

ValueOptions NorthSTAR
Dallas County Service Delivery Area
SFY 2014 4th 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 fourth quarter (6/01/14-8/31/14) 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 June 24, 2014 and August 26, 2014 with updates presented from the QMUM Work Plan.

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.

Status of Interventions for FUH PIP:

- **Provided Updates in Individual SPN Monthly meetings** and discussed barriers and interventions. Obtaining timely hospital discharge paperwork from the hospitals is a major barrier.
- **Updated Member Hospital Brochure, awaiting internal approval:** Updated Hospital Brochure targeting members who discharge to continue in treatment in outpatient services. It's anticipated this will be available in October 2014 for distribution to major network hospitals.
- **Provided Member Education at the hospitals using Behavioral Health Education and Outreach Department Peer Specialist.** This ValueOptions staff partnered with Mental Health America (MHA) staff and provided groups and individual outreach to help members become connected with aftercare once they leave the hospital.

- **Conducted a Treatment Record Review that included Discharge Planning assessment for a major network hospital with targeted improvements related to discharge coordination identified for corrective action.**
- **Provided a SPN Tip Sheet to all SPN providers for dissemination to their front line staff to educate Staff on new initiatives** including transportation funded by NTBHA Penalty/Incentive dollars and well as enhanced Supportive Housing Units as well as other interventions that will target the QIP and PIP improvements.

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

No new measurements during this quarter using HEDIS methodology. Additionally, this project was expanded to include the Non-Medicaid NorthSTAR members for URAC QIP with the data

2012 PIP Baseline Results Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Population: Medicaid only

Measure	Results
IET Initiation	24.7 %
IET Engagement	2.56 %

Timeframe for IET PIP is 1/1/2012-11/15/2012 (HHSC data)

*Note, once HHSC 2013 data is available; this will be the baseline year for the PIP. ValueOptions ran 2013 Baseline data in order to perform root/cause analysis.

Goals for PIP:HEDIS® Quality Compass 2013 (Medicaid HMO):

Measure	25 th Percentile	50 th Percentile	75 th Percentile
IET Initiation	36.03 %	39.16%	43.43%
IET Engagement	5.14 %	10.19 %	16.17%

2013 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Quality Improvement Project (QIP) Baseline Results Population: Medicaid and Non-Medicaid

Measure	Results
IET Initiation	28.4%
IET Engagement	10.4%

Timeframe for IET QIP is 1/1/2013-11/15/2013 (ValueOptions Claims data)

2013 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment by SPN Provider
(includes Medicaid and Indigent)

SPN	Initiation			Engagement		
	Total	# Initiation	% Initiation	Total	# Treatment	% Treatment
SPN 1	32	9	28.1%	32	3	9.4%
SPN 2	3	2	66.7%	3	1	33.3%
SPN 3	83	22	26.5%	83	5	6.0%
SPN 4	39	22	56.4%	39	6	15.4%
SPN 5	1418	246	17.3%	1418	82	5.8%
SPN 6	60	14	23.3%	60	4	6.7%
SPN 7	81	27	33.3%	81	6	7.4%
SPN 8	1	0	0.0%	1	0	0.0%
SPN 9	1	1	100.0%	1	1	100.0%
SPN 10	24	17	70.8%	24	4	16.7%
no SPN	7228	2186	30.2%	7228	820	11.3%
Grand Total	8970	2546	28.4%	8970	932	10.4%

** the SPN was established by an authorization within 7 days of the index diagnosis date.*

Status of interventions for IET PIP and IET QIP:

- **Presented IET QIP baseline date for calendar year 2013 to SPN Quality Committee** that provided detail by SPN and Index Provider (provider making the initial SUD diagnosis). SPN data is included above.
- **Updated Member Hospital Brochure, awaiting internal approval:** Updated Hospital Brochure targeting members who discharge to continue in treatment in outpatient services. It's anticipated this will be available in October 2014 for distribution to major network hospitals.

