

***ValueOptions NorthSTAR***  
***Dallas County Service Delivery Area***  
***SFY 2015 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 fourth quarter (9/01/14-11/30/14) of the 2015 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 28, 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. .
- **Updated Member Hospital Brochure, awaiting internal approval:** Updated Hospital Brochure targeting members who discharge to continue in treatment in outpatient services. This was provided to APAA in October 2014 for use by their Peer Navigators at Green Oaks, but still waiting on 3,000 printed copies to coordinate with major network hospitals, including having their Social Worker Staff assist with distributing the brochure and providing education. The brochure has a place for the member's name, clinic information and next appointment.
- **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.

### **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

### **Status of interventions for IET PIP and IET QIP:**

- **Updated Member Hospital Brochure, awaiting internal approval:** See above. The brochure educates members to call ValueOptions Clinical Care phone number to obtain referrals for treatment for substance use disorders (SUD).
- **Updated Providers on COPSD Integrated Care** - Reviewed tenets of Person Centered Recovery Planning in SPN Quality Meeting that include COPSD integrated treatment planning. Also ValueOptions' annual training on Documentation Requirements for Providers included references for requirements to include COPSD integrated goals. Training was provided to mental health and substance use providers.

### **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:**

- Promoting the use of the additional 90.00 funding opportunity when a member is seen by a prescriber within 3 days of hospital discharge.
- Working with SPNs to increase the use of PIF (Penalty and Incentive Fund) as additional resources to ensure member is transported on the day of discharge as well as a follow-up visit within 7 days that can be used to see a prescriber or for other services.

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

During first quarter, providers were educated on required Fidelity forms for protocols for the Texas Resilience and Recovery (TRR) systems of care. ValueOptions, NTBHA and SPN providers continued to participate in DSHS monthly calls. SPNs were reminded of specific fidelity requirements and forms for Skill Streaming, Seeking Safety and Nurturing Parent to be completed annually and filed by employee. Additionally, providers were reminded that Trauma-Focused CBT Self-Review is required annually and ACT Fidelity Self-Review is recommended annually and that IMR and the CTRS are helpful fidelity tools for training and supervision. A new reference link to Barkley's protocol was distributed to providers. Several providers attended the CANS Conference. During Individual SPN monthly calls, TRR

Fidelity requirements were reviewed to address any individual SPN questions. Results for Person Centered Recovery Planning review are in Clinical Audits section below.

**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 9/1/2014-11/30/2014, except for the 7 and 30 day follow-up measures. This data was based on the time period of 5/1/2014-7/31/2014 in order to allow adequate time for claims payment.

Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Telephone response (ASA and Abandonment Rate)	Avaya Phone system data	<p><b>Customer Service:</b></p> <p>ASA: 15 sec</p> <p>Abandonment Rate: 2.16 %</p> <p><b>Clinical:</b></p> <p>ASA: 23 sec</p> <p>Abandonment Rate: 2.52 %</p>	None	Customer Service met the quarterly ASA and abandonment rate standards for this quarter.

<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>1-Routine 3-Urgent 0-Emergent</p> <p><b>Office Site Audits (Y= 3)</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>
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Reporting Measure	Data Source	Current Result	Limitations to Data Source	Initiation of any Quality Improvement Activities (provide summary)
Ambulatory Follow-Up to Hospitalization 7 days and 30 days MH	Claims	<b>39.1% 7 days</b> (621/1589)  <b>54.0% 30 days</b> ( 771/1428)	Measures based on paid claims are subject to claims payment lag.	7-day follow-up was slightly higher than the previous quarter and 30-day was about the same
30 Day Readmission MH	Authorizations	<b>14.3%</b> (239/1677)		30-day Readmission MH was slightly higher than the previous quarter.
30-Day Readmission Rate-CD	Authorizations	<b>6.5%</b> (74/1137)%		30-day Readmission CD was lower than the previous quarter.

## ***CLINICAL AUDITS:***

During 1st quarter, QM conducted one SPN Audit and a Housing Rental Assistance audit. ValueOptions also participated in an ACS Hotline and Mobile Crisis Audit. Appointment Access Phone Surveys were also conducted by NTBHA and ValueOptions. Additionally Corrective Action Plans (CAP) for DSHS Person Centered Planning Reviews was facilitated for SPNs.

The SPN Audit results included a Treatment Record Review audit with an overall passing score of 87% with opportunities in Coordination of Physical Health and Medication Informed Consent. At every SPN audit, there is emphasis and discussion regarding 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 of ACT services and COPSD groups, For the HR/Credentialing section, QMHPs and licensed staff were appropriately credentialed and individual clinical supervision was well documented and noted as a strength. Opportunities included a TAC required element for TAC Chapter 416 published this calendar year and trainings on Utilizing Assistive Technology and Interaction with an Individual with Physical Impairment.

