

ValueOptions NorthSTAR
Dallas County Service Delivery Area
SFY 2015 3rd Quarter
QUARTERLY QUALITY IMPROVEMENT ACTIVITY REPORT

ValueOptions Quality Management Department submits the Quarterly Quality Improvement Activity Report as specified in the DSHS NorthStar Contract. This report addresses program activities for the third quarter (3/01/15-5/31/15) of the 2015 State fiscal year. The following areas will be addressed in this report:

- **Status of Quality Management Work Plan**
- **Quality Improvement Activities**
- **Results of Quality Indicators**
- **Remedial/Corrective actions**
- **Assessment of Quality Management Program**

QUALITY IMPROVEMENT PLAN /WORKPLAN

The Quality Management Committee met on February 24, 2015, March 3, 2015, and April 28, 2015 to review and approve the Annual 2015 QM and UM Program Descriptions, 2014 QMUM Evaluation, and the 2015 QMUM Work Plan.

FOCUS STUDIES

2015 NorthSTAR Performance Improvement Projects (PIP) Topics

Follow-Up After Hospitalization for Mental Illness (FUH): We are awaiting HHSC 2014 Calendar Year data for the next remeasure of this PIP. We expect the updated data in July 2015.

Status of Interventions for FUH PIP:

- Continued to address in Individual SPN Monthly meetings and discussed barriers and interventions.
- Reviewed the Member Hospital Discharge Brochure in detail during the Hospital SPN meeting and the Individual SPN meetings and encouraged the Hospital participants to review the brochure and point out the significance of the follow-up appointment as well as to encourage member to record their appointment information on the brochure.
- In SPN meetings, several SPNs are reporting they are doing some type of reminder phone calls to members prior to the scheduled appointment.
- Hospital Inpatient audits with targeted feedback on discharge planning and coordination.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

PIP: We are awaiting HHSC 2014 Calendar Year data for the next remeasure of this PIP. We expect the updated data in July 2015.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

QIP:

The Calendar Year 2014 HEDIS specifications changes required reporting format updates and we are in process of running the 2nd remeasure for this QIP. The QIP will be taken to an ad hoc QMC in July 2015.

Status of interventions for IET PIP and IET QIP:

- Provided updates in Individual SPN Monthly meetings and discussed barriers and interventions.
- Member Hospital Discharge Brochure was fully implemented in network hospitals. The brochure gives the ValueOptions Clinical Care phone number to obtain referrals for treatment for substance use disorders (SUD) and educates members about transportation information, importance of follow-up, what to expect at appointments, wait times and what to bring to the first appointment.
- Continued conference calls with Hospital and SPN providers to address discharge coordination and discuss barriers/issues related to discharge coordination, SUD referrals, follow-up appointment access, and access to discharge paperwork/records in a timely manner.
- Continued CYT Work Group Meetings and Monitoring CYT home visits. Reeducated CYT providers on the CYT program requirements for home visits during these quarterly meetings. In the CYT meeting, providers were re-educated on proper coding of services and the need for targeted engagement such as home visits.
- Hospital Inpatient audits with targeted feedback of discharge planning and referrals, including for SUD services.

OTHER QUALITY IMPROVEMENT ACTIVITIES (RECOVERY):

During 3rd quarter, elements of Texas Resilience and Recovery (TRR) systems of care were standing agenda items for SPN and SPN Quality Meetings. Providers are encouraged to share success stories and best practices for TRR protocols, especially for the array of Children's protocols. SPN providers also received additional training in Identifying Individuals and Family Strengths as part of Person Centered Recovery Planning elements. Skills Training Fidelity forms and TRR Protocols grid with links to protocol websites were redistributed to SPNs. ValueOptions, NTBHA and SPN providers continued to participate in DSHS TRR calls. Person Centered Recovery Planning remains to be a focus of provider quality meetings.

REPORT ON STANDARD ACCESS Measures

The following provides a status update of certain access measures and a summary of any quality improvement activities related to each measure. Data was obtained from 3/1/2015-5/31/2015, except for the 7 and 30 day follow-up measures. This data was based on the time period of 11/1/2014-1/31/2015 in order to allow adequate time for claims payment.

Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Telephone response (ASA and Abandonment Rate)	Avaya Phone system data	<p>Customer Service:</p> <p>ASA: 14 sec</p> <p>Abandonment Rate: 1.37 %</p> <p>Clinical:</p> <p>ASA: 25 sec</p> <p>Abandonment Rate: 2.81 %</p>	None	Customer Service and Clinical met the ASA and abandonment rate standards for this quarter.

