



**2012 Quality Improvement Program Evaluation:
Executive Summary**

This Executive Summary provides an analysis and evaluation of the overall effectiveness and key accomplishments of the Health Care Service Corporation, Inc. as described in detail in the 2012 annual evaluation of the Quality Improvement and Utilization Management programs.

2012 Accomplishments

1. Achieved URAC Full (3-year) Accreditation. Scored a perfect 100% with credit for 3 leading indicators and received high praise for the level of organization of staff training files and overall presentation of evidence.
2. Continued to achieve a high level of member satisfaction with members expressing 96% overall satisfaction with the BH program for 2012, a statistically significant increase over the 92% overall satisfaction for 2011.
3. Continued to achieve a high level of provider satisfaction for 2012 with an 89% overall satisfaction rate expressed by providers, an increase of 3 percentage points from 2011.
4. Continued to achieve excellent telephone accessibility for members with an average speed of answer (ASA) of less than 25 seconds and abandonment rate of less than 2% for all four quarters of 2012. Provider telephone access was also excellent, meeting both ASA and abandonment rate standards for all quarters except Q1, when ASA was 6 seconds above the standard of 60 seconds.
5. Effectively ensured access and availability to culturally and linguistically appropriate behavioral health services as evidenced by use of non-English Language Line Service, having a large volume of non-English speaking provider/service sites offered, and receiving no complaints regarding access to care, non-English availability, or the cultural competence of the provider.
6. Improved access and availability to behavioral health services by expanding the professional practitioner network by 5.2% and the facility network by 11.7%.
7. Exceeded the 90% target for PCP Coordination in Q2, Q3, and Q4. (Beginning in Q3, the audit process was modified to give a measurement for addressing coordination of care in both the initial and concurrent review process separately.)
8. Achieved 100% compliance for complaint timeliness resolution all four (4) quarters for both Quality of Service complaints and Quality of Care complaints.
9. Achieved 100% compliance for timely resolution of Adverse Incidents all four (4) quarters.
10. Continued the Patient Safety Program and achieved a positive outcome for over 93% of the members contacted all four (4) quarters.
11. Improved processing of standard clinical appeals and surpassed the 90% goal in Q2, Q3 and Q4.
12. The Denial Letter Timeliness quality improvement project continued to meet the 90% compliance goal for four (4) consecutive quarters and was retired in Q3.
13. The Improving Case Management Enrollment/Engagement Rate quality improvement project improved to a performance level above the 80% target 3 out of 4 quarters in 2012.

Program Focus for 2013

Based on the review of the 2012 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 2013 include:

1. Successfully achieve URAC re-accreditation for CM in partnership with BCBSTX;
2. Maintain the 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. Review the Patient Safety Quality Improvement Program measures to identify additional indicators that can be monitored or re-set the project goal;
5. Continue to monitor member accessibility and availability to the full range of behavioral health services through member satisfaction ratings and complaint assessment;
6. Implement use of SF-12 measurement results to establish outcome measure baseline to identify targeted improvements affected by the Case Management program;
7. Ensure appropriate safeguarding of member 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;
15. Incorporate the NCQA and URAC standards to ensure the BH Program's approach meets the cultural and linguistic needs of the membership; and
16. Prepare to meet the challenges of the implementation of the Health Insurance Exchanges.