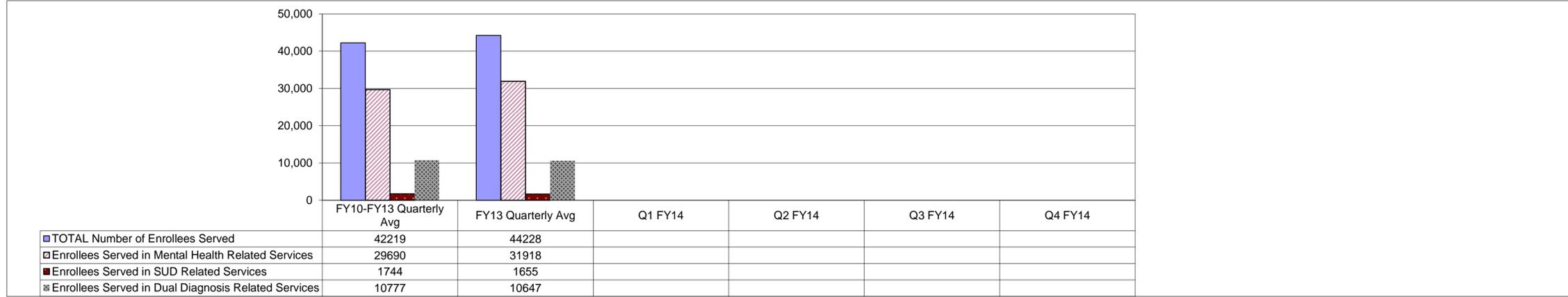


NorthSTAR Performance Measures

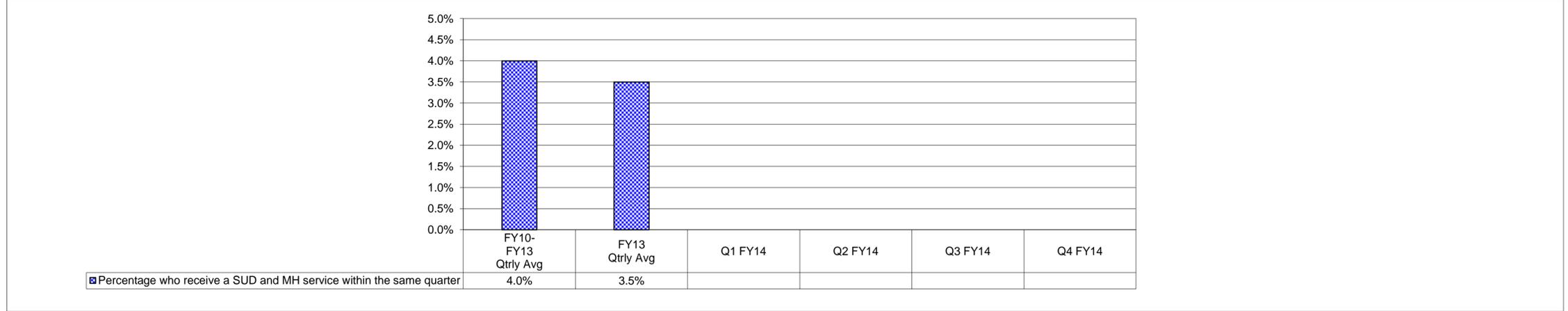
Data in this report are derived from encounter data and there is approximately a sixty day time lag. Therefore, later months or quarters may be incomplete and/or inflated.

1. Number Of Enrollees Served, Overall and By Service Category. Measures the numbers of persons served in various service categories. This data are based on paid claims.



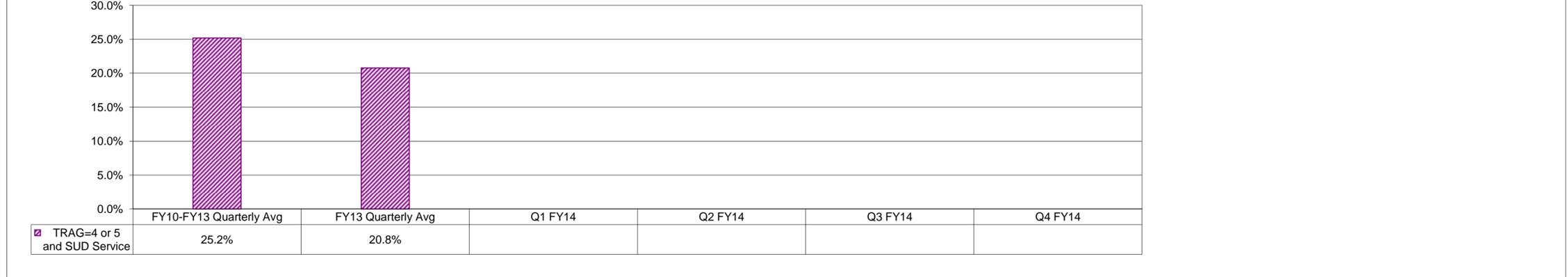
Note: Q1FY14 data incomplete and not included.

2A. Substance Use Disorder (SUD) and Mental Health (MH) Services within Quarter. Measures the percentage of all enrollees served who receive both a Substance Use Disorder (SUD) and mental health (MH) service within the same fiscal quarter.



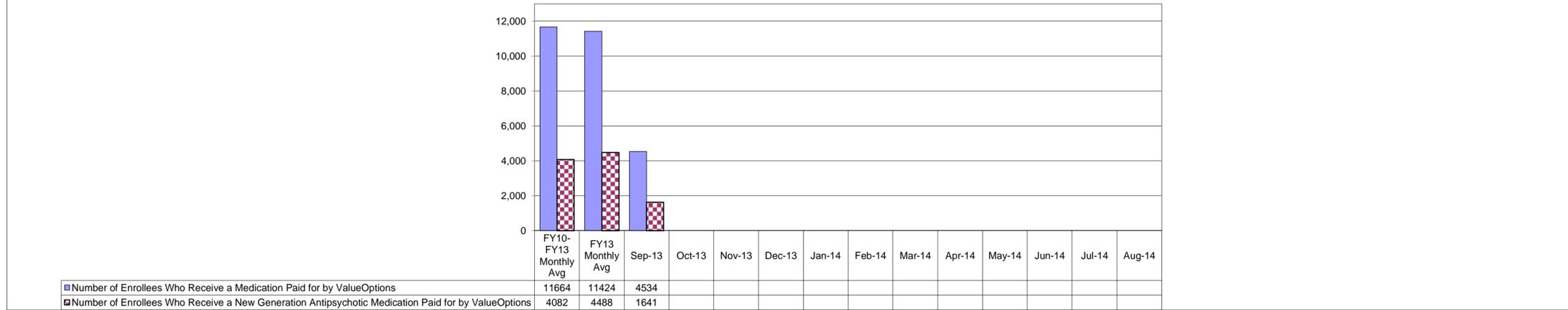
Note: Substance use disorder (SUD) services include Residential or Non Residential levels, or those in Emergency rooms, 23 hour observation, hospital inpatient with a diagnosis of Alcohol Related Disorders or Drug Related Disorders. Q1FY14 data incomplete and not included.

2B. Substance Use Disorder (SUD) Services After Mental Health Assessment. Measures the percentage of enrollees who receive at least one Substance Use Disorder (SUD) service within 90 days after identification of problem on assessment by mental health provider.



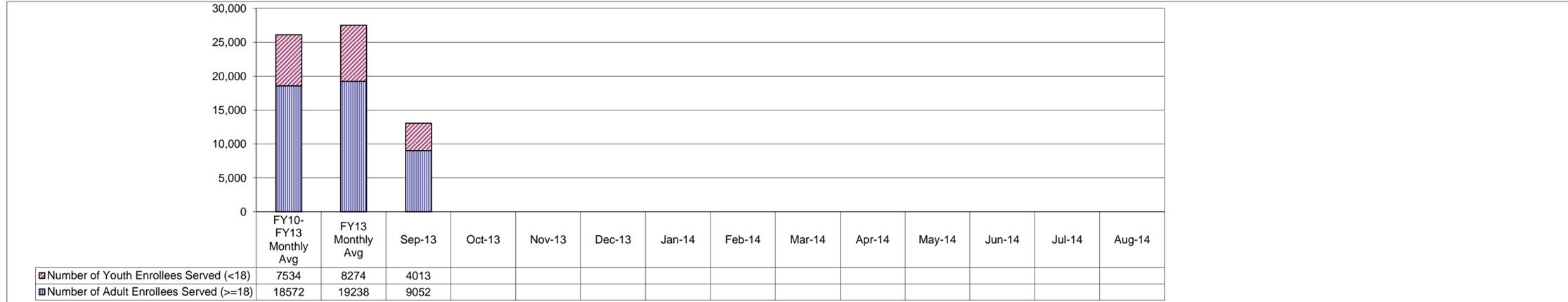
Note: SUD services include Residential or Non Residential. Q1FY14 data incomplete and not included.

3. Number Of Enrollees Who Received a Medication Prescription paid for by ValueOptions. Measures the numbers of persons who received a ValueOptions' covered medication. This is based on paid medication claims.



