



BlueCross BlueShield
of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) Provider Manual

Quality Improvement

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Programmatic Structure

Mission

Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, (“BCBSIL”) Mission is “To promote the health and wellness of our members and communities through accessible, cost-effective, quality health care.”

Philosophy

BCBSIL’s philosophy is to provide products and services of the highest quality and value with a direct focus on supporting providers and meeting the needs of customers.

The BCBSIL Quality Improvement (QI) Program is based on a view that the process for delivery of medical care and services can be continuously improved, and that data-driven monitoring and evaluation are an integral part of the managed care quality improvement.

The program integrates fundamental management techniques, existing improvement efforts and disciplined use of analytical tools for continuous process improvement.

Purpose and Scope

The purpose of the BCBSIL QI Program is to provide focus and structure of our quality improvement philosophy. The QI Program focuses on areas within products that are important to our customers and are critical in achieving corporate goals in a manner consistent with corporate values to identify, monitor and evaluate clinical, service and member experience improvement opportunities.

Goals

The following goals were designed to assist providers in meeting quality improvement and member experience goals:

- Monitor and help ensure compliance with State and Federal regulatory requirements and accreditation standards.
- Implement a standardized and comprehensive quality improvement program which will address and be responsive to the health needs of the member population, inclusive of serving the culturally and linguistically diverse membership.
- Develop a comprehensive, meaningful and soundly executed Population Health Management strategy.
- Provide staff with training, information, and tools that help identify cultural and linguistic barriers and support culturally competent communications.
- Assess the cultural, ethnic, racial and linguistic needs of members to deliver culturally competent services.
- Monitor and support the needs of members who have disabilities, to help improve their access to health care.
- Conduct patient-focused interventions with culturally competent outreach materials that focus on race, ethnicity, and language needs.
- Develop, implement, and monitor action plans to improve medical and behavioral health care, as well as services.
- Identify opportunities to improve the outcomes, promote delivery and effective management for populations with complex health needs, which may include the following conditions: physical or developmental disabilities, multiple chronic conditions, mental illness, organ transplants, HIV/AIDS, progressive degenerative disorders, metastatic cancers, and severe behavioral health conditions.

Quality Indicators and Monitoring Activities

Ongoing monitoring of specific quality indicators is an important component of the QI Program. Indicators are generally selected based on important aspects of care for BCBSIL members, as well as their objectivity, measurability and validity, utilizing medical/surgical, behavioral health, pharmacy and race/ethnicity/language data sources. Indicators may derive from the following existing measure and data-sets:

Indicator Data Sources

A variety of internal and external data sources may be utilized in quality indicator monitoring. Including, but not limited to:

- Claims
- Medical records
- Surveys
- Enrollment data
- External data sources
- Health assessments
- Complaints and appeals databases
- Local and National benchmark data
- Centers for Medicare and Medicaid Services (CMS)

Program Descriptions and QI Focus Areas

Activities to Improve Patient Safety and Safe Clinical Practice

The role of BCBSIL in improving patient safety involves fostering a supportive environment to assist providers in maintaining a safe practice. BCBSIL collaborates with network providers to improve the safety of clinical care and services. As part of this collaboration, providers agree that BCBSIL may use provider performance data for quality improvement activities, which include but are not limited to:

- Evaluating clinical practices against aspects of practice guidelines related to patient safety
- Investigating quality of care issues
- Using Utilization Management (UM) data to promote patient safety
- Distributing information to members, practitioners and providers which improves knowledge regarding clinical safety as it relates to self-care
- Developing quality improvement activities that promote patient safety
- Distributing information to members, practitioners and providers which facilitates informed decisions based on safety
- Leveraging various BCBSIL pharmacy programs that address patient safety, including:
 - BCBSIL's Pharmacy Benefit Manager (PBM), Prime Therapeutics, offers the concurrent Drug Utilization Review (DUR) program which screens prescriptions at the point of sale for potential drug problems such as drug-to-drug interactions
 - Prime Therapeutics works with BCBSIL to identify and notify members and practitioners who may be affected by product recalls or voluntary drug withdrawals
 - Ongoing retrospective drug utilization review (RDUR) programs tell practitioners about a different medication management issue quarterly

Provider Onsite Visits

Provider site visits are conducted in accordance with Illinois Department of Public Health (IDPH) guidelines and regulations which include HMO high-volume behavioral health practitioners.

