



2014 Quality Management Program Evaluation

Executive Summary

Our Commitment to Quality

Blue Cross Blue Shield of Rhode Island believes that a key element in achieving our mission and vision is an organization wide commitment to quality and continuous improvement, with a culture oriented toward the ability of all contributors to affect improvement. In 2014, we celebrated our seventy-fifth year caring for and providing health coverage to the people of Rhode Island and neighboring counties.

We maintain a Quality Management Program that provides the structures, processes, resources, and expertise necessary to ensure that high quality, cost-effective care and services are provided to our members. We annually evaluate the overall effectiveness of our Quality Management Program, tracking progress in completion of objectives, monitoring the success of activities, and implementing changes to meet the needs of our membership and operations. This Executive Summary provides an overview of our Quality program's key accomplishments in 2014.

Scope

Our Quality Management Program includes all Commercial, Marketplace, and Medicare members, and encompasses activities designed to improve processes and outcomes including preventive, acute, and chronic care interventions, care coordination, and behavioral health services.

Quality Program Objectives

In 2014, we selected the following Quality Management Program objectives, aligned with our corporate mission and reflective of our enterprise-wide commitment to quality improvement:

- Perform quality improvement and assurance activities in alignment with corporate goals, missions, and strategies;
- Improve the quality, safety, and coordination of care for our members across the continuum;
- Integrate medical and behavioral healthcare to improve the quality of care delivered to our members;
- Continuously promote and monitor evidence-based best clinical practices across our network of providers;
- Collaborate with community partners to achieve improved care for all BCBSRI members;
- Enhance the quality of member and provider engagement and satisfaction with the health plan, including access to care;
- Identify the spectrum of cultural and linguistic needs of our membership to offer a diverse array of services which provides meaningfully improved care to our members and supports our providers' care to our members;
- Improve the cost, quality, and efficiency of service delivered to our members and providers.

NCQA Accreditation and CMS Stars Rating

In August 2014, Blue Cross and Blue Shield of Rhode Island's Commercial PPO product was awarded a 3-Year Commendable accreditation status by the National Committee for Quality Assurance (NCQA). This distinction reflects months of tireless efforts by teams and individual contributors throughout the organization. BCBSRI had previously been NCQA accredited from 1997-2009. Our 2014 pursuit of NCQA accreditation and Commendable NCQA status demonstrate our organization's reaffirmed commitment to quality in every aspect of our business.

In October 2014, BCBSRI's Medicare Advantage plan received a 4 Star overall rating from CMS for the second year in a row. Our overall raw score for the 2015 rating period was a 4.181 which is an improvement of 0.351 stars over the previous period. Part D achieved 4.5 Stars for this rating period based on a raw

score of 4.6. This was an improvement of 1.2 Stars from the previous year. These exceptional results are further evidence of our organizational dedication to quality and performance improvement. In our Stars and Accreditation efforts, we will continue to strive for optimal results and clinical outcomes.

High Scores on Corporate Equality Index

In 2014, BCBSRI scored 90 percent on the Corporate Equality Index (CEI), a national benchmarking survey and report on corporate practices relating to lesbian, gay, bisexual, and transgender (LGBT) workplace equality, administered by the Human Rights Campaign Foundation. In 2015, BCBSRI scored 100 percent, making us one of only two companies in the state to receive perfect CEI scores. Our high scores for two years in a row reflect our commitment to LGBT workplace equality with respect to tangible policies, benefits, and practices, as well as our engagement with the local LGBT community.

Enhanced Delegation Oversight

In 2013, we identified the need for more formalized management of our delegate relationships. This led to the creation of a Delegation Oversight team within the Quality department to coordinate the on-boarding and oversight of delegates. A Delegation Oversight Committee was also convened, comprised of staff from the quality, legal, compliance, sourcing, claims, credentialing, network, pharmacy, behavioral health, case management, and other departments. This committee meets biweekly and assists in the identification of potential delegates and the oversight of delegated vendors to ensure their service and quality of care meets regulatory, accreditation and business requirements. A larger group meets on a quarterly basis to review performance of current delegates and capabilities of potential delegates.