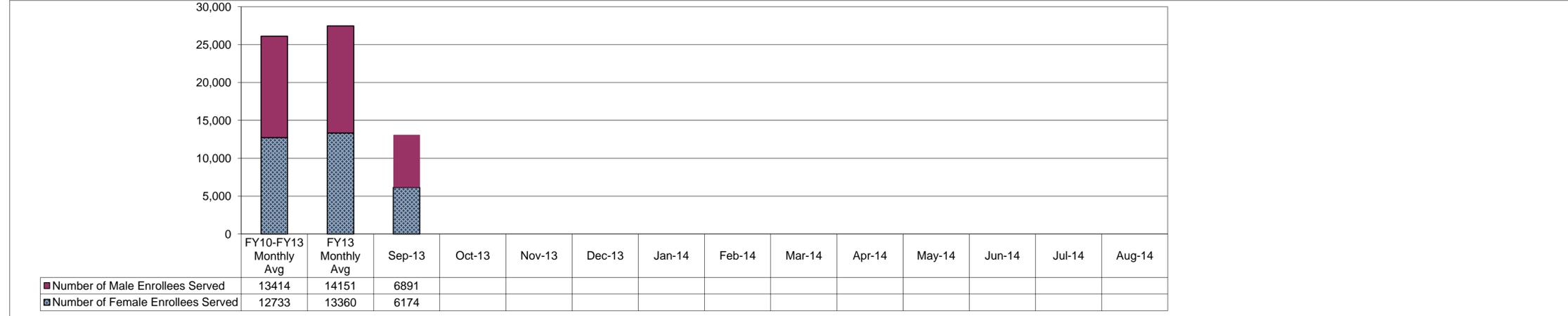
Note: Sep-13 data incomplete.

4. Number Of Enrollees Served by Age Group. Measures the numbers of persons served by age group in all covered services. This is based on paid claims.



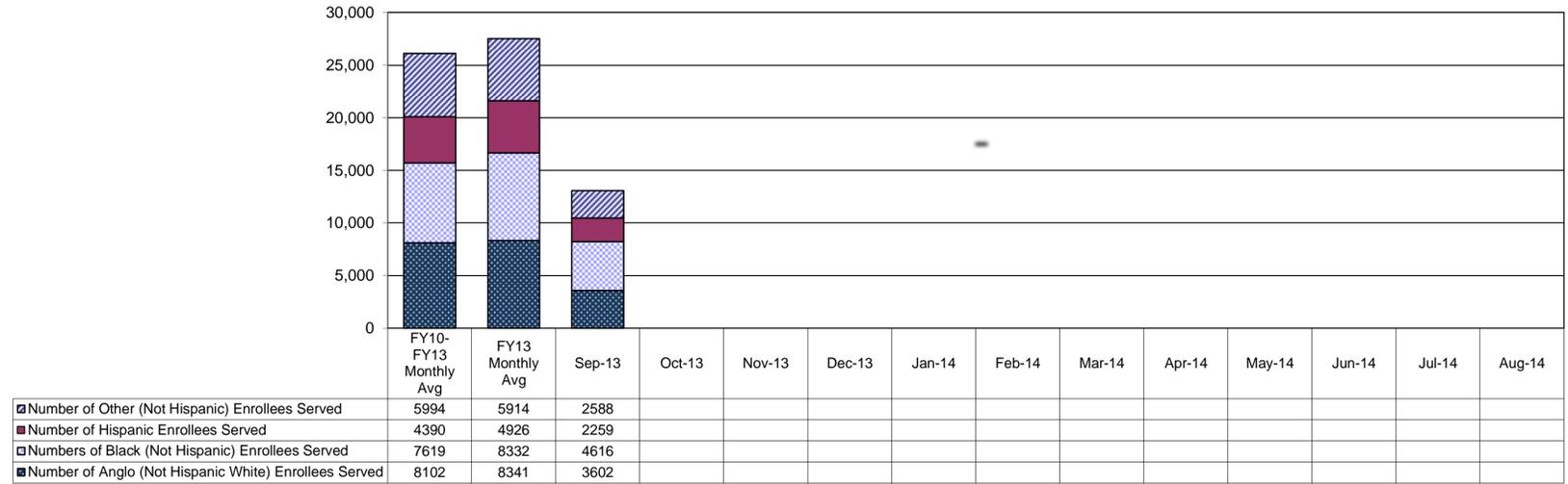
Note: Sep-13 data incomplete.

5. Number Of Enrollees Served by Gender. Measures the numbers of persons served by gender in all covered services. This is based on paid claims.



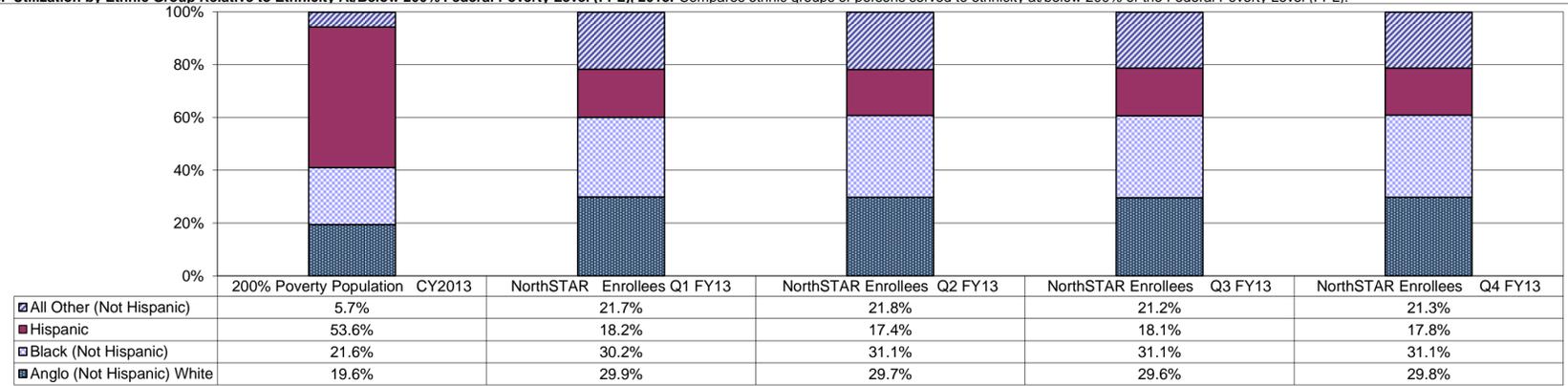
Note: Sep-13 data incomplete.

6A. Number Of Enrollees Served by Ethnicity. Measures the numbers of persons served by ethnicity in all covered services. This is based on paid claims.



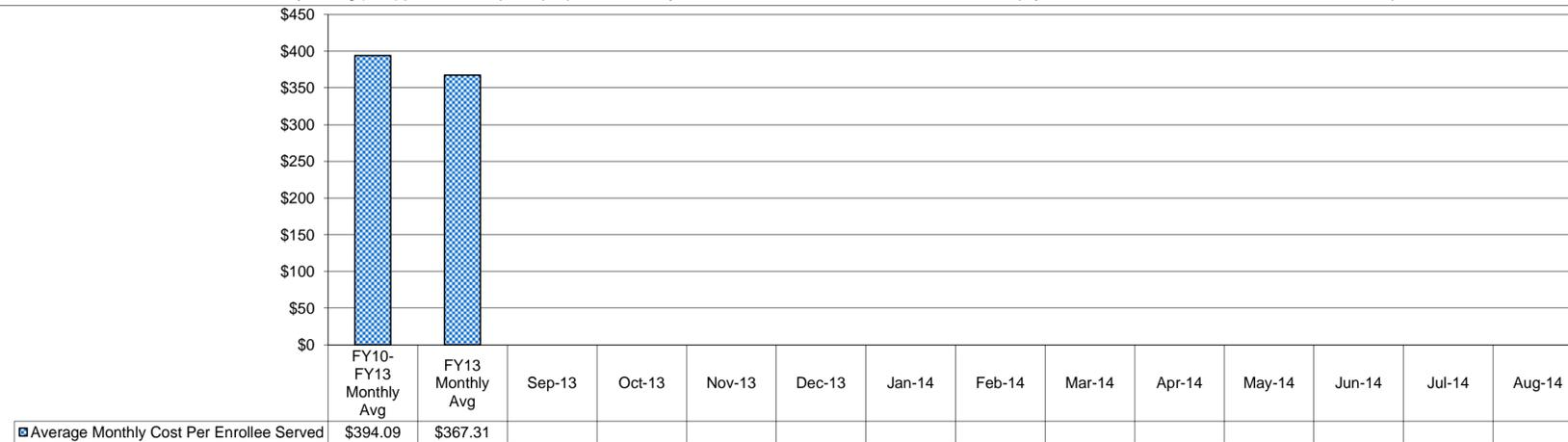
Note: Sep-13 data incomplete.

6B. Utilization by Ethnic Group Relative to Ethnicity At/Below 200% Federal Poverty Level (FPL), 2013. Compares ethnic groups of persons served to ethnicity at/below 200% of the Federal Poverty Level (FPL).



