



**BlueCross BlueShield  
of Illinois**

**2020 BCBSIL  
QUALITY IMPROVEMENT  
PROGRAM EVALUATION**

**Health Care Service Corporation**

**PROPRIETARY & CONFIDENTIAL**

**Date approved:**

<b>BCBSIL Quality Improvement Committee</b>	<b>04/07/2021</b>
---	-------------------

2020 BCBSIL QI Program Evaluation

*Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association*

**2020 BCBSIL QI PROGRAM EVALUATION**

**Evaluation and Overall Effectiveness .....4**  
Executive Summary .....4  
Accomplishments Include .....4  
Leadership Involvement and Practitioner Participation.....8  
**Quality Improvement Resources.....9**  
**Quality and Safety of Clinical Care .....9**  
Accreditation Matrix..... 10  
Quality Improvement Projects..... 10  
Illinois Medical Management Improving Utilization of Milliman Care Guidelines..... 10  
**Quality of Service .....13**  
HMO Service Project Initiatives ..... 13  
**Wellness and Prevention .....13**  
Clinical Practice Guidelines ..... 13  
Member Messages.....13  
Common Measure Set.....14  
**Credentialing and Recredentialing .....17**  
**Pharmacy .....17**  
**Delegation Oversight .....19**  
Group and Retail HMO ..... 19  
Delegation Oversight Programs..... 19  
**Complaints and Appeals.....20**  
Marketplace Complaints ..... 21  
Quality of Care Complaints/Adverse Events..... 22  
**Plan Access .....22**  
PCP and Behavioral Health Practitioner Site Visit Results..... 22  
Behavioral Health Care Practitioners..... 22  
Primary Care Physician ..... 22  
FHP/ICP/MLTSS/MMAI ..... 22  
Availability of Providers..... 23  
Behavioral Health Telephone Access ..... 23  
HMO Member Survey ..... 23  
Continuous Tracking Program Results ..... 23  
HMO Asthma & Diabetes Condition Management Population Health Management Surveys..... 24

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey ..... 25

QHP Enrollee Experience Survey (PPO and HMO) and Commercial CAHPS (HMO) Member Summary..... 25

HMO PCP Survey ..... 26

Provider Satisfaction Survey Marketplace PPO ..... **Error! Bookmark not defined.**27

HMO Contract Entity Survey..... 28

**Continuity and Coordination of Care .....28**

Continuity and Coordination of Medical Care ..... 28

Continuity and Coordination of Care between PCP and Behavioral Health Practitioner..... 29

Continuity and Coordination of Care between PCP and Behavioral Health Practitioner-Group and Retail ..... 30

**Plan Acknowledgement and Approval.....31**

Conclusion.....31

## Evaluation and Overall Effectiveness

### Executive Summary

An evaluation of the Blue Cross and Blue Shield of Illinois (BCBSIL) 2020 Quality Improvement (QI) program has been conducted. This evaluation included review of trended results for QI measures over time, comparison against performance objectives, quantitative and qualitative analyses for completed and ongoing QI activities. Overall, improvements were achieved in planned QI initiatives, both clinical and service. In addition, programs that address patient safety were implemented.

The BCBSIL Quality Improvement Committee (QIC) and the Governance and Nominating Committee reviewed and approved the 2020 QI Program Description. The 2020 QI Work Plan was implemented in accordance with the plan. The indicators measured cover a broad spectrum, including quality of clinical care, quality of service and safe clinical practices. The QI initiatives are relevant to the needs of the membership of the BCBSIL Commercial and Retail HMO and PPO products. Corporate structure and resources are adequate and supportive of the QI process.

### Challenges and Accomplishments

2020 proved to be an unprecedented year due to the global COVID-19 pandemic that provided an array of challenges across our operations and reverberating throughout our provider community and the daily lives, health, and concerns of our members. Public safety orders that led to elective closures of many routine healthcare services resulted in significant declines in healthcare utilization from the initiation of public service emergency orders in March through to the summer. This decline affected a wide range of services, including the receipt of many primary and secondary prevention activities. By the fall, there were some resumption of services, but overall, routine healthcare services utilization during the year remain depressed by most providers adjusted their facilities both to focus care on patients with COVID-19 and to accommodate safety and social distancing needs to keep other patients safe.

In order to accommodate the pandemic, we pivoted to support our members and providers in several ways:

- BCBSIL immediately allowed for reimbursement of services provided by telehealth.
- BCBSIL loosened prior authorization restrictions for inpatient care to expedite discharge to
- BCBSIL waived requirements in performance-based contracts for our HMO and ACO providers such that declines in quality performance due to the pandemic would not be held against them
- BCBSIL performed additional member outreach services in the summer and fall to encourage receiving preventive services while safe
- BCBSIL launched a Quality Care Gap Closure Program in the fall to provide extra reimbursement to providers to assist them in helping members close care gaps safely amidst the pandemic

Other Accomplishments are as follows:

- Year over year improvements in Healthcare Effectiveness Data and Information Set (HEDIS®) rates across product lines for BCBSIL. The subsequent results show Core Measures exceeding the Quality Compass National Average for Commercial HMO, 18 out of 24, Marketplace HMO, 8 out of 24, for PPO Commercial, 11 out of 24 and for PPO Marketplace, 3 out of 24.
- QI Best Practice provider educational tools addressing evidence-based methods to achieve high performance were authorized and released to Network Providers. These tools align with HCSC's Common Measure Set including Breast, Cervical and Colorectal Cancer Screenings, Asthma, Immunizations, and Well Child Care Indicators.
- Design of the Collaborative Quality Improvement Coaching (CQuIC) program to provide coaching to providers performing below average in terms of quality related performance in measures identified in the HMO Quality Fund. This collaborative effort replaces a prior intervention that was more contractual and

2020 BCBSIL QI Program Evaluation

punitive in nature. The goal of this new program is to recognize that a punitive approach is insensitive to the varied needs of different providers in our network. Based on their size, resources, and sophistication, a more tailored approach to working with low performing providers is better suited to respond to their varied circumstances.

- Enhancing our abilities to receive electronic health record (EHR) data from our providers. Through an arrangement with Epic, one of the largest EHR vendors, we have the ability for providers to share their HER data directly with us. This capability will be further enhanced and more fully implemented into 2021 and beyond. Furthermore, we have improved our ability to receive Supplemental Data for determination of quality measures in HEDIS for both our HMO and ACO providers. This new collection channel should enhance our ability to do better quality and care gap reporting that are essential to effective quality improvement efforts

**HCSC Common Measures**

The HCSC Common Measures Set is a set of HEDIS quality measures utilized to focus enterprise quality efforts across all five state plans. The specific measures are as outlined below:

**HCCS Common Measure Set Summary of Results – Tier 1**

Measure	Type of Measure	IL HMO Commercial (%)	IL HMO Marketplace (%)	IL PPO Commercial (%)	IL PPO Marketplace (%)	2020 Quality Compass National Avg. (ALL LOB)
Breast Cancer Screening	Administrative	76.04 ▲	68.35 ▼	71.79 ▲	65.09 ▼	72.85
Colorectal Cancer Screening	Hybrid	73.56 ▲	54.28*	62.03 ▲	53.77*	63.71
Cervical Cancer Screening	Hybrid	81.08*	61.60*	76.48 ▲	53.33*	75.37
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	Hybrid	94.10*	89.24*		71.14*	80.92
Well-Child Visits in the First 15 Months of Life (Six or More Visits)	Administrative	83.55 ▲	79.21 ▼		79.10 ▼	80.80
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Administrative	82.54 ▲	78.67 ▼		75.56 ▲	78.47
Adolescent Well-Care Visits	Administrative	58.55 ▲		58.20 ▲		49.78
Childhood Immunization Status (Combination 10)	Hybrid	61.31 ▲				54.38
Comprehensive Diabetes Care (HbA1c control <8.0)	Hybrid	60.25*	56.45*		41.36*	54.80
Comprehensive Diabetes Care (Eye Exam)	Hybrid	58.73*	50.61*		41.85*	53.13
Comprehensive Diabetes Care (Medical Attention for Nephropathy)	Hybrid	89.11*	92.70*	81.97 ▲	87.59*	89.51
Controlling High Blood Pressure	Hybrid	66.42*	61.31*		42.34*	56.15

▲ YoY Improvement

▼ YoY No Improvement

\* Hybrid results rotated from 2019 due to COVID-19 pandemic

### Summary of 2020 Health Equity Initiatives

Equity of care has been established as a core component of the QI program at HCSC. As such, initiatives designed to address health equity are reported to the Quality Improvement Committee as requested.

BCBSIL has taken the following actions to address health equity for its members:

- Health Equity Steering Committee 2021 Goals: In an effort to expand the enterprise wide business imperative to address health equity, the Health Equity Steering Committee revised and launched the strategic vision for 2021. These goals will facilitate enterprise wide and health plan level multidisciplinary actions to implement strategies, programs and new service delivery models. In 2020, the HE SC and Eliminate Healthcare Disparities workstream prioritized the following strategies:
  - Advance Data Maturity - HCSC will enhance its data reporting capabilities by collecting and analyzing members race, ethnicity, language, sexual orientation, and gender identity information. These demographic categories will be paired with clinical and administrative data sets (such as HEDIS and CAHPS) to uncover differences in health outcomes.
  - Enhance Health Care Workforce- Annual provider cultural competency and implicit bias trainings will be implemented in a phased capacity. This committee also planned a statewide strategic convening to address the underrepresentation of minorities in the healthcare workforce pipeline.
- Provider Education: As aligned with the Health Equity Steering Committee's Enhance Health Care Workforce Workstream, a contract with Quality Interactions was signed in Q. 4 2018 to offer BCBSIL HMO PCP providers free, CME cultural competency and implicit bias trainings. Trainings launched Q.1 2019 and providers have one full year to complete two trainings modules as a mandatory requirement for the BCBSIL Quality Improvement Fund Master Service Agreement. In 2020, the opportunity to participate in the free, CME cultural competency and implicit bias trainings was extended to IL ACO providers, as well as hospital grantees from our American Hospital Association's Equity Roadmap partnership program.
- Pilot Programs with Blue Cross Blue Shield Association:
  - RideQ (AT&T "Trek World" Transportation Pilot) launched Q.4 -2019: HCSC, in coordination with the Blue Cross Association and Ride Q, the program coordinates transportation for AT&T members who may not have reliable transportation to and from medical appointments. This program concluded in Q.4 2020 with 566 completed rides from active members, 90% of ambulatory and 10% WAV. Currently the program is transitioning to similar program, Trek World.
  - FoodQ (Nutritional Deserts Pilot): HCSC, in grant agreement with the Blue Cross Blue Shield Association, is partnering to launch an innovative service delivery model, "Food Q". Food Q will increase access to nutritious and affordable food options on a mobile platform for BCBSIL members and community residents living in food deserts. The pilot launched in Q. 1 2019 in IL, this program concluded in Q. 4 2020.
- MATTER Health: In partnership with MATTER Health, BCBSIL launched an inaugural Health Equity Innovation Challenge to seek out creative solutions that address health disparities and help BCBSIL members overcome social, cultural and/or economic barriers to health care. Technology based start-ups were eligible to apply for a prize award from BCBSIL, with an opportunity to pilot the health equity innovation with BCBSIL members. Bright Pink, the winning organization, uses an online risk assessment tool to close the gap for women who face barriers to accessing the information and resources they need for early prevention and detection of breast and ovarian cancer. Bright Pink launched in Q.4 2019 and concluded in Q.2 2020.
- HEDIS Disparities Maps: In partnership with BCBSIL Data & Analytics team, a tableau tool was created to map and analyze HEDIS compliance rates by gender, race and ethnicity. Analyzed measures include:
  - AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis;
  - BCS: Breast Cancer Screening;
  - COL: Colorectal Cancer Screening;
  - CDC-HbA1c: Comprehensive Diabetes Care - HbA1c testing;