A review was conducted by QM and Clinical Department of Housing and Rental Assistance funds for all SPNs participating in the program. The criteria reviewed were based on Homelessness criteria, appropriateness of entity paid, documentation of a Housing Transition / Recovery Plan and other support services provided. Corrective Action is being requested for any identified areas of opportunity.

ValueOptions participated in the ACS Hotline and Mobile Crisis Audit with NTBHA. A random sample of electronic records was reviewed using a tool created from the Crisis Standards that was used in previous ACS reviews. All types of calls and mobile interventions were reviewed as well as a staff roster of credentials and policy and procedures. Following the review of clinical records, some calls were flagged for the audit team to go onsite and listen to calls. All the staff was appropriately credentialed. The results of this review are being produced by NTBHA.

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 were received from DSHS and two SPNs had identified opportunities for improvement. Those two SPNs had CAPs requested and the CAPs were then submitted to DSHS. Corrective action was only required for TAC elements and PCRP continues to be a focus of training for providers.

NTBHA conducted Access Surveys via telephone during 1st quarter. Calls were conducted with two scenarios. One scenario requested SUD referrals for a person who fit the population served by the agency and the other scenario assessed if the staff was aware of all payor sources accepted at their agency, including CHIP. Many SPNs had an opportunity identified for one of the elements and responses were requested for each area of opportunity.

## 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 2014	2088	2.87%	24 sec
Oct 2014	1826	2.44%	24 sec
Nov 2014	1380	2.90%	21 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
<b>Sept 2014</b>	<b>7,145</b>	<b>3.51 %</b>	<b>16 sec</b>
<b>Oct 2014</b>	<b>7,237</b>	<b>1.37 %</b>	<b>16 sec</b>
<b>Nov2014</b>	<b>5,131</b>	<b>1.40 %</b>	<b>13 sec</b>

**Customer Service 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.**

**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

Sept 2014	175	39	3	1	1
Oct 2014	164	43	5	1	1
Nov 2014	157	32	7	3	1

Adverse determinations have decreased significantly within the past couple of months and returned back to the average for this time of the year. Appeals have decreased to the constant average.

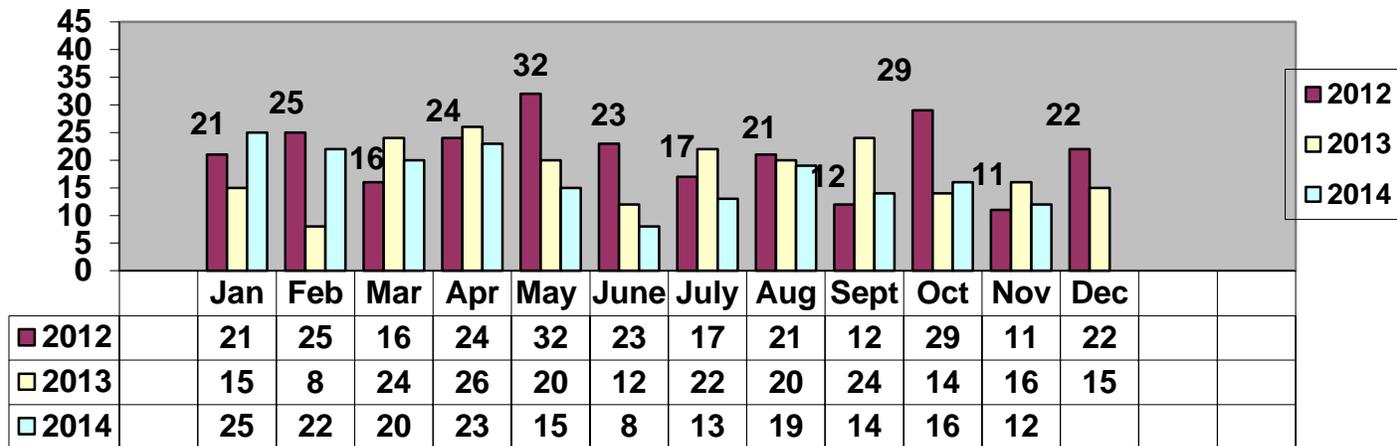
### Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
Sept 2014	82/57	21	11/7	2
Oct 2014	90/96	44	12/12	1
Nov 2014	71/72	19	5/11	0
Quarter Totals	<b>243/225</b>	<b>84</b>	<b>28/30</b>	<b>3</b>

