



2016 Quality Management Program Evaluation

Executive Summary

Our Commitment to Quality

Blue Cross Blue Shield of Rhode Island believes that a key element in achieving our mission and vision is an organization wide commitment to quality and continuous improvement, with a culture oriented toward the ability of all contributors to affect improvement. In 2016, we marked seventy-seven years caring for and providing health coverage to the people of Rhode Island and neighboring counties.

We maintain a Quality Management Program that provides the structures, processes, resources, and expertise necessary to ensure that high quality, cost-effective care and services are provided to our members. We annually evaluate the overall effectiveness of our Quality Management Program, tracking progress in completion of objectives, monitoring the success of activities, and implementing changes to meet the needs of our membership and operations. This Executive Summary provides an overview of our Quality program's key accomplishments in 2016.

Scope

Our Quality Management Program includes all Commercial, Marketplace, and Medicare members, and encompasses activities designed to improve processes and outcomes including preventive, acute, and chronic care interventions, care coordination, and behavioral health services.

Quality Program Objectives

In 2016, we selected the following Quality Management Program objectives, aligned with our corporate mission and reflective of our enterprise-wide commitment to quality improvement:

- Perform quality improvement and assurance activities in alignment with corporate goals, missions, and strategies;
- Improve the quality, safety, and coordination of care for our members across the continuum;
- Integrate medical, pharmaceutical, and behavioral healthcare to improve the quality of care delivered to our members;
- Continuously promote and monitor evidence-based best clinical practices across our network of providers;
- Collaborate with community partners to achieve improved care for all BCBSRI members;
- Enhance the quality of member and provider engagement and satisfaction with the health plan, including access to care;
- Identify the spectrum of cultural and linguistic needs of our membership to offer a diverse array of services which provides meaningfully improved care to our members and supports our providers' care to our members;
- Improve the cost, quality, and efficiency of service delivered to our members and providers.

NCQA Accreditation and CMS Stars Rating

Blue Cross and Blue Shield of Rhode Island's Commercial PPO product was awarded a 3-Year Commendable accreditation status in August 2014 by the National Committee for Quality Assurance (NCQA). In spring 2016, BCBSRI again earned a noteworthy "Commendable" status during an NCQA add-on survey for its Federal Employee Program (FEP) product. A Commendable ranking means BCBSRI's services and clinical quality are well established and meet NCQA's rigorous requirements for consumer protection and quality improvement. For the 2015-2016 rating period, BCBSRI also scored a 4.5 rating out of a possible 5 from NCQA for our Commercial product, placing us in the top 11 percent of health plans nationwide. These distinctions demonstrate our organization's commitment to quality in every aspect of our business. We continue to maintain our culture of continuous readiness as we prepare for a re-accreditation survey in the summer of 2017.

In October 2016, BCBSRI's Medicare Advantage plan received an overall rounded rating of 4.5 Stars from CMS, achieving strong performance for a fourth consecutive year. The unrounded score was 4.54, up from 3.77 the previous rating period. A rating of 4.5 Stars maintains approximately \$46 per member per month in Quality Bonus Payments for the plan. We look forward to building on our performance in the coming year, particularly through our partnership with Prime Therapeutics, our new pharmacy benefits manager.

High Scores on Corporate Equality Index

In 2016, BCBSRI scored 100 percent on the Corporate Equality Index (CEI), a national benchmarking survey and report on corporate practices relating to lesbian, gay, bisexual, and transgender (LGBT) workplace equality, administered by the Human Rights Campaign Foundation. This is our third consecutive year scoring 100 percent, reflecting our commitment to LGBT workplace equality with respect to tangible policies, benefits, and practices, as well as our engagement with the local LGBT community.

Physician Leadership

Dr. Katherine Dallow, MD, MPH, Vice President of Clinical Affairs and Quality, is the physician responsible for our Quality Program. She chairs the Clinical Quality Oversight Committee, the Pharmacy & Therapeutics Committee, and the Professional Advisory and Credentialing Committee (PACC), Dr. Matthew Collins, MD, MBA, Vice President, Clinical Integration, chairs the Utilization Management Committee.

Executive Leadership Team (ELT)

Led by Kim Keck, President and Chief Executive Officer, our Executive Leadership Team (ELT) recognizes and supports the integral role of Quality Management in achieving our mission. Dr. Augustine Manocchia, Senior Vice President and Chief Medical Officer, is a member of ELT and chairs our Executive Quality Council (EQC). Quality updates are provided monthly at ELT meetings, and ELT members have provided clear avenues for addressing and escalating quality issues requiring attention across all business activities.