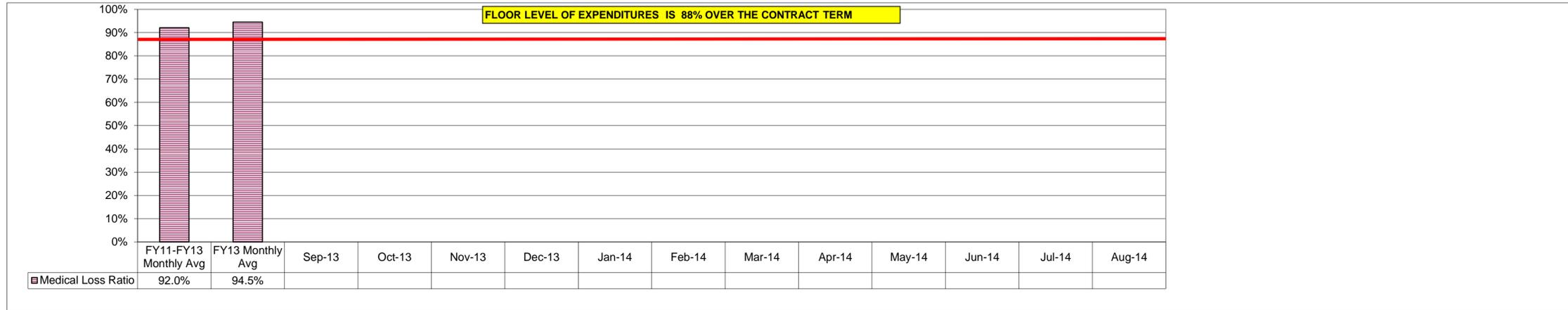
Notes: NorthSTAR utilization is based on data for procedure code 1 for FY 2013. 200% Federal Poverty Level (FPL) data are for CY2013 from the U.S. Census Bureau.

7. Cost Per Enrollee Served. Measure the monthly funding (cash) paid to ValueOptions per person served by NorthSTAR in all covered services. This is based on payment invoices and numbers served, which is based on paid claims. Recent months are inflated due to claims lag.



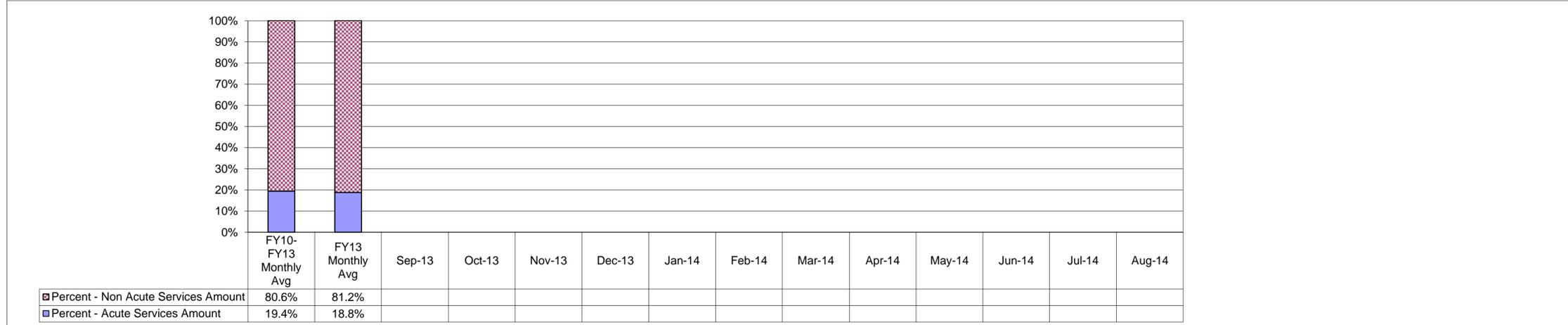
Note: Sep-13 data incomplete and not included.

8. ValueOptions' Direct Service Expenditures Compared to Funding. Measures the percentage ValueOptions funding spent on direct service expenditures. This is based on payment invoices, paid claims and financial reports from ValueOptions.



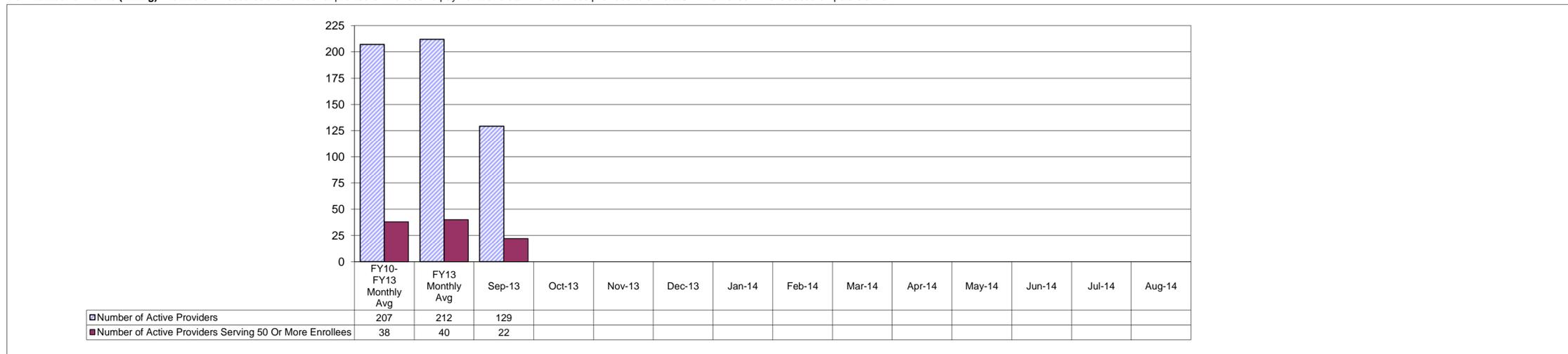
Note: December 2011 to May 2012 case rate adjustments are negative values. These case rate adjustment values represent the fact that the SPNs encountered over 100% of their case rate payments, and when subtracted from the encounters column, represent the actual expenditures by ValueOptions. Claims lag may still impact recent months, revenues are not final as not all retroactivity is included, and the case rate differential is subject to change based on actual final reconciliations.

9. Percent of Claims Dollars Expended by ValueOptions on Acute and Non Acute Services. Measures the claims dollars paid by ValueOptions for acute and non acute services. This includes services and medication claims. Acute services include emergency room, 23 observation, community inpatient, and community inpatient services. Non acute services are all other services and medications claims. Data do not include payments made to providers that do not file claims.



Note: **FY13 data incomplete.**

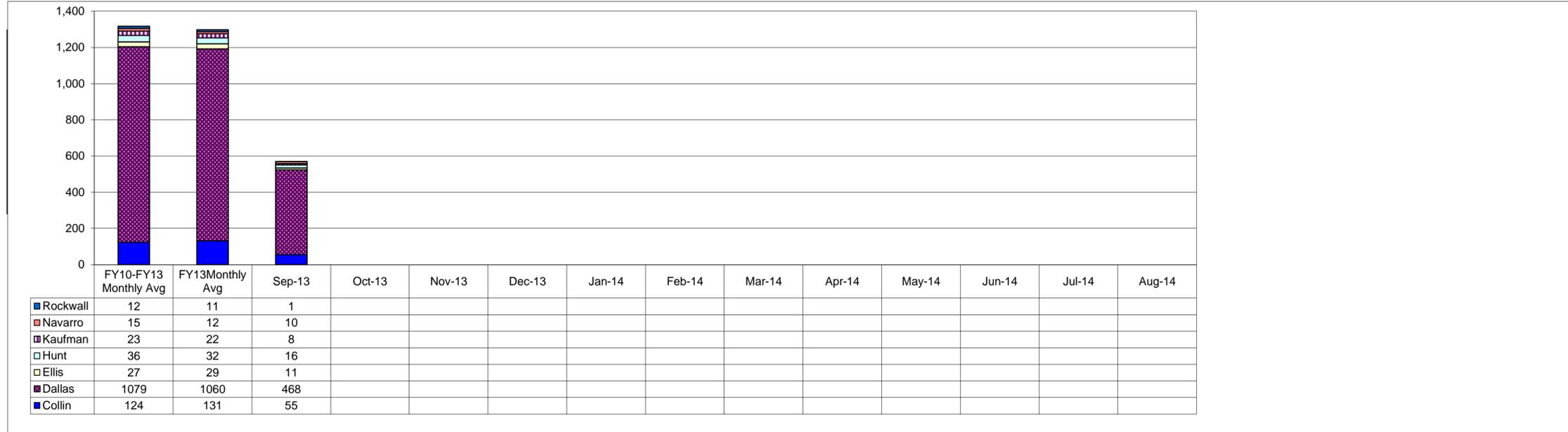
10. Number of Active (Billing) Providers. Measures the number of providers who receive payment for a claim for services provided to a NorthSTAR enrollee. This is based on paid claims.