<p>Timeliness of appointments w/in:</p> <p><u>Routine:</u> 14 calendar days</p> <p><u>Urgent:</u> 24 hrs.</p> <p><u>Emergent:</u> Immediately</p>	<p>Member Complaints</p> <p>Provider Relations Office-Site Audits</p>	<p>Access Complaints total = 4</p> <p>1-Routine 0-Urgent 3-Emergent</p> <p>Office Site Audits (Y= 2)</p> <p>100 % Routine</p>	<p>Complaints related to inpatient level of care identified this quarter.</p> <p>Data obtained from viewing appointment schedules and assessing provider's appointment scheduling process may not be consistent with members' experience.</p>	<p>Appointment access is monitored and reported through the complaint process as well as with office site audits.</p>
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Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Ambulatory Follow-Up to Hospitalization 7 days and 30 days MH	Claims	<p>41.2% 7 days (648/1574)</p> <p>59.2% 30 days (827/1396)</p>	Measures based on paid claims are subject to claims payment lag.	The follow-up measures are higher than the previous quarter.
30 Day Readmission MH	Authorizations	<p>14.9% (262/1756)</p>		30-day Readmission MH was lower than the previous quarter.
30-Day Readmission Rate-SUD	Authorizations	<p>9.3% (87/940)</p>		30-day Readmission CD was higher than the previous quarter.

CLINICAL AUDITS:

During 3rd SFY quarter, QM conducted one SPN Audit and two facility audits. Additionally, ValueOptions facilitated corrective action for the DSHS Mystery Call Audit and conducted follow-up for NTBHA Appointment Access Calls.

The SPN Audit results included a Treatment Record Review audit with an overall passing score of 91% with opportunities in Recovery/Treatment Plans, COPSD and elements of content of progress notes. At every SPN audit, there is emphasis and discussion regarding members' meaningful life role/recovery goals and using strengths in all aspects of treatment. For the HR/Credentialing section, all TAC required training complete except for one element and supervision was clinically focused on positive outcomes. It was confirmed that Fidelity reviews with staff were being conducted.

Two facility audits were conducted. The first facility passed the Treatment Record Review audit with an overall passing score of 93% with feedback on documenting specific contact information for all referral agencies on the client's discharge instructions and also faxed to outpatient providers. It was noted the facility did give outpatient mental health discharge referrals and was conducting follow-up calls to patients post discharge to remind of outpatient aftercare appointments. The second facility audit conducted resulted in an overall passing score of 89%. The opportunities identified include consistent completion of Safety Plans, ensuring members are given the local ACS Hotline number and psychiatric history to include the patient's current outpatient provider, history of crisis episodes, suicide attempts and any potential barriers to continued treatment.

Assessment of Provider Access to Services

Two measurements of Access to Services were conducted during 3rd quarter. Mystery calls were conducted for Appointment Access by NTBHA and Phone Access to Services by DSHS. Corrective Action Plans (CAP) were requested by ValueOptions from some SPNs for the Appointment Access Surveys conducted via telephone by NTBHA. The mystery call scenario was a request for routine appointments and a request for options for quicker access to services. Most SPNs provided access to routine appointments within timeframes and some SPNs were also able to accommodate sooner access by offering walk-in triage or screenings. Some CAPs were requested for incomplete information on NorthSTAR enrollment process and/or incomplete information or referrals to the After Hours Urgent Clinic.

In 3rd Quarter, ValueOptions received the results DSHS Mystery Call audits for Phone Access that were conducted during 3rd Q SFY 2015. Corrective Action Plans were requested for NorthSTAR SPN providers who had any barriers to Phone Access in the TAC required areas of phone screening, accountability and access to services. ValueOptions provided feedback and technical assistance to SPNs on TAC requirements and opportunities for improvement. In addition, DSHS provided a webinar for SPNs on the Mystery Caller Project and requirements for Phone Access. Some SPNs were asked to revise their CAPs based on the outcome of the subsequent month's mystery calls. CAPs and revised CAPs were reviewed and submitted by ValueOptions to DSHS. ValueOptions will continue to address any opportunities related to Access to Services.

RESULTS OF QUALITY INDICATORS

Telephone Access: Monitoring of call abandonment rates and answer yielded the following results for this quarter.