Health Equity

Health Equity Strategies:

Governance and Structure- Health Equity Steering Committee Overview

The Health Care Service Corporation (HCSC) Health Equity Steering Committee (HESC) focuses on the achievement of health equity for its' members by reducing the impact that health disparities have on members' quality of life. The HESC works to operationalize efforts to eliminate disparities in health and health care delivery by applying an equity lens to company-wide business practices. The HESC also enables interdisciplinary actions which will improve health equity for HCSC members and the communities HCSC serves.

The HESC is comprised of five workstreams that uniquely address a specific health equity priority:

1. **Advance Data Maturity** – Institutionalize HCSC's ability to collect, monitor, analyze, and report race, ethnicity, language, and sexual orientation, and gender identity data.
2. **Enhance the Healthcare Workforce** – Lead annual provider and clinical associate implicit bias and cultural competency trainings to reduce health care disparities. National leader in increasing underrepresented minorities in health care workforce pipeline.
 - a. **Provider Education: Cultural Competency and Implicit Bias Physician Diversity** – Through partnership and collaboration providers will be offered various opportunities to enhance cultural competency in patient care to improve patient outcomes. In addition, implicit bias training opportunities will be available to assist providers with identifying biases that could be affecting care delivery and contributing to disparities in care.
3. **Optimize Member Engagement** – Enhance personalized, culturally specific messages and channels to improve health outcomes for members of diverse racial/ethnic, and socioeconomic backgrounds. Leverage digital and offline tools to optimize member engagement.
4. **Align Community Investments** – Diversify and align community investments to strategic and timely health equity priorities.
5. **Eliminate Health and Healthcare Disparities** – Implement strategies that identify, monitor, and eliminate health disparities (gender/racial/ethnic/language/economic) through clinical and provider interventions.
 - a. **Data Collection and Analysis of Race, Ethnicity, and Language (REL), Sexual Orientation Gender Identity (SOGI) and Social Determinants of Health (SDoH) data** – The goal is to make REL and SOGI data consumable to inform business practices that consider SDoH as a factor to improve health equity.
 - b. **Value Based Incentives** – Implementation of mandatory disparities reduction and social determinant of health goals and incentives in value-based care agreements and clinical programs.

Health Equity Pilots & Initiatives:

- Institute for Physician DiversitySM is a part of Blue Cross and Blue Shield of Illinois' health equity strategy. This program enables collaboration with academic medical centers and teaching hospitals across the state of Illinois and focuses on opportunities to improve diversity in the physician workforce.
- Rural Health - An integral component of the organization's health equity strategy, which includes the convening of CMOs, administrators, and legislatures to discuss and address rural health disparities in Illinois. By removing barriers and advancing social factors that impact member's health and wellbeing we seek to dramatically improve the lives of the individuals living in rural communities.
- Cultural Competency and Implicit Bias Provider Education addresses the intersection of health equity, cultural competency and implicit bias, providers have an opportunity to complete two computer-based training modules for continuing education credits. Providers interested in exploring supplemental cultural competency trainings can visit the Office of Minority Health Think Cultural Health webpage.
- Provider Forums offer ongoing provider education opportunities offered through BCBSIL Blue University in partnership with BCBSIL network operations and the Office of the CMO. Topics vary and highlight the clinical and quality imperative to address health disparities and social determinants of health.
- Value Based Incentive Pilots: Within health care delivery, we have taken steps to begin integrating goals for reducing health care disparities within provider agreements. There is an increased focus on disparities in asthma, diabetes, hypertension management, and rural health. We embrace our role in partnering with providers on health equity.