Note: Large providers with multiple sites are only counted once. **Sep-13 data incomplete.**

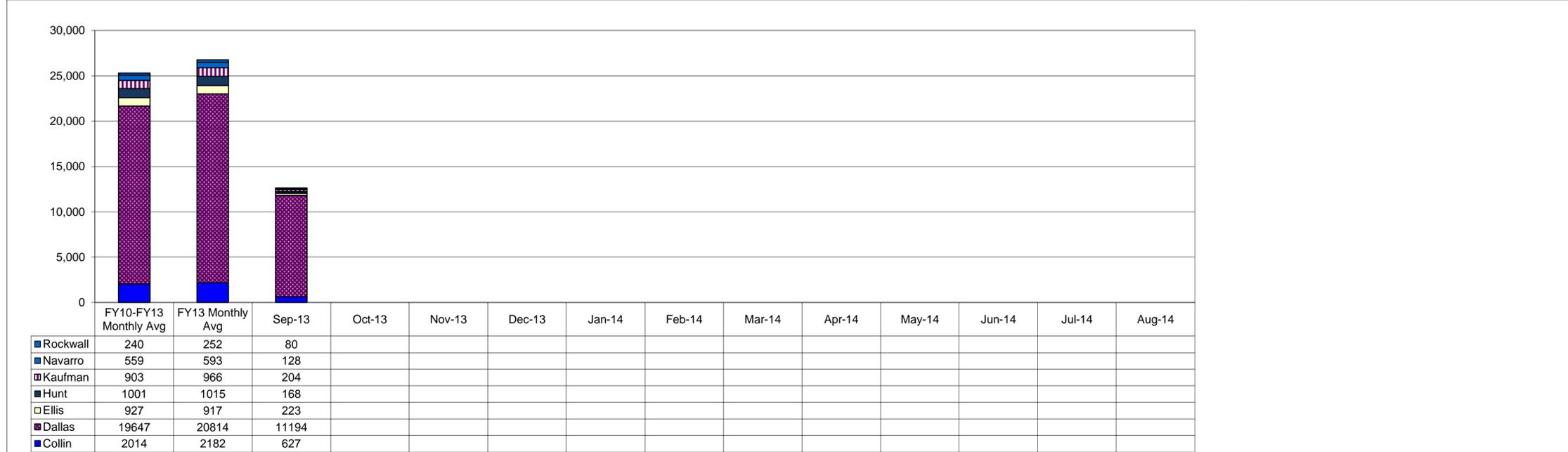
11. **Acute and Not Acute Enrollees Served, and Mobile Crisis Activity by County.** Tables A and B measure enrollee utilization of acute and non acute services (acute services include emergency room, 23 hour observation, community inpatient, and community inpatient services) for which claims are filed. Tables C and D measure crisis call activity and mobile crisis face to face intervention activity. Tables A and B are based on paid claims, and tables C and D are based on reports from the mobile crisis provider for NorthSTAR.

A. County Enrollees Served in Acute Services (including emergency room, 23 hour observation, community inpatient and community inpatient services)



Note: Sep-13 data incomplete.

B. County Enrollees Served in Non Acute Services (includes services other than emergency room, 23 hour observation, community inpatient and community inpatient services)



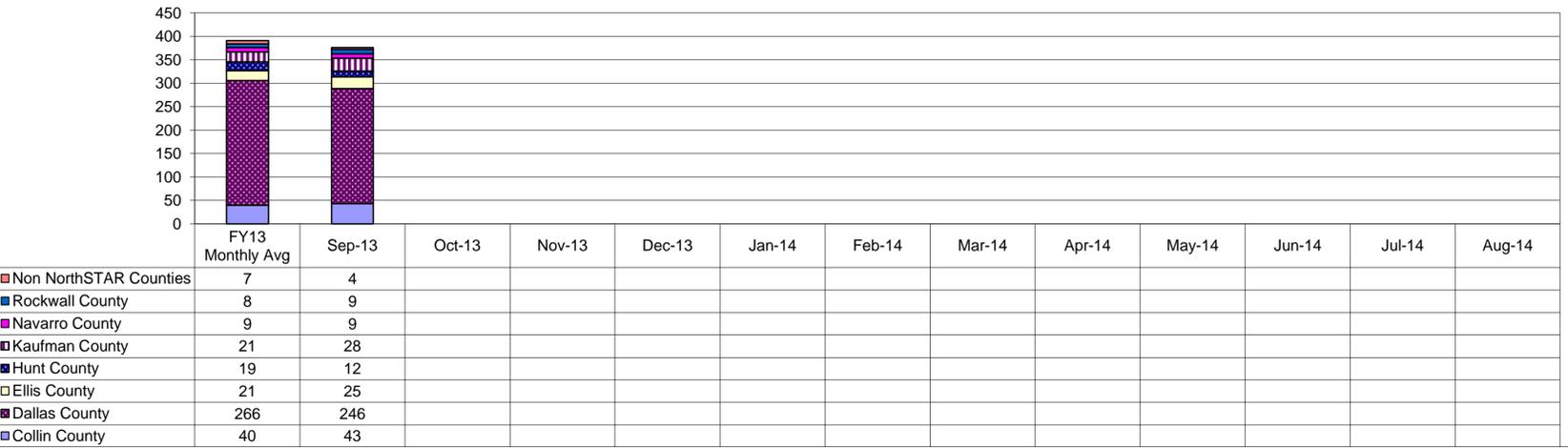
Note: Sep-13 data incomplete.

C. Mobile Crisis Calls From County (Represents the number of calls from persons in crisis to the crisis hotline)



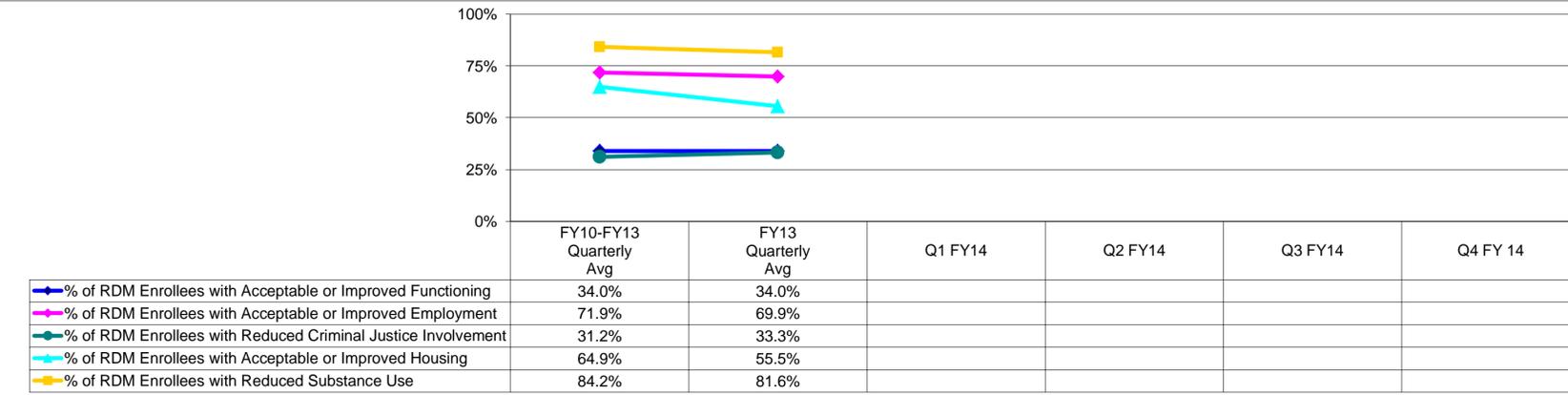
Note: Not Reported, Out-of-State, and Texas Residence Unknown data are included in Non NorthSTAR counties. Data include crisis and informational calls.

D. Mobile Crisis Face to Face Interventions to County (Represents the number of face to face crisis interventions provided by the mobile crisis provider)



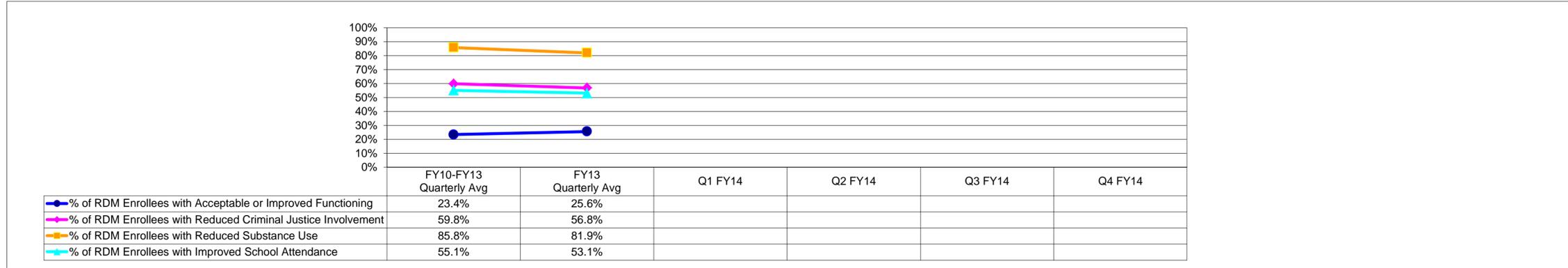
12. Mental Health Resiliency and Disease Management (RDM) Assessment Trends. Measures acceptable or improving assessments administered by providers over the previous year. Table A measures adult trends and Table B measures youth trends.