Clinical Calls:

Month	Number of Calls Received	Abandonment Rate < 5 %	Speed of Answer <30 sec.
March 2015	2,036	2.60 %	25 sec
April 2015	2,139	2.34%	26 sec
May 2015	1,884	3.50%	23 sec

Clinical average speed of answer (ASA) met performance targets for all 3 months to be answered by a live person within 30 seconds. The abandonment rate was also well within the 5% or less target for the quarter.

Customer Service:

Month	Number of Calls Received	Abandonment Rate < 5 %	Speed of Answer <30 sec.
March 2015	6360	1.43 %	15 sec
April 2015	6556	1.28 %	12 sec
May 2015	5645	1.42 %	14 sec

Customer Service average speed of answer (ASA) met performance targets for all 3 months to be answered by a live person within 30 seconds. The abandonment rate has returned to within the performance after the previous quarter, where inclement weather impacted this measure.

Medical Necessity Appeals

The following table presents information concerning medical necessity appeals for this quarter. Note that in April 2015, reporting split out Medicaid and Non-Medicaid Appeals.

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
March 2015	197	32	3	0	0

Medicaid Medical Necessity Appeals

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
April 2015	147	30	3	1	0
May 2015	120	37	5	4	0

Non-Medicaid Medical Necessity Appeals

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
April 2015	139	25	7	0	0
May 2015	102	29	5	10	1

Adverse determinations has started to increase significantly this quarter and seems to be trending higher than prior quarters. Appeals for both level I and II have also increased significantly in this quarter. This trend is similar to the increasing number of adverse determination and appeals that trended high in the same quarter last year.

Administrative Appeals

Medicaid Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
March 2015	38/24	3	5/6	2
April 2015	15/37	10	2/5	1
May 2015	42/17	8	9/2	1
Quarter Totals	95/78	21	16/13	4

There were 95 Medicaid Level 1 administrative appeals received for this reporting period, with 78 appeals that were closed. For Medicaid Level II appeals, there were a total of 16 received and 13 closed for this reporting period. All Medicaid Level I and Level II appeals were closed within 30 calendar days. Appeal type trends include timely filing, out of network providers, fee schedules, admin waivers, pre-certification/authorization issues, incorrect claims submission, member eligibility and Webcare denials.

Non-Medicaid Administrative Appeals

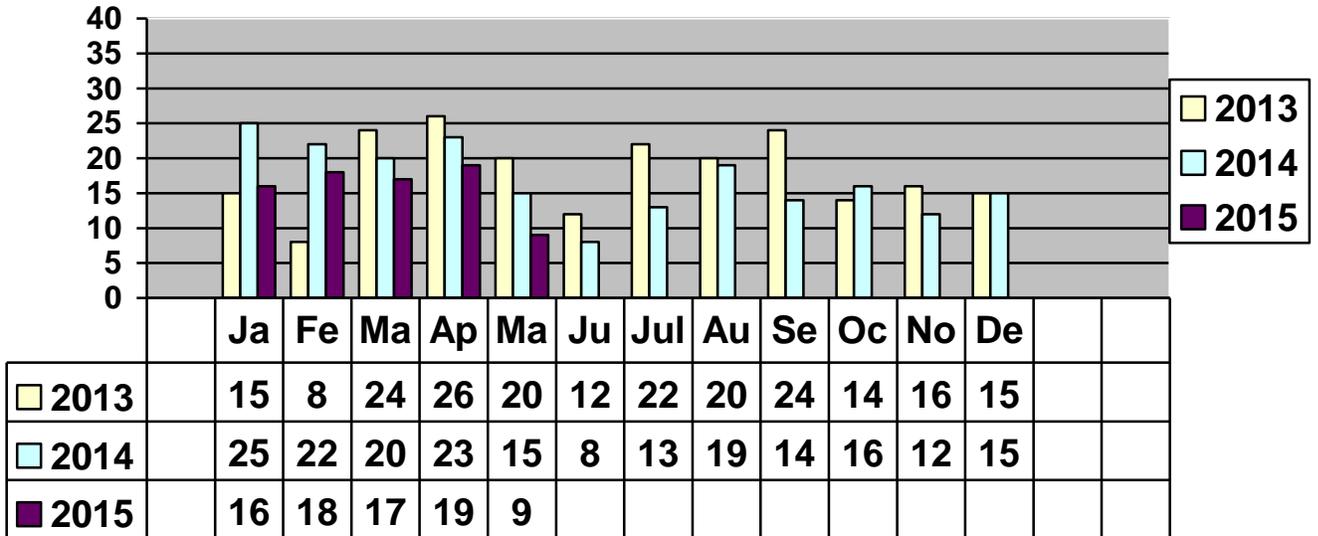
Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
March 2015	42/44	17	7/10	1
April 2015	83/39	18	5/7	1
May 2015	72/98	47	13/5	1
Quarter Totals	197/181	82	25/22	3

