

***ValueOptions NorthSTAR***  
***Dallas County Service Delivery Area***  
***SFY 2014 3rd Quarter***  
***QUARTERLY QUALITY IMPROVEMENT ACTIVITY REPORT***

ValueOptions Quality Management Department submits the Quarterly Quality Improvement Activity Report as specified in the State NorthStar Contract. This report addresses program activities for the third quarter (3/01/14-5/31/14) of the 2014 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 April 22, 2014 to review and approve the status of the QMUM Work Plan. The QMC met on April 29, 2014 to review and approve the 2014 QMUM Evaluation.

**FOCUS STUDIES**

**2014 NorthSTAR Performance Improvement Projects (PIP) Topics**

***Follow-Up After Hospitalization for Mental Illness (FUH):*** No new measurements during this quarter using HEDIS methodology. We are awaiting the HHSC 2013 final HEDIS numbers in order to do a Mid-Year review due 9/1/2014.

**Status of Interventions for FUH PIP:**

- **Provided Update in Individual SPN Monthly meetings:** Educating provider on Health Alert, which is a ValueOptions' ProviderConnect and MemberConnect system that can program reminder phone calls or emails for the aftercare appointment.
- **Updated Member Hospital Brochure, awaiting internal approval:** Producing new member materials targeted member and family education related to the importance of keeping follow-up appointments.
- **Completed:** Updating member materials with the Medicaid Transportation Vendor phone number. LogistiCare is the current Medicaid Vendor for the NorthSTAR service delivery area and appointments can be accessed by calling 2 business days ahead of the appointment 1 (855) 687-3255 during 8 am – 5 pm hours of operation.

- **Completed, but not yet evaluated for frequency of use.** New incentive added with SPN contract to add a Post-Acute Visit bonus in addition to the encounter rate SPNs already receive if member is seen by a physician within 3 days of hospital discharge.
- **Ongoing in both SPN Quality Meetings and in Individual Monthly SPN meetings.** Reviewing data by hospital and doing provider education and audits related to discharge planning and coordination.
- **New Interventions added this quarter that are in process:**
  - Coordinate a quarterly meeting between SPN discharge coordination contacts and hospital discharge coordination contacts to address barriers identified by SPNs in May 2014 SPN Quality Committee.
  - Create a SPN staff Tip Sheet highlighting all of the current initiatives to ensure information is getting to all SPN staff and not just those attending meetings.
  - Worked with NTBHA on implementing the Penalty/Incentive Fund project related to providing funding for SPNs to pick up members from the hospital and take them directly to the outpatient clinic for services. It also allows a second transport within 3 days if additional services are needed, such as an appointment with a prescriber. Implementation expected in June 2014.

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

No new measurements during this quarter using HEDIS methodology. We are awaiting the HHSC 2013 final HEDIS numbers in order to do a Mid-Year review due 9/1/2014.

**Status of interventions for IET PIP:**

- **Ongoing:** Analyzing data from providers that will help us work together to identify opportunities for improvement in referrals, engaging members in treatment and coordination of care.
- **Ongoing with emphasis on CYT Home Visits:** Initiating Cannabis Youth Treatment (CYT) Work group meetings and monitoring CYT home visits.
- **Completed:** Updating member materials with the Medicaid Transportation Vendor phone number. LogistiCare is the current Medicaid Vendor for the NorthSTAR service area and can be accessed by calling 2 business days prior to appointments at 1 (855) 687-3255. Teens may also have a pre-approved non-parent adult accompany them.
- **Updated Member Hospital Brochure, awaiting internal approval:** Reviewing member education materials and website to include the value of engaging in SUD or COPSD services.
- **Ongoing:** Coordinate with providers regarding engaging individuals with COPSD as part of the current service packet of treatment

- **Ongoing:** Promote member and family education materials and resources posted on the DSHS webpage: <http://www.dshs.state.tx.us/mhsa/patient-family-ed/>
- **New Interventions added this quarter that are in process:**
  - Worked with NTBHA on implementing the Penalty/Incentive Fund project related to providing funding for SPNs to pick up members from the hospital and take them directly to the outpatient clinic for services. It also allows a second transport within 3 days if additional services are needed, such as an appointment with a prescriber. Implementation expected in June 2014.