A. Adults



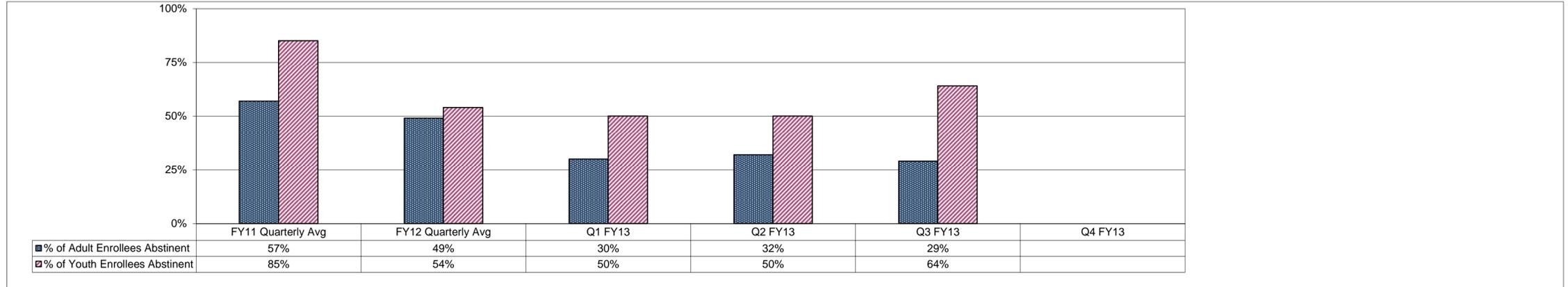
Note: Functioning: Acceptable - 1 on latest and first; Improving - latest < first. Employment: Acceptable - 1 on latest and first; Improving - latest < first. Criminal Justice: Improving - latest < first and first 2+. Housing: Acceptable - 1 on latest and first; Improving - latest < first. Substance Use: Acceptable - 2 on latest and first; Improving - latest < first. **Q1FY14 data incomplete and not included.**

B. Youth



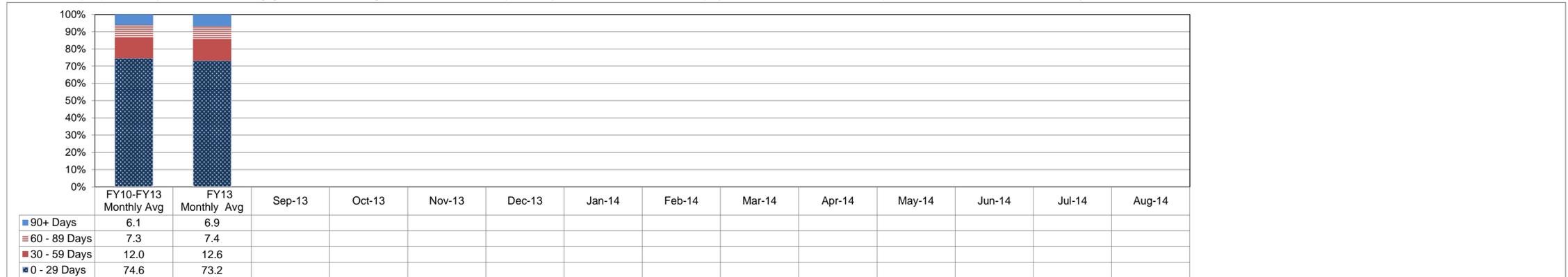
Note: Functioning: Acceptable - 9 < OFS Difference < 9 and latest OFS >= 54; Improving - OFS Difference >= 9. Criminal Justice: Improving - latest < first and first > 1. Substance Use: Acceptable - 2 on latest and first; Improving - latest < first and first > 1. School Attendance: Improving - latest < first and first > 2. **Q1FY14 data incomplete and not included.**

13. 60 Day Follow-Up Trends After Discharge From Substance Use Disorder Treatment for Adults and Youth. This is based on DSHS data received from substance use disorder providers 60 days after discharge from treatment.



Note: NorthSTAR providers began using the CMBHS data collection system around Q1 FY11. Due to differences in data collection methodology in CMBHS, we are only collecting data on the "Abstinence" data field. There must be a minimum of 60 days lapse from the date of discharge to when follow-up information can be collected by a provider; therefore, Q3 FY2013 data may be incomplete. "Received a follow-up" only indicates that a provider attempted to contact a client after discharge, not that the client was actually contacted. The denominator includes all attempts at contact regardless of success, and the numerator counts only successful contacts with an abstinence response. Q3F Y13 - 3,216 discharges for Adults, 1,618 (50%) received a follow-up; of those 1,618 who were followed-up, 466 reported abstinence (29%). Of total 360 discharges for Youth, 28 (8%) received a follow-up; of those 28 who were followed-up, 18 reported abstinence (64%). **Q3FY13 data incomplete.**

14. Percentage of Enrollees in Substance Use Disorder (SUD) Treatment who Continue Treatment for 30, 60 or 90 or More Days Without a Break in Treatment (15 days). Measures how long individuals stay engaged in treatment, without a break in treatment (break in treatment is defined as 15 days without a claim paid). For example, 10.0% of those engaged in treatment in Aug-13 were still in treatment up to 89 days later. Because of the forward projection, the latest months are incomplete and show zeroes where data are not yet available.



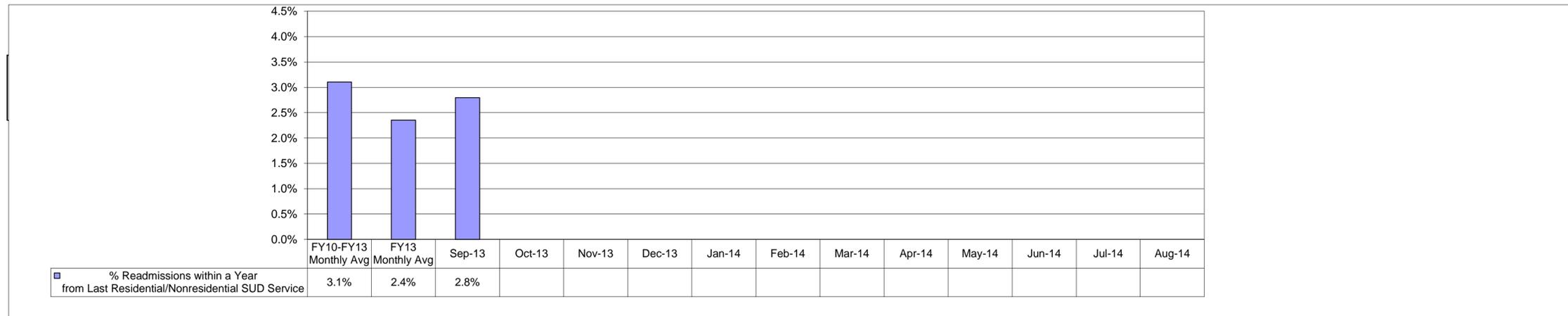
Note: Data for previous 90 days may not be complete as persons may be transitioning between levels of care and not captured in the data. Data exclude opioid replacement therapy. **June-13 through Aug-13 data incomplete.** The data source for this data table has been revised to use paid claims data from the NorthSTAR data warehouse. Previous versions used the DSHS clinical data system. It is believed these data present a more accurate representation of the trends.

15. Percentage of Enrollees in Mental Health Treatment who Continue Treatment for 3, 6, 9 or 10 or More Months Without a Break in Treatment (90 days). Measures how long individuals stay engaged in treatment, without a break in treatment (break in treatment is defined as 90 days without a claim paid). Because of the forward projection, the latest months are incomplete and show zeroes where data are not yet available.



Note: MH services include ACT, Case Management, Assessment, MH Intensive Outpatient, Medication Services, Outpatient Counseling - Adult or Child, Rehabilitation, Supported Employment and Supported Housing. **Oct-12 through Aug-13 data incomplete.**

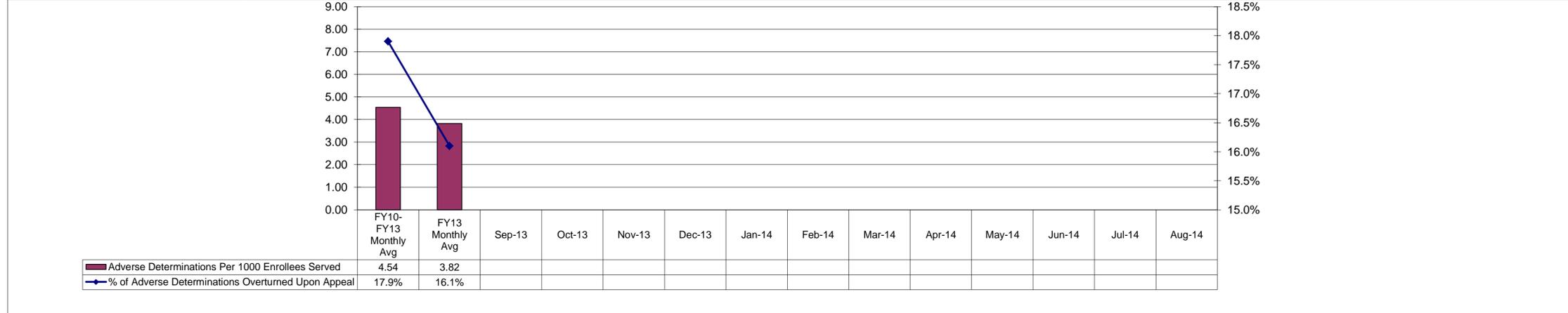
16. Percentage of Readmissions to Substance Use Disorder (SUD) Treatment within a Year. Measures percentage of readmissions to residential/nonresidential SUD services within a year after a break in treatment of at least 15 days. For example, 2.8% of residential/nonresidential SUD services in Sep-13 were readmissions to SUD services within the past year. Enrollees could get services other than residential/nonresidential SUD services during this time period. This includes multiple services and multiple readmissions by an individual enrollee. This is based on paid claims.