## 2020 BCBSIL QI Program Evaluation

- CCS: Cervical Cancer Screening;
  - CIS (Com 3); Childhood Immunization Status;
  - MMA: Medication Management for People with Asthma (Looking at % of members who remained on asthma controller medication for at least 75% of their treatment period
  - W15 (>6 visits); Well-Child Visits in the first 15 months of Life
- BCBSIL Physician Diversity and Health Equity summit launched in Q. 1 2019: In partnership with Association of American Medical Colleges, BCBSIL convened key academic medical school and hospital leaders for a day-long conference focused on health equity, and the imperative to increase the number of underrepresented minority students in medicine and the physician workforce in IL. In 2020, the 2<sup>nd</sup> Annual Physician Diversity and Health Equity Summit was canceled due to COVID-19. In Q1 2021 the Institute for Physician Diversity Roundtable is scheduled to reconvene, BCBSIL will lead a state-wide call to action to encourage innovations to diversify the physician workforce state-wide, including strategic partnerships with medical schools in the state.
  - HCSC Health Equity Summit: Completed in partnership with Blue University's Development Week program, "Achieving Health Equity: Moving from Awareness to Action" and concluded in Q.4 2020. The American Hospital Association's Equity Roadmap Program is expected to launch in Q.1 2020: BCBSIL seeks to continue in expanding the number of hospitals engaged in American Hospital Association's Equity Roadmap Program. This program provides operational and strategic direction for hospitals to implement health equity strategies, programs, and services to reduce racial and ethnic disparities.
  - Centering Healthcare Institute's CenteringPregnancy program launched in Q.1 2020: This program seeks continued to implement a group prenatal care model in 30 HCSC-approved Federally Qualified Healthcare and Indian Health Services sites throughout the enterprise, with at least 10 sites in IL (including rural facilities).
  - Health Equity and Social Determinants of Health toolkit launched in Q.4 2019. In partnership with the IL Provider Communications team, a health equity and SDoH toolkit was launched on the "provider" section of the BCBSIL.com webpage. This toolkit hosts a variety of resources to assist practices with launching their health equity programs.

### Evaluation of 2020 Work Plan

The following is an assessment of progress made in meeting identified QI goals and an evaluation of the overall effectiveness of the QI Program.

#### Group/Commercial

Of the 87 indicators listed in the 2019 Work Plan with goals assigned:

- 70 indicators met the goal
- 17 indicators did not meet the goal

#### Marketplace/Exchange

Of the 76 indicators listed in the 2019 Work Plan with goals assigned:

- 67 indicators met the goal
- 9 indicators did not meet the goal

### Adequacy of QI Program Resources

As part of BCBSIL's QI Program development, resource evaluation is ongoing throughout the year. In 2020, staffing resources were adequate for implementation of the BCBSIL QI Program. Staff included BCBSIL Vice President and Chief Medical Officer (CMO), Medical Directors, Senior Director, Analytics Director, Senior Managers and the clinical and analytic staff reporting to them.

Additional HCSC staff performing QI functions include: BCBSIL Network Management, HCSC Behavioral Health, Credentialing, Delegation Oversight, Medical Management, Enterprise Health Care Management and Enterprise Quality and Accreditation. These individuals supported physician credentialing, utilization management, case

management, condition management, delegation oversight, implementation of the behavioral health program and health plan accreditation.

### **QI Committee Structure**

Ultimate accountability for the management and improvement of the quality of clinical care and service provided to HCSC members rests with the Board of Directors of HCSC. The Governance and Nominating Committee of the Board of Directors of HCSC is a committee of the HCSC Board responsible for assisting the Board in fulfilling its oversight functions related to the QI Program for HCSC members. The Governance and Nominating Committee delegates certain responsibilities for management and oversight of the QI Program to individual Plan QICs. The BCBSIL QIC is responsible for providing oversight and direction to the BCBSIL QI Program. The QIC is chaired by the Medical Director. The QIC brings multidivisional staff together with network providers including a behavioral healthcare practitioner.

The BCBSIL QIC and the Enterprise Quality Improvement Oversight Committee review and approve the annual BCBSIL QI Program Description. The BCBSIL QIC also reviews and approves the annual BCBSIL QI Work Plan and the annual QI Program Evaluation.

### **Leadership Involvement and Practitioner Participation**

BCBSIL physician leadership is responsible for the QI Program. A dedicated BCBSIL Medical Director provides direction and oversight for the BCBSIL Clinical Quality Program and chairs the BCBSIL QIC. The BCBSIL QIC met 11 times, 8 virtually due to the COVID-19 pandemic in 2020, included consistent medical and behavioral health practitioner representation and involvement at each meeting.

The BCBSIL QIC thoughtfully reviewed and analyzed QI project results, identified needed actions, recommended policy decisions and followed up on open issues. In addition to the QIC, BCBSIL sponsors several provider forums including the Value Based Care Medical Director Round Table, and Administrative Forums. These conferences and meetings offer an opportunity to review quality data, share best practices and collaborate across organizations.

### **Quality Improvement Resources**

HCSC has sufficient resources to meet the QI Program objectives, carry out the scope of activities to be conducted and complete annual and ongoing activities.

Staffing and resources supporting the QI Program include but are not limited to:

- Blue Care Connection® / Wellness
  - Condition Management and Lifestyle Management
  - Enterprise Wellness Programs
- Clinical Pharmacy Programs
- Credentialing (Network Operations & Solution Delivery)
- Communications (Marketing, Positioning and Targeted, and Public Affairs)
- Customer Service
- Delegation Oversight Programs
- Medical Directors
- HEDIS, Quality and Accreditation Program staff (including nurses and analytic staff)
- Reporting (EHCM Care Management Tools and Technology, EHCM Clinical Operations Performance, Systems and Reporting and Analytics and Information Management)
- Claims, Membership, Medical Management and other systems/platforms as needed
- Utilization Management/Case Management/Wellness Condition Management (Medical Management)
- Special Beginnings®
- HCSC Behavioral Health Unit
- Market Research: Continuous Tracking Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Qualified Health Plan Enrollee Experience Survey (EES)
- Network Management including but not limited to, Value Based Care Models, such as Intensive Medical Home (IMH); and Accountable Care Organization (ACO)



### **Quality Improvement Committee**

Ultimate accountability for the management and improvement of the quality of clinical care and service provided to HCSC members rests with the Board of Directors of HCSC. The Governance and Nominating Committee of the Board of Directors of HCSC is a committee of the HCSC Board responsible for assisting the Board in fulfilling its oversight functions related to the QI Program for HCSC members. The Governance and Nominating Committee delegates certain responsibilities for management and oversight of the QI Program to individual Plan QICs. The BCBSIL QIC is responsible for providing oversight and direction to the BCBSIL QI Program. The QIC is chaired by a dedicated Medical Director. The QIC brings multidivisional staff together with network providers including a behavioral healthcare practitioner.

The BCBSIL QIC and the Governance and Nominating Committee of the HCSC Board of Directors review and approve the annual BCBSIL QI Program Description. The BCBSIL QIC also reviews and approves the annual BCBSIL QI Work Plan and the annual QI Program Evaluation.

The BCBSIL QIC is responsible for providing oversight and direction to the QI Program. The QIC is chaired by a dedicated Medical Director. The QI Committee brings multidivisional staff together with employers, providers and members for the purpose of reflecting customer values. An HCSC Medical Director is responsible for ensuring the Governance and Nominating Committee receives the reports from the QI Committee.

Responsibilities of the QI Committee include:

- Review and approval of the annual HCSC QI Program including the Illinois Appendix
- Review and approval of the annual BCBSIL QI Work Plan
- Review and approval of the preventive care and clinical practice guidelines
- Monitoring and analysis of reports on QI activities from subcommittees
- Oversight of delegated activities
- Review and approval of annual BCBSIL QI Program Evaluations
- Review and approval of the Case Management/Utilization Management QI Projects
- Recommendation of policy decisions
- Analysis and evaluation of the results of QI activities
- Review of analysis of significant health care disparities in clinical areas
- Review of analysis of information, training and tools to staff and practitioners to support culturally competent communication
- Review of analysis of onsite audit results
- Review of analysis and evaluation of member complaints
- Review and analysis of member and provider appeals
- Review of analysis and evaluation of populations with complex health needs
- Ensuring practitioner participation in the QI program through project planning, design, implementation and/or review Institution of needed actions
- Ensuring follow-up, as appropriate
- Maintain signed and dated meeting minutes

The BCBSIL QIC meets a minimum of (10) times per year. Its membership includes: Practitioners from BCBSIL Networks (with at least 1 behavioral health specialist), BCBSIL Vice President and CMO IL, Quality Medical Director (Chair) and additional departmental leadership including representatives from Clinical Operations, Network Programs, Quality, Accreditation, Quality Administration, Provider Affairs Operations, Regulatory Compliance, Leadership Oversight, Enterprise Medical Director, Account Management, and additional staff support as needed may include Marketing, Credentialing, Service Delivery Operations, Legal Department, and Illinois Medical Directors (Medical Management, Quality Improvement and Health Equity).

### **Quality and Safety of Clinical Care**

The HCSC QI Program is designed to meet all applicable state and federal requirements (e.g. HIPAA etc.). Plan staff, in cooperation with the HCSC Compliance and Legal Departments, monitor state and federal laws and regulations related to quality improvement and review program activities to assure compliance. In addition, if the Plan achieves external accreditation/certification, maintenance of such accreditation/certification is monitored through the QI program. There were two (2) Accreditation Organizations used at HCSC, the National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC). The selection of the Accreditation Organization is based upon a combination of state and federal requirements, and plan-specific preference.

