BCBS Association Policy DTR Project

ITILITI HEALTH

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The Problem We Set Out to Solve

- **The BCBS federation creates a unique governance opportunity**
  - 32 independent plans each building DTR from scratch = duplicative cost and inconsistent provider experience
  - Centralize the build; preserve local autonomy

Why Policy Digitization Is the Right Intervention

- **A DTR questionnaire is only as good as the policy beneath it**
  - Most plans still store clinical policy as PDFs, HTML pages, or spreadsheets — unstructured and unmachined
  - Questionnaires authored from memory — rather than from coded policy logic — introduce clinical drift and inconsistency
- **Rules-based digitization preserves clinical integrity — AI does not**
  - Clinical criteria must remain exactly as intended — accurate, auditable, and updateable
  - In a regulated UM environment, “close enough” is not acceptable — it creates liability
- **Digitized policy becomes a strategic asset, not just a compliance output**
  - Enables real-time decision support, faster policy updates, consistent provider experience across plans
  - Central authorship + federated distribution

What This Means for Plans The Replicable Playbook

- **Layer 1: Centralize policy digitization**
  - BCBSA authors and maintains the reference policy library in structured, machine-readable format
  - Eliminates ~700 duplicative builds across independent plans
- **Layer 2: Generate DTR questionnaires from coded policy**
  - Itiliti Criteria Builder produces FHIR-compliant questionnaires directly from digitized policy logic
  - Policy updates propagate to questionnaires — no manual rebuild required
- **Layer 3: Federate with local governance guardrails**
  - Plans subscribe to standardized questionnaires; local review-and-approve workflow before go-live
  - Local clinical criteria variations accommodated; standard format and logic structure preserved

BCBSA - Centralizing And Standardizing Questionnaires

- ~700 policies created and managed by BCBSA

Requirements:

- ✓ Digitization of the policies for use by all plans
- ✓ Create DTR questionnaires for each policy
  - ✓ Ensure 100% preservation of clinical criteria
- ✓ Provide method of updating human readable policies and DTR questionnaires in common system

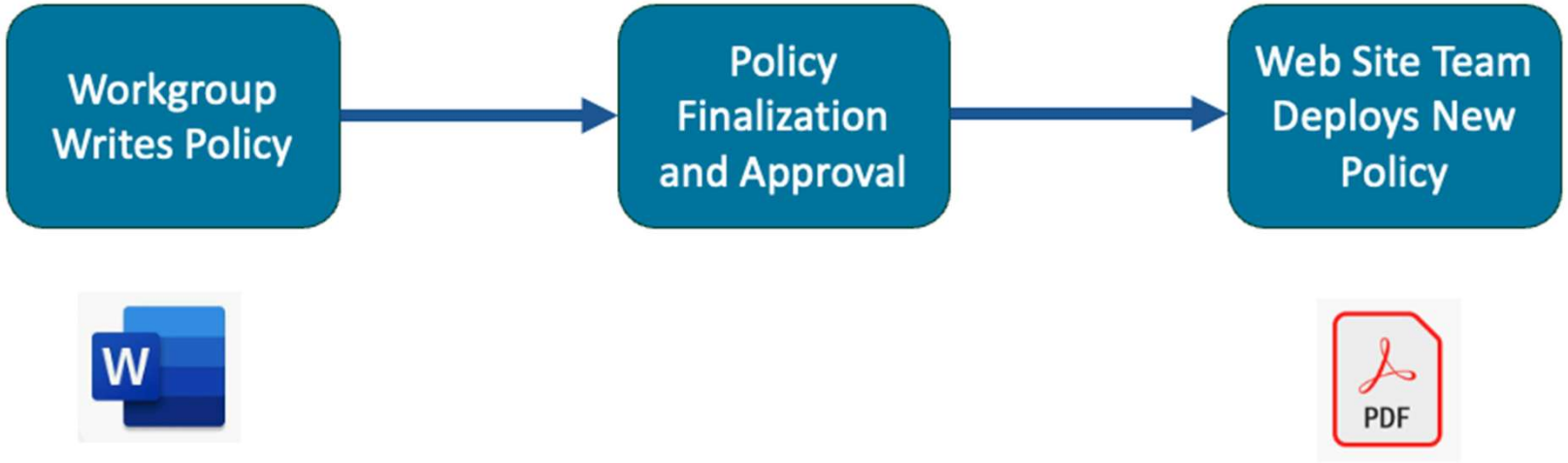
BCBSA - Centralizing And Standardizing Questionnaires

