

A COLLABORATIVE REVIEW AND DISCUSSION OF NORTHSTAR SYSTEM PERFORMANCE AND TRENDING DATA

December 6th, 2012

DSHS, NTBHA, Value Options,
Select NorthSTAR Providers and Stakeholders

GOALS OF PRESENTATION

- To update the stakeholder community on data that DSHS, VO, and NTBHA is tracking
- To discuss other ways to look at the data and analyze it at a more granular level
- Evaluate/discuss opportunities for quality improvement and further analysis

PERFORMANCE MEASURES: WHAT IS BEING MEASURED AND WHAT DATA ARE BEING USED?

Measures:

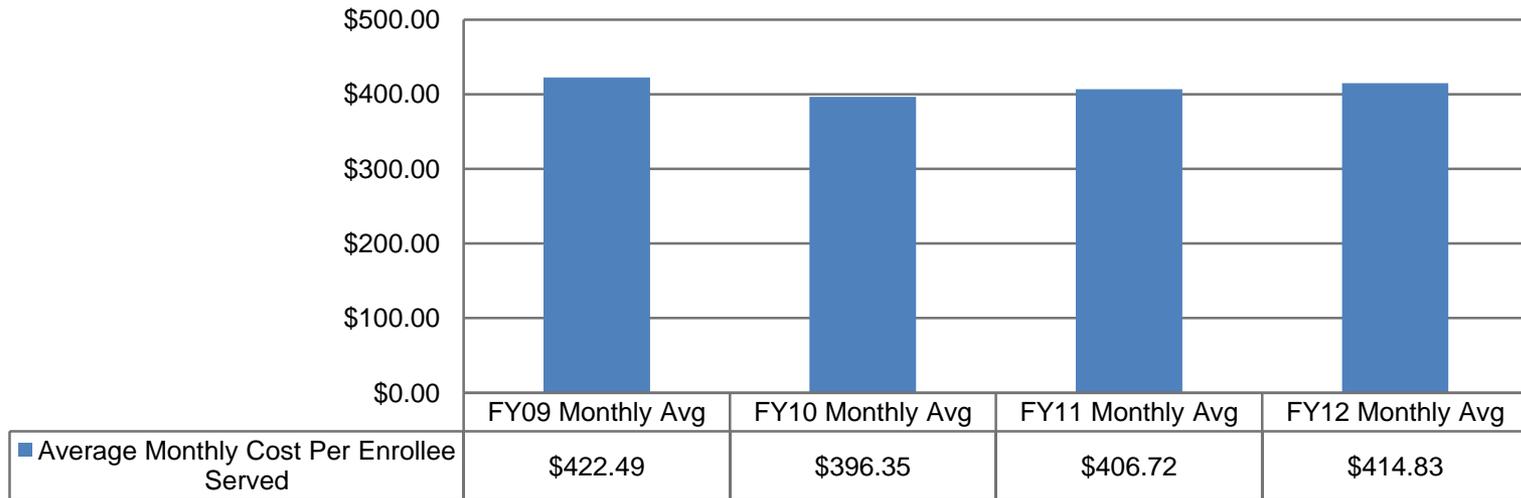
- Financial Data-Medical Loss Ratio, Cost Per Person, Acute Costs Relative to Overall Costs
- Service Penetration: Numbers served
- Clinical measures
- Acuity Rates relative to persons served in non-acute services, overall and by SPN
- Mobile crisis calls and face-to-face encounters
- Mobile Crisis Diversion and provider engagement
- Complaints and Appeals
- Utilization management
- Provider Network Activity
- Overall enrollee satisfaction

Data Sources:

NorthSTAR enrollment system, DSHS performance measures reports, paid claims data (services and medications), ValueOptions financial and utilization management reports, state hospital data system, complaints and appeals data collection system

Caveats to the Data: *Generally*, data represented in graphs or tables are incomplete in the last 1-2 months or latest fiscal quarter.

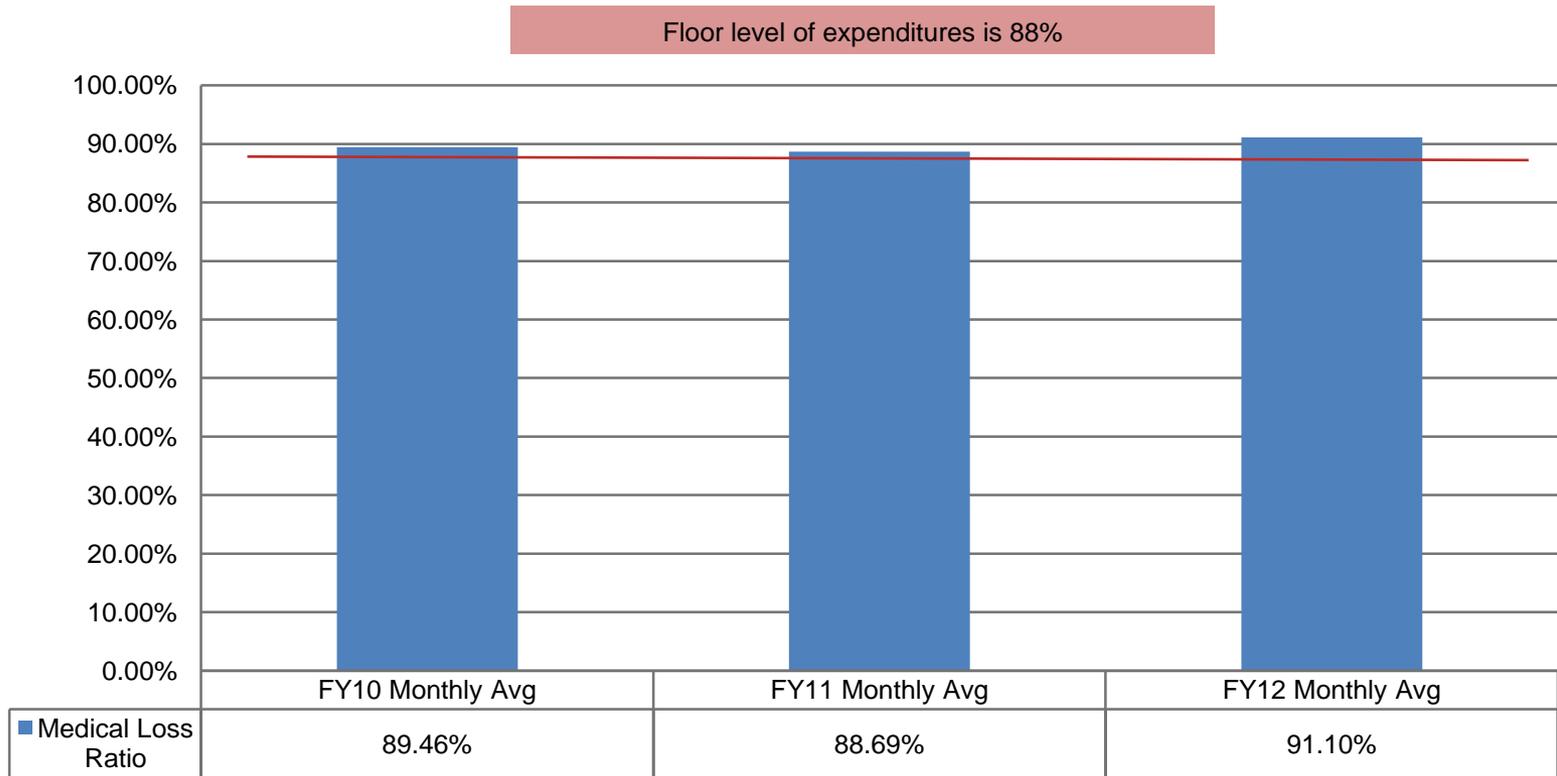
FINANCIAL PERFORMANCE



	FY11	FY12
Enrollees Served (MH and SUD)	73,433	71,997
Funding	\$128,774,039*	\$127,157,057*

Note: * FY11 and FY12 funding to VO includes Medicaid state hospital dollars which is estimated to be between 9-10 million dollars annually. (9.8 million in FY12)

MEDICAL LOSS RATIO

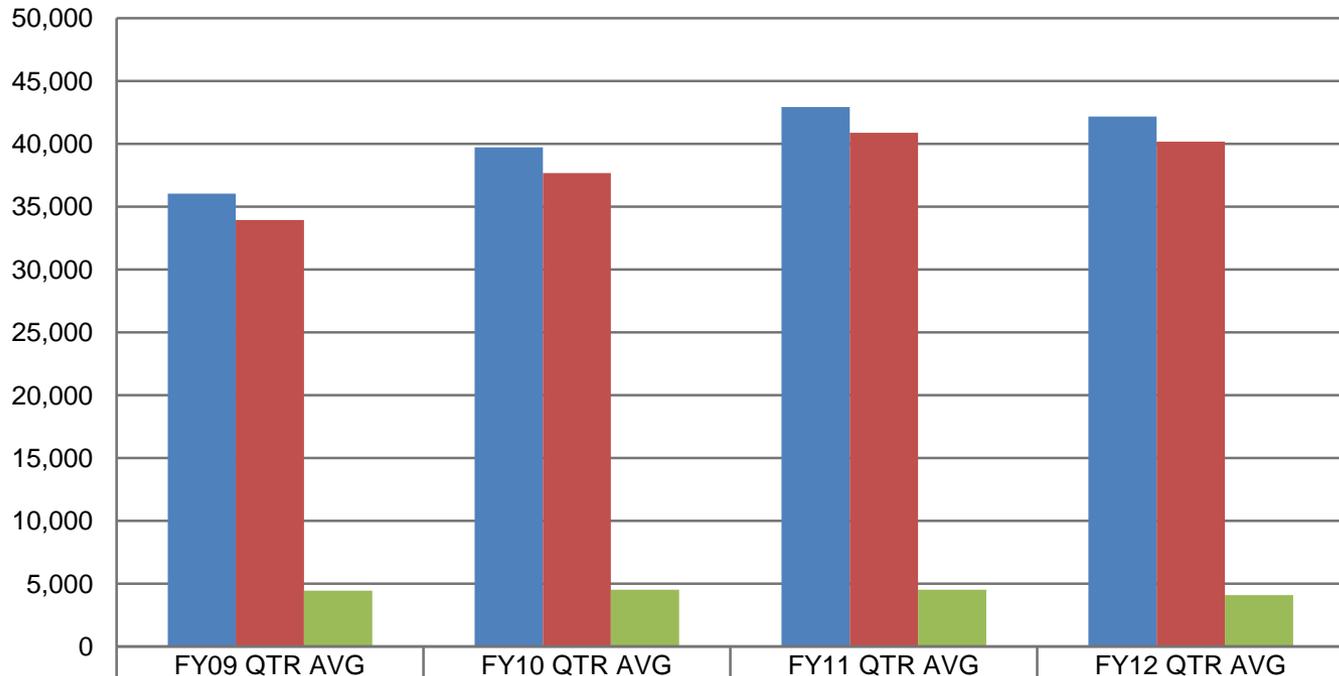


TOP 200 UTILIZERS IN FY2012

Service	Enrollees	Encounters	Units	Total	Medicaid	Indigent
State Hospital	191	316	32164	\$9,986,121.00	\$3,982,451.00	\$6,003,670.00
Medication	146	2143	56365	\$687,085.87	\$574,393.49	\$112,692.38
Community Inpatient	79	291	946	\$603,790.15	\$238,849.20	\$364,940.95
ACT	72	355	355	\$322,925.00	\$158,920.00	\$164,005.00
Observation Room	79	280	280	\$216,720.00	\$89,010.00	\$127,710.00
Rehab - Psychosocial Rehabilitation Services	57	440	1743	\$38,520.90	\$13,776.05	\$24,744.85
Crisis Stabilization	6	24	59	\$17,700.00	\$4,800.00	\$12,900.00
Supported Housing	25	58	966	\$13,524.00	\$1,232.00	\$12,292.00
Emergency Room Services	34	95	95	\$11,544.42	\$5,019.14	\$6,525.28
Medication Services	85	390	390	\$10,965.32	\$5,627.71	\$5,337.61
Transportation	26	102	206	\$7,210.00	\$1,050.00	\$6,160.00
Community Inpatient Services	62	137	137	\$6,228.68	\$1,742.15	\$4,486.53
CD Residential	2	19	39	\$5,490.00	\$0.00	\$5,490.00
Clinical Assessment	37	41	41	\$4,929.38	\$1,719.55	\$3,209.83
Other	48	133	204	\$4,263.01	\$1,974.00	\$2,289.01
Laboratory	34	110	260	\$3,949.90	\$350.02	\$3,599.88
Rehab - Skills Training & Development	6	19	76	\$1,902.19	\$1,555.35	\$346.84
Case Management	9	37	70	\$1,653.95	\$921.35	\$732.60
CD Non Residential	3	10	28	\$1,170.00	\$90.00	\$1,080.00
Outpatient Counseling - Adult or Child	5	20	20	\$983.25	\$386.00	\$597.25
TCOOMMI funded intensive case management	3	5	13	\$900.00	\$900.00	\$0.00
Crises Intervention Services	2	2	12	\$405.66	\$405.66	\$0.00
Rehab - Medication Training and Support	5	12	14	\$278.85	\$223.15	\$55.70

Note: Each enrollee may have multiple services. Data exclude those enrollees with 355 or more days in the state hospital during FY12.

