Maternal and Child Health Balanced Scorecard

This document provides employers with technical guidance for developing a maternal and child health balanced scorecard and strategy map. Employers can use these tools to identify and evaluate the relationships between maternal and child health outcomes and organizational performance.

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Introduction

Employer-Sponsored Benefits

Research shows that most large employers offer employees comprehensive health benefits. These benefits address employees' health needs and protect businesses against losses from employee illness.[1] Most large employers also offer health benefits to employees' dependents.[1] Dependent coverage enhances employee recruitment and retention, and reduces the direct and indirect costs associated with family illness. In addition to health benefits, most large employers also offer **work/life benefits** (e.g., childcare, flex-time), which have been proven to increase employer attractiveness and boost employee loyalty.[2,3]

Focusing on Maternal and Child Health: A Business Issue

Children, adolescents, and women of childbearing age are an important part of an employer's beneficiary population. Children, adolescents, and pregnant/postpartum women comprise 33% of a typical large employer's beneficiary population and are responsible for 18.5% of healthcare costs (this estimate does not include dental care).[6] While average costs for children are low in comparison to other populations (e.g., the elderly, adults with chronic conditions), healthcare costs for neonatal care, children with special health care needs, and children who experience injuries and certain acute illnesses can be significant. The health of children and pregnant women is also an important determinant of overall population health: Healthy women give birth to healthier babies, and healthy children are more likely to become healthy adults. Both factors have important implications for the future workforce.

There is wide variation in the benefits large employers offer. Business Group membership and national surveys have found significant inconsistencies in the methods employers use to [4,5]:

- Design health plan benefits and coverage levels.
- Develop administration rules.
- Communicate plan characteristics.
- Evaluate the impact of health and work/life benefits.

Variation in benefit design exists across the board; however, variation in maternal and child health benefits (healthcare benefits designed for preconception, pregnant, and postpartum women; children; or adolescents) is particularly pronounced.[4]

Some of the variation is a result of unique employee need due to geographic location, the work environment, or other relevant factors. Variation also occurs as a result of labor union negotiations and differing capital levels. While tailoring can be used to meet diverse needs, variation can lead to fragmentation, beneficiary confusion, and administrative costs. The extreme cost, quality, and access variation seen in the marketplace today suggests that employers are not maximizing their investment in health benefits. Employers may be able to improve their return on investment in health benefits by improving the alignment between health benefits, organizational strategy, and internal operations.

Rationale for Using the Balanced Scorecard

The **Balanced Scorecard methodology** described in this document is one approach shown to be effective in helping companies achieve strategic/operational alignment.[7] The Balanced Scorecard can also help companies evaluate their current health benefits and make informed choices about which Plan Benefit Model recommendations to adopt.

The Balanced Scorecard methodology provides employers with tools to:

- **Develop a maternal and child health strategy.**
- **Evaluate existing health benefits.**
- **Implement and track Plan Benefit Model recommendations.**
- **Design and evaluate other maternal and child-focused health and work/life benefits.**

The Balanced Scorecard Methodology: Aligning Health Benefits and Business Strategy

Kaplan and Norton developed the Balanced Scorecard concept from research performed in the 1990s.[7] The Balanced Scorecard resulted from a hypothesis stating that an organization's reliance on financial data as the primary measure of its value limited the appreciation of the real or full value of the organization. They argued that financial measures did not accurately capture performance in a fast-evolving, service-based economy. Furthermore, they believed

financial measures based on past performance provided limited insight into future performance. Financial measures, they posited, have the unintentional consequence of reinforcing functional silos and inhibiting long-term thinking. Kaplan and Norton proposed that the real value of an organization lies more in its people than tangible, fixed assets.[7] With the Balanced Scorecard, Kaplan and Norton developed a model that could capture financial value along with the meaningful intangible values of an organization.

The Balanced Scorecard methodology recognizes that financial performance is the primary measure of performance, but not the sole measure of organizational success.

Balanced Scorecard Perspectives

The Balanced Scorecard Model (Figure 3A), is used to quantify organizational performance from multiple perspectives and to support a forward-looking strategy. [7]

By applying a Balanced Scorecard approach, an organization can create a critical list of performance measures, which can then be used to manage and improve production, meet customer needs, and support shareholder expectations.

The model is separated into four measurement categories: Financial, Customer, Internal Business Process, and Learning and Growth. Each measurement category, or "**perspective**", is supported by a set of quantitative and/or qualitative business metrics that 'map' to the organization's overall strategy. These metrics facilitate the identification of strengths and weaknesses. Kaplan and Norton believe the metrics contained in these four perspectives provide a comprehensive assessment of an organization's performance in relation to the organization's strategy.