Physician Leadership

Dr. Tracey Cohen, Medical Director, Behavior Health and Quality, is the physician responsible for our Quality Program. She chairs the Clinical Quality Oversight Committee, collaborates with Quality staff and leadership on quality of care complaint management, and co-chairs the Accreditation Steering Committee with the Director of Quality. Dr. Brian Wolf, Senior Medical Director, chairs the Professional Advisory Committee (PAC), and the Utilization Management Committee. In 2014, Dr. Peter Hollmann, Associate Medication Director, chaired the Pharmacy & Therapeutics Committee and the Network Quality Committee. In 2015, Dr. Brian Wolf will chair the Pharmacy & Therapeutics Committee and Dr. Tracey Cohen will chair the Network Quality Committee.

Executive Leadership Team (ELT)

Our Executive Leadership Team (ELT) recognizes and supports the integral role of Quality Management in achieving our mission. Dr. Augustine Manocchia, Vice President and Chief Medical Officer, is a member of ELT and chairs our Executive Quality Council (EQC). Accreditation and quality updates are provided weekly at ELT meetings, and ELT members have provided clear avenues for addressing and escalating quality issues requiring attention across all business activities.

Key Accomplishments

Our 2014 Workplan contained 58 items, of which 55 were completed and one was discontinued. This included clinical and service quality improvement projects, focusing on population health, chronic condition management, access and availability of the network, hospital quality, customer service, diversity initiatives, and numerous other areas. This Executive Summary features key clinical and service Quality Program accomplishments from our work in 2014. Our complete 2014 Quality Management Program Evaluation fully describes the scope and results of our work. To receive a copy of this document, visit our website at www.bcbsri.com (and search on keyword “quality”), or contact Customer Service at 800.639.2227; TTY/TTD 711.

HEDIS PERFORMANCE

HEDIS (Healthcare Effectiveness Data & Information Set) is a set of measures developed by the National Committee for Quality Assurance (NCQA), a non-profit healthcare accrediting agency. HEDIS data is collected by health plans and publicly reported for a variety of clinical measures affecting consumers of all ages, ranging from preventive healthcare, such as breast cancer screening or immunizations, to treatment for certain chronic illnesses, such as asthma medication or depression follow-up care. HEDIS provides consumers with a consistent way to evaluate and compare health plan performance. BCBCSRI utilizes HEDIS rates to help understand the needs of our members and to guide our improvement efforts. Our 2014 results demonstrated both strengths and opportunities for improvement, which are highlighted below:

2014 HEDIS COMMERCIAL

- **Strengths:** Of thirty-three measures, we scored in the 90th national percentile for three measures and in the 75th national percentile for 12 measures.
 - **Measures in the 90th National Percentile:** Counseling for Nutrition in Children and Adolescents, Counseling for Physical Activity in Children and Adolescents, Use of Spirometry in the Assessment and Diagnosis of COPD.
 - **Measures in the 75th National Percentile:** Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection, BMI Percentile in Children and Adolescents, Childhood Immunization Status (combo 2), Colorectal Cancer Screening Chlamydia Screening in Women, Cholesterol Management for Patients with Cardiovascular Conditions LDL Screening, Controlling High Blood Pressure, Follow-up After Hospitalization for Mental Illness 7 Days, Breast Cancer Screening, Flu Shots for Adult Age 50-64, and Timeliness of Prenatal Care.
- **Opportunities for Improvement:** Comprehensive diabetes care, appropriate medications for behavioral health conditions, maternity care, and appropriate medications for certain chronic conditions are the subjects of a variety of Commercial member improvement projects in 2015.

