

ValueOptions NorthSTAR
Dallas County Service Delivery Area
SFY 2014 1st 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 first quarter (9/01/13-11/30/13) 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 October 22, 2013 to review status of the QMUM Work Plan.

FOCUS STUDIES

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

7-Day Prescriber Engagement 25%

Numerator: 369 consumers seen by prescribers

Denominator: 1,566 hospital discharges during this quarter

14-Day Prescriber Engagement 34%

Numerator: 499 consumers seen by prescribers

Denominator: 1,498 hospital discharges during this quarter

There was a slight improvement from the previous measure of 24% for 7 day and 33% for 14 day prescriber appointment.

Previous assessment of claim and authorization data in ValueOptions Clinical system for members who did not show up for follow-up revealed the following trends:

- No designated SPN by name in the Clinical Care Manager notes.

- Some individuals not discharged to a SPN or another NorthSTAR provider reflect the member is seeing a PCP or moved out of state.
- Several discharged to court/jail or PARTIAL hospitalization with no opportunity for a 7 or 14 day appointment.

Provider feedback from SPN Quality included challenges with contacting the members to engage them for follow-up.

The Clinical Director noted the targeted concern and focus will be working individually with hospital discharge plans and coordination in the way appointments are scheduled. The Walk-In system used by SPN providers servicing the most members is not consumer-friendly and can result in long wait times and result in members being reluctant to attend or leave without being seen. Hospital Discharge Planners are not giving a specific follow-up appointment. It's helpful when SPNs will keep some appointments available for these individuals. One impact identified is long wait times in the office and the need for this to improve. Some smaller providers noted that they still schedule appointments for hospital discharges and other SPNs reported they prioritize hospital discharge walk-ins

Interventions targeting 7 and 14 day prescriber follow-up include:

Provider Focused Interventions:

- Review of results and discussion in SPN Quality Sub-Committee. The 5-16-13 meeting focused on improving this measure.
- SPN Providers not meeting individual targets in this measurement were put on Corrective Action Plans. Interventions include providing outreach to members discharged from hospitals, coordinate obtaining hospital records via encrypted email and to designate their chart as hospital discharge to identify need for timely follow-up.
- Hospital Clinical Case Reviews were conducted in Nov 2012 and a formal Treatment Record Review Audit in May 2013 that both included a review of discharge planning. Discharge planning was identified as an opportunity for improvement.
- An initiative with the Clinical Care Managers who review hospital documentation and record discharge plans in the ValueOptions system to include feedback to the hospital when there are vague discharge plans that don't include a specific appointment.
- Ongoing intervention, Work closer with key hospitals in the system related to getting specific follow-up appointments versus walk in appointments.

Member Focused Interventions:

- Peer Navigator program implemented at GOH in March 2012 as well other outreach programs to assist with the transition from Inpatient to Community outpatient services. The program is using an existing ValueOptions provider, APAA (Association of Persons Affected by Addiction), but placing their services right at the front door facility for NorthSTAR and targeting dual diagnosis patients in the 23-hour observation program.
- Recovery Brochure for distribution by APAA at Green Oaks Hospital to address the need to engage in outpatient services. The Brochure includes a support and wellness plan with spaces for members to add key contacts and information they write in on what to do if in crisis.

Additional QIP Updates:

- Medication Adherence Measures in collaboration with three of the Medicaid Health Plans. ValueOptions will send Clinical Care Alert (CCA) letters to behavior health prescribers for Medicaid members who have discontinued their antidepressant or antipsychotic medications.
- Measures are in process and ValueOptions is working with the three Medicaid plans to obtain the pharmacy data in the agreed upon file format for loading into a single data table for uploading into the PharmacyConnect system that will generate the Clinical Care Alert letters.