**Accreditation Matrix**

HCSC maintains accreditation for the products identified from the listed accrediting bodies:

		<b>NCQA</b>	<b>URAC UM</b>	<b>URAC Health Plan</b>
<b>BCBSIL</b>	HMO	Yes	No	No
	PPO	No	Yes	No
	Exchange HMO	Yes	No	No
	Exchange PPO	Yes	No	No

**Quality Improvement Projects**

BCBSIL’s HMO plans are unique in that the clinical care is delegated to physician groups (Medical Groups, IPAs, PHOs). In this arrangement, BCBSIL maintains responsibility for quality and provides delegation oversight to assure compliance. Foundational to the delegated model is an alternative payment model (APM) that includes shared risk and a quality improvement fund that is designed to align incentives. This model has resulted in improved quality and lower cost for our members.

Due to the COVID pandemic impact the 2020 QI fund projects were suspended. In response, BCBSIL agreed to review the better of 2019 performance results in accordance to the 2020 contract performance and payment increments. Currently analytics is working on the final 2020 results, this information will be updated in April.

**Illinois Medical Management Improving Utilization of Milliman Care Guidelines**

The focus of this project is to assess the consistency with the identification and application of Milliman Care Guidelines (MCG). MCG care guidelines provide evidence-based best practices and care-planning tools across the continuum of care, supporting clinical decision-making and documentation and enabling efficient transitions between care settings.

The case audit data collection cycle was conducted for the 4<sup>th</sup> Quarter 2018 and the 2<sup>nd</sup> Quarter 2019. The indicators for the project are were: Did the Clinical Staff select the appropriate MCG care guidelines? and Did the Clinical Staff update the MCG care guidelines throughout the case as appropriate? The goal of 90% was achieved and concluded in Q.4 2019 and then replaced with another QIP (Improving Timeliness of Notification of Denial Determinations).

**Improving Timeliness of Notification of Denial Determinations**

Effective July 1, 2020: a random sample of 90 denial files for IL per quarter are reviewed using the 733 and Smart Utilization Management (SUM) Reports. The random sample is selected by auditing every third case that meets audit parameters. If every third case does not meet parameters, the auditor moves to the next case. Approved audit parameters: IL Plan Code, funding type, treatment setting and reason for denial. The audit tool calculates which department (Intake, HC, Nurse, MD, Denials Team) held the request the longest and had the request when it expired. **Note:** During 3<sup>rd</sup> quarter 2020, Accreditation Monitoring & Compliance (AMC) assumed responsibility of this QIP from HCM Process Improvement. AMC reviews are the only results included in this QIP going forward, 90 per quarter each for BCBSIL and BCBSTX.

The TAT goal is to achieve and maintain a compliance score of ≥ 90% for Notification of Denial. The QIP will be closed once the compliance score has been maintained ≥ 90% for 3 consecutive quarters. The results are below:  
Confidential

## 2020 BCBSIL QI Program Evaluation

### 2020 Q1

- Overall Compliance 72%

The goal of 90% for 1<sup>st</sup> quarter 2020 was not met. 72% compliance rate, which was 12% higher than baseline of 60% (includes AMC 60/90 and NACCO Quality Audits (104/150)). 2020 Q2

- Overall Compliance 87%
  - ⊖ The goal of 90% for 2<sup>nd</sup> quarter 2020 was not met. 87% compliance rate, which was 27% higher than the baseline of 60% (includes AMC 74/90 and NACCO Quality Audits (134/150)). This was an increase of 15% from previous quarter results of 72%.

### 2020 Q3

- Overall Compliance 90%
  - ⊖ The goal of 90% for 3<sup>rd</sup> quarter 2020 was met. 90% compliance rate, which was 30% higher than the baseline of 60% (includes AMC 81/90). This was an increase of 3% from previous quarter results of 87%.

### 2020 Q4

- Overall Compliance 84%
  - ⊖ The goal of 90% for 4<sup>th</sup> quarter 2020 was not met. 84% compliance rate, which was 24% higher than the baseline of 60% (includes AMC 76/90). This was a decrease of 6% from previous quarter results of 90%.

Analysis of the results showed that only 2020 Q3 met the goal.

2020 Q1&2: Small sample sizes of audits only included Aerial cases, this caused a less accurate snapshot of denials in TAT compliance. Unable to determine if the HC or the RN within the UM process was causing an increase in hold time for the UM part of the process.

2020 Q4: Many files were filtered through over the weekend and holidays, scheduled holidays off had a reduction in staff on weekends and/or days prior to holidays. Unable to meet the demands of the holiday volume and manage the TAT.

Interventions include: Volunteered shifts were implemented after Thanksgiving to reduce the request volume that was out on TAT. Implemented fax notifications to change status of requests to non-urgent, unless indicated by the urgent criteria set for 1.2.2021.

- Future scope: Re-evaluate the number of staff on duty prior and after holidays and implement a system to review the larger percentage of request types which would reflect the TAT and quality of the work.

### **Clinician Outreach to Support Member Safety**

The purpose of this report is to address patient safety by reducing the unplanned readmission rate and improve EMMI utilization.

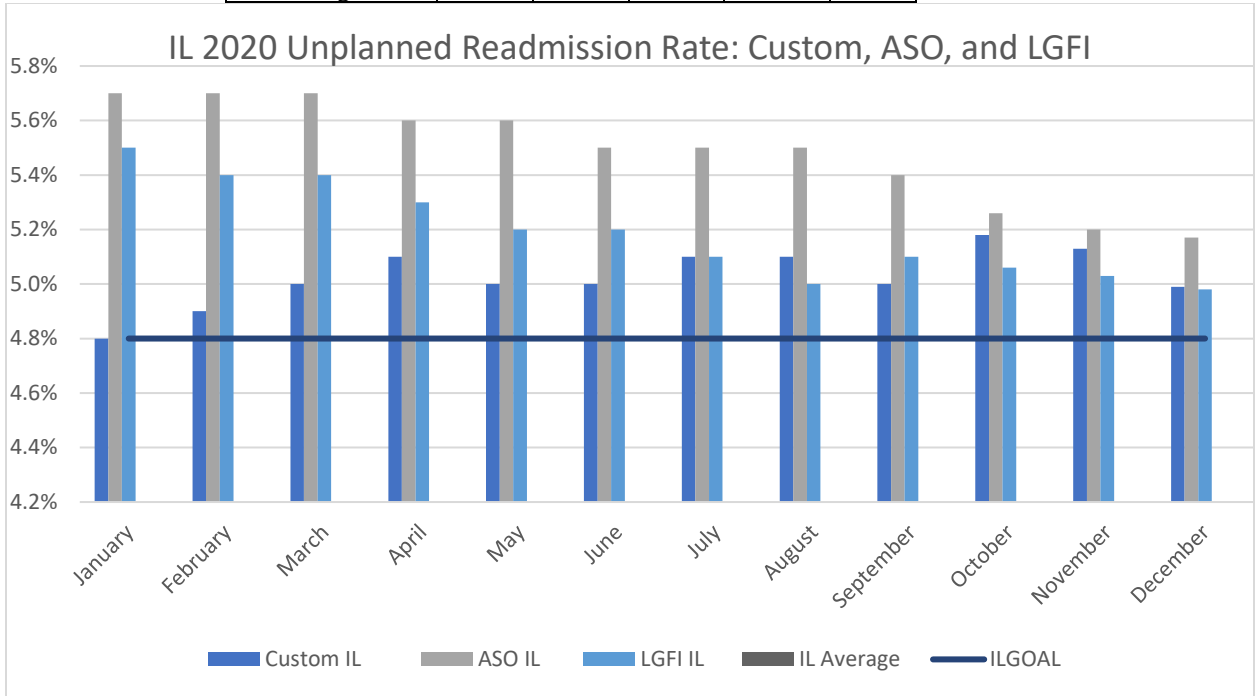
The data collection cycle was conducted January-December 2020, the report derived from the Cost and Utilization Database. Due to the time warranted for processing of claims and data entry and analysis, there was a 6-month lag in readmission rate reporting. EMMI utilization was obtained from the utilization reports from EMMI, Corp. The reports identified all EMMIs issued to members each quarter and was defined by Plan State, clinician name, name of EMMI, and number of EMMIs sent. Readmission Goal: Decrease readmission by 4.8%. EMMI Utilization Goal: Increase the sending of Emmi programs related to Patient Safety to an average of 100-150 per month. The results are below:

2020 BCBSIL QI Program Evaluation

Unplanned Readmission Rates:

- IL did not meet goal for Unplanned Readmission Rate in Quarter 1, Quarter 2, Quarter 3 or Quarter 4 in 2020.

IL Unplanned Readmission Rates 2020					
	Q1	Q2	Q3	Q4	Goal
IL Average	5.3%	5.3%	5.2%	5.1%	4.8



EMMI Utilization

- IL EMMI Utilization met goal for Quarter 1, Quarter 2, Quarter 3 and 4 in 2020.

EMMI Module Utilization 2020 (avg EMMIs sent/month)					
	Q1	Q2	Q3	Q4	Goal
IL	879	1459	1318	887	100-150

Analysis of the results showed that only EMMI Utilization met the goal.

Readmission Impact: Results were unsuccessful due to the inability to reach members and providers, (COVID-19 pandemic).

EMMIs Impacting Numbers: Barriers that prevented members from completing the EMMI included not having the time, short review window of 10 days, members had internet issues, and members receiving EMMIs from providers.

Interventions include: Discussion of ways to improve EMMI completion percentage.

- Future scope:

- UM will send manual referral to HHM for 8 diagnoses that have high ER utilization and admission rates. HHM staff will attempt to outreach while members are in the hospital and within a 72 hours post discharge.
- Reach out to EMMI corp. to see if EMMI programs can be extended for a longer period of time to members.
- Review the use of EMMIs and request for CMs to survey members on incomplete EMMIs.

## Quality of Service

### HMO Service Project Initiatives

BlueCross BlueShield of Illinois (BCBSIL) annually monitors member satisfaction within our health plan services and healthcare delivery system and identifies opportunities for improvement. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is used in conjunction with member complaints and appeals data.

CAHPS is a satisfaction survey governed by the Agency for Healthcare Research and Quality that evaluates member experiences with health care. The survey covers topics that are important to members and focuses on aspects of quality that members are best qualified to assess. BCBSIL determines which aspect of quality can be improved upon that will benefit the most to the HMO members health care. Results show that 84 88% of members feel they can “Always or Usually” get care as soon as needed when care was needed right away, 80 89% say it is easy to get necessary care, tests, or treatment, 75% indicate it is “Always or Usually” easy to get an appointment with a specialist. These scores were not significantly different than those from the 2019 survey.

Available appointment times may not be convenient for members and some MGs may not be effective in arranging adequate after-hours access (evening or weekends) for members. BCBSIL has contractual requirements with MGs for access to physicians and physicians have contractual agreement with the MG making implementation of interventions challenging.

