

**Blue Shield of California Promise Health Plan  
2020 Quality Program Evaluation  
Medicare Advantage and Cal MediConnect**

**EXECUTIVE SUMMARY**

Blue Shield of California Promise Health Plan's Medicare Program has two long-term quality goals. First, is to become a Medicare 5-Star plan and second, is to achieve Commendable National Committee for Quality Assurance (NCQA) status by 2021. Our 2020 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 2020 Quality Work Plan. Overarching 2020 goals and objectives are listed below.

The 2020 Quality Program Evaluation documents the annual review of Blue Shield Promise Health Plan's Quality Improvement Program for its Medicare line of business. This evaluation serves as the foundation for the ongoing Quality Improvement activities described in the 2021 Quality Work Plan and any needed changes to the 2021 Quality Program Description. A separate evaluation is performed for the Blue Shield Dual Special Needs Plan Model of Care and specifically for the Blue Shield Promise Cal MediConnect Plan.

Goal: Deliver an exceptional quality program across the company.

2020 Objectives:

- Maintain a National Committee for Quality Assurance (NCQA) Accreditation rating of Accredited or better.
- Achieve a Medicare Star Rating of 3.5 Stars.
- Achieve Cal MediConnect quality withhold performance benchmarks or gap closures, where applicable, to earn 100% payout (See Cal MediConnect Program Evaluation).

Accomplishments of the 2020 Program include:

- Maintained Accredited status for NCQA.
- Met credentialing and recredentialing turnaround times.
- Met member telephone access standards.
- Addressed 100% of potential quality issue (PQI) cases and met turnaround standards.
- Completed 100% of annual delegation oversight audits, including follow-up and/or focus audits.
- Received 100% of quarterly/semi-annual reporting timely and reviewed within 30 days of receipt.
- Increased provider engagement in closing Cal MediConnect (CMC) member care gaps through launch of CMC member Clinical Action Registry report.