BCBSIL Quality Improvement Committee

The BCBSIL Quality Improvement Committee (QI Committee) is responsible for providing oversight and direction to the Quality Improvement Program. The QI Committee brings multidivisional staff together with employers, providers and members to:

- Review and approve the annual BCBSIL Quality Improvement Work Plan
- Monitor and analyze reports on quality improvement activities from subcommittees
- Provide oversight of delegated activities
- Review and approve the annual BCBSIL Quality Improvement Program Evaluations
- Review and approve the Medical Management Quality Improvement Projects
- Recommend policy decisions
- Analyze and evaluate results of quality improvement activities
- Review and analyze significant health care disparities in clinical areas
- Review and analyze information, training and tools to staff as well as practitioners to support culturally competent communication
- Review and analyze onsite audit results
- Review, analyze and evaluate member complaints
- Review and analyze member and provider appeals
- Review, analyze and evaluate populations with complex health needs
- Ensure practitioner participation in the QI program through project planning, design, implementation and/or review
- Implement recommended actions
- Ensure follow-up, as appropriate
- Maintain signed and dated meeting minutes

Practitioner Credentialing and Re-credentialing

BCBSIL has implemented criteria for the selection and retention of network practitioners and providers. All contracted practitioners and providers must meet the applicable selection criteria.

The credentialing/re-credentialing process is designed to assess physician and provider compliance with BCBSIL participation criteria and the ability to deliver care and service to members. Physicians are re-credentialed at least once every three years, or more frequently as determined by the Credentialing Committees. The scope of individual physicians credentialed and re-credentialed includes MDs, DOs, DPMs, DDSs, and contracted independent practitioners, such as nurse practitioners, chiropractors, physical therapists, mental health professionals, and essential community providers, as appropriate.

The physician and health care professional/practitioner credentialing/re-credentialing process include primary source verification consistent with National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) standards, states and federal regulatory requirements, as well as CMS and BCBSIL requirements.

BCBSIL monitors information from licensing agencies and updates from the National Practitioner Data Bank (NPDB) regarding sanctions and restrictions on licensure or scope of practice according to schedules dictated by the individual agencies. Additionally, the Debarment Screening Tool is reviewed to identify individuals and/or parties that have been sanctioned or debarred by any of the following six government listings:

- The Office of Foreign Asset Control Specially Designated Nationals (OFC)
- The Office of Foreign Asset Control Sanctioned Countries (OSC)
- The Office of the Inspector General (OIG)
- System for Award Management (SAM) Excluded Parties List System (EPL); Note: All exclusion records from GSA's Excluded Parties List System, including Office of Personnel Management (OPM) were moved to SAM EPL on November 21, 2012.
- The Foreign Evaders Sanction List (FSE)
- The Illinois Department of Public Aid - IL Medicaid Program (ILSEL)
- The Texas Health and Human Services Commission - TX Medicaid Program (TXSEL)

When participating physicians and providers are identified through any of the above queries, the physicians and providers are brought forth for disciplinary action up to and including termination.

Members Communication, Rights and Responsibilities

In accordance with federal and state regulatory requirements, and accreditation needs, BCBSIL is committed to ensuring our member's rights and responsibilities are respected, upheld, and available in various communication mediums to the member and participating providers.

The purpose is:

- To build up member confidence in the health care system, by making it easy for members to be involved in their own health care.
- To strongly support the importance of a good health care provider-patient relationship.
- To emphasize and support the importance of the members' rights and responsibilities with regard to their own health.

