

**ValueOptions NorthSTAR**  
**Dallas County Service Delivery Area**  
**SFY 2015 4th 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 fourth quarter (6/01/15-8/31/15) 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 June 23, 2015, July 8, 2015, and August 25, 2015 to the status of the 2015 QMUM Work Plan.

**FOCUS STUDIES**

**2015 NorthSTAR Performance Improvement Projects (PIP) Topics include results for the Medicaid population only.**

**Follow-Up After Hospitalization for Mental Illness (FUH):** HHSC 2014 Calendar Year data was received in September 2015 show a slight decline in both 7 and 30 day appointments after discharge.

- 1) **FUH**
- |            |  |
|------------|--|
| a. 30 days | 56.33% compared to 2013 data of 58.44% |
| b. 7 days  | 32.26% compared to 2013 data of 32.50% |

**Status of Interventions for FUH PIP:**

- Continued to address in Individual SPN Monthly meetings and discussed barriers and interventions.
- Conducted phone calls with Hospital Discharge Planners to assess their use of the Hospital Discharge Brochures.
- In process of reprinting Hospital Discharge brochures.
- Hospital Inpatient audits with targeted feedback on discharge planning and coordination.

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

**PIP: Medicaid Enrollees Only** HHSC 2014 Calendar Year data was received in September 2015 show a slight decline in both Initiation and Engagement for the total population (age 13 through adult). The Youth (age 13-17) showed improvement from the previous measurement year in both initiation and engagement. In the QMC discussion related to IET performance, it was noted that for adults homelessness has an impact on this measure as well as potentially readiness to change in terms of the member’s readiness for treatment.

**1) IET**

- a. Initiation (age 13-17) 39.57% compared to 2013 data of 35.39%
- b. Initiation (age 18 plus) 15.02% compared to 2013 data of 17.39%
- c. **Initiation (Total) 18.86%** compared to 2013 data of 20.05%
  
- d. Engagement (age 13-17) 7.55% compared to 2013 data of 6.49%
- e. Engagement (age 18 plus) 4.81% compared to 2013 data of 5.06%
- f. **Engagement Total 5.24%** compared to 2013 data of 5.28%

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

**QIP: Medicaid and Non-Medicaid Enrollees**

The first annual remeasurement was conducted on the IET QIP which includes NorthSTAR Medicaid and Non-Medicaid Enrollees. The updated QIP was presented and approved by the QMC on July 8, 2015. One of the barriers discussed is that the report methodology doesn’t include the H0047 Service Code for IOP services, so members receiving IOP services were not counted as being compliant with the measures.

The timeframe for the 1<sup>st</sup> remeasurement is from 1/1/2014 through 11/15/2014.

**Initiation**

	Total	# Initiated	% Initiated	Goal >=
Baseline	7856	2217	28.2%	36.0%
First Remeasure	7267	1854	25.5%	36.0%

**Engagement**

	Total	# Engaged	% Engaged	Goal >=
Baseline	7856	1089	13.9%	16.2%
First Remeasure	7267	936	12.9%	16.2%

**Measure definitions:** The percentage of adolescent and adult members with a new episode of AOD dependence who received the following.

- Measure #1: *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

- Measure #2 *Engagement of AOD Treatment*. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

**Status of interventions for IET PIP and IET QIP:**

- Sent out SPN individual results with drill down for SPN review and analysis. Provided information by Index Diagnosis Provider, including SPNs and Hospitals to show hospital and SPN coordination. Detail provided excluded members who would have met the measure if the IOP service code (H0047) had been included in the methodology.
- Provided updates in Individual SPN Monthly meetings and discussed barriers and interventions.
- Met with Hospitals and SUD Providers in a formal meeting to address barriers related to making SUD referrals.
- Created an SUD Provider Program Description as a resource for hospitals and other SPN providers making referrals. The description includes populations served and specific SUD programs provided.
- Hospital Inpatient audits with targeted feedback of discharge planning and referrals, including for SUD services.