- **At July SUD Provider meeting, providers were informed of update test for COPSD training published by DSHS. Using COPSD curriculum emphasizes addressing members' stage of change and motivation for SUD treatment.**
- **Provided a SPN Tip Sheet to all SPN providers for dissemination to their front line staff to educate Staff on new initiatives** including transportation funded by NTBHA Penalty/Incentive dollars and well as enhanced Supportive Housing Units as well as other interventions that will target the QIP and PIP improvements.
- **In June CYT meeting, providers were given total numbers billed for service codes to ensure proper coding of services** and for feedback on which CYT elements are in need of targeted engagement such as home visits.
- **Audited front-door inpatient facility in July to give feedback on discharge referrals for SUD.**

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.

Status of interventions for Prescriber Engagement QIP:

- **Provided a SPN Tip Sheet to all SPN providers for dissemination to their front line staff to educate Staff on new initiatives** including the 1/1/2014 implemented “bonus” payment to SPNs for hospital discharge clients who receive a prescriber appointment within 3 days of their hospital discharge.

OTHER QUALITY IMPROVEMENT ACTIVITIES (RECOVERY):

During fourth quarter the final elements for the Texas Resilience and Recovery systems of care were implemented. SPNs were requested to submit updates the status of implementation for TRR protocols. Some highlights include the recertification for ANSA/CANS for provider staff, completion of CBT certifications for SPNs granted extensions by DSHS, SPN participation in most recent TF-CBT training and IMR update trainings. Additionally, ValueOptions hosted a large training on Nurturing Parent. DSHS monthly implementation calls continued for UM, ACT, and other protocols. Fidelity forms were finalized by DSHS and distributed to SPNs by ValueOptions for Skill Streaming, Seeking Safety and Nurturing Parent. Other protocols such as CBT and TF-CBT have fidelity forms built into the training and supervision processes.

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 6/1/2014-8/31/2014, except for the 7 and 30 day follow-up measures. This data was based on the time period of 2/1/2014-4/30/2014 in order to allow adequate time for claims payment.

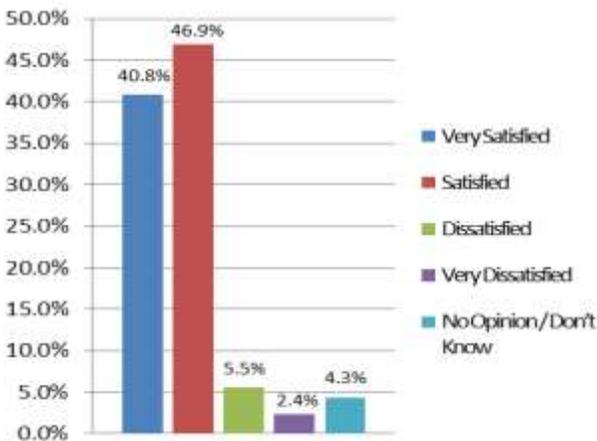
Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Telephone response (ASA and Abandonment Rate)	Avaya Phone system data	<p>Customer Service:</p> <p>ASA: 25 sec</p> <p>Abandonment Rate: 2.09 %</p> <p>Clinical:</p> <p>ASA: 22 sec</p> <p>Abandonment Rate: 1.42%</p>	None	Customer Service met the quarterly ASA standards for this quarter, however July 2014 ASA didn't meet target. In August, the ASA returned to within target and adjustments were made to ensure ongoing compliance with ASA.
<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>3-Routine 1-Urgent 0-Emergent</p> <p>Office Site Audits (Y= 6)</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 process may not be consistent with members' experience.</p>	Appointment access is monitored and reported through the complaint process as well as with office site audits.

