

Blue Cross and Blue Shield of Kansas City
Health Policy and Quality Committee Charter
Amended and Restated by the Board on April 27, 2016

Health Policy and Quality Committee Charter

PURPOSE

The purpose of the Health Policy and Quality committee is to provide oversight of strategic input to health policy and quality issues and value of services for Blue Cross and Blue Shield of Kansas City. This committee is charged with overseeing the establishment and integration of the Quality Management Programs and measurement of quality programs on a regular basis. The ultimate goal of HPQC is to assist Blue KC to maximize the value of healthcare received in Blue Plans. Specifically, this Committee seeks to: improve the overall health of our members, improve the member experience of care, lower the cost of care, and improve provider satisfaction in caring for Blue KC members.

AUTHORITY

The Health Policy and Quality Committee derives its authority from the Bylaws of the Corporation, which provide that the primary responsibilities of the Health Policy and Quality Committee shall include but not be limited to review of the following:

1. Quality of care issues
2. Network management
3. Performance based monitoring of hospitals and physicians
4. Enhance Plan hospital and physician relationships
5. Strategic initiatives to drive desired changes in the health care delivery system as is defined in the Purpose paragraph above.

COMPOSITION

The Health Policy and Quality Committee shall be composed of a minimum of three (3) members (but no maximum) made up of both physician and non physician members of the Board of Directors. **The Committee shall be made up of a majority of independent directors.** All physician members of the Board of Directors shall be members of this committee. The Chairman of the Board shall be an ex-officio member of the Health Policy and Quality Committee. Members of this committee and its chairman shall be appointed by the Chairman of the Board with ratification by the Board at the Annual Meeting.

MEETINGS

The Committee will meet at least four times a year, with authority to convene additional meetings as circumstances require. All Committee members are expected to attend each meeting, in person. Occasional participation via tele- or video-conference is permitted; however, in person attendance is preferred. Minutes will be prepared for approval.

RESPONSIBILITIES

The Committee will carry out the following responsibilities:

1. Provide final approval of the corporate Quality Management Program on behalf of the Board of Directors.
2. Provides clinical direction and guidelines in such areas of transitional care management in keeping with corporate strategic goals, enhancement on quality of patient care, and feasibility in the private practitioner's office.
3. Approve the Annual Evaluations and Work Plans for Quality Management Programs for BCBSKC and its subsidiaries.
4. Monitor quality management activities to comply with the quality goals of each program as well as the overall corporate strategy and objectives of BCBSKC.
5. Recommend appropriate actions to improve quality of care and/or service.
6. Make policy recommendations in relation to questions arising from the health plans or subsidiaries.
7. Ensure that the Quality Management goals are consistent with the highest standards of medical care as well as the business goals of BCBSKC.
8. Represent BCBSKC to the provider community and provide feedback to the Board of Directors on provider concerns, perceptions and other issues.
9. Monitor and have oversight of network management and value based care reimbursement strategies as they relate to physicians, relationships with physicians and hospitals, and provider contract compliance.
10. Assist management in implementing new concepts and technology in the medical community and in keeping the full board informed of pertinent issues.
11. Serve as the "governing body" of BCBSKC for purposes of URAC and NCQA accreditation.

Reporting Responsibilities

1. This committee will regularly report to the Board of Directors about Committee activities, issues and related recommendations.
2. Provide an open avenue of communication between the medical and hospital community, management and the Board of Directors.
3. Review any other reports the company issues that relate to Committee responsibilities.

Approved by the Board on December 4, 2002
Reaffirmed by the Board on May 12, 2004
Reaffirmed by the Board on May 18, 2005
Reaffirmed by the Board on May 17, 2006
Reaffirmed by the Board on May 16, 2007
Amended and Reaffirmed by the Board on May 22, 2013
Amended and Restated by the Board on July 30, 2015
Amended and Restated by the Board on April 27, 2015