Introduction
Anthem Health Plans of Virginia, Inc., d/b/a Anthem Blue Cross and Blue Shield, HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc., (hereafter collectively referred to as “Anthem”) Quality Improvement (QI) Program promotes ongoing and comprehensive activities that systematically monitor and evaluate the quality and appropriateness of clinical care and services offered by the health plans. The QI Program identifies and acts on opportunities for improvement. This QI Program Summary Report details the progress of improvement activities and performance against established goals.

A. 2007 QI Program

Anthem is committed to excellence in the quality of care and services provided to members and to the competence of its practitioners and other health care professionals and ancillary networks. Anthem is dedicated to increasing customer satisfaction, improving the health status and quality of care for our members, providing value added services, improving member safety, ensuring member access to medical services, and it’s commitment to remain a highly respected and trusted organization.

The 2007 Anthem Virginia QI Program focused on the following activities:

1. Monitoring and working to improve preventive care services provided to members, including, but not limited to:
   - Childhood Immunizations
   - Adolescent Immunizations
   - Well-Child Visits
   - Breast Cancer Screenings
   - Cervical Cancer Screenings
   - Chlamydia Screenings
   - Prenatal and Postpartum Care
   - Colorectal Cancer Screenings

2. Monitoring and working to improve care of acute/chronic conditions, including, but not limited to:
   - High Blood Pressure
   - Administration of Beta Blockers after a Heart Attack
   - Cholesterol
   - Asthma
   - Diabetes
   - Proper Administration of Antibiotics
   - Follow-up After Hospitalization for Mental Illness
   - Antidepressant Medication Management
   - Alcohol and Other Drug Dependence Treatment

3. Monitoring and improving member satisfaction
4. Monitoring the availability of and access to care for members
5. Monitoring and improving provider satisfaction
6. Monitoring complaints about providers and identifying potential quality of care issues
7. Performing onsite provider office reviews
8. Monitoring and improving continuity and coordination of medical and behavioral health care
9. Improving patient safety
10. Monitoring the medical record keeping practices of providers
11. Adopting, revising and distributing clinical practice guidelines

**B. 2007 QI Program Summary Report**

**NCQA Accreditation**
Anthem maintained an Excellent NCQA status with an overall score of 97.18 out of 100 for both its Commercial and Medicaid HMO products. (which includes both standards and HEDIS® scores) Its PPO product also maintained a Full Accreditation status from NCQA as well. This demonstrates that not only is the program and its administration strong, but the actual care that our members receive is continually improving.

**URAC Accreditation**
Full URAC accreditation was also maintained for the PPO product in the areas of Credentialing, Utilization Management and Case Management as well as attained for the HMO in the area of Credentialing. This demonstrates that members receive excellent care and that Anthem is structured to support both members and healthcare providers.

**2007 HEDIS® (Healthcare Effectiveness Data and Information Set) Clinical Quality Results**
The HMO saw improvement in 10 out of 31 clinical measures and 21 measures declined. The Medicaid HMO saw improvement in seven of the clinical measures. Twelve measures declined and 2 remained the same.

**Commercial HMO Measures At or Above the National Average:**
- Childhood Immunizations, including the pneumococcal vaccine
- Childhood Immunizations, not including the pneumococcal vaccine
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Prenatal Care
- Postpartum Care
- Controlling High Blood Pressure
- Use of Persistent Beta Blocker Treatment After a Heart Attack
- Cholesterol Management Control
- Diabetes Management of Poor HbA1c Control
- Diabetic Retinal Eye Exams
- Diabetic Lipid Control
- Initiation of Attention Deficit Hyperactivity Disorder Treatment
- Appropriate Testing for Children with Pharyngitis
- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- Initiation of Alcohol and Other Drug Dependence Treatment
- Antidepressant Medication Management- Continuation Phase

