Our Vision
To improve the quality of life of our customers and of the people of Rhode Island by improving their health.

Our Mission
To provide our members with peace of mind and improved health by representing them in their pursuit of affordable, high-quality healthcare.
What comes to mind when you think of quality healthcare coverage? If you’re like most people, you’ll say competitive rates, excellent customer service, and large networks. At Blue Cross & Blue Shield of Rhode Island (BCBSRI), we’re proud to offer all of these—and much more. We work closely with physicians to improve patient care and safety. We encourage members to receive preventive care. And, we provide free health programs to the community. These are just a few of the steps we take every day to improve the quality of the products and services we offer. We’re happy to say that many of these actions help reduce healthcare costs, too.

In last year’s Quality Report, I reaffirmed our pledge to deliver uncompromised service to our customers. To us, that means meeting the day-to-day needs of our customers quickly and efficiently. It means offering a broad range of medical management, disease management, and health and wellness programs to help our members live healthier lives. And, it means providing each of our customers with the caring, personalized attention that only a Rhode Island-based insurer can provide. I’m pleased to report that our efforts are being rewarded.

In November 2006, we received a wonderful compliment from our members. Our HealthMate Coast-to-Coast plan earned the Distinguished Health Plan designation from J.D. Power and Associates based on a member survey. The survey’s results showed that our members appreciate our ability to provide an “Outstanding Member Experience.” We promise to continue working hard to deliver this high-quality level of service in the months and years ahead.

Also in 2006, all of our BlueCHiP plans earned the National Committee for Quality Assurance (NCQA) accreditation status of “Excellent” for the third consecutive review cycle. “Excellent” is the highest status possible and is based on the results of performance measures and customer satisfaction surveys, as well as accreditation standards. BCBSRI also earned NCQA’s Quality Plus Distinction for the Care Management and Health Improvement standards and was recognized as an early adopter of these important quality standards. For more information about our accreditation ratings, please see page 11.

(continued on next page)
In January 2006, BCBSRI was named one of Rhode Island’s Best Places to Work by the Rhode Island State Council of the Society for Human Resource Management (SHRM) and Providence Business News. BCBSRI was one of just six large companies in the state to receive this award in 2006. The award is based on a rigorous competition in which company policies and practices are analyzed and a detailed employee survey is conducted. This distinction speaks well of the way BCBSRI operates, and will help us continue to attract high-quality employees.

At BCBSRI, we’re always striving to improve quality and service to make it easier to do business with us, help contain healthcare costs, and help improve our members’ health. For example, we have made a commitment to provide equal coverage and provider reimbursement for medical and behavioral health services. This initiative is driven by our belief that our members’ emotional health is as important as their physical health. You may be interested to know that we’ve made these improvements in coverage voluntarily while other insurers are being obligated to make such changes in response to legislative mandates.

The 2007 Quality Report uses data from 2006 to provide specific examples of our dedication to quality service and health products and programs. These examples are just some of the ways we’re working to improve the quality of life for our customers and our community. We realize how important quality is for people using our healthcare system, and we promise to be the undisputed quality leader.

Sincerely,

James E. Purcell
President and CEO

Blue Cross & Blue Shield of Rhode Island is committed to promoting quality in every aspect of our health plans, programs, and services.
# Table of Contents

Quality Customer Service .......................................................... 4-7  
Satisfaction Surveys ................................................................. 6-7  
Quality Oversight ..................................................................... 8  
Quality Collaboratives for Better Patient Care ............................. 9-10  
  Rhode Island Health Literacy Project ....................................... 9  
  Quality Counts ....................................................................... 9  
  Intensive Care Unit Collaborative .......................................... 9  
  Rhode Island Chronic Care Collaborative .................................. 9-10  
  National Healthcare Quality Week ........................................ 10  
Accreditation ............................................................................ 11  
  NCQA “Excellent” Status ......................................................... 11  
  NCQA Quality Plus ................................................................. 11  
  URAC .................................................................................... 11  
Measuring Quality Through HEDIS Results .............................. 12-15  
  Immunizations and Well Care for Children and Adolescents ....... 12-14  
  Behavioral Health and Substance Abuse ................................... 14-15  
Quality Medical Management .................................................. 16-21  
  Case Management .................................................................. 16  
  Disease Management .............................................................. 16-18  
    Asthma Management Program ............................................. 16  
    Chronic Obstructive Pulmonary Disease (COPD) Management Program ..................... 17  
    Diabetes Management ......................................................... 17  
    Coronary Artery Disease Program ........................................ 17  
    Heart Failure Program ......................................................... 17  
    Depression Program ............................................................ 18  
Utilization Review ..................................................................... 18  
Pay for Performance .................................................................. 18  
Centers of Excellence ............................................................... 18-19  
Behavioral Healthcare ............................................................... 20  
Quality Wellness and Prevention Programs ............................... 22-24  
  Preventive Health Screenings and Immunization Guidelines and Reminders .......... 22  
  Little Steps® Programs ............................................................ 22  
  Community Wellness ............................................................... 23  
  Worksite Wellness ................................................................ 24  
  MuniBlue ............................................................................. 24  
  BluePerks ............................................................................ 24  
Quality Communications ........................................................... 25-27  
  Choices Magazine .................................................................. 25  
  Community Meeting ............................................................... 25  
  BCBSRI.com ........................................................................ 25-26  
  Today’s Healthcare Costs Newsletter ....................................... 27  
  Community Wellness Event Calendars ..................................... 27  
  Speakers Bureau .................................................................... 27  
  To Your Health Newsletter ...................................................... 27  
Looking Ahead .......................................................................... 28
As we continue to transition from a claims payer to a health and wellness partner, we never lose sight of why we’re here. We know that our customers—members, providers, and employers—are the reason we exist. Creating a positive customer experience continues to be our priority—in the Customer Service Department and throughout the company.

Changes to Medicare Part D and Direct Pay programs and the introduction of new Health Savings Account plans created enormous challenges for many of our members, as well as for providers serving those members. Our Call Center felt their frustration in terms of higher call volumes and more complex calls throughout 2006 (as seen in the chart on the next page). But we focused our efforts on the basics of our business—putting the needs of the customer first—and earned a national service excellence award from J.D. Power and Associates. More importantly, we retained the respect of our customers.

In serving our customers, it’s become clear that they expect their issues to be resolved during their first contact. Toward that end, we enhanced our management systems and technology.

First Contact Resolution

Improvements to scheduling, call routing, and forecasting enhanced our ability to effectively handle call volumes and to resolve issues during the first contact. In addition, cross-trained customer and provider representatives were able to greatly reduce the average speed of answer. Success in this area has proven to reduce operating costs and improve both customer and employee satisfaction.