Components of the QI Program incorporating elements of member rights may include:

- Policies on inquiries and complaints
- Policies on appeals
- Policies on quality of care complaints
- Access standards
- Member involvement in satisfaction surveys

BCBSIL additionally has written policies that state its commitment to treating members in a manner that respects their rights, and its expectations of members' responsibilities, including:

- Member Rights and Responsibilities
- Information Disclosure
- Choice of Providers and Plans
- Access to Emergency Services
- Participation in Treatment Decisions
- Respect and Non-Discrimination
- Confidentiality of Health Information
- Complaints and Appeals

BCBSIL also holds forth certain expectations of members with respect to their relationship to the Plan and their individual health care practitioners. These rights and responsibilities are reinforced in member and provider communications, including the BCBSIL website. Other communication methods of the member rights and responsibilities statement include in writing, by mail, fax, or email. The Plan is responsible for assuring a mechanism is in place for existing members and practitioners to receive this information and any revisions as they occur. BCBSIL is committed to the cultural, linguistic and ethnic needs of our members; thus, communication tools are available to support the diverse membership.

Member Education

BCBSIL features information in member publications and on the BCBSIL website to improve member knowledge about methods by which members may reduce the likelihood of errors in their care. An example is EMMI Solutions, online health education videos. EMMI programs provide practical information in an easy to understand format to empower members to manage their care more effectively and participate in treatment decisions. EMMI Solutions allows clinical staff to “prescribe” videos to members participating in care management programs. Members receive an email with a link to a video tutorial relevant to their care plan. These modules support more informed decisions and help members understand symptoms, treatments, side effects and risks. Members can pause to take notes and the system generates a document to discuss with their physician.

In addition, BCBSIL has an online community called “Connect Community” where members can find content related to various diseases and prevention categories. This includes blog articles, videos, and links to authoritative sources of information (e.g. associations). Connect Community readers can comment on posts and share content with others via social media channels including Facebook, Twitter, and LinkedIn. For retail and on exchange small group members, new specific pages for Diabetes, Coronary Artery Disease, Colorectal Cancer Screening, and Flu Shot were created to select appropriate content for the Connect sites and EMMI video content related to those topics for our members. Members are directed to the pages via email and direct mail.

Member Experience

The monitoring, evaluation and improvement of member experience are important components of the QI Program. This is accomplished using surveys, as well as through the aggregation, trending and analysis of member complaint and appeal data, including the following categories: quality of care, access, attitude and service, billing and financial issues and quality of practitioner office site. In addition to the administration of surveys, BCBSIL encourages members to offer suggestions and express concerns utilizing customer service telephone lines and request for comments in survey instruments.

The following surveys are utilized in the assessment of member experience:

- Continuous Tracking Program (CTP): population-based member satisfaction survey which is administered on an ongoing basis to a sample drawn from the entire enrolled population.
- Case Management Survey, if applicable
- Behavioral Health Member Satisfaction Survey, if applicable
- Condition Management Survey, if applicable
- Special Beginnings® Survey, if applicable
- Consumer Assessment of Healthcare Provider and Systems (CAHPS®), if applicable
- Qualified Health Plan Enrollee Experience Survey (EES), if applicable
- Customer Service Post-Interaction survey, if applicable

BCBSIL may also solicit input from members, employers, providers, and facilities by the following means:

- Ad-hoc advisory groups
- Face-to-face meetings
- Telephonic encounters

HEDIS®

For selected products, Healthcare Effectiveness Data & Information Set (HEDIS) Performance Measures results are evaluated on an annual basis to monitor improvement. HEDIS data are collected from claims, encounters, and may be supplemented with medical chart review. HEDIS data submitted to National Committee for Quality Assurance (NCQA), the Blue Cross and Blue Shield Association (BCBSA) and other entities, are audited by an NCQA certified auditor.

Quality Rating System (QRS) Measure Set

As part of the Affordable Care Act (ACA) requirements, Centers for Medicare and Medicaid Services (CMS) developed the Quality Rating System (QRS) to:

- Inform consumer selection of Qualified Health Plans (QHPs) offered through a Health Insurance Marketplace (Marketplace)
- Facilitate regulatory oversight of QHPs
- Provide actionable information to QHPs for performance improvement

QHP and Multi-State Plan (MSP) issuers that offer coverage through a Health Insurance Marketplace are required to submit third-party validated QRS clinical measure data and QHP Enrollee Survey response data to CMS as a condition of certification.