**Increasing Prescriber Engagement in NorthSTAR Mental Health consumers that are assigned to a MH Provider (SPN):**

This is an annual measure, with no new annual measurement due at this time. We continue to monitor quarterly by SPN provider.

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

This was the third quarter following the implementation of the Texas Resilience and Recovery systems of care. There were additional regional and state training on curriculums and protocols as well as system improvements to CMBHS. CMBHS programming updates were distributed to SPNs by ValueOptions as new technical issues were resolved. During third quarter, ValueOptions and SPN providers focused on transitions from work-around systems to programmed CMBHS systems. Monthly implementation calls hosted by DSHS continued with participation by ValueOptions staff, NTBHA and SPN providers. The focus of calls remained on updates to Adult UM guidelines and LOC 4 sorting logic. Subject matter experts provided guidance and education in ACT and IMR calls.

ValueOptions and DSHS continued to work collaboratively with SPN providers to support TRR processes for NorthSTAR. ValueOptions continues to provide to SPNs support and guidance on TRR Implementation as well as ensuring DSHS Broadcasts of critical information is distributed to SPNs. Extensions for CBT certifications were granted by DSHS upon request for LPHAs employed prior to TRR and who had not passed certification. Plans for achieving certification were submitted by providers to DSHS. Examples of current initiatives are the Parent Child Interaction Therapy Training of Trainers (PCIT TOT), Trauma Focused CBT (TF-CBT) and Person Centered Planning.

**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 3/1/2014-5/31/2014, except for the 7 and 30 day follow-up measures. This data was based on the time period of 11/1/2013-1/31/2014 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: 38 sec</p> <p>Abandonment Rate: 3.06 %</p> <p><b>Clinical:</b></p> <p>ASA: 25 sec</p> <p>Abandonment Rate: 2.8%</p>	None	Customer Service did not meet the ASA standards for this quarter due to high call volume, weather related business recovery days and staffing. To correct this, we have augmented with a Texas team to answer phones during peak call volume times. Clinical phone stats are within performance targets.
Timeliness of appointments w/in:  <i>Routine:</i> 14 calendar days  <i>Urgent:</i> 24 hrs.  <i>Emergent:</i> Immediately	Member Complaints  Provider Relations Office-Site Audits	<p>Access Complaints total = 4</p> <p>3-Routine 1-Urgent 0-Emergent</p> <p><b>Office Site Audits (Y= 4)</b></p> <p>100 %- Routine</p>	<p>No significant appointment access trends this quarter.</p> <p>Data obtained from viewing appointment schedules and assessing provider's appointment scheduling</p>	Appointment access is monitored and reported through the complaint process as well as with office site audits.

			process may not be consistent with members' experience.	
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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>35.5% 7 days</b> (568/1601)  <b>53.9% 30 days</b> ( 660/1432)	Measures based on paid claims are subject to claims payment lag.	7-day and 30-day follow-up were about the same as the previous quarter
30 Day Readmission MH	Authorizations	<b>14.3%</b> (241/1680)		30-day Readmission MH was slightly above the previous quarter.
30-Day Readmission Rate-CD	Authorizations	<b>7.1%</b> (71/996)%		30-day Readmission CD was slightly lower than the previous quarter.

**CLINICAL AUDITS:**

One QM audit and a TRR Competency SPN Self-Assessment were both conducted during 3rd quarter. A tool for NorthSTAR TRR Competencies SPN Self-Reviews was developed to assess the implementation of curriculum and protocols for TRR. Opportunities or any area not consistent with TRR requirements are being addressed individually by SPN. Some SPNs indicated that although staff are trained in TRR Competencies, not every children's protocol is currently in use. Assessing individual needs for using evidence-based protocols will be addressed also in SPN Quality Meetings for best practices and success stories.

The SPN Audit result included a Treatment Record Review audit with an overall passing score of 81% with an opportunity in the area of prominently noted drug allergies. ACT Fidelity Self-Review was conducted by the SPN. Elements of ACT Fidelity were verified by ACT Team Lead interview in addition to reviewing relevant documents such as caseload lists, on-call schedules and ACT Team meeting minutes. ACT charts were reviewed. The provider was requested to outline how the ACT team uses its strengths to improve fidelity to the model and specifically requested to attend to the areas of intensity and frequency after hospitalizations and hospital coordination for admissions. For the HR/Credentialing section, QMHPs and licensed staff were appropriately credentialed. Findings included a few TAC required elements and a few sessions of individual clinical supervision needed to be documented. One therapist had not passed CBT certification and corrective action requested for CBT supervision and a plan to achieve certification.