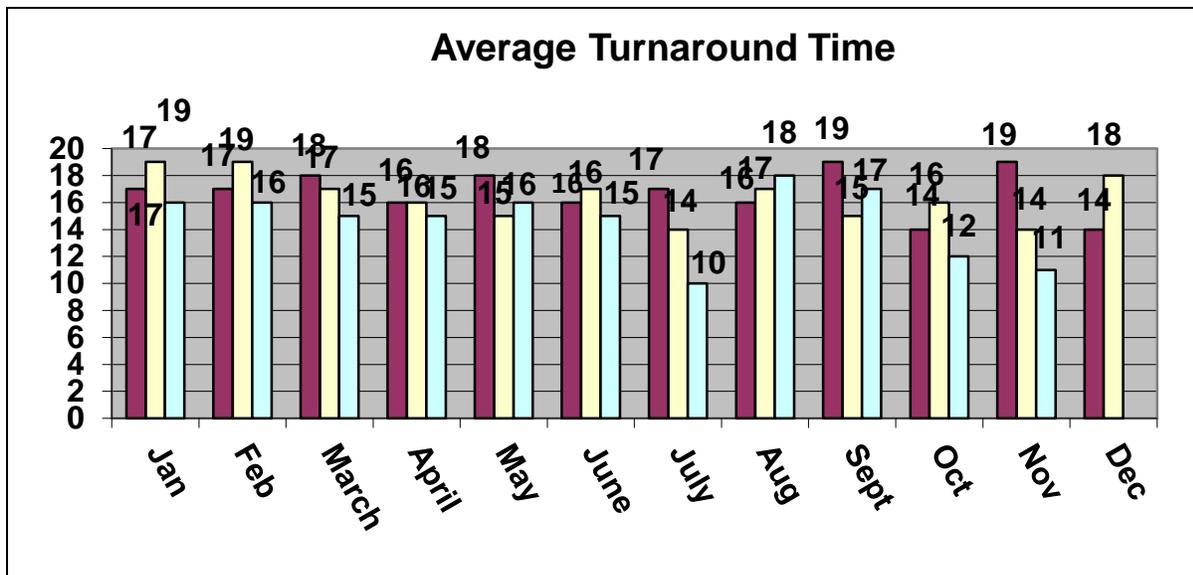
There were 243 Level 1 administrative appeals received for this reporting period, with 225 appeals that were closed. For Level II appeals, there were a total of 28 received and 30 closed for this reporting period. All Level I and Level II appeals were closed within 30 calendar days. Appeal type trends 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 October 2014 (16) is the highest for this quarter with September (14) following and then November (12). Overall, a total of 42 complaints were received for this quarter which is a slight increase from last quarter (40). Quality Management continues to work closely with providers and other departments to resolve complaints in a timely manner.



## Claims Processing

<b>Claims Data:</b>	<b>Aug 2014</b>	<b>Sept 2014</b>	<b>Oct 2014</b>	<b>Nov 2014</b>
Mechanical Accuracy	99.97%	99.95%	99.95%	99.95%
Financial Accuracy	99.87%	99.95%	99.79%	99.96%
% Processed in 30 calendar days	99.87%	99.84%	99.97%	99.96%

Claims performance measures all were within contractual and regulatory standards.

### Provider Training

<b>Month</b>	<b>Provider Trainings</b>	<b>Number of Attendees</b>
Sept 2014	0	0
Oct 2014	3	108
Nov 2014	0	0
<b>Total # of Trainings = 3</b>		
<b>Total # of Attendees = 108</b>		

### Credentialing and Recredentialing:

<b>Indicator</b>	<b>Sept 2014</b>	<b>Oct 2014</b>	<b>Nov 2014</b>
<b># Initial Credentialed</b>	1	1	1
<b>Average TAT Initial CR (in days)</b>	58	71	8
<b># Recredentialing</b>	4	5	2
<b>Average TAT Recred (in days)</b>	9	51	5
<b>% Recredentialing Files Completed within 36 month TAT</b>	100%	100%	100%

### National Goals

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 96%

### UM Average Daily Census

<b>Month</b>	<b>Inpatient</b>	<b>Residential Rehabilitation</b>
Sept 2014	80.03	75.80
Oct 2014	78.13	69.74
Nov 2014	82.73	74.27

Inpatient and Residential Rehabilitation average daily census trended up in November from the previous months in the quarter.

## ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

NorthSTAR Quarterly Quality Report

SFY 1<sup>st</sup> Quarter 2015

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NorthSTAR ValueOptions QM Projects	Target
Complete 2014 QM/UM Program Evaluation	April 28, 2015
Complete 2015 QM/UM Program Descriptions and QM//UM Work Plan	March 1, 2015
QI Project: Improving Access to Prescriber Appointments within 7 and 14 days after hospital discharge.	June 23, 2015
2014 Consumer Satisfaction Survey (to QMC)	August 25, 2015
Coordination of Care in Children” Project 2014	December 31, 2015
QI Project: HHSC Improving Medicaid Medication Adherence for Antipsychotics and Antidepressants	June 23, 2015
PIP: Initiation and Engagement of Alcohol and Other Drug Treatment (IET)	June 23, 2015
PIP: 7 and 30 Day Follow-Up After Hospital Discharge (FUH)	June 23, 2015
QIP: Initiation and Engagement of Alcohol and Other Drug Treatment (IET) Indigent and Medicaid	October 27, 2015