Call Center Satisfaction

Despite record-breaking call volumes throughout the year, customers ranked us at or above industry benchmarks for satisfaction by year-end. Improvements to our new hire training curriculum placed new representatives on the phones with a stronger awareness of product lines. We also moved critical data from paper resources to online for easier and faster access. Finally, implementation of a new divisional performance system put divisional staff and management back in touch with the basics of customer service.

Customer Service Consistency

Thanks to dedicated research and quality assurance support staff, our call center representatives consistently provided satisfying service to members, employers, and providers. Several measures and initiatives were designed to help us resolve contacts faster and more accurately. At the same time, our representatives continued to work tirelessly—both individually and as a team—to provide our customers with a positive, memorable experience.

“Maria was on top of her game!!
She was pleasant, did a very thorough job
and was very informative in explaining benefits.”

– BCBSRI provider
Satisfaction Surveys and Quality Measurement

How do we know what our members and providers think about our plans and services? We ask them. We then track their responses and our performance in important service areas. The following are examples of tools we use to assess member and provider satisfaction.

Service Quality Measurement Group

BCBSRI has contracted with Service Quality Measurement Group (SQM), a nationally renowned company specializing in benchmarking, capturing, measuring, and reporting customer satisfaction for over 250 call centers across North America. SQM calls our customers who have had a contact experience with us to see how we performed. Specifically, we want to know what drives their satisfaction and loyalty, what they consider better levels of service, and what is most important in their call experience.

Using a 21-question survey, SQM links each customer’s feedback to the representative who handled the call. SQM conducts five telephone surveys per customer service representative per month. Our customers have identified four important measures of a positive contact experience:

- Call was resolved.
- Representative was efficient.
- Representative was knowledgeable.
- Member understood next steps toward resolution.

Our representatives strive to meet these criteria to achieve a high level of customer satisfaction. In the chart below, these four measures are combined in the first category, “Satisfaction with Call Center.” Our performance in this area shows improvement during 2006. In addition, we exceeded our internal goal and met the industry benchmark. The results for the other measures also indicate significant improvements throughout the year.

Witness Call Recording and Quality Assurance Monitoring System

BCBSRI uses the Witness System to record 100 percent of all incoming customer calls to the Service Center. Through Witness, we measure how long our customers wait to speak to a representative (Average Speed of Answer) and how many customers actually hang up before receiving an answer (Abandonment Rate). Results in these areas (see chart below) are used along with SQM results to coach and mentor our service representatives and provide them with feedback about their performance.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Internal Goal</th>
<th>Industry Benchmark</th>
<th>Q4 2006</th>
<th>Q3 2006</th>
<th>Q2 2006</th>
<th>Q1 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>SQM Customer Surveys – Satisfaction with Call Center</td>
<td>85%</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>SQM First Call Resolution</td>
<td>70%</td>
<td>71%</td>
<td>72%</td>
<td>68%</td>
<td>66%</td>
<td>67%</td>
</tr>
<tr>
<td>Average Speed of Answer</td>
<td>30 seconds or less</td>
<td>30 seconds or less</td>
<td>23 seconds</td>
<td>86 seconds</td>
<td>121 seconds</td>
<td>176 seconds</td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>5% or less</td>
<td>5% or less</td>
<td>2.0%</td>
<td>6.7%</td>
<td>8.7%</td>
<td>13.1%</td>
</tr>
<tr>
<td>SQM Customer Survey – Satisfaction with Rep</td>
<td>90%</td>
<td>91%</td>
<td>93%</td>
<td>90%</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>SQM Customer Loyalty</td>
<td>70%</td>
<td>67%</td>
<td>72%</td>
<td>69%</td>
<td>68%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Please Note: Results in bold indicate our internal goal was achieved.
**CAHPS 2006 Survey**

In addition to employing third-party vendors to conduct surveys and analyze the results, we also rely on the Centers for Medicare and Medicaid Services and its satisfaction survey tool, the Consumer Assessment of Health Plans Survey (CAHPS). CAHPS surveys are conducted annually by the Centers for Medicare and Medicaid Services. Results are compared to national plans using Quality Compass®, a comprehensive database of health plan performance data.¹

The 2006 results for our coordinated health plan (commercial) and indemnity and preferred provider organization (PPO) plans indicate a consistent level of satisfaction when compared to the previous years in the following three categories:

- Rating of Healthcare
- Rating of Health Plan
- Getting Needed Care

### CAHPS COORDINATED CARE PLAN (COMMERCIAL)
#### ADULT SURVEY COMPARISON

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating of Healthcare</th>
<th>Rating of Health Plan</th>
<th>Getting Needed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>79.0%</td>
<td>49.7%</td>
<td>84.9%</td>
</tr>
<tr>
<td>2005</td>
<td>79.5%</td>
<td>63.1%</td>
<td>87.9%</td>
</tr>
<tr>
<td>2006</td>
<td>80.1%</td>
<td>62.2%</td>
<td>86.9%</td>
</tr>
</tbody>
</table>

**Quality Compass**

<table>
<thead>
<tr>
<th>Year</th>
<th>Coordination (commercial)</th>
<th>Rating of Health Plan</th>
<th>Getting Needed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>80.5%</td>
<td>65.9%</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>82.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CAHPS BCBSRI INDEMNITY/PPO
#### ADULT SURVEY COMPARISON

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating of Healthcare</th>
<th>Rating of Health Plan</th>
<th>Getting Needed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>83.7%</td>
<td>72.2%</td>
<td>89.7%</td>
</tr>
<tr>
<td>2005</td>
<td>82.7%</td>
<td>70.4%</td>
<td>89.6%</td>
</tr>
<tr>
<td>2006</td>
<td>81.3%</td>
<td>71.5%</td>
<td>89.4%</td>
</tr>
</tbody>
</table>

**Quality Compass**

<table>
<thead>
<tr>
<th>Year</th>
<th>Coordination (commercial)</th>
<th>Rating of Health Plan</th>
<th>Getting Needed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>65.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>82.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ “Quality Compass” is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA is a private, nonprofit organization dedicated to improving healthcare quality.

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“Sandra did an outstanding job in resolving my issue with great, quality service.”

— BCBSRI member
Provider Satisfaction Survey

In this annual survey, primary care physicians with BlueCHiP coordinated care plans (including BlueCHiP Coordinated Health Plan, BlueCHiP for Medicare, and BlueCHiP for Rite Care) are randomly selected to participate. In 2006, 50.9 percent of providers returned the survey, the highest percentage to date.

