- Increase the number of HealthPartners PMAP and MNCare members with persistent asthma who are on appropriate medications as defined by HEDIS®.

Assessment of Effectiveness

- PMAP and MNCare members, ages 5 - 9, who were appropriately prescribed medication has increased by 22.8 percent since 2004.
- PMAP and MNCare members, ages 10 - 17, who were appropriately prescribed medication has increased by 22.8 percent since 2004.
- PMAP and MNCare members, ages 18-56, who were appropriately prescribed medication has increased by 25.1 percent since 2004.
- Total of PMAP and MNCare members, ages 5 -56, who were appropriately prescribed medication has increased by 24.8 percent since 2004.



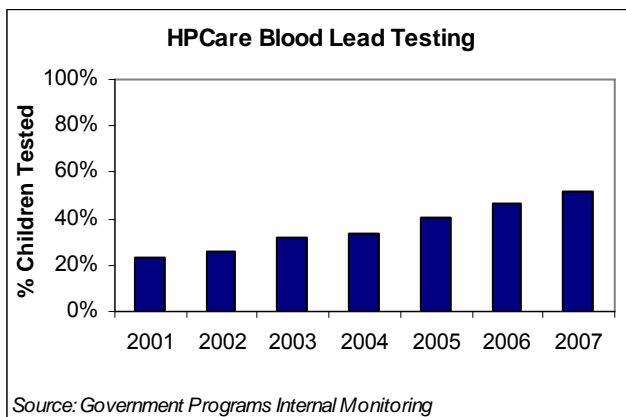
HPCare Blood Lead Testing

Initiative

- Birthday mailings to all HealthPartners children ages 9 to 30 months offering a \$25 gift card for completion of a blood lead test.

Goals

- Increase HealthPartners lead level testing rate to 80 percent for all Medicaid children ages 9 to 30 months of age.

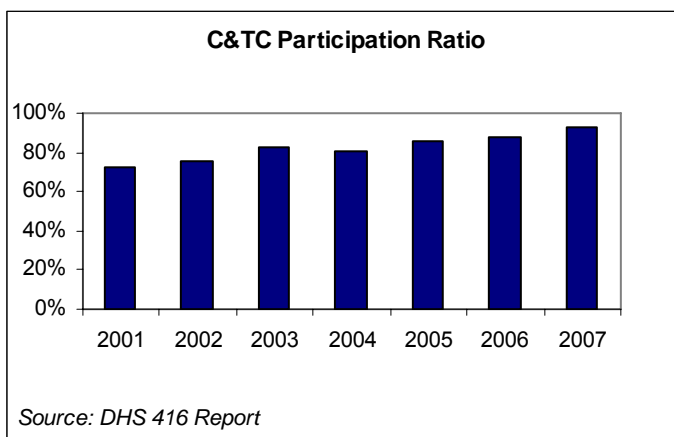


Assessment of Effectiveness

- The health plan continues to successfully utilize a multifaceted approach to achieve blood lead goals.
- Utilizing Minnesota Department of Health (MDH) lead testing data in 2007 enabled HealthPartners to account for lead tests in even more members, thus preventing overuse.
- Community partnership with Sustainable Resource Center (SRC) to provide outreach and education about lead poisoning and blood lead testing at ten community events in 2007. Member-specific letters regarding the events were sent to 650 parents and guardians of HealthPartners children 9 to 30 months of age.
- Physician education using electronic newsletters, Institute for Medical Education (IME) education bulletins and emails to increase provider knowledge regarding necessity of lead testing at both one and two years of age.
- The HealthPartners performance improvement project to increase lead testing in 2-year-olds was successful in reaching its 10 percent improvement goal in 2007.

Goals

- Increase to 50 percent the number of HealthPartners Medicaid children and adolescents who receive an appropriately documented well-care visit.
- Improve the Child and Teen Checkup (C&TC) claims rate to 80 percent.



Assessment of Effectiveness

- HealthPartners again sustained improvement by increasing screening results to a rate of 87.8 percent of eligible enrollees reported in 2007.
- Medical groups with electronic medical records are utilizing C&TC screening templates for well-care visits resulting in more complete screenings.
- Improvements in clinic information system capabilities are resulting in better identification of children in need of C&TC screening at the time of appointment scheduling.
- Going forward an incentive program will be used to increase well-care visits for children 1 through 5 years of age. Birthday mailings offering a \$25 gift card incentive will begin in the second quarter of 2008.