OTHER QUALITY IMPROVEMENT ACTIVITIES (RECOVERY):

This was the first quarter following implementation of the Texas Resiliency and Recovery systems of care. Training on curriculums, ANSA and CANS assessments, new Utilization Management Guidelines and CMBHS were all completed. CMBHS systems for mental health were launched. ValueOptions and DSHS were collaboratively with providers to support NorthSTAR transition to the new system. Temporary work-arounds were implemented by ValueOptions to ease the transition by SPNs while technical issues were resolved. Monthly and bimonthly implementation calls continued to be hosted by DSHS and attended by ValueOptions staff and SPN providers. The VO/DSHS/NTBHA/SPN monthly calls continued to focus on NorthSTAR-specific aspects of implementation and to address any concerns or questions from SPNs. Fidelity tools continued to be adapted for use in Texas with NorthSTAR and statewide providers all participating. A DACTS Model Fidelity Self-Review was initiated by DSHS to take a baseline of ACT Fidelity across Texas to compare to other states. Self-Reviews by NorthSTAR ACT providers were facilitated by ValueOptions and submitted to DSHS.

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 9/1/2013-11/30/2013, except for the 7 and 30 day follow-up measures. This data was based on the time period of 5/1/2013-7/31/2013 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 Abandonment Rate) | Avaya Phone system data | Customer Service: ASA: 31 sec Abandonment Rate: 2.53 % Clinical: ASA: 22 sec Abandonment Rate: 2.24 % | None | Customer Service and Clinical phone stats are within performance targets. |

| | | | | |
|---|---|--|---|---|
| <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 = 7</p> <p>5-Routine 2-Urgent 0-Emergent</p> <p>Office Site Audits (Y=2)</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 | 39.3% 7 days (658/1674) 56.0% 30 days (846/1511) | 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 | 13.7% (244/1782) | | 30-day Readmission MH was slightly higher |

| | | | | |
|----------------------------|----------------|-------------------|--|---|
| | | | | than the previous quarter. |
| 30-Day Readmission Rate-CD | Authorizations | 7.4% (92/1243) | | 30-day Readmission CD was slightly lower than the previous quarter. |

CLINICAL AUDITS:

Two SPN Audits were conducted during 1st quarter. One SPN Audit result included a Treatment Record Review audit with an overall passing score of 87%. The HR/Credentialing section for the SPN Audit noted some opportunities for TAC required training elements and supervision conducted consistently. A Corrective Action Plan was requested for any specific element below targets within Treatment Record Review which included treatment plans. In addition, the SPN Audit CAP requested any missing training competencies be completed, updated job descriptions in HR files and current examples of individual clinical supervision. It was noted that the SPN had completed training and a system to tracking staff competencies for Texas Resiliency & Recovery curriculums, assessments and UM Guidelines. The provider had also invested in CBT Training and held another Nurturing Parent Trainer workshop at their agency.

The second SPN Audit result included a Treatment Record Review audit with an overall passing score of 80%. The HR/Credentialing section for the SPN Audit noted some opportunities for TAC required training elements and supervision conducted consistently. A Corrective Action Plan was requested for specific elements below targets within Treatment Record Review such as informed consent for medications and individualized strength-based progress notes. In addition, the SPN Audit CAP requested any missing training competencies be completed and current examples of individual clinical supervision. During this timeframe, the DACTs Fidelity Self-Review was being conducted by the provider. It was noted that Recovery Plans appeared to improve in use of strengths after the implementation of the ANSA and CANS.

A Crisis Residential program was also audited during 1st quarter. A Treatment Record Review Audit Tool was developed from the Crisis Services standards. The provider scored under the targeted 80% with a score of 64% and will be audited again in 3 months. A Corrective Action Plan for opportunities for improvement was requested for the areas of credentials and documentation requirements, ensuring assessments contain all required elements, documenting more clearly how acute issues were addressed, COPSD interventions and to include individualized crisis prevention plans in discharge plans. It was noted that documentation reflected that clients saw a prescriber within 24 hours, consistently had access to psychiatric medications, crisis treatment plans with general goals and discharge plans with SPN referrals and mobile crisis numbers were present. Provider gave feedback that clients do receive copies of a comprehensive list of community resources and Crisis Residential program rules that will now also be filed in the charts.

