

2009 POLICIES AND PROCEDURES SUMMARY OF PREMIER BLUE CHANGES

Section II. Credentialing – This section will be revised throughout to reflect that a new credentialing department has been established and credentialing activities are no longer part of the quality improvement department.

Section IV. Adverse Quality of Care Determinations and Quality Improvement Plan (QIP) Appeal Process – Throughout this section, the title vice president of medical affairs will be changed to vice president of provider relations and medical affairs.

Section VI. Disease Management (Care Management) – Wording in the following paragraphs will be modified to better describe the services offered by the care management area.

This HIPAA compliant program is physician directed and nurse managed via telephone. Through periodic telephone calls, the nurse case managers can assist in identifying risk factors and offer tools and resources to assist members in managing their chronic health condition.

Members will be contacted by phone or letter and invited to participate in the program. Education material is free of charge, and mailed on an individual basis.

Section XXIV. Member Satisfaction Survey – The second paragraph of this section will be eliminated because CAHPS 3.0H (Consumer Assessment of Health Plans Study) survey tool is no longer utilized.

Section XXV. Provider Satisfaction – This section will be eliminated because provider satisfaction surveys are no longer a function of the quality improvement department.