2014 HEDIS MEDICARE:

- **Strengths:** Of thirty-seven measures, we scored in the 95th percentile for one measure, in the 90th percentile for four measures, and in the 75th percentile for 8 measures.
 - **Measures in the 95th National Percentile:** Pharmacotherapy Management of Acute COPD Exacerbation – Systemic Corticosteroid
 - **Measures in the 90th National Percentile:** Cholesterol Management for Patients with Cardiovascular Conditions - LDL < 100, Colorectal Cancer Screening, Use of High Risk Medications in the Elderly - One prescription; Use of High Risk Medications in the Elderly – At Least two Prescriptions
 - **Measures in the 75th National Percentile:** Comprehensive Diabetes Care LDL < 100, Breast Cancer Screening, Glaucoma Screening in Older Adults, Use of Spirometry in the Assessment and Diagnosis of COPD, Comprehensive Diabetes Care HbA1c Screening, Follow-up After Hospitalization for Mental Illness 7 Days, Follow-up After Hospitalization for Mental Illness 30 Days, and Potentially Harmful Drug-Disease Interactions in the Elderly Dementia & Tricyclic Antidepressants or Anticholinergic Agents.
- **Opportunities for Improvement:** Comprehensive diabetes care, appropriate medications for a variety of behavioral and medical conditions, and osteoporosis management are areas targeted for improvement and the focus of Medicare improvement project in 2015.

SELECTED CLINICAL ACCOMPLISHMENTS

HOSPITAL QUALITY PROGRAM

Objective: To help improve costs, quality of care, and clinical outcomes for members who are hospitalized.

Initiatives: The Hospital Quality Program incorporates quality incentive measures into hospital contracts, and performs ongoing monitoring of performance. In 2014, contracts with quality incentives were included for all thirteen Rhode Island acute care hospitals. Two Massachusetts hospitals from Southcoast Health Systems (Charlton, St. Luke's) were introduced to the 2014 Program with some elements. Measures were aligned with Centers for Medicare and Medicaid's (CMS) Value-Based Purchasing Program (VBP) for Core Clinical Process of Care (Core) measures, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures. Safe Transitions process measures for best practices in discharge planning were derived from the Rhode Island Medicare Quality Improvement Organization (QIO), Healthcentric Advisors. This allowed us to evaluate performance in all-cause readmission, high risk medications, processes of care, transitions of care, and patient satisfaction, among others.

Results: Hospital network performance was strong across several quality domains in 2013. In 2014, several factors prompted refinements to the Hospital Quality Program. BCBSRI also convened a Hospital Quality Program Stakeholders meeting, providing an opportunity for both the organization and leadership from across the hospital network to discuss the quality measures, processes, and program goals in a common forum.

Due to significant changes in the CMS Hospital Reporting Program, the Core measures were eliminated and new measures — Influenza vaccination and Healthcare Acquired Infections (HAIs) — were added. HCAHPS (which measures hospital patient satisfaction) remained in place, and added a new composite measure reflecting care transitions, also adopted by CMS VBP. Given past overall high performance of Safe Transitions measures, the program focused on two of the measures relating to communication with the PCP (notification of admission and summary of clinical information at discharge). The measure for all-cause readmission (ACR) remained in place, as most hospitals identify opportunity for improvement in this area. Population health management projects focusing on high risk medications, and on adherence to medications in the diabetes population, also continued. An additional element has been added to the Program to emphasize improvements in infrastructure supporting integrated delivery systems. These are project-based and vary across the network based on related activities and opportunities. As we move into another year, BCBSRI has shifted from having annual updates with each hospital/system to having multi-year programs aligned with contract terms, to allow for better improved focus and resource allocation.

PRIMARY CARE PHYSICIAN (PCP) QUALITY INCENTIVE PROGRAM

Objective: To recognize primary care physicians (PCPs) and groups for helping BCBSRI close gaps in care for Commercial and BlueChiP Medicare members in important areas such as preventive and wellness care for children and adults, and management of diabetes and hypertension.