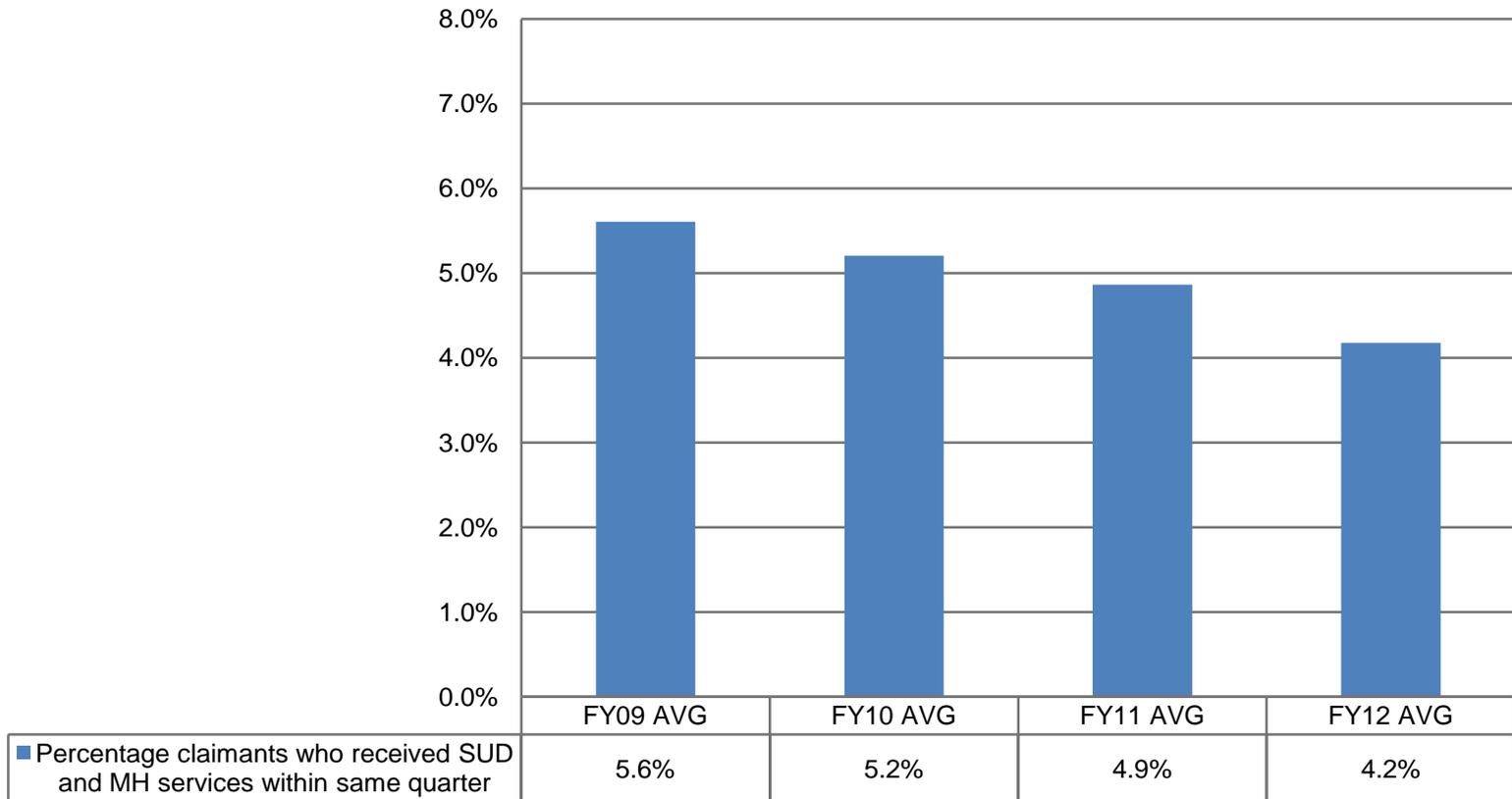
NUMBER OF ENROLLEES SERVED, OVERALL AND BY SERVICE CATEGORY



	FY09 QTR AVG	FY10 QTR AVG	FY11 QTR AVG	FY12 QTR AVG
■ TOTAL Enrollees Served	36,027	39,722	42,929	42,153
■ MH Enrollees Served	33,922	37,670	40,866	40,160
■ SUD Enrollees Served	4,426	4,505	4,515	4,081

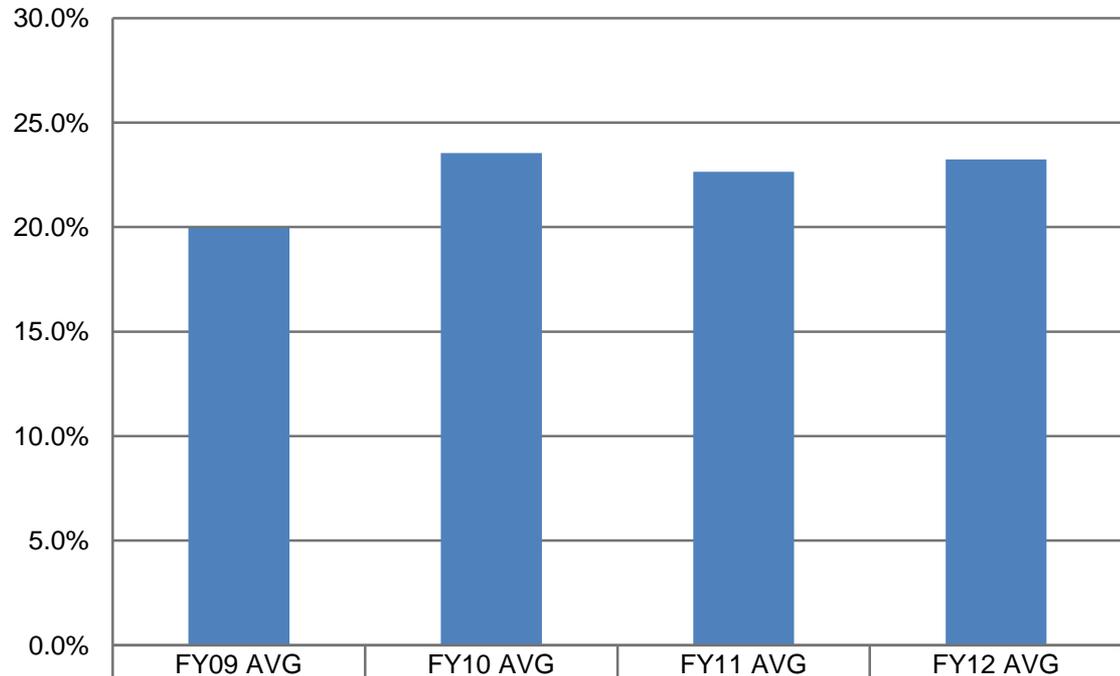
Note: Data based on MH specific service and non MH specific service coupled with MH primary diagnosis on paid claims, OR Substance Use Disorder (SUD) specific service and non SUD specific service coupled with SUD primary diagnosis on paid claims

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES



Note: Substance Use Disorder services are those in CD Residential or CD Non Residential or those in ER, 23 hour observation, community inpatient or community inpatient services with a diagnosis of Alcohol Related Disorders or Drug Related Disorders.

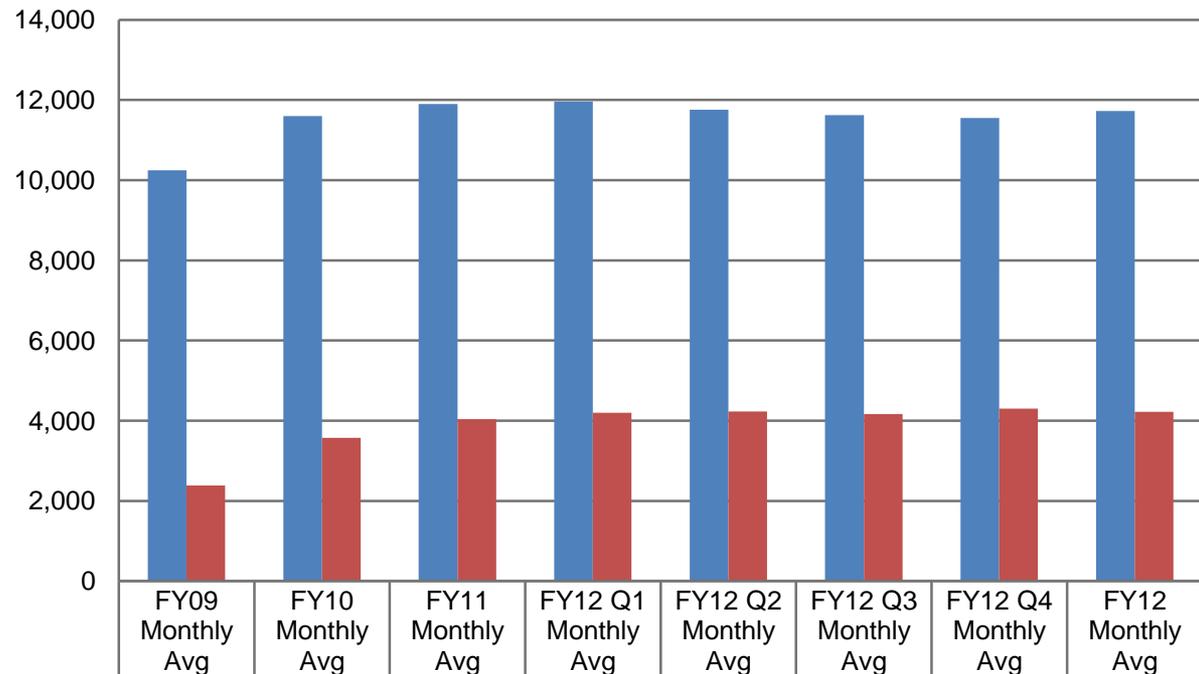
TRAG AND SUBSTANCE USE DISORDER SERVICES



■ Percentage who receive TRAG=4 or 5 and SUD Service within 90 days	FY09 AVG	FY10 AVG	FY11 AVG	FY12 AVG
	20.0%	23.5%	22.6%	23.2%

Note: These data are confined to CD Residential or CD Non-Residential services which occur within 90 days after a TRAG assessment.

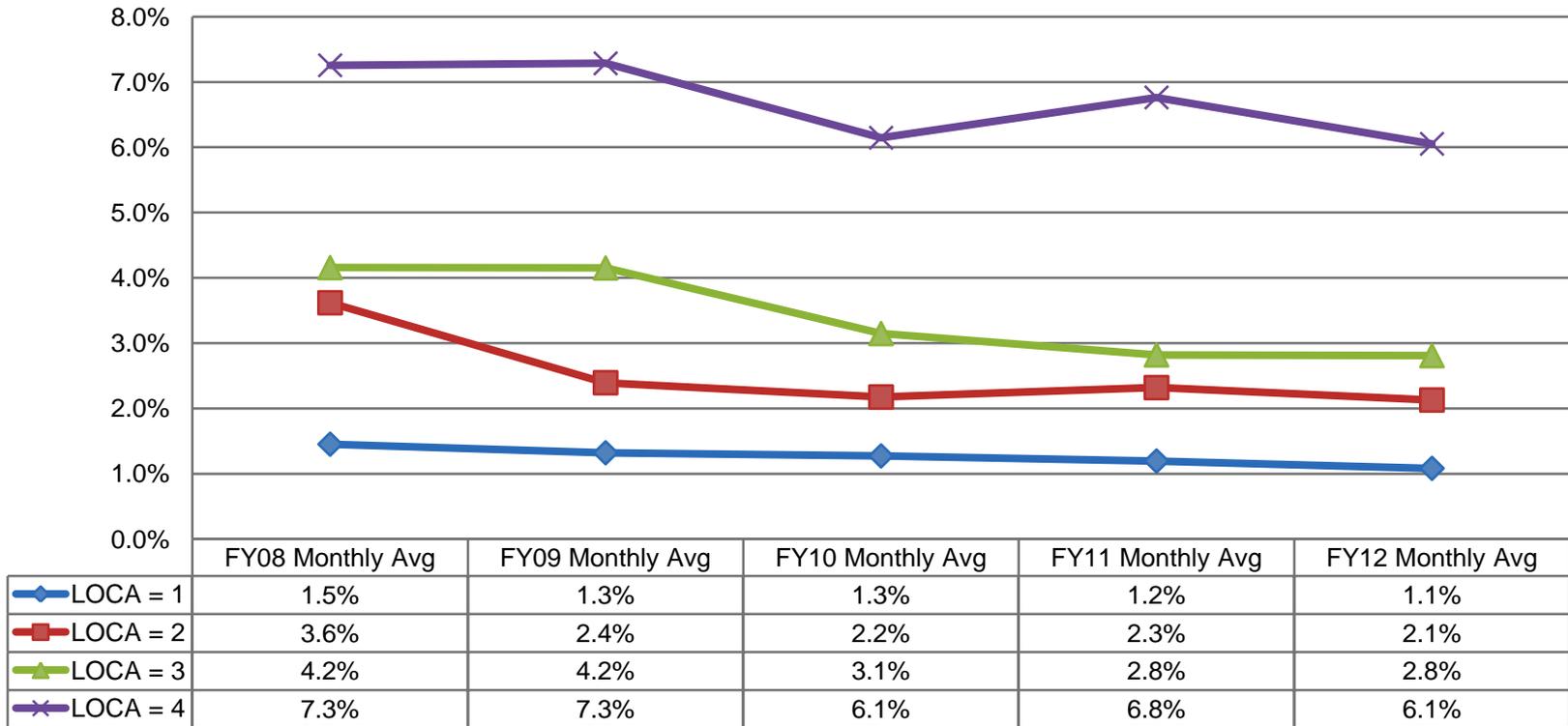
NUMBER OF ENROLLEES WHO RECEIVED A PRESCRIPTION PAID FOR BY VALUEOPTIONS



■ Number of Enrollees Who Receive a Medication Paid for by ValueOptions	10,242	11,595	11,903	11,965	11,757	11,626	11,553	11,725
■ Number of Enrollees Who Receive a New Generation Antipsychotic Medication Paid for by ValueOptions	2,384	3,572	4,040	4,197	4,225	4,168	4,300	4,223