Key Accomplishments

Our 2016 workplan contained 101 items, of which 98 were completed and 2 were discontinued. This included clinical and service quality improvement projects, focusing on population health, chronic condition management, access and availability of the network, hospital quality, customer service, diversity initiatives, and numerous other areas. This Executive Summary features key clinical and service Quality Program accomplishments from our work in 2016. Our complete 2016 Quality Management Program Evaluation fully describes the scope and results of our work. To receive a copy of this document (available in May 2017), contact Customer Service at 800.639.2227; TTY/TTD 711.

HEDIS AND STARS PERFORMANCE

HEDIS (Healthcare Effectiveness Data & Information Set) is a set of measures developed by the National Committee for Quality Assurance (NCQA), a non-profit healthcare accrediting agency. HEDIS data is collected by health plans and publicly reported for a variety of clinical measures affecting consumers of all ages, ranging from preventive healthcare, such as breast cancer screening or immunizations, to treatment for certain chronic illnesses, such as asthma medication or depression follow-up care. HEDIS provides consumers with a consistent way to evaluate and compare health plan performance. BCBSRI utilizes HEDIS rates to help understand the needs of our members and to guide our improvement efforts. Overall, our 2016 results demonstrated both strengths and opportunities for improvement, which are highlighted below:

HEDIS 2016 PPO Results

Of the HEDIS measures reported, BCBSRI improved performance year over year on 15 measures. When compared to benchmarks, BCBSRI performed particularly well on a number of prevention and screening measures. BCBSRI identified opportunities for improved performance on the Follow-Up after Hospitalization for Mental Illness 7-day measure and the Timeliness of Prenatal Care measure. A summary of measure performance by percentile is included below.

- 5 measures met the 95th percentile
- 4 measures met the 90th percentile
- 11 measures met the 75th percentile
- 3 measures met the 66.67th percentile
- 1 measures fell in the 50th percentile
- 1 measure fell in the 25th percentile
- The Childhood Immunization Combo 2 measure was removed as Combo 10 is the stricter of the two numerators and is already included. Combo 10 is also the numerator scored for Accreditation.
- One measure retired for HEDIS 2016 (Use of Appropriate Medications for People with Asthma). This will be removed in next year's evaluation.

HEDIS 2016 Marketplace Results

This is the first year BCBSRI is able to report on HEDIS performance for its Marketplace product. National benchmarks (percentiles) are not yet available for Marketplace measures. However, BCBSRI is pleased to have scored greater than or equal to 85% in the following measures:

Measure/Data Element	2016 Marketplace Rate
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Measure/Data Element	2016 Marketplace Rate
Effectiveness of Care: Prevention and Screening	
Childhood Immunization Status	
<i>DTaP</i>	88.68%
<i>IPV</i>	90.57%
<i>MMR</i>	96.23%
<i>HiB</i>	92.45%
<i>Hepatitis B</i>	92.45%
<i>VZV</i>	92.45%
<i>Pneumococcal Conjugate</i>	86.79%
Immunizations for Adolescents	
<i>Meningococcal</i>	92.68%
<i>Tdap/Td</i>	97.56%
<i>Combination #1</i>	92.68%
Effectiveness of Care: Diabetes	
Comprehensive Diabetes Care	
<i>Hemoglobin A1c (HbA1c) Testing</i>	89.95%
<i>Medical Attention for Nephropathy</i>	92.46%
Appropriate Treatment for Children With URI (Upper Respiratory Infection)	93.88%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	91.04%

CMS Star Ratings

The Centers for Medicare and Medicaid Services (CMS) developed the Star Ratings Program to help consumers evaluate the quality of Medicare Advantage plans. Plans receive a star rating (one to five stars, with five being the highest) on their performance in over forty-four measures of preventive care and clinical outcomes, member experience with the plan, and plan operational performance. The ratings are then rolled up into an overall Star Rating for the plan. All Medicare Advantage and Prescription Drug plans are required to participate in the Star Ratings Program.

The 2017 Star Ratings results were released in October of 2016. BCBSRI received an overall rounded rating of 4.5 Stars. The unrounded score was 4.54, up from 3.77 the previous rating period. A rating of 4.5 Stars maintains approximately \$46 PMPM in Quality Bonus Payments for the plan. This rating will be in effect for calendar year 2017. The 2018 Star Ratings will be released in October of 2017.