**Prescriber Follow Up QIP**

	<b>7-Day Follow Up</b>	<b>14-Day Follow Up</b>
9/1/2009 - 11/30/2009	31%	42%
9/1/2010 - 11/30/2010	33%	45%
9/1/2011 - 11/30/2011	24%	33%
9/1/2012 - 11/30/2012	25%	34%
9/1/2013 - 11/30/2013	20%	30%
9/1/2014 - 11/30/2014	<b>27%</b>	<b>35%</b>

The updated 7 and 14-Day Prescriber Follow-Up Quality Improvement Project (QIP) was presented in the April 28, 2015 Quality Management Committee. 7-Day prescriber appointments increased by 7 percentage points from the previous measurement and 14-Day prescriber appointments by 5 percentage points.

**Status of interventions for 7 and 14 Day Prescriber Appointment QIP:**

- Sent out SPN individual results with drill down for SPN review and analysis. Provided information by hospital to show hospital and SPN coordination.
- Provided updates in Individual SPN Monthly meetings and discussed barriers and interventions.
- Met again with Hospital and SPN providers to focus on SPN and Hospital Coordination and updated contact lists for each.

- Reviewed the Hospital Discharge Brochure and emphasized the importance of hospital discharge planners and social workers reviewing the brochure with the discharging patient and using the brochure for member to note their upcoming aftercare appointment.

**OTHER QUALITY IMPROVEMENT ACTIVITIES (RECOVERY):**

During 4th 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 elements of Person Centered Recovery Planning (PCRP) such as Real Life Goals and person-centered planning elements. Other areas of focus in meeting were Skills Training Fidelity forms and requirements from Texas Administrative Code Chapter 416. 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 6/1/2015-8/31/2015, except for the 7 and 30 day follow-up measures. This data was based on the time period of 2/1/2014-4/30/2015 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><b>Customer Service:</b></p> <p>ASA: 14.44 sec</p> <p>Abandonment Rate: 1.44 %</p> <p><b>Clinical:</b></p> <p>ASA: 17.39 sec</p> <p>Abandonment Rate: 1.78 %</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 = 2</p> <p>2-Routine 0-Urgent 0-Emergent</p> <p><b>Office Site Audits (Y= 4)</b></p> <p>100 % Routine Urgent Emergent</p>	<p>Complaints related to inpatient level of care identified this quarter.</p> <p>8 complaints against hospital providers</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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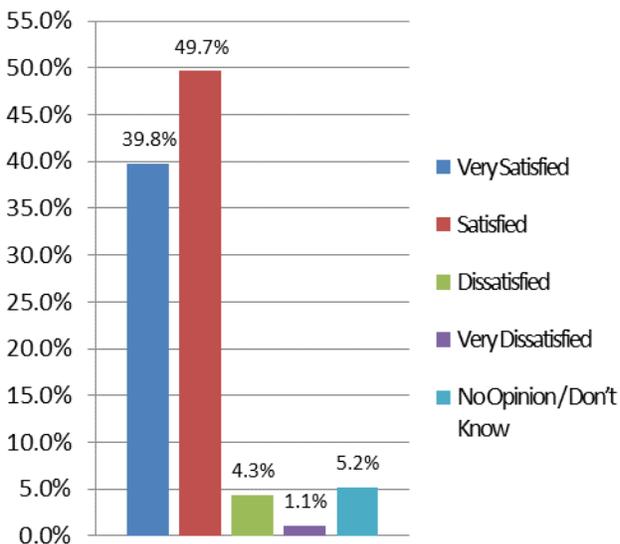
Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Ambulatory Follow-Up to Hospitalization 7 days and 30 days MH	Claims	<b>39.6% 7 days</b> (624/1577) <b>60.0% 30 days</b> ( 807/1344)	Measures based on paid claims are subject to claims payment lag.	The 7-day follow-up measure is lower and 30-day is higher than the previous quarter.
30 Day Readmission MH	Authorizations	<b>17.4%</b> (333/1910)		30-day Readmission MH was higher than the previous quarter.
30-Day	Authorizations	<b>9.8%</b>		30-day

