



Bravo Health's 2010 Quality Results and Plans for 2011

Every year, Bravo Health reviews its progress in living up to the Bravo Health mission, vision and values:

Mission Statement

Bravo Health is dedicated to improving the health of the community we serve by delivering the highest quality and greatest value in health care benefits and services.

Values

- ❖ **Integrity** – *We always conduct ourselves in a professional and ethical manner.*
- ❖ **Respect** – *We all have value and will treat others with dignity and esteem.*
- ❖ **Team Members** – *We recognize that employees are our main asset and encourage their continued development.*
- ❖ **Communications** – *We encourage the free exchange of thoughts and ideas.*
- ❖ **Balance** – *We manage both our personal and company priorities.*
- ❖ **Excellence** – *We continuously strive to exceed our customers' expectations.*
- ❖ **Prudence** – *We always use the company's financial resources wisely.*
- ❖ **Compliance** - *We foster a culture of compliance and ethics in an environment free of retaliation.*

POPULATION

Bravo Health provides health plan services to 127,119 individuals (as of 09/11) with Medicare through Medicare fee-for-service plans in Texas, Maryland, District of Columbia, and Delaware; Medicare Advantage to members in Texas, Maryland, District of Columbia, New Jersey, and Pennsylvania. Bravo Health's Medicare Part D prescription plan is offered to 422,707 members (as of 09/11) in Alabama/Tennessee, Alaska, Arizona, Arkansas, California, Central New England, Colorado, Florida, Georgia, Hawaii, Idaho/Utah, Illinois, Indiana/Kentucky, Kansas, Louisiana, Michigan, Mid-Atlantic, Mississippi, Missouri, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania/ West Virginia, South Carolina, Texas, Upper Midwest/Northern Plains, Virginia, and Wisconsin. There are Special Needs Plans for the Dual Eligible in Texas, Maryland, and Pennsylvania; a Special Needs Plan for Institutionally Based (I-SNP) members in Maryland, Pennsylvania, New Jersey, and Texas and a Chronic Special Needs Plan for individuals with Diabetes, in Texas, Pennsylvania, New Jersey and Maryland.

ORGANIZATIONAL RESOURCES

In 2010, Bravo Health's resources met the needs of the Quality Improvement program. Bravo Health's organizational resources include a dedicated and knowledgeable Quality Improvement staff, a broad-based and inclusive Quality Improvement Committee structure, and corporate resources to assist in policy making and large-scale organizational oversight. The Bravo Health Quality Improvement Program is implemented through centrally-directed corporate resources and regional resources including the following:

- The Corporate Quality Improvement Department supports the regions through development of policy and procedures and clinical practice guidelines; credentialing and recredentialing functions; coordinates provider peer review; health outcomes surveys; cultural analysis of member needs and provider network; oversight of delegated entities; investigation of quality of care issues, provider profiling; NCQA accreditation; quality improvement projects; SNP submission and HEDIS data collection and reporting. The Corporate Quality Improvement Department mentors and coaches all health plan staff on QI process.

- The Corporate Information Technology (IT) Department supports Quality Improvement through TierMed, an in-house software purchased from an NCQA Certified vendor. The TierMed software is used to run the Medicare HEDIS measures on a monthly basis and produce ongoing YTD rates.
- The Corporate Contracting Department provides oversight of multi-function and multi-state delegates' provider contracts; develops the provider communication plan; leads and coordinates the NQIP Program; oversees the Provider Directory; coordinates the provider newsletters; and partners with a market research firm to conduct provider satisfaction surveys and access studies.
- The regional Network Management Departments in Maryland, Pennsylvania, and Texas support the QI program by assuring provider network access and availability standards and member cultural and language needs are addressed; working with providers to resolve quality of care concerns; and making on-site visits to ensure provider offices meet standards.
- The Customer Service Department oversees member-focused quality initiatives and manages Bravo Health's grievances, appeal, and member concern program.
- The Health Services (HS) Department implements Bravo Health's utilization management functions and supports the QI program by administering case management/disease management programs according to applicable standards/and regulations.
- The Institution- Special Needs Plan (I-SNP) Program provides and manages care for the frail elderly living in long-term care facilities and supports the QI program by ensuring compliance with the Special Needs Plans structure and process measures.