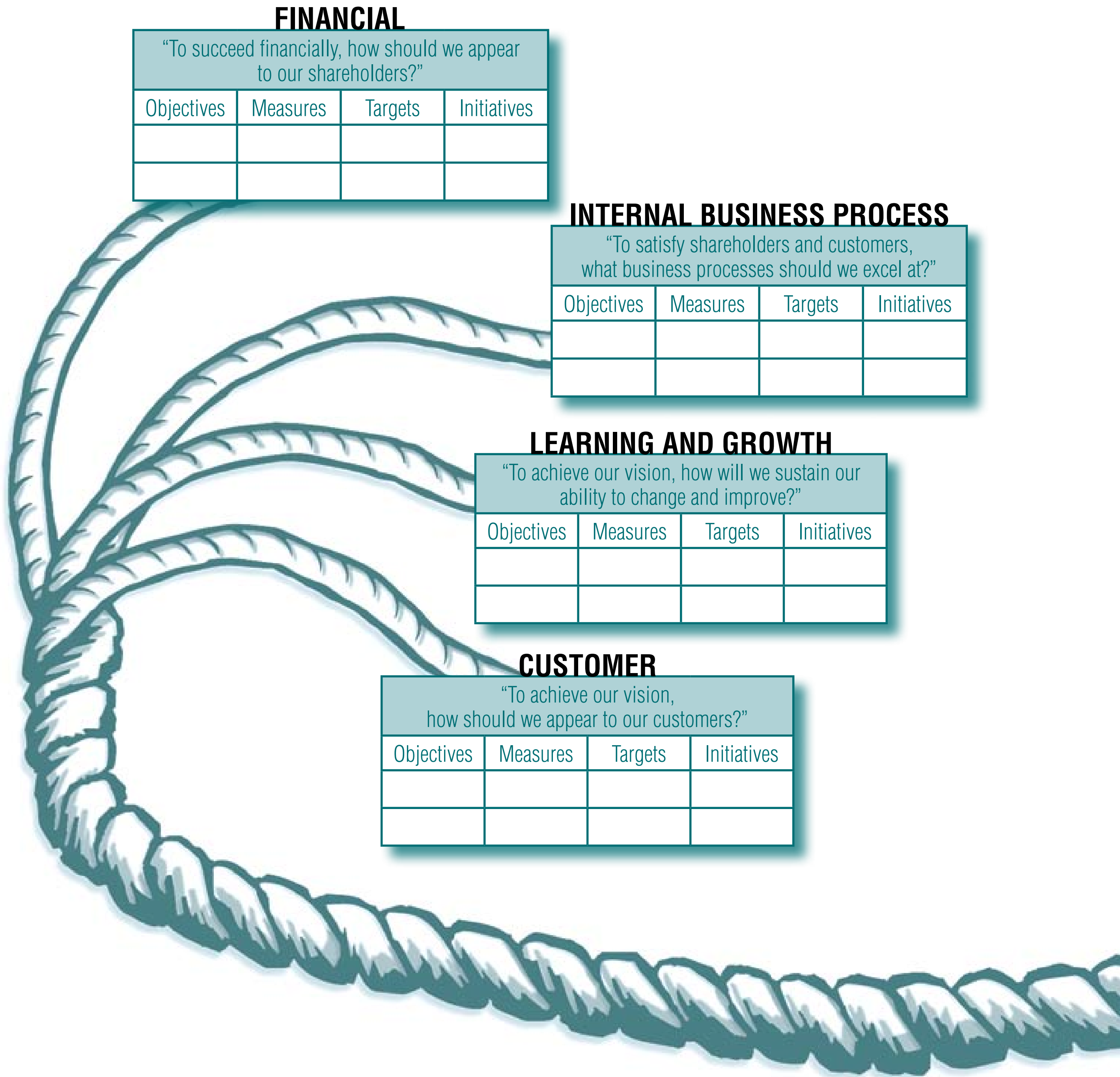
- **Financial**
  The financial perspective serves as a common endpoint for assessing organizational performance against a pre-determined budget. Financial metrics help organizations understand where and how revenue was generated by the business, identify the direct costs of operating the business, and support efforts that identify and reduce business risk. This perspective uses structured feedback to align financial performance with strategic goals.

- **Customer**
  The customer perspective focuses on external clients/users and markets. This perspective examines the company's value proposition in relation to market share, customer acquisition, satisfaction, and retention rates.

- **Internal Business Process**
  The internal business process perspective examines processes required to meet customer expectations and objectives of the organization. This perspective helps managers define the total value chain. A typical value chain begins with the process of innovation, ends with services offered to customers after a sale, and includes everything in between.

- **Learning and Growth**
  The learning and growth perspective examines the organization's investment in its people and their capabilities in order to ensure the long-term success of an organization. It examines the culture of the organization, its leadership, and methods for engaging employees.

Figure 3A: Balanced Scorecard Model



Strategy Setting

The Balanced Scorecard Model can also be used to help leaders 'map' and implement organizational strategy.[7] Strategic mapping enables organizations to functionally describe strategy by outlining perspectives, their internal linkages, and opportunities for achieving business objectives. The process also allows organizations to describe the relationship between the development and execution of a business strategy. The outcomes of this process are captured in a **strategy map**. The strategy map that guided the development of the Plan Benefit Model is included below (Figure 3B).

Figure 3B: Health Strategy Map

Maternal and Child Health Scorecard

> **Many large companies already have a Balanced Scorecard for healthcare strategy setting or other purposes. A tailored maternal and child health scorecard can be added to an existing scorecard or it can function as a stand-alone set of metrics. Individual companies should review their own company's Balanced Scorecard when considering the key performance indicators described in this document.**