Initiatives: The PCP Quality Incentive Program was developed in the fourth quarter of 2014, and is open to all PCPs. Gaps in care measures are based on nationally accepted quality measures developed by one or more of the following organizations: National Committee for Quality Assurance (NCQA), National Quality Forum (NQF), and the Center for Medicare and Medicaid Services (CMS). The full list of program measures is as follows:

Adult Program Measures

BlueCHIP for Medicare

1. Breast Cancer Screening
2. Adult BMI Assessment
3. Diabetes – Hemoglobin A1c Control <9%
4. Diabetes – Nephropathy Screening
5. Controlling High Blood Pressure
6. Diabetes – Appropriate Hypertension Medication
7. Medication Adherence – Diabetes
8. Medication Adherence – Hypertension (RAS Antagonists)
9. Medication Adherence – Cholesterol (Statins)

Commercial

1. Breast Cancer Screening
2. Adult BMI Assessment
3. Diabetes – Hemoglobin A1c Control <8%
4. Diabetes – Nephropathy Screening
5. Controlling High Blood Pressure

Pediatric Program Measures

Commercial

1. Well Child Counseling for Nutrition
2. Well Child Counseling for Physical Activity
3. Well Child BMI Assessment
4. Childhood Immunization Status – Combination 10
5. Adolescent Immunization Status – Combination 1
6. HPV Vaccine for Female Adolescents
7. Chlamydia Screening for Females age 16-20

At the beginning of the year, PCPs receive program materials that describe each measure and contain a description of inclusion and exclusion criteria. During the year, PCPs will receive two mailings based on claims data indications of gaps in care (missing tests, exams, and treatment) among their patients who are BCBSRI members. These lists help PCP groups focus their outreach and coordination efforts to close these gaps. In the latter half of 2015, PCPs will log directly into our new Population Health Registry. The registry will improve gap notification times and has bidirectional functionality, as PCPs will also be able to supply BCBSRI with new and updated information about care gaps and other quality measures.

Results: Initial results are forthcoming. Given the 2015 program enhancements, we anticipate an increase in PCP participation and improvements across multiple measures for both adults and children.

MEDICATION THERAPY MANAGEMENT (MTM): OUTCOMES MTM AND PCMH PHARMACISTS

Objective: Missed or incorrectly used medications can decrease quality of life, increase health risks, and lead to costly complications and hospitalizations. We sought to utilize medication therapy management (MTM) to increase adherence with medication among Medicare and Commercial members, improve quality and clinical outcomes, and lower costs. Our primary goal was to increase the number of completed medication reviews (CMRs) conducted by pharmacists with eligible members.

Initiatives: The BCBSRI Pharmacy team identified members for participation by selecting those with 2 chronic conditions and 4 medications. An independent company, Outcomes MTM, identified additional members eligible for outreach based on prescription fill patterns. We incorporated pharmacists in our PCMH practices in 2014 to improve collaboration between patients and PCPs. Utilizing the information from our participation criteria and the Outcomes MTM identifications, pharmacists conducted Comprehensive Medication Reviews with patients to inventory and discuss all member medications. Prescriber Consults occurred between the pharmacist and PCP to discuss potential changes in medication. Pharmacists provided members with Patient Adherence Consults and Patient Education/Monitoring to address barriers to adhering to medication plans, and to educate patients about taking medications, maintaining access to expensive medications, and monitoring progress with regimens.

Results: We successfully increased our number of completed medication reviews (CMRs) in 2014, particularly in the second half of the year, when the number of completed CMRs doubled. Engagement rates were greater than 50% and ranged from 68-72% among members (Commercial and Medicare) in PCMH practices with pharmacists onsite.

Medication Therapy Management Interventions						
2014 Successful MTMs		Interventions	Comprehensive Medication Reviews			Targeted Medication Reviews
			# Completed	Completion Rate	Engagement Rate	
Catamaran (Jan-Jun)			662	10.74%		2,339
OutcomesMTM (Jul-Dec)		4,032	1,377	12.78%	51.45%	2,655
OutcomesMTM Breakdown	Commercial Network	389	117	6.32%	27.10%	272
	Commercial PCMH	334	113	11.52%	72.08%	221
	Medicare Network	1,804	745	18.30%	49.52%	1,059
	Medicare PCMH	1,505	78	10.70%	68.50%	1,505

POST-ACUTE CARE QUALITY PROGRAM: SKILLED NURSING FACILITIES

Objective: Historically, the Quality Program has focused on practitioners and hospitals without giving due attention to post-care facilities and providers. Recognizing the high cost of skilled nursing facility (SNF) care and SNF-to-hospital readmissions - tens of millions of dollars – we formed the Post-Acute Care Quality Workgroup to guide the addition of SNFs to our network quality program in 2014. The Workgroup had two primary SNF-related objectives: (1.) To identify and compile key measures that allow hospitals, providers, and members to make informed decisions about skilled nursing care facilities, and (2.) Establish a methodology by which to identify and evaluate potentially lower performing and, eventually, higher performing, skilled nursing facilities from a quality perspective.

