Your care is what counts

At Anthem Blue Cross we focus on helping our Special Needs Plan members with both Medicare and Medicaid get healthy and stay healthy. If you are one of those members, we want to serve you well. So each year we look closely at how satisfied you are with your medical care and programs. We measure quality and safety, including how well your care is coordinated. The results tell us what is working best to help you improve your health. Plus, they tell us where we should take action. The process of figuring out how to improve care is called the Quality Improvement program.

What we focus on for our Special Needs Plans (SNP) members

Coordinating care

To help you get the best possible health care, we have programs to help you and your doctors work together. The programs include your nurse care manager, caregivers and doctors. This team shares health information as you get care at home and in other health care facilities. We look at the “whole person.” That includes your physical and behavioral health care needs and your learning, functional and social needs.

Improving access

We have a very large network of health care practitioners (for example: doctors, nurse practitioners), hospitals and other health care facilities to meet your needs. We always listen to what you are saying to make sure you can take care of your health care needs.

The right preventive and chronic condition care

We teach you about what health tests you may need. Then you can ask your doctors about getting tested. This includes tests for chronic illnesses, like diabetes and heart disease, plus tests for preventive health, like mammograms, checkups and shots. We include behavioral health needs like depression, mind disorders and substance abuse.

Service quality

We care what you say about your satisfaction with your medical care. This includes your doctors, how they
deliver care, and our health plan and service. We measure member and provider feedback about our service to help us decide where we can improve.

How we measure

We test how we are doing by using a tool from an outside group of experts. The group decides what to measure and how to measure it. One tool is called the Healthcare Effectiveness Data and Information Set, or HEDIS®. HEDIS measures the quality of many kinds of care. Almost all American health plans use HEDIS to measure care and service. We run the test each year to find out where we can improve our service.

We also use a survey that asks members how happy they are with their care, health plans and doctors. It’s called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. CAHPS asks if you got the care you need, how easy it was to see the doctor and if the health plan gave you good service. Plus, we get data from other surveys and tools. All this tells us what to focus on for the next year.

What we learned

HEDIS and CAHPS

Each year HEDIS and CAHPS report on the past year. The results below tell us how we did in 2014.

More members said …

- Their health plan helped maintain or improve their health status.
- They were very happy with their overall health care.
- They were happy with the availability of practitioners (doctors) and health care facilities.
- They were taking their heart medicines as prescribed.

And there’s more good news

We also got high marks on accreditation surveys, audits to comply with laws, health training and working together to improve health.

Quality improvement goals

This year, we want to make sure that:

- All our members get quality health care and service.
- We work to make sure you see your doctor after being in the hospital.
- We work to help you improve your health.
- We help you stay well and manage your health care needs.
How all this helps you

We care about what you think of the care you get and of our service. Plus, we want to know how we compare to other health plans. Finding out how we measure up helps us to improve the quality of your care. And that helps us serve you better. We focus on helping you because your health is important to us.