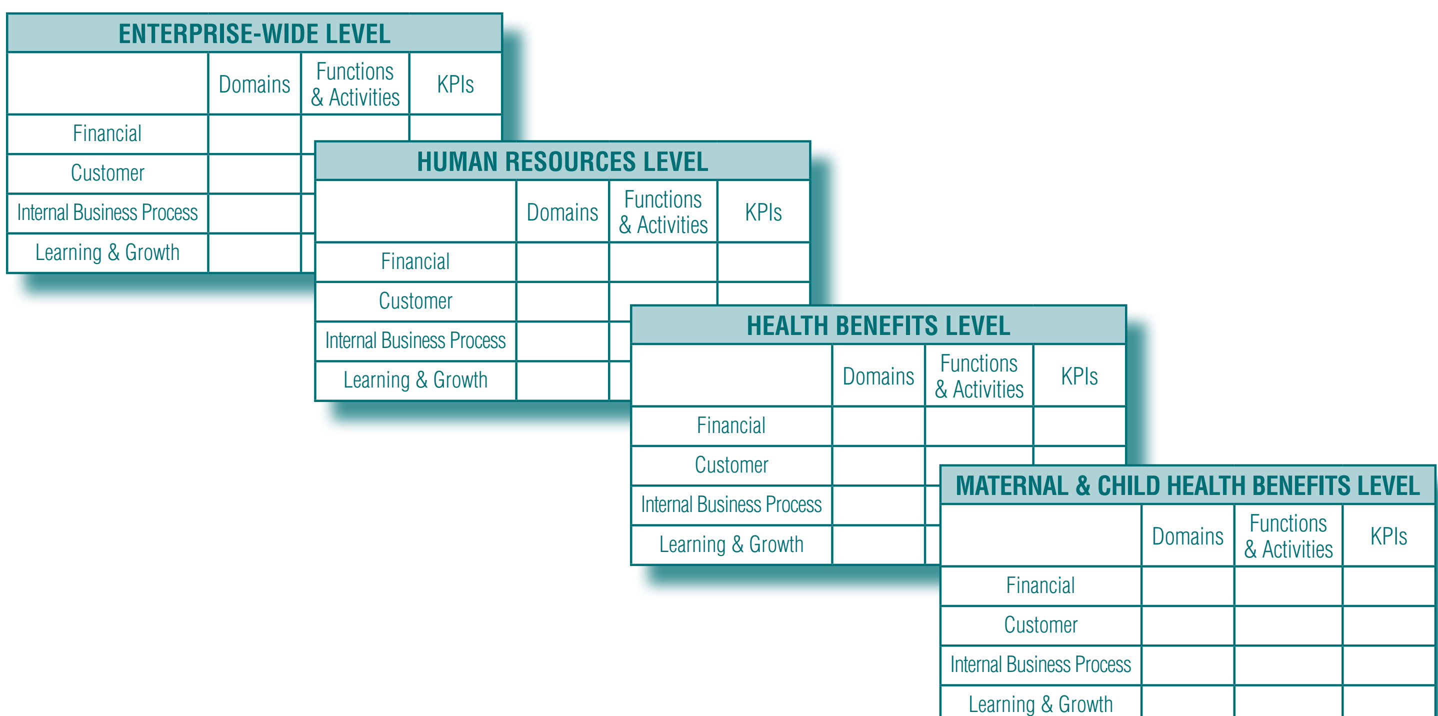
How the Health Scorecard is Organized

The Maternal and Child Health Scorecard supports the four perspectives found in Kaplan and Norton's model (Figure 3A).[7] However, certain perspectives have been tailored. For example, the Customer perspective has been modified to address the needs of internal and external stakeholders, since the broad function of human resources is designed to serve multiple types of customers. The Learning and Growth perspective has also been modified to reflect support for innovations in creating solutions for the target population.

Each perspective is organized into of a set of performance categories called domains. **Domains** represent a means for organizing similar attributes within a given perspective. They can also help link the organization's critical success factors with specific functions or activities.

Domains are divided into critical success factors, the primary descriptive references about the organization's goals. Critical success factors are operationalized through the use of **key performance indicators (KPI's)**. Key performance indicators are usually mission critical and address high-priority issues within a given domain. They have a desirable direction and are discriminating (small changes are meaningful), they are based on valid and available data, and they are also actionable.

Figure 3C: Cascading Balanced Scorecard



How the Health Scorecard can be Used

Employers and other interested parties should consider using the Balanced Scorecard framework to assess the performance of plan benefit provisions in relation to the health needs of childbearing-age women, pregnant women, children, and adolescents. Most Balanced Scorecards also include a combination of key performance indicators that address current business needs along with more strategic needs. This framework includes performance measures that address multiple time periods. Some activities generate immediate feedback, while other activities can only be monitored in increments of months or years.

Once a Balanced Scorecard infrastructure is operational, organizations can leverage the resulting data to better understand factors that influence outcomes and the linkages between multiple factors. This process will allow users to identify "cause-and-effect" relationships between specific factors within specific business processes. This allows organizations to identify opportunities to take corrective actions and improve performance.

Figure 3D: Maternal and Child Health Strategy Map

MISSION

- To support a healthy and productive workforce and community.

VISION STATEMENT

To optimize the quality and value of health care through:

- Early entrance and timely utilization of preconception, prenatal, and well-child care;
- Early detection and management of special health care needs and chronic diseases; and
- Balancing standardization with personal health care needs.

VALUE STATEMENTS

- An evidence-informed, standardized, equitable plan benefit design that is comprehensive and sustainable.
- Core components include prevention, early detection, and health promotion.
- Promotes high-quality, continuous care that is consistent with the medical home concept.
- Features culturally competent and family-centered care.
- Supports integration and collaboration among all stakeholders.
- Patient satisfaction and member engagement lead to informed decision-making.

CRITICAL SUCCESS FACTORS

- To align health and performance by:
    - Linking employee (and dependent) health to:
        - Customer data;
        - Production data; and
        - Employee satisfaction data.
- To emphasize employee health as a business investment by:
    - Linking employee (and dependent) health to:
        - Retention strategies;
        - Human capital capabilities assessments; and
        - Employee engagement and performance.
    - Facilitating positive interactions among all stakeholders by:
        - Investing in prevention; and
        - Emphasizing personal care models consistent with the medical home concept.

Maternal and Child Health Strategy Map

The Maternal and Child Health Balanced Scorecard (Figure 3E) was based on the Maternal and Child Health Strategy Map presented in Figure 3D. The scorecard includes four perspectives and eight domains. The domain categories establish a link between the organization's activities that support maternal and child health benefits and the outlined critical success factors.

Financial Perspective

Direct costs and indirect costs are the two domains used in the financial perspective. These costs provide the basis for assessing the financial impact of maternal and child health benefits. Direct costs explore the way in which the organization and the beneficiaries contribute to the overall cost of health benefits. Organizational expenses include administrative costs. Beneficiary costs are assessed using cost-sharing profiles and claim frequency. The indirect cost domain links to operations by examining the impact of maternal and child health on productivity, absenteeism, and disability. Together, these two domains provide a financial picture of how maternal and child health is impacting an organization. For example, an organization can use health scorecard metrics to examine the cost-offset relationship between the utilization of preventive services and treatment services.