**Medicaid HMO Measures At or Above the National Average:**
- Prenatal Care
- Postpartum Care
- Controlling High Blood Pressure
- Cholesterol Management Control
- Diabetes Management of Poor HbA1c Control
- Diabetic Lipid Control
- Diabetic Medical Attention for Nephropathy
- Initiation of Attention Deficit Hyperactivity Disorder Treatment
Activities conducted in 2007/2008 to improve clinical care measure rates included:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Childhood Immunization Combo 2</td>
<td>Partner with Wyeth on a quarterly mailing to those parents of members who reach 7, 8, or 9 months of age, or 17, 18 or 19 months of age during the previous quarter. The mailing will include educational information on the importance of immunizing children, an immunization schedule, and a reminder postcard. Design an on-line calculator for immunization due dates to post on anthem.com Engage the local VA immunization registry contacts to assess feasibility and process for obtaining immunization information</td>
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<tr>
<td>Controlling High Blood Pressure</td>
<td>Hypertension reminder cards to members regarding the importance of blood pressure control and management</td>
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<td>Breast Cancer Screening</td>
<td>Conduct Eliza call reaching out to females between ages of 50-69 who have not had a mammogram claim in the 24 months prior. Use Speech Recognition Technology to ask questions to members, such as whither or not they have a doctor they see on a regular basis, if they’ve had their mammogram and pap test, etc. Also provides reminder and educational message about importance of mammograms. Post FDA Certified Mammography database link on anthem.com, and send postcard to women letting them know how to use the link to find a facility near them Partner with American Cancer Society to implement focused intervention with culturally sensitive messaging, aimed at reducing disparities in minority populations.</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>Utilize Merck developed brochure entitled “The Pap Test, Exercise and Stress”, which answers common questions about the pap test, and also explains how exercise positively affects stress.</td>
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<td>Persistence of Medications after Acute MI</td>
<td>Next Rx identified and mailed letters to members and their physicians if member did not fill a prescription for a beta blocker post MI. Next Rx produced and mailed reminder postcard to members regarding importance of persistent medications.</td>
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<td>Cholesterol Management</td>
<td>Mail members whose ACE/ARB compliance is &lt;80%, and prescribing physicians, a letter stressing importance. Implement ‘know your numbers’ campaign, which includes cholesterol screening, as well as other recommended screenings.</td>
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<tr>
<td>Follow Up After Hospitalization for Mental Illness</td>
<td>Award Target card to members who are seen for a mental health outpatient appointment within 7 days of hospitalizing discharge</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>Eliza call for non-compliant members in select age bands; group selection from age 51-55. Member will receive CRC reminder call with screening education piece.</td>
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<td></td>
<td>Evaluate network for adequate number of female specialist physicians (gastroenterologist, etc.) to provide culturally appropriate gender services</td>
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<td>Contract with a vendor to make FOBT kits available if requested by member (with physician communication piece)</td>
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<td>Diabetes</td>
<td>Develop and send 2009 Diabetes calendar to identified diabetics reminding them of important tests, self-monitoring and healthy habits.</td>
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<td></td>
<td>NextRx member and provider mailing targeting those individuals currently filling prescriptions for 3 or more oral agents for diabetes. Letter encourages/discusses the benefits of switching to insulin.</td>
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<td>NextRx targeted mailing to members with non-formulary diabetic test strips get a letter offering three types of meters for free and members with diabetic medications and no claims for test strips get a free meter.</td>
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<td>Publish article in provider newsletter to remind them of the American Diabetes Association standards of care and change in HEDIS specifications.</td>
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<td></td>
<td>Implement telephonic reminder message via Eliza Postcard Plus system, and include barrier analysis for A1c screening.</td>
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<td>Prenatal &amp; Postpartum Care</td>
<td>Provide members enrolled in the Maternity Care Program a pregnancy book that includes a chapter on the importance of prenatal and postpartum care.</td>
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<td></td>
<td>Publish article in physician newsletter expressing concern over declining rates and request assistance in improving routine prenatal and postpartum care.</td>
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<td></td>
<td>Include educational message re: postpartum care in the form of a bookmark to include in the pregnancy book received by members in the Maternity Care Program.</td>
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**Continuity and Coordination of Medical Care**

Continuity and coordination of medical care that members receive across practices and provider sites is an important aspect of care requiring focused assessment. The goals of the monitoring and evaluation process are to promote seamless, continuous, communicative and appropriate care to members. The Continuity and Coordination of Care Report includes the results of monitoring key aspects of coordination between primary care physicians, specialists, and
providers, and the role the health plan has in promoting this action which identifies areas of discontinuity with recommended focused interventions to improve that continuity.

Anthem conducted barrier analysis for the areas monitored utilizing brainstorming techniques with our practitioner committees. These results were also presented to the Quality Improvement Committee.