Qualified Health Plans (QHP) Quality Improvement Strategy (QIS)

As an issuer participating in a Marketplace, BCBSIL will implement and report on at least one Quality Improvement Strategy (QIS) in accordance with section 1311(g) of the Affordable Care Act. The QIS will cover each state in which the Plan has participated in the Marketplace for two or more consecutive years and enrollment was >500 enrollees within a product type by State during the designated period of time.

BCBSIL will review data to identify the appropriate QIS for each Marketplace that includes at least one of the following:

- Activities for improving health outcomes;
- Activities to prevent hospital readmissions;
- Activities to improve patient safety and reduce medical errors;
- Activities for wellness and health promotion; and/or
- Activities to reduce health and health care disparities.

BCBSIL will use market-based incentives to improve the quality and value of health care and services specifically for Marketplace enrollees. All QIS activities will be linked to an incentive as defined by CMS. The market-based incentive types to be included are: 1) increased reimbursement or 2) other incentive. The incentive will be a provider market-based incentive, an enrollee market-based incentive, or both.

Each year, the status of each QIS will be determined based on the following:

- Continue the QIS without modification
- Continue the QIS with some modifications
- Discontinuing the QIS

If a decision is made to discontinue a QIS submitted during a prior period, a new QIS will be selected for the applicable Marketplace.

Continuity and Coordination of Care

Continuity and coordination of care are important elements of care and as such are monitored through the QI Program. BCBSIL identifies opportunities for improvement in the continuity and coordination of medical care. Initiatives are selected across the delivery system, including settings, transitions in care and patient safety. In addition, coordination between medical and behavioral health care is also monitored.

Practice Guidelines

BCBSIL has developed and implemented both clinical practice and preventive care guidelines. The guidelines are developed and derived based upon a variety of sources, including recommendations from specialty and professional societies, consensus panels and national task forces and agencies; review of medical literature and recommendations from ad hoc committees. Clinical practice and preventive care guidelines are updated at least every two (2) years or more frequently, as needed.

Preventive care guidelines include age and gender-specific and perinatal evidence-based recommendations. Clinical practice guidelines such as Asthma, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes include evidence-based recommendations.

Service Quality Improvement

The services provided by the Plans support members and the health care delivery system. Further, satisfaction with BCBSIL is often derived from the quality of service the members receive. Service standards have been established to prevent issues, whenever possible, and provide consistent, timely and accurate information and assistance to members, physicians, providers and other customers. The standards are routinely monitored and reported to the appropriate committees. Surveys and complaints are monitored to ensure the standards established are appropriate and meet the needs of the organization and customers.

Provider Quality Programs

BCBSIL manages several quality-related provider programs such as HMO Illinois[®], our Accountable Care Organizations, in which we share savings for provider systems able to reduce costs while improving quality, and the Blue High Performance Network (Blue HPNSM), which BCBSIL is offering in coordination with the Blue Cross and Blue Shield Association and Blue Cross plans nationally.

Care Management Programs

BCBSIL has active programs for the development, implementation, and assessment of care management programs that coordinate care for members with chronic conditions and risk factors. BCBSIL Wellbeing Management® (WBM) Programs bridge medical management to an integrated, member-centric approach. The Programs are designed to pro-actively identify and “reach-out” to select BCBSIL members based on individual market or employer group specific utilization, case and condition management parameters.