## Wellness and Prevention

### Clinical Practice Guidelines

BCBSIL incorporates Clinical Practice Guidelines into the Condition Management Programs. The guidelines are based on evidence-based data developed and published by nationally recognized clinical expert panels and are available to assist providers in clinical practice. Clinical Practice Guidelines are reviewed and revised, as appropriate, at least every two years. Guidelines may be reevaluated and updated more frequently, depending on the availability of additional data and information relating to the guideline topic. A list of commonly used Clinical Practice Guidelines include but is not limited to: Diabetes, Cardiovascular Disease, Depression, Attention Deficit/Hyperactivity Disorder, Metabolic Syndrome, Weight Management, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, HIV, Sleep Apnea and Tobacco Cessation.

In 2020, the following guidelines were updated:

- Diabetes Standards of Care
- COPD
- Asthma

### Member Messages

In 2020, a total of 285,466 mailings, 136,802 of digital cards were sent to BCBSIL members covering topics of male and female preventive screenings and immunizations, cervical cancer screenings, and childhood immunizations. In addition to the mailings, automated calls were made to a sub-set of the female population regarding the importance of getting a mammogram. The breakdown of Group mailings are as follows.

The Preventive Care initiatives for 2020 were:

- **Women’s Birthday Card:** Mailer to females 40 and older in their birthday month to encourage age/gender preventive screenings and immunizations and promote healthy lifestyles.

2020 BCBSIL QI Program Evaluation

- **Men’s Birthday Card:** Mailer to males 50 and older in their birthday month to encourage age/gender preventive screenings and immunizations and promote healthy lifestyles.
- **Cervical Cancer Screening Reminder Card:** Mailer to female members 23 years of age and older who have not had a Pap test within the previous two years to encourage cervical cancer screening. Emails also go out in September.
- **Childhood Immunization Reminder Cards:** Reminder cards were mailed to parents of children age of four months and twelve months of age to encourage immunization compliance and well-child visits.
  - **4<sup>th</sup> Month Childhood Immunization Cards:** Mailed to parents at their children’s 4th month of age to encourage immunization compliance and well-child visits.
  - **12<sup>th</sup> Month Childhood Immunization Cards:** Mailed to parents at their child’s 12th month of age to encourage immunization compliance and well-child visits.

IL HMO Mailings 2020																								
ITEM	Cost Center	January	Spend	February	Spend2	March	Spend3	April	Spend4	May	Spend5	June	Spend6											
12 month old Immuniz	899	Feb & March done together	N/A	478	\$738.28	453	\$723.18			513	\$720.23	533	\$723.92											
Women's BD Cards (Ages greater and/or equal to 40 years)	899	15,109	\$8,419.85	Feb & March done together	N/A	28,190	\$12,356.44	13,736	\$7,235.59	14,276	\$7,283.74	14,226	\$7,424.56											
4 month old Immuniz	899	N/A	N/A	N/A	N/A	427	\$705.53			N/A	N/A	1,326	\$1,234.24											
	July				August				September				October				November				December			
	QUANTITY	PRINT	POSTAGE	TOTAL	QUANTITY	PRINT	POSTAGE	TOTAL	QUANTITY	PRINT	POSTAGE	TOTAL	QUANTITY	PRINT	POSTAGE	TOTAL	QUANTITY	PRINT	POSTAGE	TOTAL	QUANTITY	PRINT	POSTAGE	TOTAL
12 month old Immuniz	519	\$570.98	\$148.91	\$719.89	540	\$570.98	\$157.65	\$728.63	580	\$570.98	\$168.22	\$739.20	487	\$570.98	\$141.91	\$712.89	411	\$570.98	\$117.90	\$688.88				\$0.00
Women's BD Cards	15,024	\$570.98	\$4,049.55	\$4,620.53	15,061	\$570.98	\$4,064.12	\$4,635.10	15,103	\$570.98	\$4,069.01	\$4,639.99	15,012	\$570.98	\$4,055.94	\$4,626.92	13,889	\$570.98	\$3,758.01	\$4,328.99	14,107	\$570.98	\$5,822.92	\$4,393.90
4 month old Immuniz	495	\$570.98	\$264.46	\$835.44	501	\$570.98	\$274.21	\$845.19	497	\$570.98	\$266.15	\$837.13	478	\$570.98	\$255.42	\$826.40	501	\$570.98	\$267.06	\$838.04				\$0.00

BCBSIL has various initiatives to encourage members to utilize preventive health services. BCBSIL utilizes HEDIS® and the Quality Rating Systems (QRS) effectiveness of care measures, when applicable, to evaluate whether preventive services were received by members and evaluate for opportunities for intervention and improvement over time.

**Common Measure Set**

BCBSIL adopted the Common Measure Set to enable greater focus on high priority quality measures which are common across various external quality measure requirements. This approach was especially important in establishing a new quality measurement foundation for APM programs, such as Accountable Care Organizations, where providers care for BCBSIL members across Lines of Business. The following clinical measures as part of a Common Measure set to track and trend results for BCBSIL.

2020 BCBSIL QI Program Evaluation

**HCCS Common Measure Set summary of Results – Tier 1**

Measure	Type of Measure	IL HMO Commerical (%)	IL HMO Marketplace (%)	IL PPO Commerical (%)	IL PPO Marketplace (%)	2020 Quality Compass National Avg. (ALL LOB)
Breast Cancer Screening	Administrative	76.04 ▲	68.35 ▼	71.79 ▲	65.09 ▼	72.85
Colorectal Cancer Screening	Hybrid	73.56 ▲	54.28*	62.03 ▲	53.77*	63.71
Cervical Cancer Screening	Hybrid	81.08*	61.60*	76.48 ▲	53.33*	75.37
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	Hybrid	94.10*	89.24*		71.14*	80.92
Well-Child Visits in the First 15 Months of Life (Six or More Visits)	Administrative	83.55 ▲	79.21 ▼		79.10 ▼	80.80
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Administrative	82.54 ▲	78.67 ▼		75.56 ▲	78.47
Adolescent Well-Care Visits	Administrative	58.55 ▲		58.20 ▲		49.78
Childhood Immunization Status (Combination 10)	Hybrid	61.31 ▲				54.38
Comprehensive Diabetes Care (HbA1c control <8.0)	Hybrid	60.25*	56.45*		41.36*	54.80
Comprehensive Diabetes Care (Eye Exam)	Hybrid	58.73*	50.61*		41.85*	53.13
Comprehensive Diabetes Care (Medical Attention for Nephropathy)	Hybrid	89.11*	92.70*	81.97 ▲	87.59*	89.51
Controlling High Blood Pressure	Hybrid	66.42*	61.31*		42.34*	56.15

▲ YoY Improvement

▼ YoY No Improvement

\* Hybrid results rotated from 2019 due to COVID-19 pandemic

2020 BCBSIL QI Program Evaluation

**BCBSIL Common Measure Set Summary of Results – Tier 1 (continued)**

Measure	Type of Measure	IL HMO Commercial (%)	IL HMO Marketplace (%)	IL PPO Commercial (%)	IL PPO Marketplace (%)	2020 Quality Compass National Avg. (ALL LOB)
Statin Therapy for Patients With Cardiovascular Disease (Statin Therapy)	Administrative	83.63 ▼		84.89 ▲		81.47
Asthma Medication Ratio (PDC>=50) for Age 5 - 64	Administrative	83.14 ▲		84.49 ▲		78.66
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Administrative	37.74 ▼		38.52 ▼		40.47
Medication Management for People With Asthma (Medication Compliance 75%)	Administrative	57.16 ▲	68.95 ▼	56.73 ▲	64.38 ▲	54.82
Initiation and Engagement of AOD Abuse or Dependence Treatment (Engagement of AOD Treatment)	Administrative	12.02 ▼	11.65 ▼	16.54 ▼	15.51 ▲	13.02
Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)	Administrative	40.42 ▲		50.05 ▲		45.05
Follow-Up After Emergency Department Visit for Mental Illness (30-Day Follow-Up)	Administrative	61.43 ▲		67.25 ▲		60.39
Follow-Up Care for Children Prescribed ADHD Medication (Continuation & Maintenance Phase)	Administrative	51.96 ▼		49.54 ▲		46.83
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)	Administrative	38.61 ▲	32.64 ▼	39.15 ▲	31.56 ▲	40.76
Use of Imaging Studies for Low Back Pain Imaging	Administrative	74.46 ▲	71.82 ▼	75.30 ▲	75.70 ▲	77.31
Appropriate Treatment for Upper Respiratory Infection (3 Mths - 17 Yrs)	Administrative	90.19 ▼	91.59 ▼	90.09 ▼	69.42 ▼	90.03
Appropriate Testing for Pharyngitis (3 - 17 Yrs)	Administrative	90.00 ▼	90.26 ▼	89.13 ▲	86.30 ▲	85.26

▲ YoY Improvement

▼ YoY No Improvement

\* Hybrid results rotated from 2019 due to COVID-19 pandemic

**2020 HEDIS QRS Year Over Year Performance**

	Improvement		Rotated Measures*		Combined		Total Measures
	%	#	%	#	%	#	#
HMO Commercial	36.96	17	28.26	13	65.22	30	46
HMO Marketplace	0	0	51.85	14	51.85	14	27
PPO Commercial	75.00	21	0	0	75.00	21	28
PPO Marketplace	32.00	8	56.00	14	88.00	22	25

\* Hybrid Results rotated from 2019 due to COVID-19 pandemic

**2020 Quality Compass Comparison**

	Above 2020 Quality Compass*		Below 2020 Quality Compass*		Total Measures
	%	#	%	#	#
HMO Commercial	67.35	33	32.65	16	49

\* Average Rate 2020 Quality Compass

\*Quality Compass is recognized for HMO Commercial Only



2020 BCBSIL QI Program Evaluation

**BCBSIL Membership**

Commercial HMO	Marketplace HMO	Commercial PPO	Marketplace PPO
671,062	123,197	2,424,955	142,759

\* End of Year Membership Counts for 2020 HEDIS® and QRS Reporting for BCBSIL Plan (As of December 31, 2019)

**Credentialing and Recredentialing**

BCBSIL reviews the performance of the credentialing program to identify opportunities for improvement. Data is pulled from the credentialing and provider systems to identify credentialed and/or network providers. This data will identify volumes and percentages of provides that were processed within the targeted timelines and compliance guidelines according to the goals and regulations. A plan of action was implemented at the beginning of 2020 to complete initial providers within 21 days and recredentialing within 36 months for facilities should average at 97%, the overall turnaround time ending 2020 was 16 days for initial providers and the recredentialing 36 months average overall was 99% for facilities.

Credentialing Activity						
	2017-2018		2018-2019		2019-2020	
	Volume	TAT	Volume	TAT	Volume	TAT
<b>Initial: Target Avg 45 Days</b>	4,995	32	4,765	19	5,784	16
<b>Recredentialing in 36 months – Facilities</b>	206	99%	786	98%	258	99%

**Pharmacy**

The Pharmacy Voice of the Customer (VoC) Program is an integrated approach to enhance cross-functional change using customer insight for short-term, tactical change; but also, to aid long-term strategic planning to reduce costs by improving processes and creating greater consistency, increasing revenue, decreasing costs through operational improvements, driving cultural change that will influence key business and customers' key process input variables (KPIVs). There is an enterprise pharmacy specialty review unit (SRU).

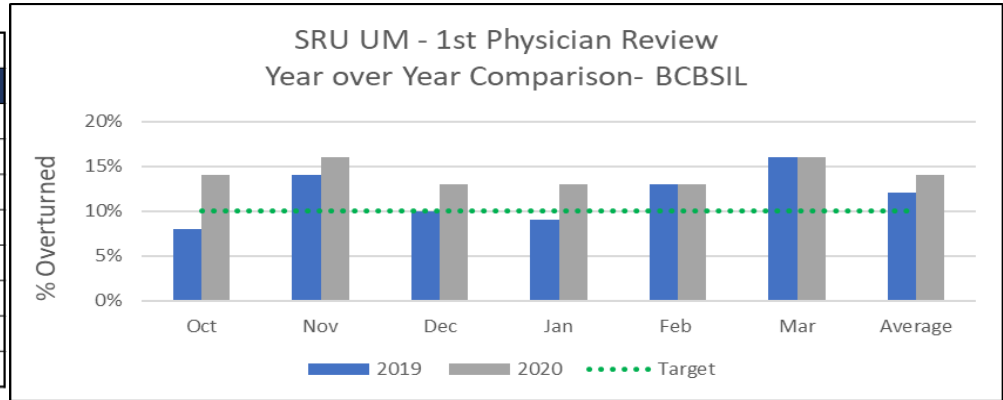
SRU review data for BCBSIL was evaluated for the reporting period 4Q 2018 through 3Q 2019. Data reported includes the number of requests submitted to SRU for review, the number of requests approved, the number of requests recommended for denial, the number of denials upheld and the first physician review overturn rate.

**4Q 2019 and 1Q 2020**

BCBSIL						
Month	Year	Requests Submitted	Recommended for Denial	Denial Recommendation Upheld	Denial Recommendation Overturn	Denial Recommendation Overturn Rate
October	2019	4014	653	560	93	14%
November	2019	3525	652	546	106	16%
December	2019	3963	691	599	92	13%
January	2020	4132	583	510	73	13%
February	2020	4418	618	540	78	13%
March	2020	5724	796	670	126	16%
<b>Grand Total</b>		<b>25,776</b>	<b>3,993</b>	<b>3,425</b>	<b>568</b>	<b>14%</b>

2020 BCBSIL QI Program Evaluation

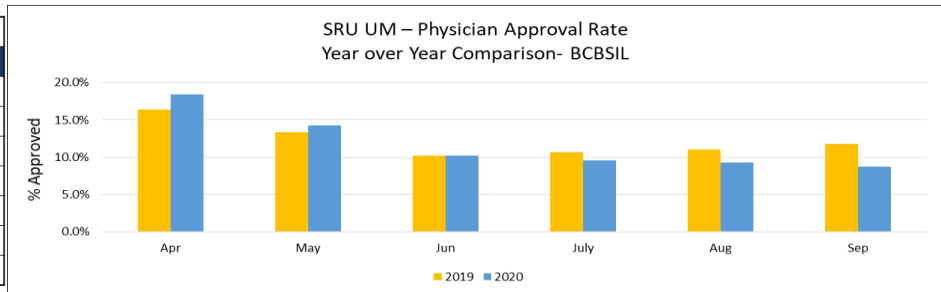
SRU UM Overturns		
BCBSIL		
Month	2019	2020
Oct	8%	14%
Nov	14%	16%
Dec	10%	13%
Jan	9%	13%
Feb	13%	13%
Mar	16%	16%
<b>Average</b>	<b>12%</b>	<b>14%</b>



2Q 2020 and 3Q 2020

BCBSIL						
Time Period	Requests Submitted	Approved by SRU	Not Approved by SRU	Denied by Physician	Approved by Physician*	% Approved Final
Apr-20	4067	2680 (65.9%)	872 (21.4%)	711 (81.5%)	161 (18.5%)	<b>69.9%</b>
May-20	3357	2331 (69.4%)	625 (18.6%)	536 (85.8%)	89 (14.2%)	<b>72.1%</b>
Jun-20	3866	2629 (68.0%)	694 (18.0%)	623 (89.8%)	71 (10.2%)	<b>69.8%</b>
Jul-20	3985	2706 (67.9%)	773 (19.4%)	699 (90.4%)	74 (9.6%)	<b>69.8%</b>
Aug-20	3920	2650 (67.6%)	715 (18.2%)	649 (90.8%)	66 (9.2%)	<b>69.3%</b>
Sep-20	3725	2590 (69.5%)	608 (16.3%)	555 (91.3%)	53 (8.7%)	<b>71.0%</b>

Physician Approval Rate		
BCBSIL		
Month	2019	2020
Apr	16.4%	18.5%
May	13.4%	14.2%
Jun	10.2%	10.2%
Jul	10.6%	9.6%
Aug	11.0%	9.2%
Sep	11.8%	8.7%



Analysis

Cases submitted for SRU review from 4Q 2019 through 3Q 2020 totaled 48,696. Of those cases, 24,646 (~71%) were approved as being medically necessary. 8,280 (~17%) were recommended for denial and pending for medical director review. Of the cases recommended for pending, 7,198 (~87%) were denied and 1,082 (~13%) were overturned on the first physician review. The goal for SRU department is less than or equal to 10% first physician review overturn rate, which would indicate a thorough and accurate review of the clinical documentation with application to current medical policy. After discussion with the SRU Medical Directors, the 10% 'target' was removed from the 2Q-3Q 2020 data as it didn't appear to add value to the report.

Barriers

Higher first physician overturn rates could be attributed in part to a higher-review volume. SRU experienced ~25% increase in volume of requests submitted for review in 2020, compared to the same time period in 2019 and required assistance of UM personnel outside of the SRU who had limited experience reviewing SRU products.

The higher overturn rate could also be attributed to receipt of additional clinical information prior to the medical director decision. Rotation of medical directors with various specialties and complicated cases may have also affected the overturn rate. Multiple clinical practice guideline revisions (i.e. NCCN), FDA approvals and medical policy updates were published during the reporting period and may have been inconsistently reviewed or interpreted.

### **Actions**

SRU has an annual IRR survey that examines reviewer consistency across a variety of different requests. Touchpoint e-mails are sent on a monthly or ad hoc basis to inform staff of updates to guidelines, policy and/or process. Ad hoc surveys were administered via SurveyMonkey to reinforce seasonal product reviews (i.e. Synagis) and review process changes, address common audit findings, and to reinforce use of resources available on SharePoint. Individual monthly quality audits are conducted for all SRU review pharmacists and technicians. The audits review template consistency, decision reasonability and application of medical policy. Individuals scoring lower than the 90% benchmark have meetings set with the Quality Audit Analyst Trainer or Pharmacist Manager to review audit findings and discuss strategies for improvement.

### **Recommendations**

The goal set at less than or equal to a 10% physician approval rate (formerly UM overturn rate) was removed in 2020 and will not be utilized in 2021. SRU will strive to review all requests in a consistent manner in accordance with current medical evidence. Given the volume of reviews conducted and the frequent changes to clinical practice guidelines and FDA approvals, there is some opportunity for an overturn if the reviewing pharmacist misinterprets an updated dose, guideline recommendation or indication. There also may be medical director overturns for 'gray' cases, extenuating circumstances or individual considerations. SRU will continuously work to improve quality and consistency in reviews to maintain consistency through the annual IRR, monthly quality audits, ad hoc reasonability training, touchpoint e-mails, targeted surveys administered through SurveyMonkey and meetings with medical directors.

## **Delegation Oversight**

### **Group and Retail HMO**

BCBSIL delegates Utilization Management (UM) and Care Coordination Program (CCP) to duly constituted Medical Groups, Individual Practice Associations, or Physician Hospital Organizations (hereinafter the IPAs) for HMOI, Blue Advantage, and Blue Precision HMO products. The 2019 HMO Utilization Management and Care Coordination Program annual evaluation was completed and presented to the BCBSIL QIC with associated 2019 analysis and action plans for 2020. The purpose of the annual evaluation is to document oversight of the Physician Groups or compliance with requirements set forth as outlined in the 2019 BCBSIL HMO Utilization Management Plan. The annual evaluation includes describes performance of the IPAs in the following areas:

- Utilization Management
- Adherence Audits
- Complex Case Management
- Hospital Audits
- Denial Files
- Member & Provider Satisfaction
- Potential UM issues

### **Credentialing Delegation Oversight**

Enterprise Delegation Oversight Programs (EDOP) has provisions in place to monitor and audit each subcontractor such as, medical groups, Independent Physician Associations (IPAs), or vendors, for compliance. HCSC has a dedicated staff that performs oversight and monitoring of delegated functions.

Prior to delegation, an extensive review (pre-delegation audit) is conducted; audits are conducted annually thereafter.

The audits include the submission and review of relevant program information, as well as an initial on-site audit of organizational infrastructure, operational staff to perform all requested delegated functions, including a review of

files, licensures, board minutes, committee minutes, policies and procedures, insurance requirements and credentialing reporting requirements, as designated.

Ongoing monitoring of delegated functions is accomplished by annual delegation audits and continuous communication, receipt and analysis of monthly, quarterly and annual reporting as well as attendance at operational meetings, email communications, and corrective action plans (if applicable).

The IL Quality Improvement Committee (QIC) and Delegation Oversight Committees (DOC) are multidisciplinary committees which review recommendations regarding pre-delegation, annual audits, corrective action plans, and delegation oversight report monitoring for credentialing functions delegated to medical groups, IPAs, and vendors.

## **A. AUDITING COMPLIANCE**

### **Analysis**

- All credentialing audits were performed within 12 months of their last audit for all 4 quarters.

### **Interventions**

QI interventions conducted auditing requirements included the following:

- Filled open staffing positions to perform all the annual audits
- Reviewed compliance and reporting issues with the delegates during annual audits
- Continued to monitor delegates' compliance with corrective action plans and reporting requirements through follow-up
- Reported recommendation to the delegates from the DOC and QI committees.
- Involved the contract and business owner to support completing the corrective action plans
- Attended joint operation meeting to discuss delegation oversight and operation issues
- Distributed the annual audit requirements in the Delegation Guidelines to all delegates

### **Quality Initiatives**

QI interventions to improve the delegation strategy included the following:

- Continue to collect service indicators which are reported quarterly to the QI committees
- Continue to attend JOC to discuss delegation activities and operational outcomes.
- Continue Performed Delegated Audits within 12 months
- Continue to work on Network expansion and additional delegation
- Continue to report delegation audit and issue to the appropriate health plan committees
- Collaborated with Core Credentialing areas to improve consistency of delegation outcome reporting
- Continue Conducted Enterprise Delegate Oversight Committee with representation from all five (5) plans.

## **Complaints and Appeals**

A "complaint" is defined as oral or written expression of dissatisfaction made to BCBSIL about a benefit or coverage decision, customer service, or the quality or availability of a health service. The rate of member complaints for HMO Commercial was 4.3 per 1000 members in 2019 compared to 4.9 in 2018 and 7.5 in 2017. BCBSIL received 2,188 complaints in 2019. Goal of 90% turnaround time (resolving complaint within 30 days) was met in 2019. Majority of the HMO commercial complaints are Billing/Financial related. "Quality of Care" and "Quality of Practitioner Office site" complaints remain low at less than 1% of the total complaints. The rate of member complaints for Retail HMO was 1.1 per 1000 members in 2019 compared to 1.4 per 1000 in 2018 and 2.7 in 2017. Majority of the HMO Retail complaints are Billing/Financial related followed by Access at 10%, Attitude/Service at 7%, and Quality of Care remains low at around 4% of the total complaints.

In 2019, BCBSIL received 251 appeals from HMO Commercial members. Two hundred forty-three appeals out of 251 met the turnaround time resulting in 97% compliance and 3% non-compliance. Of the 251 appeals, five were for out of network request. Majority of the appeals are related to Billing and Financial and the appeals per member rate remained consistently low at 0.5 appeals/1,000. In 2019, there were 5,191 OON referrals. There were 4,871 services approved for an annual approval rating of 98.3% exceeding the goal of 90%.

Also, in 2019 BCBSIL received 159 appeals from HMO Retail members. One hundred fifty-five appeals out of 159 met the turnaround time resulting in 97% compliance and 3% non-compliance. Majority of the appeals are related to Billing and Financial and the appeals per member rate remained consistently low at 0.8 appeals/1,000. In 2019, there were 1,465 OON referrals. There were 1,322 services approved for an annual approval rating of 90.2% exceeding the goal of 90%.

Prioritized opportunities for improvement include 1. CAHPS survey results show that access related to “Getting Care Quickly” may need to be looked at to improve member access to immediate care.

The rate of PPO FEP member complaints was 0.116 per 1000 members in 2020 which is increase when compared to 2019 and 2018 at 0.1 per 1000 member. A review of all PPO FEP member complaints shows that 95% of the complaints are related to Billing/Financial. Complaints related to Quality of Care was 5% of the total complaints. Turnaround time for handling PPO commercial complaints was at 100% in 2020. In 2020, BCBSIL received 290 PPO FEP appeals,-two hundred ninety- appeals out of 290 appeals met the turnaround time resulting in 100% compliance and 0% non-compliance. Being two hundred seventy- four standard appeals out of 275 met the turnaround time resulting in 99.6% compliance and only 0.4% non-compliance. Eleven expedited appeals out of 15 met the turnaround time resulting in 73.3% compliance and 26.7% non-compliance. All of the appeals are related to Billing and Financial and the appeals per member rate remained low at 1.7/1,000.

FEP does not allow waivers for out-of-network requests. Overall, Commercial PPO (FEP only) rate of 0.116 per 1000 members is well within the plan goal of 2.0 per 1000. The volume of complaints is relatively the same around 0.1 complaints per 1000 members in the last 3 years. There were no access complaints that were identified which represents 0% of the total 20 complaints received.

The overall rate of FEP appeals of 1.7 per 1000 members is well within the plan goal of 2.0 per 1000. The standard appeal turnaround time of 99.6% closed within 30 days met and exceeded the goal of 90%. The expedited appeal turnaround time of 73% closed within 72 hours did not meet the goal of 99%; however, a Corrective Action Plan (CAP) will be implemented in early 2021 to closely monitor improvement in expedited appeals. The volume of appeals increased by 0.3 appeals per 1000 members in 2019.

The overall rate of 0.116 complaints per 1000 and 1.7 appeals per 1000 members are minimal in comparison to the overall membership of 170,382 in Illinois.

#### **Retail Exchange Affected Markets (REAM), On and Off Complaints**

Retail Complaints are acknowledged within 5 days and closed within 30 days of complaint reporting date (CRD). Department of Insurance (DOI) compliance is based on the greater of 30 days or the DOI compliance due date. Goal is 90% Compliance. For 1Q & 2Q 2020, the 90% compliance rate was met. Recommendations include continuing to work with the impacted areas for timely receipt of complaints. Continue education/training for compliant staff regarding case review and documentation.

#### **Retail Complaints that met regulatory turnaround times**

	1Q 2020			2Q 2020		
	Met	Total	%	Met	Total	%
<b>Illinois PPO</b>						
On and Off REAM Combined	84	84	100.00%	50	53	94.34%
On REAM	60	60	100.00%	27	27	100.00%
Off REAM	24	24	100.00%	23	26	88.46%
<b>Illinois HMO</b>						
On and Off REAM Combined	34	35	97.14%	21	21	100.00%
On REAM	23	24	95.83%	19	19	100.00%
Off REAM	11	11	100.00%	2	2	100.00%

\* Complaints that met regulatory TAT with goal of  $\geq 90\%$ .

**Quality of Care Complaints/Adverse Events**

Member and QOC complaints are received and triaged by the Customer Assistance Unit (CAU). Complaints classified as QOC are then forwarded to the clinical team for review, evaluation and determination. In 2020, a total 108 QOC were reported, down from 208 in 2019. The Complaint Main Categories are: Access, Inappropriate/Inadequate Treatment, Quality of Care, Quality of Practitioner Office Site. Of the multiple subcategories, the majority (97) were noted to be “perceived lack of caring or concern”. BCBSIL takes member safety and satisfaction seriously and will continue to track and trend member complaints across all lines of business by severity and category and implement strategies to ensure member complaints and QOC are resolved timely and according to regulatory requirements.

**Plan Access**

**PCP and Behavioral Health Practitioner Site Visit Results**

An annual (2020) and a three-year comparison (2018- 2020) were conducted for onsite chart and site audits completed on Primary Care Physician’s (PCP) and High Volume Behavioral Health (BH) Care Practitioner’s. The auditors evaluate the practitioner site for physical accessibility and physical appearance, appointment access, emergency preparedness, safety measures, medication and medical supply storage and compliance with ADA requirements. In addition, a chart audit is completed where a practitioner is evaluated on quality of care, adequacy of record keeping and preventative indicators. Each practitioner must achieve 90% or greater on both the site and medical chart portion to pass the audit.

**Behavioral Health Care Practitioners**

In 2018, 98 BH Practitioners were audited against BCBSIL Quality Visit Standards Policy. In 2019, 65 BH Practitioners were audited and in 2020, 4 BH practitioners were audited based on failed audits of 2019, these practitioners were further broken down by prescribing practitioners at 4 and non-prescribing practitioners at 0. In 2020, due to the COVID-19 pandemic no new standards were added for accessibility and facility as well as for medical records.

**Primary Care Physician**

In 2018, 378 PCP’s were audited, with 516 audits completed in 2019 and 0 in 2020. In 2020 due to the COVID-19 pandemic had no on-site facility and/or medical record audits were completed.

**FHP/ICP/MLTSS/MMAI**

**In 2020, due to the COVID-19 pandemic no new standards were added for accessibility and facility as well as for medical records.**

### **Availability of Providers**

Availability of Providers is evaluated annually to ensure BCBSIL has an adequate network of practitioners providing care; this includes Primary Care, Specialists including Behavioral Health, and Facilities. Providers geographic accessibility and availability are evaluated by analyzing the distance and number of providers to members. In addition to access and availability, language and cultural background of members is estimated, using U.S. Census data, and the provider network is assessed to determine whether they meet members' language and cultural needs or preferences. Quest Analytics Suite™ software is used for analyzing and communicating access of managed care networks. **Due to the COVID- 19 pandemic no on-site facility and/or medical record audits were completed.**

### **Behavioral Health Telephone Access**

Behavioral health telephone access is evaluated on a quarterly basis. Blue Cross and Blue Shield of Illinois (BCBSIL) collects and analyzes data containing Average Speed of Answer (ASA) and 'Abandonment Rate' (AR) for Contract Entities (CE) with centralized screening and triage. Telephone records are maintained by Contract Management Firms (CMFs), which are vendors used by CEs to screen and triage members' behavioral health services.

BCBSIL uses the following requirements to evaluate and actively monitor behavioral health telephone services provided to members:

- The quarterly average for screening and triage calls shows that telephones are answered by a live voice within 30 seconds.
- The quarterly average for screening and triage calls reflects a telephone abandonment rate within 5%.

Project was retired in Q.1 2020 due to meeting and/or exceeding the goal of 30 second goal for ASA and 5% goal for AR. Management will continue to monitor the services of behavioral health members.

### **HMO Member Survey**

**Due to the COVID pandemic the survey was delivered late and will not be able to provide results until May. Will update later in May.**

### **Continuous Tracking Program (Member Satisfaction) Results**

The Continuous Tracking Program (CTP) survey has been conducted by BCBSIL's Strategic Market Research area since 1999. In 2020, over 5,700 BCBSIL members were surveyed including 1,853 Group members and 288 Retail members. The CTP survey is a computer-aided telephone interviewing survey designed by HCSC Strategic Market Research and administered by a third-party research firm. Stratified random sampling is used to select participants with quotas set by product, account type and size, and membership status to ensure sufficient sample to make comparisons and draw conclusions. Results are weighted to represent the membership book of business being analyzed.

Below are the results for the four key measures for the Group and Retail lines of business.

Overall, BCBSIL Group member ratings remain high in 2020. BCBSIL Group PPO ratings increased on Value and decreased on Overall in 2020. Group HMO ratings are trending higher on Overall.

2020 BCBSIL QI Program Evaluation

BCBSIL Group Results

	Overall			Value			Likelihood to Recommend			Likelihood to Stay		
	2018	2019	2020	2018	2019	2020	2018	2019	2020*	2018	2019	2020*
	A	B	C	A	B	C	A	B	C	A	B	C
PPO	93	93	86 AB	86	88	91 AB	92	91	81	86	89	92
HMO	94	89	94 B	91	91	88	92	90	80	83	80	88
CDH	92	88	89	83	87	84	87	90	74	84	83	89
<b>Total</b>	<b>91</b>	<b>91</b>	<b>86</b>	<b>86</b>	<b>88</b>	<b>90</b>	<b>91</b>	<b>90</b>	<b>79</b>	<b>84</b>	<b>84</b>	<b>90</b>

BCBSIL Group Results

*A, B indicates significant difference from the column listed. Overall and Value ratings indicates the percent of members responding Excellent, Very Good or Good. Recommend and Stay changed to 0 to 10 scale in 2020, results are not comparable to previous years. Results indicates the percent of members rating 7-10.*

*Number of respondents: PPO –985; HMO –470; CDH –398*

Overall, BCBSIL Retail members ratings were stable in 2020. BCBSIL Retail PPO ratings increased on Overall compared to 2019.

