

**BLUE CROSS ACO CONTRACT
CHC IMPROVEMENT INITIATIVES**

As part of the Blue Cross Commercial ACO contract with Chicago Health Colleagues, CHC must have initiatives around the four areas in the chart below that positively impact cost while holding quality constant. In addition, for Years 2 and 3 of the contract, Chicago Health Colleagues identify two additional initiatives that positively impact cost, while holding quality constant.

Generic RX	ACO Entity agrees to appropriately manage the use of prescription drug benefits for ACO Members assigned to ACO Entity, as applicable for the particular Network Product, and increase the appropriate use of generic drugs in accordance with accepted standards of quality and necessity of medical care.
	The performance measured compares the percentage of generic drugs prescribed during the Measurement Period to the percentage of generic drugs prescribed during Baseline Period.
Diagnostic Imaging	ACO Entity agrees to appropriately reduce the provision of outpatient diagnostic imaging procedures performed in a hospital setting for ACO Members assigned to ACO Entity, as applicable for the particular Network Product, in accordance with accepted standards of quality and necessity of medical care, by redirecting services to professional settings, in accordance with accepted standards of quality and necessity of medical care.
	The performance measured compares the procedures per thousand rate of diagnostic procedures performed in the hospital setting during the Measurement Period to the procedures per thousand rate of diagnostic procedures performed in the hospital setting during the during Baseline Period.
Laboratory Services	ACO Entity agrees to appropriately reduce the provision of outpatient laboratory procedures performed in a hospital setting for ACO Members assigned to ACO Entity, as applicable for the particular Network Product, in accordance with accepted standards of quality and necessity of medical care, by redirecting services to professional settings, in accordance with accepted standards of quality and necessity of medical care.
	The performance measured compares the procedures per thousand rate of laboratory procedures performed in the hospital setting during the Measurement Period to the procedures per thousand rate of diagnostic procedures performed in the hospital setting during the during Baseline Period. If ACO Entity is already at 90% or greater of laboratory procedures per thousand rate performed outside of the hospital setting this measure is satisfied.
Emergency Room Use	ACO Entity agrees to appropriately reduce emergency room (ER) utilization for ACO Members assigned to ACO Entity, as applicable for the particular Network Product, in accordance with accepted standards of quality and necessity of medical care.
	The performance measured compares the visits per thousand rate for ER visits during the Measurement Period to the visits per thousand rate for ER visits during the during Baseline Period.

Reduce Healthcare Disparities	<p>ACO Entity agrees to address healthcare disparities as it relates to ACO Members assigned to ACO Entity with diabetes, asthma and hypertension. For the ACO Members assigned to ACO Entity, the ACO agrees to:</p> <ol style="list-style-type: none"> 1) Assess race/ethnicity using direct data collection or indirect methods and roll up the rate/ethnicity data to Office of Management and Budget (OMB) categories and the language needs of the population; 2) Stratify the data by race/ethnicity and language for the ACO Members assigned to ACO Entity who have a diagnosis of diabetes, asthma and / or hypertension to identify potential health care disparities; 3) Use the data to improve care and reduce health care disparities as measured by: <ul style="list-style-type: none"> • HbA1c Control (<8%) for ACO Members with diabetes • Medication Management for ACO Members with asthma (at least 75% of the treatment period) • Blood pressure control (< 140/90 mm hg) for ACO Members 18-59 years of age with hypertension. 		
	<p>The performance measure is the assessment and collection of data pertaining to language needs of ACO Members and race/ethnicity related needs, and the utilization of such data to improve outcomes and reduce healthcare disparities.</p>		
	<p>Complete an assessment of race/ethnicity needs of ACO Members aligned with or consistent with Office of Management and Budget (OMB) categories and the language preference of ACO Members.</p>	<p>Stratify the data by race/ethnicity and language for ACO Members who have a diagnosis of diabetes, asthma and/or hypertension to identify potential health care disparities and assess the following items for the baseline period:</p> <ul style="list-style-type: none"> • HbA1c Control (<8%) for ACO Members with Diabetes • Medication Management for ACO Members with Asthma (at least 75% of the treatment period) • Blood Pressure Control (<140/90 mm hg) for ACO Members 18-59 years of age with hypertension 	<ul style="list-style-type: none"> • Improve HbA1c Control (<8%) for ACO Members with Diabetes compared to the baseline period • Improve Medication Management for ACO Members with Asthma (at least 75% of the treatment period) compared to the baseline period • Improve Blood Pressure Control (<140/90 mm hg) for ACO Members 18-59 years of age with Hypertension compared to the baseline period