The results show increases in provider satisfaction in many areas, including satisfaction with our plans, claims processing activities, referral processes, and Case Management staff. Providers also indicated an increased likelihood of recommending BCBSRI plans.

OVERALL SATISFACTION WITH HEALTH PLAN

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>63.4%</td>
<td></td>
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<td>2005</td>
<td></td>
<td>76.2%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>79.6%</td>
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LIKELY TO RECOMMEND HEALTH PLAN

<table>
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<tr>
<th>Year</th>
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<th>2006</th>
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<tbody>
<tr>
<td>2004</td>
<td>51.6%</td>
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<td></td>
</tr>
<tr>
<td>2005</td>
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<td>63.4%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>63.6%</td>
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CLAIMS PROCESSING IS TIMELY

<table>
<thead>
<tr>
<th>Year</th>
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<th>2005</th>
<th>2006</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>61.0%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>64.9%</td>
</tr>
</tbody>
</table>

CLAIMS PROCESSING IS ACCURATE

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>41.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>57.8%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>61.4%</td>
</tr>
</tbody>
</table>

REFERRAL PROCESS IS SIMPLE

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>63.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>68.3%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>75.6%</td>
</tr>
</tbody>
</table>

CASE MANAGERS PROVIDE RELEVANT INFORMATION

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>75.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>80.9%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td>86.8%</td>
</tr>
</tbody>
</table>

J.D. Power and Associates Outstanding Member Experience

BCBSRI was recognized by J.D. Power and Associates for providing an outstanding experience to our HealthMate Coast-to-Coast PPO members. BCBSRI exceeded the national benchmark score for overall member satisfaction by a significant margin. We performed especially well compared to the national study in customer service interactions, particularly in regard to the adequacy of follow-up by our representatives on inquiries and our personnel’s concern for the specific needs of members. BCBSRI also performed very well relative to the national study in information provided, especially in the following areas:

• The usefulness of information provided to help understand how to use plan benefits and services

• Clear explanations of options available to save money on healthcare

Additionally, members were asked to rate the likelihood they would reenroll and recommend the plan. Among BCBSRI PPO members, the proportion expressing a high likelihood that they would reenroll was notably higher than the national norm. In addition, the percentage of BCBSRI PPO members expressing a high likelihood that they would recommend their plan was markedly higher than the national norm.
Three internal committees provide oversight of the QM program:

- **Quality and Customer Experience Council (QCEC)**
  This committee is comprised of company decision-makers who have the authority to commit resources to improvement projects and who ensure that QM program objectives are achieved.

- **Clinical Quality Oversight Committee (CQOC)**
  This committee provides oversight and guidance in the development and implementation of programs and interventions to improve performance as they relate to the clinical components of the QM Program, including preventive health/health promotion activities.

- **Customer Experience Group (CEG)**
  This subcommittee of QCEC includes subject matter experts from across the company who address the administrative and business process issues identified by Customer Service, Quality Management Operations, and other departments. They review internal and external processes, establish key performance indicators, and implement improvement plans.

In addition, the following committees comprised of medical professionals advise us on our quality management efforts:

- **Medical Peer Review Committee**
  This committee of network physicians recommends policies and reviews and approves clinical practice guidelines. It also oversees clinical quality initiatives, provider performance, and quality complaints.

- **Specialty Advisory Committees (SACs)**
  Our 26 SACs are comprised of specialists in our provider network. These committees meet quarterly to offer advice and recommendations to BCBSRI on provider and member issues.

Our Quality Management (QM) program monitors the three primary dimensions of clinical and service delivery of healthcare: system structure, administrative and clinical processes involved in the delivery of healthcare services, and the results (outcomes) of care and administrative services delivered.
Collaboratives for Better Patient Care

Quality

As a healthcare insurer, we provide coverage that helps members obtain the services they need. But it’s the physicians and providers who deliver that care to our members. So when it comes to quality, we often work together. In 2006, we initiated or continued collaborative projects with physicians and hospitals. These projects are designed to improve patient care and safety and to reduce overall healthcare costs.

Rhode Island Health Literacy Project

According to a 2004 report from the Institute of Medicine (IOM), nearly half of all adult Americans have trouble understanding the most basic health information. Low health literacy contributes to medication errors, longer inpatient stays, poor health status, and non-compliance with treatment recommendations. The annual cost of low health literacy to the healthcare system is estimated at $58 billion.²

In 2005, BCBSRI made health literacy a corporate priority and formed a steering committee with some of Rhode Island’s leading health and literacy organizations to address the issue. The Rhode Island Health Literacy Project (RIHLP) seeks to raise the health literacy of all Rhode Islanders through consumer and provider education. Projects in 2006 included:

- Health Literacy Provider Toolkit with Consumer Education Materials
- Basic Health Curriculum for Adults
- Advance Directives and Palliative Care Program
- Guidelines for Written Communications
- Creation of Web Site www.RIHL.org

BCBSRI also formed its own internal health literacy committee to assess the literacy level of our own health promotion, disease management, and insurance materials, and to support the projects of the RIHLP through in-kind contributions of human and material resources.

Quality Counts

We sponsor Quality Counts, a program designed to improve patient care and safety. The program provides support for:

- Electronic health record implementation
- Process improvements in the physician office

Physicians involved in the Quality Counts program are eligible to receive incentive payments for improvements in quality outcomes for the pre-established quality indicators. During the course of the program, Quality Counts will recruit 100 primary care physicians in Rhode Island.

Intensive Care Unit Collaborative

As part of our commitment to improving the quality of care for our members, we have provided significant funding to a statewide initiative called the Intensive Care Unit (ICU) Collaborative. All hospitals in Rhode Island with an adult ICU are participating in this two-year collaborative, which will be completed in August 2007.

The collaborative’s primary purpose is to improve the quality of care given to patients in the ICU by reducing the complications that often arise. These complications include ventilator-associated pneumonia and bloodstream infections. By improving care in this way, we expect to enhance quality and reduce healthcare costs. Initial results from the collaborative have shown progress in both these areas.

Rhode Island Chronic Care Collaborative

Now in its fourth year, the Rhode Island Chronic Care Collaborative (RICCC) continues its work to help improve the quality of care for people with diabetes. The collaborative is comprised of health professionals (doctors, nurses, case managers) and

administrative professionals trained in quality improvement and collaboration. BCBSRI is pleased to join Quality Partners of Rhode Island, Brown Medical School, the Rhode Island Department of Health, and others in committing staff time and expertise to educate providers and office staff on practical approaches to better care for people with diabetes.

Using a team approach, the RICCC primary care physicians and their staff reengineer care delivery systems through quality improvement methods and electronic patient tracking. This results in improved medical care for people with diabetes.