HPCare Dual Diagnosis

Initiative

- Apply case management and proactive outreach to those members with a primary chemical health diagnosis with either a primary or secondary diagnosis of behavioral health within the previous six months.

Goals

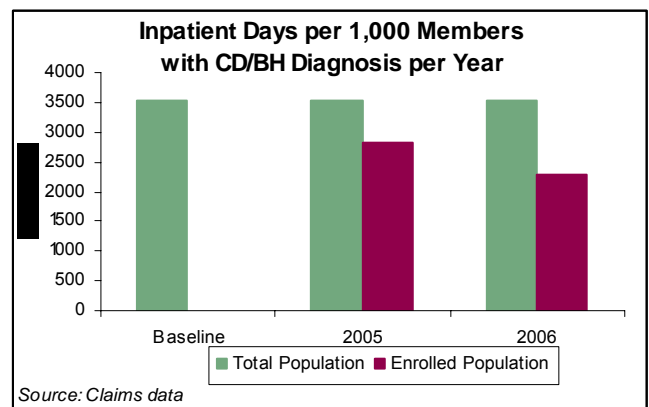
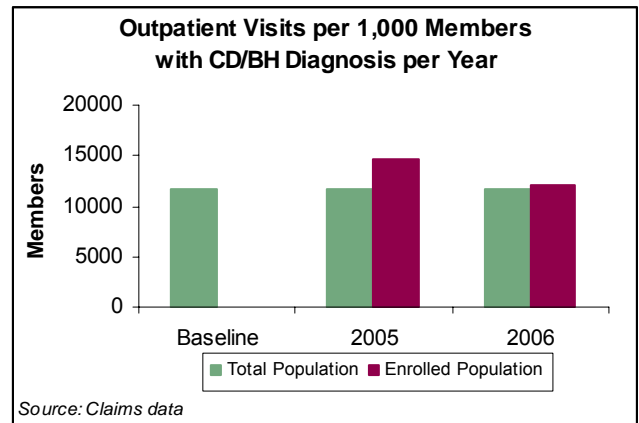
- Increase behavioral health/chemical dependency (BH/CD) outpatient visits by 5 percentage points over the average rate.
- Decrease BH/CD inpatient days by 10 percentage points over the average rate.

Interventions

- Proactive outreach
- Coordination of care by licensed professionals
- Encouragement of member compliance with provider developed treatment plans,
- Referral to community resources as suitable
- Use of incentives to reinforce appropriate behaviors

Assessment of Effectiveness

- Outpatient visits for those members with dual diagnosis have increased since inauguration of project.
- Inpatient days for those members with dual diagnosis have decreased since inauguration of project.



Goals

- Ensure appropriate use of personal care attendant (PCA) services based on member functional capability.
- Increase the alignment and coordination with medical care and behavioral health care needs.
- Reduce the overuse of PCA services, as compared to other health plans.

Assessment of Effectiveness

- A comprehensive quantitative and qualitative analysis of barriers to appropriate care was completed in August 2006, with strategies developed to address the identified challenges.
- The identified barriers and challenges include:
 - limited alignment with personal physician and medical care or behavioral health care needs;
 - incomplete or inaccurate diagnosis at the time of the request for service;
 - variable training across all aspects from PHN assessments to interpreters services, to practices of PCA agencies;
 - limited coordination with key provider groups (HPMG, PNMC and International Clinic);
 - need to manage the expectations of members and families regarding amount of services needed; and
 - difficulty assessing functional capacity and need for PCA services due to communication difficulties.
- A significant reduction in appeals and State Fair Hearings from early 2007 to early 2008:

- January 2007 rate of 33 appeals and 20 State Fair Hearings
- January 2008 rate of 11 appeals and 1 State Fair Hearing
- Member satisfaction CAHPS[®] results that could be attributed to management of PCA services are inconclusive as to impact due to effect of current strategies:
 - On the utilization review related question of “Getting Needed Care,” both PMAP and MSHO ratings are comparable to MN state average
 - On overall ratings of “Health plan rating” and “All health care received,” the MSHO rating is statistically lower than MN state average, though the PMAP rate is comparable to MN state average.
- Achieved significant multi-year and multi-strategy progress in reducing trend from \$53.66 PMPM in 2005 to \$39.18 in 2007; with impact of \$2.3 million trend reduction in 2006 and \$4.8 million projected trend reduction in 2007.