**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.
Mar 2014	<b>1,751</b>	<b>2.57%</b>	<b>25 sec</b>
Apr 2014	<b>1,911</b>	<b>3.19%</b>	<b>27 sec</b>
May 2014	<b>1,787</b>	<b>2.63%</b>	<b>24 sec</b>

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.

**Enrollee/Provider Service Calls:**

Month	Total Calls Received	Abandonment Rate < 5 %	Speed of Answer <30 sec
Mar 2014	7,838	1.77%	32 seconds
Apr 2014	7,785	0.79%	19 seconds
May 2014	7,590	1.02%	18 seconds

Customer Service leadership is reporting frequently to the Texas Engagement Center to ensure phones are answered within the contractual standard. Improvement was seen with March in terms of ASA and Abandonment Rate performance. Standards have been exceeded for April and May. A Corrective Action Plan was requested in April 2014. Since putting these actions, into place, Customer Service has strong compliance with the ASA.

### Medical Necessity Appeals

The following table presents information concerning medical necessity appeals for this quarter

Month	Adverse Determinations	Level 1 Appeals	Level 1 Appeals Reversed	Level 2 Appeals	Level 2 Appeals Reversed
Mar 2014	185	70	12	6	3
Apr 2014	239	35	7	6	1
May 2014	260	29	4	1	1

Adverse determinations have increased significantly within the past couple of months and continue to stay higher than average. Appeals were higher at the beginning of the quarter, but have decreased to a constant average.

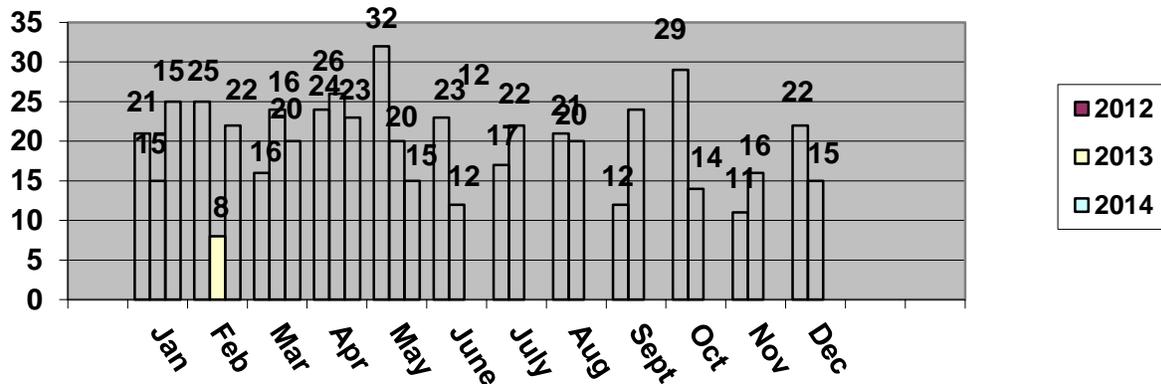
### Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
March 2014	89/61	34	6/5	2
April 2014	64/81	24	13/6	0
May 2014	64/72	33	9/13	1
Quarter Totals	217/214	91	28/24	3

There were 217 Level 1 administrative appeals received for this reporting period, with 214 appeals that were closed. For Level II appeals, there were a total of 28 received and 34 closed for this reporting period. All 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.