Readmission Rate-SUD		(101/1030)		Readmission CD was higher than the previous quarter.
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### NorthSTAR 2015 Member Satisfaction Survey

The 2015 NorthSTAR Member Satisfaction Survey was conducted during the months of May-July 2015 in collaboration with the North Texas Behavioral Health Authority (NTBHA) and Mental Health America (MHA). Surveys were conducted at 28 Specialty Provider Network (SPN) locations by MHA advocates. The number of surveys collected was 758, which represents a larger sample than 522 surveys collected in 2014 and the largest sample since the survey began in 2010. Results were compiled by NTBHA staff. The survey was available in English and Spanish. There were no changes to the survey in 2015.

#### Overall, how satisfied are you with the mental health services of your clinic?



#### Overall Satisfaction with clinic services from 2011 to 2015 with the following results:

- 2010 result: 85.0% of members surveyed were very satisfied or satisfied
- 2011 result: 82.9% of members surveyed were very satisfied or satisfied
- 2012 result: 80.2% of members surveyed were very satisfied or satisfied
- 2013 result: 84.7% of members surveyed were very satisfied or satisfied
- 2014 result 87.7% of member surveyed were very satisfied or satisfied
- **2015 result 89.5% of member surveyed were very satisfied or satisfied**

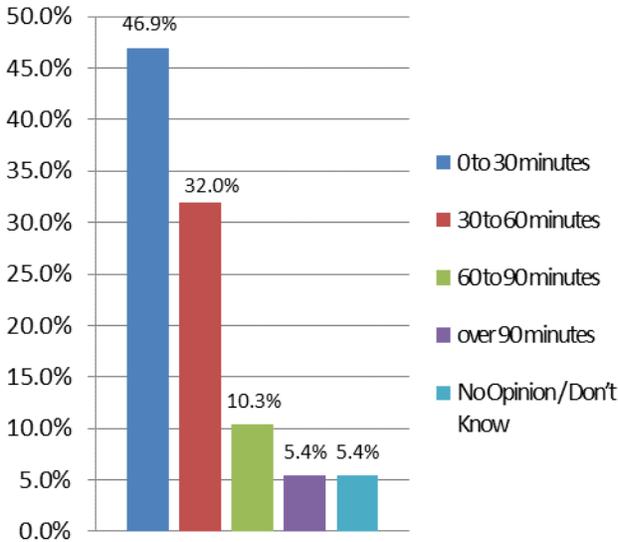
**Overall Satisfaction has continued to trend up since 2012, with the highest score since the beginning of the survey in 2010.**

Member satisfaction amount of help from staff when making decisions 91.9% improved in 2015 and satisfaction with reaching their goals 83.3% went up slightly. Satisfaction with

amount of staff involvement with family 82.9% stayed consistent after trending up significantly last year. All three of these measures are focused on member-directed, recovery-oriented treatment model and continue to be a focus in NorthSTAR.

### ACCESS TO CARE

**During the past year, how long, on average, was your wait time between your appointment time and the time you were seen by clinical staff?**

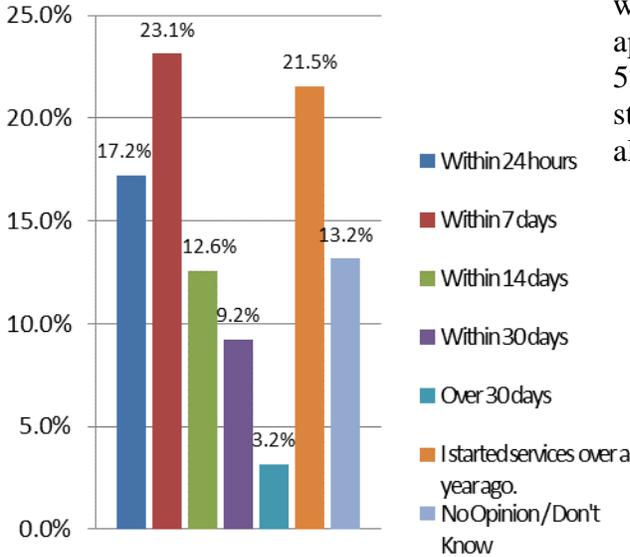


### Access to Care Trends:

Below shows appointment access times for office wait time Trends show that scores for office wait time over 90 minutes dropped significantly 2014 to 2015. The wait timeframe 30-60 minutes increased with 0-30 and 60-90 times relatively unchanged

