

ValueOptions NorthSTAR
Dallas County Service Delivery Area
SFY 2015 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 (12/01/14-2/28/15) 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 December 16, 2014 with updates presented from the QMUM Work Plan.

FOCUS STUDIES

2015 NorthSTAR Performance Improvement Projects (PIP) Topics

Follow-Up After Hospitalization for Mental Illness (FUH): The next annual HEDIS measurement will be for 2014 calendar year and data will be provided by HHSC. During this measurement period, we received updated Follow-Up After Hospitalization from HHSC for calendar year 2013 that represents the baseline data for the PIP. As a place holder for the 2013 data, HHSC instructed us to use 2012 data for the baseline until we had updated data. ValueOptions used 2013 internal data in order to do a barrier analysis and initiate interventions by 2/1/2014.

FUH PIP 2013 Baseline Data:

- **30-day Follow-Up: 58.44%** compared to 2012 data of 48.68%
- **7-day Follow-Up: 32.50%** compared to 2012 data of 24.60%

Status of Interventions for FUH PIP:

- Provided updates in Individual SPN Monthly meetings and discussed barriers and interventions.

- Updated Member Hospital Discharge Brochure that will be fully implemented in network hospitals within the next reporting period. The goal of this member targeted intervention is provide timely information about the importance of following up with their clinic appointment after discharge as well as to address some common barriers such as transportation as well as crisis resources and other needs such as SUD referrals. We have worked with Hospital staff and received agreement they will facilitate a discussion with the member using the brochure and also helping the member to note important appointment information including appointment date, time, clinic name, address and phone number. There is also space to list current medications and other important information or instructions.

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

The next annual HEDIS measurement will be for 2014 calendar year and data will be provided by HHSC. During this measurement period, we received updated IET data from HHSC for calendar year 2013 that represents the baseline data for the PIP. As a place holder for the 2013 data, HHSC instructed us to use 2012 data for the baseline until we had updated data. ValueOptions used 2013 internal data in order to do a barrier analysis and initiate interventions by 2/1/2014.

IET PIP 2013 Baseline Data:

- Initiation (age 13-17) 35.39%
- Initiation (age 18 plus) 17.39%
- **Initiation (Total) 20.05%** compared to 2012 data of 24.76%
- Engagement (age 13-17) 6.49%
- Engagement (age 18 plus) 5.06%
- **Engagement Total 5.28%** compared to 2012 data of 2.56%

Status of interventions for IET PIP and IET QIP:

- Provided updates in Individual SPN Monthly meetings and discussed barriers and interventions.
- Updated Member Hospital Discharge Brochure will be fully implemented in network hospitals within the next reporting period as addressed earlier in this report. The brochure gives the ValueOptions Clinical Care phone number to obtain referrals for treatment for substance use disorders (SUD) and educates members about transportation information, importance of follow-up, what to expect at appointments, wait times and what to bring to the first appointment.
- Held additional conference calls with Hospital and SPN providers to address discharge coordination and discuss barriers/issues related to discharge coordination, SUD referrals, follow-up appointment access, and access to discharge paperwork/records in a timely manner.

- Initiating CYT Work Group Meetings and Monitoring CYT home visits. Reeducate CYT providers on the CYT program requirements for home visits during these quarterly meetings. In the CYT meeting, providers were re-educated on proper coding of services and the need for targeted engagement such as home visits.

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

The next remeasurement for this QIP will be mid April 2015 and it will be presented to the 4/28/2015 QMC meeting. 2013 data was discussed in the March 2015 and that one barrier with this measure is the change in prescriber service codes during this time period, requiring a change in the methodology to add the new service codes. Providers are still having some problems with billing the new codes, so part of the drop may have been caused by billing errors rather than an actual drop in percentage of members seen.

Status of interventions for 7 and 14-Day Prescriber Appointment QIP:

- The Member Hospital Discharge Brochure as mentioned earlier will be fully implemented with the next reporting period. The impact of this invention can be measured with 2015 calendar year.
- The additional \$90.00 funding opportunity when a member is seen by a prescriber within 3 days of hospital discharge has not yet had the impact on this measure that was anticipated.
- The PIF (Penalty and Incentive Fund) has also not been used as extensively by SPNs. The intervention allows for the member to be 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. This initiative was originally for state hospital discharges but was expanded to include any hospital discharge.
- This measure continues to be reported by SPN on their quarterly Clinical Outcome Measures report by State Hospital and Community Hospital discharges as feedback to how the SPNs are doing individually on this measure as well as to identify new barriers as well as to identify SPNs with best practices.

