



**2011 Quality Improvement Program Evaluation:  
Executive Summary**

This Executive Summary highlights the overall effectiveness and key accomplishments of the Health Care Service Corporation, Inc. 2011 annual evaluation of the Quality Improvement and Utilization Management programs.

**2011 Accomplishments**

1. Successfully implemented the Behavioral Health Care Management program including customer service functions and Clinical Operations (i.e., Utilization Management, Case Management).
2. Strategically partnered with BCBSTX to achieve URAC CM accreditation, and with BCBSNM to achieve NCQA Health Plan accreditation.
3. Achieved a high level of member satisfaction with 93% overall satisfaction in wave 1 and 92% overall satisfaction in wave 2.
4. Achieved a high level of provider satisfaction with an 86% overall satisfaction rate.
5. Achieved excellent telephone accessibility with average speed of answer of less than 25 seconds and abandonment rate of less than 2% for Q2, Q3, and Q4.
6. Effectively ensured access and availability to culturally and linguistically appropriate behavioral health services as evidenced by use of non-English Language Line, having a large volume of non-English speaking provider/service sites offered, and receiving no complaints regarding access to care, non-English availability, or cultural competence of the provider.
7. Improved access and availability to behavioral health services by expanding the provider network by 8.6% and the facility network by 4.2%.
8. Achieved goal of  $\leq 10\%$  readmission rate to Inpatient MH/CD with readmission rates for HCSC being below 9% for Q1, Q2, and Q3 as reflected by paid-claims data.
9. Improved rate of PCP Coordination across Q1, Q2, and Q3, and surpassed the goal of 90% PCP Coordination in Q4 with rate of 92.4%.
10. Exceeded the 90% complaint timeliness resolution goal in Q3 and Q4 for Quality of Service complaints and in all four quarters for Quality of Care complaints.
11. Achieved the 90% timely resolution goal for Adverse Incidents in Q2, Q3, and Q4.
12. Implemented a Patient Safety Program and observed a positive outcome with 61% of the members contacted.
13. Improved processing of expedited clinical appeals and surpassed the 90% goal in Q3 and Q4.
14. Successfully established three quality improvement projects focused on improving clinical and case management performance.
15. Denial Letter Timeliness quality improvement project resulted in significant improvement from Q2 (74%) to Q3 (95%) and Q4 (95%).

## **Program Focus for 2012**

Based on the review of the 2011 program goals, an increased understanding of barriers to improvement, and attention to lessons learned during the year, the following primary areas for focus of the HCSC BH QI Work Plan for 2012 include:

1. Successfully achieve independent URAC accreditation for UM;
2. Maintain high level of satisfaction among providers and members;
3. Increase the rate of 7-day and 30-day ambulatory follow-up after psychiatric hospitalization for mental health and substance abuse;
4. Enhance the patient safety program;
5. Continue to monitor member accessibility and availability to the full range of behavioral health services through member satisfaction ratings and complaint assessment;
6. Increase Case Management member enrollment and successful program completion;
7. Reduce accidental/inadvertent disclosures of personal health information (PHI) and sensitive personal information (SPI);
8. Improve the integrated delivery of behavioral health and medical care to members with co-morbid conditions;
9. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers, and customers;
10. Demonstrate improved outcomes in behavioral health care and service to members;
11. Ensure the BH Care Management program is compliant with, and responsive to, applicable requirements of health benefit plan sponsors, federal and state regulators, and appropriate certification or accreditation entities;
12. Increase the knowledge and skill bases of BH staff across functional areas;
13. Foster a supportive environment that encourages behavioral health providers to improve the safety of their practice;
14. Focus continuous quality improvement efforts on those priority areas defined in the annual BH QI Work Plan that are aimed at improving member experience, member satisfaction and member health and wellness; and
15. Incorporate the NCQA and URAC standards to ensure the BH Program's approach meets the cultural and linguistic needs of the membership.