Improvement Initiatives

- Proactive management of PCA requests with primary diagnosis of a mental health condition, including appropriate coordination with behavioral health providers to ensure members were receiving the right care for their condition.
- Continued building clinic relationships to ensure improved understanding of the Physician Statement of Need, clinic documentation of functional capability and identification of alternative services as needed for members.

- Developed and implemented an extensive mandatory training program for PCA Agencies, which included standards on documentation and oversight of PCA cases, as well as requiring PCA providers to establish a care plan and patient chart.
- Developed and conducted an all-day interpreter training, including collaborative session with PHNs to ensure understanding of expectations and consistency in managing the in-home assessment visit.
- Instituted a quality control/management review of all PHN assessments recommending a significant reduction in hours, and proactively communicated with clinics in advance of significant reductions.
- Active ongoing participation in MCHP and DHS collaboratives on PCA-related issues.
- Requested Home Care agencies to complete observation visits of PHNs during PCA assessments.

Information collected during these visits is then used to support ongoing PHN training.

- Assessment of contracted PCA Agencies to assure appropriate qualifications of supervising nurses and appropriate contract requirements met. Network reduced from 80 agencies to 68 agencies as a result of the assessment.
- Ongoing management of member appeals, including addressing Legal Aid concerns.
- The 2008 focus will be to continue the above strategies and develop a more comprehensive fraud and abuse monitoring plan.

Background

Minnesota Advantage Quality Improvement Project

Health plan initiative designed to improve the health of the elderly

2007 Project – BMI in the Elderly Population

Goal

- Increase awareness of elderly weight management through documentation of BMI and improve the percentage of patients with BMI > 25 who were provided weight loss resources or education for obesity.

Assessment of Effectiveness

- 2007 was the implementation year for this project with baseline data and activities that included:
 - 2006 data showed that 55.2 percent of Medicare Advantage members (ages 60-103) had a BMI captured within the medical record and of those there were 64.4 percent whose BMI > 25.
 - Heightened awareness of the importance of weight and height documentation (required for BMI calculation) within the electronic medical record is ongoing.
 - Audit tool to capture data on weight counseling or resource information that was provided to member is in development.

MSHO: Calc/Vit D Supplementation

Background

Minnesota Senior Health Options (MSHO), Minnesota Senior Care (MSC), Minnesota Senior Care Plus (MSC+) Performance Improvement Project

Collaborative project by Minnesota Health Plans designed to improve the health of the elderly with special needs.

2007 Project - Calcium / Vitamin D Supplementation

Promote bone health by encouraging senior members to consult with their physician or pharmacist on prescribing Calcium/Vitamin D supplements.

Goals

- Increase the number of senior members that take Calcium / Vitamin D supplements by at least 5 percent and maintain that improvement for at least two years.

Assessment of Effectiveness:

- 2007 was the implementation year for this project with activities that included:
 - Clinician and pharmacist education on best practice guidelines for Calcium / Vitamin D supplementation and on over-the-counter (OTC) prescription benefits available for members.
 - Training for Care Coordinators to encourage members to discuss with their clinician and/or pharmacist the benefits of Calcium / Vitamin D supplements and the availability of reduced cost through OTC prescriptions.
- Preliminary 6-month results showed that the number of HealthPartners members taking the supplements had increased from 6 percent to 10 percent (March, 2007 to October, 2007).