Approach:

- Leverage Itiliti Health Policy Management to deconstruct HTML policies into digitized structured format
- Utilize Itiliti Health Criteria Builder to author companion DTR questionnaires for each policy
- Ensure fidelity between policy criteria and questionnaire
- Distribute policies and questionnaires to BCBS plans
  - ✓ HTML and Questionnaire in FHIR JSON

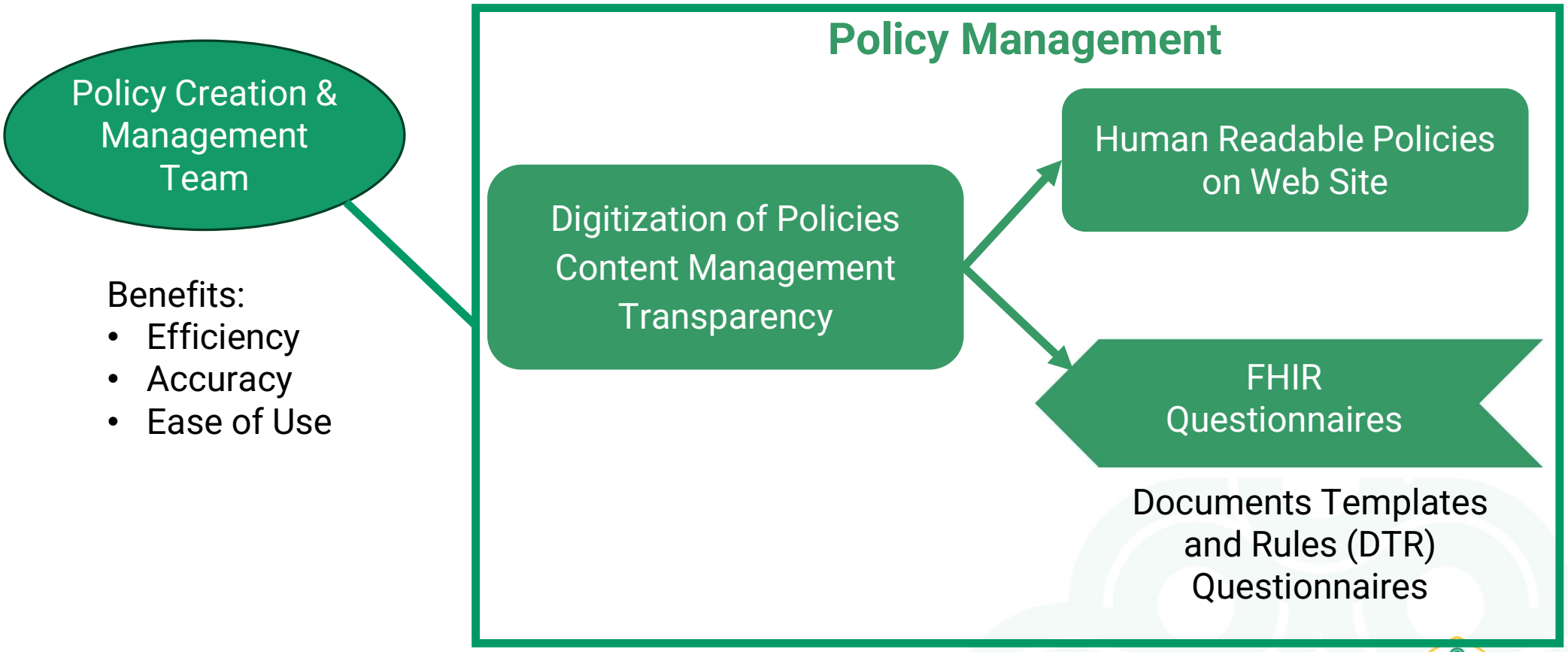
    OR
  - ✓ Itiliti Health Policy Management Affiliate product providing APIs and Editing

Typical Policy Creation / Editing Workflow



- Challenges
  - Versioning
  - Effective dates
  - Approvals
  - Auditability
  - Efficiency
  - Ease of finding policies

Payer Opportunity – Process Redesign with Added Benefits



Individual Medicare Employer Provider

BlueCross BlueShield of Alabama

We cover what matters.