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	37.7% 7 days (598/1587) 54.3% 30 days (781/1439)	Measures based on paid claims are subject to claims payment lag.	7-day and 30-day follow-up were slightly higher than the previous quarter
30 Day Readmission MH	Authorizations	13.4% (226/1688)		30-day Readmission MH was slightly lower than the previous quarter.
30-Day Readmission Rate-CD	Authorizations	7.7% (80/1035)%		30-day Readmission CD was slightly higher than the previous quarter.

NORTHSTAR MEMBER SATISFACTION SURVEY

The 2014 NorthSTAR Member Satisfaction Survey was conducted during the months of May-July 2014 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 522, which represents a smaller sample than 634 surveys collected in 2013. Results were compiled by NTBHA staff. The survey was available in English and Spanish.

Overall Satisfaction with Clinic Services 2014 Results



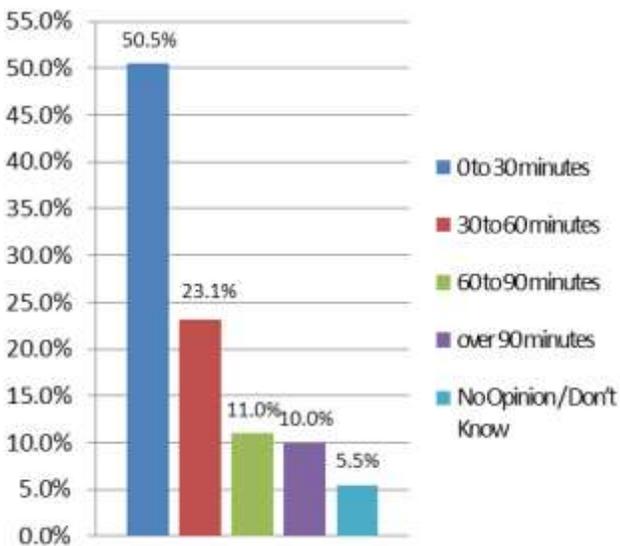
Overall Satisfaction with clinic services from 2010 to 2014 with the following results:

- 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**

Access

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

2014 Results

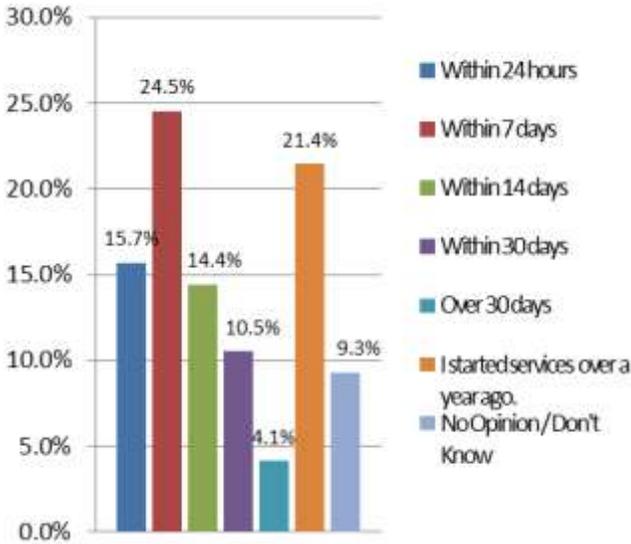


Office wait trends

	2014	2013	2012	2011
0 to 30 minutes	50.5%	51.1%	48.6%	41.0%
30 to 60 minutes	23.1%	23.8%	24.3%	26.5%
60 to 90 minutes	11.0%	10.5%	11.0%	13.1%
over 90 minutes	10.0%	8.7%	11.2%	13.7%
No Opinion / Don't Know	5.5%	5.9%	4.8%	5.7%

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?