MSHO Care Coordination

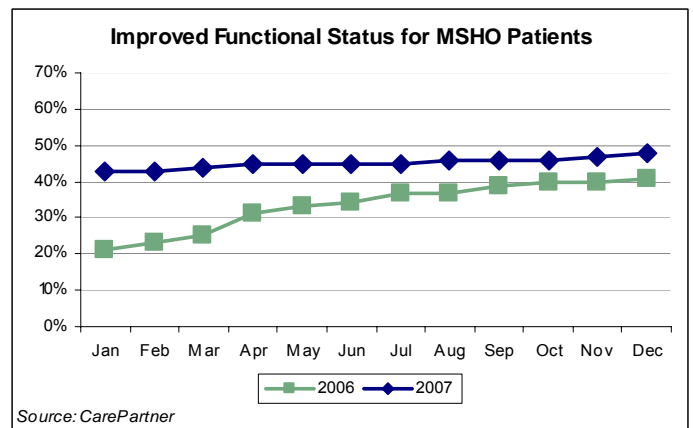
Goals

- Facilitate an interdisciplinary and holistic approach to meet the health care and supportive services needs for these high-risk, low-income seniors.
- Address individual needs for preventive care, long-term care and community support, medical care, mental health care, or any other identified concern.
- Provide member decision support to assist individuals in resolving decisional conflict and to make informed decisions regarding their health care.

Assessment of Effectiveness

- Ninety-nine percent of all enrollees were assessed for health risks and need.
- Forty-five percent of enrollees are non-English speaking and 100 percent had their language needs addressed through interpreter services.
- Maintained active care plan rate with future dated goals and actions at 95-96 percent each month.
- Forty-eight percent of patients reported improved functional status.
- Participated in regional Performance Improvement Plan with other local MSHO plans for Calcium and Vitamin D supplementation; care coordinators delivered education on this to 635 MSHO patients.
- Advance Directives: 100 percent of patients were asked about AD, 32 percent currently have an AD, and 95 percent of those without an AD were offered information.
- Fifty-nine percent of patients showed improvements in their self-management skills.

- Ninety-three percent were screened for depression and, if positive, were referred for further evaluation.
- Fifty-two percent had a documented BP < 140/90 in 2007, up from 39 percent in 2006 (a 33 percent improvement in blood pressure control).
- Care Coordinators made 771 referrals to support programs for members including Disease Management, Tobacco Cessation, BH Case Management, Hospice and other community and health plan resources.
- Inpatient utilization remains a challenge for this frail population, but our rates are below the mean for MSHO plans. Our emergency room rates are the lowest of any MSHO plan (HEDIS® 2007).
- Maintained high levels of patient satisfaction (97 percent satisfied or very satisfied) and physician satisfaction (87 percent satisfied or very satisfied).



HEDIS/CAHPS Results

HealthPartners has been a pioneer in the development of HEDIS[®] (Healthcare Effectiveness Data and Information Set), a set of standardized performance measures to provide information to enable the public to compare the performance of health plans. It complements the NCQA Accreditation program. NCQA, an independent, not-for-profit organization dedicated to measuring the quality of America's health care, uses HEDIS[®] measures to evaluate more than 400 health plans from across the country every year. When combined, the results of NCQA Accreditation and HEDIS[®] provide the most complete view of health plan quality currently available to purchasers and consumers.



HealthPartners commercial and Medicare Advantage Plans



The data in this document have been fully audited by an NCQA-accredited auditor.



NCQA has awarded distinction to HealthPartners for exceeding rigorous requirements for quality in Care Management and Health Improvement.



The Physician and Hospital Quality distinction recognizes organizations that use standardized physician measures to improve quality and affordability of care and provide members with important information about physicians and hospitals within their network.

This marks the thirteenth year of HEDIS[®] reporting by HealthPartners. It includes information across our commercial, Medicare and Medicaid product lines. HealthPartners presents results for HEDIS[®] measures in the prescribed performance areas below:

- effectiveness of care
- access/availability of care
- health plan stability
- use of services
- informed health care choices

This report does not contain our complete set of HEDIS[®] scores. However, it does contain some key measures that demonstrate our level of success in quality improvement. For complete commercial results, see NCQA Quality Compass.

Assessment of Effectiveness

In 2007 HealthPartners successfully underwent a Full NCQA HEDIS Compliance Audit[™]. All measures that were reviewed during this audit were deemed reportable according to the NCQA HEDIS[®] Compliance Standards.

The HEDIS[®] compliance audit evaluates the ability of health plans to process and report information for HEDIS[®]. The audit ensures that health plans' HEDIS[®] results are comparable.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA).

