Quality Improvement Program

The Quality Improvement Program (QIP) helps you get the care and services that you need when you need it. At the end of every year, we look to see how well we did in meeting those goals.

The goals of the program are to:

- Help you get your health care, behavioral health care, and services when you need it;
- Have Member Services get answers to your questions and concerns quickly;
- Help you get health care and behavioral health care in the right place;
- Help you get information on and access to services for your well-being and chronic illness;
- · Help you get your medicines;
- Make sure that your behavioral health care doctor and other health care providers:
 - Talk to each other;
 - Know your problems and treatment;
 - Know how to refer you to another doctor;
 - o Give you the correct medicines for your behavioral health;
 - Make sure that you get a follow-up when you have both a health care and behavioral health care problem;
 - Have a wellness program in place; and get you help from our behavioral health staff if you have severe and frequent mental illness.

During the year, we look to see if we met our goals. Blue Cross Community Health Plans (BCCHP) was able to see an improvement in:

- · Encouraging you go to the dentist;
- Helping women to get breast cancer and cervical cancer screenings;
- Helping pregnant members get care before their child's birth;
- Increasing the number of children who get a well child visit;
- Making sure that you have enough specialists to see;
- Having you complete a health risk assessment;
- Making sure that we can continue to answer your complaints and appeals as soon as possible; and making sure our Member Services answers your phone calls quickly.

We also look to see how we can improve from last year to this year. Areas that BCCHP needs to work on for this year are:

- Urging you to get your flu shot;
- Helping you keep up with health screenings and maintaining a healthy lifestyle;
- Making sure you get an eye exam, if you have diabetes;
- Helping pregnant members get care after their child's birth;
- Increasing the number of children who get their scheduled vaccines and who receive counseling on healthy habits, such as healthy eating and exercise;
- Making sure you are taking your medicine;
- Making sure that you are happy with your health care and your doctors have enough doctors to see and get care quickly;
- How well your doctors talk to you in a way you can understand;
- Providing you with follow-up care after hospitalization.

If you have any further questions, please call Member Services. We can be reached at **1-877-860-2837**. TTY/TDD users, please call **711**. We are available 24 hours a day, seven (7) days a week. The call is free.

Sincerely,

Blue Cross Community Health Plans

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

To ask for supportive aids and services, or materials in other formats and languages for free, please call, 1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-860-2837 (TTY/TDD: 711).

ESPAÑOL (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-860-2837 (TTY/TDD: 711).

POLSKI (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (Chinese): 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-860-2837 (TTY/TDD: 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-860-2837 (TTY/TDD: 711)번으로 전화해 주십시오.

TAGALOG (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

(Arabic): العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2837-860-877-1 (رقم هاتف الصم والبكم: 711).

РУССКИЙ (Russian): ВНИМАНИЕ: Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (Телетайп: 711)**.

ગુજરાતી (Gujarati): સુયના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-860-2837 (TTY/TDD: 711).

:(Urdu) اردو

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-860-2837 (TTY/TDD: 711).

हिन्दी (Hindi): ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। 1-877-860-2837 (TTY/TDD: 711) पर कॉल करें।

FRENCH (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le 1-877-860-2837 (TTY/TDD: 711).

ΕΛΛΗΝΙΚΑ (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.