Initiatives: Actively seeking input from nationally recognized industry thought leaders and organizations, the Post-Acute Care Quality Workgroup inventoried publically available, facility-specific metrics. All available performance data, as well as readmission and emergency department utilization statistics calculated from BCBSRI claims, was aggregated for gross correlation tests. No clinically significant relationships were revealed among any of the quality, outcome, or utilization variables; no meaningful conclusions about SNF quality could be derived from quantitative analysis. Additionally, review of three years of data showed no consistent high-quality standouts.

Although no clear measures could be developed to assess high quality, the group was able to identify outliers for poor quality. The workgroup recommended the following measures to define poor quality:

1. CMS Nursing Home Compare (NHC) Overall rating of two stars or less for the past three years; or
2. One or more *substandard quality of care (SQC) deficiencies* identified by the Rhode Island Department of Health surveys in the past three years. A SQC deficiency means one or more federal requirements were not met, to a degree constituting immediate jeopardy to resident health or safety, and a scope of pattern or widespread actual harm, or a widespread potential for more than minimal harm (source: <http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec488-301.pdf>).

SNFs whose quality performs below a certain threshold will undergo further investigation. Remediation may include a corrective action plan; in severe cases, a SNF may warrant non-renewal of their contract with BCBSRI.

Results: Baseline data demonstrated poor quality in six SNFs – five required additional monitoring and one was considered for contract non-renewal. In 2015, the workgroup will begin distributing twice- yearly performance profiles (i.e., report cards) to Rhode Island SNFs, highlighting BCBSRI's quality measures and sharing statistics calculated from claims data. We look forward to further collaboration with the Rhode Island SNF community as we work in tandem to improve quality of SNF care.

MEMBER SAFETY INITIATIVES

INITIATIVE	DESCRIPTION
Member Education	<p>BCBSRI provides members with information on medication safety on BCBSRI.com. Sample articles are included below:</p> <ul style="list-style-type: none"> Warfarin: Taking Your Medicine Safely Buying Online Drugs Safely Insulin: Reusing Syringes and Lancets Safely Depression: Taking Antidepressants Safely Staying Safe When You Take Several Medicines Taking Medicines as Prescribed Depression: Taking Antidepressants Safely Depression: Dealing With Medicine Side Effects Quick Tips: Taking Medicines Wisely Questions to Ask About Your Medicines How to Get Rid of Medicines Using Antibiotics Wisely Tips for Swallowing Medicines Monitoring Your Medicines Dealing With Medicine Side Effects and Interactions Grapefruit Juice and Medicines Questions About Medicines for Epilepsy Cardiac Rehab: Medicine and Exercise ADHD: Should My Child Take Medicine? High Blood Pressure: Over-the-Counter Medicines to Avoid Kidney Disease: Medicines to Avoid FDA Advisories for Antidepressants Non-Diabetes Medicines That May Raise or Lower Blood Sugar Risks and Benefits of Medicines for Heart Failure Diabetes: Safe Use of Nonprescription Medicine
Practitioner Communication	Through our newsletter <i>Provider Update</i> , we notify providers about policy changes, updates to practice guidelines, recalls and safety issues relevant to the care of our members.
Transitions of Care	Our Transitions of Care Program helps members reduce avoidable hospital readmissions through nurse intervention and education about the member's care plan and medication safety.
Member Complaint Review	Member complaints are reviewed to identify and address complaints related to quality of care, accessibility, and availability.
Pharmacy Management	Through our pharmacy benefit manager, Catamaran, we implement prior authorizations and quantity limits on specific drugs to prevent over-utilization, ensure appropriateness of medications, identify poly-pharmacy issues, identify narcotic abuse, and reduce member exposure to new medications with uncertain side-effects. We also notify members and practitioners of drug recalls and/or withdrawals.
Clinical Practice Guidelines	BCBSRI has clinical practice guidelines in place to ensure that members receive care based on the latest scientific evidence
Electronic Medical Records	Our support of Patient Centered Medical Homes includes encouraging the use of electronic medical records (EMR). Implementation of the EMR allows practitioners to share information more efficiently and reduce handwritten medical errors.
Network Adequacy	BCBSRI performs an analysis of the member population and the provider network at least annually to determine if the network is adequate to support the healthcare needs of the members we serve. When opportunities for improvement are identified, Contracting staff work to develop contracts with most-needed providers.
Credentialing	BCBSRI credentials providers and performs site visits according to regulatory and accreditation requirements, ensuring practices meet standards for safety, cleanliness, documentation, and access.