Learning and Innovation Domains (Adapted from Learning and Growth)

This perspective consists of three domains: competency, change capacity, and culture/climate. A key organizational challenge confronting organizations is the way they leverage feedback to maintain and improve performance. These three domains attempt to organize and interpret feedback to improve organizational effectiveness.

- Competency explores the organization's commitment to understanding the target population's specific health needs, as well as the organization's strategy for supporting these needs.
- Change capacity examines the organization's ability to adapt its business practices to support identified maternal and child health needs. These business practices require creativity because they must also support overall business performance if the organization expects to be competitive.
- Culture/climate refers to issues of employee recruitment and retention. It measures the effect of maternal and child programs and benefits on the rate of return post-pregnancy, the impact of flexible work schedules, or how an organization supports families of children with special needs.

Stakeholder Perspective (Adapted from Customer Perspective)

The stakeholder perspective was developed to help an organization understand the various internal and external customers who supply, use, or are impacted by maternal and child health benefits. This perspective explores engagement: it examines an organization's approach to health education and employee communication, and considers staff and employee satisfaction with the Maternal and Child Health Plan Benefit Model (Plan Benefit Model) (presented in Part 2). The Business Group and the Benefits Advisory Board believe successful implementation of the Plan Benefit Model requires active participation by all stakeholders.

Operations Perspective (Adapted from Internal Business Process Perspective)

The operations perspective looks at the technical business processes that are required to implement maternal and child health benefits: operations management and customer management. The operations management domain covers a continuum of activities. These include plan design, eligibility requirements, the structure of the provider network, and coordination of utilization management and case management. Customer management looks at utilization rates of the various benefits along with the quality of care delivered by the system. These two domains provide a context for building and evaluating best practices and evidence-based care models.

Figure 3E: Example Maternal and Child Health Balanced Scorecard

PERSPECTIVE: FINANCIAL			
Domain	**Functions & Activities**	**Sample Performance Measure(s)**	**Sample Key Performance Indicators (KPIs)**
Direct Costs	Health plan cost management	Total health plan costs are competitive with market trends.	1. 0% net increase of MCH Plan Benefit Model costs over annual healthcare inflation rate.
		Reduction in health plan costs after introducing preventive care benefits.	2. 0% net increase in plan costs 1 year after adopting up to three MCH Plan Benefit Model preventive services.
			3. X% increase (over baseline) in preventive service claim costs. *Proxy for utilization.*
		Decrease cost for select categories of care, overall and by age group.	4. X% decrease (from baseline) in health plan costs for dependent children under age 21 years.
	Health plan cost-sharing	Stabilize or decrease cost-sharing.	5. Rate of increase for beneficiary out-of-pocket costs is less than the rate of change in the annual healthcare inflation rate.
	Health plan claim frequency	Increase the number / type of select medical claims, overall and by age group. Proxy for essential services (e.g., immunizations).	6. X% increase (over baseline) in health plan claims for dependent children under age 21.
			7. X% decrease (from baseline) in rate of prematurity, costs for multiple births or high-risk births.
Indirect Costs	Productivity	Decrease child sick days.	8. Average child attendance rate in employer-sponsored child-care programs is 90% or higher. *Proxy for child sick days.*
	Absenteeism	Decrease maternity-related complications.	9. X% decrease (from baseline) in the amount of lost work time associated with pregnancy-related complications.
		Decrease the prevalence, severity, and/or duration of child illness.	10. Decrease the number of unscheduled absences for dependent illness by X% (from baseline).
	Disability	Decrease pregnancy-related disability claims.	11. X% decrease (from baseline) in the duration of long-term disability claims for pregnancy-related complications.

PERSPECTIVE: LEARNING/INNOVATION			
Domain	**Functions & Activities**	**Sample Performance Measure(s)**	**Sample Key Performance Indicators (KPIs)**
Change capacity		Implement family-friendly business practices.	12. X% increase (from baseline) in number of available family-friendly work/life benefits (e.g., flex time, flex benefits, paid FMLA, PTO pool).
Competency	Human capital capabilities	Regularly perform employee needs assessments.	13. Employee needs assessments inquire about child and adolescent beneficiaries' health promotion, disease prevention, or medical care needs.
Culture/ climate	Recruitment / retention	Increase retention rate post-pregnancy.	14. X% increase in post-pregnancy employee return rate over baseline.
		Provide paid leave for caregiving.	15. X% increase (from baseline) in eligible employees who participate in paid leave programs.
		Increase use of home visits post-delivery.	16. X% increase (from baseline) in the number of home health visits post-delivery.
		Offer flexible work schedules.	17. X% increase (from baseline) in the number of parents participating in flexible work programs.

PERSPECTIVE: STAKEHOLDERS			
Engagement	Health education	Pregnancy management / education programs.	18. X% increase (from baseline) in number of participants / attendance rate in pregnancy education programs.
		Child-focused or family health-related education programs	19. Add at least one family-centered education program or reconfigure an existing health promotion / wellness program to be inclusive of children's health needs.
	Communications	Increase outreach efforts to employees and dependents.	20. Increase number (from baseline) of preventive service health communication campaigns or outreach programs.
		Increase employee and dependent access to plan benefit educational materials.	21. One new form of plan benefit communication is introduced each year.
		Reduce language and cultural barriers between health plan and employees / dependents.	22. Produce plan communications, if applicable, in at least one additional language each year.
		Reduce barriers to enrollment and utiliza-tion caused by low health literacy issues.	23. 100% of plan communications are written at the 5th grade reading level.
	Satisfaction	Increase satisfaction with plan administration among benefits staff.	24. Staff satisfaction survey results of plan administrator are equal to or better than prior year.
		Increase plan satisfaction among plan participants / beneficiaries.	25. Member satisfaction survey results of plan administrator are equal to or better than prior year.

