



**CMO Medical Management – QI 27 - Collaborative Improvement
Coaching for HMO Quality Improvement Projects**

HMO Policy and Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: CMO	
POLICY NUMBER: QI 27	POLICY TITLE: Collaborative Improvement Coaching for HMO Quality Improvement Projects
EXECUTIVE OWNER: Medical Director	BUSINESS OWNER: Medical Director
ORIGINAL EFFECTIVE DATE (IF KNOWN): 1/1/2019	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

This Policy applies to the Illinois Contracted HMO Commercial and Exchange Medical Group/Independent Physician Association or Physician Hospital Organization (hereinafter the “IPA”).

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO IFM	x

II. PURPOSE

- To assist IPAs performing below acceptable quality performance as set forth in the MSA
- To ensure the improvement of identified QI deficiencies through ongoing engagement and process improvement at the IPA level

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) monitors the performance of each contracted Medical Group/Independent Physician Association or Physician Hospital Organization (hereinafter the “IPA”) related to contracted benchmark goals and BCBSIL HMO network performance rates. An IPA who does not meet a minimally acceptable performance threshold, as determined by BCBSIL, is required to participate in the Collaborative Quality Improvement Coaching (hereinafter the “CQuIC”) process. The determination of acceptable performance is based on the performance results of the Medical Service Agreement’s (MSA) Quality Improvement (QI) measures released the prior year (corresponding to the MSA and dates of service from two years prior (see MSA, Exhibit 3, Letter H). The CQuIC should include efforts and initiatives to improve performance for all measures performing below the network or national average as indicated by BCBSIL.

BCBSIL will work with the IPA to provide resources, coaching, and ongoing support to assist in performance improvement. An IPA who participates in CQuIC will remain in CQuIC until the following MSA year's performance data is released. Depending on follow-up performance improvement, an IPA's CQuIC may be discontinued at the discretion of the BCBSIL Medical Director.

IV. RELATED DOCUMENTS

1. QI – 27A Collaborative Improvement Coaching for HMO Quality Improvement Projects

V. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Sharon Robinson M.D.	Medical Director	11/1/2024

VI. POLICY REVISION HISTORY

Description of Changes	Revision Date
Grammar updates	11/1/2024

VII. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
CMO Medical Management	Dr. Sharon Robinson	Medical Director	11/1/2024
BCBSIL P&P			12/16/2024

**BLUE CROSS BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: CMO	
POLICY NUMBER: QI 27A	POLICY TITLE: Collaborative Improvement Coaching for HMO Quality Improvement Projects
EXECUTIVE OWNER: Medical Director	BUSINESS OWNER: Medical Director
ORIGINAL EFFECTIVE DATE (IF KNOWN): 1/1/2019	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

This Procedure applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
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II. PROCEDURE

1. The Medical Director and/or Administrator of an identified IPA who does not meet a determined minimally acceptable performance standard for the results released in the prior year's MSA Exhibit 3 (corresponding to the MSA **and dates of service** from two years prior) will be notified via email of the IPA's **requirement to** engage in a CQuIC. The email will provide details **outlining** why the IPA was determined to be deficient and **will include** opportunities **for improvement**.
2. The IPA must respond to our request via email and agree to participate in the CQuIC process. During the IPA Performance Review, the lowest three QI measures will be identified. The IPA will be required to create an action plan to improve performance across each measure. . . .
3. The IPA is expected to demonstrate progress towards improvement through the CQuIC process. Since data is lagging, IPAs shall be provided an estimate of **measurements on a quarterly basis** so that progress can be tracked in a timely fashion. The IPA is required to attend check-ins with the BCBSIL Medical Director **on a regular cadence to monitor** performance improvement. Meetings may be conducted on-site or virtually.
4. The IPA may be required to provide ongoing evidence of outreach efforts made to BCBSIL members. The IPA Medical Director and/or Administrator must submit progress updates informing BCBSIL on the status of new implementations/initiatives and/or process improvements. BCBSIL Medical Director will assess the adequacy of such efforts and provide feedback, as needed.
5. The IPA's Medical Director is required to participate in all CQuIC meetings and consider any BCBSIL recommendations or develop alternative strategies for improvement. Other IPA QI, administrative, provider, and/or contract management firm staff may also participate per the discretion of the IPA's Medical Director and/or Administrator.
6. If an IPA does not respond with repeated requests to participate in a CQuIC within two business weeks of any BCBSIL meeting and/or follow-up request(s), BCBSIL has the option to issue an Administered Complaint against the IPA (See BCBSIL Provider Manual Policy, Administrative 39 - HMO Administered Complaints).
7. Failure to demonstrate improvement in QI performance after twelve (12) months will result in an Administered Complaint.

8. Unless otherwise specified, the IPA should direct any questions or concerns regarding the CQuIC to the BCBSIL staff specified in the CQuIC initial participation email.

III. RELATED DOCUMENTS

Collaborative Improvement Coaching for HMO Quality Improvement Projects – QI 27

IV. PROCEDURE REVIEWERS

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Sharon Robinson M.D.	Medical Director	11/1/2024

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