ACUTE CARE BY LOCA

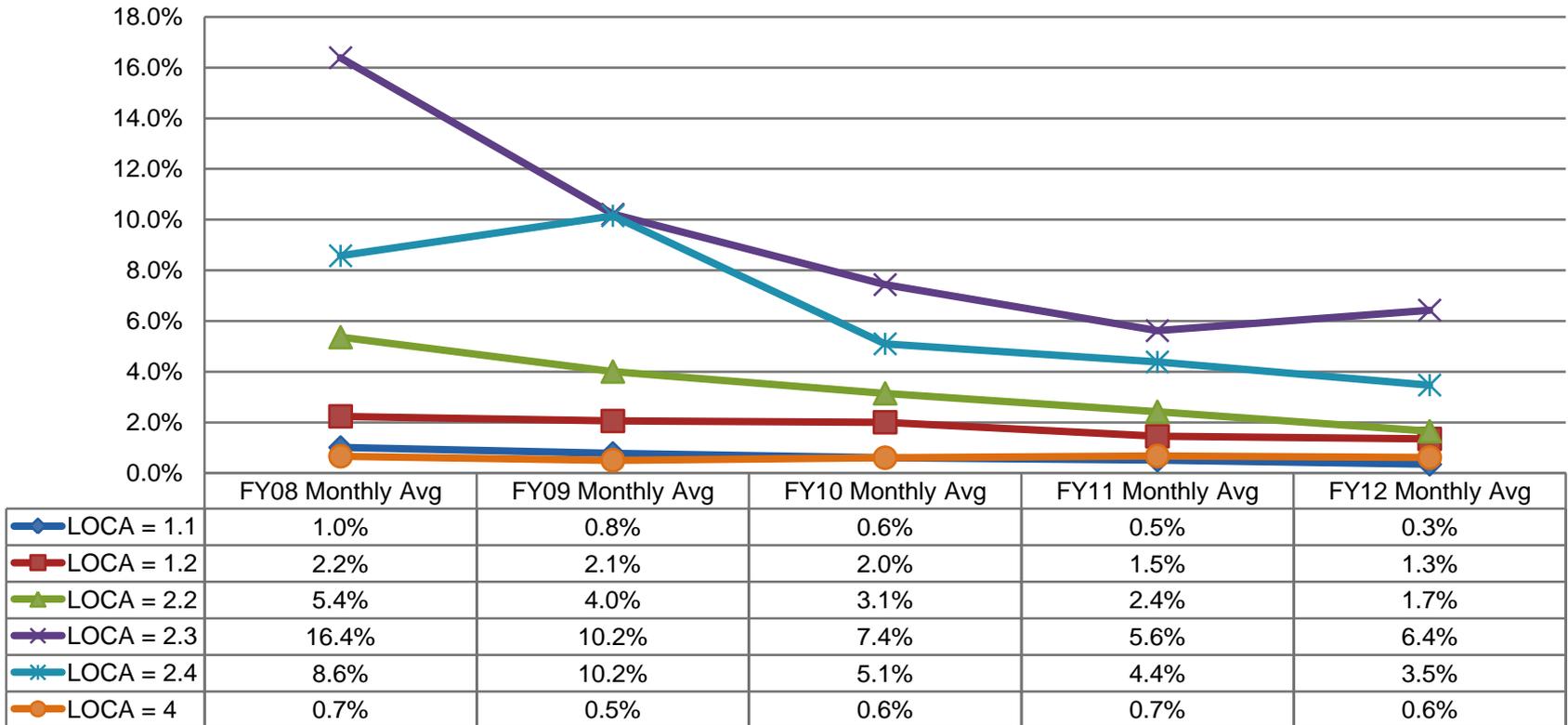
Adult



Note: Includes enrollees served in ER, 23 Hour Observation and Community Inpatient as a percentage of enrollees with a LOCA within the month.

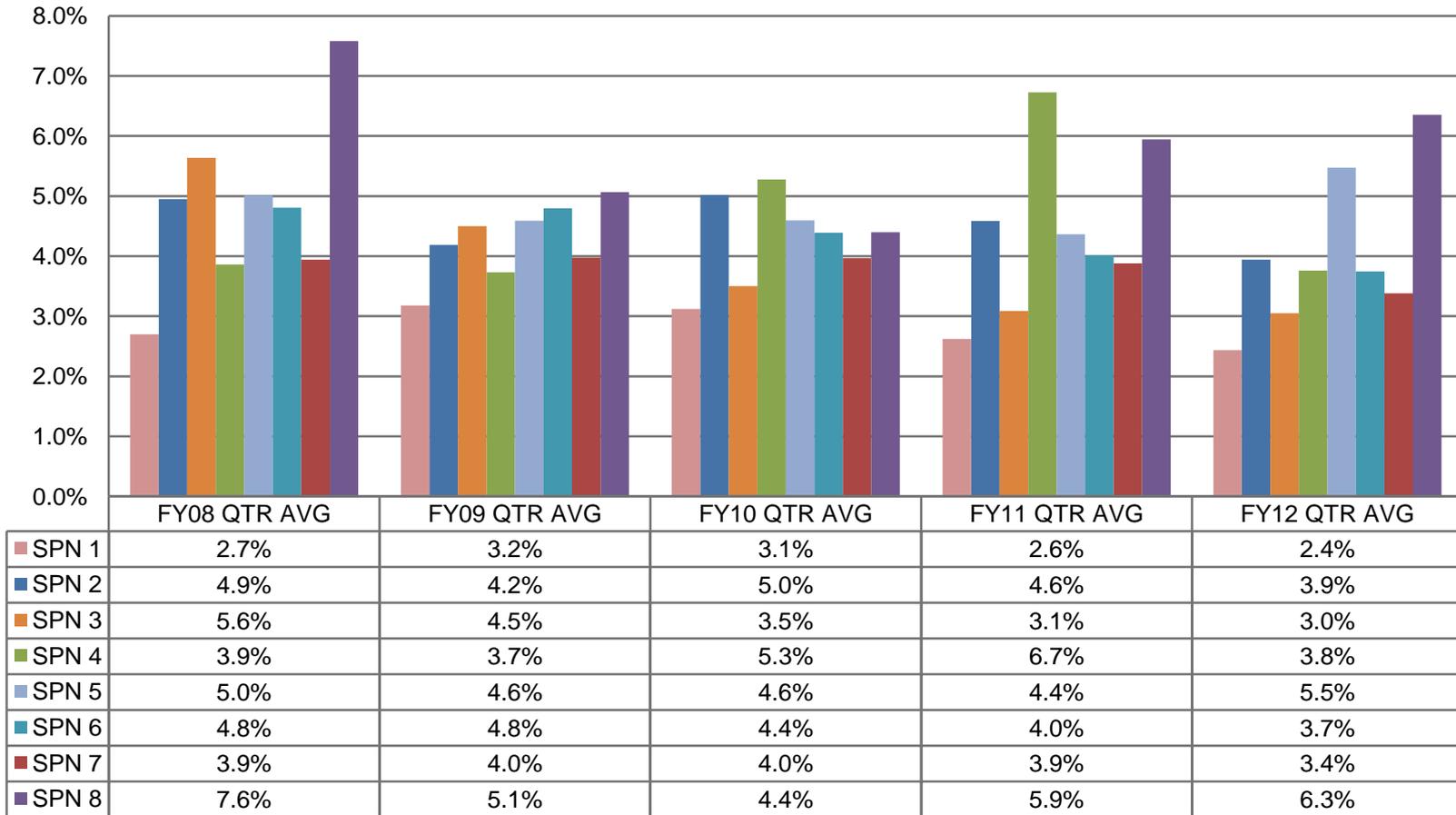
ACUTE CARE BY LOCA – CONT.

Youth



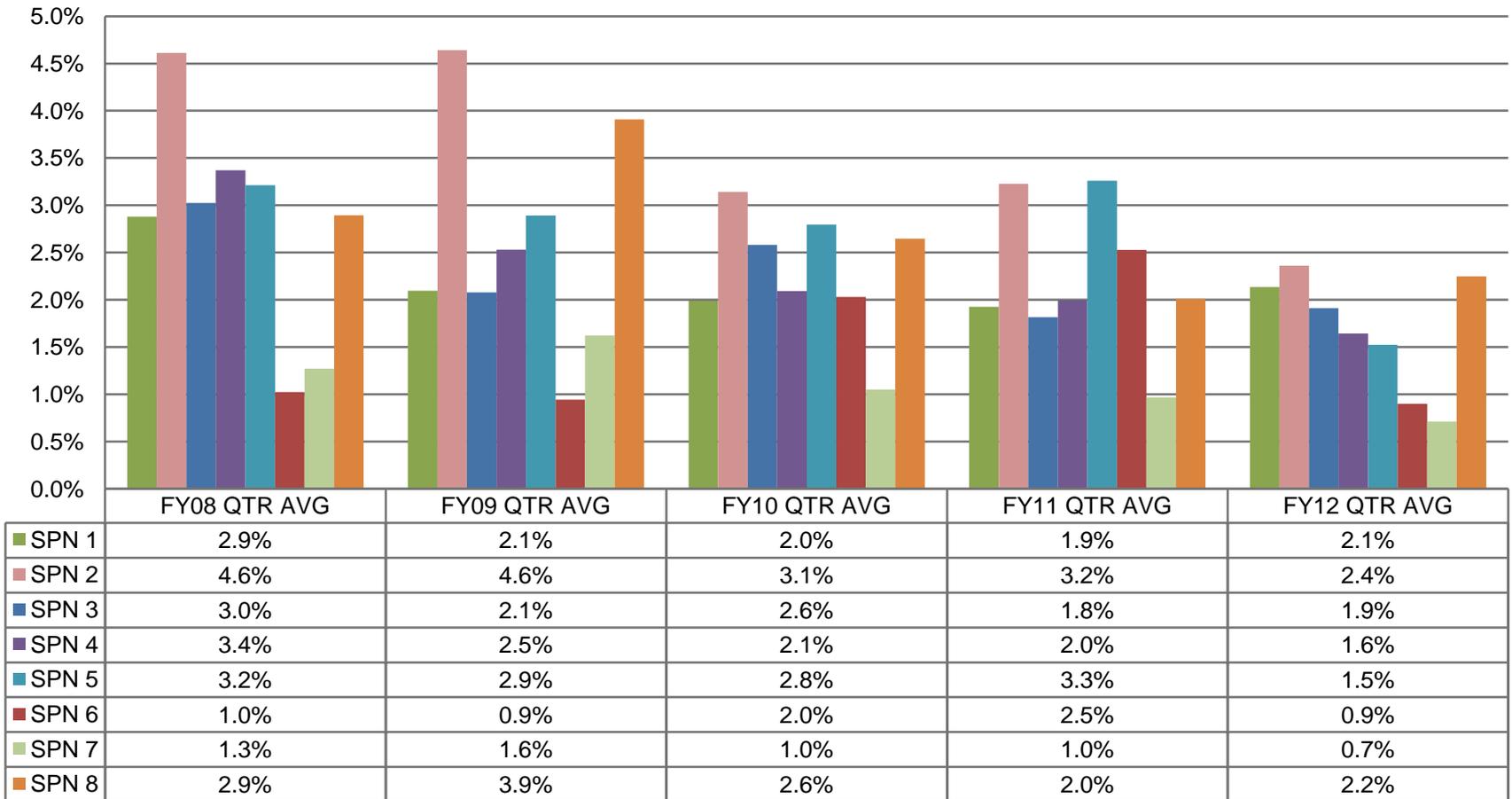
Note: Includes enrollees served in ER, 23 Hour Observation and Community Inpatient as a percentage of enrollees with a LOCA within the month. LOCA 2.1 for youth not included since there are so few enrollees.

ADULT ACUTE RATES BY SPN



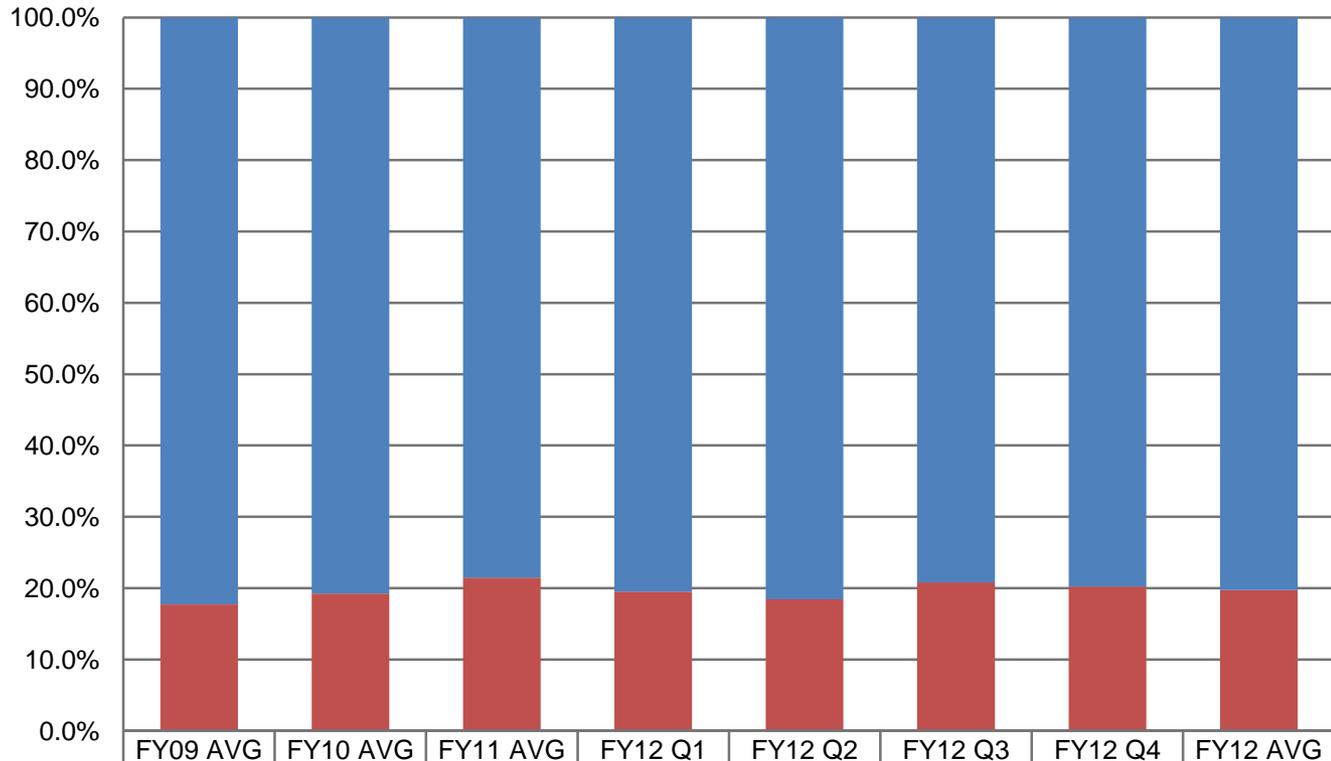
Note: Table shows enrollees with a LOCA and an acute encounter within the same quarter as a percentage of all enrollees with a LOCA within the quarter. Does not distinguish if LOCA assignment was before or after acute encounter.

