

Bravo Health's 2007 Quality Results and Plans for 2008

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

Mission: The mission of Bravo Health is to be a leading health services company that creates extraordinary value for our customers. Through our commitment to service and quality, we will be the preferred health care choice in each of the communities we serve.

Vision: Our vision is to be a diversified, high growth company with no limits to our success by anticipating and fulfilling the health care needs of our customers.

Values:

SERVICE

Customers are at the center of everything we do. Our purpose is to serve our customers.

TRUST

Trust is the foundation of strong relationships. By acting with integrity in all facets of our business and by being completely transparent in all our interactions, we earn the trust of our partners and customers.

DISCIPLINE

Discipline is essential for achieving consistently high performance. We are diligent in our effort and take accountability for executing on our commitments.

INNOVATION

We continuously improve performance by encouraging creativity, fostering a sense of ownership, and empowering people to make decisions.

TEAMWORK

We achieve success by working collaboratively with each other and with our external partners.

Bravo Health Pennsylvania is a Quality Plan

In December, 2007, Bravo Health Pennsylvania was reviewed by the National Committee for Quality Assurance (NCQA) to fulfill Pennsylvania's three year quality review requirement. NCQA is a nationally recognized organization that evaluates health plans. During this process, a team of NCQA health care experts, including a physician and a nurse, evaluated our Pennsylvania health plan against NCQA's quality and service standards. They looked at Bravo Health's Quality Improvement Program, Utilization (Medical) Management including Case and Disease Management, Credentialing, and Member Rights and Responsibilities. Not only did they look at our policies and procedures, they also looked at actual records and files. Their findings went to an oversight group in NCQA for final review. The result was Bravo Health Pennsylvania achieved a full three year approval from the Commonwealth of Pennsylvania. While that does not mean Bravo Health is NCQA accredited, it does mean that we met the same requirements we would have needed to meet if accreditation had been asked for. Next year, building on the success of the Pennsylvania plan, all Bravo Health plans will apply for NCQA Accreditation.

Customer Service

A program has been set up that has improved the quality of customer service phone calls. This staff training and monitoring program is planned to make sure callers are politely given timely, correct, and helpful information. In 2007, member service representatives answered the telephone within 30 seconds over 80% of the time. As a result of this success there were less callers hanging up before the telephone was answered. We started to make telephone calls to new members and welcome them to Bravo Health at the end of 2007. This effort has already had good results with less new members leaving Bravo Health due to fewer mix-ups about benefits, the provider network, and how to get services.

Provider Service

A total of 4,558 providers joined the Bravo Health network. This increase in providers gives members more choices and better access to providers and services. This year some providers will be asked to fill out a provider satisfaction survey using a private survey firm. Bravo Health will use the survey results to keep improving services to our providers.

Best Practice Guidelines

Our Physician Advisory and Credentialing 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), and Coronary Artery Disease (CAD). New guidelines will be added in 2008 for Hypertension (high blood pressure) and End-Stage Renal Disease.

Pharmacy and Therapeutics

The Pharmacy and Therapeutics Committee is devoted to informing the Bravo Health medical directors and pharmacists in the management of the formulary (medications covered by Bravo Health), looking at new technology and, examining new uses of existing technology, and recommending new behavioral health treatments. Formed in 2007, the committee is made up of pharmacists and doctors, including psychiatry, from all of Bravo Health's regions.

Health Services

Health Services Management is another way Bravo Health ensures quality care and lowers out of pocket member costs. For example, when a high priced service or treatment is planned, we ask doctors to submit a request for certification before providing the service or treatment. This process verifies that the services or treatments follow national medical guidelines and are correct for the member's treatment. In 2007, key Health Services processes were centralized in Philadelphia to improve efficiency and effectiveness. Health Services Staff remain in each region to ensure that Bravo Health stays aware of community needs and resources. A special program for providers was started in 2007 and has grown in 2008. This program, called the Network Quality Improvement Program (NQIP), improves the quality, efficiency and appropriateness of care delivery. This is done by giving primary care doctors monthly reports they can use to better manage their Bravo Health members' care.

Information includes:

- A list of their members who have gone to the hospital and/or emergency room, but have not been seen by the doctor. This allows the doctor to reach out and bring the member into the office for close monitoring and better treatment of the member's condition. The goal is to optimize the member's health so he or she can safely stay at home or in other community settings.
- A list of prescriptions the doctor wrote for generic medications instead of the expensive, but no more effective brand drugs. Prescribing generic medications whenever clinically possible lowers member out of pocket costs and does not affect the quality of care.
- Data on members receiving preventive and chronic care for five selected measures in each market. These measures include mammograms to screen women for breast cancer, laboratory tests for measuring blood sugar (hemoglobin A1c) and Cholesterol for those members living with diabetes, glaucoma screening eye exams and making sure members go to see their doctor at least once a year. This data also includes member contact information and what is needed for the member so the doctor can reach out and make sure the member receives the services needed. Doctors participating in the NQIP program will get a bonus if they meet the quality goals. Members will receive improved health care and experience less out of pocket costs.

Strengthening Patient Safety

A new program to lower the misuse of prescription medication is under development by the Bravo Health Pharmacy Department, the behavioral health company that gives mental health and substance abuse services to members in the Pennsylvania and Mid-Atlantic regions. This program will identify the members who are misusing prescription medications that could be dangerous to their health and safety and decide how to best treat them.

Case Management

When a member has a serious or complex health condition we want to make sure the member gets the care and service needed so the member can stay at home or in the community. For instance, when a member with a serious or complex condition leaves the hospital, a Bravo Health case manager will contact the member and doctor to help organize the services and care needed such as medications, home health, durable medical equipment, oxygen, physical and occupational therapy, and doctor visits. The case manager can help members get services that Medicare does not cover and may be available in their community through Medicaid or other resources. Bravo Health also has disease management programs designed to assist members with managing their chronic condition and improving their quality of life. The disease management programs for Bravo Health members are for Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease and Organ Transplant Candidate or Recipient. There was 95% satisfaction among responding members enrolled in the Congestive Heart Failure program and for those enrolled in the Diabetes program, member satisfaction was even higher at 98%. In 2007, 9,570 members in all regions were served by Bravo Health case managers.

Membership Growth

Over the past year, Bravo Health has reached an important milestone by doubling our membership in the past year. We now have more than 190,000 members signed up in Bravo Health's Medicare Advantage and Prescription Drug Plans (PDPs). The membership growth is a result of the PDP product that launched in 2006 throughout the Mid-Atlantic and Texas regions. In 2007, the PDP program grew, including eight more states and obtained a large group of auto-assignments in January 2008. More than half of Bravo's 190,000 members are signed up in a PDP plan.

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.