SELECTED SERVICE ACCOMPLISHMENTS

CULTURAL COMPETENCE TRAINING FOR PROVIDERS

Objective: To support PCMH physicians and nurses in their interactions with diverse patient populations by providing cultural competency material specific to healthcare professionals.

Initiatives: Beginning in 2013, BCBSRI purchased access for Quality Interactions®, a cultural competency eLearning product for healthcare professionals. In courses tailored to their roles, physicians and nurses master cross-cultural communication skills by interacting with three culturally diverse patients, each presenting with common health conditions. Each case illustrates common challenges including cultural understanding of disease and illness, communication styles, language barriers, decision-making styles, and mistrust, and addresses how these differences affect adherence and treatment plans. Throughout, clinician learners are presented with key concepts and skills of cross-cultural care and communication, while receiving personalized feedback. Each course takes 1-2 hours to complete. Learners must score at least a 70 (on a scale of 0-100) to pass the course.

Results: The table below outlines results and takeaways for clinician learners in the program in 2014.

Course	Number Completed	Average Pre-Course Test Score*	Average Post-Course Test Score*	Program Takeaways
Physician	78	48.38	80.18	I will be more aware of patient's concerns and ethnic beliefs prior to offering recommendations
				Listen better; try to understand the patient's beliefs
				I will place more emphasis on patient's understanding of the disease
				More mindful of cancer fatalism with certain patients
				I will try to obtain professional interpreters more regularly
				Ask more open ended questions.
				Ask how in their home country things are done
				The activity will definitely help me with understanding fears and miscommunication due to cultural differences
Course	Number Completed	Average Pre-Course Test Score*	Average Post-Course Test Score*	Program Takeaways
Nurses/ Case Managers	83	47.95	81.35	Stereotyping is normal cognitively, but is not helpful for good patient interactions
				Understanding how to include family decision makers
				Learning how to ask questions to get the most pertinent information re: patient's beliefs
				Try to hire a more ethnically diverse staff
				Pay more attention to open ended questions and patient playback of information when interviewing patients
				I did not realize the extent of mistrust among cross-cultural populations, especially related to African Americans; an eye-opener

*Only completed program scores were used in the calculation above; scores for program non-completers were omitted.

DIVERSITY AND INCLUSION ACTIVITIES

Employee Initiatives

Gender-confirming Medical Policy and Benefits: In late 2013, BCBSRI finalized a medical policy regarding gender-confirming surgeries in support of new benefits (effective January 1, 2014) provided to associates and their dependents covered by our associate health plans. Subsequently, BCBSRI was able to provide this coverage to self-insured plans requesting such coverage. In 2014, one such employer group included this coverage in their benefits.

Diversity and Inclusion Training: Providing broad-based diversity & inclusion education to all associates has been a priority since it emerged as a need after our 2012 Diversity & Inclusion organizational assessment. In 2013, “Leading Inclusion” was offered to all managers. In 2014, “Championing Diversity & Inclusion for Business Success” was offered to associates, with 71 percent of individual contributors (n=508) completing the program.