WBM combines the traditional elements of medical care management with health advocacy components to create a management strategy that is sensitive to the care needs of the individual member. The care management strategies include:

Condition Management Programs are an integral part of the WBM programs, which focus on a series of intensive interventions to alter the normal course of a specific chronic disease. The approach to condition management is characterized by three steps:

1. Identification and stratification: Identification of members with specific chronic illness occurs through concurrent review of inpatient cases, physician referrals and analysis of medical claims, face to face encounters, pharmacy, laboratory data, predictive modeling data, health assessments (HAs), as well as real time referrals.
2. Institution of a condition management intervention based upon severity: The interventions vary from program to program because they are condition specific, but in general they emphasize clinically based education and counseling based on nationally recognized clinical practice guidelines. Motivational interviewing techniques are utilized with members to undertake and maintain behavior change.
3. Evaluation of the effectiveness of the program: Relevant outcomes include analysis of changes in hospitalization rates and emergency encounters, closure of clinical gaps in care, member satisfaction with the program, quality of life or functional status, and cost savings.

Health Promotion and Education Activities which focus on the provision of information and tools to members to increase knowledge and the ability to self-manage their care.

Lifestyle Management Programs are a component of WBM designed to assist members in making a change in their behavior to reduce negative medical consequences resulting from lifestyle choices and to increase their overall quality of life. The Lifestyle Management program is administered by health coaches who are licensed professional counselors, licensed masters/clinical social workers, registered dietitians, certified exercise specialists and case managers with expertise in behavioral modification, weight management and tobacco cessation. Co-management and integration with other components of WBM including Condition Management and Special Beginnings ensures a holistic approach to maximize member's health and productivity.

Case Management facilitates access to care for members requiring complex coordination or resources, especially when the required care is not available in the member's service area. As part of complex case management, high cost claimants, patient alerts (i.e., ER visits and transportation) are high priority for intervention. Rare disease management is offered to members who have select complex chronic diseases determined to be potentially high cost, but rare within the member population. The goal of the program is to improve clinical, utilization and patient satisfaction outcomes.

Care Coordination and Early Intervention (CCEI) focuses on quality related to care coordination including pre-admit/post discharge outreach, education related to patient safety/medication compliance, discharge planning, and episodic case management for all products. Member outreach/engagement occurs in both the inpatient and outpatient setting with a focus on preventing hospital readmissions and non-trauma ER visits.

The Special Beginnings Program assists members in obtaining access to appropriate prenatal care. Pregnant members of select employer groups are eligible for the program, which includes the identification of a potential high-risk pregnancy and screening for potential depression. Case management is provided for any member identified as high-risk and includes ongoing coordination of care by case managers with expertise in obstetric case management. The program identifies and utilizes facilities appropriate for high-risk deliveries and neonatal emergencies.

Behavioral Health – BCBSIL's Behavioral Health Care Management (BHCM) Program is designed as an Integrated Service Delivery Model. Integration of behavioral health with medical care management supports continuity and coordination of care between medical and behavioral health physicians and professional providers. The model effectively integrates health care management programs that optimize member/provider access, facilitates navigation of benefits/services, and enhance information sharing/exchange to identify and close gaps in care. Members requiring co-management of behavioral health and medical conditions will be identified early on, resulting in coordination of care, clinical efficiency, improved outcomes and reduced costs over time.

Blended Model Care Management Program – Programs may include Behavioral Health (BH) and Complex Case Management Programs. All Care Management Programs are developed based on Clinical Practice Guidelines. The Clinical Practice Guidelines are derived from a variety of sources, including recommendations from specialty and professional societies, consensus panels, national task forces, federal agencies, review of medical literature and/or recommendations from ad hoc committees. Blended Model Care Management includes assessment, plan of care, setting measurable goals, and performing an objective evaluation upon discharge from the program. Measurable goals may include improvement in clinical quality of care, patient experience, and member satisfaction with plan benefits.

Medical Policy Development and Reviews

As part of HCSC, BCBSIL has a unified process for development, review and update of Medical Policies.

A BCBSIL medical director is assigned primary responsibility for representing BCBSIL as part of the broader Medical Policy Committee review process. A BCBSIL behavioral health practitioner is included in the review process for policies involving behavioral health. The medical directors and the behavioral health practitioner, if applicable, work collaboratively to review and discuss both new and established policies, then reach a consensus on coverage recommendations for each medical policy.