**Practitioner Satisfaction Survey Regarding Continuity and Coordination of Care Reports from other Providers**

- A total of about 1200 surveys were completed, a 14% response rate, which is commendable for a mail survey. The survey was conducted at the end of June 2007 through the end of July.
- The area of greatest hindrance with receiving reports from other physicians was from "ER Reports" at 21 percent. The area of least concern at 4 percent was "Other Reports," which is not qualified.
- Opportunities for Improvement
  - Increase communications between ER visits/reports to the referring physician (usually a PCP) so continuity and coordination of care can be implemented.

**Actions**

The Quality-in-Sights: Hospital Incentive Program (Q-HIP) incents facilities to implement/maintain processes to:

- Obtain a complete list of a patient's medications upon arrival
- Communicate a complete list of a patient's medications to the next provider of care (e.g. private practitioner, nursing home, etc)
- Utilize a standardized discharge summary containing patient care information including, at a minimum: Activity level, Diet, Discharge medications, Follow-up appointment(s), and What to do if symptoms worsen.
- Communicate standardized discharge summaries (following the criteria above) to a patient's healthcare provider(s) upon discharge.

**Medical Record Review**

Medical Record Reviews are conducted annually for Anthem VA providers, both HMO and PPO. The goal for a passing score is ≥80%.

- The indicators in the MRR measuring Continuity and Coordination of Care are considered areas of strength with performance rates greater than 80%.
- No areas were identified below the goal of 80%.
- Overall performance in 2008 compared to the 2007 Medical Record Review results demonstrated an improvement in the four areas measured.
- Overall results for the four measures revealed a rate of 99.6%, which is a positive variation from the 2007 results of 96.3% by + 3.3 percentage points.
- Medical records are randomly selected during the HEDIS review and are non-specific for the type of medical record, which means that with many practices utilizing electronic medical records this could account for an improvement in documentation.
- Overall results maintained the goal of 80% or greater and showed an increase of 0.3 percentage points.
- Opportunities for Improvement
  - With an overall score of 99.6%, no real opportunities for improvement have been identified; however, annual monitoring of medical records will be continued for any change in trends.

**Actions**

Medical Record Review will continue to be monitored for 2008 during the HEDIS 2009 review. An Enterprise committee will re-evaluate the indicators for 2009 monitoring.
Provider Network Availability and Accessibility

Availability
Annually, Anthem ensures that a sufficient number and mix of practitioners, providers and practice sites are available for members within Anthem’s geographic services areas via using a combination of GeoAcess reports and CAHPS™ member satisfaction data. In 2007:

- The Commercial HMO and PPO products exceeded the goals regarding geographical distribution of providers.
- The Medicaid and FAMIS network met the established goals for the geographical availability of all practitioners and providers with the exception of Specialized Facilities and Psychiatric Hospitals in rural areas.
- Based on computed per 1,000 member ratios for specific PCP types, all three products have adequate PCP coverage.
- Based on the analysis of Expected Need vs. Actual Number in Network, the Behavioral Health networks have adequate coverage for the Commercial HMO, Medicaid/FAMIS, and PPO populations.
- All three products met the goal for CAHPS question 21a, members responding that they did not have a problem finding a personal doctor or nurse that they are happy with.
- All three products met the goal for CAHPS question 25, members responding it was not a problem to get an appointment with a specialist.

Access to Care
Anthem performs annual access to care monitoring via review of in-office appointment access review result, annual member satisfaction survey data, and/or review of member complaints regarding access to specific practitioners. For 2007:

- The Commercial HMO and PPO met the goal for CAHPS question 19, members responding that they always or usually got an appointment for healthcare as soon as they wanted.
- The Medicaid HMO did not meet the performance goal of 85% for CAHPS question 19, however it did exceed the 2007 National Average.
- The Commercial HMO and PPO met the goal for CAHPS question 16, members responding that they always or usually got health care as soon as they wanted for an illness or injury.
- All products met the goal for CAHPS question 20a, members responding that they always or usually got health care they needed after hours.
- The Behavioral Health HMO and PPO networks had 100% of offices reviewed meet the access requirements for non-life threatening emergencies, urgent care and routine care.
- From January 1, 2007 until December 31, 2007, the QI Department received a total of 679 complaints about practitioners. 100 of those complaints were related to appointment access issues (15% of all complaints about practitioners).

