CONNECT for HEALTH COLORADO®

Bright HealthCare

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Purpose of This Document

We post a Quality Overview for each Colorado Qualified Health Plan (QHP) on Connect for Health Colorado. It will give you information about company statistics, health plan accreditation, clinical quality measurement (medical care), enrollee experience (member satisfaction) and plan administration (efficiency, affordability and management) so you can compare health plans while you shop for insurance coverage.

Company Statistics

Founded In: 2015

Website: www.BrightHealthCare.com

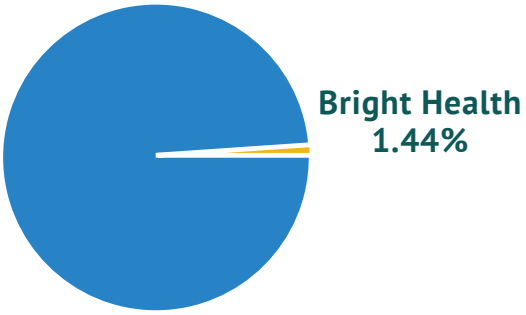
Coverage Area: Colorado (8 counties)

Coverage area shows the area where a health insurance plan accepts members.

Colorado Membership (2020 Membership):

Individual Members: 37,536

Colorado Market Share



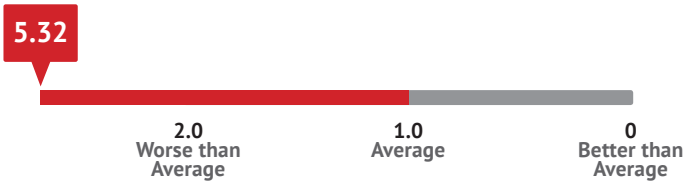
Percentage of total market share is based on all medical and dental carriers.

Confirmed Complaints

Confirmed Complaints: 40

People complain to the Colorado Division of Insurance (DOI) about things like claims handling, cancellation of a policy or a premium refund. In a "confirmed complaint," the DOI decided the insurance company did not follow the state insurance law or regulation, a federal requirement, or the terms and conditions of an insurance policy or certificate they sold. Confirmed complaints come from people in all group sizes, not just individual plans like those available at Connect for Health Colorado.

Consumer Complaint Index



The complaint index shows how often people complain about their health insurance company compared to other companies. These numbers are adjusted for the size of the company and how many policy holders it has in Colorado. A company's total number of complaints divided by its total premium income for a specific insurance product is the complaint index. The average is 1.0. An index greater than 1.0 means more people complained about **Bright HealthCare** than other companies.

Source: *2020 Colorado DORA Division of Insurance Online Complaint Report*

Medical Loss Ratio (MLR)

Medical Loss Ratio (MLR) Explained

The Affordable Care Act requires insurers to explain how much of your premium dollars are spent on medical services and quality improvement. This is called the Medical Loss Ratio (MLR). It also requires them to give you a rebate if they don't meet the minimum of 80% MLR for individual and small group plans. This limits the amount insurers spend on things like profits, executive salaries and other overhead.

Medical Loss Ratio

Individual

Individual Patient Care Costs:

If a MLR is more than 100%, that company spent more money on medical care than it received in premium dollars.

Accreditation

Accreditation for the Exchange Product

Accreditation is when an impartial organization reviews a company's operations to make sure the company is following national standards.

Accreditation: **URAC Health Plan Accreditation (Marketplace EPO)**

URAC is an independent not-for-profit organization dedicated to assessing and reporting on the quality of health-related programs.

Accreditation Status: **Full**

Organization demonstrates full compliance of operating processes in accordance with the standards. All mandatory standards elements are met. "Full" is the best possible status for Marketplace plans.

Quality Ratings

Understanding the Differences

Health Insurance Marketplace plans have different premiums and out-of-pocket costs, and the quality of service and benefits they provide may differ too. When choosing a health plan, it is important to understand and consider these differences. To help you decide what plan is right for you, we display "quality ratings" calculated using information provided by health plans each year. These quality ratings are based on enrollee experience and the quality of health care services. All health plan ratings are calculated the same way, using the same information source. This information comes from the federal Centers for Medicare & Medicaid Services (part of the U.S. Department of Health and Human Services) using data provided by health plans in 2019. You can learn more about these ratings on the federal web site. www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS.html

Star ratings give you a snapshot of how each health plan's quality compares to that of other plans in Colorado and across the country. Star ratings give objective information on how health plans perform in the Marketplace. Since every plan offered is rated the same way, it is easy to compare their quality.

