

Blue Shield Mental Health Service Administrator (MHSA) Quality Improvement Program

Blue Shield of California's mental health service administrator (MHSA) administers behavioral health and substance use services for Blue Shield of California. Most Blue Shield members access behavioral health and substance use services through Blue Shield MHSA. Blue Shield MHSA is deeply committed to improving the quality of care and services you receive.

Blue Shield MHSA has a strong Quality Improvement Program that measures our ability to provide you with high quality services that are convenient for you. We complete many quality improvement activities during the year designed to make your care and service better.

Goals

In 2010, Blue Shield MHSA met the following goals to improve quality:

1. 100% of all members with an emergent, non-life threatening access request were offered an appointment within six (6) hours of the request.
2. Clinician and facility availability for urban and suburban areas exceeded availability standards. Density standards were also exceeded for all clinicians and facilities.
3. According to the 2010 Enrollee Satisfaction Survey (based on the 2009 experience) 90% of all surveyed enrollees indicated that they were seen within 15 minutes of their appointment time.
4. According to the 2010 Enrollee Satisfaction Survey (based on the 2009 experience) overall satisfaction was at 90%.
5. All goals related to Intake and Customer Service phone response metrics were met.
6. All contractual, procedural, and financial benchmarks for claims processing were met or exceeded.
7. 100% of all expedited appeals were processed within the requisite timeframe of 72 hours from the time of the request.
8. 100% of all retrospective reviews were resolved within the requisite timeframe.
9. Follow up after hospitalization (HEDIS) scores improved each year for the last three years. For calendar year 2009, as reported in 2010 seven day follow up score improved by six percentage points while the thirty day follow up score improved by five percentage points.
10. The behavioral health disease management program (BHDMP) had 3143 unique referrals in 2010.
11. Maintained and evaluated preventive health programs for depression and attention-deficit/hyperactivity disorder (ADHD).

Preventive Health Programs

Blue Shield MHSA maintains preventive health programs for enrollees with depression and for children ages six through twelve years diagnosed with ADHD. These programs promote early intervention for depression and ADHD to help

enrollees manage their condition and prevent the conditions from becoming worse.

The depression program supports recovery for enrollees diagnosed with depression by increasing their understanding of their illness and offering information about what they can do to assist in their treatment.

The ADHD program supports children and their families affected by ADHD, helping them monitor their treatment and work with their healthcare providers to keep symptoms under control.

To receive information about either of these preventive health programs, please call Blue Shield MHSA at 619-641-6335.

Depression

Blue Shield MHSA is aware that a high percentage of enrollees seeking behavioral services are diagnosed with various types of depression. This can be a serious, debilitating condition. To find an overview, helpful articles on a variety of aspects of depression, log on to www.blueshieldca.com and go to the Health & Wellness section. Under "Health Library" click "Topics A – Z" then click letter "D" and then "Depression".

If you are currently taking medication for depression, please remember that it's especially important to follow your doctor's instructions. It can take up to six (6) weeks to notice an improvement, and successful treatment can take six (6) months or longer. During the first three months of medication therapy for depression, you should have a minimum of six (6) medication management and/or psychotherapy visits.

Attention Deficit Hyperactivity Disorder (ADHD)

Blue Shield MHSA is aware that a high percentage of children seeking behavioral services are diagnosed with ADHD. To find an overview, helpful articles, and a list of national organizations, log on to www.blueshieldca.com and go to the Health & Wellness section. Under "Health Library" click "Topics A – Z" then click letter "A" and then "Attention Deficit Hyperactivity Disorder".

Safety and Quality

Blue Shield MHSA has ethical, moral, and legal obligations to monitor the quality of care rendered to our enrollees. Any incident that deviates from the standard of care, potential quality of care issues, and actual issues affecting the safety and wellbeing of our enrollees are reported into the Quality Improvement Department. All incidents are investigated and reviewed by the Regional Medical Director or designee. If the incident warrants additional discussion it is referred to the Peer Review Committee where the quality of care is evaluated and intervention recommendations are made. Corrective actions include education, changes in policy and procedures, and follow-up with individual practitioners and facilities.

The Peer Review Committee also advises the Blue Shield MHSA Credentialing Committee of those clinicians and facilities that may need specific corrective actions, sanctioning, or termination when there is evidence of professional misconduct or performance detrimental to patient safety.

In 2010, Blue Shield MHSA resolved 63 potential quality issues. Twelve potential quality issues were reviewed by the Peer Review Committee which made recommendations for additional topic-specific education, policy changes, continuous monitoring, and other interventions targeting instances of care not meeting community standards.