HEDIS® Rates for HealthPartners: NCQA Commercial Population

HEDIS Measure	HEDIS 2003	HEDIS 2004	HEDIS 2005	HEDIS 2006	HEDIS 2007
Childhood Immunizations Status					
Combo 2	67.2%	68.3%	70.3%	85.6%	85.9%
Combo 3				49.4%	80.29% ¹
Adolescent Immunizations Status					
Combo 2	41.6%	48.4%	52.3%	63.9%	68.5%
Appropriate Treatment of Children with URI		89.5%	88.4%	87.8%	86.1%
Appropriate Treatment of Children with Pharyngitis		91.4%	93.2%	91.4%	91.5%
Colorectal Cancer Screening		61.8%	58.9%	62.6%	62.6%
Breast Cancer Screening					
Ages 52-69	82.5%	82.5%	80.8%	75.7%	78.2%
Ages 42-69					74.0%
Chlamydia Screening in Women					
Ages 16-26	31.2%	32.1%			
Ages 16-25		34.4%	36.9%	39.2%	41.7%
Controlling High Blood Pressure	65.9%	65.9%	71.5%	75.4%	67.4%
Beta Blocker Treatment after Heart Attack	98.0%	96.2%	96.2%	99.0%	100.0%
Comprehensive Diabetes Care					
HbA1c Testing	91.2%	92.2%	91.5%	93.7%	91.5%
LDL Screening Rate	88.1%	90.3%	93.2%	95.1%	85.2% ²
LDL Level in Control < 130	60.7%	65.9%	73.2%	76.6%	
LDL Level in Control < 100		36.7%	49.2%	54.5%	48.9% ²
Use of Appropriate Meds for People w/ Asthma					
All Ages Combined	71.1%	74.3%	76.6%	91.5%	92.2%
Follow-up After Hospitalization For Selected Mental Illness					
7 Day Follow-Up	47.7%	50.4%	50.3%	50.6%	57.4%
30 Day Follow-Up	76.9%	75.2%	72.4%	76.5%	81.9%
Antidepressant Medication Management					
Effective Continuation Phase	53.0%	55.3%	53.6%	54.8%	55.7%
Well Child Visits					
First 15 Months of Life, 6 or more visits	72.7%	78.5%	78.5%	81.6%	81.5%

¹ = Significant increase over previous year attributed to pneumococcal vaccination issue in HEDIS 2006.

² = Change in technical specifications. Rates not comparable to previous years.

HEDIS/CAHPS Results

HEDIS® Rates for HealthPartners: State Public Programs (Combined Medicaid)

HEDIS Measure	HEDIS 2003*	HEDIS 2004*	HEDIS 2005**	HEDIS 2006***	HEDIS 2007***
Childhood Immunizations Status					
Combo 2	51%	53%	64%	80%	80%
Combo 3				55%	74.45% ¹
Adolescent Immunizations Status					
Combo 2	20%	32%	44%	61%	71%
Cervical Cancer Screening	79%	79%	80%	79%	82%
Chlamydia Screening in Women					
Ages 16-26	59%	63%			
Ages 16-25		64%	61%	61%	62%
Comprehensive Diabetes Care					
HbA1c Testing	82%	87%	88%	90%	89%
LDL Screening Rate	65%	73%	79%	88%	77.1% ¹
LDL Level in Control < 130	47%	52%	58%	67%	
LDL Level in Control < 100		31%	38%	46%	39.2% ²
Use of Appropriate Meds for People w/ Asthma					
All Ages Combined	58%	60%	69%	89%	88%
Antidepressant Medication Management					
Effective Continuation Phase	28%	24%	35%	35%	32%
Well Child Visits					
First 15 Months of Life, 6 or more visits	59%	61%	61%	67%	70%
Adolescent Well Child Visits	44%	45%	46%	41%	50%

* = HEDIS® 2003 and HEDIS® 2004 are PMAP Only Rates

** = HEDIS® 2005 is PMAP/MNCARE Combined Rate

***= HEDIS® 2006 and HEDIS® 2007 are PMAP/MNCARE/GAMC Combined Rate

¹ = Significant increase over previous year attributed to pneumococcal vaccination issue in HEDIS® 2006.

² = Change in technical specifications. Rates not comparable to previous years.