Review of medical policies is an ongoing process. New technology is evaluated on a regular basis to determine the appropriateness of benefit coverage for advances in medical procedures, drugs and devices. Medical policies include a review of the scientific knowledge for the technology, product, device, procedure or drug currently available in the English language.

Resources for technology assessment and medical policy review may include, but are not limited to:

- Blue Cross and Blue Shield Association (BCBSA) Medical Policy Reference Manual
- BCBSA Technology Evaluation Center (TEC) Assessments
- Reporting on new and established technology in scientific and medical peer reviewed journals (preferably randomized controlled trials)
- Statements on medical practice standards from professional organizations
- Medicare coverage policy
- Suggestions from participating physicians and other providers
- Issues arising from unique claims or appeals trends
- Publicly available medical policies from other health plans

Draft medical policies are submitted electronically to BCBSIL medical directors and to an internal review committee comprised of departments within BCBSIL that may be impacted by the medical policy. Drafts are also posted in a dedicated area of the Provider website that allows direct comment from external physicians, other practitioners and other stakeholders.

Delegation Oversight

The Plan may elect to delegate/authorize another entity to carry out functions that would otherwise be performed by the Plan. The Plan is responsible for delegate oversight and retains ultimate accountability for all delegated functions. Established criteria are in place to assess the ability of each potential delegate to perform required functions prior to entering into a delegation contract. Current delegates are subject to the same established criteria and are continuously monitored for compliance via standardized report submissions, annual audits and monitoring plan. All delegates must comply with the requirements as indicated by the Plan, the delegation agreement, accreditation standards (i.e., URAC, NCQA), U.S. Department of Labor Employee Retirement Income Security Act (ERISA), Health Insurance Portability and Accountability Act (HIPAA), and, state and federal regulations.

External Accountability

The BCBSIL QI Program is designed to meet all applicable state and federal requirements (e.g. HIPAA etc.). Plan staff, in cooperation with the BCBSIL Compliance and Legal Departments, monitors state and federal laws and regulations related to quality improvement and reviews program activities to assure compliance. In addition, if the Plan achieves external accreditation/certification, maintenance of such accreditation/certification is monitored through the QI program.

Accreditation Matrix

BCBSIL maintains accreditation for the products identified from the listed accrediting bodies:

		NCQA	URAC UM	URAC CM	URAC Health Plan
BCBSIL	HMO	Yes	No	No	No
	PPO	Yes	No	No	No
	Retail HMO	Yes	No	No	No
	Retail PPO	Yes	No	No	No
	HPN	No	No	No	No

Quality Improvement Program Documents

QI Program Description

The BCBSIL QI Program description is reviewed annually and is updated as needed. On an annual basis, the document is presented to the BCBSIL Quality Improvement Committee.

QI Work Plan

The BCBSIL QI Program Work Plan is initiated annually based upon the planned activities for the year and includes improvement plans for issues identified through the evaluation of the previous year's program. The BCBSIL Work Plan includes all aspects of the QI Program and the activities must be appropriately linked to the established goals and objectives. The Work Plan will include a delineation of responsibility and time frames for accomplishing each planned activity. The BCBSIL QI Work Plan is presented to the BCBSIL QI Committee for review and approval. The document is updated throughout the year to reflect the progress on QI activities and new initiatives as they are identified.

QI Program Evaluation

On an annual basis, there is a written evaluation of the BCBSIL QI Program. The evaluation includes an assessment of progress made in meeting identified QI initiatives and goals and an evaluation of the overall effectiveness of the QI Program.

The QI Program is then updated accordingly. On an annual basis, the document is presented to the BCBSIL QI Committee for review and approval.

Disclosure of the QI Program Information

Information regarding the QI Program is made available to BSBSIL participating physicians and other providers and to enrollees, upon request.

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