

**2023 BCBSIL  
QUALITY IMPROVEMENT  
PROGRAM EVALUATION**

**Health Care Service Corporation**

**PROPRIETARY & CONFIDENTIAL**

**Date approved:**

|   |                   |
|---|-------------------|
| <b>BCBSIL Quality Improvement Committee</b> | <b>03/06/2024</b> |
|---|-------------------|

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## Evaluation and Overall Effectiveness

### Executive Summary

An evaluation of the Blue Cross and Blue Shield of Illinois (BCBSIL) 2023 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 2023 QI Program Description. The 2023 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

Key 2023 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 performance achieving the Quality Compass National Average for Commercial HMO, 70%, Marketplace HMO, 48%, for PPO Commercial, 73% and for PPO Marketplace, 58%.
- Cultural Humility courses were promoted within the Healthy Equity program to network providers, leveraging PopART<sup>SM</sup> to identify providers in areas with gaps in health outcomes/condition management.
- The Collaborative Quality Improvement Coaching (CQuIC) program has provided coaching to providers performing below average in terms of quality related performance in measures identified in the HMO Quality Fund. The program had some slight delays in production due to leadership changes, but despite the mid-year shift the program continues to recognize the varied needs of different providers in our network, based on their size, resources, and sophistication allowing a more tailored approach to working with low performing providers and their varied circumstances.

### BCBSIL Quality Core Measures

The BCBSIL Quality Core Measures are utilized to focus enterprise quality efforts across all five state plans.

### Reporting Year 2023 (MY 2022) Benchmarking to Quality Compass

2023 BCBSIL QI Program Evaluation

MY 2022

| Measure Name    |   | Type of Measure | HMO                   |                     | PPO                   |                     | MY 2022 Quality Compass National Avg. (ALL LOBs) |
|-----------------|---|-----------------|-----------------------|---------------------|-----------------------|---------------------|--|
|                 |   |                 | IL HMO Commercial (%) | IL HMO Exchange (%) | IL PPO Commercial (%) | IL PPO Exchange (%) |  |
| BCS             | Breast Cancer Screening   | Administrative  | 77.51% ▲              | 70.40% ▲            | 73.86% ▲              | 68.18% ▲            | 73.12%   |
| COL             | Colorectal Cancer Screening   | Hybrid          | 61.56% ▼              | 58.64% ▲            | 57.52% ▼              | 59.12% ▼            | 56.69%   |
| CBP             | Controlling High Blood Pressure   | Hybrid          | 70.00% ▲              | 71.64% ▼            | NR                    | 71.71% ▲            | 60.05%   |
| CIS-3           | Childhood Immunization Status (Combination 3)                                 | Hybrid          | 89.89% ▲              | NR                  | 77.33%                | NA                  | 75.20%   |
| HBD-HbA1c<8 *   |   | Hybrid          | 65.26% ▲              | 67.76% ▲            | NR                    | 57.18% ▲            | 58.40%   |
| EED-Eye Exam ** |   | Hybrid          | NR                    | 54.03% NA           | NR                    | 39.66% ▼            | 50.52%   |
| KED             | Kidney Health Evaluation for Patients with Diabetes                           | Administrative  | 52.00% ▲              | NR                  | 41.58% ▲              | NR                  | 43.38%   |
| FUH-30          | Follow-up After Hospitalization for Mental Illness (30-day Follow-up)         | Administrative  | 40.29% ▲              | NR                  | 78.94% ▲              | NR                  | 69.50%   |
| FUH-7           | Follow-up After Hospitalization for Mental Illness (7-day Follow-up)          | Administrative  | NR                    | 26.24% ▲            | NR                    | 53.18% ▼            | 47.52%   |
| PPC-TOPC        | Timeliness of Prenatal Care   | Hybrid          | 93.33% ▼              | 91.04% ▼            | NR                    | 77.06% ▼            | 80.59%   |
| PPC-PPC         | Postpartum Care   | Hybrid          | 95.83% ▲              | 90.30% ▼            | NR                    | 82.80% ▲            | 80.56%   |
| W30             | Well child visits in the first 15 months                                      | Administrative  | 82.12% ▲              | 83.58% ▲            | 88.60% ▲              | 82.45% ▲            | 87.71%   |
| AMM - EAPT      | Antidepressant Medication Management - Effective Acute Phase Treatment        | Administrative  | 76.26% ▲              | 78.55% ▼            | 77.20% ▲              | 77.98% ▼            | 76.71%   |
| AMM - ECPT      | Antidepressant Medication Management - Effective Continuation Phase Treatment | Administrative  | 58.09% ▲              | 61.04% ▼            | 61.59% ▲              | 64.03% ▼            | 60.63%   |

\* MY2021 - this measure was CDC-Eye Exam  
 \*\* MY2021 - this measure was CDC-HbA1c<8

▲ YOY improvement  
 ▼ YOY no improvement  
 NR - Not Reported  
 NA - Not applicable

**Summary of 2023 Health Equity Initiatives**

Equity of care and the elimination of health disparities 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.

In collaboration with the Enterprise Quality Improvement and Health Equity team, BCBSIL has taken the following actions to address health equity for its members:

- Collaborated with the Corporate and Social Responsibility team to refresh the Health Equity Repository.
- Integrated Cultural Awareness Resources into internal Learning Management System for employee utilization.
- Cultural Humility courses were promoted to network providers, leveraging PopART<sup>SM</sup> to identify providers in areas with gaps in health outcomes/condition management.
- Updated FYI Blue SharePoint site to include relevant content and resources for internal consumption.
- Engaged influential thought leaders, both internal and external, to discuss trends, best practices, and emerging practices in the Health Equity space.
- BCBSIL Employees attended the Enterprise Quality Improvement and Health Equity’s branded speaker series, Blue Table Conversation<sup>SM</sup>, featuring nationally recognized healthcare leaders and advocates engaging in thought-provoking discussions and sharing insightful perspectives on health equity topics with our employee audience.
- Maternal and Infant Health (MIH) Domain: Partnered with Domain champions, key contributors, and subject matter experts in maternal and infant health to initiate planning and execution of priorities for the QII Domain. As an additional resource, the MIH Domain implemented virtual office hours to offer additional support to Domain participants.

- Centering Healthcare Institute Grant Program: This program continues to implement CenteringPregnancy, Centering’s group prenatal care model, in 30 HCSC-approved sites throughout the Enterprise, with a target of at least 10 sites in Illinois (including rural facilities) by end of grant term.
- Additional achievements:
  - Health Equity Steering Committee meetings held quarterly.
  - Two Blue Table Conversation<sup>SM</sup> events held in 2023.
  - Promoted the Enterprise-wide Health Equity awareness campaign; over 500 Chicago Headquarter employees attended our summer event.
    - “Health Equity is All of Us”

Optimized Health Equity Steering Committee

### Evaluation of 2023 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.

#### HMO Group/Commercial

Of the 73 indicators listed in the 2023 Work Plan with goals assigned:

- 46 indicators met the goal
  - 5 indicators partially met the goal
- 15 indicators did not meet the goal

#### HMO Marketplace/Exchange

Of the 64 indicators listed in the 2023 Work Plan with goals assigned:

- 38 indicators met the goal
  - 5 indicators partially met the goal
- 14 indicators did not meet the goal

#### PPO Group/Commercial

Of the 42 indicators listed in the 2023 Work Plan with goals assigned:

- 31 indicators met the goal
  - 3 indicators partially met the goal
- 6 indicators did not meet the goal

#### PPO Marketplace/Exchange

Of the 49 indicators listed in the 2023 Work Plan with goals assigned:

- 29 indicators met the goal
  - 8 indicators partially 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 **2023**, 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 Population Health Management. 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 a Medical Director or the Executive Director, Clinical Programs Strategy and Oversight. 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 or the Executive Director, Clinical Programs Strategy and Oversight provides direction and oversight for the BCBSIL Clinical Quality Program and chairs the BCBSIL QIC. The BCBSIL QIC met 12 times virtually in 2023, 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: Commercial Member Satisfaction 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 or the Executive Director, Clinical Programs Strategy and Oversight. 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 or the Executive Director, Clinical Programs Strategy and Oversight. 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 Quality Review Audit Team 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 (1) Accreditation Organizations used at HCSC, the National Committee for Quality Assurance (NCQA). 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 (HP)<br/>Health Plan</b> | <b>NCQA UM</b> |
|---------------|--------------|----------------------------------|----------------|
| <b>BCBSIL</b> | HMO          | Yes                              | No             |
|               | PPO          | No                               | Yes            |
|               | Exchange HMO | Yes                              | No             |
|               | Exchange PPO | Yes                              | 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.

The 2022 QI Fund Projects rates were based on a random sample of the population. The project methodology consisted of five prospective and one retrospective project. The prospective projects being Combined Immunizations, Cervical Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, and Comprehensive Diabetes Management; with the retrospective project being Combined Prenatal and Postpartum Care.

Data was analyzed using the following sources: claims, medical record and appeals submission, final quality improvement project results, 2023 Quality Compass®, QI Projects instructions, 2022 HEDIS Technical Specifications, and the 2022 MSA. Each sample population and/or sample size varied amongst projects. For example, Controlling High Blood Pressure consisted of 250 members who were randomly sampled from HMOI/BlueAdvantage and 250 members from Marketplace HMO, whereas, for CCS 300 members were randomly sampled from HMOI/BlueAdvantage and 300 members from Marketplace HMO. In addition to a varying sample population, the inclusion criteria varied as well amongst the six projects based on project requirements.