HEDIS® Rates for HealthPartners: Medicare Advantage Population

HEDIS Measure	HEDIS 2003	HEDIS 2004	HEDIS 2005	HEDIS 2006	HEDIS 2007
Colorectal Cancer Screening		69.3%	71.3%	74.0%	63.2%
Breast Cancer Screening					
Ages 52-69	82.6%	85.6%	78.0%	80.5%	69.9%
Ages 42-69					68.2%
Controlling High Blood Pressure	61.6%	68.9%	69.7%	74.6%	71.7%
Beta Blocker Treatment after Heart Attack	94.9%	98.2%	100.0%	98.1%	NA
Comprehensive Diabetes Care					
HbA1c Testing	93.1%	93.9%	94.9%	94.4%	90.2%
LDL Screening Rate	92.0%	92.9%	92.5%	93.1%	81.9% ¹
LDL Level in Control < 130	70.0%	76.4%	78.6%	81.6%	NA
LDL Level in Control < 100		52.8%	61.1%	68.9%	51% ¹

¹ = Change in technical specifications. Rates not comparable to previous years.

HEDIS® Rates for HealthPartners: Medicare Cost Population

HEDIS Measure	HEDIS 2003	HEDIS 2004	HEDIS 2005	HEDIS 2006	HEDIS 2007
Colorectal Cancer Screening		67.4%	70.8%	71.0%	74.3%
Breast Cancer Screening					
Ages 52-69	84.5%	84.7%	83.0%	83.6%	84.9%
Ages 42-69					84.8%
Controlling High Blood Pressure	66.2%	72.5%	74.3%	76.3%	74.2%
Beta Blocker Treatment after Heart Attack	94.2%	96.7%	100.0%	98.6%	96.0%
Comprehensive Diabetes Care					
HbA1c Testing	94.4%	95.1%	92.2%	94.4%	93.9%
LDL Screening Rate	92.6%	95.9%	95.9%	96.2%	89.1% ¹
LDL Level in Control < 130	71.8%	79.6%	80.3%	85.2%	NA
LDL Level in Control < 100		52.8%	61.1%	65.3%	61.6% ¹
Antidepressant Medication Management					
Effective Continuation Phase	64.0%	61.7%	59.6%	64.2%	60.4%

¹ = Change in technical specifications. Rates not comparable to previous years.

HEDIS® Rates for HealthPartners: MSHO Population

HEDIS Measure	HEDIS 2007
Colorectal Cancer Screening	48.2%
Breast Cancer Screening	
Ages 52-69	58.5%
Ages 42-69	58.5%
Controlling High Blood Pressure	68.6%
Beta Blocker Treatment after Heart Attack	NA
Comprehensive Diabetes Care	
HbA1c Testing	94.2%
LDL Screening Rate	82.5%
LDL Level in Control < 100	48.6%
Antidepressant Medication Management	
Effective Continuation Phase	NA

HEDIS/CAHPS Results

HealthPartners is the top-ranked commercial and Medicare health plan in Minnesota and among the top 50 best health plans in the nation according to the 2007 U.S. News & World Report/NCQA America's Best Health Plans issue.

HEDIS® 2007 Effectiveness of Care Measures

These measures describe the percentage of members receiving appropriate care and how well the care is achieving the desired clinical results. These rates apply to HealthPartners commercial products.

Breast Cancer Screening (Ages 52-69)

HealthPartners	78%
Medica	74%
Blue Plus	77%
National Avg	72%

HealthPartners 2007	78%
HealthPartners 2006	76%

Breast Cancer Screening (Ages 42-69)

HealthPartners	74%
Medica	71%
Blue Plus	74%
National Avg	69%

HealthPartners 2007	74%
---------------------	-----

Antidepressant Medication Management

HealthPartners	56%
Medica	51%
Blue Plus	49%
National Avg	45%

HealthPartners 2007	56%
HealthPartners 2006	55%

Follow-up After Hospitalization for Mental Illness (30 Days)

HealthPartners	82%
Medica	78%
Blue Plus	81%
National Avg	76%

HealthPartners 2007	82%
HealthPartners 2006	77%

Controlling High Blood Pressure

*=Spec change; trended rates not comparable

HealthPartners	67%
Medica	60%
Blue Plus	61%
National Avg	60%

HealthPartners 2007	67%*
HealthPartners 2006	75%

Beta Blocker Treatment after Heart Attack

HealthPartners	100%
Medica	95%
Blue Plus	94%
National Avg	98%
<hr/>	
HealthPartners 2007	100%
HealthPartners 2006	99%

