



BlueCross BlueShield of New Mexico

2014 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 2014 annual evaluation of the Quality Improvement and Utilization Management programs.

2014 Accomplishments

1. Implemented government programs for NM Centennial Care, Medicare Medicaid Alignment Initiative/Integrated Care Program/Federal Health Plan (FHP) in IL and the Affordable Care Act Exchange programs.
2. Achieved a three year NM NCQA Accreditation, in partnership with BCBSNM.
3. Implemented Complaints and Adverse Incidents rounds to facilitate improved communication between quality staff and medical directors.
4. Demonstrated improved outcomes resulting from the BH Case Management programs through use of the SF-12 Health Survey data.
5. Expanded 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. Implemented collaborative project (and formal QIP) with Special Beginnings program to improve co-management of the SB at-risk population.
7. Converted to Enterprise policies with Medical Management for all plans across the Enterprise.
8. Reviewed and updated all BH Standard Operating Procedures and developed new procedures for managing In-Network Exceptions and Single Case Agreements.
9. Sustained a high level of overall member satisfaction (96%) with BCBS Behavioral Health for the 3rd consecutive year.
10. Received First Place Award for HCSC Regulatory and Compliance Campaign Poster promoting "Ethics: Pass It On."
11. Partnered in the successful completion of six (6) Utilization Review Agent (URA) certificate renewals with BCBSTX and one (1) with BCBSOK.
12. Incorporated BCBSMT into the BH utilization and case management programs.
13. Completed Lovelace acquisition transition in July 2014.
14. Developed and successfully released Autism web content on Blue Access for Members.
15. Played instrumental role in successful Enterprise implementation of Mental Health Parity Equity and Addiction Act (MHPAEA) Final Rule.
16. Developed and launched a workgroup and ultimately partnered with the MHPAEA Project Team as co-business leads to secure funding for Phase I Psychological/Neuropsychological Testing Authorization Program (PNTAP).
17. Created the Repetitive Transcranial Magnetic Stimulation (rTMS) medical policy, including medical necessity criteria, and successfully implemented process to authorize requested services.
18. Presented Successful Outcomes of a Fully Integrated Medical and Behavioral Health Program to the Blue Cross Blue Shield Association during the annual Blue Summit in May.
19. Expanded Onsite Behavioral Health Care Management Program to 34 facilities in IL and TX.
20. Implemented a revised HCSC Mental Health Policy.
21. Added iExchange IOP request enhancements in September 2014.
22. Revised Clinical Intelligence Rules (CIR) and developed new BH-specific CIRs that were submitted to MEDecision in September.
23. Expanded BH Care Coordination Early Intervention (CCEI) program in April to include RTC and PHP for Health Care Disparity (HCD) groups.
24. Collaborated with the Operational Reporting team in October to decommission unused reports and identify reports to migrate to On-Par.

25. Completed a six month FEP incentive pilot program with 14 facilities targeting improvement in the 7-day Follow-up after Inpatient Hospitalization for Mental Health rate that resulted in increased follow-up rates for 9 facilities.
26. Implemented specialty programs in case management department, including Active Specialty Management and Longitudinal Case Management.
27. Maintained high level of overall provider satisfaction (93%), with an increase for NM (90% to 92%) and OK (89% to 94%).
28. Submitted application (December) for 2015 renewal of independent URAC Health Utilization Management accreditation.
29. Exceeded the 90% target for PCP Coordination for all quarters in 2014.
30. The Patient Safety Program achieved a positive outcome for over 95% of the members contacted all four (4) quarters.

Program Focus for 2015

Based on the review of the 2014 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 2015 include:

1. Successfully achieve NCQA Health Plan accreditation in partnership with TX Retail;
2. Successfully achieve independent URAC HUM re-accreditation;
3. Submit desktop evidence for URAC CM re-accreditation in partnership with TX medical, all FEP states and TX Commercial;
4. Submit application for independent NCQA UM certification;
5. Submit BH materials for The Most Ethical Company in the World Award;
6. Maintain the high level of satisfaction among providers and members;
7. Increase the rate of 7-day and 30-day ambulatory follow-up after psychiatric hospitalization for mental health;
8. Continue to monitor member accessibility and availability to the full range of behavioral health services through member satisfaction ratings and complaint assessment;
9. Ensure appropriate safeguarding of member personal health information (PHI) and sensitive personal information (SPI);
10. Improve the integrated delivery of behavioral health and medical care to members with co-morbid conditions;
11. 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 member care is being appropriately coordinated;
12. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers, and customers;
13. 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;
14. Increase the knowledge and skill bases of BH staff across functional areas;
15. Foster a supportive environment that encourages behavioral health providers to improve the safety of their practice;
16. 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
17. Incorporate the NCQA and URAC standards to ensure the BH Program's approach meets the cultural and linguistic needs of the membership.