The two data collection options were manual medical chart submission and electronic supplemental data submission. Manual medical chart submission was determined manually, with a measurement period between 1/01/2022 and 12/30/2022, varying amongst the six projects. Electronic supplemental data submission was determined administratively, with a measurement period between 1/01/2022 and 12/31/2022. For scoring, the rates were calculated for each product line by dividing the number of members who meet numerator compliance by the number in the denominator. If BCBSIL confirmed that a member met the criteria for exclusion, the member was removed from the denominator. The numerator included the number of members for which there was documentation of the project requirements; whereas the denominator included the number of members in the IPA Project Final Population minus the number of exclusions confirmed by BCBSIL.

2023 BCBSIL QI Program Evaluation

| 2022 QI Fund Projects Network Rates (Hybrid Measures)      |                       |                        |   |
|--|-----------------------|------------------------|---|
| Measure  | IL HMO Commercial (%) | IL HMO Marketplace (%) | 2023 Quality Compass National Avg. (All LOBs) |
| Controlling High Blood Pressure                            | 70.40 ▲               | 67.96 ▲                | 63.83   |
| Cervical Cancer Screening                                  | 69.00 ▼               | 62.43 ▼                | 74.24   |
| Comprehensive Diabetes Management (Eye Exam)               | 57.93 ▲               | 49.65 ▲                | 51.63   |
| Comprehensive Diabetes Management (HbA1c Control <8.0%)    | 64.73 ▲               | 60.90 ▼                | 61.84   |
| Childhood Immunization Status (Combo 10)                   | 55.09 ▼               | 46.17 ▼                | 57.33   |
| Immunizations for Adolescents (Combo 1)                    | 92.43 ▲               | 89.87 ↔                | 84.57   |
| Immunizations for Adolescents (HPV)                        | 38.70 ▼               | 34.39 ▼                | 36.12   |
| Colorectal Cancer Screening                                | 66.06 ▲               | 56.10 ▲                | 57.38   |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care | 93.27 ▼               | 92.76 ▼                | 85.04   |
| Prenatal and Postpartum Care - Postpartum Care             | 92.36 ▲               | 92.05 ▲                | 83.88   |
|  | ▲ Improvement         | ▼ No Improvement       | ↔ No Change                                   |

**I. Interventions** (when applicable):

Completed:

- 2022 QI Projects positively impacted HEDIS 2023 (MY 2022)

Ongoing:

- 2023 QI Projects were aligned with HEDIS hybrid measures and NCQA Health Plan ratings with a focus on prevention and treatment
- IPAs are strongly encouraged to take advantage of utilizing electronic supplemental data submission primarily for the explanation listed in Section V, bullet point 2
- Manual data submission currently remains in place as all IPAs may not be systematically prepared or hesitant to submit via electronic supplemental data submission
- Projects and benchmarks will continue to be aligned with the aim of improving immunizations, prevention and wellness, and condition management
- Collaboration via the Collaborative Quality Improvement Coaching Program
- Project sample will be used to determine the sampling increase and administrative hits will be allowed until the end of the year; both will be added thereby yielding the final imputed rate

Future:

- It is conjectured that prospective methodology for 2023 QI Projects will positively impact HEDIS 2024 (MY 2023)

**Accreditation Monitoring and Compliance (AMC) Denial Review**

2023 Illinois Commercial PPO: a random sample of 30 denial files are reviewed monthly. Samples of random denial files are selected by reviewing cases that meets audit/ review parameters.

The turnaround time (TAT) goal is to achieve and maintain a compliance score of ≥ 90%. The Illinois: UM 5A Notification of Nonbehavioral Decisions results are below:

**3rd Quarter 2022**

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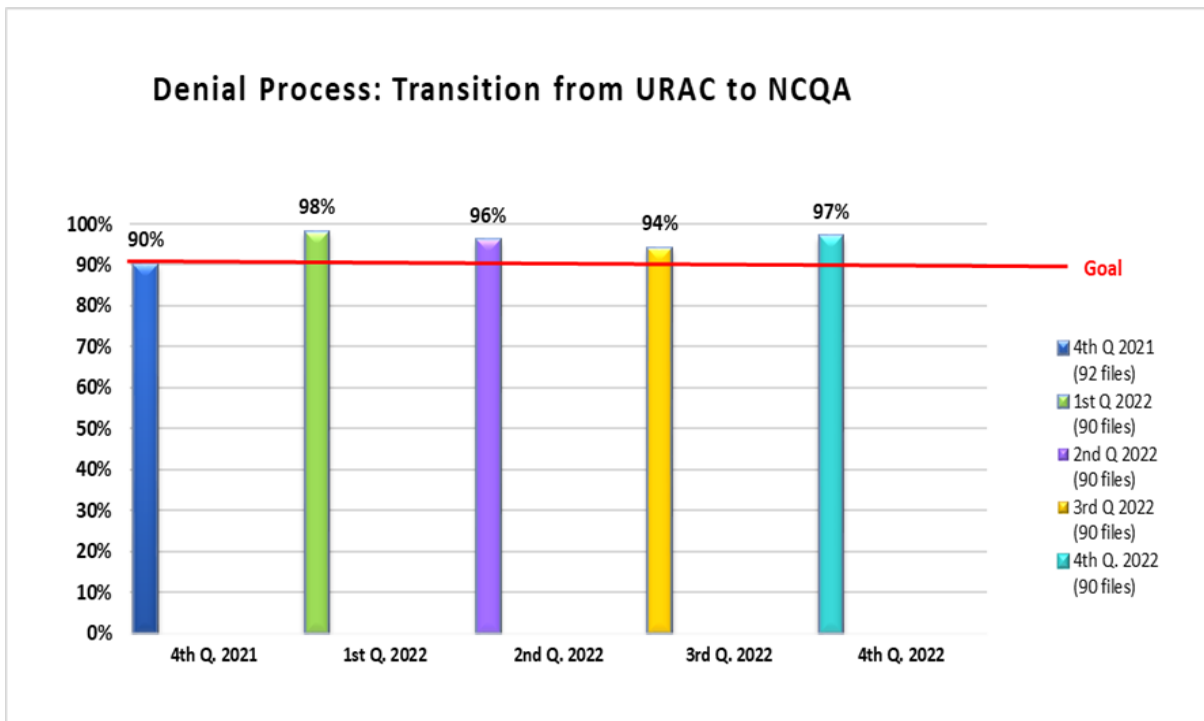
- **Illinois:** UM 5A Notification of Nonbehavioral Decisions: Results were **94%**, (85/90) files met turn-around time

**4th Quarter 2022**

- **Illinois:** UM 5A Notification of Nonbehavioral Decisions: Results were **97%**, (87/90) files met turn-around time)

**Observation**

- The 3rd Quarter 2022 Denial review results are 94% (85/90). This is a (2 percentage point or 2.10% decrease from the 2nd Quarter 2022 review results of 96% (86/90).
- The 4th Quarter 2022 Denial review results are 97% (87/90). This is a (3 percentage point or 3.14% increase from the 3rd Quarter 2022 review results of 94% (85/90).



**1st Quarter 2023**

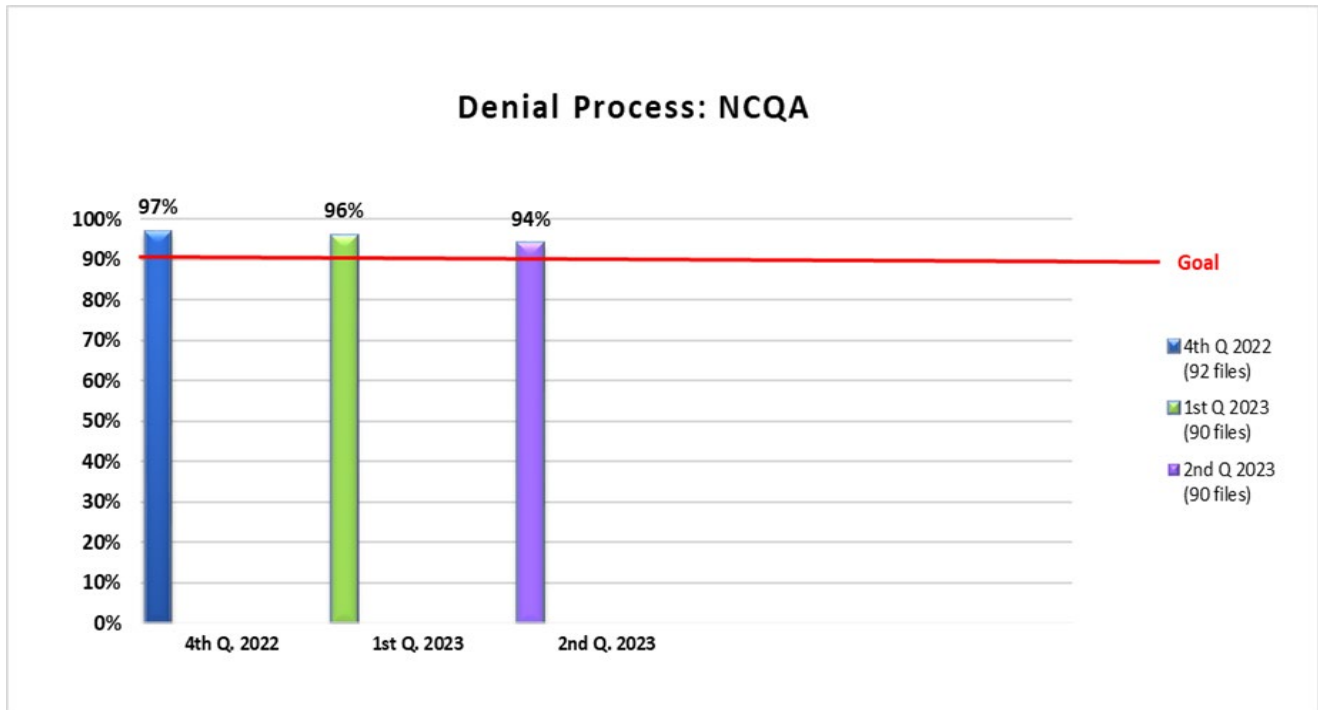
- **Illinois:** UM 5A Notification of Nonbehavioral Decisions: Results were **96%**, (86/90) files met turn-around time).

**2nd Quarter 2023**

- **Illinois:** UM 5A Notification of Nonbehavioral Decisions: Results were **94%**, (85/90) files met turn-around time).

Observation

- The 1<sup>st</sup> Quarter 2023 Denial review results are 96% (86/90). This is a 1 percentage point or 1.03% decrease from the 4<sup>th</sup> Quarter 2022 review results of 97% (87/90).
- The 2<sup>nd</sup> Quarter 2023 Denial review results are 94% (85/90). This is a 2 percentage point or 2.10% decrease from the 1<sup>st</sup> Quarter 2023 review results of 96% (86/90).



**Clinician Outreach to Support Member Safety (Leading Indicators)**

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 2023, 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: 0.5% improvement over prior year's metric . 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:

Unplanned Readmission Rates (ER Readmission Rates (30 Days)):

- All 3 lines of business did meet the Target.
- All 3 lines of business did not meet the 0.5% Improvement Goal

2023 BCBSIL QI Program Evaluation

| FI                          | Current Period | Prior Period | Target | Goal Outcome<br>(0.5% Improvement in Current Period) |
|-----------------------------|----------------|--------------|--------|--|
| Unplanned Readmission Rates | 5.44           | 5.17         | 5.58   | 5.35%  |
| Potentially Avoidable ER    | 57.72          | 51.41        | 54.51  | 12.27%   |
| Inpatient Admissions/1000   | 38.96          | 39.55        | 38.51  | -1.51%   |

| RSG                         | Current Period | Prior Period | Target | Goal Outcome<br>(0.5% Improvement in Current Period) |
|-----------------------------|----------------|--------------|--------|--|
| Unplanned Readmission Rates | 5.73           | 5.64         | 5.93   | 1.57%  |
| Potentially Avoidable ER    | 45.65          | 41.13        | 42.82  | 10.99%   |
| Inpatient Admissions/1000   | 37.45          | 38.35        | 37.23  | -2.35%   |

| Individual & Family Markets (I&FM) | Current Period | Prior Period | Target | Goal Outcome<br>(0.5% Improvement in Current Period) |
|------------------------------------|----------------|--------------|--------|--|
| Unplanned Readmission Rates        | 8.42           | 7.74         | 8.49   | 8.83%  |
| Potentially Avoidable ER           | 50.23          | 45.08        | 46.74  | 11.43%   |
| Inpatient Admissions/1000          | 49.72          | 50.87        | 49.50  | -2.27%   |

- a. Potentially Avoidable ER:
  - i. Barrier: Members seek care at an ER not knowing they can get care in a different setting.
    - 1. Opportunity: Using the predictive modeling the CM team will continue to outreach to members who are identified as likely to utilize the ER rather than a LLOC.
- b. Unplanned Readmission rate:
  - i. Barrier: Members do not understand how to care for their illness and as a result preventative measures are not done and as a result a readmission occurs.
    - 1. Recommendation: The CM team will be working to utilize the EMMI programs more to help educate members about their treatment options more effectively.
- c. IP Admissions/1000:
  - i. From the previous year, clinicians have been trained to identify IP admissions that meet the criteria for an observation stay and work with the facilities to redirect the admission.
    - 1. We have been successful this year with improving the IP Admissions/1000 and continue to look for process improvements.
    - 2. Ongoing Strategies: CM team will continue to educate members regarding how to utilize LLOC which will help members begin to have a better understanding of what they are going to do in the future rather than going to an IP admission.
    - 3. Ongoing strategies: CM team will continue to utilize EMMI programs to help educate members about their treatment options more effectively.

## 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 77% of members feel they can “Always or Usually” get care as soon as needed when care was needed right away, 82% say it is easy to get necessary care, tests, or treatment. Focusing on scores specific to “Getting Care Quickly”, the CAHPS data percentile ranking for “Got check-up/routine appointment as soon as needed” (12th percentile) indicates that this is an issue and an opportunity to improve member experience.

Barriers to getting an appointment may include member’s inability to get the appointment they need during early or evening hours during weekdays or member’s preference for a weekend appointment. Members may prefer telehealth services, but the service is not available, or members may not be aware that they have an option to see a provider via telehealth service.

## 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 2023, the following guidelines were updated:

- Asthma Diagnosis and Management
- Cardiovascular Disease
- Chronic Kidney Disease
- COPD Diagnosis Management and Prevention
- Diabetes Standards of Care
- Heart Failure
- Human Immunodeficiency Virus (HIV)
  - Comprehensive HIV
  - First and Second Line Antiretroviral Regimens
- Hypertension
- Metabolic Syndrome
- Sleep Apnea
- Tobacco Cessation
- Weight Management

### Member Messages

In 2023, a total of 150,717 mailings were sent to BCBSIL members covering topics of women's preventive screenings and immunizations, and childhood immunizations. The breakdown of Group mailings are as follows.

The Preventive Care initiatives for 2023 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.
- **Cervical Cancer Screening Reminder Card:** Discontinued after 2020 due to COVID.
- **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.

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.

### BCBSIL Quality Core Measures

BCBSIL adopted the Quality Core Measures 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 are set to track and trend results for BCBSIL.

## 2023 BCBSIL QI Program Evaluation

MY 2022

| Measure Name    |   | Type of Measure | HMO                   |                     | PPO                   |                     | MY 2022 Quality Compass National Avg. (ALL LOBs) |
|-----------------|---|-----------------|-----------------------|---------------------|-----------------------|---------------------|--|
|                 |   |                 | IL HMO Commercial (%) | IL HMO Exchange (%) | IL PPO Commercial (%) | IL PPO Exchange (%) |  |
| BCS             | Breast Cancer Screening   | Administrative  | 77.51% ▲              | 70.40% ▲            | 73.86% ▲              | 68.18% ▲            | 73.12%   |
| COL             | Colorectal Cancer Screening   | Hybrid          | 61.56% ▼              | 58.64% ▲            | 57.52% ▼              | 59.12% ▼            | 56.69%   |
| CBP             | Controlling High Blood Pressure   | Hybrid          | 70.00% ▲              | 71.64% ▼            | NR                    | 71.71% ▲            | 60.05%   |
| CIS-3           | Childhood Immunization Status (Combination 3)                                 | Hybrid          | 89.89% ▲              | NR                  | 77.33%                | NA                  | 75.20%   |
| HBD-HbA1c<8 *   |   | Hybrid          | 65.26% ▲              | 67.76% ▲            | NR                    | 57.18% ▲            | 58.40%   |
| EED-Eye Exam ** |   | Hybrid          | NR                    | 54.03% NA           | NR                    | 39.66% ▼            | 50.52%   |
| KED             | Kidney Health Evaluation for Patients with Diabetes                           | Administrative  | 52.00% ▲              | NR                  | 41.58% ▲              | NR                  | 43.38%   |
| FUH-30          | Follow-up After Hospitalization for Mental Illness (30-day Follow up)         | Administrative  | 40.29% ▲              | NR                  | 78.94% ▲              | NR                  | 69.50%   |
| FUH-7           | Follow-up After Hospitalization for Mental Illness (7-day Follow-up)          | Administrative  | NR                    | 26.24% ▲            | NR                    | 53.18% ▼            | 47.52%   |
| PPC-TOPC        | Timeliness of Prenatal Care   | Hybrid          | 93.33% ▼              | 91.04% ▼            | NR                    | 77.06% ▼            | 80.59%   |
| PPC-PPC         | Postpartum Care   | Hybrid          | 95.83% ▲              | 90.30% ▼            | NR                    | 82.80% ▲            | 80.56%   |
| W30             | Well child visits in the first 15 months                                      | Administrative  | 82.12% ▲              | 83.58% ▲            | 88.60% ▲              | 82.45% ▲            | 87.71%   |
| AMM - EAPT      | Antidepressant Medication Management - Effective Acute Phase Treatment        | Administrative  | 76.26% ▲              | 78.55% ▼            | 77.20% ▲              | 77.98% ▼            | 76.71%   |
| AMM - ECPT      | Antidepressant Medication Management - Effective Continuation Phase Treatment | Administrative  | 58.09% ▲              | 61.04% ▼            | 61.59% ▲              | 64.03% ▼            | 60.63%   |

\* MY2021 - this measure was CDC-Eye Exam

\*\* MY2021 - this measure was CDC-HbA1c<8

▲ YOY improvement

▼ YOY no improvement

NR - Not Reported

NA - Not applicable

### Reporting Year 2023 HEDIS QRS (MY 2022) – Year Over Year Performance

|                 | 2021 MY Measures Applicable in MY 2022 | Improvement |     |
|-----------------|--|-------------|-----|
|                 |  | #           | %   |
| HMO Commercial  | 12                                     | 10          | 83% |
| HMO Marketplace | 10                                     | 5           | 50% |
| PPO Commercial  | 7                                      | 6           | 86% |
| PPO Marketplace | 11                                     | 5           | 45% |



**Reporting Year 2023 (MY 2022) Benchmarking to Quality Compass**

|                 | Above<br>Quality Compass** |     | Below<br>Quality Compass** |     | Total<br>Measures |
|-----------------|----------------------------|-----|----------------------------|-----|-------------------|
|                 | #                          | %   | #                          | %   | #                 |
| HMO Commercial  | 8                          | 67% | 4                          | 33% | 12                |
| HMO Exchange    | 8                          | 73% | 3                          | 27% | 11                |
| PPO Commercial* | 7                          | 88% | 1                          | 13% | 8                 |
| PPO Exchange    | 6                          | 55% | 5                          | 45% | 11                |

\*Product not formally accredited. Hybrid measures not reported.