YOUTH ACUTE RATES BY SPN



Note: Table shows enrollees with a LOCA and an acute encounter within the same quarter as a percentage of all enrollees with a LOCA within the quarter. Does not distinguish if LOCA assignment was before or after encounter.

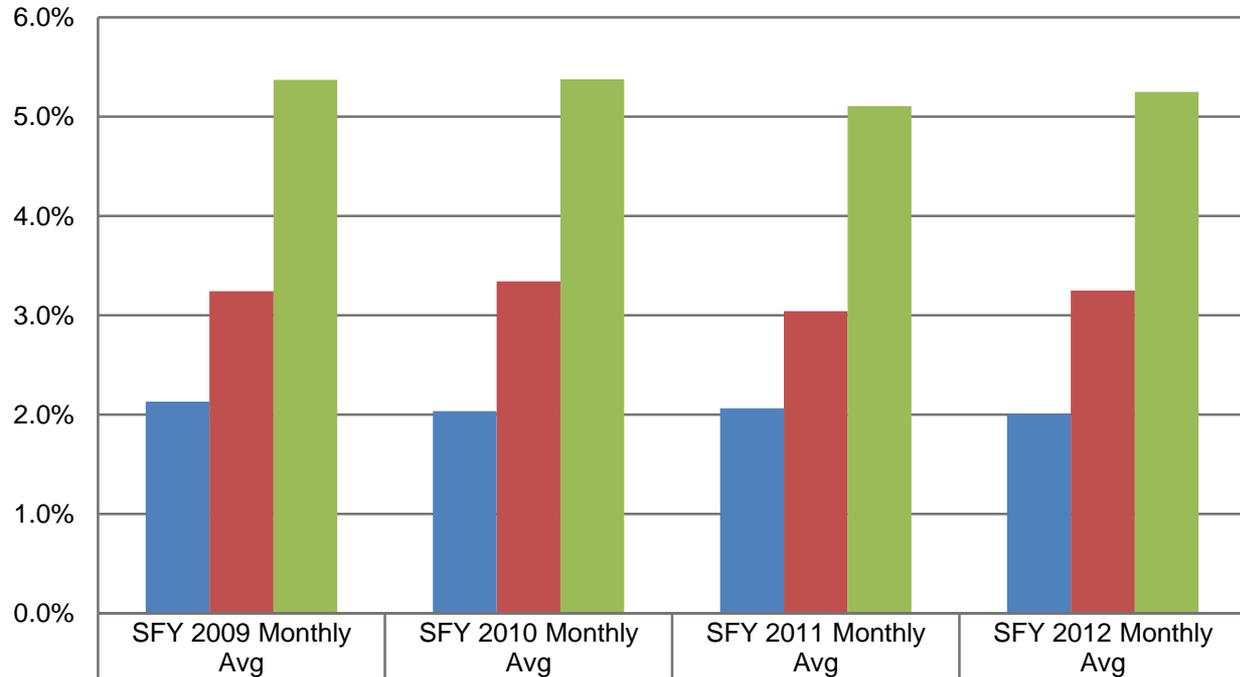
ACUTE VS NON-ACUTE SERVICE EXPENDITURES



■ Non-Acute Services Amount	82.3%	80.8%	78.5%	80.5%	81.6%	79.2%	79.8%	80.3%
■ Acute Services Amount	17.7%	19.2%	21.5%	19.5%	18.4%	20.8%	20.2%	19.7%

Note: Acute services include ER, 23 Hour Observation, Community Inpatient, and Community Inpatient Services. Non-Acute services are all other services and medications claims. Data is confined to paid claims and does not include state hospitalizations.

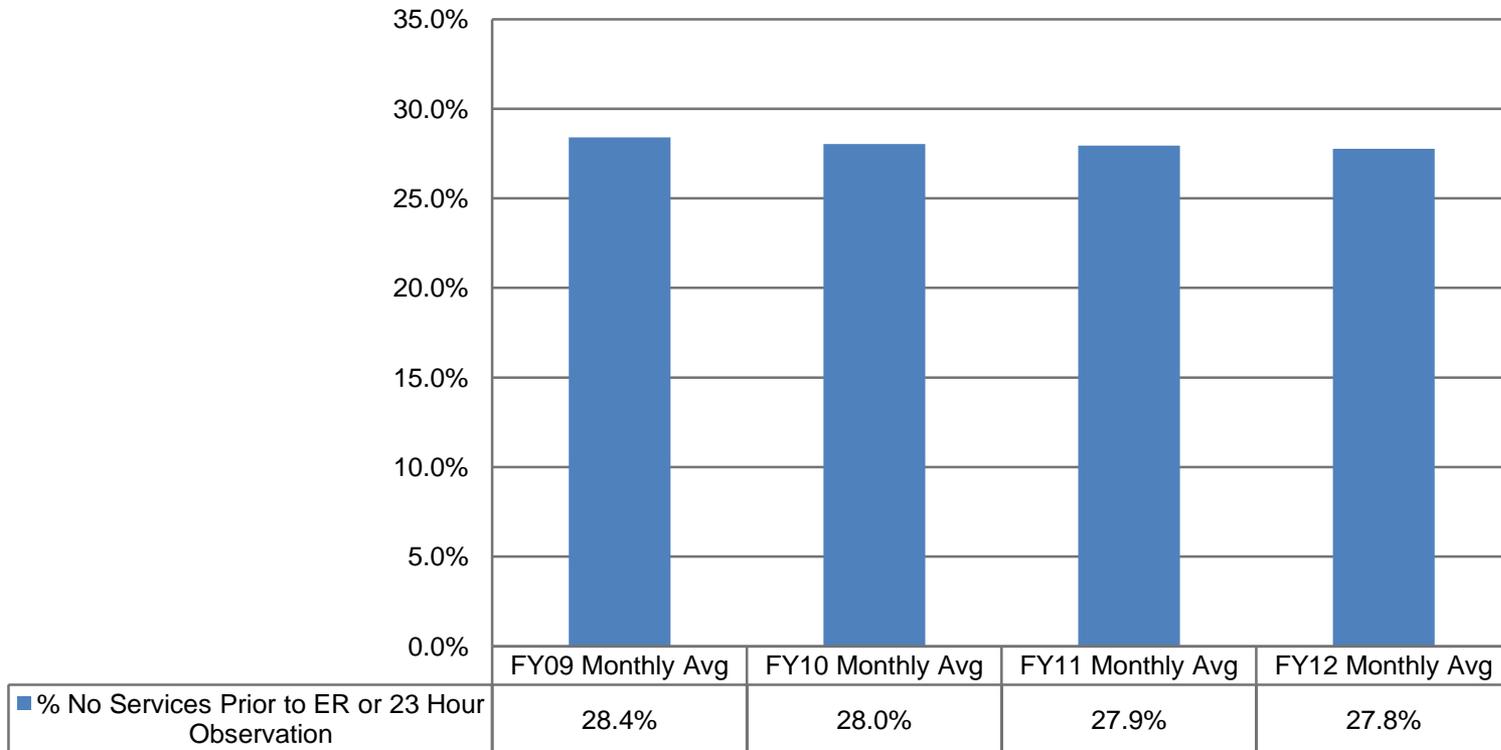
ACUTE RATES BY RDM AND NON-RDM



	SFY 2009 Monthly Avg	SFY 2010 Monthly Avg	SFY 2011 Monthly Avg	SFY 2012 Monthly Avg
% Acute Claimants with LOCA	2.1%	2.0%	2.1%	2.0%
% Acute Claimants without LOCA	3.2%	3.3%	3.0%	3.2%
% Acute Claimants	5.4%	5.4%	5.1%	5.2%

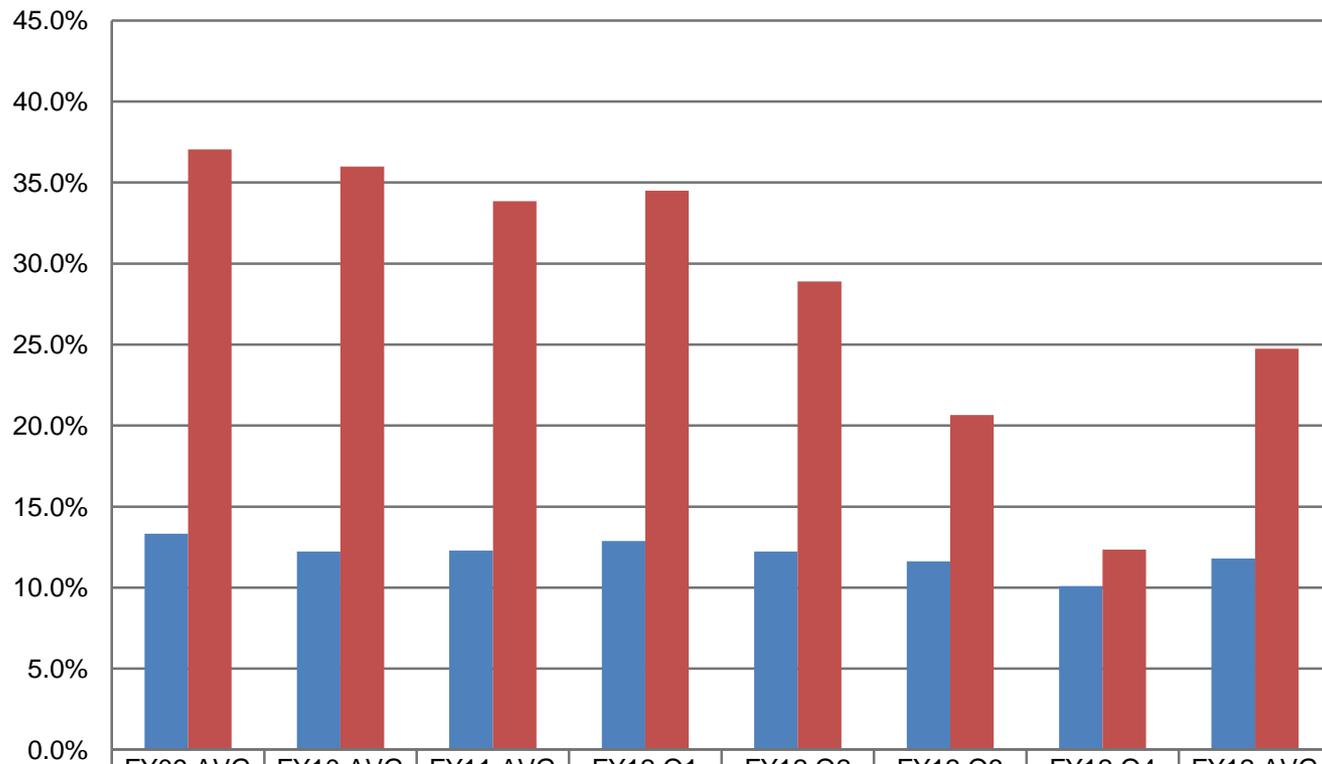
Note: Acute services include ER, 23 Hour Observation, and Community Inpatient/Services

ER OR 23 HOUR OBSERVATION ON FIRST SERVICE DATE



Note: Measures the percentage of people whose ER or 23 Hour Observation encounter was on their first date of service. This measure is only within the ER or 23 Hour Observation population. Does not include mobile crisis as a first encounter, because mobile crisis services are not paid via a claim.