Comprehensive Diabetes Care (Six Components)

• HbA1c Testing

HealthPartners	91%
Medica	89%
Blue Plus	91%
National Avg	88%
<hr/>	
HealthPartners 2007	91%
HealthPartners 2006	94%

• HbA1c Poorly Controlled (>9.0%)

Note: A lower score is better

HealthPartners	21%
Medica	29%
Blue Plus	22%
National Avg	30%
<hr/>	
HealthPartners 2007	20%
HealthPartners 2006	20%

• Eye Exam

HealthPartners	64%
Medica	60%
Blue Plus	70%
National Avg	55%
<hr/>	
HealthPartners 2007	64%
HealthPartners 2006	69%

• LDL Screening Rate

HealthPartners	85%
Medica	80%
Blue Plus	86%
National Avg	83%
<hr/>	
HealthPartners 2007	85%
HealthPartners 2006	95%

• LDL Level in Control (< 100)

HealthPartners	49%
Medica	44%
Blue Plus	51%
National Avg	43%
<hr/>	
HealthPartners 2007	49%
HealthPartners 2006	55%

• Monitoring for Neuropathy

HealthPartners	87%
Medica	82%
Blue Plus	84%
National Avg	80%
<hr/>	
HealthPartners 2007	87%
HealthPartners 2006	71%

Cervical Cancer Screening

HealthPartners	85%
Medica	79%
Blue Plus	88%
National Avg	81%
<hr/>	
HealthPartners 2007	85%
HealthPartners 2006	85%

Chlamydia Screening in Women

HealthPartners	42%
Medica	31%
Blue Plus	34%
National Avg	37%
<hr/>	
HealthPartners 2007	42%
HealthPartners 2006	39%

Use of Appropriate Medications For People w/Asthma

*Spec change improves rate

HealthPartners	92%
Medica	92%
Blue Plus	94%
National Avg	92%
<hr/>	
HealthPartners 2007	92%*
HealthPartners 2006	91%*

Childhood Immunization Status (Combo 2)

HealthPartners	86%
Medica	86%
Blue Plus	85%
National Avg	80%
<hr/>	
HealthPartners 2007	86%
HealthPartners 2006	86%

Adolescent Immunization Status (Combo 2)

HealthPartners	69%
Medica	56%
Blue Plus	57%
National Avg	58%
<hr/>	
HealthPartners 2007	69%
HealthPartners 2006	64%

HEDIS/CAHPS Results

CAHPS® – Commercial Adult Trended Results

	Response	2006 HP Percentile	2007 HP Percentile	2007 HealthPartners	2007 National Average
Overall Ratings					
Health Plan Rating	% 8, 9, 10	25 th	75 th	*68.6%	63.0%
Health Care Rating	% 8, 9, 10	25 th	50 th	77.3%	73.6%
Personal Doctor Rating	% 8, 9, 10	25 th	75 th	*85.1%	81.1%
Specialist Rating	% 8, 9, 10	>10 th	25 th	78.2%	79.9%
Composite: Getting Needed Care					
	% Always + Usually		25 th	82.9%	84.2%
Composite Components					
<i>How often was it:</i>					
Easy to get appointments with specialists	% Always + Usually		10 th	77.3%	81.4%
Easy to get care, tests or treatments you believed necessary	% Always + Usually		25 th	88.6%	86.9%
Composite: Getting Care Quickly					
	% Always + Usually	25 th	75 th	*89.9%	86.1%
Composite Components					
<i>How often did you:</i>					
Get care when care was needed right away	% Always + Usually	25 th	75 th	*89.9%	87.3%
Get non-urgent care as soon as you wanted	% Always + Usually	25 th	50 th	87.8%	85.0%
Composite: How Well Doctors Communicate					
	% Always + Usually	25 th	90 th	*95.3%	92.8%
Composite Components					
<i>How often did doctors or other health providers</i>					
Listen carefully to you	% Always + Usually	50 th	50 th	*95.6%	92.8%
Explain things in a way you could understand	% Always + Usually	50 th	90 th	95.6%	94.0%
Show respect for what you had to say	% Always + Usually	50 th	90 th	*97.1%	94.3%
Spend enough time with you	% Always + Usually	25 th	75 th	*92.9%	90.0%
Composite: Customer Service					
	% Always + Usually		NA	82.2%	NA
Composite Components					
<i>How often did:</i>					
Written materials or Internet provide info on how plan works	% Always + Usually		10 th	*61.3%	66.3%
Plan's customer service gave needed information/help	% Always + Usually		75 th	*80.8%	74.8%
Customer Service treated you with courtesy & respect	% Always + Usually		NA	91.6%	NA
Plan's forms were easy to fill out	% Always + Usually		25 th	95.2%	95.8%
Composite: Claims Processing					
	% Always + Usually		50 th	*89.7%	86.0%
Composite Components					
<i>How often did your health plan:</i>					
Handle your claims quickly	% Always + Usually		50 th	*89.0%	84.6%
Handle your claims accurately	% Always + Usually		50 th	90.4%	87.5%