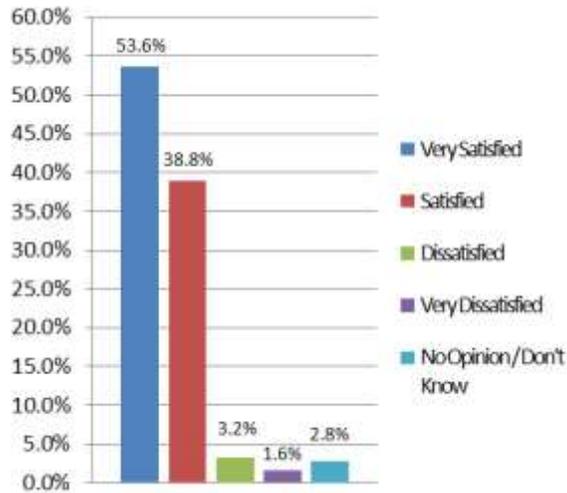
2014 Results



Time to first appointment with prescriber trends

	2014	2013	2012	2011
Within 24 hours	15.7%	20.0%	21.7%	24.7%
Within 7 days	24.5%	23.7%	21.1%	21.8%
Within 14 days	14.4%	12.3%	8.5%	10.3%
Within 30 days	10.5%	10.2%	8.3%	10.8%
Over 30 days	4.1%	4.3%	6.1%	5.5%
I started services over a year ago	21.4%	18.8%	21.1%	16.1%
No Opinion / Don't Know	9.3%	10.7%	13.0%	10.8%

**How satisfied are you with being treated with respect by staff at this clinic?
2014 Results**



Satisfaction with being treated with respect with the following result for 2014:

- **92.4% of members surveyed were very satisfied or satisfied**

Actions/Recommendations:

- Results were reviewed in the August 26, 2014 Quality Management Committee and will be reviewed in SPN Quality meeting. Individual SPN results by clinic with member comments are distributed to SPNs with a recommendation to review and provide results to clinic staff.
- Overall satisfaction trended up in 2014 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.
- Several measures were identified to target with the SPN clinics for improvement including satisfaction with seeking people and community supports. This measure saw a decline in satisfaction from the last 3 measurements. 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 4th quarter, QM conducted TRR SPN Implementation reviews, one SPN Audit and an inpatient facility audit. Appointment Access Phone Surveys were also conducted by NTBHA and ValueOptions. Additionally Person Centered Planning Reviews were conducted by DSHS.

A follow-up submission for status update of TRR Competency SPN Self-Assessments was requested during 4th quarter. The same tool was used for NorthSTAR TRR Competencies

SPN Self-Reviews as the previous quarter to assess the implementation of curriculum and protocols for TRR. Opportunities for any area not consistent with TRR requirements are being addressed individually by SPN. Some SPNs indicated that although staff is trained in TRR Competencies, not every youth protocol is currently in use. Assessing individual needs for using evidence-based protocols are also addressed in SPN Quality Meetings for best practices and success stories. SPNs were reminded of timeframes for fidelity reviews after staff has been using the protocol for one year. CANS/ANSA staff re-certifications were conducted.

The SPN Audit results included a Treatment Record Review audit with an overall passing score of 87% with an opportunity in the area of individualized treatment plans with emphasis on members' meaningful life role/recovery goals. 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. A sample of ACT charts was reviewed. The provider was requested to outline how the ACT team uses its strengths to improve fidelity to the model. Notable strengths were intensity, team approach and groups by a Peer Specialist. The provider reported the opportunities for their team included using specific COPSD groups, documenting all of members' informal supports to ensure contact with supports are documented and using quotes to reflect members' real life goals. For the HR/Credentialing section, QMHPs and licensed staff were appropriately credentialed and individual clinical supervision was well documented. Opportunities included a TAC required element for TAC Chapter 416 published this calendar year and a more consistent process to document evidence of TRR training competencies for TRR. The TRR protocols were noted being used in charts and supervision records.

An inpatient hospital audit was conducted during 4th quarter. NTBHA and DSHS also participated in the audit. A random sample of 26 charts was reviewed using a Treatment Record Review tool. The overall score for the Treatment Record Review was 92% and primary opportunity noted was thorough documentation of discharge planning. A Corrective Action Plan was requested. Members discharged to the NorthSTAR area were referred to a Specialty Network Providers (SPN), however, discharge planning lacked specific referrals and contact information for medical follow-up and substance abuse services. Some charts lacked Crisis Prevention plans found in other charts.

