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

Philosophy
The BCBSIL philosophy is to provide products and services of the highest quality and value with a direct focus on meeting the needs of customers.

The BCBSIL QI Program is based on a view that the process for delivery of medical care and services can be continuously improved. Monitoring and evaluation are an integral part of the managed care quality improvement process by revealing opportunities for positive change that can benefit both members and health care practitioners. Through the QI program, we strive to help members achieve optimal benefits by obtaining the most appropriate care in the most appropriate setting.

The 2018 QI Program focuses on areas that are important to our customers and are critical in achieving corporate goals in a manner consistent with corporate values. The program integrates fundamental management techniques, existing improvement efforts and disciplined use of technical tools for continuous process improvement. Company leadership is the driving force behind our program that creates and supports employee actions. Leadership actively participates in establishing, achieving and rewarding the completion of quality objectives.

Purpose and Scope
The purpose of the BCBSIL QI Program is to provide focus and structure of our quality improvement efforts, as well as to identify, monitor and evaluate clinical and service improvement opportunities and member experience. The QI Program enables, the Plan to measure performance and progress against defined goals.

Collaboration among physicians, other health care professionals, providers’, employers and plan staff who directly or indirectly influence the delivery of care and service is a key component of the QI Program. This process aligns with and supports the BCBSIL 2018 Vision. The BCBSIL QI Program encompasses clinical care and services provided to BCBSIL members for Commercial and Marketplace products.

Objectives
The following objectives were designed to assist Plan administration in meeting quality improvement and member experience goals:

• Identify opportunities to improve the outcomes of medical and behavioral health care and service available to members
• Analyze existence of health care disparities in clinical areas, including behavioral health and supported by pharmacy and lab data, in order to reduce health disparities and achieve health equity
• 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
• To 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
• To 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
• Develop, implement and monitor action plans to improve medical and behavioral health care, as well as services
• Provide communications to practitioners and providers on issues regarding medical care to promote improvements in the health status of members and member experience and satisfaction with Plan services
• Develop and distribute information to members that improves knowledge regarding clinical safety, general wellness and disease prevention as it relates to self-care
• 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, serious mental illness, organ transplants, HIV/AIDS, progressive degenerative disorders, metastatic cancers, and severe behavioral health conditions.
• Monitor and ensure compliance with State and Federal regulatory requirements and accreditation standards.

Quality and Monitoring Activities
Ongoing monitoring of specific quality indicators is an important component of the QI Program. Indicators are selected based on important aspects of care for BCBSIL members, utilizing medical/surgical, behavioral health, pharmacy and race/ethnicity/language data. These indicators are relevant to the enrolled population, are reflective of high volume or high-risk services, encompass preventive, acute and chronic care, and span a variety of delivery settings. Categories of indicators may include the following:

• HEDIS® measures
• QRS measure set
• Clinical quality improvement project data
• Service quality improvement project data
• Survey data
• Member complaint and appeal data
• Access and availability data
• Credentialing/Re-credentialing data
• Membership data
• Race, ethnicity, and language data

Quality indicators are selected on the basis of their objectivity, measurability and validity. Performance goals or benchmarks may exist or be established, after baseline measurements have been completed.

Data Collection and Reporting
A variety of internal and external data sources may be utilized in quality indicator monitoring. In part, they include:

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

Patient Safety
The role of BCBSIL in improving patient safety involves fostering a supportive environment to assist practitioners and providers in maintaining a safe practice. The Plan’s commitment to patient safety includes but is not limited to the following:
Activities to Improve Safe Clinical Practice
BCBSIL collaborates with network practitioners and providers to improve the safety of clinical care and services. As part of the collaboration, Providers agree that BCBSIL may use practitioner performance data for quality improvement activities, which include but are not limited to:

- Collection and evaluation of performance measurement data and participation in the BCBSIL’s QI programs
- Conducting initiatives to improve continuity and coordination of care between practitioners/providers
- Providing performance data to members, practitioners and providers
- 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.

Pharmacy Programs
There are several BCBSIL pharmacy programs that address patient safety. Some examples are:

- 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 likely affected by product recalls or voluntary drug withdrawals.
- Ongoing retrospective drug utilization review (RDUR) programs target practitioners about a different medication management issue quarterly.

