



**2013 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 2013 annual evaluation of the Quality Improvement and Utilization Management programs.

2013 Accomplishments

1. Received the 2013 URAC Best Practices Bronze award for the development of and positive outcomes related to our Integrated Approach to Addressing Medical and Behavioral Comorbidity with a Managed Care Organization population.
2. Received a Blue Cross and Blue Shield Association Blue Apple award in Oct 2013 for Follow-Up After Hospitalization rates that increased greater than 10% for the BCBS NM plan from 2011-2012.
3. Achieved a three year URAC Case Management Accreditation with a perfect score (100%).
4. Completed transfer of all clinical personnel training files to digital format.
5. Implemented BH Care Coordination Early Intervention (CCEI) program to enhance care coordination for high risk members.
6. Implemented a Health Care Disparities workgroup to focus on underserved populations such as the American Indian and Hispanic populations which resulted in the expansion of the newly implemented Care Coordination Early Intervention (CCEI) program to better serve these populations.
7. Implementation of the Autism Response Team (ART) and Eating Disorder workgroup to provide specialized services to members and specialized training and education to BH care staff.
8. Demonstrated improved outcomes resulting from the BH Case Management programs through use of the SF-12 Health Survey data.
9. Obtained approval and funding to support the expansion of the SF12 Health Survey into Medical Program areas to improve data collection for outcomes measurement.
10. Met targets for HCSC member telephone access average speed of answer (ASA) 3 of 4 quarters, with the one quarter above target only missing by 0.3 seconds. Abandonment rate was below the 5% target for HCSC overall and all 4 plans for 2013, as well.
11. Maintained overall satisfaction ratings from members with an average survey score of 94.8% for IL, NM, OK and TX plans. No plan membership gave a rating of less than 93%.
12. Overall satisfaction rating from providers improved by five (5) percentage points for HCSC, and NM provider satisfaction improved by fourteen (14) percentage points from 76% to 90%. No plan's providers rated overall satisfaction below 89%.
13. Achieved a net gain of 1% in the number of professionals in our provider networks for 2013 leading to an overall net gain of >16% since 2011.
14. Exceeded the 90% target for PCP Coordination for all quarters in 2013.
15. Achieved 100% compliance for timely resolution of Adverse Incidents all quarters 2013.
16. The Patient Safety Program achieved a positive outcome for over 95% of the members contacted all four (4) quarters.

Program Focus for 2014

Based on the review of the 2013 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 2014 include:

1. Successfully achieve NCQA Health Plan re-accreditation in partnership with BCBSNM;
2. Achieve successful implementation of government programs for NM Centennial Care, Medicare Medicaid Alignment Initiative/Integrated Care Program in IL and the Affordable Care Act Exchange programs.
3. Maintain the high level of satisfaction among providers and members;
4. Increase the rate of 7-day and 30-day ambulatory follow-up after psychiatric hospitalization for mental health;
5. Successful implementation and expansion of the SF-12 Survey into Medical Program areas in order to improve outcome measurement and integration and co-management of BH and Medical case management programs.
6. Continue to monitor member accessibility and availability to the full range of behavioral health services through member satisfaction ratings and complaint assessment;
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. Develop and post a coordination of care template on the plan websites that providers can use to send and receive updates about members to ensure the member care is being appropriately coordinated;
10. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers, and customers;
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.