BCBSIL Retail Results

	Overall			Value			Likelihood to Recommend			Likelihood to Stay		
	2018	2019	2020	2018	2019	2020	2018	2019	2020*	2018	2019	2020*
	A	B	C	A	B	C	A	B	C	A	B	C
PPO	79	82	73 B	68	70	69	76	77	64	67	71	86
HMO	79	76	85	69	69	74	74	77	62	70	67	76
<b>Total</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>69</b>	<b>70</b>	<b>71</b>	<b>75</b>	<b>77</b>	<b>63</b>	<b>73</b>	<b>69</b>	<b>81</b>

*A, B indicates significant difference from the column listed. Overall and Value ratings indicate the percent of members responding Excellent, Very Good or Good. Recommend and Stay changed to 0 to 10 scale in 2020, results are not comparable to previous years. Results indicates the percent of members rating 7-10. Number of respondents: PPO –171; HMO –117*

**HMO Asthma and Diabetes Condition Management Population Health Management Surveys**

The purpose of the Asthma and Diabetes Condition Management Population Health Management surveys is to obtain the Illinois member perspective of the programs, assess the helpfulness of the IPA program staff, the usefulness of educational materials sent to members and assess self-care management. Members who have been with the Condition management program for at least 60 days and are at least 18 years of age were selected to participate in the Commercial HMO (HMO Illinois, Blue Advantage HMO) and the Retail HMO (Blue Precision HMO; Blue Care Direct HMO; and Blue Focus Care HMO) surveys.



While the 2019 surveys were mailed quarterly, in 2020 due to the COVID-19 pandemic, survey mailings were sent to members in May and October. The 2020 survey results showed that the asthma program met or exceeded the 90% member satisfaction goal for all question, clearly demonstrating that members were extremely satisfied with the program resources, knowledge, and professionalism of the IPA staff. For the diabetes survey, while the desired target of 90% satisfaction was not met for any of the 10 questions, there was a gratifying jump in retail members' overall satisfaction with the diabetes program and with their health goal achievement, arguably the two most impactful measures. For the Commercial population, overall satisfaction with the program hovered overall just below target at 86%, while satisfaction with health goal achievement increased five percentage points over 2019 to 75% in 2020.

Ongoing Interventions to improve 2021 survey results:

- HMO Nurse Liaisons regularly evaluate survey results and provide formal/informal educational opportunities to the IPAs based on the assessment of need.
- IPAs are required to discuss the results of the diabetes member satisfaction survey and implement interventions for results under threshold. IPA intervention plans are submitted to HMO Nurse Liaisons for approval and oversight.

Future Interventions to improve upon 2021 survey results:

- Initiate a pilot for digital survey process at IPA level to improve response rates.
- IPAs to structure assessments to address health equity and social determinants of health
- Conduct educational webinars on best practices in managing patients with a diagnosis of diabetes.
- Some IPAs are considering distributing a communication to members that speak to the importance of surveys in hopes that it will help increase the numbers to get a better picture of the program.

### **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

The 2020 Adult Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was mailed out March 4 –May 22, 2020. The annual survey is designed to measure member experience and satisfaction with the care that they receive and identify factors that affect that experience level and opportunities for quality improvement.

Based on the 2020 Adult Commercial CAHPS survey measure scores, satisfaction and experience of Commercial BCBSIL HMO members on the following items was not significantly different from the prior year:

- Getting care quickly- 84% of surveyed members “Always or Usually” received care, and appointments as soon as needed (Composite measure score)
- Getting Needed Care –82% of surveyed members indicated it is “Always or Usually” easy to get the care they believe is necessary and easy to get an appointment with a specialist (Composite measure score)
- 80% of surveyed members rated their health care 8-10 (0-10 scale)
- 85% of surveyed members rated their primary care physician between 8-10 (0-10 scale)
- 81% of surveyed members rated their specialist between 8-10 (0-10 scale)

### **2020 QHP Enrollee Experience Survey (PPO and HMO) and Commercial CAHPS (HMO) Member Summary**

Annual EES and CAHPS surveys are designed to measure members' experience and satisfaction with their health plan as well as identify factors that affect the experience level while also determining opportunities for quality improvement. This year's QHP PPO and HMO and Commercial HMO surveys were all conducted between February 2020 and May 2020. The samples were members, 18+, who were continuously enrolled in their plan for at least six months as of December 31, 2019 for QHP and at least twelve months for Commercial. Oversamples were used to maximize the number of responses. Surveys were conducted using a multi-mode methodology which included a mail with online option distribution and telephone follow-up for non-

2020 BCBSIL QI Program Evaluation

respondents. The CAHPS and QHP survey instrument contains four global rating questions, seven composite measures (eight in QHP), and four Healthcare Effective Data and Information Set (HEDIS®2) measures.

Commercial CAHPS key driver analysis recommendations for improving the Overall Health Plan Rating include focus on improving ease of getting care, handling claims correctly, and handling claims quickly. QHP key driver analysis on Overall Health Plan rating recommended improving the ease of getting care, tests, and treatment needed for both PPO and HMO. PPO also could improve on having to pay for care, the forms being easy to fill out and customer service providing information or help needed while HMO could work on ease of getting routine care and how doctor communicates (spending time, listening carefully and treating with respect).-

Measures	QHP-Illinois HMO			QHP-Illinois PPO			Commercial III HMO		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
<b>Sample size</b>	1690	1690	1690	1690	1690	1690	1760	1760	1760
<b>Completed surveys</b>	261	263	261	332	312	274	267	248	224
<b>Response rate</b>	23%	20%	21%	26%	23%	21%	15%	14%	13%
<b>Summary</b>									
<p>The QHP HMO CMS case-mix adjusted score showed:</p> <p>Overall QRS Summary Ratings:</p> <ul style="list-style-type: none"> <li>Significant increase from last year on: Access to Care, overall rating of health care, overall rating of personal doctor, and overall rating of specialist.</li> <li>Health Care dropped from average to below average</li> </ul> <p>Key Drivers of Satisfaction Measures:</p> <ul style="list-style-type: none"> <li>Healthcare overall (76<sup>th</sup> percentile)</li> <li>Personal doctor overall (64<sup>th</sup> percentile)</li> <li>Plan did not pay for care (85<sup>th</sup> percentile)</li> </ul>			<p>The QHP PPO CMS case-mix adjusted score showed:</p> <p>Overall Ratings:</p> <ul style="list-style-type: none"> <li>2020 Health Plan Rating at 24<sup>th</sup> percentile compared to SPH's book of business.</li> </ul> <p>Key Drivers Performing well included:</p> <ul style="list-style-type: none"> <li>Overall healthcare (54<sup>th</sup> percentile)</li> <li>Specialist overall (74<sup>th</sup> percentile)</li> <li>Got routine care (75<sup>th</sup> percentile)</li> <li>Got urgent care (61<sup>st</sup> percentile)</li> <li>Care coordination decreased significantly from last year, and significantly lower than SPH's book of business average.</li> </ul>			<p>There were no statistically significant changes in key overall or composite measures from 2019 to-2020.</p> <p>Overall Ratings:</p> <ul style="list-style-type: none"> <li>Health Plan Rating at 2020 Quality Compass 71<sup>st</sup> percentile</li> <li>Overall Rating of Personal Doctor at Quality Compass 46<sup>th</sup> percentile benchmark</li> <li>Health Care Rating at 2020 Quality Compass 58<sup>th</sup> percentile</li> <li>Overall Rating of Specialist below 25<sup>th</sup> percentile</li> </ul> <p>Composite Measures:</p> <ul style="list-style-type: none"> <li>Claims Processing at 85<sup>th</sup> percentile</li> <li>Getting Needed Care and Customer Service below Quality Compass 50<sup>th</sup> percentile benchmark</li> </ul> <p>Care Coordination measure at Quality Compass 80<sup>th</sup> percentile</p>			

**HMO PCP Survey**

The PCP Survey is used to evaluate Medical Group (MG/IPA) sites, based upon HMO PCPs' experience on various attributes, including BCBSIL services, MG Referral Procedures, Quality On-Site audits, Utilization of

Electronic Medical Records, and MG Claims Payment. **(Due to the COVID pandemic the survey was not delivered and will not be able to provide any 2020 results.)**

**2020 Provider Tracking Program (Provider Satisfaction) Results – BCBSIL Retail PPO**

HCSC's growth strategy relies heavily on a strong network of providers to serve its members. A major component in building a strong network is an effective relationship between a health plan and their network providers. Such a relationship provides the stability needed to attract and retain quality providers.

The objectives of the Provider Tracking Program are to measure providers' level of satisfaction with their BCBS plan, understand key drivers of that satisfaction and identify areas of strength and opportunities for improving provider relations.

The survey is administered by SPH Analytics, an independent marketing research firm. The surveys are sent annually by mail, phone, and internet. The ~~2019~~ 2020 survey was in the field from July to September 2020-

The following table identifies overall findings from the Provider Tracking Program for BCBSIL Retail PPO. Results are shown as the percent of providers responding positively (Excellent, Very Good, Good as opposed to Fair or Poor).

	2018	2019	2020
Overall Satisfaction	89*	84*	90*
Commitment	97	82	91
Ease of Doing Business	68	62	64
Claims and Member Eligibility	87*	86*	89*
Provider Relations	75*	67*	72*
Provider Network	88*	86*	91*
Utilization and Quality Management	76*	68*	73*
Pharmacy and Drug Benefits	76	64	71
Continuity of Care	72*	66*	69*

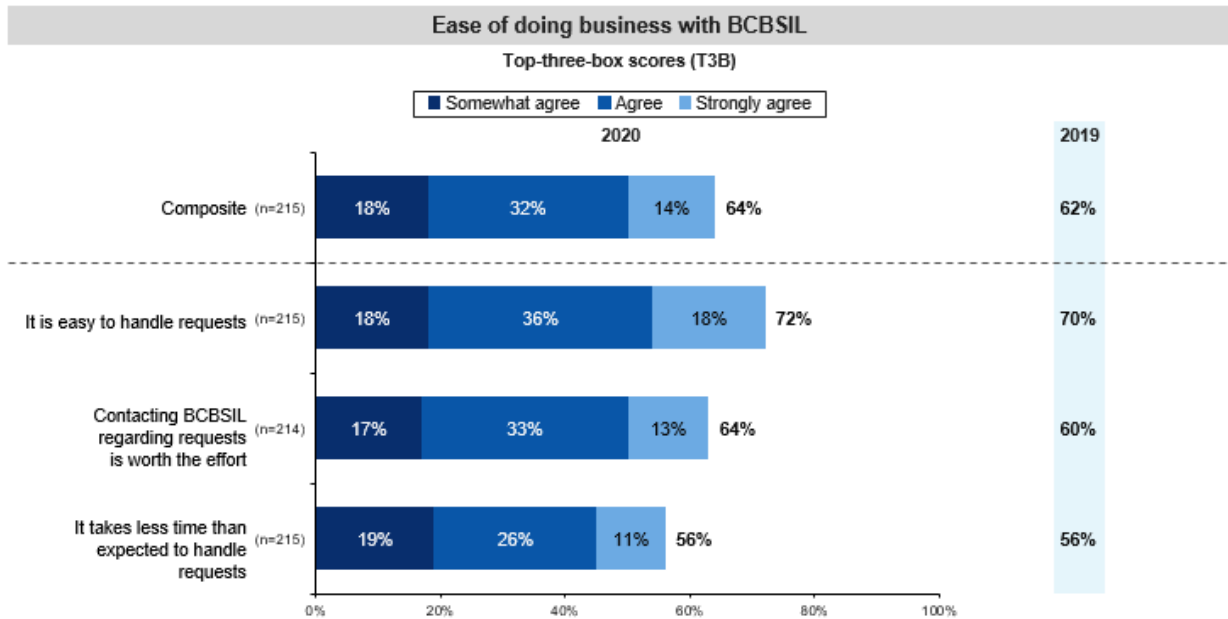
<sup>^</sup>Overall Satisfaction score measures %Excellent, Very good

\*Rating is significantly higher than competitor

Overall, the IL Retail provider ratings improved in 2020. The Overall Satisfaction and Commitment score year-over-year improvements were statistically significant. Providers rated BCBSIL Retail PPO significantly higher than competitors on Overall Satisfaction, Claims and Member Eligibility, Provider Relations, Provider Network, and Continuity of Care.