PERSPECTIVE: OPERATIONS			
Domain	**Functions & Activities**	**Sample Performance Measure(s)**	**Sample Key Performance Indicators (KPIs)**
Operations Management	Eligibility	Increase member coverage rate.	26. X% increase (from baseline) in annual enrollment (or evidence of coverage) by children and adolescents up to age 21 years.
	Plan design	Align plan coverage with the Plan Benefit Model.	27. X% decrease (from baseline) in coverage gaps for preventive services (show results by type of service).
	Utilization management	Adopt evidence-based care management where available.	28. X% increase (from baseline) in plan benefits reflecting evidence-based care management practices.
			29. X% increase (from baseline) in vaginal birth after cesarean (VBAC) rate.
			30. X% increase (from baseline) in the number of common metrics reported annually by each health plan.
	Information management	Standardize reporting across all plan administrators.	31 X% of members will receive an annual report detailing 100% of aggregated member out-of-pocket expenses.
			32. X% increase (from baseline) in annual number of cases or new contacts over baseline.
	Case management	Increase outreach.	33. X% increase (from baseline) in the number of case management encounters.
			34. X% increase (from baseline) in the number of primary care services delivered in a medical home.
	Provider networks	Improve network quality.	35. X% increase (from baseline) in the proportion of beneficiaries who have a medical home or, as a proxy, have selected a primary care provider and have visited that provider at least once in the past year.
			36. Increase the number of pediatric specialists and sub-specialists over baseline.
		Improve network diversity.	37. X% of provider network reflects member diversity according to race, gender, and primary language.
		Improve network comprehensiveness.	38. X% of Y providers maintain Z license or relevant board certification.
		Improve provider competence.	39. X% increase (from baseline) in number of children with asthma who are on controller medications.
Customer Management	Quality of care	Improve clinical outcomes.	40. X% decrease (from baseline) in number of children who have an ER admissions related to asthma symptoms.
			41. X% reduction (from baseline) in adverse reactions to medications and / or hospital-borne infections.
			42. Net decrease in number of negative health behaviors from baseline (e.g., prevent overweight children from becoming obese, reduce number of new teen smokers, etc).
	Health promotion	Protect and promote health	43. Reduce the number of dependent beneficiaries who experience preventable health problems by X% from baseline (e.g., influenza, chickenpox, injuries).
	Utilization rates	Increase utilization of preventive services.	44. Increase number of preventive services by X% (from baseline) (sub-goal may target specific services).
			45. X% increase in the number of children aged x-x who are up-to-date on all recommended immunizations.

Summary Points

- Significant inconsistencies exist in the design, administration, and evaluation of maternal and child health plan benefits. These inconsistencies suggest employers are not maximizing their investment in health benefits.
- Employers may be able to improve their return on investment in health benefits by improving the alignment between health benefits, organizational strategy, and internal operations.
- The Balanced Scorecard methodology is one approach shown to be effective in helping companies achieve strategic/operational alignment. The Balanced Scorecard can also help companies evaluate their current health benefits and make informed choices about which Plan Benefit Model recommendations to adopt. Business leaders can also use the Balanced Scorecard Model to 'map' and implement organizational strategy.

References

1. Mercer Health & Benefits Consulting. *National Survey of Employer-Sponsored Health Plans: 2005 Survey Report.* Mercer Health & Benefits Consulting: 2006.
2. Lineberry J, Trumble S. The role of employee benefits in enhancing employee commitment. *Compensation & Benefits Management. 2000*; 16: 9-14.
3. Major DA, Cardenas RA, Allard CB. Child health: a legitimate business concern. *J Occup Health Psych.* 2004; 9(4): 306-321.
4. National Business Group on Health. *Maternal and Child Health Benefits Survey.* Washington, DC: National Business Group on Health; January 2006.
5. Burke ME. *2005 Benefits Survey Report.* Alexandria, VA: Society for Human Resource Management; 2005.
6. PricewaterhouseCoopers LLP. *Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model.* Atlanta, GA: PricewaterhouseCoopers LLP. August 2007.
7. Kaplan RS, Norton DP. The Balanced Scorecard--Measures That Drive Performance. *Harvard Business Review.* 1992;70(1):71-79.

Maternal and Child Health (MCH) Plan Benefit Model Side-by-Side Analysis Tool Summary

Employers frequently initiate baseline comparison exercises in order to assess their relative position in the marketplace. This process is commonly known as benchmarking. These comparisons can support a variety of internal and external activities, including health plan benefit design. The goal of comparison is to identify where an employer is under- or over-performing relative to a peer group or best practice. Employers can compare their types of coverage, specific benefit coverage levels, cost-sharing models, or even covered provider types to an industry standard or evidence-based model. Comparison activities also provide information that can support specific business or human capital goals contained in a company's Balanced Scorecard.

The Business Group has developed a side-by-side analysis tool that employers and healthcare consultants can use to compare specific attributes of an existing health plan to the Business Group's proposed Maternal and Child Health Plan Benefit Model (Plan Benefit Model). Upon completion of this exercise, the user should be able to quantify the similarities and amount of variance between an existing plan and the Plan Benefit Model. These identified differences can help employers, consultants, and others identify benefit re-design opportunities and health scorecard metrics, and also facilitate negotiations with plan administrators, unions, and others.

In order to complete the side-by-side comparison, follow these steps:

1. Gather documentation for the plan that you would like to compare to the Plan Benefit Model. This could be a summary plan description (SPD) or a health plan contract. In either case, the documentation should include information on coverage levels, cost-sharing, and provider network details.
2. Insert relevant information from the existing plan into column C labeled "Comparison Plan."
3. Briefly summarize the key differences between the Plan Benefit Model and the existing plan. Insert this information in column D labeled "Variance Summary."
4. Analyze the variance summary in the context of your company's healthcare strategy, and select key areas for improvement. Discuss these areas with your company's consultants and plan administrators.