Office wait	2015	2014	2013	2012
0 to 30 minutes	<b>46.9%</b>	50.5%	51.1%	48.6%
30 to 60 minutes	<b>32.0%</b>	23.1%	23.8%	24.3%
60 to 90 minutes	<b>10.3%</b>	11.0%	10.5%	11.0%
over 90 minutes	<b>5.4%</b>	10.0%	8.7%	11.2%
No Opinion / Don't Know	<b>5.4%</b>	5.5%	5.9%	4.8%

**If you began services during the past year, how long was the wait between the day you first requested services and the day you were offered your first appointment with a doctor?**

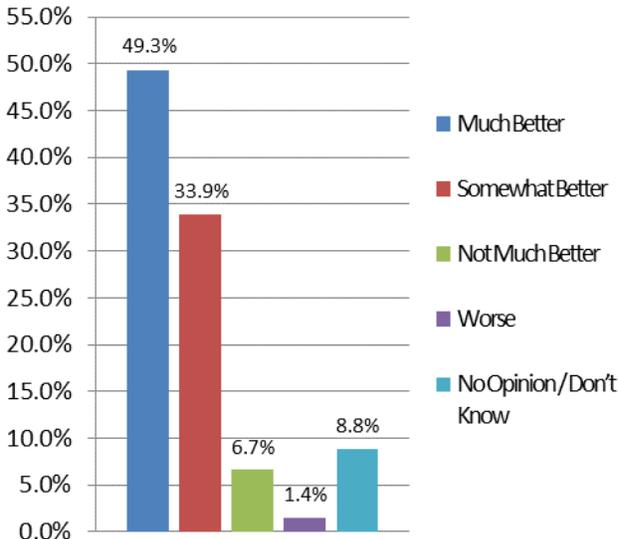


**Access to Care Trends:**

Scores for the wait time between the first day an appointment was requested and the date the consumer was offered their first appointment with a doctor in 2015 were fairly consistent with 2014. Respondents that were seen within 24 hours increased slightly whereas all other appointment access scores decreased slightly. Overall, 52.9% received an appointment within the 14 day standard, 12.4% were outside of timeframes with 21.5% already in services and 13.2% had no opinion.

Appointment Access	2015	2014	2013	2012
Within 24 hours	17.2%	15.7%	20.0%	21.7%
Within 7 days	23.1%	24.5%	23.7%	21.1%
Within 14 days	12.6%	14.4%	12.3%	8.5%
Within 30 days	9.2%	10.5%	10.2%	8.3%
Over 30 days	3.2%	4.1%	4.3%	6.1%
I started services over a year ago	21.5%	21.4%	18.8%	21.1%
No Opinion / Don't Know	13.2%	9.3%	10.7%	13.0%

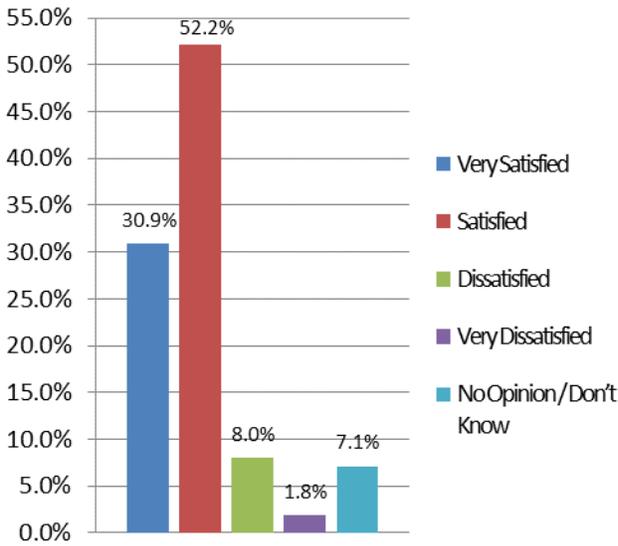
**Since beginning services, how would you rate your symptoms and problems now?**