Cultural Competence Training: In 2014, we offered an education program titled “Cultural Competence for Telephone-based Interactions” for our Customer Service and Case Management associates who interact with members primarily by phone. One hundred eighty-three associates participated, learning to describe how culture and subtle bias affect perception, to increase awareness of language, voice tone, and telephone behavior, and to apply tools for culturally competent telephone-based interactions to case scenarios.

“Clinical Concerns in Transgender Health.” We welcomed speaker J. Aleah Nesteby, MSN, FNP, from Baystate Health in Springfield, Massachusetts, who discussed “Clinical Concerns in Transgender Health.” This event was attended by associates as well as external guests from Lt. Governor Elizabeth Roberts’ office and the Rhode Island Public Health Institute.

Community Initiatives

Community Health Screenings: In spring of 2014, BCBSRI partnered with Walgreens, Lifespan, WBRU, and Latino Public Radio to promote early detection and prevention of diabetes through a series of six free screening and education programs. Teams of screeners visited neighborhoods in Providence, Pawtucket, and Central Falls, and individuals identified as high risk received referrals as needed, as well as a voucher for a free glucometer (to monitor blood sugar levels).

Guide to Understanding Healthcare: The Affordable Care Act has provided many Rhode Islanders with healthcare benefits for the first time. Many of those new to health coverage don’t know how to choose an insurance plan to best meet their needs, how to use that plan, or how health insurance works. The Offices of Diversity & Inclusion and Community Relations teamed up to create “Healthcare Basics: Your Guide to Understanding Healthcare in Rhode Island” in English, Spanish, and Portuguese. We shared the guide with a number of community organizations, and we have held informational sessions to educate Rhode Islanders about changes in the healthcare system.

ASSESSING NEW MEMBER UNDERSTANDING

Objective: Surveying new members about their understanding of topics—such as how to contact BCBSRI, or knowing what benefits and services have cost-sharing—helps us determine how we can improve communication in our “welcome” process for new members. Our goal was to have >75% “yes” answers for selected survey questions.

Initiatives: On a monthly basis, we emailed surveys to adult Commercial members 18 years and older, enrolled for 3 months. Members who completed the survey were given the opportunity to enter a drawing for a \$25 Amazon.com gift certificate (only one winner per month’s survey). When members gave a “No” or “Not Sure” response to one of the survey questions, they are provided with instructional text before they are presented with the next question. In this manner, the survey served as a dual-purpose tool, for measurement and education.

Results:

Question	Goal	“Yes”/ Q1 2014	“Yes”/ Q2 2014	Diff from goal
2. Do you know that BCBSRI has a website, BCBSRI.com, where you can log in to get information about doctors, your benefits, your claims history, and other services?	75%	97%	98%	+13%
3. Do you understand how to find out which doctors and hospitals are part of your health plan?	75%	82%	84%	+9%
4. Do you understand how to find out which benefits and services have copays or coinsurance?	75%	71%	74%	-1%
5. Do you know how to find out which benefits and services apply to your deductible(s) and out-of-pocket maximum(s)?	75%	62%	61%	-14%
6. Do you understand how to find out if a drug is covered by the plan?	75%	68%	64%	-11%
7. Do you know how to contact BCBSRI if you need help?	75%	93%	93%	+18%
# Completes		878	357	

Members continue to be confident about how to send or receive communications with BCBSRI, and they also have strong awareness of BCBSRI.com’s existence. Areas for improvement remain the same, around understanding how to find out: which benefits and services have copays/coinsurance, which benefits and services apply to the deductible(s) and out-of-pocket maximum(s), and whether a drug is covered by the plan. The concepts of copayment, coinsurance, deductible, and out-of-pocket maximum are confusing for members of health plans across the country; while this is not a problem unique to BCBSRI, it is a problem we must resolve for our members.

In 2015, we will work on raising member awareness of how to find out what benefits and services are/aren’t covered, what does/doesn’t apply to a deductible or out-of-pocket maximum, and what drugs are covered, as well as ensuring our marketing materials and communications provide clear information about the same.