





How we measure up

Offering high-quality, affordable health care coverage is the mission of Healthy Blue, a part of the BlueCross BlueShield of South Carolina insurance family. Your good health is important to us. The goal of our skilled team is to help you focus on your health.

It is important to measure the quality and safety of our programs. To serve you, every year our team looks at the medical and behavioral health care programs we offer. The results tell us what works well or what needs improvement. The process of finding out how to improve your health care falls under our Quality Improvement Program.

To help you reach your best health and wellness, we:

- Make sure our network providers are qualified.
- Use new technology to improve quality.
- Are committed to excellent service.
- Continually improve our services and products to meet your needs.

What we focus on

Chronic disease

We look at chronic health problems like asthma, heart disease and diabetes. We try to find out how to prevent these diseases through checkups, shots and screenings.

Behavioral health

We review behavioral and mental health problems like substance abuse and depression. We want to find how doctors and therapists can work together so you get the care you need.

Patient safety

We try to find the best ways to prevent medical mistakes.

Coordinated care

We have programs so you and your doctor can work together to help you get and stay healthy.

Community health

Our goal is to improve the health of all South Carolinians. We've created programs in your community to help.

Quality service

We put our members first. We also talk to your doctors to see what they think of our service. This helps us make improvements.

Care management

We can help members with serious health problems, like coronary heart disease or certain mental health issues, learn how to use and follow specific health care plans. We work with your doctor to help you set personal goals for better health.

How we know if we're doing a good job

We gather information from both our members and outside health experts. We look at data from surveys, care plans and health assessments. This information helps us improve the next year.

We want to know how happy you are with your care plan and doctors. Members get a survey in the first three months of the year. It is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. It asks if you got the care you needed, how easy it was and if you got good service.

Each year, outside health experts review us to judge if we are doing a good job. This is a measurement tool called the Healthcare Effectiveness Data and Information Set (HEDIS®). It measures the quality of many types of care. This helps us know where and how to improve.

Performance improvement projects (PIPs)

Each year, Healthy Blue has at least two PIPs focusing on clinical and nonclinical areas. This program helps improve the quality and safety of the health care and services we offer.

Improving access and availability of care for adults

One nonclinical PIP is to improve access and ease of care for adults. We study this yearly to see if our members have good provider access and care. This report looks at a member's driving distance to primary care providers, specialists, other providers and hospitals.

We measure how long it takes to get an appointment with your providers. We also look at how long it takes for you to get customer service and how long you are on hold when you call.

Comprehensive diabetes care

On the clinical side, Healthy Blue studies diabetes care for members. The study focus group includes members ages 18 to 75 years old. One goal is to have more adults getting hemoglobin A1C, or HbA1C, blood tests. Another goal is for more adults to have dilated retinal eye exams. These are the best tests for diabetes.

Healthy Blue quality improvement goals for 2024

Healthy Blue continues to work on:

- Giving our members quality health care.
- Helping our members stay healthy.

 Understanding how diverse cultures and languages can affect member access to care in negative ways.

We want to know about the care you receive and how we have served you. We want to know how we compare to other health plans so we can do better. Knowing this helps us improve your care quality and serve you better.

If you have questions about quality improvement, please call Customer Service at 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.

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Customer Service: 866-781-5094 (TTY 866-773-9634) Monday – Friday, 8 a.m. – 6 p.m. 24-Hour Nurseline: 800-830-1525 (TTY: 711)

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