Practitioner Onsite Visits
The selection and retention of providers is an important element of the BCBSIL Quality Improvement Program. BCBSIL staff performs quality improvement network provider onsite visits based on the current BCBSIL Quality Site Visit Standard Policy and Procedure. Provider site visits are conducted in accordance with IDPH guidelines and regulations which include HMO high-volume behavioral health practitioners.

Illinois Hospital Quality Initiative (IHQI)
In an effort to measurably reduce the burden of Healthcare Associated Infections (HAIs), improve the quality and safety of patient care and avoid unnecessary cost, Blue Cross and Blue Shield of Illinois provides operational support and funding for the Illinois Hospital Quality Initiative (IHQI).

The program consists of:
- data mining and artificial intelligence technologies
- clinical expert consultation and reporting
- performance management training
- educational support
- clinical / financial outcomes measurement
- quarterly “best practices” meetings
Preference- Aligned Communication and Treatment (PACT)
The Preference-aligned Communication and Treatment (PACT) program is a program that started in 2015. BCBSIL partnered with Northwestern Feinberg School of Medicine to expand the Palliative Care Program that started during the 2011-2014 PREP (Preventing Readmission through Effective Partnership). This program will work to ensure that care preference conversations are a facilitated process of clarifying patient care preferences throughout the course of illness. The overall goals of the PACT program are to ensure that:

- Patients receive timely, effective, and sensitive care preference conversations.
- Care preference conversations are documented and communicated across health care sites.
- Patient preferences are translated into meaningful care plans across sites of care.
- Patients receive “the right care, at the right time, and in the right place.”

Health Equity
BCBSIL supports fair and adequate health care for everyone. With years of experience in improving care for communities, BCBSIL builds on these efforts by evaluating the impact of our work on health disparities and actively encouraging collaboration throughout our organization and communities. BCBSIL is committed to eliminating health care disparities, in all of our communities to achieve health equity.

Equity of care has been established as a core component of the QI program at BCBSIL. As such, initiatives designed to address health equity are reported to the Governance and Nominating Committee on a regular basis. BCBSIL is taking the following actions to address health equity for its members:

- **Provider Education**
  Simple, one-page provider educational tools addressing evidence-based methods to achieve high performance are currently in use with our HMO providers for four of the twelve Healthcare Service Corporation (HCSC”) Common Measure Set indicators, including Breast Cancer Screening, Comprehensive Diabetes Care, Colorectal Cancer Screening, and Controlling High Blood Pressure. These tools are being updated to address directly relevant health equity concerns with plans to expand to additional measures. The HCSC Common Measure Set is a set of 12 HEDIS quality measures utilized to focus enterprise quality efforts across all five state plans.

- **Augmented Approach to Provider Corrective Action Plans**
  Twenty-five provider groups in the HMO are now under intensified Corrective Action Plans for not having demonstrated meaningful clinical improvement over time. This more robust approach involves direct meetings with medical leadership of each IPA to review deficiencies and develop a customized plan for improvement with quarterly follow-up.

- **Population Health Management Program**
  BCBSIL has provided disease management for our diabetic and asthmatic members. This program stratifies members by risk, providing low risk diabetic and asthmatic members with a simple postcard educational mailing while providing higher risk diabetic and asthmatic members with provider-led case management. While building on these efforts with attention to members with multiple chronic conditions, managing safety and outcomes across settings, and keeping members healthy and safe, we will continue our efforts in diabetes and asthma to manage members with emerging risk. However, the future innovation will leverage greater data sharing to improve outcomes, as described further below.

- **Provider Data Sharing**
  BCBSIL has invested significant resources into new provider-based data platforms that allow for both utilization and quality data sharing with providers. In terms of improving the quality of care, these new tools should allow providers to receive timely, updated performance data that allows for more focused intervention on deficit members throughout the year. This tool should become available to medical groups by mid-2018, if not sooner.
• **Depression Pilot**
  Published literature suggests that despite a higher prevalence of depression amongst minority groups in general, even privately-insured minorities are less likely than Caucasians to receive treatment for depression. This pilot attempts to augment current depression quality improvement efforts by obtaining race/ethnicity data for our HMO members with depression to assess if racial disparities are present that might warrant an intervention targeted towards minority groups.