National Healthcare Quality Week

This annual exhibition and awards ceremony celebrates the commitment to quality displayed by process or performance improvement projects initiated throughout the company over a 12-month period. In 2006, we also invited area physicians and facilities to submit their improvement activities during our celebration of National Healthcare Quality Week.

This year, 18 projects were submitted by BCBSRI departments, and we received 13 projects from the following network providers:

- Beacon Health Strategies
- Capitol Hill Community Health Center
- East Side Clinical Laboratory
- Hillside Family Medicine
- Kent County Hospital
- Koch Eye Associates
- Newport Hospital
- Rhode Island Health Literacy Project
- Rhode Island Hospital
- Rhode Island Primary Care Physicians
- Roger Williams Medical Center
- South County Physician Initiative
- Thundermist Health Center, South County

National Healthcare Quality Week (NHQW) celebrates the work of quality professionals in healthcare and highlights their influence on administrators, allied health professionals, and the public in achieving improved outcomes of patient care and healthcare delivery systems. NHQW was created by the National Association of Healthcare Quality (NAHQ).
Accreditation

NCQA “Excellent” Status

For the third consecutive review since November 2000, BCBSRI earned the National Committee for Quality Assurance (NCQA) accreditation status of “Excellent”—the highest possible—for all BlueCHiP products: BlueCHiP Coordinated Health Plan, BlueCHiP for Medicare, and BlueCHiP for RIte Care. Achieving and maintaining this status requires a daily commitment to quality, with our members as the ultimate beneficiaries.

Every three years, NCQA sends a team of trained healthcare experts, including physicians, to conduct a rigorous on-site survey of BCBSRI. NCQA also uses information from health plan records, results of the Consumer Assessment of Health Plans Survey (CAHPS5), and results of standardized performance measures known as the Health Plan Employer Data and Information Set (HEDIS®6) to make its assessment. We’ve highlighted some of the HEDIS results from 2005 (reported in 2006) on the following pages.

The HEDIS performance measures and the CAHPS member satisfaction survey results contribute one-third of the overall points. The results for accreditation standards, which contribute two-thirds of the points, are reported in four categories: Quality Management and Improvement, Utilization Management, Credentialing, and Members’ Rights and Responsibilities.

In 2006, BCBSRI received 100 percent of the possible points for all accreditation standards except for Utilization Management, for which we earned 99 percent of the possible points. These are our highest scores to date in these categories.

The consistently high quality of care that our network providers deliver to our members remains a significant factor in maintaining the “Excellent” status of our BlueCHIP plans. Notably, this same network of providers also serves our HealthMate family of PPO plans. Although we have not sought NCQA accreditation for our PPO products, we believe in the standards set by NCQA and apply them (wherever possible) to our HealthMate products.

NCQA Quality Plus

Also in 2006, BCBSRI earned NCQA’s Quality Plus Distinction for the Care Management and Health Improvement (CHI) standards. The CHI standards examine how effectively an organization manages chronic conditions and targets treatments and interventions to individuals—including healthy ones—based on their unique needs.

These standards address issues such as disease management, risk assessment, and complex case management. BCBSRI was distinguished as an early adopter of these important quality standards.

URAC

We are proud to hold “Full” Utilization Review Accreditation Commission (URAC7) accreditation for both Utilization Management and Case Management for all our health plans. BCBSRI was one of the first Blue Cross plans nationwide to receive this honor.

The URAC accreditation process demonstrates a commitment to quality services. It also serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards. We’ll undergo our next accreditation review in 2007.

4 NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America’s healthcare. In the state of Rhode Island, NCQA accreditation is mandatory for any health maintenance organization (HMO).

5 CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

6 HEDIS stands for Health Plan Employer Data and Information Set. Created by NCQA, HEDIS is a standardized set of measures for evaluating the performance and value of health plans. HEDIS is a registered trademark of the National Committee for Quality Assurance. HEDIS methodology looks at services rendered by providers in the year prior to the report year (e.g., the 2006 report reflects 2005 services).

7 URAC is an independent, nonprofit healthcare accrediting organization dedicated to promoting healthcare quality through accreditation, certification, and commendation.
National clinical practice guidelines support immunizations and well-child/adolescent visits to the doctor. Immunizations are one of the best ways to protect children from many serious, potentially fatal diseases. Children in the United States routinely get vaccines that protect against 13 diseases. As a result of vaccinations, most of these diseases are at their lowest historical levels.

An annual exam allows a physician to evaluate a child’s development against standards. The doctor may ask about the child’s eating, sleeping, and exercise habits, and may recommend healthful lifestyle changes. Adolescents may also receive counseling on healthful behaviors. Annual well visits provide parents with the best opportunity to ask questions related to parenting or child development since the focus during these visits is not on getting care for a sick child or adolescent.

Health Plan Employer Data and Information Set (HEDIS) results are one way we measure the success of our programs. HEDIS was created by the National Committee for Quality Assurance (NCQA) as a standardized set of measures for evaluating the performance and value of health plans. Please note that HEDIS methodology looks at services rendered by providers in the year prior to the report year (e.g., data received in 2006 reflects 2005 services).

The charts in this section compare the 2004 and 2005 HEDIS results for key clinical and preventive measures for our commercial products. Select initiatives (also called interventions) that we undertook to improve members’ health in 2006 are summarized.

Immunizations and Well Care for Children and Adolescents

Our disease management, case management, and health and wellness programs offer effective methods for improving our members’ health. These programs also enhance the quality, continuity, coordination, and accessibility of healthcare.
Adolescent Immunization Status: Hepatitis B, Chicken Pox, and Combination 2 (Three Measures)

Objective: To increase the number of adolescents aged 13 years who have received:
- Three hepatitis B vaccinations
- One chicken pox vaccination
- A second dose of the measles, mumps, and rubella (MMR) vaccine, three hepatitis B vaccinations, and one chicken pox vaccination

Rationale: Following nationally recommended immunization schedules helps safeguard and maintain the good health of children and adolescents, while also reducing overall healthcare costs.

Initiatives: Each month, we mail an immunization reminder notice to households in which a child is turning 12. In 2006, we conducted a telephonic reminder campaign during which messages were left explaining the importance of regular medical checkups and age-appropriate immunizations. We also published educational articles in our member and provider newsletters and our member magazine, including a schedule recommending well-care visits and immunizations.

Results: Scores for these measures increased across all BCBSRI plans in 2005, and were well above the national average.