**Satisfaction with ratings for symptoms and problems for 2015 with the following result**

- 2014 result: 79.3% of members surveyed rated their symptoms and problems as much better or somewhat better
- **2015 result: 83.2% of members surveyed rated their symptoms and problems as much better or somewhat better**

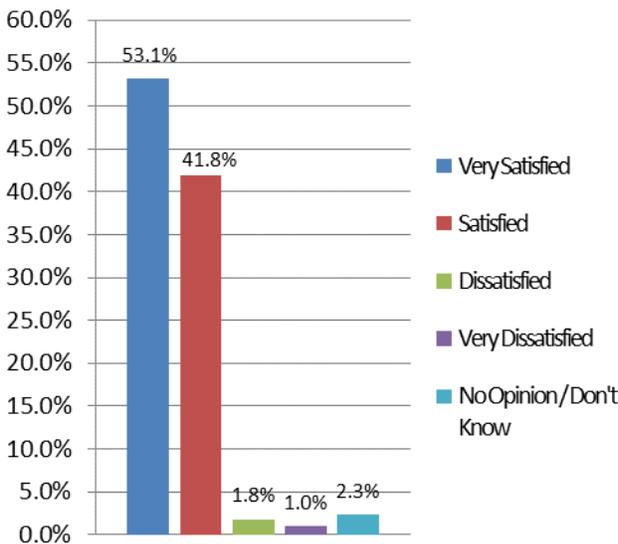
**How satisfied are you about your ability to improve your own life?**



**Satisfaction with member ability to improve their lives from 2012 to 2015:**

- 2012 result: 74.2% of members surveyed responded very satisfied or satisfied
- 2013 result: 74.8% of members surveyed responded very satisfied or satisfied
- 2014 result: 80.3% of members surveyed responded very satisfied or satisfied
- **2015 result: 83.1% of members surveyed responded very satisfied or satisfied**

**How satisfied are you with being treated with respect by staff at this clinic?**



**Satisfaction with being treated with respect with the following result from 2014 to 2015:**

- 2014 result: 92.4% of members surveyed were very satisfied or satisfied
- **2015 result: 94.9% of members surveyed were very satisfied or satisfied**

### **Actions/Recommendations:**

- Results will be reviewed in the August 6, 2015 SPN Meeting and August 20, 2015 SPN Quality meeting and August 25, 2015 Quality Management Committee. Individual SPN results by clinic with member comments were distributed to SPNs July 10, 2015 with a recommendation to review and provide results to clinic staff.
- Overall satisfaction trended up in 2015 as well as several measures intended to support a recovery-based service orientation trended up, including satisfaction in reaching their goals and ability of members to improve their own lives. There was also significant improvement in respondents rating feeling much better and receiving all of the services they need.
- Several measures were identified to target with the SPN clinics for improvement including satisfaction with seeking people and community supports, a key element of recovery as well as phone accessibility. The Texas service delivery systems implementation of Texas Resilience and Recovery (TRR) includes more thorough clinical assessments and evidence based practices with emphasis on Person Centered Recovery Planning. This recovery-based approach will continue to be the focus of best practices and collaboration with providers.

### ***CLINICAL AUDITS:***

During 4<sup>th</sup> FY quarter, QM conducted three facility audits, two inpatient and one follow-up audit for a Crisis Residential provider. Additionally, ValueOptions facilitated corrective action for the DSHS Mystery Call Audit and conducted follow-up for NTBHA Appointment Access Calls.