\*\* 2023 Quality Compass (Measurement Year 2022) All LOBs Benchmark

**BCBSIL Membership**

| Commercial HMO | Marketplace HMO | Commercial PPO | Marketplace PPO |
|----------------|-----------------|----------------|-----------------|
| 581,999        | 88,379          | 2,462,464      | 143,876         |

\* End of Year Membership Counts for 2023 HEDIS® and QRS Reporting for BCBSIL Plan (As of December 31, 2022)

**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 providers that were processed within the targeted timelines and compliance guidelines according to the goals and regulations.

| Credentialing Activity                           |        |     |        |     |        |     |
|--|--------|-----|--------|-----|--------|-----|
|  | 2021   |     | 2022   |     | 2023   |     |
|  | Volume | TAT | Volume | TAT | Volume | TAT |
| <b>Initial: Target Avg 45 Days</b>               | 4,516  | 32  | 4,478  | 33  | 7,407  | 23  |
| <b>Recredentialing in 36 months – Facilities</b> | 254    | 99% | 541    | 99% | 255    | 98% |

**Pharmacy**

**Specialty Review Unit (SRU) UM Overturns (1<sup>st</sup> pass MD approvals) for 4Q 2022 & 1-3Q 2023**

**4Q 2022 and 1Q 2023**

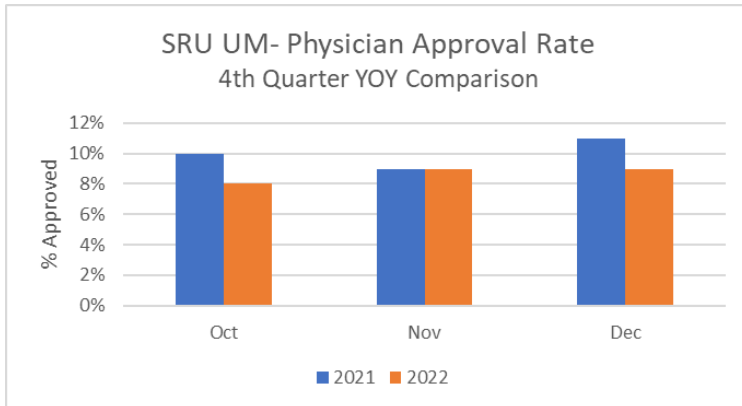
| BCBSIL      |                 |                     |                     |                        |                  |
|-------------|-----------------|---------------------|---------------------|------------------------|------------------|
| Time Period | Approved by SRU | Not Approved by SRU | Denied by Physician | Approved by Physician* | % Approved Final |
| Oct-22      | 2578            | 903                 | 835                 | 68                     | <b>76%</b>       |
| Nov-22      | 2258            | 763                 | 691                 | 72                     | <b>77%</b>       |

2023 BCBSIL QI Program Evaluation

|                     |               |              |              |            |            |
|---------------------|---------------|--------------|--------------|------------|------------|
| Dec-22              | 2465          | 865          | 789          | 76         | <b>76%</b> |
| Jan-23              | 3836          | 799          | 742          | 57         | <b>84%</b> |
| Feb-23              | 3668          | 944          | 887          | 57         | <b>81%</b> |
| Mar-23              | 3875          | 1031         | 980          | 51         | <b>80%</b> |
| <b>Grand Totals</b> | <b>18,680</b> | <b>5,305</b> | <b>4,924</b> | <b>381</b> | <b>79%</b> |

Year-over-year comparison: 4Q 2021 and 4Q 2022

| 4th Quarter Physician Approval Rate |      |      |
|-------------------------------------|------|------|
| BCBSIL                              |      |      |
| Month                               | 2021 | 2022 |
| Oct                                 | 10%  | 8%   |
| Nov                                 | 9%   | 9%   |
| Dec                                 | 11%  | 9%   |

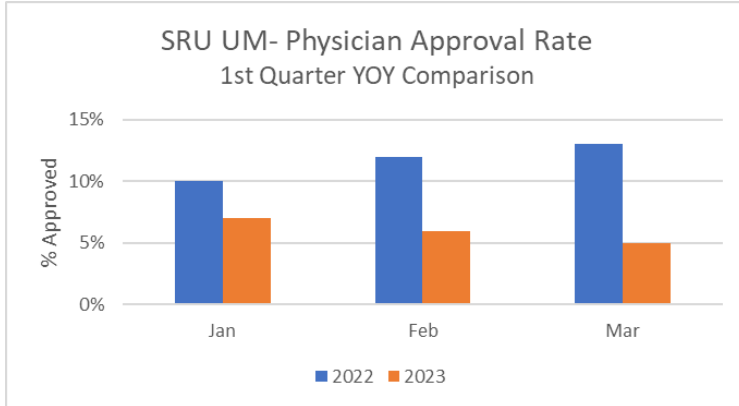


Year-over-year comparison: 1Q 2022 and 1Q 2023

| 1st Quarter Physician Approval Rate |      |      |
|-------------------------------------|------|------|
| BCBSIL                              |      |      |
| Month                               | 2022 | 2023 |
| Jan                                 | 10%  | 7%   |

2023 BCBSIL QI Program Evaluation

|     |     |    |
|-----|-----|----|
| Feb | 12% | 6% |
| Mar | 13% | 5% |



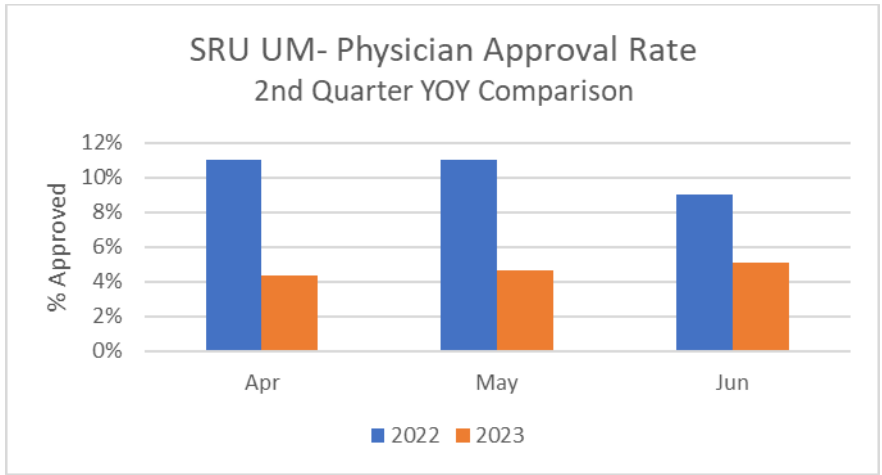
2Q 2023 and 3Q 2023

| BCBSIL       |                 |                     |                     |                        |                  |
|--------------|-----------------|---------------------|---------------------|------------------------|------------------|
| Time Period  | Approved by SRU | Not Approved by SRU | Denied by Physician | Approved by Physician* | % Approved Final |
| Apr-23       | 3,052           | 805                 | 770                 | 35                     | 80%              |
| May-23       | 3,287           | 901                 | 859                 | 42                     | 79%              |
| Jun-23       | 3,059           | 847                 | 804                 | 43                     | 79%              |
| Jul-23       | 2,680           | 748                 | 708                 | 40                     | 79%              |
| Aug-23       | 3,116           | 832                 | 797                 | 35                     | 80%              |
| Sep-23       | 2,572           | 841                 | 804                 | 37                     | 76%              |
| <b>Total</b> | <b>17,766</b>   | <b>4,974</b>        | <b>4,742</b>        | <b>232</b>             | <b>79%</b>       |

Year-over-year comparison:2Q 2022 and 2Q 2023

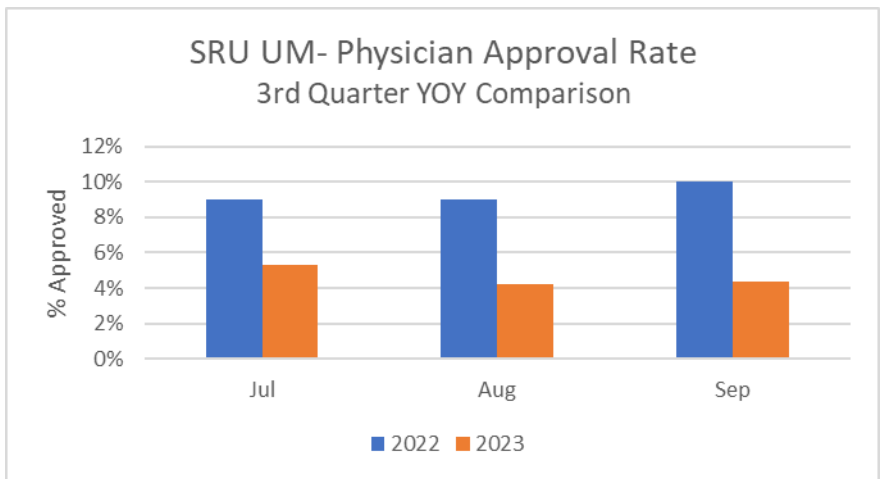
| Physician Approval Rate |      |      |
|-------------------------|------|------|
| BCBSIL                  |      |      |
| Month                   | 2022 | 2023 |
| Apr                     | 11%  | 4%   |
| May                     | 11%  | 5%   |

|     |    |    |
|-----|----|----|
| Jun | 9% | 5% |
|-----|----|----|



**Year-over-year comparison: 3Q 2022 and 3Q 2023**

| Physician Approval Rate |      |      |
|-------------------------|------|------|
| BCBSIL                  |      |      |
| Month                   | 2022 | 2023 |
| Jul                     | 9%   | 5%   |
| Aug                     | 9%   | 4%   |
| Sep                     | 10%  | 4%   |