There were 197 Non-Medicaid Level 1 administrative appeals received for this reporting period, with 181 appeals that were closed. For Non-Medicaid Level II appeals, there were a total of 25 received and 22 closed for this reporting period. All Non-Medicaid Level I and

Level II appeals were closed within 30 calendar days. Appeal type trends include timely filing, out of network providers, fee schedules, admin waivers, pre-certification/authorization issues, incorrect claims submission, member eligibility and Webcare denials.

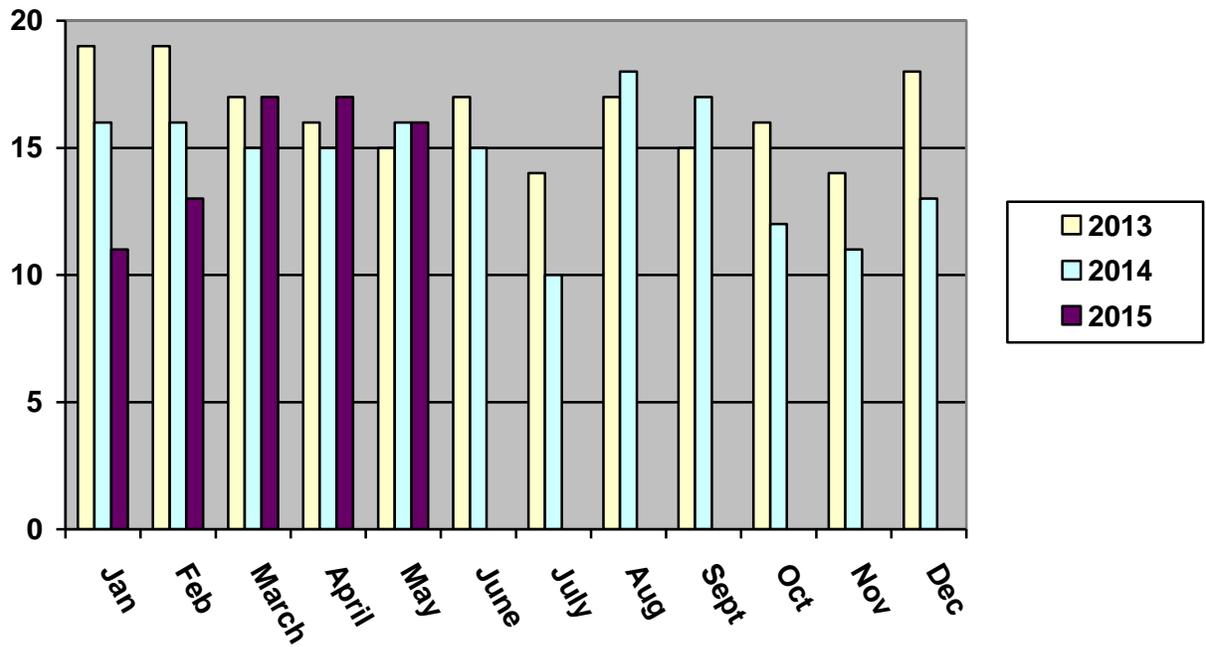
Complaints/Grievances

Complaint #s Comparison



Complaint volume in April (19) is the highest for this quarter with March (17) following and then May (9). Overall, a total of (45) complaints were received for this quarter which is a slight decrease from last quarter (49). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.

Average Turnaround Time



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2013	19	19	17	16	15	17	14	17	15	16	14	18
2014	16	16	15	15	16	15	10	18	17	12	11	13
2015	11	13	17	17	16							

Complaints/Grievances

Medicaid Complaints

Complaint reporting by Medicaid/Non-Medicaid was split out as of March 2015. Note that the complaint categories include Access (Access and Availability). QOC (Quality of Care) and BHO (Behavioral Health Organization).