DSHS conducted a state-wide Person Centered Recovery Planning (PCRP) Review. ValueOptions distributed SPN samples selected by DSHS, distributed the DSHS PCRP audit tool and submitted completed tools by SPNs to DSHS. Out of 10 SPNs, eight had an average score of 80% or higher on the section for Compliance with TAC rules on Recovery Plans. Formal results from DSHS will be reviewed to identify opportunities for improvement.

Results were received during 4th quarter for DSHS Mystery calls. There was general improvement from 2013 to 2014 DSHS surveys. SPNs were sent their individual reports along with TAC references for Access and Telephone inquiries. Additionally, results were reviewed in monthly individual SPN meetings over several months. One SPN was requested to complete corrective action and a written response. The overall results were discussed in

the SPN Quality meeting and reviewed by the Quality Management team to identify overall trends for opportunities for NorthSTAR.

NTBHA conducted Access Surveys via telephone during 4th quarter. Calls were conducted after hours to assess adherence to access standards for availability of crisis hotline number, option for information in Spanish, phone service menu is functional and return calls in 24 hours. SPNs that did not meet every element were requested by ValueOptions to document their corrective action and return updates to QM department. Most SPNs had after hours systems that provided access to the ACS Mobile Crisis number and some SPNs reported reprogramming their system to include a Spanish option.

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 2014	1643	1.77%	23 sec
July 2014	1893	2.11%	21 sec
Aug 2014	1668	1.98%	19 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.

Enrollee/Provider Service Calls:

Month	Total Calls Received	Abandonment Rate < 5 %	Speed of Answer <30 sec
June 2014	6,823	1.80%	21 sec
July 2014	6,901	3.07%	40 sec
Aug 2014	6,295	1.60%	15 sec

Customer Service call Abandonment Rate was met for all 3 months of the quarter. Average speed of answer target of 30 seconds was met for June and August. The 40 second Average Speed of Answer for July was 40 seconds and outside of the performance target. In response to this, Customer Service has recently co-located a NorthSTAR dedicated Customer Service Representative to the tm located in the Texas Engagement Center. Customer Service department has also aligned the agent design to ensure adequate coverage for peak call volumes throughout the day.

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
June 2014	162	76	25	4	0
Jul 2014	165	32	10	2	1
Aug 2014	156	34	2	4	0

Adverse determinations have decreased significantly within the past couple of months and returned back to the average for this time of the year. Appeals were higher at the beginning of the quarter, but have decreased to the constant average.

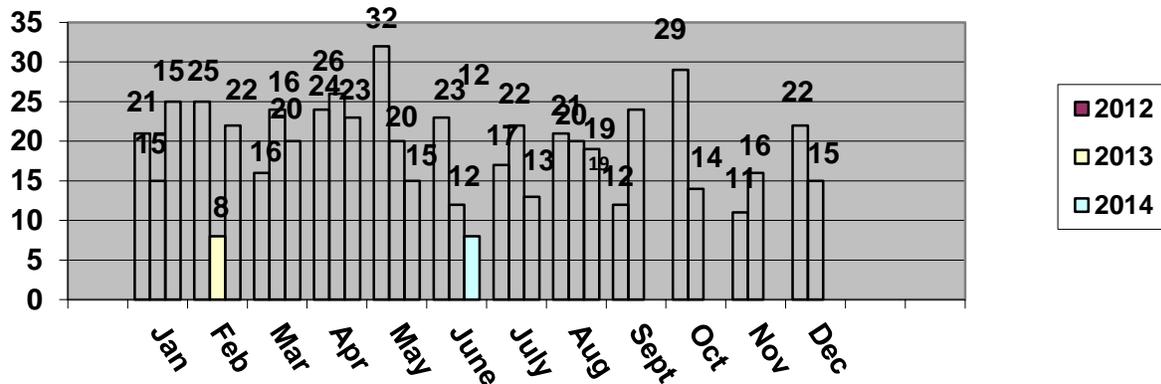
Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
June 2014	93/56	27	7/11	1
July 2014	67/99	46	13/7	2
Aug 2014	52/59	27	9/14	2
Quarter Totals	212/214	100	29/32	5