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. |
|------------------|--------------------------|------------------------|--------------------------|
| Sept 2013 | 1,968 | 3.05 % | 23 |
| Oct 2013 | 2,101 | 1.90 % | 16 |
| Nov 2013 | 1,629 | 1.78 % | 26 |

Clinical average speed of answer (ASA) was within target of within 30 seconds. The abandonment rate also met the 5 percent performance target for this quarter.

Enrollee/Provider Service Calls:

| Month | Total Calls Received | Abandonment Rate < 5 % | Speed of Answer <30 sec |
|----------|----------------------|------------------------|-------------------------|
| Sep 2013 | 8,761 | 3.89 % | 48 sec |
| Oct 2013 | 9,696 | 2.59 % | 28 sec |
| Nov 2013 | 7,399 | 1.11 % | 17 sec |

Customer Service Average Speed of Answer (ASA) exceeded contractual targets in September 2013 with a 48 second ASA. This was addressed in a formal plan of correction with Customer Service. Texas staff were utilized on the phones during peak times to add additional support to the Customer Service team while they completed hiring and training staff to get the team back up to full staffing. This is also monitored daily by the Texas Management team to ensure that the phone stats continue to meet contractual standards.

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 |
|----------|------------------------|-----------------|--------------------------|-----------------|--------------------------|
| Sep 2013 | 147 | 22 | 3 | 1 | 0 |
| Oct 2013 | 160 | 21 | 1 | 0 | 0 |
| Nov 2013 | 149 | 37 | 6 | 1 | 0 |

Adverse determinations numbers increased in October, but leveled back in November. No significant trends with Level I and Level II appeal numbers.

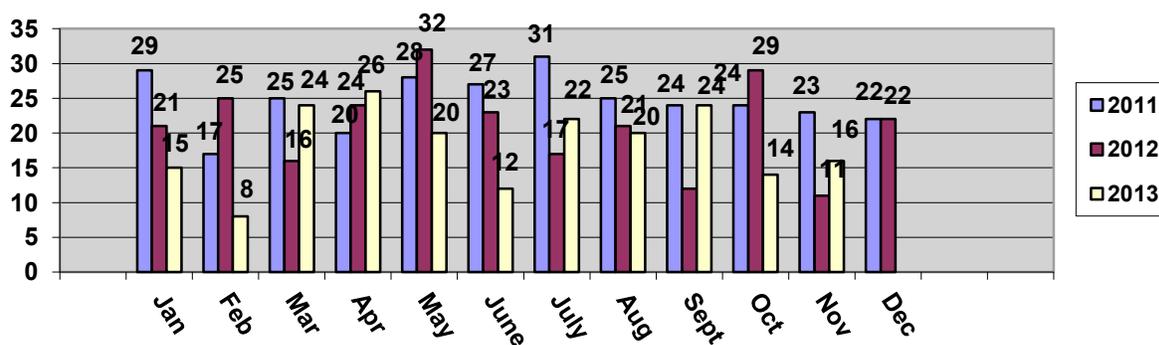
Administrative Appeals

| Month | Level 1 Appeals Rec'd/Closed | Level 1 Appeals Reversed | Level 2 Appeals Rec'd/Closed | Level 2 Appeals Reversed |
|----------------|------------------------------|--------------------------|------------------------------|--------------------------|
| Sep 2013 | 63/38 | 19 | 12/6 | 0 |
| Oct 2013 | 63/70 | 32 | 1/13 | 2 |
| Nov 2013 | 85/60 | 12 | 4/1 | 1 |
| Quarter Totals | 211/168 | 63 | 17/20 | 3 |

There were 211 Level 1 administrative appeals received for this reporting period, with 168 appeals that were closed. For Level II appeals, there were a total of 17 received and 20 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.