Month	Complaints Received	Complaints Closed	Closed Complaint Average TAT	Complaint Categories
March 2015	8	8	17	2 Access, 6 QOC
April 2015	7	7	18	2 Access 4 QOC 1 QOS
May 2015	1	5	18	1 Access 2 QOC 1 QOS 1 BHO
Quarter Totals	16	20	18	5 Access 12 QOC 2 QOS 1 BHO

Non-Medicaid Complaints

Month	Complaints Received	Complaints Closed	Closed Complaint Average TAT	Complaint Categories
March 2015	9	11	17	9 QOC 2 BHO
April 2015	12	13	16	3 Access 7 QOC 2 QOS 1 BHO
May 2015	8	8	19	8 QOC
Quarter Totals	29	32	17	3 Access 23 QOC 3 BHO

Claims Processing

Claims Data:	March 2015	April 2015	May 2015
Mechanical Accuracy	99.95%	99.97%	N/A
Financial Accuracy	99.95%	100%	N/A
% Processed in 30 calendar days	100%	99.99%	99.97%

Claims performance measures all were within contractual and regulatory standards. May Mechanical Accuracy and Financial Accuracy were not yet available and will be included in the next report.

Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 3rd quarter SFY 2015 Report**

Behavioral Health Education and Recovery: This data does not include Family Advocate's numbers due to illness. Report will be updated when those numbers are available.

Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 3rd quarter SFY 2015 Report**						
Month/ Year	Medicaid Events	General Events	Total Events for the month(s)	Assisted Individual Consumer/Family— Group (presentations)	Assisted Consumer/ Family-- Individually	Total Assisted
Mar 2015	1	35	36	268	30	298
April 2015	1	37	38	304	35	339
May 2015	1	22	23	80	95	175
Totals	3	94	161	652	160	812

**Medicaid Events include only events that are exclusively for persons receiving Medicaid or their family members or agencies or providers who serve them, such as Texas Health Steps events, Getting the Most Out of Medicaid Seminars, presentations to foster parents or foster care workers, or to adoptive parents or adoption workers. General Events include both non-Medicaid and Medicaid members, their families, or agencies or providers who serve them.

Provider Training

Month	Provider Trainings	Number of Attendees
March 2015	0	N/A
April 2015	1	10
May 2015	1	10
Total # of Trainings = 2		
Total # of Attendees = 42		

Credentialing and Recredentialing:

Indicator	March 2015	April 2015	May 2015
# Initial Credentialed	1	0	0
Average TAT Initial CR (in days)	7	N/A	N//A
# Recredentialed	20	7	9
Average TAT Recred (in days)	48	90	51
% Recredentialed Files Completed within 36 month TAT	100%	91%	100%

National Goals

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 90%

Recredentialing turnaround time is above the performance target for all months in this quarter. This is an improvement from the previous quarter. The Recredentialing National goal was changed from 96% to 90% and approved by DSHS. Process improvements put in place by the Credentialing team include hiring additional staff and implementing a pre-screening process for both Practitioner and Facilities Recredentialing. This process is looking for missing documents so that once the file gets to Recredentialing, there are less delays due to obtaining missing documents. This process applies to Initial Credentialing, as well.

UM Average Daily Census

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Medicaid Enrollees ADC

Month	Inpatient	Residential Rehabilitation
March 2015	50.0	14.3
April 2015	51.5	14.3
May 2015	44.4	13.7

Non-Medicaid Enrollees ADC

Month	Inpatient	Residential Rehabilitation
March 2015	36.4	48.0
April 2015	37.9	53.7
May 2015	37.7	47.5

This is the first time that that ADC has been reported by Medicaid and Non Medicaid. Medicaid average daily census has been split out.

ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

NorthSTAR ValueOptions QM Projects	Target
Complete 2014 QM/UM Program Evaluation	April 28, 2015
Complete 2015 QM/UM Program Descriptions and QM//UM Work Plan	April 28, 2015
QI Project: Improving Access to Prescriber Appointments within 7 and 14 days after hospital discharge.	April 28, 2015
2014 Consumer Satisfaction Survey (to QMC)	August 25, 2015
Coordination of Care in Children” Project 2014	April 28, 2015
QI Project: HHSC Improving Medicaid Medication Adherence for Antipsychotics and Antidepressants	March 3, 2015
PIP: Initiation and Engagement of Alcohol and Other Drug Treatment (IET)	August 25,2015
PIP: 7 and 30 Day Follow-Up After Hospital Discharge (FUH)	August 25, 2015
QIP: Initiation and Engagement of Alcohol and Other Drug Treatment (IET) Indigent and Medicaid	April 28, 2015 and July 2015 ad hoc QMC