Policies and criteria also shown in public web site

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BlueCross BlueShield of Alabama

Medical Policies

Keyword

Enter keywords...

Programs

Select

Procedure Code

Enter procedure code...

Policy Status

☑ Final ☐ Draft

Policy Date

05/12/2025

SUBMIT

Policy #	Policy Name	Effective Dates	Version	Status
003	Negative Pressure Wound Thera…	01/01/2023	v001	Final
004	Minimally Invasive Approaches to…	01/01/2023	v001	Final
006	Thoracic-Lumbo-Sacral Orthosis …	01/01/2023	v001	Final
008	Adjustable Cranial Orthoses for P…	01/01/2023	v001	Final
015	Sympathetic Therapy and Bioelec…	01/01/2023	v001	Final
016	Ultrasounds in Pregnancy	01/01/2023	v001	Final

Print

Policy Number:	517		
Policy Name:	Lumbar Spinal Fusion Surgery		
Policy Type:	Medical	**Policy Subtype:**	Musculoskeletal
Effective Date:	01-01-2023	**Last Review Date:**	10-01-2024

NOTE: These criteria only apply to individuals aged 18 years and older.

Medical clearance is required for individuals with moderate to severe co-morbid conditions (e.g., cardiac disease, pulmonary disease, or diabetes) for assessment of pre-surgical risk and/or individual's ability for compliance with postoperative rehabilitation activities.

POLICY

Lumbar spinal fusion surgery may be considered medically necessary for ANY of the following indications regardless of smoking status:

1. Emergency Situations
    a. Acute spinal fractures of less than three months duration with instability resulting in neural compression or spinal dislocation; or
    b. Trauma (e.g., motor vehicle collisions, vertical fall)
    c. Rapidly progressive symptoms of motor loss, neurogenic claudication, or cauda equina syndrome.
2. Tumors
    a. Primary spinal tumor(s); or
    b. Metastasis to the spine; or
    c. Abscess or other growth creating a mass affect that damages or displaces the spine/spinal cord /nerves.
3. Infections affecting the spine (e.g., spinal tuberculosis, vertebral osteomyelitis, discitis).