There were 212 Level 1 administrative appeals received for this reporting period, with 214 appeals that were closed. For Level II appeals, there were a total of 29 received and 32 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.

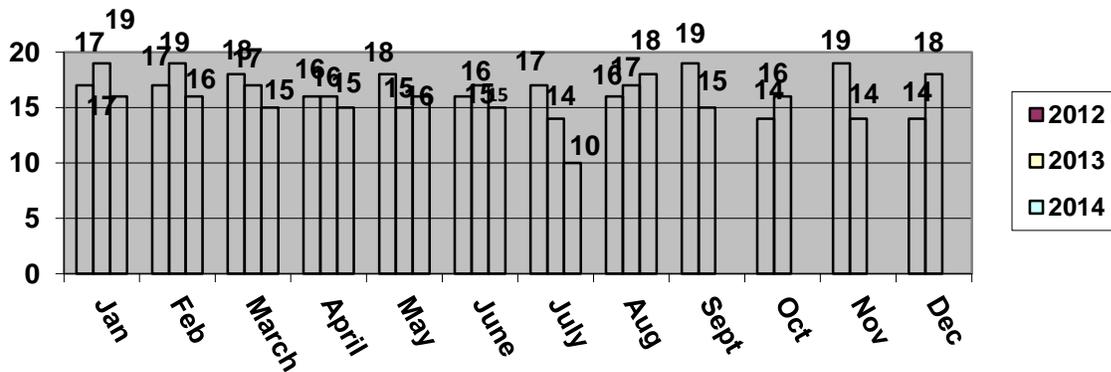
Complaints/Grievances

Complaint #s Comparison



Complaint volume in August 2014 (19) is the highest for this quarter with July (13) following and then June (8). Overall, a total of 40 complaints were received for this quarter which is a considerable decrease from last quarter (58). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.

Average Turnaround Time



Claims Processing

Claims Data:	Apr 2014	May 2014	June 2014	July 2014
Mechanical Accuracy	99.94%	99.95%	99.93%	99.97%
Financial Accuracy	99.92%	99.72%	99.39%	100%
% Processed in 30 calendar days	99.86%	100%	99.97%	99.94%

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:

Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 4th quarter SFY 2014 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
June 2014	2	15	17	60	51	111
July 2014	2	17	19	47	59	106
Aug 2014	2	14	16	75	62	137
Quarter Totals	6	46	52	182	172	354
Annual Totals	19	236	255	1239	682	1921

*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 Training

Month	Provider Trainings	Number of Attendees
Jun 2014	5	155
Jul 2014	1	13
Aug 2014	1	43
Total # of Trainings = 7		
Total # of Attendees = 211		

Credentialing and Recredentialing:

Indicator	June 2014	July 2014	Aug 2014
# Initial Credentialed	1	2	1
Average TAT Initial CR (in days)	54	79	6
# Recredentialled	8	11	7
Average TAT Recred (in days)	23	6	16

% Recredentialed Files Completed within 36 month TAT	100%	100%	100%
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National Goals

Initial TAT – 25 days or less

Recredentialed Completed within 36 months – 96%

UM Average Daily Census

Month	Inpatient	Residential Rehabilitation
June 2014	69.83	82.07
July 2014	69.68	69.68
Aug 2014	80.39	87.03

Inpatient and Residential Rehabilitation average daily census trended up in August from the previous months in the quarter. Inpatient average daily census has had a steady downward trend from previous quarters.

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