

Quality Management Program

Goals and Objectives

The Independence Blue Cross (Independence) Quality Management (QM) Program monitors and objectively evaluates the quality and effectiveness of care for our members. The goals and objectives of the QM Program include the following:

- Improve the quality of medical and behavioral health care and service provided to members
- Identify, develop, and improve the safety of medical and behavioral health care and services provided to members
- Ensure a network of qualified practitioners and providers
- Serve the cultural and linguistic needs and preferences of our members
- Serve and assist members with multiple or complex conditions
- Comply with all regulatory requirements
- Achieve and maintain accreditation and necessary certification

QM Program activities

Independence's QM Program activities include, but are not limited to, the following:

Clinical Quality Activities

- **Preventive Health Program**

The Preventive Health Program provides education to members and providers in a variety of ways including: direct member mailings, automated telephonic outreach, text message reminders, Member Wellness Guidelines, website campaigns, newsletter articles, and social media. Examples of member outreach include efforts to increase compliance with influenza/pneumococcal immunization; and cervical cancer, breast cancer, and colorectal cancer screenings.

- **Complex Case Management Program**

The Complex Case Management Program provides telephonic intervention, education, and support to members that have experienced a critical event, received a diagnosis that requires the extensive use of resources, or require help with care coordination. These programs are open to all members in managed care health plans.

- **Condition Management Program**

The Condition Management Program provides telephonic intervention, education, and support to members with acute and chronic conditions. These include: asthma, heart disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, high risk pregnancy, HIV/AIDS, hyperlipidemia, hypertension, inflammatory bowel disease, maternity management, metabolic syndrome, musculoskeletal pain, migraine, obesity, osteoporosis, and upper gastrointestinal disease. Condition management is available to most members. Please call Customer Service at the phone number on the back of your ID card to find out if you are eligible.

- **Perinatal Condition Management**

Expectant mothers who are at high risk may be enrolled in our condition management program for high risk pregnancy. This program is telephonic, with Registered Nurse Health Coaches working with providers to cooperatively support and educate the members throughout the pregnancy continuum. Pregnant members who are not high risk have access to our perinatal program, Baby BluePrints®. Members self-enroll in the Baby BluePrints program. Once enrolled, pregnant members are also assessed for risk and if then determined to be high risk would be enrolled in the perinatal condition management program.

Quality Management Program, continued

- **Medicare Stars Ratings Overview**

The Centers for Medicare & Medicaid Services (CMS) rates Medicare Advantage Plans on a one- to five-star scale, with five stars representing the highest level of quality. The summary score provides an overall measure of a health insurance plan's quality, and is a cumulative indicator of the quality of care, access to care, plan's responsiveness, and member satisfaction. The QM department collaborates with other Independence departments to identify opportunities for improvement.

- **Clinical Practice Guidelines**

Independence has developed a process for adopting, updating, and disseminating preventive health guidelines and non-preventive (i.e., acute and chronic) clinical practice guidelines (CPG) for medical and behavioral health related conditions.

- **Member Wellness Guidelines**

Member Wellness Guidelines are member-friendly versions of evidenced-based wellness recommendations from the U.S. Preventive Services Task Force and other nationally-recommended sources.

- **Perinatal Guidelines**

The Perinatal Guideline is a comprehensive resource for OB/GYN and primary care providers. The guidelines outline perinatal care from preconception care through postpartum care with an emphasis on family planning, patient counseling, and laboratory work and testing.

- **Children's Health Insurance Program (CHIP)**

The Plan works with the Department of Insurance to promote quality and safety of medical care for members enrolled in CHIP. Current and recently completed projects include: reduction in emergency room utilization for members with a diagnosis of otitis media, acute pharyngitis, and upper respiratory infection; and improved lead screening.

Network Quality Activities

Independence continuously monitors communications between the company and its network of participating practitioners and providers to ensure the quality of services delivered by the network and promote improvements when necessary. These activities include, but are not limited to:

- Investigating and tracking potential quality-of-care concerns through complaint and occurrence reporting
- Maintaining medical record standards
- Monitoring access and availability
- Monitoring continuity and coordination of care
- Monitoring appropriate utilization of services
- Promoting cultural awareness
- Promoting member safety

Service Quality Activities

Independence has established performance indicators and goals to monitor services provided to customers across key functional areas. When performance falls below goal, root causes are identified and initiatives implemented to improve performance. Ongoing monitoring allows for the effectiveness of improvement activities to be assessed and additional actions taken, as appropriate. Performance indicators include but are not limited to:

- Claims processing — percent processed in 30 calendar days and accuracy rates
- Enrollment — percent processed in eight calendar days and accuracy rates

Quality Management Program, continued

- Customer Services — percent of calls answered/abandoned, average speed of answer, and average turnaround time for resolution of administrative complaints
- Provider Services — percent of calls answered and average speed of answer
- Health Resource Center — percent of calls answered, average speed of answer, complaints related to departmental staff, and results of inter-rater reliability audits
- Member Appeals — medical necessity and administrative appeal rates, average turnaround time, and overturn rates
- Quality of Care & Services — percent of member concerns resolved within 30 calendar days of receipt
- Email inquiries — percent responded to within one business day of submission
- Service Operations Escalation Dashboard — includes executive inquiries, marketing escalations, member administrative complaints, complaint tracking modules, grievances, and corporate and service volumes

Member and provider satisfaction with Independence, as well as member satisfaction with primary care physicians (PCP) and specialists, are assessed at least once a year.

QM Program Outcomes

Each year, Independence evaluates the QM Program to assess its effectiveness, and the results of Quality Improvement (QI) initiatives. In 2016, QM Program efforts resulted in:

- Reductions in overuse and inappropriate medical testing
- Increased participation and engagement in our mobile phone and email programs
- Continued high satisfaction with Case and Disease Management programs
- More engagement in critical prevention and screening measures related to weight assessments, immunizations, and cancer screenings

In addition, Independence annually solicits member input through the Consumer Assessment of Health Care Providers and Systems (CAHPS) survey. This direct mail/ phone survey asks members about their experience with their providers and the services they receive from Independence. The most recent survey indicated positive changes from the prior year including:

- Members were more satisfied with how their doctors communicate:
 - Their doctor is spending enough time with them during their visit
 - Their doctor listened to them carefully and showed respect for what they had to say
- Members reflected higher ratings for their personal doctor and with the coordination of medical care between the doctors and facilities they received services from.
- Members also indicated satisfaction in the ease of getting an appointment with specialist.

For more information

For more information about our QM Program, call Customer Service at 1-800-ASK-BLUE (1-800-275-2583; TTY: 711).

