

Summary of 2018 Evaluation and 2019 Work Plan

Our Commitment to Quality

Blue Cross Blue Shield of Massachusetts is committed to delivering quality, affordable health care with an unparalleled consumer experience. This is the foundation of our corporate, cultural, and business models. We depend on all our associates—from executive leaders to frontline teams—to deliver on our promise to always put our members first.

Our Quality Improvement Program

Our Quality Improvement Program helps members get high-quality, cost-effective care and feel satisfied with their experience. Our Quality Improvement teams develop new initiatives and evaluate their progress. Each year, we create a Quality Improvement Work Plan based on achievements and lessons learned during the previous year, using the latest scientific evidence.

Evaluation of the 2018 Quality Improvement Work Plan

In 2018, we addressed quality with a set of coordinated initiatives across the clinical, member, and provider focus areas:

- **Clinical**—We focused on improving patient safety, behavioral health care, prevention and wellness, and care management of chronic conditions.
- **Member**—We identified opportunities to address population health disparities. We also created extensive communications to educate members about their plan and their rights, and to enhance their overall experience.
- **Provider**—We continued to find ways to enhance our provider relationships, support, and reporting to further strengthen their performance related to evidence-based clinical care.

Recognition of Our Commitment to Quality

The National Committee for Quality Assurance (NCQA) awarded Blue Cross with an “Excellent” status, and a rating of 4.5 out of 5, for our Commercial HMO/POS and PPO plans. A rating of 4.5 represents exceptional performance in clinical quality and member experience, and puts us among the top 10 percent of plans in the country.¹

We also maintained a strong performance in the CMS Star Rating program, earning 4.5 of 5 stars for both Medicare HMO and PPO plans. Additionally, our Medicare Part D plan achieved a 5-star rating.² Our Medicare plans, including our Part D plan, were also named “Best in the Nation” by *US News and World Report*, making us one of only two health plans in the country to earn top marks in both categories.³

1. NCQA's Health Insurance Plan Ratings 2018–2019—Private PPO and HMO plans.

2. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

3. *US News and World Report*, 2019 Best Insurance Companies.

2019 Quality Improvement Work Plan

In this year's Quality Improvement Work Plan, our projects address important issues, such as:

<ul style="list-style-type: none"> • Improving patient safety • Reducing hospital readmissions and complications • Addressing disparities in health care • Improving access to quality behavioral health care 	<ul style="list-style-type: none"> • Supporting care for chronic conditions and advanced illness • Integrating delivery systems • Improving our members' and providers' experience
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Below is an outline of the 2018 and 2019 Quality Improvement Work Plan highlights:

Quality Improvement Area	2018 Highlighted Achievements	2019 Highlighted Goals
<p>Clinical Quality</p> <p>Coordination of Care: Improving member health by better coordinating transitions across settings.</p> <p>Patient Safety: Improving health outcomes by educating members about the risk of complications.</p> <p>Health Management: Improving health of members who have chronic conditions, and helping to keep all members healthier through prevention.</p>	<ul style="list-style-type: none"> ✓ More of our members engaged in care management after we successfully launched an enhanced care management program. This built one-on-one relationships between our internal care management nurses, member services representatives, and members. ✓ We began using omni-channel technology to reach out to our members who have diabetes, which lets us touch base with members aside from telephone calls, and raise awareness of the support we can provide. 	<ul style="list-style-type: none"> • Continue to promote clinical support programs to members, including programs focused on chronic conditions, through education and outreach initiatives. • Support programs that improve members' access to behavioral health care services. • Reduce avoidable hospital readmissions by improving members' understanding of their care plans, and encouraging members to follow up with their doctors, which will also improve the transition from hospital to home. • Continue to encourage members to participate in cancer screenings. • Improve members' access to osteoporosis screenings and management.
<p>Member Quality</p> <p>Member Experience: Communicating with members in a clear, simple way, to help them understand their benefits, so they can make the best choices for their health care.</p> <p>Cultural Competency and Health Equity: Striving to provide quality, affordable health care that meets the unique needs of all members.</p>	<ul style="list-style-type: none"> ✓ We exceeded our goal to help solve members' problems the first time they reach out to us. ✓ We enhanced our capabilities to collect valuable feedback from our members, so we can continue to improve their experience. ✓ We worked with the municipalities of Taunton and New Bedford, to create and implement worksite wellness programs for our members who live and work in these areas. Members who participated in this program lost a combined 600 pounds in 2018. ✓ We asked the doctors in our network to review and update their information about our Find a Doctor & Estimate Costs tool, and reminded them to notify us promptly when their contact information changes, to make it easier for members to find the services they need. 	<ul style="list-style-type: none"> • Enhance our member service model to better anticipate our members' needs and improve their experience. • Improve our education program to better inform our members about their benefits, and how to get the most value from their plan. • Expand and enhance the Southeastern Massachusetts Collaborative, to include more worksite wellness and physical activity initiatives.

continued

Quality Improvement Area	2018 Highlighted Achievements	2019 Highlighted Goals
<p>Provider Quality</p> <p>Provider Experience: Striving to make Blue Cross the partner of choice among doctors and other clinical care providers.</p> <p>Provider Performance: Supporting our network of doctors and clinicians to deliver quality, affordable health care.</p>	<ul style="list-style-type: none"> ✓ We expanded members' access to care through telehealth services, for both medical and behavioral health. ✓ We offered better collaboration with doctors participating in our Alternative Quality Contract, which helps us gather information about providers' benchmarks for health care delivery. ✓ We worked with 18 behavioral health facilities in Massachusetts to advance and reward high-quality care through our Behavioral Health Hospital Incentive Program. ✓ We enhanced our ability to share data with our provider groups, so that we can better measure how we're improving our members' health care outcomes. 	<ul style="list-style-type: none"> • Continue to develop new quality performance measures to improve patient safety, behavioral health care quality, clinical effectiveness of care, and patient experience and outcomes. • Report to our providers regarding their health care delivery and patient health care outcomes. • Continue to enhance tools and technology, to make it easier for providers to do business with us. • Support providers' telehealth services, to improve members' access to care. • Increase coordination with providers, to better manage patients' complex health conditions.

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ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



Commercial HMO/POS Combined,
Commercial PPO

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