SELECTED CLINICAL ACCOMPLISHMENTS

PATIENT-CENTERED PHARMACY PROGRAM

Objectives: Blue Cross & Blue Shield of Rhode Island (BCBSRI) identified pharmaceutical management as an area of opportunity to increase engagement for members, improve quality/outcomes, and lower healthcare costs stemming from gaps in care, use of high risk medications, improper adherence, inappropriate dosing, and other medication-related issues. The program touches Medicare members and subsets of our Commercial and Marketplace member populations. Our objectives were to complete targeted medication reviews (including patient consults and education and prescriber collaboration), conduct pain consults, and maximize cost avoidance (both medication cost and the cost of higher levels of care required by preventable medication errors, interactions, and adherence issues).

Initiatives and Results: Our Patient-Centered Pharmacy Program integrates medication therapy management (MTM) into the patient care process using pharmacist interventions. Launched in 2014, the BCBSRI MTM program employs a multi-channel approach, including a network of community pharmacists, telephonic pharmacists, and the Patient Centered Pharmacy Program (PCPP) that embeds clinical pharmacists into Patient Centered Medical Homes (PCMHs). Services are delivered by community pharmacists and by pharmacists stationed at six PCMH locations across the state. In addition, phone-based pharmacists help reach members who do not utilize a network pharmacy or a PCMH location. Pharmacist interventions include activities such as medication counseling, complete medication review, and consult with prescriber. Interventions are categorized by severity level, helping to quantify risks avoided and cost savings as a result of the program. The severity levels are as follows:

- **Level 1: Adherence Support**
- **Level 2: Reduced Medication Costs**
- **Level 3: Prevented a Physician Visit**
- **Level 4: Prevented an Additional Prescription Order**
- **Level 5: Prevented an Emergency Room Visit**
- **Level 6: Prevented a Hospital Admission**
- **Level 7: Prevented a Life-Threatening Situation**

Volumes for pain consults and total medication reviews were lower than in 2015, the first full year for which programming was in place and data available. We believe the decrease reflects the relationships built with members by the pharmacists in the practices, community pharmacies, and telephonically. Specifically, we believe those collaborations yielded long-term effects, such that either initial corrections/consults have translated into medication adherence over time, and that members seek the counsel or assistance of the pharmacist to proactively address problems with adherence, tolerance, and cost.

Even with lower volumes of pain consults and TMRs, the program demonstrated a cost savings of \$2.9 million dollars and a return on investment of \$8.36:1 in 2016. Its success appears to also be positively impacting certain CMS STARS measures that evaluate medication adherence in Medicare members with diabetes. We look forward to building on the strength and success of this program in 2017 with focused enhancements and the partnership of a new pharmacy benefits manager, Prime Therapeutics.

EXPANDED BEHAVIORAL HEALTH INITIATIVES

Behavioral health diagnoses, whether co-occurring with medical conditions or not, affect thousands of Rhode Islanders, impacting quality of life, functional ability, relationships, and work with varying intensity and distress. BCBSRI remains committed to supporting the health and recovery of our members struggling with behavioral health conditions. Below are highlights of our work in this area in 2016.

➤ **BEHAVIORAL HEALTH PROVIDER INCENTIVE PROGRAM**

In mid-2016, Blue Cross and Blue Shield of Rhode Island launched a pilot Behavior Health Provider Incentive Program designed to promote improved health outcomes and quality care for members with behavioral health needs. Over the next 12 months, BCBSRI will work with cohorts to establish baseline results for potential future targets, and evaluate program strengths and complexities before expanding the program on a larger scale. The following incentives are included in our pilot program; evaluation of their performance will inform future expansion of the project.

- Beginning on July 1, 2016, all participating behavioral health providers became eligible to earn an incentive payment for improving timely transitions from inpatient behavioral healthcare to outpatient behavioral health specialist services for members who experience an inpatient mental health admission. This is evaluated using the HEDIS measure, Follow Up After Hospitalization for Mental Illness.
- Beginning on August 1, 2016, a smaller cohort of behavioral health providers participating in the pilot became eligible to earn an incentive payment for an additional two measures:
 - Unhealthy Alcohol and Drug Use Screening and Brief Counseling
 - Patient Informed Feedback: On Track System - Feedback-Informed Treatment is a SAMHSA-recognized evidence-based practice of providing psychotherapy treatment informed by repeated administration of patient self-report questionnaires.