2011 QUALITY INITIATIVES

Bravo Health's quality initiatives for 2011 include: HEDIS Improvement, CAHPS Improvement, Patient Engagement Model/Network Quality Improvement Program (NQIP), Member Retention, and serving our unique population.

Patient Engagement Model/Network Quality Improvement Program (NQIP)

During 2011 Bravo Health continuously worked to improve member healthcare by enhancing relationships with PCPs through the Physician Engagement Model program.

The Network Quality Improvement Program (NQIP) is a Pay for Performance (P4P) program designed to identify contracted primary care providers who have an opportunity to improve the quality, efficiency, and appropriateness of health care delivery to Bravo Health members. One part of NQIP focuses on HEDIS measures. Each HEDIS measure has a performance

threshold goal for providers to achieve additional quality incentives. Monthly reports based on claims/encounter data are given to providers through face-to face meetings with Bravo Health representatives to reflect their progress in meeting NQIP goals along with a list of their Bravo Health members who meet HEDIS criteria for inclusion. Providers are responsible to contact their patients to ensure they receive these services.

Best Practice Guidelines

Our Physician Advisory Committee members are doctors who devote their time to recommending or revising national treatment guidelines to best fit Bravo Health members' needs. Together with our medical directors, these practicing providers from all Bravo markets, select best practice guidelines for all of our providers to use. Last year, the committee approved guidelines for:

- Adult Preventive Care
- Diabetes
- Congestive Heart Failure (CHF)
- Chronic Obstructive
- Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Hypertension (high blood pressure)
- End-Stage Renal Disease.

Unique Population

In 2010, the successful implementation of the Advanced Care Centers in Philadelphia and Baltimore helped reduce unnecessary emergency room visits and ensure timely appointment scheduling and access to members

Additionally, the SNP Structure and Process measures successfully were submitted to NCQA, the CMS vendor, in February. With CMS approval, Bravo Health continues to offer 7 Diabetes SNPs, better serving Bravo Health's markets.

OVERALL EFFECTIVENESS OF THE QI PROGRAM

Bravo Health's quality improvement efforts strive to positively impact the quality of care and services provided to its members and providers. Bravo Health achieved improvements through the QI program leading the organization to obtain:

- Compliance by NCQA/CMS for the six SNP Structure and Process Measures reported for 23 special needs plans (7 Dual-Eligible, 11 Chronic Condition (Diabetes), and 5 I-SNP) in the Mid Atlantic, Pennsylvania, and Texas markets.
- Medicare Part C Report Card *Summary Score for Health Plan Quality* in all regions evidenced increased Star Ratings: the PA, SP and TX markets improved from 2.5 to 3 stars; and MA market improved from 2 stars to 2.5 stars. Resulting in an Overall Plan Rating of 3 stars.

Quality Integration with HealthSpring

In November, 2010, HealthSpring, Inc. (NYSE:HS) acquired Bravo Health. As a part of the integration plan, the Bravo Health Quality Improvement Committee (QIC) and subcommittees which serve the MidAtlantic, Pennsylvania, and Texas markets, were aligned as a regional structure under the HealthSpring Corporate quality umbrella. In 2011, a primary goal is to ensure that quality activities and reporting remain on schedule during this transition.

Behavioral Health Insourcing

In 2011, behavioral health services for Bravo Health members in the Mid Atlantic, Pennsylvania, and Texas markets were insourced internally through the HealthSpring Behavioral Health unit. A comprehensive assessment of behavioral health quality initiatives was conducted to ensure there is no interruption of quality services to members.

Achieving the Goal

Providing quality health care and service can only be accomplished through a collaborative effort with members, doctors, hospitals, and other providers. While we have made some improvements, we can always do better. We work with doctors to help them in choosing the best quality care and help doctors to deliver that level of care. We study quality outcomes and decide how we can improve those outcomes. We work with members to get preventive health care and manage chronic conditions. With time and effort we are certain that together we will fully achieve Bravo Health's mission and vision.