Note: **Sep-13 data incomplete.**

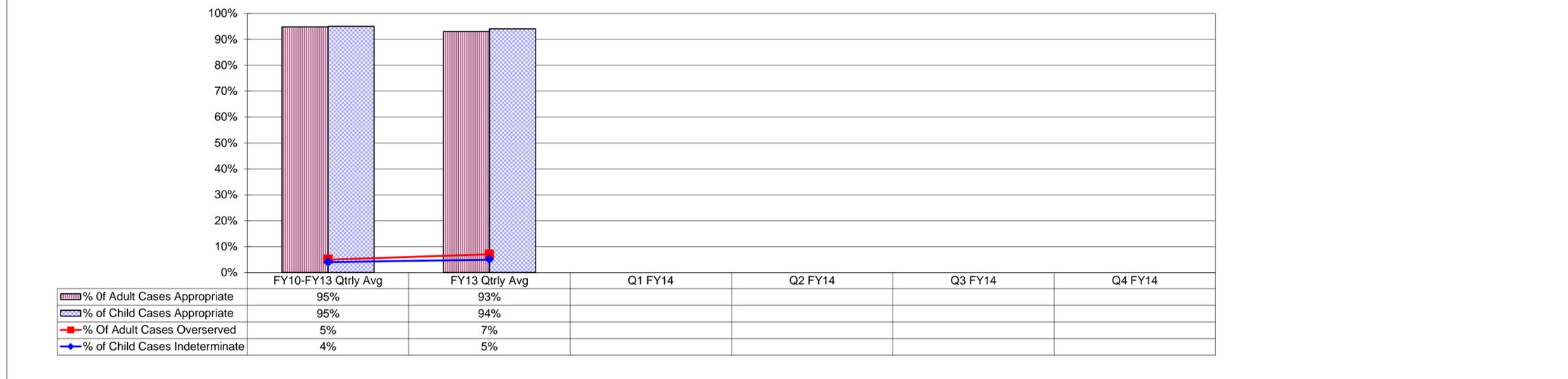
17. Adverse Determinations (Denials) and Appeals. Measures frequency of ValueOptions denials of any level of treatment (called adverse determination) per enrollee served in the month. Also measures the frequency of successful appeals by providers. This is based on DSHS data and ValueOptions reports.

A. Adverse Determinations and Overturns on Appeal



Note: **Sep-13 data incomplete and not included.**

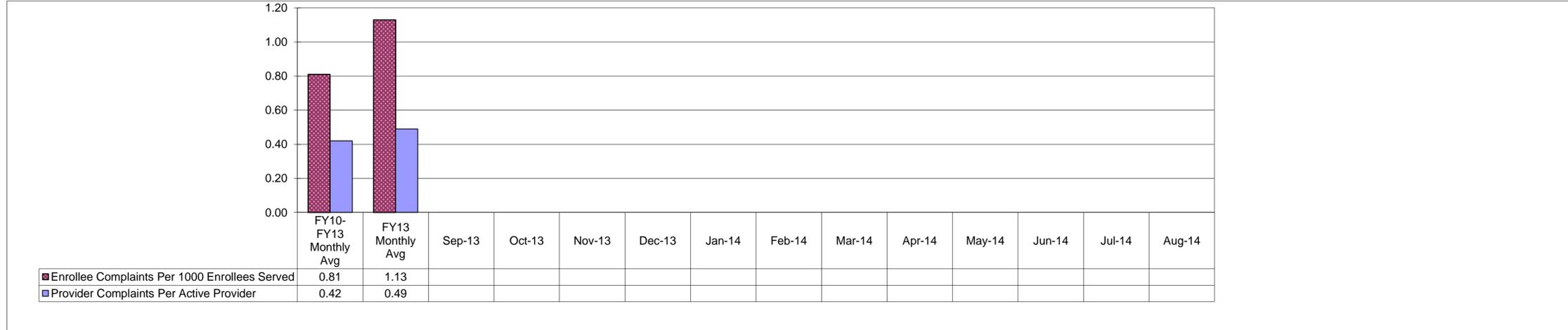
B. RDM- LOC Requested and LOC Authorized. Measures the frequency of times when a mental health RDM service package is requested by a provider and results in a less intensive service package authorized (for adults), or different service package authorized (for youth). This is based on DSHS data.



Note: Includes all assessed except those assessed and authorized for Crisis (0), Ineligible (9) or Waitlist (8). Excludes consumers who chose a lower service package or were TCOOMMI Clients, children recommended for SP3 and SP9 ineligible, and adults assigned SP5 crisis follow up or recommended for SP2 (SP2 only in 2007). Adult underserved equals 0%, and child overserved and underserved equal 0%.

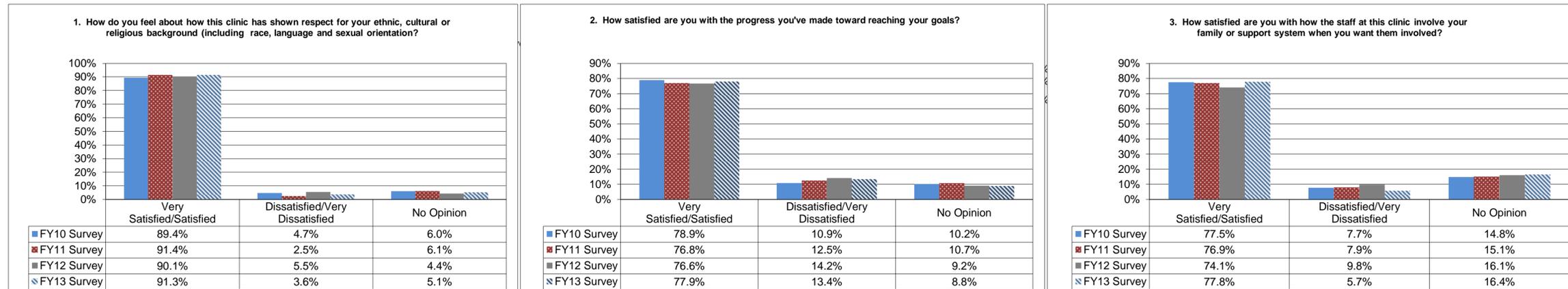
18. Complaints, Appeals and Enrollee Satisfaction with Services. Measures frequency of enrollee complaints per enrollee served, provider complaints per active (billing) provider, and satisfaction with services. This is based on paid claims.

A. Complaints and Appeals Involving NorthSTAR Enrollees or Providers

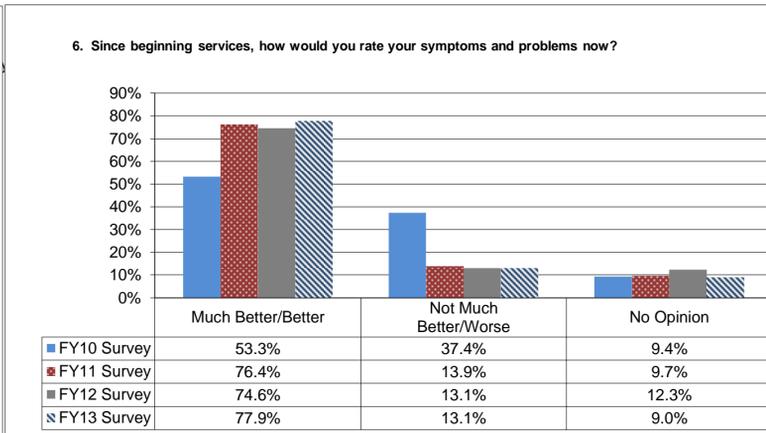
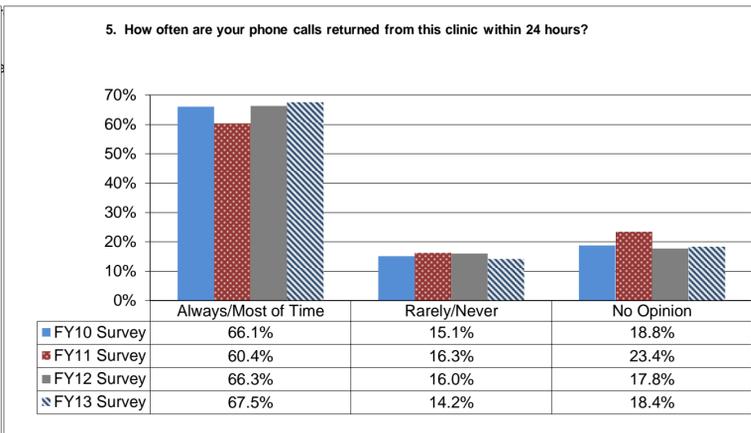
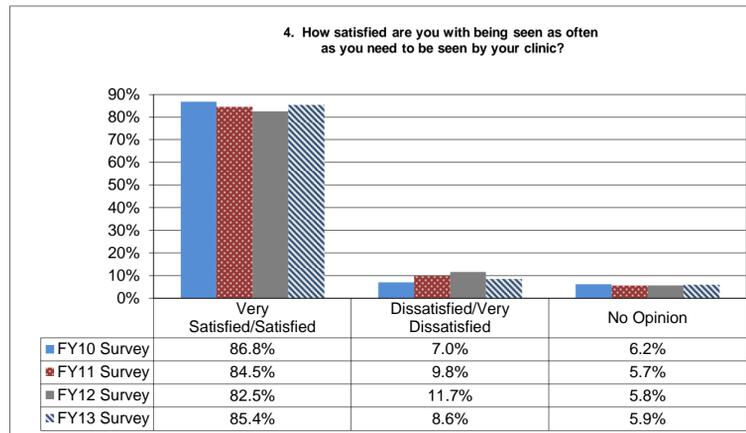


Note: On a monthly basis, most provider complaints are against ValueOptions regarding claims payment and utilization management issues. Most of these come from a limited number of providers. Most enrollee complaints are against NorthSTAR providers regarding quality and access to care issues. **In FY 11 Monthly Avg data, May-11 data does not include complaints received by the DSHS and is incomplete. Sep-13 data incomplete and not included.** See specific Member Satisfaction Survey results below.