An electronic copy of the side-by-side comparison tool is available online at:
www.businessgrouphealth.org/healthtopics/maternalchild/investing

Side-by-Side Analysis Tool

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
General Provisions				
Deductible	Does Not Apply - No Plan Deductible			
Out-of-Pocket Maximum	Individual - $1,500; Individual + one (2) - $3,000; Family (3+) - $4,500			
I. PREVENTIVE SERVICES				
Ia. Well-Child Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider.			
Coverage Limits	26 visits between birth and 21 years of age.			
Inclusions	All necessary medical care.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ib. Immunizations				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider, certified nurse midwife, OB-GYN, or other qualified provider.			
Coverage Limits	No limits for ages 0-21, or for pregnancy.			
Inclusions	ACIP recommended routine and high-risk immunizations; travel immunizations.			
Exclusions	All others as defined by the health plan.			
Copay	0 (routine and high-risk) / 1 (travel)			
Coinsurance	0% (routine and high-risk) / 10% (travel)			
OOP Maximum	N/A			
Ic. Preventive Dental Services				
Coverage (Y/N)	Y			
Covered Providers	Licensed dentist or licensed dental hygienist who is overseen by a dentist or primary care provider (limited services).			
Coverage Limits	One preventive visit during the first 12 months of life; 2 visits per calendar year for all beneficiaries aged 2-21 years; 1 visit during the preconception period and 1 during pregnancy for all women.			
Inclusions	Prophylaxis, sealants, space maintainer, bitewing x-rays, complete series x-rays, periapical x-rays, routine oral evaluations, fluoride varnish or gel applications, fluoride supplementation.			
Exclusions	All others as defined by the health plan.			
Copay	0			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Coinsurance	0%			
OOP Maximum	N/A			
Id. Early Intervention Services for Mental Health / Substance Abuse				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider or a mental health professional.			
Coverage Limits	8 visits per calendar year for the monitoring and treatment of DSM-IV V-code conditions			
Inclusions	Screening (including family psychosocial screening), monitoring, and treatment of DSM-IV: V codes only.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ie. Preventive Vision Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider.			
Coverage Limits	2 visits outside of regular well-child care between birth and age 5.			
Inclusions	Screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years. Exams include: visual acuity tests, stereopsis, vision history, external eye inspection, ophthalmoscopic examination, tests for ocular muscle motility and eye muscle imbalances, monocular distance acuity.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	Does not apply			
If. Preventive Audiology Screening Services				
Coverage (Y/N)	Y			
Covered Providers	Primary care provider or covered specialist (audiologist or speech pathologist).			
Coverage Limits	3 visits - birth to age 19			
Inclusions	All necessary preventive care.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ig. Unintended Pregnancy Prevention Services				
Coverage (Y/N)	Y			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Covered Providers	By or under the direction of a primary care provider.			
Coverage Limits	No limits on counseling services when provided by an approved primary care provider; no limits on medications, procedures, or devices as prescribed by a qualified provider.			
Inclusions	All FDA-approved prescription contraceptive methods (e.g., pills, patches, IUDs, diaphragms, vaginal rings), and voluntary sterilization (e.g., tubal ligation, vasectomy); abortion and all related services; medically appropriate laboratory examinations and tests; counseling services and patient education.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ih. Preventive Preconception Care				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider, a certified nurse midwife, or an OB-GYN.			
Coverage Limits	Two preconception care visits per calendar year.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ii. Preventive Prenatal Care				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider, a certified nurse midwife, or an OB-GYN.			
Coverage Limits	Up to 20 prenatal care visits; 1 prenatal pediatric prenatal visit.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ij. Preventive Postpartum Care				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider, a certified nurse midwife, or an OB-GYN; credentialed lactation consultants.			
Coverage Limits	One postpartum care visit per pregnancy; 5 lactation consultation visits per pregnancy.			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
Ik. Preventive Screening Services (General)				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction a primary care provider.			
Coverage Limits	Coverage for preventive services not included in regular: • Well-child care • Preventive preconception, prenatal, or post-partum care. Frequency as defined by the U.S. Preventive Services Task Force or other cited reference.			
Inclusions	Reference plan benefit list.			
Exclusions	All others as defined by the health plan.			
Copay	0			
Coinsurance	0%			
OOP Maximum	N/A			
II. Recommended Levels of Care for Physician/Practitioner Services				
IIa. Primary Care Provider				
Coverage (Y/N)	Y			
Covered Providers	Family physician, general practitioner, internal medicine physician, pediatrician; a medical professional who operates under a physician (e.g., nurse practitioner, physician's assistant); or a specialist physician or medical professional who is licensed to provide primary care services (e.g., certified nurse midwife, OB-GYN).			
Coverage Limits	No limits			
Inclusions	All medically necessary care.			
Exclusions	N/A			
Copay	$10 - $20 per visit			
Coinsurance	10% per visit			
OOP Maximum	Applies			
IIb. Mental Health / Substance Abuse Provider				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider or mental health professional (psychiatrist, clinical psychologist, clinical social workers, psychiatric nurse specialist, licensed professional counselor).			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Coverage Limits	No limits for DSM-IV diagnoses.			
Inclusions	All medically necessary care.			
Exclusions	V-codes as described in the DSM-IV.			
Copay	$10 - $20 per visit			
Coinsurance	10% per visit			
OOP Maximum	Applies			
IIc. Specialty Provider or Surgeon				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician trained in a specialty area.			
Coverage Limits	No limits			
Inclusions	All medically necessary care.			
Exclusions	N/A			
Copay	$10 - $20 per visit (if referred by primary care provider for a chronic condition), otherwise $25 - $40			
Coinsurance	10% or 15%			
OOP Maximum	Applies			
IId. E-Visits and Telephonic Visits				
Coverage (Y/N)	Y			
Covered Providers	By a physician, a medical professional who operates under a physician, or a medical professional who is licensed to provide primary care services.			
Coverage Limits	See plan details.			
Inclusions	All medically necessary care.			
Exclusions	Scheduling, appointment reminders and courtesy calls, communication resulting in an office visit within the subsequent 24 hours, all others as defined by the health plan.			
Copay	To be determined by the health plan.			
Coinsurance	To be determined by the health plan.			
OOP Maximum	Applies			
III. Emergency Care, Hospitalization, and Other Facility-Based Care				
IIIa. Emergency Room and Urgent Care Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician in a hospital emergency department or urgent care center.			
Coverage Limits	No limits			
Inclusions	All medically necessary care.			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Exclusions	Elective care or non-emergency care and follow-up care recommended by non-plan providers that has not been approved by the plan or provided by plan providers; emergency care provided outside the service area if the need for care could have been foreseen before leaving the service area; medical and hospital costs resulting from a normal full-term delivery of a baby outside the service area.			
Copay	$45 - $60 (Emergency); $100+ (Non-Emergency) per visit; $25-$40 (Urgent care)			
Coinsurance	20% or 25%+ per visit; 10% (Urgent care)			
OOP Maximum	Applies			
IIIb. Inpatient Substance Abuse Detoxification				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a psychiatrist, addicionist, or primary care provider.			
Coverage Limits	No limits. Requires pre-certification.			
Inclusions	All medically necessary care.			
Exclusions	All other care as defined by the health plan.			
Copay	$75 - $100 per episode			
Coinsurance	25% per episode (one-time coinsurance based on negotiated rate)			
OOP Maximum	Applies			
IIIc. Inpatient Hospital Service: General Inpatient/Residential Care				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician, dentist, mental health professional, or other qualified provider.			
Coverage Limits	Admissions may require pre-certification. Periodic recertification of a beneficiary's continued need for care may be required as well. Mental health admissions require a DSM-IV diagnosis. No other limits.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$75 - $100 per episode			
Coinsurance	25% per episode (one-time coinsurance based on negotiated rate)			
OOP Maximum	Applies			
IIId. Labor / Delivery				
Coverage (Y/N)	Y			
Covered Providers	Primary care physician (family physician, general practitioner, internal medicine physician), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife, OB-GYN).			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Coverage Limits	2+ days: vaginal delivery (pending risk level), 4+ days: cesarean delivery, excluding the day of delivery (pending risk level).			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$75 - $100 per episode			
Coinsurance	25% per episode (one-time coinsurance based on negotiated rate)			
OOP Maximum	Applies			
IIIe. Ambulatory Surgical Facility or Outpatient Hospital Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician or other qualified provider.			
Coverage Limits	Some services may require pre-certification. No other limits.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$45 - $60 per visit			
Coinsurance	20% per visit			
OOP Maximum	Applies			
IIIf. Mental Health / Substance Abuse Partial Day Hospitalization (Day Treatment) or Intensive Outpatient Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician or mental health professional, or other qualified provider.			
Coverage Limits	Mental health admissions require a DSM-IV diagnosis. Requires pre-certification. Partial hospital programs must include a minimum of 3 hours of clinical services per day, 5 days per week. No other limits.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$45 - $60 per episode			
Coinsurance	20% per episode (one-time coinsurance based on negotiated rate)			
OOP Maximum	Applies			
IV. Therapeutic Services / Ancillary Services				
IVa. Prescription Drugs				
Coverage (Y/N)	Y			
Covered Providers	Medications may only be dispensed by a state-licensed pharmacist, physician, or provider under the direction of a physician.			
Coverage Limits	No limits			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$0 – $100 per fill/refill			
Coinsurance	0% - 25% per fill/refill			
OOP Maximum	Applies			
IVb. Dental Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a licensed dentist or licensed dental hygienist.			
Coverage Limits	Annual monetary limit: $5,000 per person.			
Inclusions	All medically necessary care. Coverage also includes: amalgam and resin-based composite restorations ("fillings"); extractions (oral surgery) such as simple, surgical, soft tissue and bony impacted teeth; general anesthesia and intravenous sedation; occlusal guards (for bruxism only); crowns; osseous surgery ("periodontics"); implants; prosthetics; and endodontic procedures.			
Exclusions	Non-medically necessary orthodontics; dental treatment for cosmetic purposes; all others as defined by the health plan.			
Copay	$25 - $40 per visit			
Coinsurance	15% per visit			
OOP Maximum	Applies			
IVc. Vision Services				
Coverage (Y/N)	Y			
Covered Providers	Ophthalmologist or optometrist.			
Coverage Limits	Refractive exams (limit 1 per calendar year), treatment of eye diseases and injury, replacement lenses and frames or contact lenses every year or each time prescription changes.			
Inclusions	Corrective eyeglasses and frames or contact lenses; fitting of contact lenses; eye exercises/ vision therapy and other low vision aids.			
Exclusions	All others as defined by the health plan.			
Copay	$25 - $40 per visit. No copayment on glasses or contacts purchase. Monetary limit on glasses and contacts: $200 per calendar year.			
Coinsurance	15% per visit. No copayment on glasses or contacts purchase.			
OOP Maximum	Applies			
IVd. Audiology Services				
Coverage (Y/N)	Y			
Covered Providers	Licensed and/or board certified audiologist or speech-language pathologist.			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Coverage Limits	No limits			