Quality Ratings System : Global Rating

Each rated health plan has an "overall" quality rating of 1 to 5 stars (5 is the highest rating). This rating is based on three categories: member experience, medical care and plan administration. Each of these categories also has its own star rating between 1 to 5 stars. A star rating of 3 means that a health plan is considered on average with other Marketplace plans across the country. A star rating higher than 3 means the plan performed better than average compared to other Marketplace plans in a given year. A star rating lower than 3 means that a plan's performance was below average compared to other Marketplace plans in a given year. A star rating isn't a complete picture of the types of services and care a health plan provides. Each year, ratings may change because of information that health plans provide or changes to how the ratings are calculated.

Note: Ratings are calculated on a 5-year scale and may change from year-to-year. Due to the coronavirus disease 2019 (COVID-19) emergency, ratings for 2021 are based on data provided in 2019. In some cases – like when plans are new or have low enrollment – ratings aren't available. This doesn't mean the plans are low quality.

Quality Ratings System : Summary Indicators

Star ratings will provide information on different quality topics, including:

Medical Care

How well the plans' doctors, hospitals, and others in the plan's network improve or maintain member health through appropriate screenings, vaccines, and other basic services, and how informed and up-to-date your doctors are about your health care status, blood tests and x-ray results.

Member Experience

How easy it is to get the care you need, when you need it and how other plan members rate their doctors and the care they get.

Plan Administration

If the plan coordinates the care members get from different providers and how well the plan provides access to needed information.

Additional Detail: More detailed measures are available on each Qualified Health Plan (QHP). You can find these additional measures in the Appendices. You can also search, compare and choose providers, hospitals and other health care facilities using tools on the federal website: www.healthcare.gov/find-provider-information

Appendix I : Clinical Quality Management

Below you will find the detailed measures that are used to assign the star rating for Clinical Quality Management or Medical Care (5 is the highest rating).

Clinical Effectiveness

Measure Data Not Included in QRS Scoring
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Asthma Care
This measure assesses how often members with asthma in the plan were on the appropriate medication.


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Behavioral Health
This is a combination measure and includes: the percentage of members in the plan on antidepressants who are appropriately followed, Follow Up After Hospitalization for Mental Illness, and how well members on the plan identified to have alcohol or drug dependence problems are treated and seen in follow up.


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Cardiovascular Care
This is a combination measure and includes: how frequently members with high blood pressure have a blood pressure in the target range, and how frequently members with certain types of high blood pressure medicines and cholesterol medication take their medications.


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Diabetes Care
This is a combination measure and includes four different measures of diabetes care: screening for diabetic eye disease and kidney disease, if people with diabetes have their A1C tested and in control, and how frequently patients with diabetes take their medications.

** Note:* *Plan quality ratings and enrollee survey results are calculated by the Centers for Medicare & Medicaid Services (CMS) using data provided by health plans in 2021. The ratings are being displayed for health plans for the 2022 plan year. Learn more about these ratings at: www.healthcare.gov/quality-ratings*

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Patient Safety

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Patient Safety

This measure looks at how often patients who were discharged from the hospital have an unplanned readmission within 30 days of discharge. A high rate of unplanned readmissions may suggest poor care in the hospital and/or poor discharge planning and care coordination.

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Prevention


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Checking for Cancer

This measure includes Breast Cancer Screening, Cervical Cancer Screening and Colorectal Cancer Screening.


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Maternal Health

This combination measure assesses if pregnant women see a provider within the first trimester and if women are followed up appropriately after they deliver a baby.


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Staying Healthy (Adult)

This combination measure includes: Chlamydia Screening in Women, Flu Vaccinations for Adults, and if enrollees who smoke or use tobacco are helped to quit.


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Staying Healthy (Child)

This combination measure assesses if children get an annual Dental Visit, children and adolescents get Appropriate Immunizations, if children have their weight assessed and receive appropriative counseling and Well Child Visits.

