

***ValueOptions NorthSTAR  
Dallas County Service Delivery Area  
SFY 2014 2nd 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 second quarter (12/01/13-2/28/14) 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 December 17, 2013 to review status of the QMUM Work Plan for 2013. The QMC met on February 25, 2014 to review and approve the 2014 QMUM Work Plan.

**FOCUS STUDIES**

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

We are working with HHSC to measure and report on two NorthSTAR Performance Improvement Projects (PIP) based on HEDIS measures. We will be implementing a series of member and provider interventions as of 2/1/2014 and measuring calendar year 2014 improvements. The details of the data and topic recommendations are provided below.

The first PIP is targeting 7 and 30 Day Follow-Up After Hospitalization (FUH) and the second is Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET). We will be implementing a series of member and provider interventions as of 2/1/2014 and measuring calendar year 2014 improvements. Our baseline results on this measure are currently at or below the 10<sup>th</sup> Percentile and our target is the 25<sup>th</sup> percentile or above. Barrier analyses were conducted and targeted strategies were identified for each PIP.

***Follow-Up After Hospitalization for Mental Illness (FUH)***

The numerators for the project are listed below with the denominator for both measures being NorthSTAR Medicaid Enrollees age 6 and above discharged from Inpatient hospital:

7-Day Follow-Up: An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

30-Day Follow-Up: An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

It's important to note that while we have a target for members discharged from hospitals to see a prescriber within 7 and 30 days, a service by any Mental Health Practitioner will count toward meeting these measures.

**Follow-up after Hospitalization for Mental Illness (FUH 7-day and 30-day)\***

	Numerator	Denominator	Rate (%)
<b>FUH 7-day</b>	651	2646	24.60
<b>FUH 30-day</b>	1288	2646	48.68

*\*The rates listed above for FUH are calculated using the NorthSTAR, STAR, and FFS claims combined for the Dallas Service Area based on FY 2012 data.*

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

Measure	25 <sup>th</sup> Percentile
7-Day Follow-Up	31.28
30-Day Follow-Up	57.21

Some things that ValueOptions is implementing for FUH:

- 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.
- Producing new member materials targeted member and family education related to the importance of keeping follow-up appointments.
- 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.
- 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.
- Reviewing data by hospital and doing provider education and audits related to discharge planning and coordination.

- Met with all SPN providers in March 2014 to review their results for 7 and 30 day follow-up and discuss barriers and potential suggestions to overcome barriers.
- Sent out a list of SPN discharge coordination contacts to network hospitals.

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

The numerators for the project are listed below with the denominator for both measures being NorthSTAR Medicaid adolescent and adult enrollees with a new episode of alcohol or other drug (AOD) dependence who received the following.

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.

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.

For this measure, diagnosis and services by SPNs, Inpatient Facilities and SUD providers are all included. Therefore, not only do all NorthSTAR providers benefit from members starting and continuing treatment, the potential benefit for individuals and their quality of life is immeasurable. Members with a primary or secondary diagnosis of substance abuse / dependence given by either a behavioral health or physical health provider, including those diagnosed by a Medicaid Managed Care Organization are all included. .

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

<b>IET Initiation</b>	1574	6358	24.76
<b>IET Engagement</b>	163	6358	2.56

*\*The rates listed above for IET are calculated using the NorthSTAR, STAR, and FFS claims combined for the Dallas Service Area based on FY 2012 data.*

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

Measure	25 <sup>th</sup> Percentile
IET Initiation	36.03
IET Engagement	5.14

Some interventions that ValueOptions is implementing for IET:

- 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.
- Initiating Cannabis Youth Treatment (CYT) Work group meetings and monitoring CYT home visits.
- 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.
- Reviewing member education materials and website to include the value of engaging in SUD or COPSD services.
- Met with all SPN providers in March 2014 to review their results for IET and discussed barriers and potential suggestions to overcome barriers. We also emphasized to providers what services count under IET, which is not limited to SUD services.
- Coordinate with providers regarding engaging individuals with COPSD as part of the current service packet of treatment
- Promote member and family education materials and resources posted on the DSHS webpage: <http://www.dshs.state.tx.us/mhsa/patient-family-ed/>