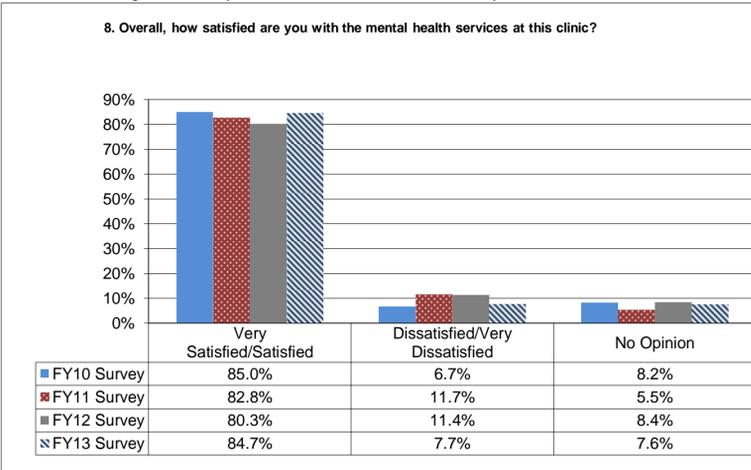
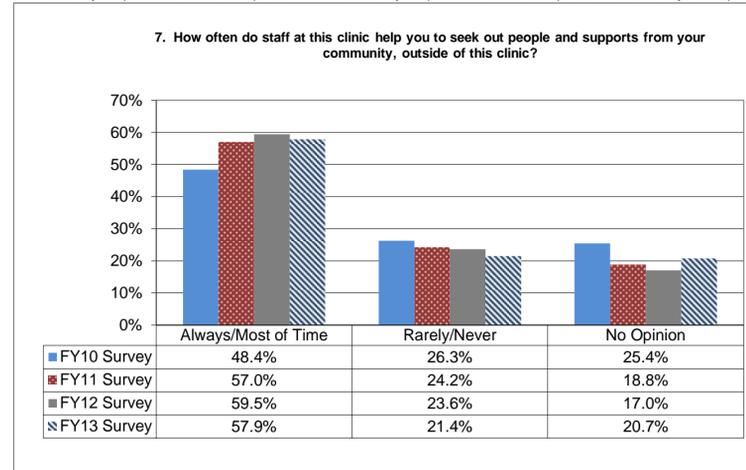
B. Enrollee Level of Satisfaction with Staff and Services-Detailed Survey Findings



Note: There were approximately 470 responses to the 2010 Survey, 384 responses to the 2011 Survey and 526 responses to the 2012 Survey. In 2010, there were 317 adult respondents who responded for themselves (67%), 140 adults who responded for child enrollees (30%), and 14 non respondents (3%). In 2011, there were 232 who responded for themselves (70%), 76 adults who responded for child enrollees (24%), and 18 responses that were not included because inconsistent responses made it unclear if the survey was for an adult or child (6%). In 2012, there were 308 adult respondents who responded for themselves (59%), 198 adults who responded for child enrollees (38%) and 20 No Responses/Unknown (4%). In 2013, there were 386 adult respondents who responded for themselves (61%), 226 adults who responded for children (36%) and 22 No Responses (3%). Totals may not equal 100% due to rounding.



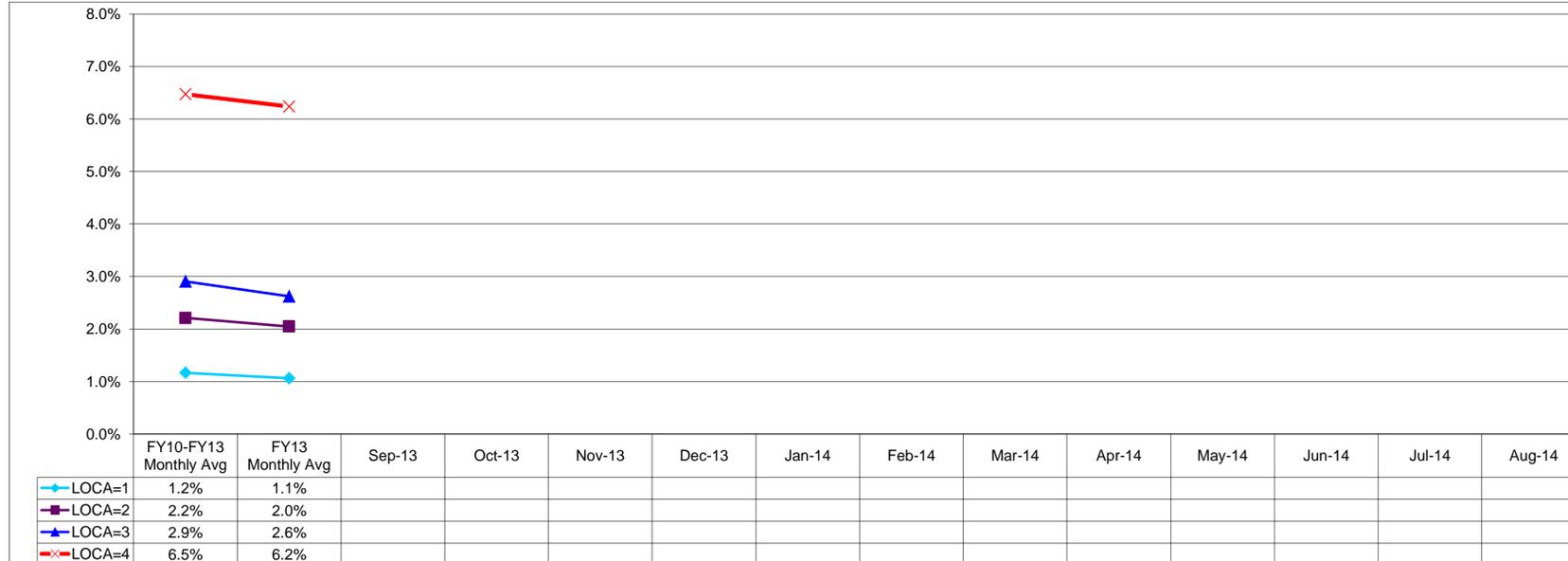
Note: Question 4 response choice crosswalk for FY11 and FY 10 Surveys: FY11 Survey response choices 'Very Satisfied/ Satisfied' = FY10 Survey response choices 'Always/Most of Time'; FY 11 Survey response choices 'Dissatisfied/Very Dissatisfied' = FY10 Survey response choices 'Rarely/Never'; and FY11 Survey response choice 'No Opinion' = FY10 Survey response choice 'No Opinion'. Question 6 response choice crosswalk for FY11 and FY10 Surveys: FY11 Survey response choices 'Much Better/Better' = FY10 Survey response choice 'Better'; FY 11 Survey response choices 'Not Much Better/Worse' = FY10 Survey response choices 'Same/Worse'; and FY11 Survey response choice 'No Opinion' = FY10 Survey response choice 'No Opinion'. Totals may not equal 100% due to rounding. FY12 Survey choices were the same as FY11 Survey.



Note: Totals may not equal 100% due to rounding.

19. Frequency of Acute Care Use. Percentage of enrollees with an authorized Mental Health Level of Care who received acute services relative to all enrollees with a LOCA. (LOCA and acute service occur in the same month, but analysis does not show which came first - assumed that most had LOCA first. This more detailed analysis will be done in future reports.)

A. Adults



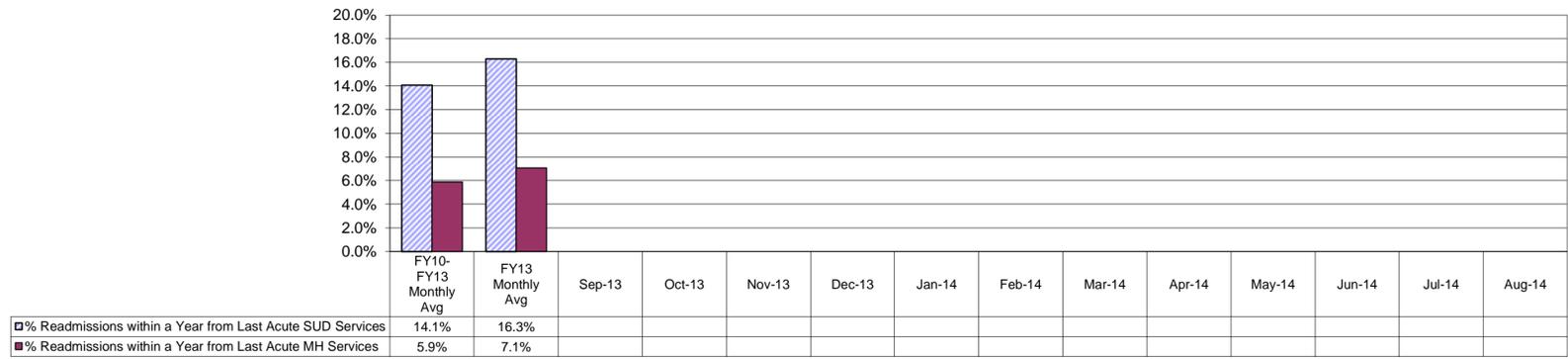
Note: Includes enrollees served in ER, 23 Hour Observation and Community Inpatient as a percentage of enrollees with a LOCA. **Sep-13 data incomplete and not included.**