### **Analysis**

BCBSIL cases reviewed by SRU from 4Q 2022 through 3Q 2023 totaled 46,725. Of those cases, 36,446 (78%) were approved as being medically necessary. 10,279 (22%) were recommended for denial and pended for medical director review. Of the cases pended to the medical director, 9,666 (94%) were denied and 613 (6%) were approved on the first physician review. Year-over-year comparison showed improvement in MD approval rate (SRU UM overturn rate) They approval rate began to drop in 4Q 2022. From 4Q 2021 to 4Q 2022, the SRU UM overturn rate went from 9-11% in 2021 to a more consistent 9% in 2022). Then from 1Q 2022 to 1Q 2023 we begin to see an even more significant gain in the SRU UM overturn rate. The overturn rate dropped from 10-13% in 2022 to 5-7% in 2023. This drop appears to have been maintained throughout the 2Q and the 3Q of 2023 with a range of 4-5%.

### **Barriers**

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

### **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), 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 are sent a performance expectation email that requires a plan of action for sustained improvement.

### **Recommendations**

SRU works to review all requests in a consistent manner in accordance with medical policy and 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, indication or medical policy criteria. There also may be medical director overturns for 'gray' cases, extenuating circumstances or individual considerations. SRU will 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.

## **Specialty Review Unit (SRU) Clinical Pharmacist Annual Inter-Rater Reliability (IRR) Report**

### **Purpose**

To evaluate the consistency of clinical pharmacists in the Specialty Review Unit (SRU) in the application of medical policy criteria for medical necessity recommendations when completing preservice reviews for members.

### **Methodology**

Utilizing the NCQA "8 and 30 sampling methodology", a SRU pharmacist manager constructed 30 multiple choice questions with 2-5 answer choices per question. The 30 questions were issued to the pharmacists in lieu of the traditional 8 followed by 22, so that a greater sample size could be evaluated. Each question had a reference answer from the choices provided. The reference answer for each question was set by the drafting SRU pharmacist manager

and confirmed by the other two SRU pharmacist managers. The IRR was administered via SurveyMonkey® to 31 reviewing pharmacists.

Of the 31 pharmacists, 1 pharmacist retired the following month and was not available for the whole process. His results were excluded. Another pharmacist had been with the specialty review unit for less than 1 year (roughly 6 months). The remaining 29 scores were from experienced review pharmacists with at least 1 year of experience with the SRU who continue to be current staff. The survey link was sent via email to each available pharmacist on Wednesday, April 19th, 2023. The survey link was open from 7:00am through 7:00pm MT per SRU hours of operation. Each question required an answer prior to submission. The daily production benchmark was adjusted to allow 4 hours to complete the IRR.

Questions were developed based on historic requests reviewed by the SRU (identified in monthly reporting spreadsheets), current medical policies (both HCSC and FEP) and current SRU review lists and processes. The survey included the following subject areas: medical necessity, HCSC and FEP medical policies, current SRU policies and procedures, FDA labeling, Micromedex and nationally recognized compendia or guidelines such as National Comprehensive Cancer Network (NCCN).

### **Results and Quantitative Analysis**

Results of the inter-rater reliability survey were calculated based on the 29 experienced SRU clinical pharmacists. The tables present the consistency of each question with the reference and the individual pharmacist consistency. The newly hired pharmacist is identified in purple.

The average time that the IRR remained open for the 29 experienced pharmacists was 4 hours 28 minutes. It is important to note that SurveyMonkey® measures the time that the survey remains open. SurveyMonkey® does not have a way of identifying and subtracting time wherein the survey is open but inactive due to the participant stepping away for a break, to answer a phone or to finish a more immediate task.

Questions 17, 18, 21, 25 and 28 were deemed 'gray requests' and were excluded from the final results due to low consistency with the reference answer. Question 15 was determined to have 2 possible options after review of current guidelines and discussion with the pharmacist team. This change increased the overall consistency of question 15 from 93% to 100%

Twenty experienced pharmacists met or exceeded the 90% goal for the 2023 IRR.

Six questions had 100% consistency with the reference answer. Twelve questions had a 97% or higher consistency with the reference answer. The five questions that had a 70% or less consistency with the reference answer were excluded from the final results.

Overall, the 29, experienced SRU pharmacists were 93% consistent in the application of medical policy, nationally recognized guidelines and SRU processes. Twenty-one of the experienced pharmacists achieved a 90% or better on the survey.

The eight experienced SRU pharmacists and the one recently hired pharmacist that scored below the 90% goal were administered a follow-up survey. Results of the 10-question follow-up survey are reported below.

The average score on the IRR follow-up survey was 97%. Seven pharmacists, including the new-hire pharmacist scored 100%.

Confidential

Overall, the majority of the SRU review pharmacists were highly consistent with the reference for the 2023 IRR and met or exceeded the 90% goal.

Comparatively, the results for the 2023 IRR are consistent with past performance.

2023 SRU IRR had an average score of 93% amongst 29, experienced review pharmacists.

2022 SRU IRR had an average score of 93% amongst 24, experienced review pharmacists.

2021 SRU IRR had an average score of 95% amongst 26 review pharmacists.

2020 SRU IRR had an average score of 90% amongst 25 review pharmacists.

### **Qualitative Analysis & Casual/Barrier Analysis**

The questions were built using requests completed by the SRU and identified on the SRU monthly reporting spreadsheets. The use of these requests allowed for a realistic survey of issues likely to be encountered in the daily review process.

The majority of the SRU review pharmacists were highly consistent with the reference for the 2022 IRR and met or exceeded the 90% goal.

Several interventions over the past year positively impacted the results for the 2023 IRR. These interventions included the administration of supplemental surveys, clinical meetings, clinical presentations by the pharmacy resident and touchpoint emails.

Frequent guideline and medical policy updates present challenges in upkeep and dissemination of information. Inconsistent review of department emails and use of resources available on the department SharePoint site may lead to variation between reviewers.

### **Opportunities for Improvement**

Areas for improvement include close attention to differences in criteria between FEP and HCSC medical policies, consistently reviewing available dosing/indication resources for new FDA approvals or guideline recommendations, consistent approval of appropriate dose and frequency increases and close attention to patient specific details in the clinical information presented.

Increased use of the resources available on the SRU SharePoint (including the current SRU Review list, the SRU Best Practices spreadsheet and the SRU Touchpoint document) is necessary/recommended and will be encouraged.

### **Interventions: Completed**

The individual survey results were emailed to the respective owners after all 30 pharmacists had completed the IRR. The findings were discussed with 27 pharmacists at a meeting on May 4, 2023. One pharmacist, who scored 100%, was out-of-office for the discussion. One pharmacist was retired at the time of the review. The third pharmacist who was unable to attend the discussion was out of the office due to unforeseen issues. For this pharmacist, a discussion was held on May 5, 2023. During both meetings the entire survey was reviewed, with extra time and rationale provided for each question. All questions were addressed and SRU processes and procedures were reinforced. References and resources were provided for all questions.

Following the group discussion, those that scored less than the 90% goal were administered a 10-question follow-up survey on May 4, 2023. (One individual did need to complete the follow-up survey the following day on May 5, 2023). The follow-up survey reinforced topics that were identified as having a higher inconsistency on the original survey. The following topics were clarified: processing of notifications, handling infliximab increases, identifying

ISOC cases, the statin requirement for Leqvio requests processed under BCBS medical policy, when to consider a therapy a continuation, using the appropriate policy, appropriately interpreting previous medical director approvals, identifying experimental, investigational and unproven requests, evaluating requests for dual therapy and appropriate determination of rituximab requests for pemphigus vulgaris and immune thrombocytopenic purpura.

### **Interventions: Ongoing**

Between annual IRR surveys, opportunities for improvement will be acted on throughout the year via group and individual meetings, quarterly surveys, SRU Touchpoint e-mails and monthly individual quality audits, in hopes of resolving any inconsistencies in the application of medical policy and/or SRU process.

### **Interventions: Future**

The next IRR survey will be conducted in April 2024.

## **Delegation Oversight**

### **Group and Retail HMO**

#### **Clinical and Claims Delegation Oversight**

BCBSIL delegates Utilization Management (UM) and Population Health Management (PHM) to duly constituted Medical Groups, Individual Practice Associations, or Physician Hospital Organizations (hereinafter the IPAs) for HMOI, Blue Advantage HMO, Blue Precision HMO, Blue Care Direct HMO, and Blue Focus Care HMO products. The HMO Utilization Management and Population Health Management Program annual evaluation was completed and presented to the BCBSIL QIC with associated analysis and action plans for 2022. The purpose of the annual evaluation is to document oversight of the Physician Groups or compliance with requirements set forth as outlined in the BCBSIL HMO Utilization Management and Population Health Management Plan. The annual evaluation includes and 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 Enterprise Delegation Oversight Committee (EDOC) 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.