**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. The February SPN meeting reviewed the latest SPN individual results for 7 day Prescriber Engagement. This was included in the 4th Quarter SFY 2013 Clinical Outcome Monitor report, which included the following outcomes:

- 35.88% of State Hospital Discharges resulting in an appointment within 7 days
- 27.95% of Community Hospital Discharges resulted in an appointment within 7 days

This data was also discussed individually with SPNs in their March Individual SPN Operations meeting. Several SPNs had strong results with this measure and shared their processes that include having a dedicated discharge coordinator. QM will continue to focus on the importance of having appointments with a prescriber within 7 and 14 days after hospital discharge.

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

This was the second quarter following the implementation of the Texas Resiliency and Recovery systems of care. There were additional regional and state training on curriculums and protocols as well as system improvements to CMBHS. Temporary CMBHS work-around had been implemented by ValueOptions to ease the transition by SPNs while technical issues were resolved. During second quarter, ValueOptions and SPN providers focused on transitions from work-around systems to programmed CMBHS systems. Monthly implementation calls hosted by DSHS with participation by ValueOptions staff, NTBHA and SPN providers remained focused on fine tuning implementation processes for UM, Adult and Child protocol for service delivery and fidelity tools. The DSHS Utilization Management calls reflected collaborative feedback and adjustments to CMBHS systems for calculating levels of care and slight revisions to Utilization Management Guidelines. Fidelity tools continued to be adapted for use in Texas by DSHS with NorthSTAR and statewide providers all participating in this process. Following the DACTS Model Fidelity Self-Review in the previous quarter, ACT monthly calls focused on national subject matter ACT experts in targeted areas of statewide opportunities. ValueOptions and DSHS continued to work collaboratively with SPN providers to support TRR processes unique to NorthSTAR. ValueOptions continues to provide provider support and guidance on TRR Implementation as well as ensuring DSHS Broadcasts of critical information is distributed to SPNs. Examples of current initiatives are the Parent Child Interaction Therapy Training of Trainers (PCIT TOT) opportunities, Trauma Focused CBT (TF-CBT) and additional sessions for presently implemented evidence based trainings being held. ValueOptions also hosted a phone training for DSHS representative to present Project ACCESS for ACT Team Leads to support this valuable initiative. In addition, the Texas Administrative Code Chapter 416 on Rehabilitative Services was adopted. Highlights included inclusion of group skills training as Medicaid billable services for children and adolescents, aligning recovery plan updates with level of care timeframes, addition of recovery oriented language and billing guidelines for Family Partners.

**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 12/1/2013-2/28/2014, except for the 7 and 30 day follow-up measures. This data was based on the time period of 8/1/2013-10/31/2013 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	Avaya Phone system data	<b>Customer Service:</b>	None	Customer Service did not meet the ASA

<p>Abandonment Rate)</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: 2.32 %</p>		<p>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.</p>
<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</p> <p>Office-Site Audits</p>	<p>Access Complaints total = 1</p> <p>1-Routine 0-Urgent 0-Emergent</p> <p><b>Office Site Audits (Y= 5)</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 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>

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>35.2% 7 days</b> (593/1686)  <b>53.8% 30 days</b> ( 819/1523)	Measures based on paid claims are subject to claims payment lag.	7-day and 30-day follow-up were lower than the previous quarter
30 Day Readmission MH	Authorizations	<b>13.8%</b> (247/1789)		30-day Readmission MH was about the same as the previous quarter.
30-Day Readmission Rate-CD	Authorizations	<b>7.9%</b> (95/1198)%		30-day Readmission CD was slightly lower than the previous quarter.