➤ **HEALTHPATH PROGRAM**

HealthPath is a comprehensive home and community based program incorporating both behavioral health treatment and case management offered through a partnership between BCBSRI, The Providence Center, Continuum Behavioral Health and Care New England that began in 2014. The HealthPath program provides enrolled members with a multidisciplinary team comprised of a Psychiatrist, or Clinical Nurse Specialist, Licensed Clinician, Case Manager and Peer Support Specialist who collaborate with the member and his/her family to develop a care and treatment plan that will promote recovery from behavioral health conditions. A key goal was for at least 40% of participants to successfully complete the program.

The HealthPath program met the target of 40% successful completion rate for the majority of months in 2016. In comparing 2016 and 2015, there are more time periods in 2015 in which the successful completion rate drops to below 40% than in 2016, however the difference is not significant to provide value other than informational. Additionally, BCBSRI members who successfully completed the HealthPath program demonstrate 56% lower behavioral health costs than a matched comparison group that did not participate in HealthPath.

EXPANDED NETWORK QUALITY INITIATIVES

In 2016, our Network Quality Program, which continues to maintain Hospital Quality and Post-Acute Care Quality divisions, further expanded with two new initiatives.

I. University Emergency Medicine Foundation (UEMF) Quality Program

A new four year quality incentive program was implemented in 2016 with University Emergency Medicine Foundation (UEMF), a local group of emergency care physicians, to address improvements in emergency care, prevent unnecessary admissions, and increase patient safety. Many of the elements of the Program were to be developed collaboratively throughout 2016 with targets and refinement to be developed in subsequent years through 2019. UEMF successfully achieved all elements of their Program in 2016, earning 100% of eligible funding. Selected measures and projects from 2016 included:

- Emergency Department (ED) List: UEMF collaborated with BCBSRI to develop and implement a daily reporting feed of ED admissions to BCBSRI case management. Case managers can thus triage members in a timely way and potentially prevent unnecessary future ED visits.
- Expansion of Coastal Medical Communication: Hospital ER staff identify patients attributed to Coastal Medical PCMHs, and the ER physician has a peer-to-peer communication with the PCMH covering physician about the patient disposition and to coordinate care.
- Post Discharge Text Messaging: Development of a text messaging program for contacting patients after discharge from ED. A pilot program is underway for patients discharged with fractures, sprains, cellulitis, lacerations, and abscesses and will be expanded.

II. Care New England Bundled Maternity Payment Project

Phase 1 of the Maternity Bundled Payment project between BCBSRI and Care New England (CNE), a local system of care continued through 2016. A shared savings program that includes system (Health Care Alliance and Women & Infants (W&I) Maternal Fetal Medicine Department) and community OBGYN practices that deliver babies at W&I, it aims to improved delivery and postpartum care while reducing cost and improving patient experience.

Measures were developed by W&I and BCBSRI based on national and professional organization goals, current estimates of condition/disease prevalence and the potential benefits to recognition and treatment to individual and population health. The measures are as follows:

1. Cesarean Delivery Rate (Total) – Percentage of births by cesarean delivery
2. Cesarean Delivery Rate (Primary) – Percentage of births by cesarean delivery among women without a prior cesarean delivery.
3. Postpartum Testing of Gestational Diabetes Mellitus (GDM) Patients – Percentage of women diagnosed with gestational diabetes during pregnancy who are tested with 2-hour glucose tolerance test within 12 weeks of delivery.
4. Interpregnancy Interval Contraceptive Counseling – Percentage of postpartum women who have documentation of contraceptive counseling.
5. Depression Screening – Depression screening using the Edinburgh tool at the 6 week postpartum visit.
6. Postpartum Care (HEDIS) – Percentage of patients with a live birth in the measurement year that have had one postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days (3 – 8 weeks) after delivery.
7. Breastfeeding/Best Fed Education (2015 only – Entry Requirement) – Obstetrical providers completing 3 hours of required Breast Feeding/Best Fed education.

Results: Results of the program across measures have been shown to be favorable. At the time of this evaluation however, results are not yet available to report, pending upcoming submission for academic publication.

SELECTED SERVICE ACCOMPLISHMENTS

CUSTOMER CALL CENTER TRANSITION TO NTT DATA

2016 was a transformative year for BCBSRI's Customer & Provider Services. In April, all call center support was transitioned to NTT Data which includes the following functions: Workforce Management, Quality Assurance, Knowledge Management, Training, and Reporting. In May, Provider Servicing was transitioned to NTT Data which includes all handling of Provider call volume. The NTT Data Provider Servicing Call Center is located in Manila in the Philippines.