The Crisis Residential Audit a Treatment Record Review audit with an overall passing score of 81% with some opportunities in the following areas: legible staff credentials, some elements in Assessments, Recovery/Treatment Plans and Discharge Planning. Significant improvements in documentation noted since the provider implemented an Electronic Health Records. It was also noted that as the EHR is fully implemented, updated credentials in HER will be more consistent across all treatment records. Some of the findings were items that were being updated in new forms such as start/stop time in Psych Evaluation and the addition of an individualized discharge plan with resources specific to the individual member. Degree and/or transcripts were requested for QMHP credentialing.

Two facility audits were conducted. The first facility passed the Treatment Record Review audit with an overall passing score of 90% with 20 charts audited. Findings included opportunities in consistency in risk reassessments, clarity of discharge plans and staff credentials. The second facility audit was conducted with 27 charts reviewed. The facility passed the Treatment Record Review audit with an overall passing score of 85% with opportunities in the areas of consistency in risk assessments and reassessments, legible credentials and more thorough discharge referrals. A Corrective Action Plan was requested for those items.

### Assessment of Provider Access to Services

In 4th Quarter, ValueOptions received the results DSHS Mystery Call audits for Phone Access that were conducted in June, July and August. 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 to each SPN on TAC requirements and opportunities for improvement. ValueOptions also participated in DSHS technical assistance calls with each SPN. The DSHS webinar for SPNs on the Mystery Caller Project was also redistributed to SPN Quality Committee members. 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. The most recent August calls reflected all SPNs successfully gave access to mystery callers. 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.
June 2015	1,918	1.88 %	17 sec
July 2015	1,898	1.69%	17 sec
August 2015	1,661	2.41%	18 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.
June 2015	5912	1.08 %	12 sec
July 2015	6042	1.79 %	15 sec
August 2015	5688	1.76%	18 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.

#### Medicaid Medical Necessity Appeals

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
June 2015	99	27	2	2	0
July 2015	105	27	5	17	0
Aug 2015	110	24	3	1	0

#### Non-Medicaid Medical Necessity Appeals

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
June 2015	88	18	2	4	2
July 2015	137	27	2	3	0
Aug 2015	125	20	4	2	1

### 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
June 2015	53/37	13	6/10	3
July 2015	38/61	23	6/6	2
August 2015	45/30	7	6/5	0
Quarter Totals	<b>136/128</b>	<b>43</b>	<b>18/21</b>	<b>5</b>

There were 136 Medicaid Level 1 administrative appeals received for this reporting period, with 128 appeals that were closed. For Medicaid Level II appeals, there were a total of 18 received and 21 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, and member eligibility denials.

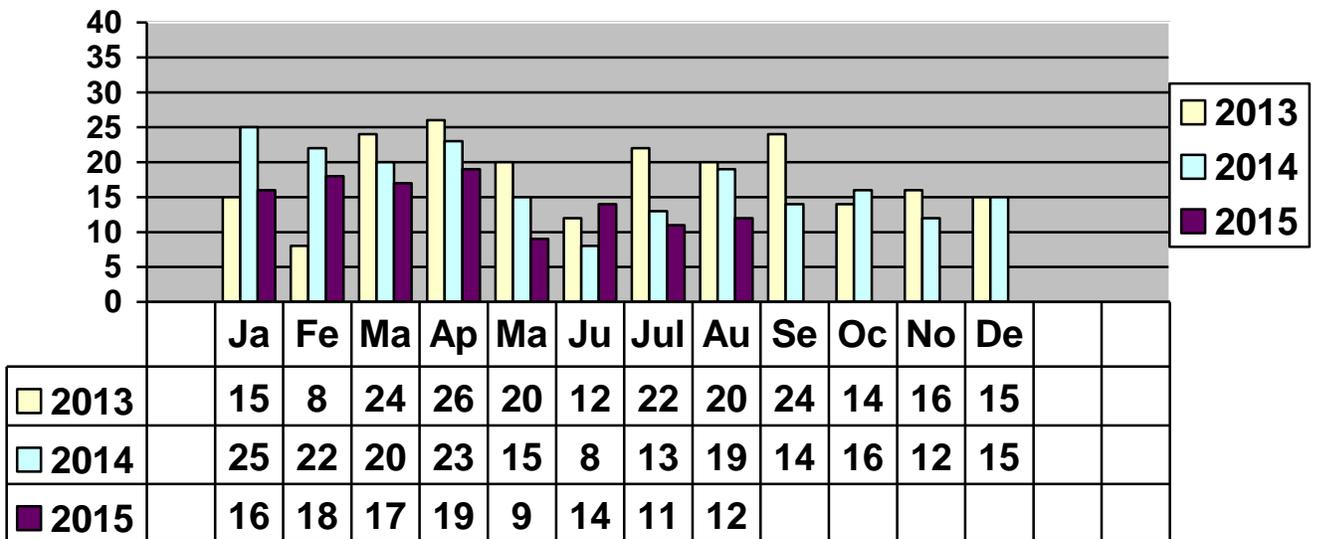
### Non-Medicaid Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
June 2015	53/54	20	7/13	1
July 2015	49/63	17	2/7	0
August 2015	47/44	19	11/2	1
Quarter Totals	<b>149/161</b>	<b>56</b>	<b>20/22</b>	<b>2</b>