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

Two QM audits and the annual Care Coordination Study were conducted during second quarter with NTBHA participating in the QM audits. A schedule of QM Audits for 2104 was submitted to DSHS QM staff. Updates from TRR and TAC revisions continued to be agenda items in SPN and SPN Quality Meetings.

One SPN Audits result included a Treatment Record Review audit with an overall passing score of 88%. The HR/Credentialing section for the SPN Audit noted a significantly positive result in TAC required training with all elements but one competency certificate not found for one staff of the entire sample. TRR training and elements were reviewed. Findings include the SPN Clinical Supervisor being trained as a trainer in protocols as well as a review of detailed individual clinical supervision with staff on implementation and positive outcomes for members using the new evidence based protocols. Elements of Skill Streaming (START) and IMR curriculum were noted in the sample of charts audited. One QMHP transcript was reviewed and formally credentialed as a QMHP. A Corrective Action Plan is requested any specific elements below targets in the Treatment Record Review and was requested for treatment plan updates and progress note elements. In addition, the SPN was requested to more clearly document TRR training competencies in a format that is stored in individual staff files. The Clinical Director was certified in CBT and was conducting regular supervision with licensed interns on CBT techniques.

A follow-up Crisis Residential Program audit was conducted during second quarter using a Crisis Residential Treatment Record Review Audit Tool developed from the Crisis Services standards. The provider overall score improved but still fell slightly under the targeted 80% with a score of 76%. Opportunities for improvement for Corrective Action were identified for the areas of consistent signing of credentials, ensuring assessments contain all required elements, targeting acute issues in individualized crisis treatment plans, notation of how issues were addressed, recommendation of individualized crisis/suicide prevention plans with specific steps and supports to be implemented prior to discharge and more thorough discharge plans. Improvements noted for consistent use of forms for Client Rights, Complaint / Grievance notices and Program Rules. There was more documentation by RNs, a comprehensive list of community resources found in some charts and more consistency in group note formats. The provider submitted a staff roster showing the majority of program staff are QMHPs that are being trained to be consistent in signing credentials and gave feedback on recent hiring of additional QMHPs and LPHA. It was also noted that documentation reflected that clients saw a prescriber within 24 hours, consistently had access to psychiatric medications, crisis treatment plans were present and discharge plans included SPN appointments and mobile crisis numbers. Opportunities for improvement remain and will be reassessed as the provider continues to make progress in the elements listed above with ValueOptions providing provider education and monitoring.

### **Coordination and Continuity of Care Monitoring**

Strategy: Behavioral Health Organization Quality Improvement Project: NorthSTAR Care Coordination for Children 2013

The purpose of this study was to increase Texas Health Steps participation and coordination of physical health needs with a primary care physician among NorthSTAR enrollees under the age of eighteen. A sample of 105 charts from nine specialty provider networks that serve children and adolescents was selected. The sample was limited to Medicaid clients since one of the review elements was to assess whether Texas Health Steps education was addressed. Below are scores, highlights, graph of trends, program enhancements and best practices.

Average outcomes from the 2013 study:

Identified Health Need is Met: 84%

PCP Identified: 89%

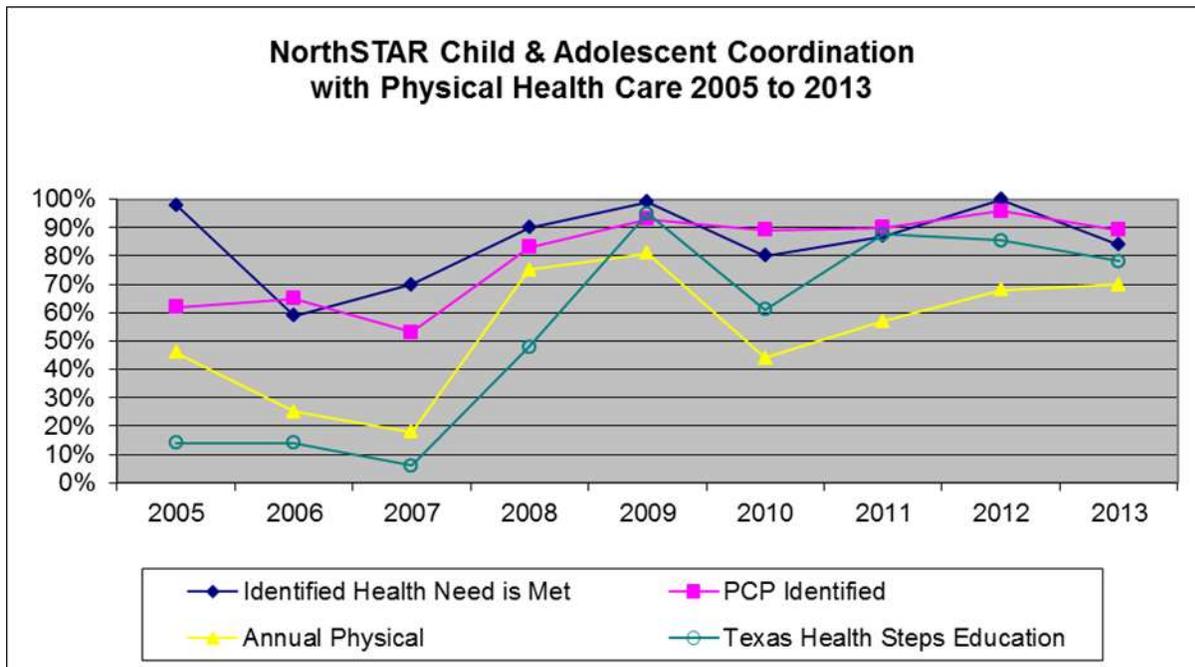
Annual Physical: 70%

THS Education: 78%

#### Highlights of Study:

- The percent of charts with identified health needs documented as met was 84 percent and the percent of primary care physicians identified was 89 percent.
- There was slight improvement from 2012 to 2013 in the number of annual physicals documented.
- Only 2 out of 105 members in the sample with an identified health need that did not have a PCP lacked a referral to a PCP in the documentation.

- 84 percent of the total sampled members had a physical within the past two years documented in their charts.
- Commonly reported health issues included asthma, allergies and a few had seizures.
- Data from the charts sampled reflected an increase in identified health needs with 29% of children and adolescents having a specific health need identified compared to 20% in 2012.
- In 2010, the methodology of this study was changed from provider-selected charts to a randomized sampling for more meaningful results. Since 2010, there has been gradual improvement in these elements with a slight downward trend from 2012 to 2013 in three elements while one element showed improvement.



Program Progress: Significant Improvements in scores since 2010 have remained mostly stable with a few elements scoring lower in 2013 and one element scoring higher. There remain opportunities to continue to improve coordination of care between physical and behavioral health providers.

Program enhancements: There are several noteworthy changes for 2014 in the area of Care Coordination.

- Texas HealthSteps training has been scheduled twice for 2014 for the next Specialty Provider Network meetings.
- Updated information was disseminated to SPNs on updated contact numbers for the Medicaid Transportation Vendor and on revisions made to transportation policies for youth to assist families in designating other trusted adults to accompany youth to medical and psychiatric services.

- The Child and Adolescent Needs and Strengths assessment (CANS) implemented with Texas Recovery and Resiliency has a specific question to identify and rate the severity of health needs.
- Two SPN providers are implementing primary care services into their agencies. One of these providers serves the largest number of NorthSTAR members and therefore has considerable potential to improve health care coordination.
- One SPN whose scores were below targets had newly added Children's Services to their SPN service array and is likely to score higher as the program evolves.
- Audits of inpatient providers have also included facility feedback on community referrals for identified health conditions.