READMISSIONS TO PSYCHIATRIC HOSPITAL

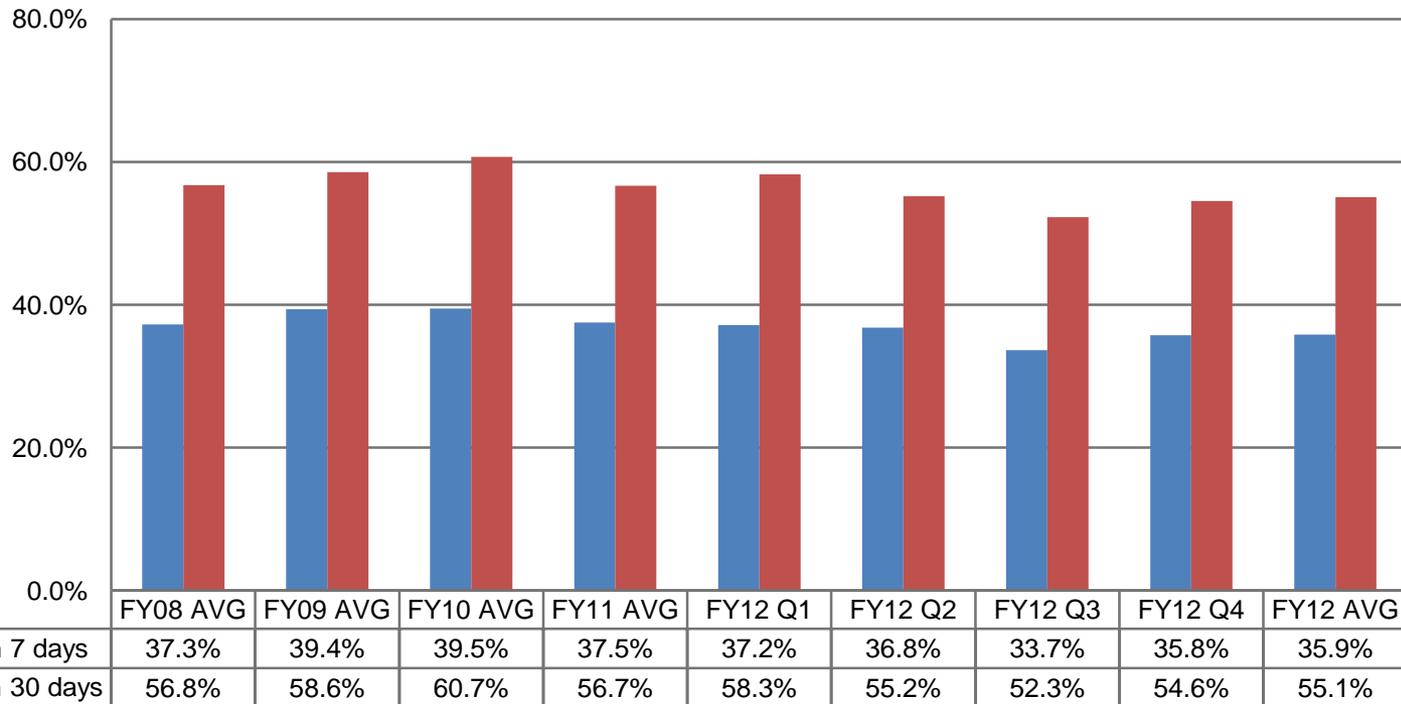


■ Percent Within 30 Days	13.3%	12.2%	12.3%	12.9%	12.2%	11.6%	10.1%	11.8%
■ Percent Within 1 Year	37.0%	36.0%	33.8%	34.5%	28.9%	20.7%	12.4%	24.8%

Note: Includes community and state hospital encounter data. Data based on discharge date. A re-admission is based on at least a one day gap between a discharge and an admission

FOLLOW-UP WITH COMMUNITY SERVICES AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL

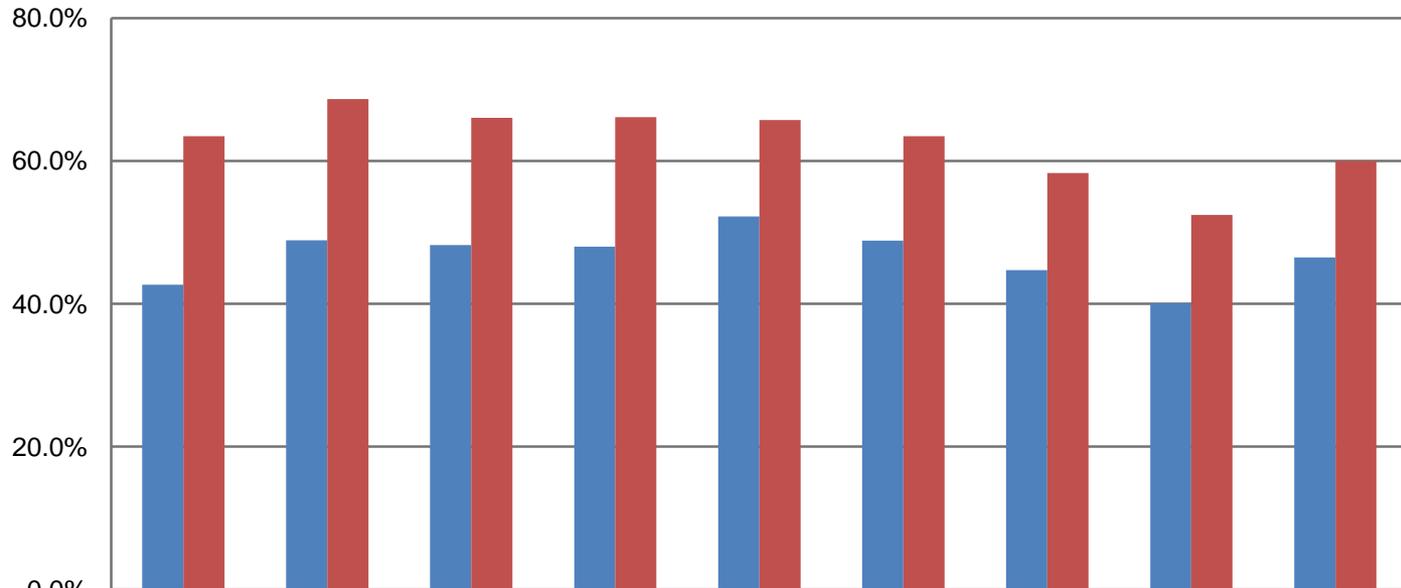
Community Hospital Discharges



Note: Data based on discharge date. Follow-Up services include community based services covered by NorthSTAR excluding acute services.

FOLLOW-UP WITH COMMUNITY SERVICES AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL

State Hospital Discharges

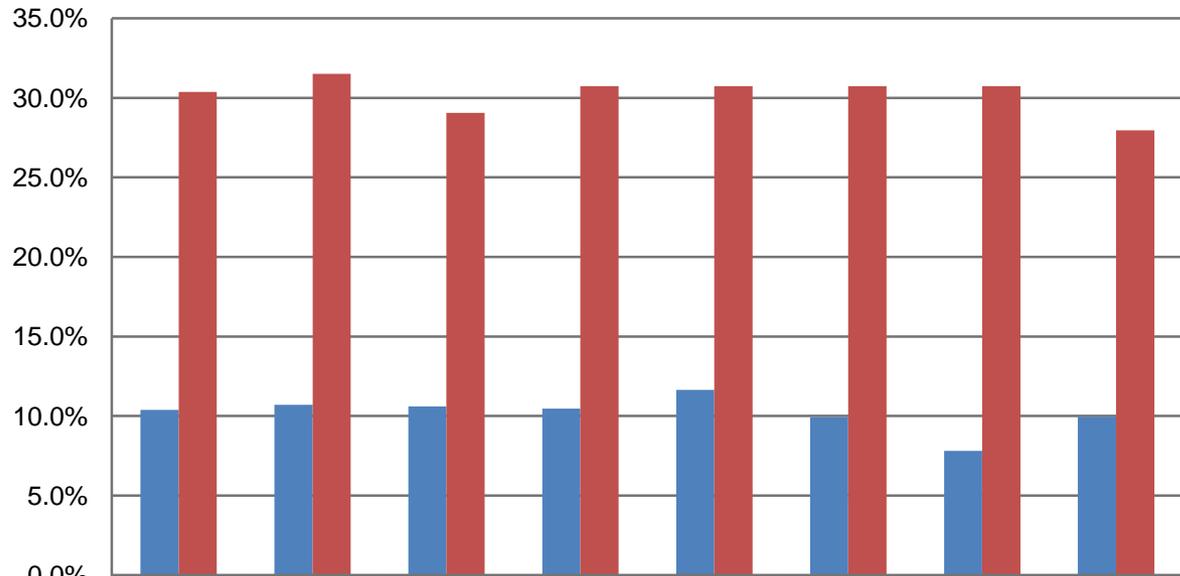


	FY08 AVG	FY09 AVG	FY10 AVG	FY11 AVG	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4	FY12 AVG
■ % F/U within 7 days	42.7%	48.9%	48.3%	48.0%	52.2%	48.9%	44.7%	40.1%	46.5%
■ % F/U within 30 days	63.5%	68.7%	66.0%	66.2%	65.7%	63.5%	58.3%	52.4%	60.0%

Note: Data based on discharge date. Follow-Up services include community based services covered by NorthSTAR excluding acute services.

ENROLLEES WHO SEE A PRESCRIBER AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL

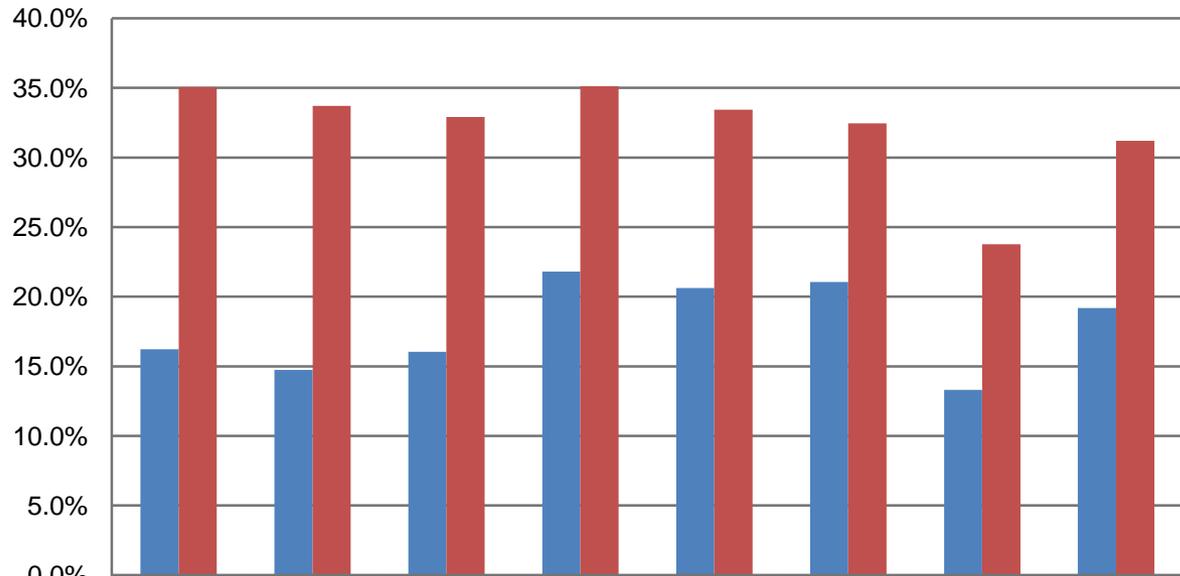
Community Hospital Discharges



	FY09 AVG	FY10 AVG	FY11 AVG	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4	FY12 AVG
■ % Medication services within 7 days	10.4%	10.7%	10.6%	10.5%	11.6%	9.9%	7.8%	10.0%
■ % Medication services within 30 days	30.4%	31.5%	29.1%	30.7%	30.7%	30.7%	30.7%	28.0%

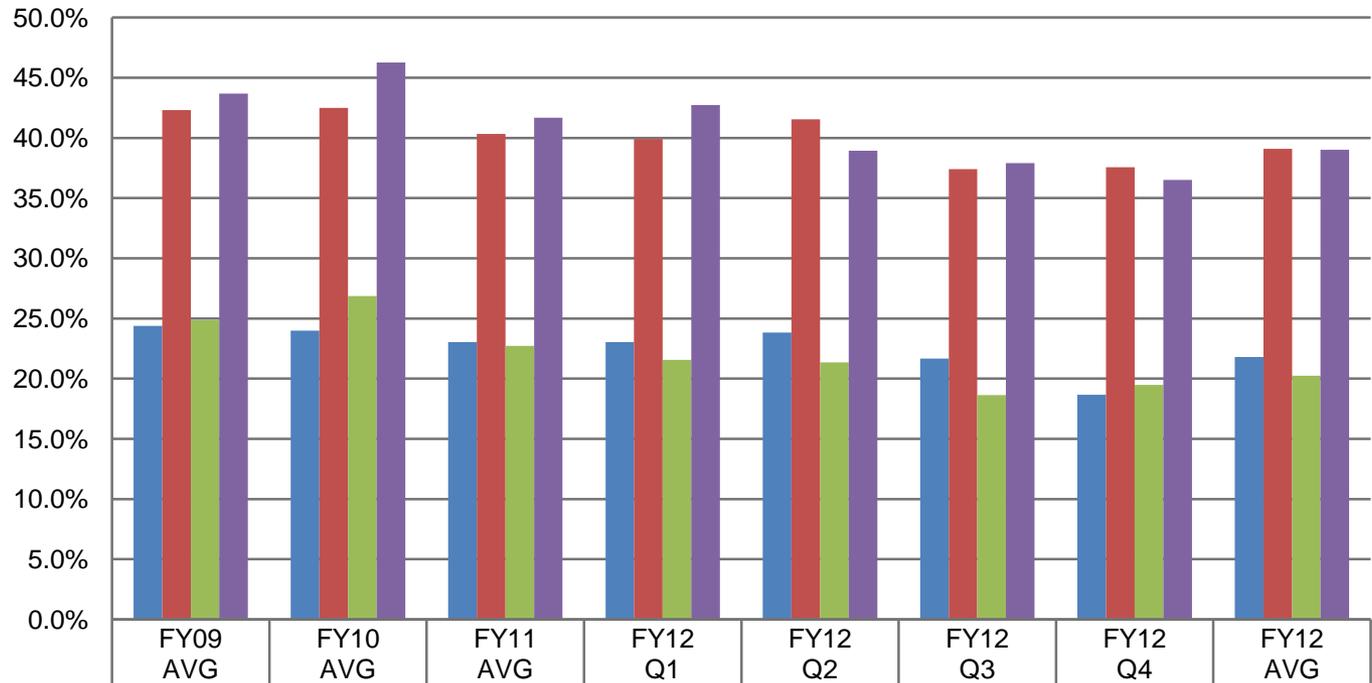
ENROLLEES WHO SEE A PRESCRIBER AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL

State Hospital Discharges



	FY09 AVG	FY10 AVG	FY11 AVG	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4	FY12 AVG
% Medication services within 7 days	16.2%	14.7%	16.0%	21.8%	20.6%	21.1%	13.3%	19.2%
% Medication services within 30 days	35.0%	33.7%	32.9%	35.1%	33.4%	32.5%	23.8%	31.2%