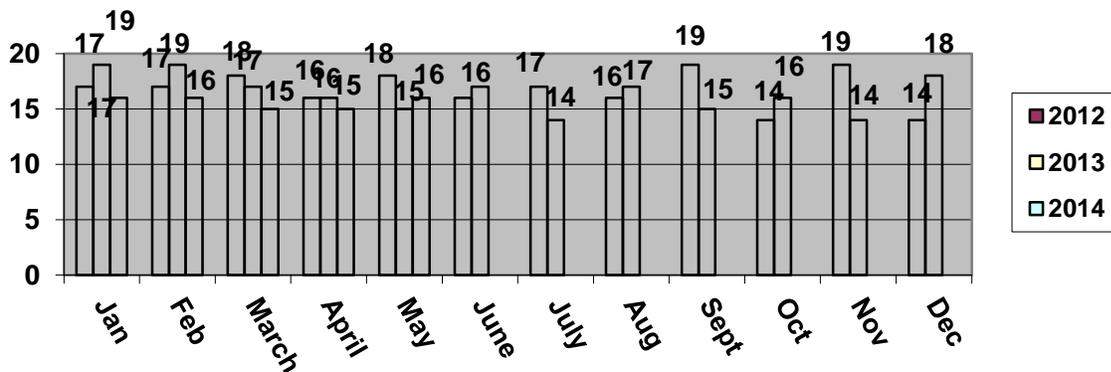
## Complaints/Grievances

### Complaint #s Comparison



Complaint volume in April 2014 (23) is the highest for this quarter with March following (20) and then May (15). Overall, a total of 58 complaints were received for this quarter which is a decrease from last quarter (62). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.

### Average Turnaround Time



Claims Data:	Jan 2014	Feb 2014	Mar 2014
Mechanical Accuracy	99.95%	99.96%	99.95%
Financial Accuracy	99.91%	99.86%	99.53%
% Processed in 30 calendar days	100.0%	99.99%	100.0%

Claims performance measures all were within contractual and regulatory standards. The indicators for the months April and May will be presented on the next Quarterly Report.

## Behavioral Health Education and Recovery:

<b>Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 2nd quarter SFY 2014 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>Dec 2013</b>	2	15	17	54	46	100
<b>Jan 2014</b>	1	12	13	22	48	70**
<b>Feb 2014</b>	1	11	12	32	53	85
<b>Quarter Totals</b>	<b>4</b>	<b>38</b>	<b>42</b>	<b>108</b>	<b>147</b>	<b>255</b>

<b>Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 3rd quarter SFY 2014 Report**</b>						
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<b>Mar 2014</b>	1	28	29	241	68	309
<b>Apr 2014</b>	1	32	33	291	65	356
<b>May 2014</b>	1	31	32	144	73	217
<b>Quarter Totals</b>	<b>3</b>	<b>91</b>	<b>94</b>	<b>676</b>	<b>206</b>	<b>882</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.

\*\*The Peer liaison retired in January and the Peer Specialist was not hired until late February, which accounts for a drop in the number of events and persons assisted.

### **Provider Relations: Provider Trainings**

Month	Provider Trainings	Number of Attendees
Mar 2014	0	0
Apr 2014	1	9
May 2014	3	41
<b>Total # of Trainings = 4</b>		
<b>Total # of Attendees = 50</b>		

### Credentialing and Recredentialing:

Indicator	March 2014	April 2014	May 2014
# Initial Credentialed	1	1	3
Average TAT Initial CR (in days)	4	8	25
# Recredentialled	8	4	6
Average TAT Recred (in days)	7	34	17
% Recredentialled Files Completed within 36 month TAT	88%	100%	83%

### National Goals

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 96%

### UM Average daily census table

Month	Inpatient	Residential Rehabilitation
Mar 2014	75	77
Apr 2014	73	80
May 2014	80	85

Both Inpatient average daily census and Residential Rehabilitation average daily census trended up slightly.

### ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

NorthSTAR ValueOptions QM Projects	Target
Complete 2013 QM/UM Program Evaluation	April 29, 2014
Complete 2014 QM/UM Program Descriptions and QM//UM Work Plan	March 1, 2014
QI Project: Improving Access to Prescriber Appointments within 7 and 14 days after hospital discharge.	April 22, 2014
2014 Consumer Satisfaction Survey (to QMC)	August 26, 2014
Coordination of Care in Children” Project 2014	December 16, 2014
QI Project: HHSC Improving Medicaid Medication Adherence for Antipsychotics and Antidepressants	August 26, 2014
PIP: Initiation and Engagement of Alcohol and Other Drug Treatment (IET)	June 22, 2014

PIP: 7 and 30 Day Follow-Up After Hospital Discharge (FUH)	June 22, 2014