Continued action: The behavioral health organization will continue with provider audits and will continue to work with specialty provider network providers to develop best practice procedures to ensure that members are educated at regular intervals about physical health benefits available to them, and that documentation that this has been done is present in the medical record. Care Coordination Audits will be an ongoing activity with feedback to providers and to the Care Coordination Committee that includes the Medicaid and CHIP Health Plans for this population. The annual Treatment Record Review tools have also been updated to capture additional coordination of care elements.

Specialty Provider Network Best Practices:

- Most SPNs have incorporated annual physicals and THS education into forms that are updated regularly such as medication visits, treatment plans or annual medical information update forms
- Several SPNs have developed a form to notify PCPs that members are receiving medications and behavioral health services
  - SPNs that have integrated care coordination elements into other routine documentation generally scored higher
  - One SPN that provides bilingual services implemented a new process for all their members admitted without a current PCP. Members are referred to and a Consent to Exchange information signed with a specific group of primary care physicians to ensure access to bilingual health care. The SPN also has a close working relationship with the health care group.

## 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.
<b>Dec 2013</b>	<b>1559</b>	<b>2.18%</b>	<b>25</b>
<b>Jan 2014</b>	<b>1122</b>	<b>3.37%</b>	<b>27</b>
<b>Feb 2014</b>	<b>1664</b>	<b>1.68%</b>	<b>24</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
Dec 2013	7,148	1.05%	13 seconds
Jan 2014	9,532	4.93%	65 seconds
Feb 2014	7,884	2.63%	31 seconds

January 2013 experienced a high Customer Service Average Speed of Answer (ASA) due to an increased call volume of over 2,000 calls combined with an inordinate number of business recovery days due to inclement weather. Customer Service department also experienced some unanticipated staffing changes resulting in hiring and training new staff. ValueOptions monitors phone performance daily and the Customer Service management staff reach out to the Texas team for assistance during peak call times. Texas maintains several staff in multiple departments who have access to the Customer Service phone queue and have experience with answering NorthSTAR Customer Service calls.

Customer Service leadership is reporting frequently to the Texas Engagement Center to ensure phones are answered within the contractual standard. Much improvement was seen with February in terms of ASA and Abandonment Rate performance. We are continuing to focus in March on meeting the performance targets and using Texas staff to augment answering the phones.

### 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
Dec 2013	138	26	5	3	1
Jan 2014	145	51	6	2	1
Feb 2014	147	23	8	4	0

Adverse determinations have increased in recent months and continue to stay in the higher average. Significant increase in Level I appeals in January, but trend leveled back down in February. Level II appeals have continued to stay consistent with no significant trend.

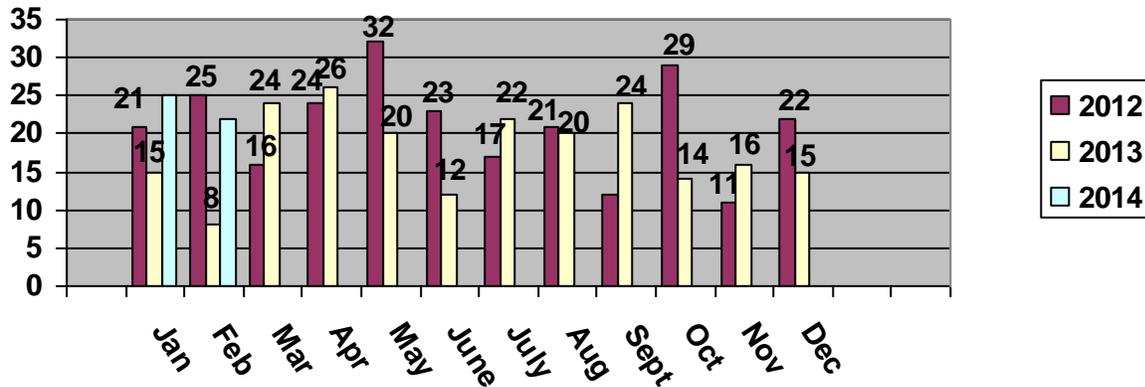
### Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
Dec 2013	64/108	58	14/6	2
Jan 2014	106/74	41	5/12	3
Feb 2014	53/72	31	5/5	3
Quarter Totals	<b>223/254</b>	<b>130</b>	<b>24/23</b>	<b>8</b>

There were 223 Level 1 administrative appeals received for this reporting period, with 254 appeals that were closed. For Level II appeals, there were a total of 24 received and 23 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.