## **AUDITING & OVERSIGHT 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:

- 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 EDOC 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 0.2 per 1000 members in 2022 compared to 0.1 in 2021 and 0.2 in 2020. BCBSIL received 69 complaints in 2022. Goal of 90% turnaround time (resolving complaint within 30 days) was met in 2020. Majority of the HMO commercial complaints are Billing/Financial related. "Quality of Care" and "Quality of Practitioner Office site" complaints remain low at 1% of the total complaints. The rate of member complaints for Retail HMO was 0.5 per 1000 members in 2022 compared to 0.6 per 1000 in 2021 and 0.6 in 2020. Majority of the HMO Retail complaints are Billing/Financial related followed by Access at 12%, Attitude/Service at 3%, and Quality of Care remains low at around 2% of the total complaints.

In 2022, BCBSIL received 177 appeals from HMO Commercial members. One hundred sixty-nine appeals out of 177 met the turnaround time resulting in 95% compliance and 5% non-compliance. Majority of the appeals are related to Billing and Financial and the appeals per member rate remained consistently low at 0.4 appeals/1,000. In 2022, there were 3,847 OON referrals. There were 3,797 services approved for an annual approval rating of 98.7% exceeding the goal of 90%.

Also, in 2022 BCBSIL received 74 appeals from HMO Retail members. Seventy-four appeals out of 74 met the turnaround time resulting in 100% compliance. Majority of the appeals are related to Billing and Financial and the appeals per member rate remained consistently low at 0.6 appeals/1,000. In 2022, there were 1,245 OON referrals. There were 1,229 services approved for an annual approval rating of 98.7% exceeding the goal of 90%.

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

The total rate of Illinois (IL) PPO FEP member complaints were, 0.197 per 1000 members in 2022 which was an increase in volume, when compared to 2021 at 0.065 per 1000 members. A review of all PPO FEP member complaints shows that there were two complaint types identified in 2022 compared to only one complaint type in 2021. In 2022 4 complaints were Access/Availability and 29 complaints were Billing/Finance. In 2021 all complaints were categorized as Billing/Finance. Turnaround time (TAT) for handling PPO commercial complaints was 90.91% (30/33) closed within 30 days which was a decrease by 1.40% from 2021 when goal was met with 92.31% (11/12) closed within 30 days. Goal of complaint volume with less than 2 complaints per 1000 members was met in 2022 with 0.197 per 1000 members. Goal of complaint TAT 90% closed within 30 days met with 90.91% closed within 30 days.

Billing/Financial was the primary complaint volume received for the timeframe. Majority of the complaints for the year were related to out of network benefits due to the termination of Springfield Clinic’s contract. Additional complaints were related to enrollment eligibility and pharmacy benefits. The overall rate of complaint was 0.197/1000 based on the membership of 167,395 which met goal of less than 2 per 1000 members.

In 2022, BCBSIL FEP PPO received 334 appeals, 100% of the total appeals met the goal of less than 2 per 1000 members; compared to 100% compliance in 2021. The Standard Appeals represented 262 of the total appeals volumes, which are required to be resolved in 30 days or less turnaround time. The 2022 results demonstrated 100%, meeting the minimum goal of 99% compliance. In 2021 results demonstrated 100% meeting the minimum goal of 99% compliance. The 2022 Standard Appeals continued meeting goal with 100% TAT that was also achieved in 2021. The average age of closure for Standard Appeals in 2022 was 17 days which was 2 days less than in 2021.

In 2022, 69 of 72 Expedited Appeals were resolved in less than 72 hours with 95.83% compliance. This is an increase from 2021 by 4.16%. The average age of closure for Expedited Appeals is 1.89 days. An analysis of the current reporting period shows that while this does not meet the 100%, the team’s performance with regards to Expedited Appeal timeliness has improved to 95.83% in 2022 in comparison to that of 91.67% for 2021.

Billing/Financial was the primary appeal volume received for the timeframe. Appeals were related to services denied as not medically necessary, experimental/investigational, claims for services provided by a non-preferred provider, medical and dental benefits (vision, dental, telemedicine), out of network benefits, non-covered diagnosis, and copayment disputes. The overall rate of appeal was 1.995/1000 based on the membership of 167,395. Of the determinations, about half (163/334) were based on contract benefit criteria, the remaining (171/334) were clinical related. Increased focus on timeliness related to expedited appeals has been the focus. Incremental gains are seen in the 2022 reporting. The missed expedited appeals were related to inaccurate scanning/indexing/routing procedures and a delay in forwarding from the Enterprise team to FEP for processing. The team provided feedback, and will continue to work towards identifying any gaps, addressing those, and ensuring tracking to a resolution is completed.

### **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 2023, 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 2023 |       |         | 2Q 2023 |       |         |
|--------------------------|---------|-------|---------|---------|-------|---------|
|                          | Met     | Total | %       | Met     | Total | %       |
| <b>Illinois PPO</b>      |         |       |         |         |       |         |
| On and Off REAM Combined | 96      | 96    | 100.00% | 74      | 78    | 94.87%  |
| On REAM                  | 69      | 69    | 100.00% | 54      | 58    | 93.10%  |
| Off REAM                 | 27      | 27    | 100.00% | 20      | 20    | 100.00% |
| <b>Illinois HMO</b>      |         |       |         |         |       |         |
| On and Off REAM Combined | 19      | 19    | 100.00% | 24      | 24    | 100.00% |
| On REAM                  | 18      | 18    | 100.00% | 20      | 20    | 100.00% |
| Off REAM                 | 1       | 1     | 100.00% | 4       | 4     | 100.00% |

Complaints that met regulatory TAT with goal of > 90%IL PPO complaints on and off exchange increased by 12% (Q1 Q2 2022 155 to 174 Q1 Q2 2023).

IL HMO complaints on and off exchange decreased by 14% (Q1 Q2 2022 50 to 43 Q1 Q2 2023).

**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 2023, a total 125 QOC were reported, down from 150 in 2022. The Complaint Main Categories are; Attitude/Service, Quality of Care, and Quality of Care/Billing. Of the multiple subcategories, the majority included “perceived lack of caring or concern” (38) and “attitude of healthcare professional” (40). 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 Specialist and Behavioral Health Practitioner Quality Review Results**

In 2023, the QI Audit team conducted Appointment Access/Availability and Medical Chart audits on a random sample of contracted Primary Care Physicians (PCPs)s and Behavioral Health Providers. High Volume/High Impact Specialists were identified and audited for Appointment Access/ Availability only. All audits were conducted utilizing established Quality Site Audit Standards to assess Medical Record compliance and Appointment Availability and Access to care.

**Behavioral Health Care Practitioners**

The Appointment Access and Availability audit was conducted via mail survey by the Behavioral Health Quality and Accreditation Team. Of the 64 Providers responding to the survey, 42% of Providers were compliant for Non-Life-Threatening Care, 71% for Initial Visit for Routine Care and 69% for Urgent Care Appointment standard.

100% of responding Providers met the Follow Up Routine Care standard. The survey questions did not ask the specific reasons for the lack of appointment availability; for example, office staffing issues, decreased office hours, COVID 19 restrictions, or if a Behavioral Health Provider's associate was available to see the member.

Behavioral Health Medical Chart Audits were started in Q4 2023. The audit will be completed in Q1 of 2024

### **Primary Care Physician**

BCBSIL conducted Appointment Access/Availability Audits using a random sample of PCPs. Providers met the 90% passing threshold for After-hours Instruction with a score of 93.43%. Providers did not meet the 90% passing threshold for Routine Care Appointments within 10 business days and Urgent Care Appointments within 24 hours with scores of 67.88% & 85.40%. The PCP Medical Chart Audits were started in Q4 2023. The audits will be completed in Q1 of 2024.

### **High Volume/High Impact Specialists**

BCBSIL conducted Appointment Access/Availability Audits using a random sample of Specialists. Specialists met the 90% passing threshold for After-hours instruction with a score of 92.63%. Specialists did not meet the 90% passing threshold for Routine Care Appointments within 10 business days and Urgent Care Appointments within 24 hours with scores of 81.05% and 86.32%.

### **FHP/ICP/MLTSS/MMAI**

**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.

### **Commercial Member Satisfaction Survey 2022 Results**

The Commercial Member Satisfaction Survey is a streamlined and modernized version of the legacy Continuous Tracking Program (CTP). The program allows HCSC to track commercial (i.e., Group and Individual and Family Markets (IFM)) member satisfaction and identify areas for improvement. The 10-minute survey is conducted quarterly by live telephone interview through a third-party research partner located in the US and managed by HCSC Market Research.

Stratified random sampling is used to select participants and results are weighted to be representative. A 5-point, fully anchored, excellent to poor scale provides a rational rating of member experience. Results are scored as the percent of positive responses (i.e., excellent, very good, or good, as opposed to fair or poor).

In 2022, a total of 816 BCBSIL Group PPO members and 396 HMO members were surveyed. The key metrics reported below remain consistent and are comparable to prior years except where indicated. Results are reported for Illinois members living in-state.

### BCBSIL Group Results

2023 BCBSIL QI Program Evaluation

BCBSIL Group PPO (in-state) *Overall* rating decreased by 5 points to 86%, continuing a downtrend. *Value* and *Likelihood to Recommend* are on par with the prior year but are lower than 2020.

BCBSIL Group HMO (in-state) *Overall* rating trended down 3 points to 86%. *Value* and *Likelihood to Recommend* are on par with the prior year.

| BCBSIL Group Results |         |      |       |       |      |      |                         |      |      |
|----------------------|---------|------|-------|-------|------|------|-------------------------|------|------|
|                      | Overall |      |       | Value |      |      | Likelihood to Recommend |      |      |
|                      | 2020    | 2021 | 2022  | 2020  | 2021 | 2022 | 2020                    | 2021 | 2022 |
|                      | A       | B    | C     | A     | B    | C    | A                       | B    | C    |
| PPO                  | 96      | 91   | 86 AB | 91    | 89   | 88 A | 81                      | 76   | 74 A |
| HMO                  | 94      | 89   | 86 A  | 88    | 88   | 91   | 80                      | 78   | 79   |

*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 rating changed to 0 to 10 scale in 2020 and scores indicate the percent of members rating 7-10.*

*Number of respondents, 2022: PPO –816; HMO –396*

BCBSIL IFM Results

Overall, BCBSIL IFM ratings are steady from last year.