Call center quality is measured using the following indicators and goals:

- Metric: Provider Servicing Call Center Average Speed to Answer
- Goal: 180 seconds
- Metric: Medicare Concierge Servicing Call Center Average Speed to Answer
- Goal: 120 seconds
- Metric: Member (Commercial) Servicing Call Center Service Level
- Goal: 80% of calls answered within 60 seconds

Despite significant changes in transferring and realigning personnel, processes, and workflows, BCBSRI met or exceeded its goals for the Medicare and Provider call centers. The Commercial call center did not meet its goal in 2016 but is confident in achieving improved performance in 2017. The transition to NTT represented an improved way of managing quality, organizationally. The NTT Command Center strengthened management control by consolidating Quality, Knowledge Management and Training within one team. This structure also improved communication through the development lifecycle of a quality finding, assessing compliance to procedure, assessing agent development opportunity, and updating training/knowledge materials (if applicable). The NTT Quality team introduced the practice of collaborating with Team Leaders to deliver quality results and establish development plans together.

DIVERSITY AND INCLUSION PROGRAM GROWTH

At BCBSRI, Diversity & Inclusion (D&I) is integral to our success as a local, nonprofit health insurer—helping us meet the evolving needs of our members, our community, and our employees. D&I efforts have a great impact on our ability to grow our business, retain and attract talented associates, understand our members and community, and be an innovative and high-performing organization. In place since 2012, our Diversity & Inclusion (D&I) program has continued to grow and mature. We present the following highlights of our work in 2016:

- **Employee Initiatives**

- Requiring all new associates leaders to attend organizational development programming, such as “Championing Diversity & Inclusion for Business Success,” “Leading Inclusion,” and “Creating Safe Spaces for LGBTQ Members & Associates.”
- Expanding the number of employee resource groups (ERGs) – networks of like-minded associates who come together around a non-majority dimension of diversity. We now have the following five ERGs:
 - Emerging Blue Talent, a group focused on young professionals in the organization
 - Latin@Link, a channel to welcome ideas, talents, and contributions from Latinos and allies to further advance BCBSRI’s mission, vision, and strategy
 - Military Services ERG, consisting of active, retired, reserve, and separated military service members and their families, as well as supporters
 - Parents@Work, a support system for professionals working to achieve the balance between career and childcare
 - Blue pRIDE, comprised of a diverse group of LGBTQ and allied associates seeking to lend support to the community and an LGBTQ perspective to the business

- **Member Initiatives**

- “Asegúrate” – BCBSRI works closely with Dr. Pablo Rodriguez and team at Latino Public Radio (LPR), 1290AM, to bring Latino community members information about healthcare, wellness, and health insurance – whether or not BCBSRI is their insurance carrier. LPR is a 501(c)3 organization whose mission is to inform, educate, and entertain the Spanish speaking radio audience through the production and distribution of intelligent, high quality, cultural, and educational programming that reflects the diversity of the Latino community. The show features rotating BCBSRI hosts and guests.
- Project SEARCH: For the second consecutive year, BCBSRI has participated in this program, which improves employment outcomes for participants and enriches BCBSRI. Project SEARCH graduates are employed at a rate of 72 percent (compared to 30 percent after other transition programs and 10.5 percent of people with disabilities in the United States). This program exposes our associates to working with more people with disabilities in a more purposeful way than we have before. In partnership with the state’s Office of Rehabilitation Services and Cranston Public Schools, the program provides seven students with an immersed experience in the workplace and affords them opportunities to improve their functional skills, thereby increasing their chances of being hired at BCBSRI or elsewhere. Project SEARCH students have interned in the following roles: food services, office services, print shop, greeter, conference room monitor, maintenance shadow, and cleaning shadow.

- **Provider Initiatives**

- BCBSRI LGBTQ Safe Zone Program: Through the development of this groundbreaking Safe Zone certification program, we are encouraging community healthcare providers – in the areas of physical, mental, and dental health – to openly identify themselves as supporters of LGBTQ patients. Interested practices can opt in by completing a survey that asks about staff training, physical space, and forms and procedures. During 2016, twelve practices (three health centers, three dental clinics, four behavior health practices, one specialty practice, and one partial hospitalization program) met the requirements (which include physical space and signage requirements, staff training, and policy implementation) and were subsequently certified. We look forward to certifying dozens of additional interested practices and providers in the coming year.

Ensuring optimal quality of the care and services for our members and providers is a cornerstone of our culture, inspiring our work and driving us to continuously improve. We invite you to read more about the full scope of our work in the 2016 Quality Management Program Evaluation. To receive a copy of this document or to offer your feedback on our quality program, contact Customer Service at 800.639.2227; TTY/TTD 711.