



BLUE PLUS PERFORMANCE ON CAHPS

March 17, 2015

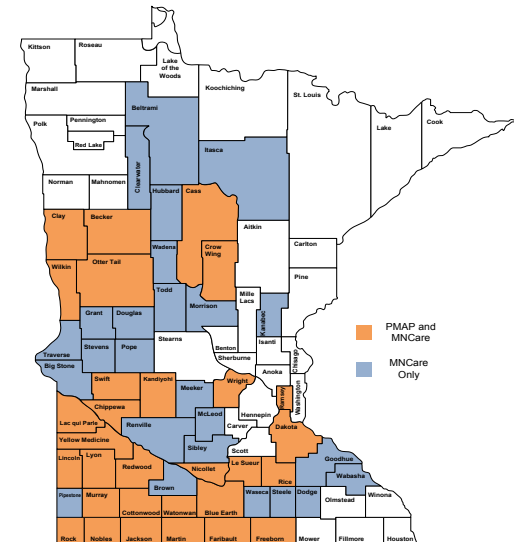


Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

BLUE PLUS MEDICAID PLANS

- Medical Assistance (MA) is Minnesota's Medicaid program. Most of the eligible beneficiaries are enrolled in the Prepaid Medical Assistance Program (PMAP).
- MinnesotaCare is a publicly subsidized program for MN residents who do not have access to affordable health care.
- BluePlus serves 90,000+ individuals in 30 counties for PMAP (orange on map), and 55 counties for MNCare (orange and grey on map).

Blue Plus 2014 MNCare/PMAP Service Area



2014 TOP BOX SCORES



Blue Plus MN CAHPS Scores

Compared to 2014 National Adult Medicaid CAHPS Health Plan Survey 80th
Percentile Top-Box Scores

Composite/Rating	National 80 th Percentile	Blue Plus MN Scores
Getting Needed Care	62%	67%
Getting Care Quickly	58%	62%
Doctor Communication	75%	79%
Health Plan Info and Service	70%	71%
Personal Doctor Rating	69%	74%
Specialist Rating	68%	68%
Health Care Rating	54%	58%
Health Plan Rating	63%	63%

- Data are incorporated into an enterprise-wide analysis and includes multiple points of data (e.g., complaints, grievances, appeals).
- Work groups aligned by lines of business review data, make recommendations.
- Recommendations are included in the corporate quality work plan and annual evaluation.
- Updates to the work plan and the annual evaluation are reviewed by the Quality Council quarterly.
- If an intervention isn't successful, the barriers are noted during the year-end evaluation in order to enhance planning for the next year.

2015 QUALITY IMPROVEMENT PROGRAM OVERSIGHT STRUCTURE

The QI oversight structure includes:

- A formal leadership council that reports directly to the board of directors.
- External physician input into the program
- Designated physicians for quality and for behavioral health quality
- Information sharing across departments and functions

Linked groups share information via joint memberships and/or summary reports



KEY ELEMENTS IMPACTING CAHPS SCORES

Benefit Design

- Medicaid benefit package in MN is very generous with no carve-outs
- Robust primary care network not based on gatekeeper model

Health Plan Systems

- Dedicated Govt Prog Customer Service staff
- Non-emergency transportation access – one call
- Culture-specific health literacy advocates
- NCQA Accreditation – focused attention

Providers/Network

- Highly consolidated care systems – most have EMRs, facilitating communication

“ENVIRONMENTAL” IMPACTS ON CAHPS SCORES

- Community is predominately white and English-speaking, however, this is changing quickly.
- Culture in Minnesota drives quality improvement throughout the provider community. Groups such as MN Community Measurement and Institute for Clinical Systems Improvement provide tools and build the culture.
- These organizations publish state-wide results, such as Health Equity & Disparity, that inform program changes.



ICSI Institute for Clinical
Systems Improvement

OVERCOMING BARRIERS

- Distance barriers – telemedicine, on-line care, “extenders”
- Mental health and dental access – high demand outpaced provider capacity.
- Active participation with MN-Dept of Human Services to improve access and quality of care.
- Provider contracts incent coordination of care.
- Dedicated Partner Relations team builds relationships with County and provider staff.
- Region-specific member options – e.g., maternity program approach considers provider and community resources.
- Member incentives – e.g., lead screening, car seats, preventive services.



SUSTAINING THE GAINS

- Atmosphere of continuous improvement within organization; Quality Council oversight builds visibility and accountability.
- Member Advisory Council
- Senior Advisory Council
- Alliances with outside advocacy groups. These groups have a powerful voice; BluePlus has been purposeful in building relationships.



WHAT WE'VE LEARNED

- Not serving Commercial & Medicaid products the same – rigorous attention to understanding the needs of population.
- Need for a new approach for Case Mgmt, based on age and health status. A more typical CM program based on catastrophic situations may not appropriately identify younger members in need.
- Network design needs fine-tuning – less specialist and hospital providers – and more public health, primary care and behavioral health providers.

**LIVE
FEARLESSSM**



THANK YOU.

To Ask a Question

cahps®

To submit a question, type question here and hit submit.

The screenshot shows a webcast interface with a 'Slide Area' on the left and a 'Q&A' section on the right. The slide area contains the CAHPS logo, the text 'Surveys and Tools to Advance Patient-Centered Care', and the AHRQ logo. The main slide title is 'Excelling on CAHPS: Lessons from Top-Performing Medicaid and CHIP Health Plans'. Below the title, it says 'A Webcast Presented by the AHRQ CAHPS User Network, March 17, 2015, 1:00 – 2:00 pm EDT'. The 'Q&A' section has a 'Refresh Now' link, a text input field, and a 'Submit' button. A red arrow points from the text 'To submit a question, type question here and hit submit.' to the 'Submit' button. Another red arrow points from the text 'Click on the “Q&A” icon to get the Q&A box to appear.' to a red speech bubble icon in a bottom navigation bar.

Click on the “Q&A” icon to get the Q&A box to appear.