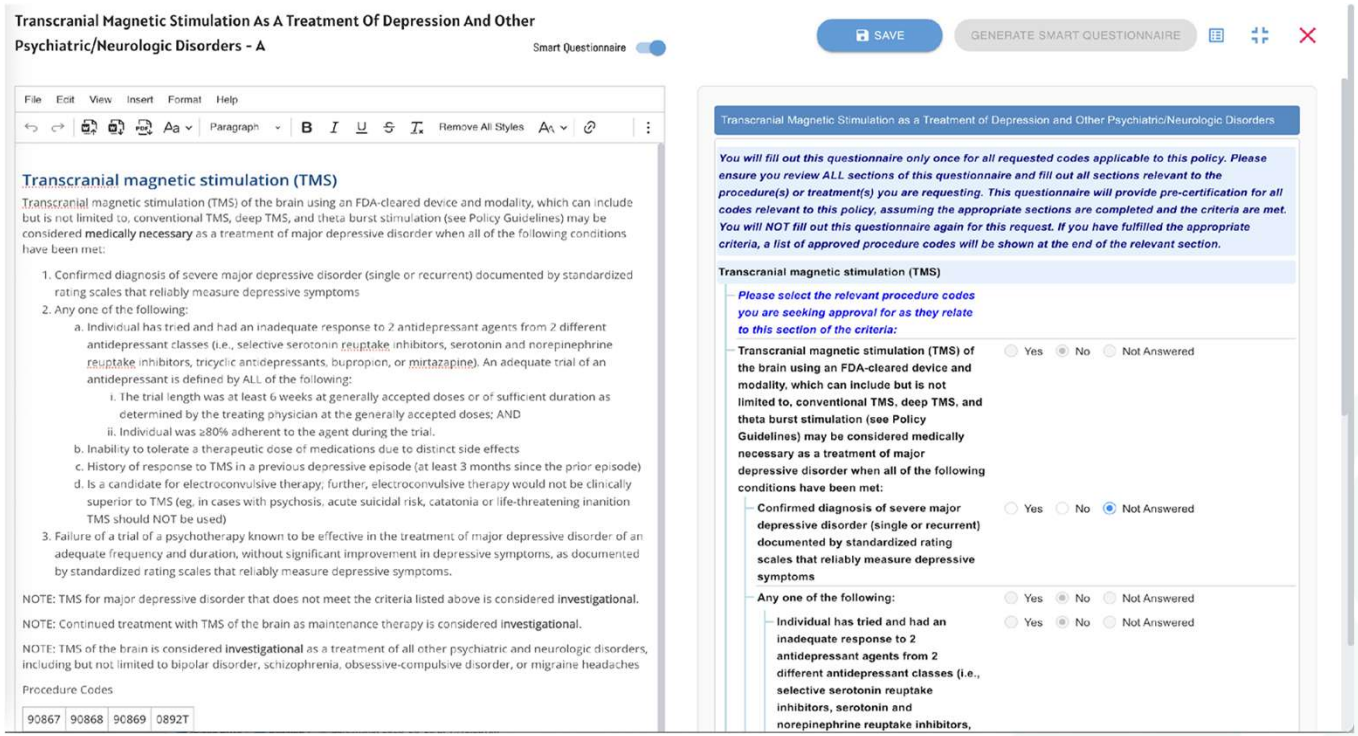
Lumbar spinal fusion surgery may be considered medically necessary when a statement is provided from the physician that the individual is a non-smoker OR the individual will refrain from smoking for eight weeks prior to the planned surgery for ANY of the following indications:

NOTE: Smoking cessation applies to smoking of tobacco products (e.g., cigarettes, cigars, and/or pipe)

1. Degenerative disc disease (DDD) of the lumbar spine in the absence of instability when ALL of the following apply:

Questionnaire Creation

Itiliti Health Criteria Builder creates FHIR questionnaires based on criteria.



Payer Customer Policy Management Feedback

- **Workflow Integration**
  - *"Being able to integrate workflows amongst different HCE teams will produce a **better user experience for members**."*
- **Formatting & Standardization**
  - *"The formatting is **so much better**. Easier to **keep things standardized** across all policies with the updates to CK Editor. Our policies look so much cleaner."*
  - *"The formatting process is **quick and easy** when transferring from other documents."*
  - *"**Spend less time** in the format stage when making simple edits."*
- **Efficiency & Simplification**
  - *"Not having to edit styling with HTML behind the scenes has **cut down on our administrative burden**."*
  - *"The draft policy process has been **simplified**."*
  - *"The ability to manage questionnaires and policies **in the same system** will be helpful in the future."*

Payer Customer Policy Management Feedback, Continued

- **Automation & Linking**
  - *"The **system links entered CPT codes to the policy** without the need to manually create a table."*
  - *"New codes are **easy to add** due to them being **automatically loaded** in Itiliti."*
- **Quality Assurance**
  - *"**QA** of the policies are **more efficient** as we can easily see what has changed and QA."*
  - *"We are able to **access each piece of the policy** rather than having to scroll through the document to find information to update/QA."*
- **Version Control & Scheduling**
  - *"**Easy access to previous policy versions** helps to follow historical changes and provides **quick reference**."*
  - *"The ability to schedule policy publications in advance helps with planning and **reduces** the **risk** of missing a deadline."*
  - *"We are able to create versions of policies which allows us to have a **draft and final version of policies available**."*

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Thank you

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