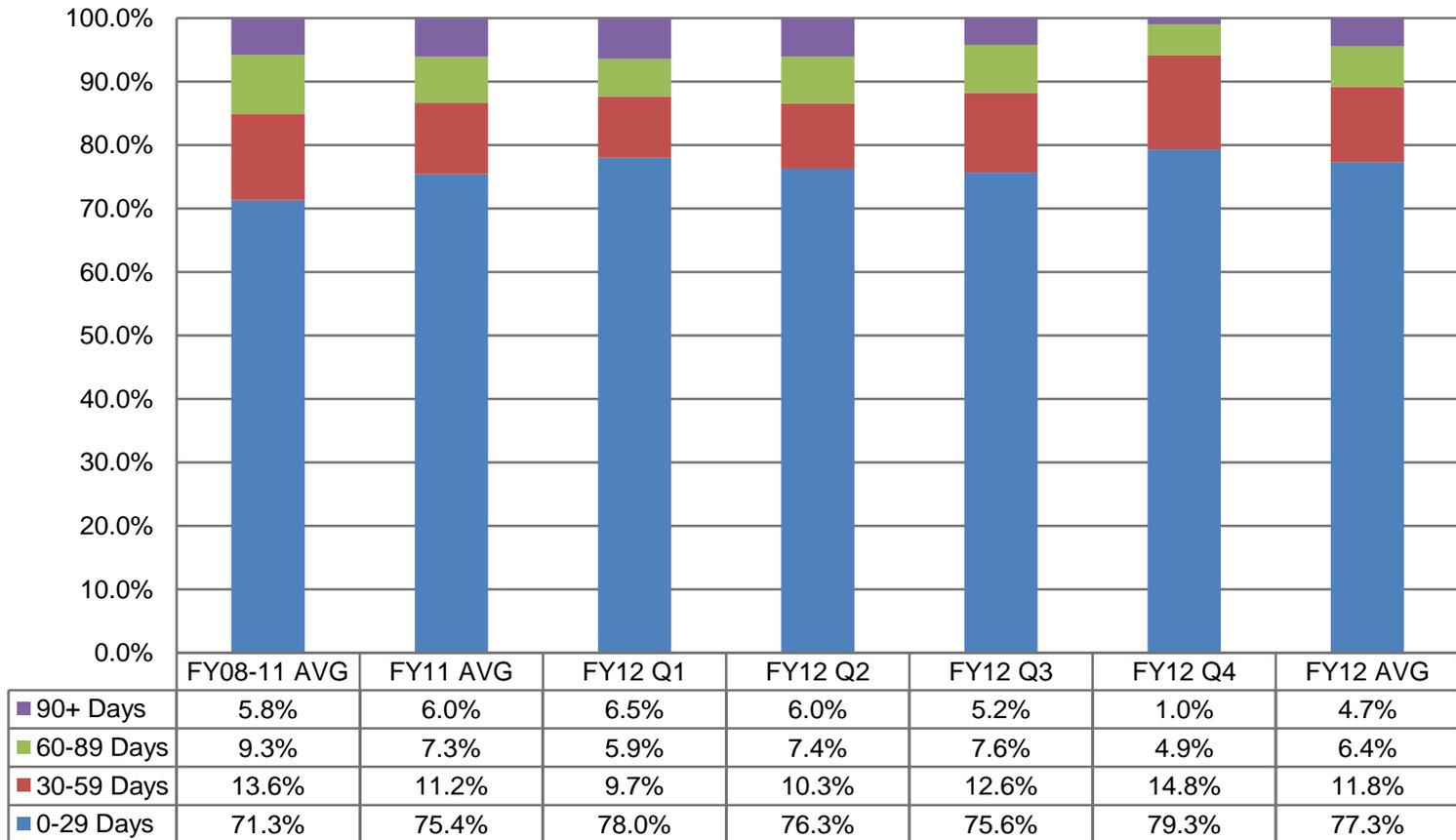
ENROLLEES WHO RECEIVE COMMUNITY SERVICES AFTER ER OR 23 HOUR OBSERVATION



■ Svc within 7 days after ER	24.4%	24.0%	23.0%	23.0%	23.8%	21.7%	18.7%	21.8%
■ Svc within 30 days after ER	42.3%	42.5%	40.3%	39.9%	41.5%	37.4%	37.6%	39.1%
■ Svc within 7 days after 23 Hr Obs	24.9%	26.9%	22.7%	21.6%	21.3%	18.6%	19.5%	20.3%
■ Svc within 30 days after 23 Hr Obs	43.7%	46.3%	41.7%	42.7%	38.9%	37.9%	36.5%	39.0%

Note: Community services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services. Green Oaks 8 hour services are reported under the ER columns.

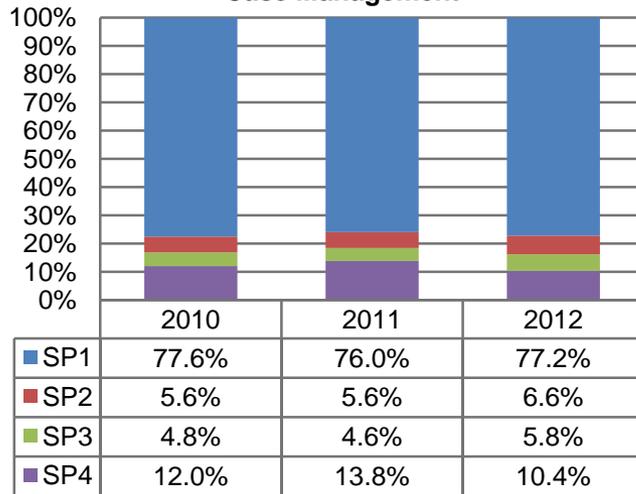
SUBSTANCE USE DISORDER – LENGTH OF TREATMENT EPISODE



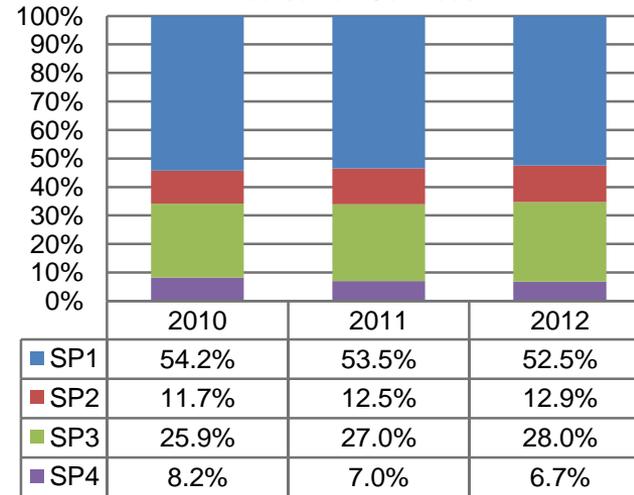
Note: Measures how long individuals stay engaged in treatment, without a break in treatment (15 days without a paid claim). This data does not include methadone treatments.

SERVICE ALLOCATIONS BY CLAIMANT SVC PACKAGE

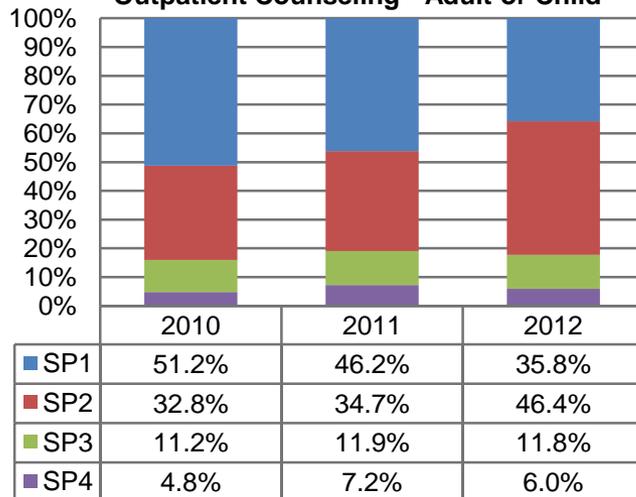
Case Management



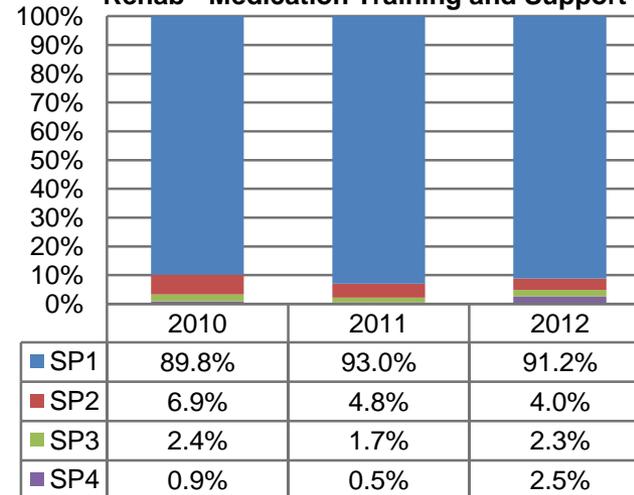
Medication Services



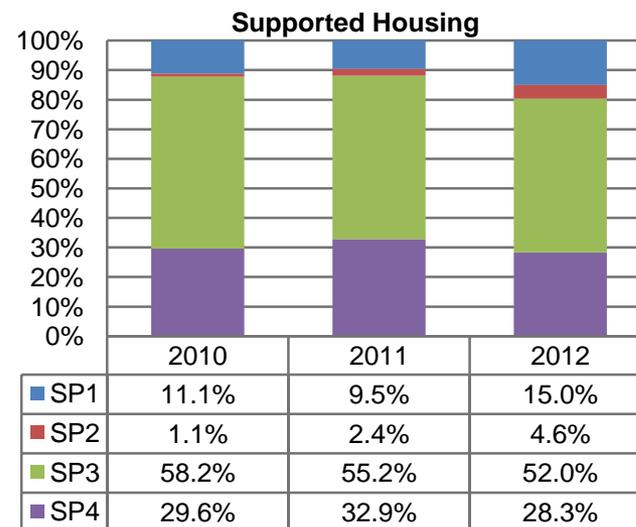
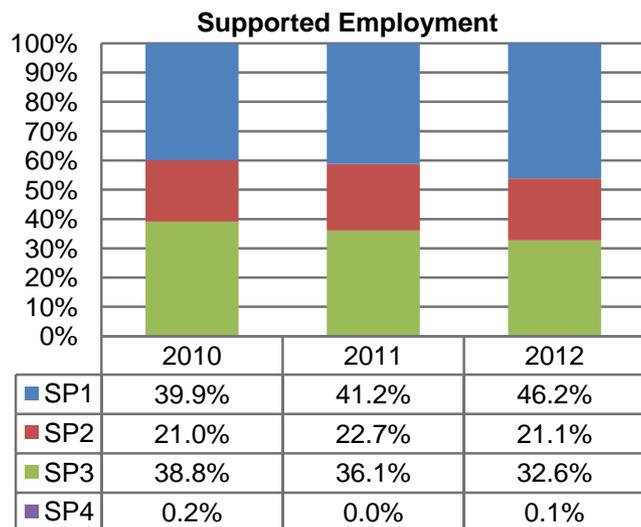
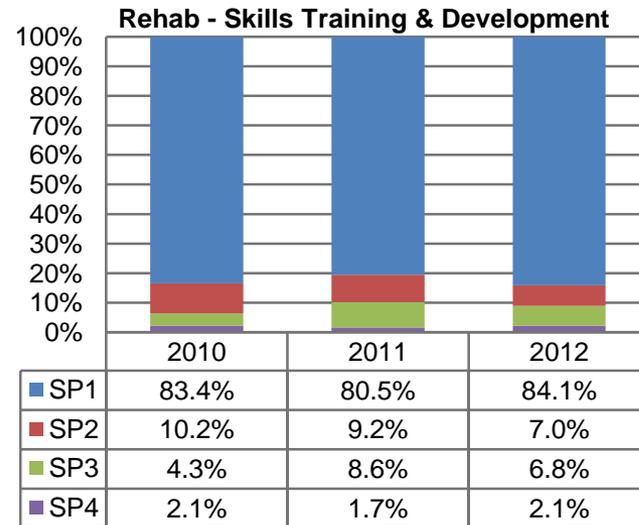
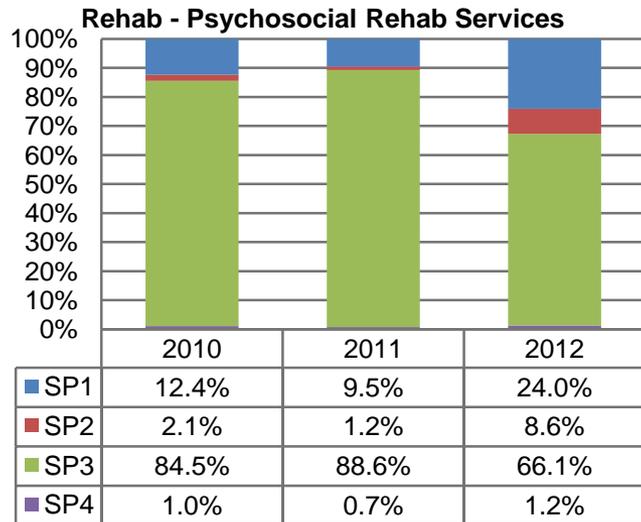
Outpatient Counseling - Adult or Child