• **Transportation Pilot**
  Lack of adequate transportation is a social determinant of health that may compromise an individual’s ability to access healthcare. BCBSIL, in coordination with the Blue Cross Association and a mobile ride-sharing service, is partnering to pilot the use of ride sharing for members requiring transportation to clinical visits at the discretion of their primary doctor.

  BCBSIL will integrate innovative approaches to help improve the quality of care for emerging markets and vulnerable populations across the divisions and products. BCBSIL focuses on addressing health care disparities related to various disparate populations that may encompass race, ethnicity, language needs, socioeconomic level, gender, age, educational level, disability or veteran status. To assist with this process, BCBSIL has implemented a Health Equity Steering Committee with broad representation from across the organization, including Illinois.

**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 is chaired by the BCBSIL Vice President and Chief Medical Officer or physician designee. The QI Committee brings multidivisional staff together with employers, providers and members for the purpose of reflecting customer values.

Annually, the Enterprise VP of Quality and Accreditation is responsible for ensuring the Governance and Nominating Committee receives reports from the QI Committee.

The role of the QI Committee is 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
Network Practitioner Selection and Provider Selection and Monitoring

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 thereafter, 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 includes primary source verification consistent with NCQA and 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.

Member’s 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:

- 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 healthcare provider and that of a good provider-patient relationship.
- To emphasize and support the importance of the members’ role in making sure they have rights and responsibilities with regard to health improvement.

BCBSIL is committed to the cultural, linguistic and ethnic needs of our members; thus, communication tools are available to support the diverse membership. BCBSIL has written policies that state its commitment to treating members in a manner that respects their rights, and its expectations of members’ responsibilities. The policies encompass the following: Information Disclosure, Choice of Providers and Plans, Access to Emergency Services, Participation in Treatment Decisions, Respect and Non-Discrimination, Confidentiality of Health Information, and 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 Web site.

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

In addition, the policy on Member Rights and Responsibilities further defines the relationship between the member, the practitioner and BCBSIL.

Distribution methods of the member rights and responsibilities statement include, in writing by mail, fax or email. The Plan is responsible for ensuring mechanism is in place for existing members and practitioners to receive this information and any revisions as they occur.

**Member Education**

BCBSIL features information in member publications and on the BCBSIL Plan Web sites 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 in order 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” 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 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 through the use of 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 time period.

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 also explore ways to address 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. Each Plan 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 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, 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.
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. Blue Care Connection® transitions the current medical management continuum to an integrated, member-centric approach. The Program is 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.

Blue Care Connection® 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 BCC program, 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 in order to increase knowledge and the ability to self-manage their care.

Lifestyle Management Programs are a component of BCC 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 dieticians, certified exercise specialists and case managers with expertise in behavioral modification, weight management and tobacco cessation. Co-management and integration with other components of BCC 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 a potential for 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.

**Technology Assessment and Medical Policy Reviews**

BCBSIL has a unified process for development, review and update of Medical Policies. These Medical Policies are used by the Blue Cross and Blue Shield Plans that are Divisions of BCBSIL.

A medical director from each BCBSIL Plan is assigned primary responsibility for the BCBSIL Medical Policy process. An 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 Policy 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:

- 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, along with claims data when applicable, 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 page of the Internet Web site 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), ERISA/DOL, 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
The BCBSIL Quality Improvement Program is designed to meet all applicable state and federal requirements (e.g. CMS, ACA, 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.

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

<table>
<thead>
<tr>
<th></th>
<th>NCQA</th>
<th>URAC UM</th>
<th>URAC CM</th>
<th>URAC Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSIL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PPO</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail HMO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail PPO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
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 Quality Improvement Program. The Quality Improvement 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 BCBSIL participating physicians and other providers and to enrollees, upon request.

Quality Improvement Program Approval
Annual approval of the BCBSIL Quality Improvement Program Description will be demonstrated by resolution. Appendices are available for each Plan within BCBSIL that address state-specific requirements.

HEDIS is a registered trademark of the National Committee for Quality Assurance.