ADOLESCENT IMMUNIZATION STATUS: HEPATITIS B

<table>
<thead>
<tr>
<th>Plan</th>
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</thead>
<tbody>
<tr>
<td>HealthMate</td>
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<tr>
<td>BlueCHIP Coordinated Health Plan</td>
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<tr>
<td>UnitedHealthcare of New England</td>
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<td>National Average, All Plans</td>
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</table>

ADOLESCENT IMMUNIZATION STATUS: CHICKEN POX

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<tr>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>BlueCHIP Coordinated Health Plan</td>
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<td>UnitedHealthcare of New England</td>
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<tr>
<td>National Average, All Plans</td>
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ADOLESCENT IMMUNIZATION STATUS: COMBINATION 2

<table>
<thead>
<tr>
<th>Plan</th>
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</thead>
<tbody>
<tr>
<td>HealthMate</td>
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<tr>
<td>BlueCHIP Coordinated Health Plan</td>
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<td>UnitedHealthcare of New England</td>
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</tr>
<tr>
<td>National Average, All Plans</td>
<td>54.7%</td>
<td></td>
</tr>
</tbody>
</table>

*HealthMate and Classic Blue results are combined.

* Source: Quality Compass 2005 and 2006. Quality Compass is a registered trademark of NCOA.
**Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life**

**Objective:** To increase the number of children aged 3 to 6 years who have annual well visits with their doctor.

**Rationale:** Annual well-child visits help safeguard and maintain children’s good health, while also reducing overall healthcare costs.

**Initiatives:** We published educational articles in our member and provider newsletters and our member magazine, as well as a schedule recommending well-care visits and immunizations. A telephonic reminder campaign was conducted during which messages were left explaining the importance of annual well-child exams at all households with children aged 3 to 6 and 12 to 21.

**Results:** Scores for this measure (percentage of one or more visits) were well above the national average.

| WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE |
|-----------------------------|-----------------|-----------------|
|                              | HealthMate*     | BlueChiP        |
| HealthMate*                  | 81.4% |     | 84.6% |     | 82.8% |     |
| BlueChiP Coordinated Health Plan |      |     | 83.6% |     |       |     |
| UnitedHealthcare of New England |      |     |       |     | 68.2% |     |
| National Average, All Plans  | 81.4% |     | 83.6% |     | 68.2% |     |

*HealthMate and Classic Blue results are combined.

**Behavioral Health and Substance Abuse**

It is estimated that at least 30 percent—and as much as 60 to 70 percent—of people with conditions such as heart disease, diabetes, high blood pressure, and asthma also have an accompanying behavioral health condition. As a healthcare partner, we recognize this link between physical and emotional health. To that end, we have attempted to pay special attention to the behavioral component of chronic diseases in all of our Disease Management programs.

**Antidepressant Medication Management: Optimal Practitioner Contacts**

**Objective:** To increase the number of members aged 18 years and older newly diagnosed with depression and treated with antidepressant medication who have at least three follow-up visits (one of which is with a prescribing practitioner) during the first 12 weeks of treatment.

**Rationale:** This measure assesses the adequacy of clinical management of new treatment episodes for adult members with a major depressive disorder. It is important for members to make and keep these appointments to help remind them of the serious complications that can occur as a result of abruptly stopping their medications. These visits also enable members to work with their providers on a dosage-adjustment plan.

**Initiatives:** In 2006, we began working with WellPoint®, our pharmacy benefits manager, to send notices to prescribers when patients do not refill their prescriptions for antidepressant medication for at least seven days. We also published educational articles in our member and provider newsletters and our member magazine.

**Results:** Scores for this measure increased across all BCBSRI plans in 2005 and were well above the national average.

<table>
<thead>
<tr>
<th>ANTIDEPRESSANT MEDICATION MANAGEMENT: OPTIMAL PRACTITIONER CONTACTS</th>
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<tbody>
<tr>
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<tr>
<td>HealthMate*</td>
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<td>BlueChiP Coordinated Health Plan</td>
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<tr>
<td>UnitedHealthcare of New England</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>25.3%</td>
</tr>
<tr>
<td>National Average, All Plans</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>21.3%</td>
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</tbody>
</table>

*HealthMate and Classic Blue results are combined.*
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment: Total Initiation

Objective: To increase the number of adolescent and adult members diagnosed with AOD dependence who initiate treatment through either an inpatient AOD admission or an outpatient service for AOD dependence with additional AOD services within two weeks.

Rationale: This measure provides an overview of members with an AOD dependence diagnosis and the extent to which the different levels of chemical dependency services (inpatient, outpatient, ambulatory) are utilized. There are more deaths, illnesses, and disabilities that result from substance abuse than from any other preventable health condition. Current levels of identification of AOD problems across the healthcare delivery system are acknowledged to be extremely low. Identifying members with AOD dependence and initiating treatment are critical first steps in the process of care.

Initiatives: We published educational articles in our member and provider newsletters and our member magazine.

Results: Scores for this measure increased across all BCBSRI plans in 2005 and were well above the national average.
Medical Management

Our Medical Management Department helps members access and use the healthcare system appropriately. Medical Management is staffed by clinicians (nurses, licensed clinical social workers, and board-certified physicians) and non-clinical support personnel. Their work has met national standards for performance excellence set by the American Accreditation HealthCare Commission/URAC, and the National Committee for Quality Assurance.

This team of dedicated professionals helps members regain good health in the most cost-effective ways possible. They do this through:

- Case management
- Disease management
- Utilization review
- Pay for performance
- Centers of excellence
- Behavioral healthcare

Case Management

Case management helps members who have a complex, chronic, or acute illness. By working with a member’s doctor, case managers help the member follow his or her doctor’s recommended plan of care. Case managers also answer members’ questions about their illnesses or medications, provide educational materials, and help members access much-needed community services.

Acting as a Patient Advocate

As part of the case management program, our clinical staff reaches out to members who may be undergoing an elective or scheduled surgical procedure or have experienced a hospitalization. Nurses make outbound calls to members or visit members in the hospital. This helps us to identify any gaps in, or barriers to, post-hospital care. We can then work with the attending physician to obtain the services necessary to ensure post-hospital needs are met, thus preventing complications.

Disease Management

In 2006, BCBSRI was recognized by the Disease Management Purchasing Consortium (DMPC) as one of 30 companies nationally with programs for chronic health conditions that produce a positive return on investment. DMPC is an industry leader and watchdog that supports the disease management and wellness efforts of more than 100 health plans, employers, and states.

Our disease management programs help members manage their chronic conditions, and provide education to encourage behavior change. Our programs address the most common chronic conditions that affect Americans: asthma, chronic obstructive pulmonary disease, diabetes, coronary artery disease, congestive heart failure, and depression.