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Appendix II : Enrollee Experience

Below you will find the detailed measure used to assign the star rating for Enrollee Experience.

Access and Care Coordination

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Access to Care

This rating is based on responses to four Qualified Health Plan (QHP) Enrollee Survey questions:

1. In the last six months, when you needed care right away, in an emergency room, doctor's office or clinic, how often did you get care as soon as you needed? (Includes in-person, telephone or video appointments)
2. In the last six months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed it? (Includes in-person, telephone or video appointments)
3. In the last six months, how often was it easy to get the care, tests or treatment you needed? (Includes in-person, telephone or video appointments)
4. In the last six months, how often did you get an appointment to see a specialist as soon as you needed? (Includes in-person, telephone or video appointments)

Care Coordination

This rating is based on responses to six Qualified Health Plan (QHP) Enrollee Survey questions:

1. When you visited your personal doctor for a scheduled appointment in the last six months, how often did he or she have your medical records or other information about your care? (Includes in-person, telephone or video appointments)
2. In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
3. In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
4. In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
5. In the last six months, how often did your personal doctor talk about all the prescription medicines you were taking?
6. In the last six months, did you get the help that you needed from your personal doctor's office to manage your care among different providers and services?

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Doctor and Care

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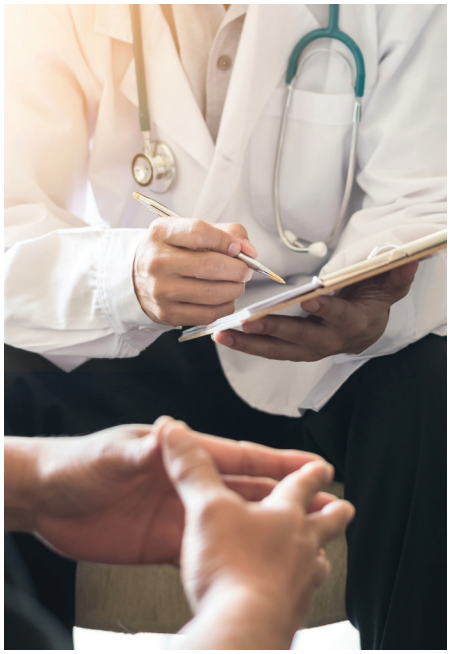

Rating of All Health Care

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst health care possible and ten is the best health care possible, what number would you use to rate all your health care in the last six months? (Includes in-person, telephone or video appointments)

Rating of Personal Doctor

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst personal doctor possible and ten is the best personal doctor possible, what number would you use to rate your personal doctor?

Rating of Specialist

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. We want to know your rating of the specialist you saw the most often in the last six months. Using any number from zero to ten, where zero is the worst specialist possible and ten is the best specialist possible, what number would you use to rate the specialist?

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Appendix III : Plan Efficiency and Administration

Below you will find the detailed measure used to assign the star rating for Plan Efficiency, Affordability & Management or Plan Administration.

Efficiency and Affordability

★★★★☆
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Efficient Care

- Appropriate testing for Children with Pharyngitis (sore throat)
- Appropriate Treatment for Children with Upper Respiratory Infection (colds)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Use of Imaging Studies for Low Back Pain

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Appendix III : Plan Efficiency and Administration

Below you will find the detailed measure used to assign the star rating for Plan Efficiency, Affordability & Management or Plan Administration.

Enrollee Experience with Health Plan (Plan Service)

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Access to Information

This Quality Rating Survey (QRS) measure is based on enrollee responses to the Qualified Health Plan (QHP) Enrollee Survey and provides information on the following:

1. In the last six months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
2. In the last six months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?
3. In the last six months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

Plan Administration

This QRS survey measure is based on enrollee responses to the QHP Enrollee Survey on the following:

1. In the last six months, how often did your health plan's customer service give you the information or help you needed?
2. In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
3. In the last six months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?
4. In the last six months, how often were the forms from your health plan easy to fill out?
5. In the last six months, how often did the health plan explain the purpose of a form before you filled it out?

Rating of Health Plan

This QRS survey measure is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst health plan possible and ten is the best health plan possible, what number would you use to rate your health plan in the past six months?

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