There were 149 Non-Medicaid Level 1 administrative appeals received for this reporting period, with 161 appeals that were closed. For Non-Medicaid Level II appeals, there were a total of 20 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 denials.

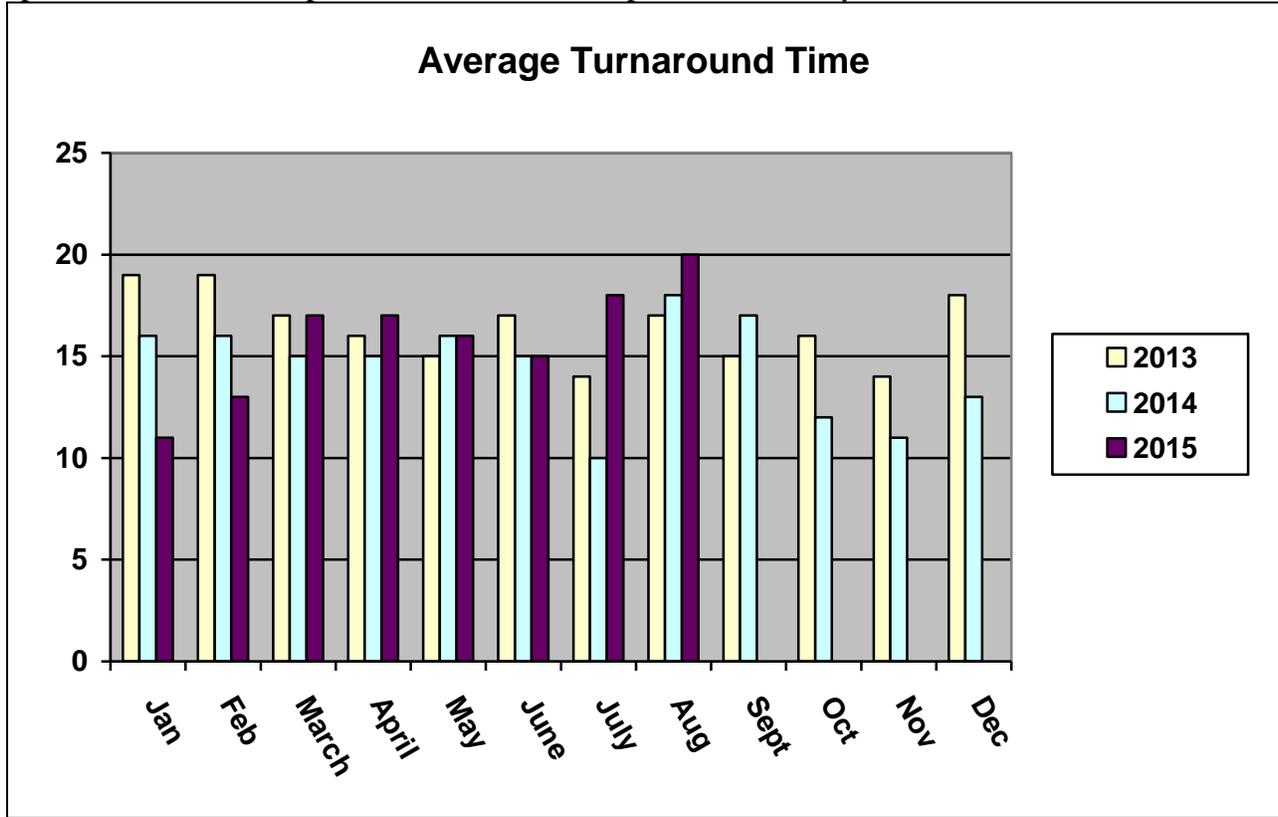
### Complaints/Grievances

Complaint #s Comparison



Complaint volume in June (14) is the highest for this quarter with August (12) following and then July (11). Overall, a total of (37) complaints were received for this quarter which is a

decrease from last quarter (45). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.



	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	15	18	20				

**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), E/C (Enrollment/Claims), and QOS (Quality of Service).

<b>Month</b>	<b>Complaints Received</b>	<b>Complaints Closed</b>	<b>Closed Complaint Average TAT</b>	<b>Complaint Categories</b>
June 2015	4	1	29	Access, QOC
July 2015	3	6	17.5	E/C QOC
August 2015	3	3	23	Access QOC
Quarter Totals	<b>10</b>	<b>10</b>	<b>69.5</b>	<b>Access QOC E/C</b>

**Non-Medicaid Complaints**

<b>Month</b>	<b>Complaints Received</b>	<b>Complaints Closed</b>	<b>Closed Complaint Average TAT</b>	<b>Complaint Categories</b>
June 2015	10	7	13	Access, E/C QOC, QOS
July 2015	9	13	18.15	Access, QOC QOS
August 2015	9	4	18.25	E/C, QOC QOS
Quarter Totals	<b>28</b>	<b>24</b>	<b>49.4</b>	<b>Access, E/C QOC, QOS</b>

**Claims Processing**

<b>Claims Data:</b>	<b>May 2015 2015</b>	<b>June 2015</b>	<b>July 2015</b>	<b>August 2015</b>
