



BlueCross BlueShield of Montana

2019 Behavioral Health Quality Improvement Program Evaluation Executive Summary

This Executive Summary provides an analysis and evaluation of the overall effectiveness and key accomplishments of the Behavioral Health (BH) Quality Improvement (QI) Program for Health Care Service Corporation (HCSC), Inc.

2019 Accomplishments

1. Content was added to the BH landing page on the Connect Community site to provide members with access to BH content and information regarding multiple topics, including loneliness, depression and anxiety, substance abuse and attention-deficit/hyperactivity disorder (ADHD).
2. Federal Employee Program developed a Follow-Up After Emergency Department Visit for Mental Illness (FUM)/Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Incentive Program for select high volume emergency departments, which began Q1 2019
3. Continued an awareness campaign regarding the use of telehealth services with ten facilities and community providers across Illinois, Montana, Oklahoma and Texas.
4. Launched the Follow-Up After Hospitalization (FUH) 30-day Facility Incentive Program across the enterprise, which includes ten facilities.

Program Focus for 2020

Based on the review of the 2019 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 Quality Improvement Work Plan for 2020 include:

1. Measure, monitor, and continuously improve performance of behavioral health care in key aspects of clinical and service quality for members, providers and customers.
2. Maintain a high level of satisfaction among providers and members
3. Focus continuous quality improvement efforts on those priority areas defined in the annual BH QI Work Plan.
4. Continue to explore social determinants of health and focus on implementing new initiatives to address identified areas of concern, increase member resources and improve access.
5. Facilitate rounds, annual trainings and other activities as necessary to optimally manage behavioral health complaints and adverse incidents.
6. Increase the 7-day and 30-day rates for Follow-Up After Hospitalization (FUH), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM).