

## **2019 BLUE SHIELD OF CALIFORNIA QUALITY PROGRAM EVALUATION EXECUTIVE SUMMARY**

Blue Shield of California has two long-term quality goals: become a Medicare 5-Star plan and achieve Commendable National Committee for Quality Assurance (NCQA) status for all product lines by 2021. Our 2019 quality improvement (QI) program goals and objectives support the quality vision and quality strategy and drive us toward achieving our long-term goals. Detailed goals, objectives and activities for the year are delineated in the 2019 Quality Work Plan. Overarching 2019 goals and objectives are listed below.

The 2019 Quality Program Evaluation documents the annual review of the Blue Shield of California's (BSC) Quality Improvement Program for all product lines. This evaluation serves as the foundation for the ongoing Quality Improvement activities described in the 2020 Quality Work Plan and any needed changes to the 2020 Quality Program Description.

Goal: Deliver an exceptional quality program across the company

Objectives:

- Improve Medicare Star rating to 4 Stars
- Improve Trio provider network quality performance
- Improve Covered California Quality Rating System (QRS) performance to 3-Stars
- All products will maintain a National Committee for Quality Assurance (NCQA) Accreditation rating of Accredited or better

Accomplishments of the 2019 Quality Program include:

- Achieved Medicare Star rating of 4 Stars
- Maintained NCQA Accreditation status of Accredited for all lines of business
- Achieved 3 Star Covered California Quality Rating System rating for both Exchange HMO and PPO
- Successfully integrated the Clinical Quality organization, built the Clinical Quality Member Experience Team
- Launched member outreach campaigns to over 400,000 Commercial PPO members
- CareTips, a clinical messaging program for Commercial HMO and PPO, saw a care gap conversion rate of 29% in 2019
- Launched a robust Medicare provider incentive program to support Medicare Star program initiatives
- Eight out of 44 Accountable Care Organizations (ACOs) and 13 non-ACOs have signed participation agreements with Manifest MedEx
- Met all turnaround times for potential quality issue investigations
- Improved credentialing turnaround times
- Digital Customer Experience deployed several enhancements to the mobile app
- Wellvolution recorded approximately 10 million member interactions
- A majority of HMO ACOs improved in hypertension, cardiovascular disease, and preventive screening measures

Barriers and Opportunities include:

- Supplemental data challenges continue to impact data integrity and lead to discrepancies in analyses and member and provider initiatives
- Member and provider outreach programs experienced delays in implementation