The health professionals who manage these programs develop “interventions”—educational and behavioral tools, materials, and initiatives—that help members understand and effectively manage their conditions. Participation in a program is voluntary. Members may self refer to a program, be referred by their provider, or be identified through claims data.

Asthma Management Program

2006 interventions included:

- Adult asthma classes
- Semi-annual mailings to identified members with asthma
- Quarterly mailings to newly identified members with asthma
- Asthma kits, including a peak flow meter and spacer and Asthma Action Plan

“At BCBSRI, we understand the value of having an outside agency validate our savings methodology. We believe the Disease Management Purchasing Consortium has provided the validation necessary for purchasers to see the value of our disease management programs.”

– Dr. Augustine Manocchia, Chief Medical Officer, BCBSRI
• Quarterly profiles to providers with at-risk patients who are non-compliant with recommended medication regimen
• Case management (for members who qualified)

The Asthma Program Manager is also actively involved in the Rhode Island Asthma Coalition, which coordinates state-wide initiatives to decrease disparities in asthma care.

**Chronic Obstructive Pulmonary Disease (COPD) Management Program**

The COPD Management Program was initiated in 2006. Interventions included:

- Educational mailings to members identified with COPD
- Distribution of COPD self-management tool kits
- Provider interventions promoting Clinical Practice Guidelines and use of spirometry

**Diabetes Management Program**

2006 interventions included:

- Telephonic and mailed reminders to members who missed key tests and exams (such as an annual diabetic eye exam), with corresponding reminders going to primary care physicians (PCPs)
- Glucose Meter Training and Trade-In Programs at various locations throughout the state where members could exchange old or broken glucometers for new ones, get instruction on glucometer use, and participate in an educational session with a Certified Diabetes Educator
- Diabetes kits containing educational materials, self-management tools, a pill organizer, and a BCBSRI Benefit Guide sent to newly identified members with diabetes (and all other members with diabetes upon request)
- Regular identification of newly diagnosed members who were then invited to receive Telephonic Health Coaching
- Case management (for members who qualified)

**Coronary Artery Disease Program**

This program is for members who have experienced a cardiac event or have recently been prescribed cholesterol-lowering medication. The interventions that are offered depend on a member’s disease complexity and comorbidities.

2006 interventions included:

- Twelve months of telephonic counseling by our registered nurses and dietitians
- Healthy Heart brochure, pillbox, and medication tracking sheet
- Counting Cholesterol Down series of monthly mailings, including six newsletters, six tips sheets, and tools (a pillbox, measuring cups, pedometer, health manager notebook, soothing sounds CD, travel kit, and Healthy at Heart T-shirt)
- Cholesterol and Heart Health Mail Program including a series of five mailings with educational information and self-management tools
- Newsletter articles
- Case management (for members who qualified)

**Heart Failure Program**

The program interventions that we offer depend on the severity of a member’s heart failure. 2006 interventions included:

- Case management and telephonic counseling
- A welcome kit with booklet, video, pill box, weight logs, and medication tracking sheets
- Ten monthly newsletters
- Additional educational materials as appropriate for an individual patient
Depression Program

2006 interventions included:

• Mailings containing information on timely medication management to providers with patients on anti-depressant medications
• Depression Toolkits for primary care physicians and midlevel providers including a variety of educational materials that can be customized to individual provider needs
• Educational information for members provided upon request and through quarterly newsletters
• Confidential access to listings of behavioral health clinicians through BCBSRI customer service representatives

Utilization Review

Utilization review (UR) functions ensure that claims are paid only for services that are:

• Actually rendered
• Billed in compliance with applicable subscriber agreements
• Medically necessary

Also, these UR functions ensure that services are rendered in the most cost-effective settings available. This falls under the definition of medical necessity, which we include in all subscriber agreements and member certificates. UR also includes the recovery of dollars through subrogation cases and workers’ compensation, as appropriate.

Pay for Performance

We have developed a multifaceted pay-for-performance program for our providers that encourages quality patient care. One aspect of the program, begun in 2005, provides financial support for the adoption of electronic health record technology within physician offices.

We are also developing programs that reward physicians for more cost-effective prescribing patterns. One incentive program, which rewards providers for prescribing generic drugs whenever possible, is being piloted with some primary care groups. In support of this incentive program, we offer the MedVantx Generic Drug Delivery Network Program. This program provides physicians in our network with free, immediate access to generic medications via an ATM-like Sample Center™. This allows physicians to provide patients with 30-day samples of generic medications as a first-line therapy. Evidence-based therapeutic programs and patient education materials are included in the program. This provides a comprehensive approach to promoting generic medications at the point-of-care.

The MedVantx Generic Drug Delivery Network is designed to help reduce costs associated with the growing use of name-brand prescription medications. We are currently the only Rhode Island insurer participating in this program, which has been piloted in nine of our network’s larger group practices.

Centers of Excellence

We are working closely with the national Blue Cross and Blue Shield Association in awarding the “Blue Distinction” designation to selected hospitals. Each Blue Distinction Center is selected following a rigorous evaluation of clinical data that provides insight into the facility’s structures, processes, and outcomes of care. These nationally established criteria were developed with input from medical experts and organizations and support the consistent, objective assessment of specialty care capabilities.

The Blue Cross and Blue Shield Association currently designates three types of Blue Distinction specialty centers:

Blue Distinction Centers for Bariatric Surgery™ provide a full range of bariatric surgical care services, including inpatient care, post-

Medical Management (continued)
operative care, follow-up, and patient education. These facilities must meet stringent quality criteria established by expert physician panels, surgeons, behaviorists, and nutritionists. **Blue Distinction Centers for Cardiac Care** provide a full range of cardiac care services, including inpatient cardiac care, cardiac rehabilitation, cardiac catheterization (including percutaneous coronary interventions), and cardiac surgery (including coronary artery bypass graft surgery). These facilities must meet stringent quality criteria established by expert physician panels and national organizations.

**Blue Distinction Centers for Transplants** (BDCT) make up a national network of transplant centers that offer comprehensive services through a coordinated, streamlined referral management system. All of the centers in the BDCT network meet specific participation criteria that consider not only provider qualifications and program processes, but patient outcomes as well. These centers, in agreement with the BDCT, provide transplant services at favorable rates. The program examines eight transplant types:

- Heart
- Lung (deceased and living donor)
- Combination heart, bilateral lung, liver (deceased and living donor)
- Liver (deceased and living donor)
- Simultaneous pancreas kidney (SPK)
- Pancreas (PAK/PTA)
- Combination liver kidney
- Bone marrow/stem cell (autologous and allogeneic)
Behavioral Healthcare

Our extensive network of behavioral healthcare providers includes independent outpatient providers, community mental health centers, substance abuse facilities, and inpatient hospital providers. Members have access to intermediate care services that include intensive outpatient programs, partial hospitalization programs, adult intensive services, and child and family intensive treatment programs.

These intermediate care services provide a step down from inpatient care or a step up from standard outpatient treatment, as needed. Intermediate program goals focus on keeping the member in his or her community during treatment. Many patients can continue working by attending evening outpatient programs or partial hospitalization programs. By providing our members with access to an array of behavioral health services, we help them get the care they need in the most appropriate, least-restrictive setting.

We work closely with our behavioral healthcare manager, Beacon Health Strategies, LLC (BHS), to:

- **Perform utilization review services.** This ensures that services are medically necessary and rendered in the most cost-effective settings available.

- **Provide intensive case management services.** Case management helps members who have complex behavioral health issues manage their illness. By working with a member and his or her provider, case managers help the member follow his or her treatment plan. Also, case managers provide educational materials and help members access community services.

- **Make follow-up calls to members and providers after an inpatient stay or discharge from an intermediate care service.** These calls help ensure patients are following their recommended treatment plans and help BCBSRI meet Health Plan Employer Data and Information Set (HEDIS) standards.

BHS is committed to providing best-in-class programs that support cost-effective, high-quality care. BHS is both URAC- and NCQA-accredited as a managed behavioral health organization.

In 2007, BCBSRI will be working with our provider and physician partners to identify ways to integrate medical and behavioral healthcare. It is widely understood that “behavioral” issues are at the core of many medical illnesses such as obesity, hypertension, and cardiac diseases, to name a few. BCBSRI is looking for ways to ensure the “behavioral” components of these medical issues are addressed. We truly feel that in order to provide the highest quality of care for our members, medical and behavioral healthcare needs to be integrated.
“Quality is never an accident; it is always the result of intelligent effort.”

— John Ruskin, English Essayist and Critic
Preventive Health Screenings and Immunization Guidelines and Reminders

Articles in our quarterly member publications educate members on healthful behaviors. Each year, we include a chart of all recommended health screenings and immunizations by age group in our member magazine *Choices*, and in our BlueCHIP for Rite Care newsletter *To Your Health*.

Members in certain age groups also receive reminders, by mail or telephone, about important screenings and immunizations. Our preventive health recommendations are based on national standards of care, and many of our initiatives are designed to help improve our HEDIS scores.

In addition to articles in member publications, special interventions conducted in 2006 included:

- Breast and cervical cancer screening reminder calls to non-compliant women aged 21 to 69
- Colorectal cancer screening reminder calls to men aged 50 to 64
- Child and adolescent well-visit and immunization reminder calls to parents of children and adolescents up to age 21
- Women’s health brochure mailed to all women aged 16 to 64 enrolled in BlueCHIP Coordinated Health Plan and BlueCHIP for Rite Care

Little Steps® Programs

The Little Steps umbrella of programs offers support and education to parents, from pregnancy through the toddler years.

**The Little Steps Prenatal Program** offers support for parents expecting the birth of a child, even if it’s not their first pregnancy. Enrolled members receive information on prenatal care and valuable community resources, discounts on child safety products, and educational materials. Case management is available in high-risk situations.

**The Little Steps Newborn Program** offers educational brochures, immunization reminders, and discounts on baby and child safety products.

**The Little Steps Toddler Program** sends parents of children aged 12 to 24 months a newsletter with developmental information and healthcare reminders.

The best way to get and stay healthy is to receive recommended health screenings and make healthful lifestyle choices. We offer a number of programs that encourage members to get preventive care, eat healthfully, maintain a weight appropriate for their age and height, and exercise.
Community Wellness

Community wellness programs help fulfill BCBSRI’s social responsibility to the community by promoting health education and prevention at the grassroots level. The following programs help raise awareness about the importance of health education and prevention.

Wellness Van

The BCBSRI Wellness Van travels throughout the state, offering free programs and services to members and the community at large. In 2006, the Wellness Van’s programs included:

- Blood pressure, cholesterol, and glucose screenings
- Body composition and bone density testing
- DermaScan and sun safety programs
- Nutrition programs

Keeping Kids Healthy

All too often, the amount of physical activity children receive during a school day is less than ideal for developing bodies and minds. As health and wellness advocates, we realize that helping children be more active will help them stay healthy and have more energy for learning. To assist Rhode Island teachers and parents in improving physical activity levels and reducing sedentary lifestyles, BCBSRI offers the following free programs to all Rhode Island schools.

Feelin’ Good® Mileage Club

With the help of BCBSRI’s Feelin’ Good Mileage Club program, teachers can encourage and reward students for increasing their physical activity. This popular teacher-led walking program helps to boost the activity level of students in grades K through five.

Move, Groove, & Improve

This award-winning six-week program helps to increase the activity level of children aged six to 13. Participants complete daily activity logs and a program survey at the end of the six-week period to become eligible for prizes. This program was developed by BCBSRI in partnership with Kids First RI and the Rhode Island Department of Health. Move, Groove, & Improve is available online through BCBSRI.com. The objectives of the program are to create awareness of the importance and benefits of regular physical activity for children and help participants build a habit of regular physical activity that they can continue throughout their lives.
Wellness and Prevention Programs

Worksite Wellness
BCBSRI has been designing and implementing worksite wellness programs to help organizations improve the health and productivity of their employees for more than 20 years. Based on a number of client-specific information sources, BCBSRI offers a wide range of programs that use personal onsite interaction and a variety of promotional tools to motivate employees, increase productivity, and improve health.

BCBSRI is committed to helping both large and small employers in a broad spectrum of industries and settings address unnecessary utilization of the healthcare system, increase performance, and enhance staff morale by improving employee health. Through the Good Health Benefit® (GHB)* worksite wellness product, more than 5,000 Rhode Island-based BCBSRI employers have received wellness services.

To maximize the impact of our wellness solutions at the individual and organizational level, every client is assigned a dedicated health management consultant. The consultant guides the client throughout the journey from initial assessment to program design and delivery to final evaluation of their return on investment.

BCBSRI offers a comprehensive suite of programs through the GHB product. These programs can be delivered to participants in a variety of forms, including on-site workshops and multi-session programs and interactive mail and Web programs. BCBSRI also offers an array of multi-media, customizable communication tools that can be used to inform and educate participants.