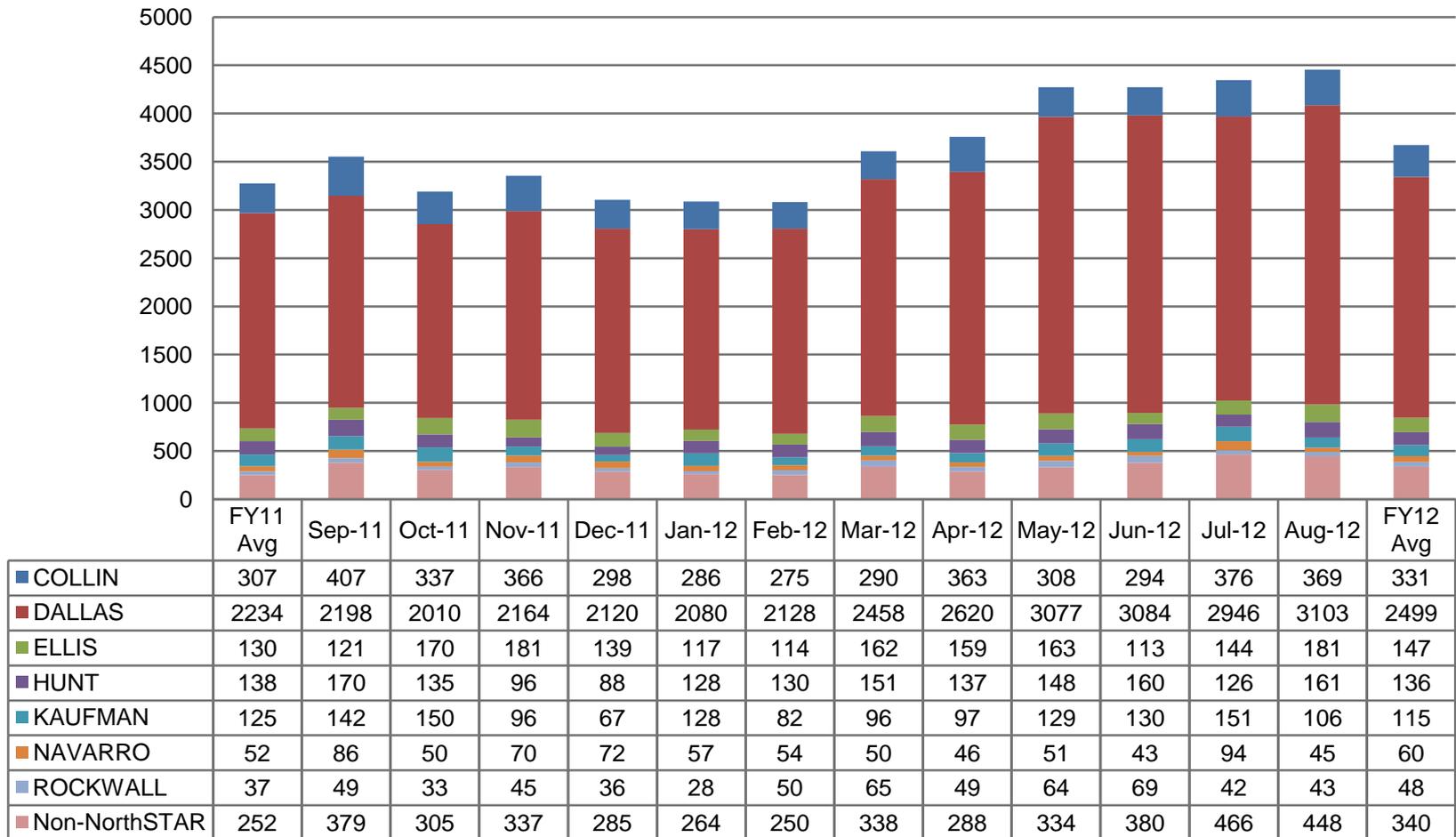
Rehab - Medication Training and Support



SERVICE ALLOCATIONS BY CLAIMANT SVC PACKAGE– CONT'D

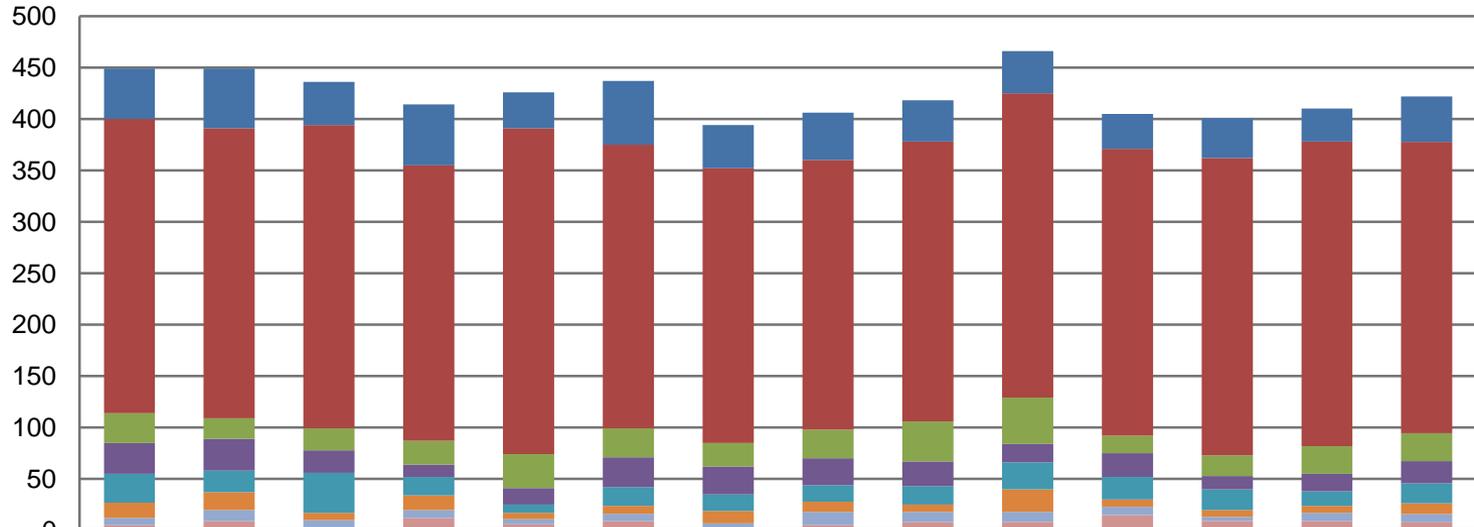


ADAPT COMMUNITY SOLUTIONS TELEPHONE HOTLINE DATA (INCOMING CALLS)



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

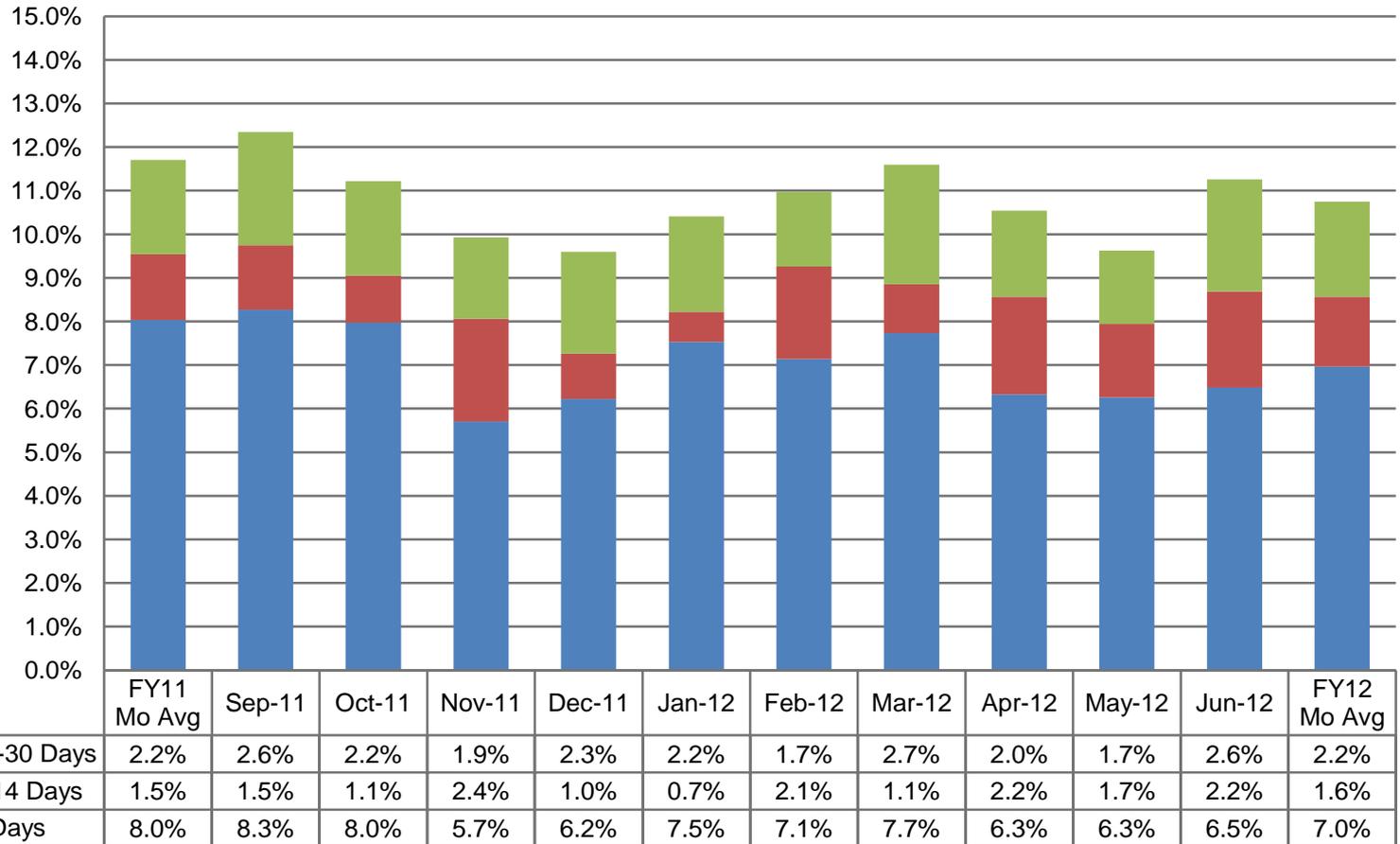
ADAPT COMMUNITY SOLUTIONS MOBILE CRISIS DATA (FACE-TO-FACE ENCOUNTERS)



	FY11 Avg	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	FY12 Avg
■ COLLIN	49	58	42	59	35	62	42	46	40	41	34	39	32	44
■ DALLAS	286	282	295	268	317	276	267	262	272	296	279	289	296	283
■ ELLIS	29	20	21	23	33	28	23	28	39	45	17	20	27	27
■ HUNT	30	31	22	12	16	29	27	26	24	18	23	13	17	22
■ KAUFMAN	28	21	39	18	8	18	16	16	18	26	22	20	14	20
■ NAVARRO	15	17	7	14	6	8	12	10	7	22	7	7	7	10
■ ROCKWALL	7	11	7	8	5	7	6	13	10	10	8	4	8	8
■ Non-NorthSTAR	5	9	3	12	6	9	1	5	8	8	15	9	9	8

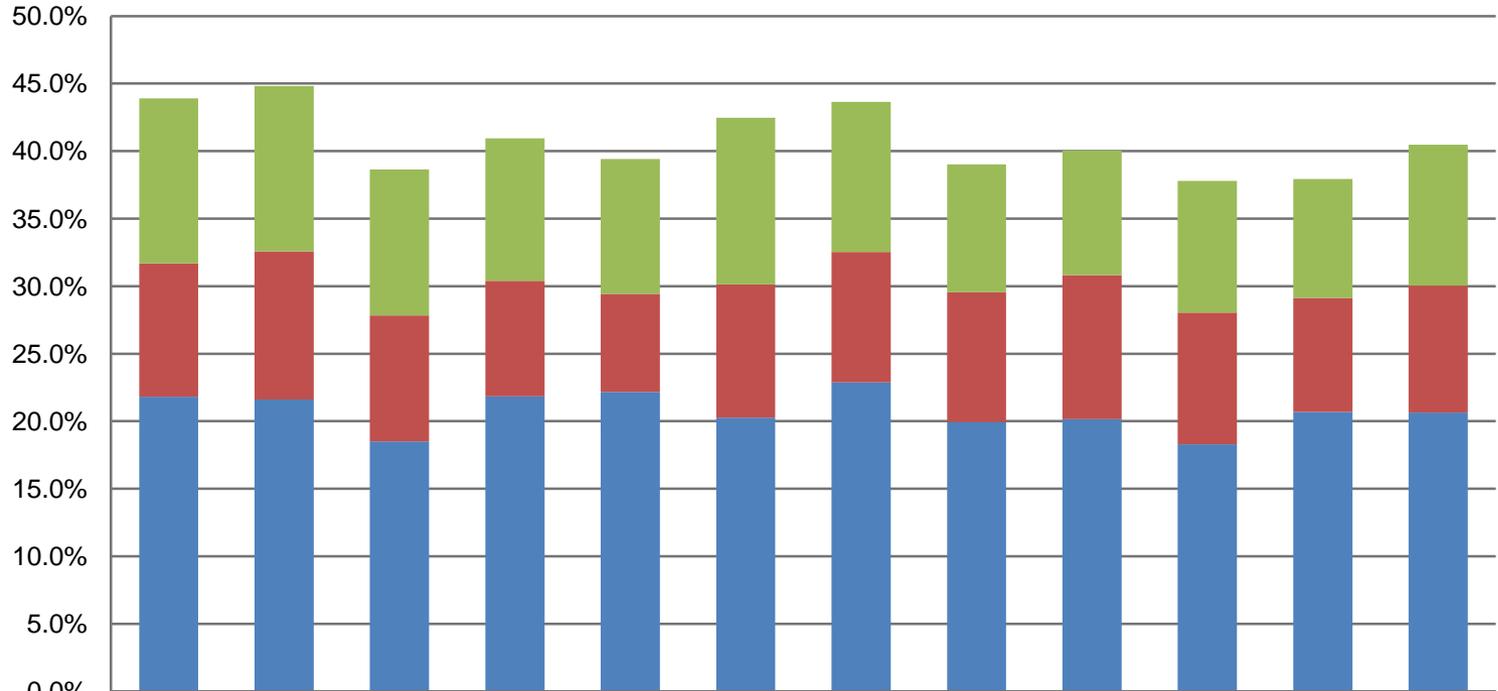
Note: Not Reported, Out-of-State and Texas Residence Unknown data are included in Non-NorthSTAR counties category.