Coordination of Care

When you seek treatment for mental health and/or substance use issues, it is equally important to encourage your psychiatrist or therapist to send a report to your Primary Care Physician (PCP). The report doesn't have to include all the personal details, but should at a minimum include medications prescribed or changed. This will help your PCP when he or she prescribes other types of medications, so as to avoid harmful drug interactions.

Member Grievance

If you are not satisfied with the service you received from Blue Shield MHSA or wish to appeal a decision, you may file a grievance by calling the mental health services number on your Blue Shield member ID card or directly to 1-888-556-4938. If you're not satisfied with a Blue Shield MHSA decision, you may have the right to an independent medical review through the state's Department of Managed Health Care.

How Blue Shield MHSA makes Decisions about Coverage and Services

You should know that:

1. Utilization Management decision making is based only on appropriateness of care and service and existence of coverage.
2. Blue Shield MHSA does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.
3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Your Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal law enacted to ensure privacy and security of your Protected Health Information ("PHI"). PHI is basically defined as individually identifiable health information that is transmitted by or maintained in any form or medium. A few examples of PHI include an individual's name, enrollee identification number, address, and date of birth. Blue Shield MHSA would like to share with you some important aspects of our privacy practices under HIPAA.

Uses and Disclosures of PHI—Blue Shield MHSA may exchange PHI only for the purposes of Treatment, Payment, or Health Care Operations¹. Blue Shield MHSA has established policies relating to requests for and disclosure of PHI for these purposes in accordance with HIPAA and other state and federal laws. These policies ensure that only the minimum amount of information necessary is exchanged to accomplish the purpose of the disclosure or request.

Use of Release of Information—It is Blue Shield MHSA’s policy to release PHI about individuals only to the individual themselves or to other parties designated in writing by the individual, unless otherwise required or allowed by law. For each party that the individual designates to access their PHI, he or she must sign and date a valid Release of Information form specifying what information may be disclosed, to whom, and during what period of time. This policy is not applicable to PHI being exchanged with a Blue Shield MHSA clinician or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations.

Access to PHI—Blue Shield MHSA requires that anyone requesting access to PHI be appropriately identified and authenticated. Enrollees and personal representatives are required to provide the enrollee name, enrollee identification number or subscriber number and the enrollee date of birth during this process. Clinicians and facilities are identified and authenticated by giving their federal tax identification number or physical address. This information is required for each and every request for access or disclosure of PHI.

Internal Protection of Oral, Written, and Electronic PHI—Blue Shield MHSA has worked to ensure that safeguards are in place to protect against the unauthorized use, disclosure, modification, and destruction of PHI across all media. Blue Shield MHSA employees receive training and are familiar with the HIPAA privacy practices relevant to their job duties and responsibilities.

¹ “Treatment, Payment, or Health Care Operations” as defined by HIPAA include:

- 1) *Treatment*—Coordination or management of health care and related services;
- 2) *Payment purposes*—The activities of a health plan to obtain premiums or fulfill responsibility for coverage and provision of benefits under the health plan; and
- 3) *Health Care Operations*—The activities of a health plan such as quality review, business management, customer service, and claims processing.

Disclosure to Plan Sponsors—A summary of health information may be released to a Plan Sponsor² without the authorization of the affected individual, as long as the Plan Sponsor needs the information for the purpose of obtaining premium bids or modifying, amending, or terminating the Group Health Plan; or to carry out administrative duties of a Health Plan related to Treatment, Payment or Health Care Operations. Plan Sponsors may also receive additional PHI for purposes of “plan administrative functions” (such as quality assurance, claims processing, auditing and monitoring, but not employment-related functions) if they agree to certain limitations on the use and disclosure of PHI. Blue Shield MHSA recognizes the importance of protecting your private health

information. If you have additional questions about Blue Shield MHSA's HIPAA privacy practices, please contact Blue Shield MHSA Customer Service at 1-877-263-8827.

²“Plan Sponsor” is legally defined as the employer in the case of a Group Health Plan maintained by a single employer, the employee organization in the case of a plan maintained by such organization, or the committee or similar group or representatives in the case of a plan maintained by two or more employers jointly by one or more employers and employee organizations.

Public Policy Committee

In accordance with California law, a Public Policy Committee provides a formal structure for the comments and participation of covered enrollees, network providers, and Blue Shield MHSA representatives. This Committee meets quarterly to evaluate care and service proposals and to define public policy. For more information regarding committee membership, please contact Blue Shield MHSA at 1-877-263-9952, option 1, extension 16907.