Further analyses indicate the ease of doing business with BCBSIL is highly important to the providers' ratings on Overall Satisfaction. However, scores on the measures in this area are not commensurate with their importance. Efforts to improve scores on these measures have the most potential to increase overall satisfaction.

## 2020 BCBSIL QI Program Evaluation



### BCBSIL Marketplace PPO UM Measures

	BCBSIL Marketplace PPO			Competitor		
	Top 3 Box	N	D	Top 3 Box	N	D
Phone availability of UM staff	73	112	154	63	86	137
Timeliness of the authorization process for non-emergent requests	80*	112	140	66	86	130
Explain the reasons for adverse review decisions	61	93	153	54	71	132
Extent to which adverse review decisions reflect evidence-based medicine	58	69	118	49	53	109
Phone access to Case/Care Managers	58	76	130	64+	76	119
Community resource options	75	58	77	63	44	70
Programs or resources for chronic disease management	87	60	69	73	47	64
Plan promotes the importance of preventative care	88	73	83	77	56	73
Rate your understanding of care management program (BCC)	71	82	115	66+	64	97
Overall satisfaction with Utilization Management	74	97	131	65+	76	117

\*Rating significantly higher than competitor

+Rating significantly higher than 2019

Top 3 Box % indicates the number of providers that responded Excellent, Very Good, Good

Source: 2019-2020 Provider Tracking Program; SPH Analytics, HCSC Market Research

### HMO Contract Entity Survey

BCBSIL performs an annual Contract Entity (CE) Survey to obtain feedback about the HMO Services. **(Due to the COVID pandemic the survey was not delivered and will not be able to provide any 2020 results.)**

### Continuity and Coordination of Care

#### Continuity and Coordination of Medical Care

The purpose of this report is to perform an annual assessment of continuity and coordination of care and acts as necessary, to improve the continuity and coordination of medical care between practitioners or sites of care to avoid miscommunication or delays in care that can lead to poor outcomes. Data was collected from surveys, site audits, QI projects, and Plan all cause readmission measure.

Based on data analysis the following opportunities for improvement were identified:

- To prevent hospital readmissions
- To improve coordination of care between the PCP and other specialists
- To improve coordination of care between the primary care practitioner and eye care provider
- Improve communication between Hospitalists and primary care physicians

PCP's ratings of feedback received from specialists had results that ranged from 90% to 95%. PCP's also showed that the feedback received from Hospitalists had decreased from 90% to 88%. There is room for improvement in educating our specialists about the need to communicate to PCP's. An article was written about the importance of continuity and coordination of care.

Our plan all cause readmissions measure has shown a decrease in the rates. Although a decrease is good since it is an inverted measure, we still have not met our benchmark. In 2019 the results were .51% for HMO-COM, .57% for HMO-Marketplace, and .48% for PPO- Marketplace. Part of the BCBS IL HMO population health strategy, our medical management program description has incorporated a goal to reduce unplanned ER readmissions by .5%

This will be done by:

- Utilization of Predictive Readmission report to identify "high risk" population.
- Staff outreach to top 10 of members identified as high risk for unplanned readmission through the ER, within 30 days of discharge.

PPO providers will continue to be provided the QRS plan all cause readmission data, and results will be continually monitored.

### **Continuity and Coordination of Care between PCP and Behavioral Health Practitioner**

Purpose of this report is to perform an annual assessment of the continuity and coordination of care between medical and behavioral health providers.

There were a few items that were used to assess continuity and coordination of care. Among them the BCBSIL HMO PCP Survey, BCBSIL Behavioral Health Specialists Site Audit Results, BCBSIL PCP Site Audit Results, BCBSIL HMO HEDIS Results, and the BCBSIL Complex Case Management Program.

The first opportunity of improvement was in the communication between the Behavioral Health Specialist and the PCP. When looking at the BCBSIL PCP Survey rating of feedback from Behavioral health specialists, satisfaction was at 56% in 2019 which is a decline from 74% in 2018. The documentation in the BHS medical record of communication between the BHS and the referring practitioner had a decrease in rate of 88% in 2017 to 86% in 2018 to 58% with prescribing practitioners and a fluctuating increase/decrease of 93% in 2018 to 62% for non-prescribing practitioners in 2019.

To improve satisfaction, we will continue to do the medical record audits for BH and continue encouraging our BH providers to communicate with PCPs. We also have worked to provide our PCPs an article about the importance of communication.

For the second opportunity of antidepressant medication management for members with a new episode of major depression for the HMO Marketplace population, the interventions may have had an impact since Antidepressant Medication Management rates HMO Commercial, as both indicators have had a statistically significant increase in the rates. For the HMO Marketplace population there was a decrease in both indicators. For the Effective Continuation Phase Treatment indicator was not statistically significant, but for the Effective Acute Phase Treatment the decrease was statistically significant (p-value 0.0216). An article and clinical resources were also provided to the provider website.

To analyze the results of the QI Fund project in 2019 after the 2018 inclusion of ADHD: Follow-up Care for Children Prescribed ADHD Medication-Initiation Phase 30 days. IPAs with 2018 rates of >43% where IPAs have the potential to earn incentives. BCBSIL continues to work with the IPAs to improve the quality and completeness of encounter data, which is used in reporting results for the ADHD HEDIS measure. The BCBS provider website also includes clinical resources for best practice standards. The BCBS provider website also includes clinical resources for ADHD.

**Continuity and Coordination of Care between PCP and Behavioral Health Practitioner- Group and/or Retail** BH Outpatient Provider Satisfaction/Experience Survey was an email invitation to an online survey followed by two mail surveys sent to 6,177 randomly selected BCBS Behavioral Health providers with outpatient BH claims incurred from 7/1/18 to 3/31/19, that were paid through 3/31/19 for Group and Retail. Results weighted to reflect Behavioral Health provider population. Providers administering outpatient services are surveyed annually. The types of providers administering outpatient services are surveyed annually which includes, Licensed Professional Counselor, Clinical Social Worker, Drug/Alcohol Counselor, Psychologist/Psychological Associate, Marriage/Family Therapist, Psychiatrist, Drug/Alcohol Counselor and Board-Certified Behavior Analyst. The response rate decreased 9.4% in 2017, then increased to 10.7% in 2018 again to 16% in 2019. The survey had some highlighting points.

Group and/or Retail: Despite a previous increase in Provider coordination with BH prescribing clinicians, the coordination rates decreased from 88% in 2017 to 86% in 2018 and a significant drop of 58% in 2019, falling below goal ( $\geq 90\%$ ). BH Provider ratings of the helpfulness in non-prescribing clinicians decreased as well with a thirty-three percentage points from 93% in 2018 to 62% in 2019. Additionally, the timeliness of this feedback continued to show growth in a decrease from 71% in 2017 to 65% in 2018, then increasing to 87% in 2019 meeting above the goal ( $\geq 74\%$ ). BH Provider coordination with a medical practitioner rates did demonstrate significant growth from 98% in 2017 to 100% in 2018 and stabilizing the 100% in 2019, which met above the goal ( $\geq 90\%$ ). Additionally, helpfulness of the medical practitioner rates increased from 2017 to 2019 by two percentage point from 98% to 100%. Scores for Helpfulness of Feedback were above the ( $\geq 84\%$ ) goal at 93%.

The causal analysis of both the provider satisfaction/experience and BH and Medical Management Satisfaction/Experience surveys showed that providers indicate dissatisfaction with the frequency that coordination of care occurs but indicate higher satisfaction with the helpfulness of the communication when it occurs. The items related to coordination of care are not asked in the same manner, making comparison direct difficult. Coordination of care between BH and medical providers may not recognize the efficacy of the coordination of care and a coordination of care tool, especially when it is not a direct referral, which is not necessary with PPO plans as well as lack of patient participation due to COVID-19. Also, the use of Electronic Medical Record (EMR) systems across large hospital and affiliated provider systems are becoming more widespread, BH providers are often not part of those systems.

The annual continuity and coordination of Care analysis showed there were some opportunities for improvement.

1. Coordination of care between BH and medical providers can be improved by increased promotion of the efficacy of the coordination of care and a coordination of care tool.
2. Member knowledge related to ADHD and depression treatment can be improved.
3. The Behavioral Health and Medical Management Provider Satisfaction surveys can be more aligned in the same questions related to Coordination of Care, making it more accurate to compare results.
4. Provider knowledge regarding best practices for ADHD treatment and anti-depressant medication management can be improved, especially in the primary care setting.
5. Member accessibility to behavioral health diagnosis and treatment information can be improved.
6. The method to obtain consistent BH consult data can be improved.

Based on analysis, there were the following planned interventions:

1. Investigate channels to promote coordination of care and a coordination of care tool between medical and

- behavioral providers such as a provider newsletter, emails, and/or live meetings via Network Department.
2. Publish a BH Connect Site article related on the topic of ADHD treatment and an additional article related to Depression (and anxiety) to increase member awareness of both topics.
  3. Collaborate with Strategic Marketing to align the Behavioral Health and Medical Management Provider Satisfaction surveys to ensure the questions are the same related to Coordination of Care between BH and Medical providers.
  4. Improve BHS and PCP communication of patient education of medication and follow-up feedbacks.
  5. Improve accessibility to the Behavioral Health landing page on the Connect site to increase traffic to this member facing content.
  6. Streamline reporting to accurately capture BH consult and follow-up data.

### **Plan Acknowledgement and Approval**

#### **Conclusion**

This report demonstrates that the BCBSIL QI Program was effective in improving the quality of care, quality of service and safe clinical practices in 2020. Overall, the annual evaluation demonstrates the ongoing QI activities performed to address the quality and safety of clinical practices and quality of service with the network.

The BCBSIL QIC approved the 2020 QI Program Evaluation on.