MOBILE CRISIS AND SUBSEQUENT ACUTE ENCOUNTER



Note: This data measures the percent of ACS consumers that had an acute encounter within 30 days following a mobile crisis episode.

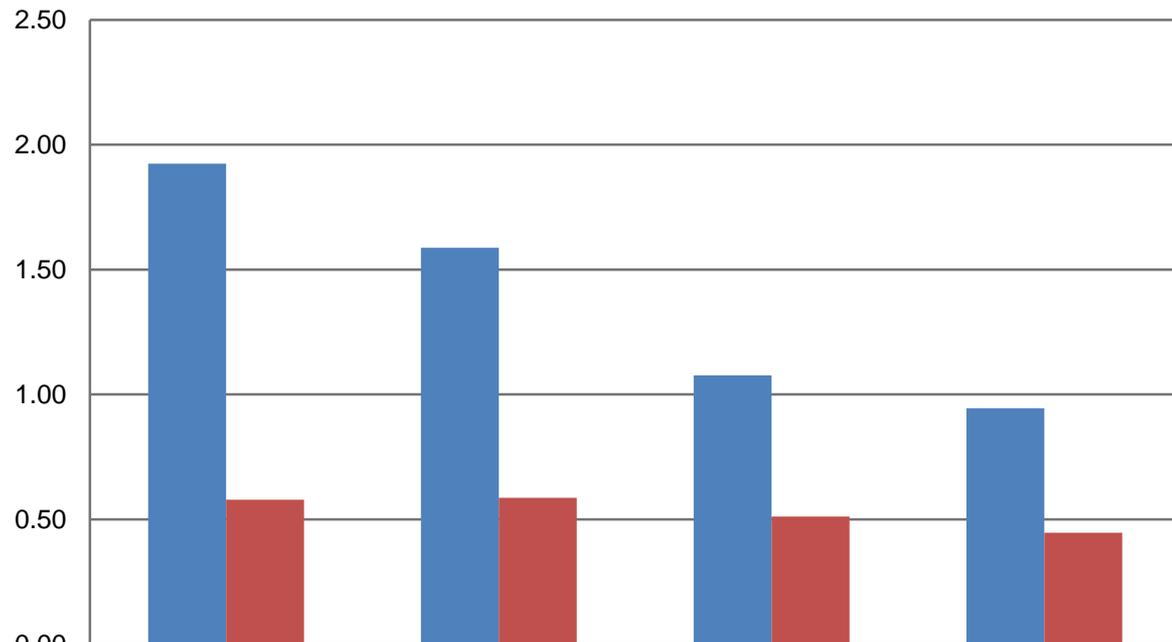
MOBILE CRISIS AND COMMUNITY SERVICE



	FY11 Mo Avg	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	FY12 Mo Avg
■ NS Svc Within 15-30 Days	12.2%	12.2%	10.8%	10.5%	10.0%	12.3%	11.1%	9.5%	9.2%	9.7%	8.8%	10.4%
■ NS Svc Within 8-14 Days	9.9%	11.0%	9.3%	8.6%	7.3%	9.9%	9.7%	9.6%	10.7%	9.7%	8.4%	9.4%
■ NS Svc Within 7 Days	21.8%	21.6%	18.5%	21.8%	22.2%	20.3%	22.9%	20.0%	20.2%	18.3%	20.7%	20.6%

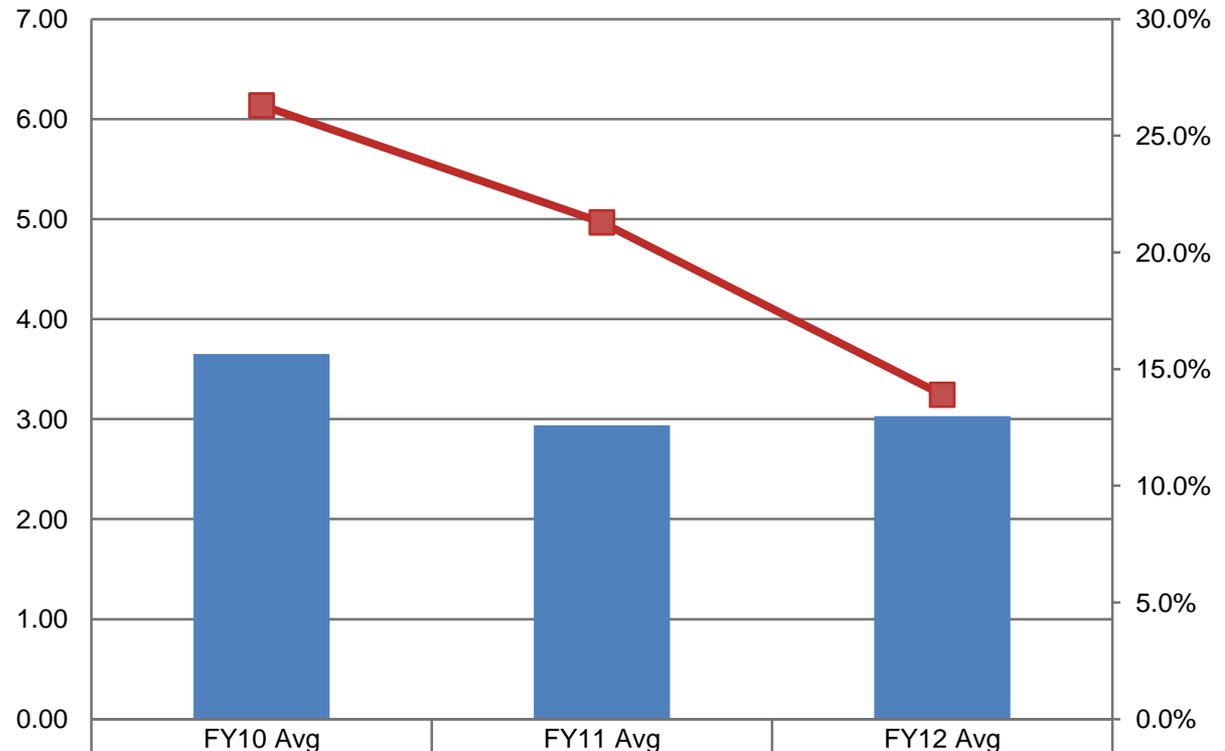
Note: This data measures the percent of ACS consumers that had a community service (non-acute) within 30 days following a crisis episode.

ENROLLEE AND PROVIDER COMPLAINTS



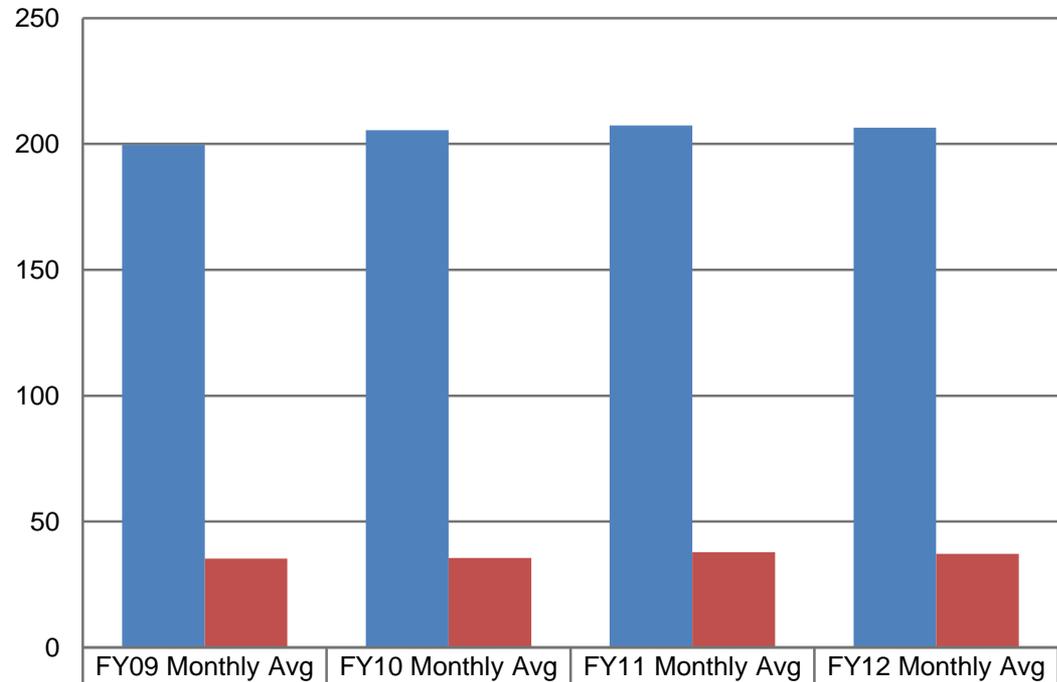
	FY09 AVG	FY10 AVG	FY11 AVG	FY12 AVG
■ Enrollee Complaints Per 1000 Enrollees Served	1.92	1.59	1.08	0.94
■ Provider Complaints Per Active Provider	0.58	0.59	0.51	0.45

UTILIZATION MANAGEMENT – ADVERSE DETERMINATIONS AND OVERTURN RATE UPON APPEAL



■ Adverse Determinations Per 1000 Enrollees Served	3.65	2.94	3.03
■ % of Adverse Determinations Overturned Upon Appeal	26.3%	21.3%	13.9%

PROVIDER NETWORK ACTIVITY – PROVIDERS THAT HAVE SERVED AT LEAST ONE NORTHSTAR ENROLLEE (BASED ON A PAID CLAIM)

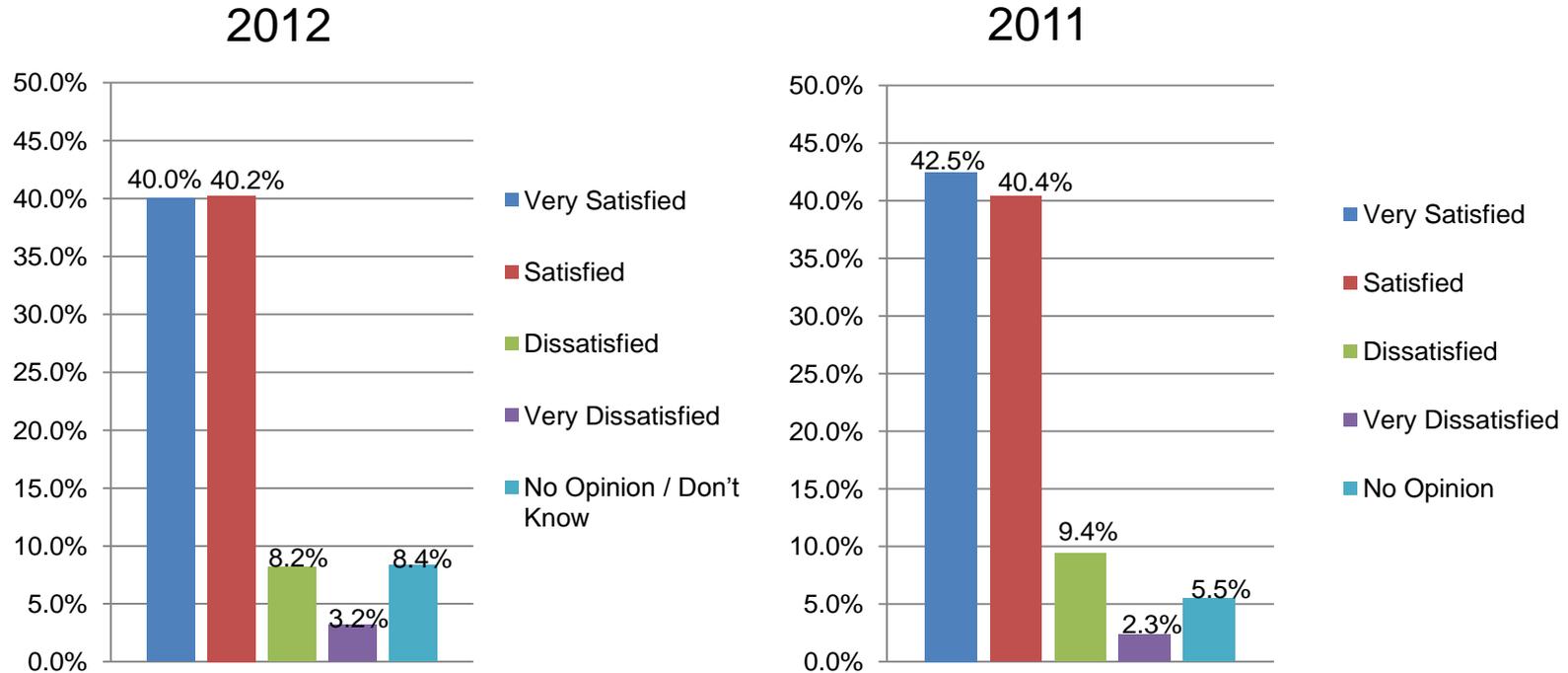


■ Number of Active Providers	200	206	207	207
■ Number of Active Providers Serving 50 or More Enrollees	35	36	38	37

Note: Large Providers with multiple sites are counted once.

NORTHSTAR MEMBER SATISFACTION SURVEY

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



Note: The full survey results can be found at www.ntbha.org under the “Reports” link. In 2012 there were 526 surveys submitted, compared to 384 in 2011.

SUMMARY

- Utilization in mental health and CD services is about 2% lower than 2011
- Cost per enrollee served is higher than 2011
- Acuity Rates by adult and youth service packages are slightly declining
- Follow-up rates after community hospital discharges show a slight decline from 2011
- 2012 satisfaction surveys showed that 80% of consumers are satisfied with the services they are receiving