Mechanical	<b>99.97%</b>	<b>99.98%</b>	<b>99.94%</b>	<b>Not Available</b>

Accuracy				
Financial Accuracy	<b>99.93%</b>	<b>99.38%</b>	<b>100%</b>	<b>N/A</b>
% Processed in 30 calendar days	<b>99.97%</b>	<b>99.98%</b>	<b>99.94%</b>	<b>N/A</b>

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)  
4th 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.

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

\*\*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
June 2015	0	N/A
July 2015	1	35
Aug 2015	1	5
<b>Total # of Trainings = 2</b>		
<b>Total # of Attendees = 40</b>		

**Credentialing and Recredentialing:**

Indicator	June 2015	July 2015	Aug 2015
# Initial Credentialed	1	3	0
Average TAT Initial CR (in days)	13	4	0
# Recredentialled	6	8	4
Average TAT Recred (in days)	33	54	74
% Recredentialled Files Completed within 36 month TAT	100%	100%	100%

**National Goals**

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 90%

Initial Credentialing and Recredentialing turnaround time is above the performance target for all months in this quarter.

**UM Average Daily Census**

**Medicaid Enrollees ADC**

Month	Inpatient	Residential Rehabilitation
June 2015	60.0	15.2
July 2015	60.8	14.7
Aug 2015	53.5	15.4

**Non-Medicaid Enrollees ADC**

Month	Inpatient	Residential Rehabilitation
June 2015	262.2	49.8
July 2015	229.9	53.0
Aug 2015	195.4	53.7

Medicaid and Non-Medicaid average daily census has been split out for the second time. Trends show higher ADC for Non-Medicaid Enrollees.

### 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