Inclusions	All medically necessary assessment and treatment.			
Exclusions	All others as defined by the health plan.			
Copay	$25 - $40 per visit			
Coinsurance	15% per visit			
OOP Maximum	Applies			
IVe. Nutritional Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a physician, nurse practitioner, or other licensed provider working under the direction a physician; registered dietician.			
Coverage Limits	Limited to 25 visits per calendar year.			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$25 - $40 per visit			
Coinsurance	15% per visit			
OOP Maximum	Applies			
IVf. Occupational, Physical, and Speech Therapy Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider, a licensed occupational therapist, physical therapist, speech pathologist, or speech therapist.			
Coverage Limits	75 services per calendar year			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$25 - $40 per visit			
Coinsurance	15% per visit			
OOP Maximum	Applies			
IVg. Infertility Services				
Coverage (Y/N)	Y			
Covered Providers	By or under the direction of a primary care provider (family physician, general practitioner, internal medicine physician, nurse practitioner) or qualified physician specialist (e.g., OB-GYN, fertility specialist).			
Coverage Limits	Medications are subject to formulary requirements.			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Inclusions	Medically appropriate laboratory examinations and tests; counseling services and patient education; examination and treatment; testing for diagnosis and surgical treatment of the underlying cause of infertility; fertility drugs (oral and injectable); artificial insemination (intravaginal insemination [IVI], intracervical insemination [ICI], intrauterine insemination [IUI]).			
Exclusions	Assisted reproductive technology (ART) procedures, such as: in vitro fertilization, embryo transfer including, but not limited to, gamete GIFT and zygote ZIFT; and ovulation induction. Services and supplies related to the aforementioned services. Reversal of voluntary, surgically-induced sterility. Treatment for infertility when the cause of the infertility was a previous sterilization with or without surgical reversal. Infertility treatment of any type when the FSH level is 19 mIU/ml or greater on day 3 of a menstrual cycle. Sperm processing; the purchase, freezing, and storage of donor sperm and donor eggs. All others as defined by the health plan.			
Copay	$100+ per visit			
Coinsurance	25%+ per visit			
OOP Maximum	Does not apply			
IVh. Home Health Services				
Coverage (Y/N)	Y			
Covered Providers	Reference plan benefit list.			
Coverage Limits	No limits			
Inclusions	All medically necessary care. Coverage also includes: respite care including respite inpatient stays when there are no available qualified home health professionals within the geographic area; hospice and palliative care services; early intervention services as prescribed by a physician; medical daycare; oxygen therapy; intravenous therapy; medications; and nutritional services.			
Exclusions	Nursing care requested by, or for the convenience of, the patient or the patient's family; transportation; home care primarily for personal assistance that does not include a medical component and is not diagnostic, therapeutic, or rehabilitative; services provided by a family member or resident in the beneficiary's home; services rendered at any site other than the beneficiary's home.			
Copay	$10 - $20 per visit			
Coinsurance	10% per visit			
OOP Maximum	Applies			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
IVi. Hospice Care				
Coverage (Y/N)	Y			
Covered Providers	Licensed and or accredited hospice			
Coverage Limits	8 months of coverage for patients with terminal illnesses			
Inclusions	Prescribed physician visits, nursing care, home health aides, medical social services, physical therapy, services of home health aides, medical appliances and supplies including durable medical equipment rental, prescription drugs, bereavement services, continuous care during crisis periods.			
Exclusions	All others as defined by the health plan.			
Copay	$100+ one time			
Coinsurance	25%+ per episode (one time coinsurance based on negoiated rate).			
OOP Maximum	Applies			
IVj. Durable Medical Equipment (DME), Supplies & Medical Foods				
Coverage (Y/N)	Y			
Covered Providers	N/A			
Coverage Limits	$25,000 annual limit per person.			
Inclusions	Covers the rental or purchase, at the plan's option, and the repair and adjustment, of durable medical equipment; covers food and formula for special dietary use of accepted medical benefit to cover nutritional support costs over and above usual foods; covers banked human milk, including processing and shipping fees. Refer to Plan Benefit list for details.			
Exclusions	Refer to Plan Benefit list for details.			
Copay	10% per unit			
Coinsurance	10% per unit			
OOP Maximum	Applies			
IVk. Transportation Services				
Coverage (Y/N)	Y			
Covered Providers	N/A			
Coverage Limits	Reference plan benefit list.			
Inclusions	Transportation for ground, air, or watercraft when medically appropriate, and when: associated with covered hospital inpatient care; related to a medical emergency; or associated with covered hospice care.			
Exclusions	Ambulance transportation to receive non-emergent outpatient or inpatient services; "ambulette" / "cabulance" service; air ambulance without prior approval.			

Plan Benefit Model Components	HMO & PPO Models	Comparison Plan	Variance Summary	Key Opportunities for Improvement
Copay	$45 - $60 (Emergency); $100+ (Non-Emergency) per use.			
Coinsurance	15% or 25%+ per use			
OOP Maximum	Applies			
V. Laboratory, Diagnostic, Assessment, and Testing Services				
Va. Laboratory Services				
Coverage (Y/N)	Y			
Covered Providers	Inpatient hospital, outpatient hospital, clinic and provider office.			
Coverage Limits	No limit			
Inclusions	All medically necessary care.			
Exclusions	All others as defined by the health plan.			
Copay	$0 - $100+			
Coinsurance	10% - 25%			
OOP Maximum	Applies			
Vb. Diagnostic, Assessment, and Testing (Medical and Psychological) Services				
Coverage (Y/N)	Y			
Covered Providers	Reference Plan Benefit list.			
Coverage Limits	No limits. Some services may require pre-authorization.			
Inclusions	All medically necessary diagnostic and assessment tests provided or ordered and billed by a physician			
Exclusions	All others as defined by the health plan.			
Copay	$0 - $100+			
Coinsurance	10% - 25%			
OOP Maximum	Applies			