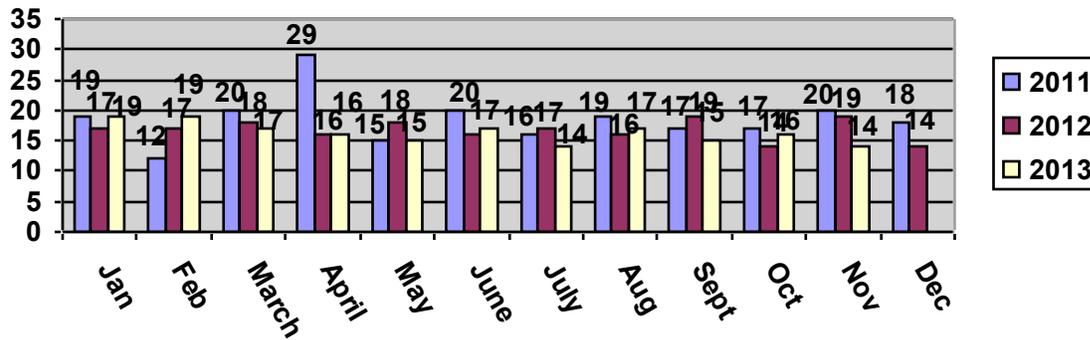
Complaints/Grievances

Complaint #s Comparison



Complaint volume in September 2013 (24) is the highest for this quarter with November (16) and October (14) following. Overall, a total of 54 complaints were received for this quarter which is the same total number received last quarter. Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.

Average Turnaround Time



Claims Data:

| | Aug 2013 | Sep 2013 | Oct 2013 |
|---------------------------------|----------|----------|----------|
| Mechanical Accuracy | 99.95 % | 99.96 % | 99.94 % |
| Financial Accuracy | 99.76 % | 99.78 % | 99.85 % |
| % 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 month of November will be presented on the next Quarterly Report.

Prevention, Education, & Outreach:

| Enrollee/Provider Events: Prevention, Education, & Outreach (PE&O) 1st 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 |
| Sept 2013 | 2 | 20 | 22 | 85 | 46 | 131 |
| Oct 2013 | 2 | 22 | 24 | 96 | 66 | 162 |
| Nov 2013 | 2 | 19 | 21 | 92 | 45 | 137 |
| Quarter Totals | 66 | 61 | 67 | 273 | 157 | 430 |

*Medicaid Events include only events that are exclusively for persons receiving Medicaid or their family members or agencies or providers who serve them, such as Texas Health Steps events, Getting the Most Out of Medicaid Seminars, presentations to foster parents or foster care workers, or to adoptive parents or adoption workers. General Events include both non-Medicaid and Medicaid members, their families, or agencies or providers who serve them.

Provider Relations: Provider Trainings

| Month | Provider Trainings | Number of Attendees |
|-------------------------------|--------------------|---------------------|
| Sep 2013 | 0 | 0 |
| Oct 2013 | 1 | 3 |
| Nov 2013 | 1 | 12 |
| | | |
| Total # of Trainings = | | 2 |
| Total # of Attendees = | | 15 |

Credentialing and Recredentialing:

| Indicator | Sep 2013 | Oct 2013 | Nov 2013 |
|--|----------|----------|----------|
| # Initial Credentialed | 1 | 0 | 0 |
| Average TAT Initial CR (in days) | 27 days | N/A | N/A |
| # Recredentialed | 5 | 5 | 8 |
| Average TAT Recred (in days) | 13 days | 9 days | 10 days |
| % Recredentialed 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 |
|----------|-----------|----------------------------|
| Sep 2013 | 78.37 | 59.80 |
| Oct 2013 | 78.77 | 73.90 |
| Nov 2013 | 78.77 | 66.87 |

ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

| NorthSTAR ValueOptions QM Projects | Target |
|--|-----------------|
| Complete 2013 QM/UM Program Evaluation | March 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 | August 26, 2014 |

| | |
|---|-------------------|
| Continue “Coordination of Care in Children” Project | February 25, 2014 |
| QI Project: HHSC Improving Medicaid Medication Adherence for Antipsychotics and Antidepressants | August 26, 2014 |