

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 and continuity 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

Quality Management Program, continued

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
- 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 2017, 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

For more information

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



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprouch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian:

សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.