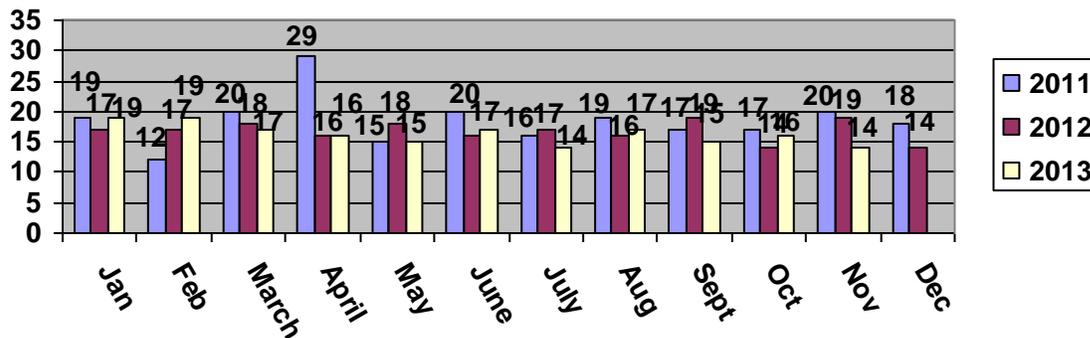
## Complaints/Grievances

### Complaint #s Comparison



Complaint volume in January 2014 (25) is the highest for this quarter with February following (22) and then December (15). Overall, a total of 62 complaints were received for this quarter which is an increase from last quarter (54). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.

### Average Turnaround Time



Claims Data:	Nov 2013	Dec 2013
Mechanical Accuracy	99.97%	99.97%
Financial Accuracy	99.54%	99.77%
% Processed in 30 calendar days	100.00%	100.00%

Claims performance measures all were within contractual and regulatory standards. The indicators for the month of January will be presented on the next Quarterly Report.

**Prevention, Education, & Outreach:**

The Behavioral Health Education and Recovery team initiated Stamp Out Stigma (SOS) trainings in coordination with community colleges. Additionally, there were some organizational changes in early 2014 with the addition of a new Peer Specialist staff person. This new additional team member has been getting oriented and is initiating some Hospital Discharge Coordination member education activities at local hospitals to provide additional support to a project that Mental Health American has been doing to assist members in the transition from hospital discharge to outpatient service engagement.

**Provider Relations: Provider Trainings**

Month	Provider Trainings	Number of Attendees
Dec 2013	1	12
Jan 2014	1	12
Feb 2014	1	23
<b>Total # of Trainings =</b>		<b>3</b>
<b>Total # of Attendees =</b>		<b>47</b>

**Credentialing and Recredentialing:**

Indicator	Dec 2013	Jan 2014	Feb 2014
# Initial Credentialed	1	1	3
Average TAT Initial CR (in days)	18 days	62 days	23 days
# Recredentialled	6	4	3
Average TAT Recred (in days)	15	8	13
% Recredentialled Files Completed within 36 month TAT	100%	100%	100%

**National Goals**

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 96%

**UM Average daily census table**

Month	Inpatient	Residential Rehabilitation
Dec 2013	81	69
Jan 2014	81	75
Feb 2014	79	83

Inpatient average daily census numbers were stable for this quarter with Residential average daily census trending up slightly.

## ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

NorthSTAR ValueOptions QM Projects	Target
Complete 2013 QM/UM Program Evaluation	April 1, 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