* Results are statistically significantly different than that year's National Average.

DO NOT TREND 2007 % SCORES TO PAST HP % SCORES – NCQA APPROVED TRENDING PERCENTILES, WHERE AVAILABLE

Health Care Quality

The **National Quality Forum** awards HealthPartners the 2007 National Quality Healthcare Award.

HealthPartners is the top-ranked commercial and Medicare health plan in Minnesota and among the top 50 best health plans in the nation according to the 2007 **U.S. News & World Report/NCQA America's Best Health Plans** issue.

The **National Business Coalition on Health's** 2007 "eValue8™ Cornerstone Report," highlights HealthPartners as one of the best examples in the nation of what health plans can do to promote quality and efficiency.

The National Business Coalition on Health's **eValue8 report** ranks HealthPartners as the top-performing health plan in the nation in six out of seven areas.

For the seventh year in a row, the National Committee for Quality Assurance awarded HealthPartners "**Excellent**" accreditation status for its HMO and POS plans. NCQA reserves its "Excellent" status for health plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's most stringent requirements for consumer protection and quality improvement.

The National Committee for Quality Assurance awarded HealthPartners its **Quality Plus Distinction for Physician and Hospital Quality**. The honor recognizes organizations that lead the market in measuring the quality and cost of care provided by network physicians and hospitals.

The **Institute for Healthcare Improvement** selected HealthPartners as one of 12 sites for the Triple Aim, a new learning initiative to better understand new models that can improve the individual patient experience and the health of entire communities, at a reasonable per capita cost.

HealthPartners behavioral health case management program received an honorable mention in the 2007 **C. Everett Koop National Health Awards**. HealthPartners program was recognized for preventing behavioral health crisis that lead to emergency hospitalization for individuals with severe behavioral health conditions

including severe depression, bipolar disorder and chemical dependency.

Leadership

The Mpls./St. Paul Business Journal names HealthPartners president and CEO Mary Brainerd the **2007 Minnesota Executive of the Year**.

The Agency for Healthcare Research and Quality announces that George Isham, M.D., HealthPartners chief health officer has been appointed as a member of the **U.S. Preventive Services Task Force**.

HealthPartners Sleep Health Center quality and systems specialist and registered polysomnographic technologist (RPSGT), Brian Fisher, is appointed to the standards and guidelines committee for the **American Association of Sleep Technologists** (AAST).

Customer Satisfaction

HealthPartners is the top ranked health plan in Minnesota for customer satisfaction according to a survey by the **National Research Corporation**, the largest assessment of customer satisfaction in the nation.

Regions Hospital

A report from The Joint Commission ranks Regions Hospital the best in the Twin Cities for **heart attack and heart failure care**.

Thomson Healthcare ranks Regions Hospital among Top 100 Hospitals for **heart care**.

The Joint Commission awarded Regions Hospital Primary **Stroke Center Certification**.

HealthPartners Medical Group

MN Community Measurement recognized the HealthPartners Medical Group for providing consistent high quality care for patients in its 2007 annual performance ratings. HealthPartners Medical Group scored top performance on 10 of 12 quality measures.



P.O. Box 1309
Minneapolis, MN 55440-1309

952-883-5000

Healthpartners.com

© 2008 HealthPartners