B. Youth



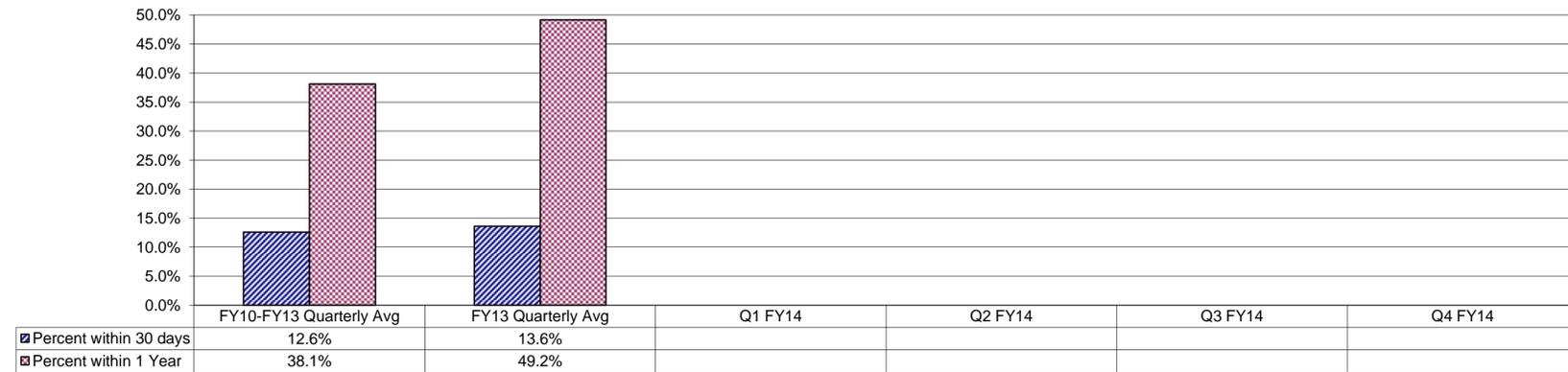
Note: Numbers fluctuate due to small number of youth in this measure. **Sep-13 data incomplete and not included.**

20. Percentage of Readmissions to Acute Treatment within a Year. Measures percentage of readmissions to ONLY acute services (ER, 23 Hour Obs, Community Inpatient/Services) for enrollees with a primary diagnosis of alcohol or drug related disorders (SUD services) or schizophrenia, affective disorders or drug related disorders (SUD services) or schizophrenia, affective disorders or other psychoses (MH services) within a year after a break in treatment of at least 15 days. For example, 14.0% of the acute SUD services provided in Sep-12 were readmissions to acute SUD services during the past year. Only acute services were included in all calculations. This includes multiple services and multiple readmissions by an individual enrollee. This is based on paid claims.



Note: **Sept-2013 data incomplete and not included.**

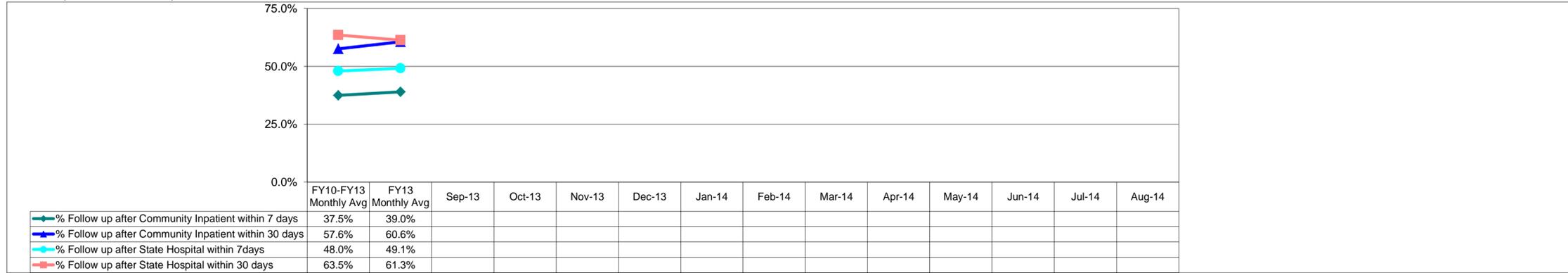
21. Psychiatric Hospital Recidivism. Measures the percentage of enrollees who are readmitted to a psychiatric hospital after discharge from psychiatric hospital.



Note: **Based on discharge data. Data incomplete.**

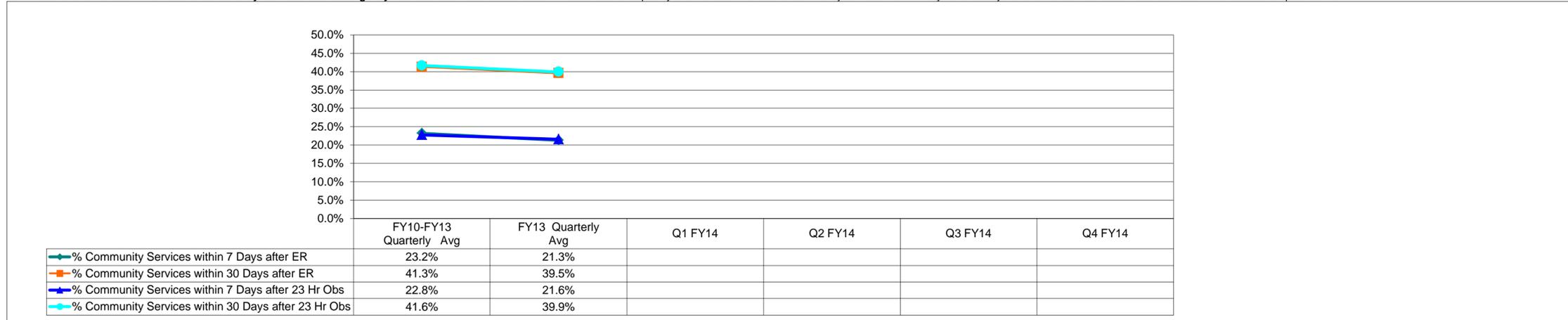
22. **Admissions to 23 Hour Observation.** This measure has been deleted from the Performance Measures Report because the findings were not significant. The measure will continue to be monitored outside of this Report.

23. **Percentage of Enrollees Who Receive Non Acute Community Services Within 7 and 30 Days After Community Hospital or State Hospital Discharge.** Measures the frequency of follow ups with providers for non acute services within 7 and 30 days after discharge from a community hospital or state hospital. This is based on paid claims.



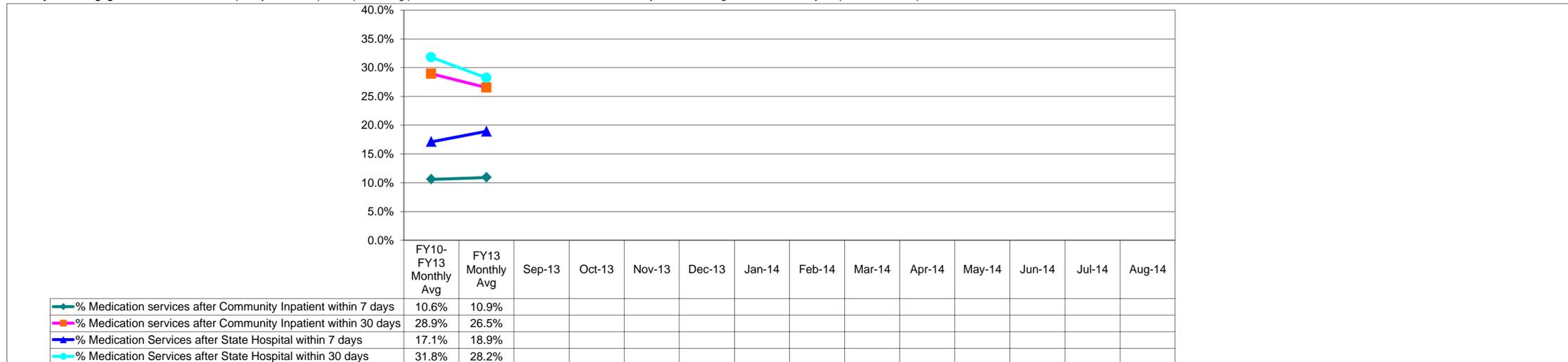
Note: Data based on discharge date. Community Services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services. **FY13 data incomplete.**

24. **Percent of Enrollees Who Receive Community Services after Emergency Room and 23 Hour Observation.** Measures the frequency of enrollees who receive community services within 7 days and 30 days after ER or 23 hour observation services. This is based on paid claims.



Note: Data based on discharge date. Community services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services. **FY13 data incomplete.**

25. **Physician Engagement.** Measures the frequency of follow ups with prescribing providers for medication services within 7 and 30 days after discharge from a community hospital or state hospital.



Note: **FY13 data incomplete.**