2022 BCBSIL IFM PPO member ratings were steady compared to 2021 on *Overall* satisfaction while BCBSIL IFM HMO rating increased on that measure.

Both IFM PPO and IFM HMO member ratings on *Value* and *Likelihood to Recommend* were on par with 2021 scores.

| BCBSIL IFM Results |         |      |      |       |      |      |                         |      |      |
|--------------------|---------|------|------|-------|------|------|-------------------------|------|------|
|                    | Overall |      |      | Value |      |      | Likelihood to Recommend |      |      |
|                    | 2020    | 2021 | 2022 | 2020  | 2021 | 2022 | 2020                    | 2021 | 2022 |
|                    | A       | B    | C    | A     | B    | C    | A                       | B    | C    |
| PPO                | 73      | 83   | 82 A | 69    | 74   | 77 A | 64                      | 68   | 67   |
| HMO                | 85      | 71   | 84 B | 74    | 73   | 75   | 62                      | 64   | 67   |

*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 rating changed to 0 to 10 scale in 2020 and scores indicate the percent of members rating 7-10.*

*Number of respondents, 2022: PPO –132; HMO –60*

### **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. The surveys aid in assessing the helpfulness of the IPA program staff, the usefulness of educational materials sent to members, and evaluating 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*<sup>®</sup>, *Blue Advantage HMO*<sup>SM</sup>) and the Retail HMO (*Blue Precision HMO*<sup>SM</sup>; *Blue Care Direct HMO*<sup>SM</sup>; and *Blue Focus Care HMO*<sup>SM</sup>) surveys. Diabetes and Asthma survey mailings are sent in October each year to include members that were in the program from the 1<sup>st</sup> thru 3<sup>rd</sup> quarter. The 4<sup>th</sup> quarter mailings for Asthma and Diabetes were sent out the first week of January 2024. The 4<sup>th</sup> quarter data will not be available until March 2024 and therefore is not included in this analysis.

The response rate for the Asthma Condition Management surveys was extremely low (1 response received for the Commercial HMO, and no responses received from the IFM HMO,) and is, therefore, statistically insignificant. As the response numbers are so low, no reasonable conclusion can be drawn to state whether the program was better or worse in comparing 2022 to 2023.

For the first three quarters of 2023 one Diabetes Condition Management Survey was received. The result for the Commercial HMO exceeded the 90%-member satisfaction goal for all but one of the survey questions (The program helped me to achieve my health goals – 86% Yes.) Although this is an improvement over the 2022 result of 76.9% responding 'Yes', these results are also statistically insignificant, and no reasonable conclusion can be drawn to state whether the program was better or worse in comparing 2022 to 2023.

Ongoing Interventions to improve 2023 survey results:

- HMO Clinical Delegation Coordinators 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 asthma and diabetes member satisfaction surveys in their UM Committee meetings and implement interventions for results under threshold. IPA intervention plans are submitted to HMO Clinical Delegation Coordinators for approval and oversight.
- IPAs use the Initial Assessment (IA) to address health equity and social determinants of health for the member.
- PHM webinars and targeted education are conducted throughout the year to support the PHM programs including asthma and diabetes.
- Collaborate in discussions with IPAs to consider distributing a communication to members that speak to the importance of surveys in hopes that it will help increase member engagement

Future Interventions

- Initiate meetings with key stakeholders across the enterprise to achieve consistency in the collection of survey data.
- Develop educational webinars specific to best practices in managing patients with diagnoses of asthma or diabetes.

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

The 2023 Adult Commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey collected data during the period of February 21 –May 12, 2023. 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.

2023 Adult Commercial CAHPS survey included the following satisfaction and experience measures of Commercial BCBSIL HMO members. There were no statistically significant changes from the prior year:

- Getting care quickly- 77% 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)
- 71% of surveyed members rated their health plan 8-10 (0-10 scale)
- 77% of surveyed members rated their health care 8-10 (0-10 scale)
- 81% of surveyed members rated their personal doctor between 8-10 (0-10 scale)
- 85% of surveyed members rated their specialist between 8-10 (0-10 scale)

**2023 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 2023 and May 2023. The samples were members, 18+, who were continuously enrolled in their plan for at least six months as of December 31, 2022 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-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 items related to handling claims correctly and quickly, getting urgent and routine care, and Personal Doctor rating including doctor spent enough time.

**QHP** key driver analysis on Overall Health Plan rating recommended attention to several items related to costs for care and prescription drugs for HMO, and some measures related to costs and Customer Service for PPO were some measures related to getting care quickly.

| Measures   | QHP-Illinois HMO |      |      | QHP-Illinois PPO   |      |      | Commercial Illinois HMO  |      |      |
|--|------------------|------|------|--|------|------|--|------|------|
|  | 2021             | 2022 | 2023 | 2021   | 2022 | 2023 | 2021   | 2022 | 2023 |
| <b>Sample size</b>   | 1690             | 1690 | 1690 | 1690   | 1690 | 1690 | 1760   | 1760 | 1760 |
| <b>Completed surveys</b>   | 237              | 182  | 157  | 310  | 234  | 214  | 203  | 166  | 174  |
| <b>Response rate</b>   | 19%              | 18%  | 13%  | 23%  | 20%  | 17%  | 12%  | 10%  | 10%  |
| <b>Summary</b>   |                  |      |      |  |      |      |  |      |      |
| The QHP HMO results showed:<br><br>Overall Summary: <ul style="list-style-type: none"> <li>• No statistically significant difference in key measures from last year</li> <li>• Ease of filling out forms is significantly lower than both the vendors Book of Business benchmark and the 2022 CMS Benchmarks.</li> </ul> |                  |      |      | The QHP PPO results showed:<br><br>Summary: <ul style="list-style-type: none"> <li>• No statistically significant difference in key measures from last year</li> <li>• Explanation of forms is significantly lower than both the vendors Book of Business benchmark and the</li> </ul> |      |      | There were no statistically significant changes in key overall measures.<br><br>Overall Ratings: <ul style="list-style-type: none"> <li>• Health Plan Rating at 2023 Quality Compass 72nd percentile</li> <li>• Overall Rating of Personal Doctor at Quality Compass 15th percentile benchmark</li> <li>• Health Care Rating at Quality Compass 55th percentile</li> </ul> |      |      |

2023 BCBSIL QI Program Evaluation

|  |                             |   |
|--|-----------------------------|---|
|  | <p>2022 CMS Benchmarks.</p> | <ul style="list-style-type: none"> <li>• Overall Rating of Specialist at the 54th percentile</li> </ul> <p>Composite Measures:</p> <ul style="list-style-type: none"> <li>• Claims Processing at 59th percentile</li> <li>• Getting Needed Care at 48th percentile</li> <li>• Customer Service at the 39th percentile</li> <li>• How Well Doctors Communicate ranks at 27th percentile benchmark</li> <li>• Care Coordination measure at Quality Compass 85th percentile</li> </ul> |
|--|-----------------------------|---|

| Commercial CAHPS<br>2023 IL HMO Key Drivers |                                   | SRS   |
|---|-----------------------------------|-------|
| <b>Performing Well</b>                      |                                   |       |
| Q8  | Rating of Health Care             | 50.0% |
| Q29   | Handled claims quickly            | 93.2% |
| Q20   | Getting specialist appointment    | 78.9% |
| Q24   | Provided information or help      | 83.3% |
| <b>Room for Improvement</b>                 |                                   |       |
| Q9  | Getting care, tests, or treatment | 85.8% |
| Q6  | Getting routine care              | 73.9% |
| Q25   | Treated with courtesy and respect | 90.0% |
| Q18   | Rating of Personal Doctor         | 65.4% |
| Q4  | Getting urgent care               | 79.4% |

| QHP CAHPS<br>2023 IL HMO Key Drivers |   | SMS  |
|--------------------------------------|---|------|
| <b>Performing Well</b>               |   |      |
| Q30                                  | Listened carefully                                | 89.6 |
| <b>Room for Improvement</b>          |   |      |
| Q16                                  | Delayed or did not fill Rx due to cost            | 84.2 |
| Q17                                  | Could not get care due to public health emergency | 92.2 |
| Q14                                  | Paid out of pocket for care unexpectedly          | 73.0 |
| Q15                                  | Delayed or did not visit doctor due to cost       | 73.5 |
| Q9                                   | Ease of filling out forms                         | 59.6 |
| Q10                                  | Explanation of forms                              | 57.1 |
| Q13                                  | Health plan did not pay for needed care           | 77.9 |
| Q8                                   | Wait time for CS was longer than expected         | 64.1 |
| Q7                                   | CS treated members with courtesy and respect      | 79.4 |
| Q25                                  | Getting care, tests, or treatment                 | 74.2 |
| Q44                                  | Rating of Specialist                              | 82.7 |
| Q22                                  | Getting urgent care                               | 66.0 |
| Q23                                  | Getting routine care                              | 67.4 |
| Q40                                  | Rating of Personal Doctor                         | 87.3 |

| QHP CAHPS<br>2023 IL PPO Key Drivers |  | SMS  |
|--------------------------------------|--|------|
| <b>Performing Well</b>               |  |      |
| Q22                                  | Getting urgent care                          | 72.4 |
| Q25                                  | Getting care, tests, or treatment            | 76.5 |
| <b>Room for Improvement</b>          |  |      |
| Q7                                   | CS treated members with courtesy and respect | 79.2 |
| Q13                                  | Health plan did not pay for needed care      | 77.1 |
| Q8                                   | Wait time for CS was longer than expected    | 64.2 |
| Q14                                  | Paid out of pocket for care unexpectedly     | 71.3 |
| Q15                                  | Delayed or did not visit doctor due to cost  | 68.2 |
| Q27                                  | Rating of Health Care                        | 78.1 |
| Q23                                  | Getting routine care                         | 72.1 |
| Q9                                   | Ease of filling out forms                    | 65.9 |
| Q10                                  | Explanation of forms                         | 52.4 |
| Q6                                   | CS provided information or help              | 59.5 |
| Q44                                  | Rating of Specialist                         | 82.4 |
| Q41                                  | Getting specialist appointment               | 64.7 |
| Q4                                   | Able to find costs of service or equipment   | 45.0 |

2023 Provider Tracking Program (Provider Satisfaction) Results – BCBSIL Retail HMO



## 2023 BCBSIL QI Program Evaluation

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 Press Ganey, an independent marketing research firm. The surveys are sent annually by mail, phone, and internet. The 2023 survey was in the field from June to August 2023-

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).

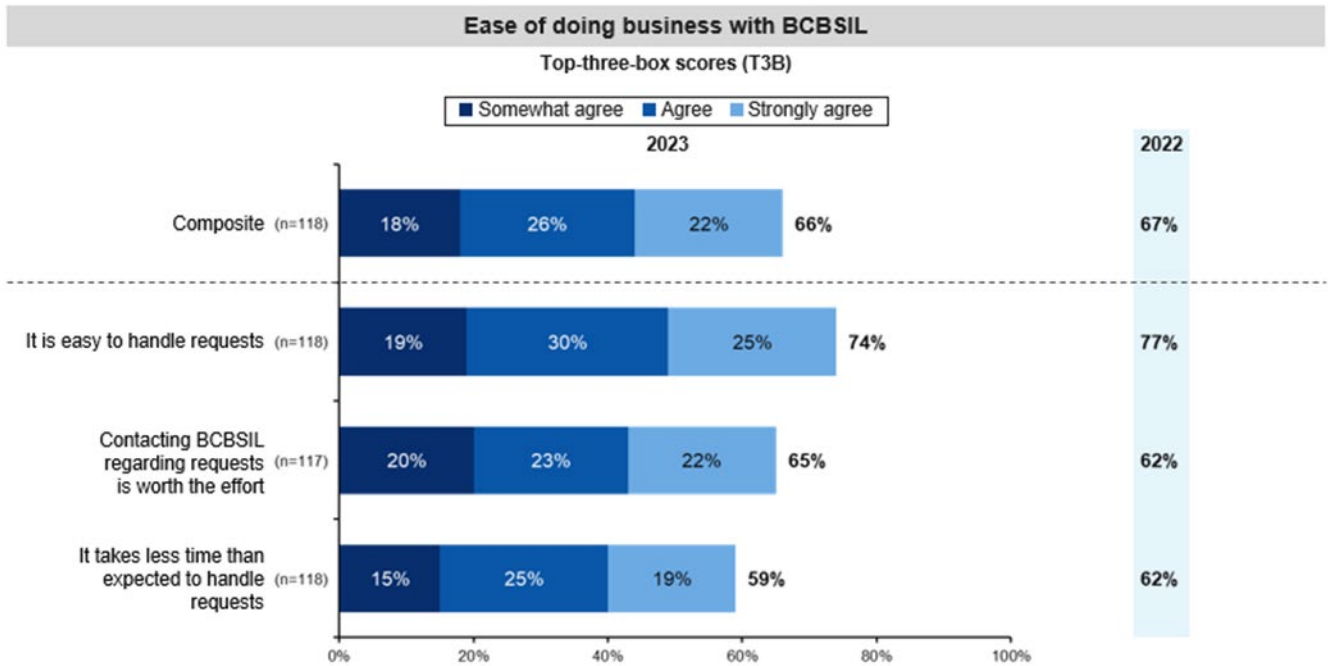
|                                    | 2021 | 2022 | 2023 |
|------------------------------------|------|------|------|
| Overall Satisfaction^              | 86   | 83   | 86*  |
| Commitment^                        | 30   | 37   | 38   |
| Ease of Doing Business             | 58   | 67   | 66   |
| Claims and Member Eligibility      | 89   | 88   | 87*  |
| Provider Relations                 | 69   | 70   | 70   |
| Provider Network                   | 84   | 83   | 82   |
| Utilization and Quality Management | 72   | 76   | 74   |
| Pharmacy and Drug Benefits         | 61   | 70   | 67   |
| Continuity of Care                 | 74   | 71   | 72   |

^Overall Satisfaction score measures % Very Satisfied, Somewhat Satisfied; Commitment score is Net Promoter Score

\*Rating is significantly higher than competitor

- Marketplace PPO providers' Overall Satisfaction increased slightly and exceeds other health plans by a significant margin.
- BCBSIL outperforms other plans significantly for Claims and Member Eligibility.

Ease of doing business with BCBSIL continues to be highly important to providers' ratings on Overall Satisfaction, while scores on these measures show room for improvement. Efforts to improve scores on these measures have the potential to increase overall satisfaction.



**BCBSIL Marketplace PPO UM Measures**

|  | BCBS Market Place PPO | Other Health Plans |
|--|-----------------------|--------------------|
| Phone Availability of UM staff                           | 67                    | 61                 |
| Timeliness of non-emergent authorization                 | 72                    | 66                 |
| Explanation of adverse review decisions                  | 67                    | 61                 |
| Adverse review decisions reflect evidence-based medicine | 64                    | 57                 |
| Phone access to Case/Care Managers                       | 71                    | 69                 |
| Community resource options                               | 77                    | 70                 |
| Chronic disease management resources                     | 78                    | 72                 |
| Plan promotes preventative care                          | 89                    | 83                 |
| Understanding of care management program                 | 81                    | 74                 |
| Overall satisfaction with UM                             | 70                    | 63                 |

**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
- To advance communication and team collaboration between members, providers, and specialist.

PCP's feedback of communication among specialists for both marketplace and commercial HMO showed to have some room for improvements. In 2022, five of the nine facilities had a decrease of 1-4%, except for emergency rooms, hospitals, urgent care, and rehab facilities with an decrease of 3-8%. All facilities did not meet the 90%, except for home health care and emergency rooms facilities.

Our plan all cause readmissions measure has shown an increase in the rates, we did not meet our benchmark. In 2022 the results were .65% for HMO-COM, .61% for HMO-Marketplace, and .61% 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 73% in 2022 which is an decrease from 87% in 2021. The documentation in the BHS medical record of communication between the BHS and the referring practitioner had some progressive results for onsite medical records audits performance in 2022.

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 did not have a significant increase in the rates. For the HMO Marketplace population there was an decrease in only one indicator. For the Effective Continuation Phase Treatment indicator was an decrease of 1% (62% to 61%) and stability of 79% for the Effective Acute Phase Treatment. For the HMO Commercial population there was an stability of 58% in Effective Continuation Phase Treatment indicator and an increase of 1% (75% to 76%) in the Effective Acute Phase Treatment. An article and clinical resources were also provided to the provider website.

To analyze the results of the QI Fund project in 2022 after the 2018 inclusion of ADHD: Follow-up Care for Children Prescribed ADHD Medication-Initiation Phase 30 days. IPAs with rates of >51% 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 9,000 randomly selected BCBS Behavioral Health providers with outpatient BH claims. 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 Clinical Professional Counselor, Licensed Clinical Social Worker, Drug/Alcohol Counselor, Psychologist/Psychological Associate, Marriage/Family Therapist, Psychiatrist, Behavior Health Nurses, Utilization Reviewers, and Behavior Health Clinicians. The response rate was 4.3% in 2020, then decreased to 4.0% in 2021, and stabilized 4.0% in 2022. The survey had some highlighting points.

Group and/or Retail: Despite the slow lingering effects of the pandemic, the timeliness of provider feedback continued to show efforts in communication of coordination from 100% in 2020, 88% in 2021, and then another increase of 100% in 2022 meeting above the goal ( $\geq 74\%$ ). Additionally, helpfulness of the medical practitioner rates increased from 2021 to 2022 by twelve percentage point. Scores for Helpfulness of Feedback were still above the ( $\geq 84\%$ ) goal at 100%.

The causal analysis of both the provider satisfaction/experience and BH and Medical Management Satisfaction/Experience surveys showed that providers indicate satisfaction with the frequency that coordination of care occurs also indicate a satisfaction with the helpfulness of the communication when it occurs. Coordination of care between BH and medical providers showed a few satisfaction drivers of high ratings in BH telehealth services and helpfulness of provider web pages in coordination of care and a coordination of care tools. The use of Electronic Medical Record (EMR) systems across large hospital and affiliated provider systems can still present an issue, 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 education and encouragement in importance of communication systems and shared care plans.
2. Member knowledge related to ADHD and depression treatment.
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, as well as encourage providers to track members with BH diagnosis to ensure proper care and treatments are be implemented.
5. Member accessibility to both PCP and 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 coordination of care tools 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 to the topic of ADHD treatment, monthly IL HMO NCQA articles in LifeTime publications, and additional articles 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 strategic in improving the quality of care, quality of service and safe clinical practices in 2023. 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 2023 QI Program Evaluation on.***