The following is a sample of what BCBSRI can offer your worksite:
- Health risk assessments
- Comprehensive assessment of an organization’s health
- Employee health interest/perception surveys
- Print and Web-based health awareness campaigns
- Back care and exercise classes
- Nutrition and weight management programs
- Stress management programs
- Smoking cessation programs
- Self-care/healthcare utilization classes

MuniBlue
In 2006, we introduced MuniBlue, a service designed to help municipalities better manage their healthcare costs. MuniBlue is currently offered to municipalities at no additional charge. Each MuniBlue account is assigned a dedicated MuniBlue Advisor who provides guidance on a variety of healthcare topics, performs on-site coordination of BCBSRI programs and services, and offers health management seminars on self-care basics. Through MuniBlue, municipal employees are educated about personal health risks and encouraged to participate in BCBSRI’s health management programs.

BluePerks*
Through our BluePerks program, members get discounts on a variety of non-covered health products and services, including:
- Fitness center memberships
- Weight management programs
- Vitamins and natural supplements
- Safety products, such as bicycle helmets and medical alert bracelets

Members can learn more about these valuable discounts by logging on to BCBSRI.com.

*Not available with all plans
The more information our members have, the better prepared they’ll be to make decisions, obtain preventive care, and recognize when they or someone they love should seek medical assistance. We use a wide range of communications tools to provide our members—as well as employers and providers—with a steady flow of valuable information. We also reach out to the community through our annual Community Meeting and our Speakers Bureau.

**Choices Magazine**

Four times a year, members receive our award-winning member magazine, *Choices*, which is filled with healthful lifestyle information and news about important healthcare issues. Each issue also contains a *Member Update* insert that is specific to the member’s health plan. We use the *Member Update* inserts to:

- Encourage members to get recommended health screenings and preventive tests
- Promote healthful behaviors
- Provide benefit updates and health plan news
- Communicate messages required by regulatory and accreditation agencies

Brokers, labor leaders, and benefit administrators also receive *Updates*.

**Community Meeting**

Each year, BCBSRI hosts a Community Meeting to provide the public with the chance to ask questions and express concerns. The 2006 meeting, entitled "Today’s Healthcare Costs: Perspectives on Care, Coverage, and Quality," also gave Rhode Islanders the unique opportunity to hear about healthcare issues from a distinguished panel of industry experts. The panel included Karen Ignagni, President and CEO of America’s Health Insurance Plans, Christopher Koller, Rhode Island Health Insurance Commissioner, Ed Quinlan, President of the Hospital Association of Rhode Island, Kathleen Fitzgerald, M.D., Immediate Past President of the Rhode Island Medical Society, Laura Adams, President and CEO of the Rhode Island Quality Institute, and Jim Purcell, President and CEO of BCBSRI. The panel offered insights into what is being done at both the state and national levels to address the increasing cost of healthcare.

**BCBSRI.com**

Visitors to BCBSRI.com expect to find quality information and resources, and they do. The public can access many of the features on our site, while members, employers, and providers can visit special sections designed specifically for them. To protect the security of health information, many of our services require a unique user name and password.

A few examples of what our Web site offers are listed below.

**On BCBSRI.com, members can:**

- Save time with our self-service features. They can view benefits and copayment information, view claims and prescription drug history, request ID cards, and change their address.
- Take advantage of personalized health improvement programs and tools.
- Find health plan and benefit information.

**Employers can:**

- Save time, money, and paperwork by using Web-based enrollment.
- Download quarterly reports to track their company’s claims experience, identify trends, and view employee demographic information.
- Access important forms and materials.

**Providers can:**

- View the status of claims.
- View patient eligibility.
- Download forms and publications.
Quality Enhancements to BCBSRI.com

We are constantly updating the BCBSRI.com Web site to include more features and to make the site easier to use. Here are a few of the enhancements that were launched in 2006.

- **Member Home Page Redesign**
  The new design improves the user’s experience and access to information. For example, members are now presented with health-related articles based upon their areas of interest. These articles come from the library of Mayo Clinic articles that are featured on BCBSRI.com and “refresh” on a monthly basis.

- **Added Security**
  Users must now enter a password when making updates to their Web account (e.g., changing an e-mail address or secret question). In addition, an e-mail is now sent to members whenever they request a new ID card, change their mailing address, or change their e-mail address.

- **Improved Information Display**
  Users can now see a longer claims history. Also, the View Benefits page has been enhanced for members who have more than one coverage to call attention to the other coverages.

- **Increased Customization**
  Functionality has been added to provide more users with content applicable specifically to them. For example, for some large employer groups, we create customized member pages that include special phone numbers and benefit and summary booklets.

Web Site Recognition

In 2006, BCBSRI.com received three eHealthcare Leadership Awards. These awards recognize the best Web sites of healthcare companies and providers. From a field of 1,100 entries, BCBSRI.com received:

- A Gold Award for Best Overall Internet Site
• A Silver Award for Best Health/Healthcare Content
• A Silver Award for Best Site Design

In addition, BCBSRI.com was recognized as one of the five best insurance sites by the International Academy of Digital Arts and Sciences as part of the Webby Awards. The Webby Awards, also dubbed the “Online Oscars” by Time magazine, recognize and honor excellence in Web design, creativity, and functionality.

Today’s Healthcare Costs Newsletter

Where do healthcare dollars go?
Why does healthcare cost so much?
Why do healthcare premiums keep increasing every year?

Healthcare Costs is also available on BCBSRI.com. Topics covered in 2006 include secondhand smoke, electronic health records, and health illiteracy.

Community Wellness Event Calendars

Each month, we sponsor free health and wellness events across the state that provide the public with valuable health services and information. To help ensure all Rhode Islanders know about these events, we publish a monthly event calendar and distribute it to community centers and local media. The calendar can also be found on BCBSRI.com.

Speakers Bureau

Through our Speakers Bureau, our employees share their extensive knowledge on a wide range of healthcare topics with organizations throughout Rhode Island. Our stable of speakers includes all members of our senior management team. To promote this free program more actively, we have joined the majority of Rhode Island community chambers and begun using their newsletters as communication tools. The Speakers Bureau provides us with the opportunity to meet face-to-face with community members and educate them on important healthcare issues that concern us all.

To Your Health Newsletter

To help keep our BlueCHiP for Rite Care members well informed and healthy, we send them our To Your Health newsletter. To Your Health provides these members with valuable health information and tips, as well as important information about their BlueCHiP for Rite Care coverage.
Looking Ahead

At Blue Cross & Blue Shield of Rhode Island (BCBSRI), our commitment to quality is reflected in every aspect of our health plans, programs, and services. We’re proud of our achievements in 2006 and look forward to improving on those efforts in the years to come.

For more information about BCBSRI’s Quality Management Program, please call Lori Quaranta, Assistant Vice President, Quality Management Operations, at (401) 459-5520.
Quality is not an act, it is a habit.
– Aristotle