Complaints and Appeals

2007 Top Member Complaints about Practitioners/Providers Reasons:

<table>
<thead>
<tr>
<th>All Products</th>
<th>1. Billing Issues</th>
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<tbody>
<tr>
<td></td>
<td>2. Office Staff Behavior</td>
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<td></td>
<td>3. Administrative Issues</td>
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<table>
<thead>
<tr>
<th>Service Complaints</th>
<th>1. Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Physician Behavior</td>
</tr>
<tr>
<td></td>
<td>3. Complications of Treatment</td>
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2007 Top Member Appeal Reasons

<table>
<thead>
<tr>
<th></th>
<th>Commercial HMO</th>
<th>Medicaid HMO</th>
<th>PPO</th>
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<tbody>
<tr>
<td>1</td>
<td>Prescription Drug Program</td>
<td>Prescription Drug Program</td>
<td>Prescription Drug Program</td>
</tr>
<tr>
<td>2</td>
<td>Non-Covered Service</td>
<td>Non-Covered Service</td>
<td>Out of Network Provider</td>
</tr>
<tr>
<td>3</td>
<td>Copayments</td>
<td>No prior-auth</td>
<td>Non-Covered Service</td>
</tr>
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Subimo™ Healthcare Advisor
Continued providing information to members on hospital quality/safety through the Subimo™ Healthcare Advisor on anthem.com. The tool rates hospitals on volume of patients treated for selected procedures/conditions, volume of patients with complications/infections, public perception of hospital, accreditation status of hospital, teaching status of hospital, whether hospital treats primarily children, availability of high technology services, and availability of ICU, CICU, and NICU services.

2007 CAHPS® (Consumer Assessment of Healthcare Providers and Systems) Satisfaction Results
The CAHPS Member Satisfaction Survey measures satisfaction with the health plans and with participating physicians. Areas where Anthem’s health plans met performance goals in 2007 include:

Commercial HMO Results at or above the National Average:
- Claims Processing
- Getting Care Quickly (physician appointment access)
- How Well Doctor’s Communicate
- Overall Rating of Health Plan
- Overall Rating of Personal Doctor or Nurse
- Overall Rating of Specialist

Medicaid HMO Results at or above the National Average:
- Getting Care Quickly (physician appointment access)
- Getting Needed Care (health plan’s service approval process)
- How Well Doctor’s Communicate
- Overall Rating of Health Care
- Overall Rating of Health Plan
- Overall Rating of Personal Doctor or Nurse
- Overall Rating of Specialist

PPO Results Which Improved from 2006 (National Averages Not Available)
- Overall Rating of Personal Doctor or Nurse
- How Well Doctor’s Communicate
- Getting Care Quickly (physician appointment access)

Areas identified for improvement during 2008 include: physician appointment wait times, provider-patient communication issues due to language barriers, provider communication with patients regarding treatment plans, and office staff behavior.
Commitment to Patient Safety: Quality-In-Sights® Hospital Incentive Program (Q-HIP)

Under Q-HIP, hospitals are evaluated annually on a series of performance objectives with a calculated Q-HIP score. The Q-HIP measurements are separated into three sections: Patient Safety, Patient Health Outcomes, and Member Satisfaction. Incentive payments can be used to invest in quality improvement initiatives, thereby improving patient safety, outcomes, and satisfaction and raising the Q-HIP score for the subsequent year. The ultimate result is better, safer care. There are currently 67 Anthem hospitals participating in this program.

In 2007 the External Advisor Panel, developed in 2006 and consisting of 2 hospital representatives from each state where Q-HIP is in place (Connecticut, Georgia, Maine, New Hampshire, New York and Virginia), met several times. The EAP is charged with objectively evaluating and making recommendations to the Q-HIP program operations committee regarding possible refinements/enhancements to the program. Panel members perform the following activities:

- Review and discuss local, regional and national patient safety and quality initiatives.
- Review and discuss existing and new indicators/metrics.
- Review blinded results of Q-HIP participating hospitals in order to understand trends and advise on further refinements.
- Use best practices, insights and conclusions from the three activities above to recommend possible changes to Q-HIP.
- Panel members will provide a yearly update of activities of the Advisory Panel to their respective state medical review committees.
- Discuss appropriate methods to best display quality-related data to members and patients.

The fifth annual Measurement Review Committee (MRC) meeting for Virginia participating facilities was held in 2007. The MRC is an annual gathering of all Q-HIP participants in a state so that the Q-HIP team can present overall results from the previous measurement period and an overview of upcoming changes to the program.