OTHER QUALITY IMPROVEMENT ACTIVITIES (RECOVERY):

During 2nd quarter, elements of Texas Resilience and Recovery (TRR) systems of care continued to be standing agenda items for SPN and SPN Quality Meetings. Providers are encouraged to share success stories and best practices for TRR protocols. SPNs also received training in Person Centered Recovery Planning elements. ValueOptions, NTBHA and SPN providers continued to participate in DSHS TRR calls. During Individual SPN monthly calls,

TRR Fidelity requirements were reviewed to address any individual SPN questions or concerns.

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 12/1/2014-2/28/2015, except for the 7 and 30 day follow-up measures. This data was based on the time period of 8/1/2014-10/31/2014 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>Customer Service:</p> <p>ASA: 20 sec</p> <p>Abandonment Rate: 3.4 %</p> <p>Clinical:</p> <p>ASA: 24 sec</p> <p>Abandonment Rate: 2.74 %</p>	None	Customer Service and Clinical met the 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>3-Routine 0-Urgent 1-Emergent</p> <p>Office Site Audits (Y= 2)</p> <p>100 %- Routine Urgent Emergent</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	37.0 % 7 days (641/1734) 52.5 % 30 days (804/1530)	Measures based on paid claims are subject to claims payment lag.	The follow-up measures are slightly lower than the previous quarter.
30 Day Readmission MH	Authorizations	16.0 % (292/1829)		30-day Readmission MH was slightly higher than the previous quarter.
30-Day Readmission Rate-SUD	Authorizations	7.8% (84/1073)		30-day Readmission CD was higher than the previous quarter.

CLINICAL AUDITS:

During 2nd SFY quarter, QM conducted one SPN Audit and the annual Care Coordination Study, ValueOptions also facilitated corrective action for the DSHS Mystery Call Audit and conducted follow-up reviews from previous audits.

The SPN Audit results included a Treatment Record Review audit with an overall passing score of 82% with opportunities in Coordination of Physical Health, Recovery/Treatment Plans and documenting interventions and progress in documentation. At every SPN audit, there is emphasis and discussion regarding members' meaningful life role/recovery goals. An ACT Fidelity Self-Review was conducted by the SPN. Elements of ACT Fidelity Tool were verified by auditors via an ACT Team Lead interview and a review relevant documents such as caseload lists, on-call schedules and ACT Team meeting minutes. The new ACT Team Lead reported there had been turnover on the team and the Lead was already implementing program improvements. Some of those improvements include revising individual Crisis Plans, outreach to re-engage families of ACT individuals and hiring and training new staff. 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. Opportunities identified in ACT charts include a need for additional Person Centered Recovery Planning and documenting coordination with hospitals. It was noted that ACT charts showed some improvement in the most recent months. For the HR/Credentialing section, several QMHP transcripts were requested for credentialing review. Training and supervision opportunities were identified.

ValueOptions conducted follow-up with both SPN providers that had identified opportunities for DSHS state-wide Person Centered Recovery Planning (PCRP) Review. Each SPN has conducted training in PCRP and elements of a recovery plan. Additional resources for PCRP training has been distributed to all SPNs. PCRP continues to be a focus of training for providers as the elements are essential to recovery oriented care in NorthSTAR

Corrective Action Plans (CAP) were received from SPNs for the NTBHA Access Surveys conducted via telephone during 1st quarter. 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. Improvements by SPNs included retraining of SPN staff, reminders that callers are encouraged to contact ValueOptions for SUD referrals especially for higher levels of care, redistribution of ValueOptions Provider Directory to SPN staff. ValueOptions also reviewed its grid of all payor sources accepted by each SPN.

In 2nd Quarter, ValueOptions received the results DSHS Mystery Call audit conducted 1st Q SFY 2015. Corrective Action Plans were requested for NorthSTAR SPN providers who scored less than 70% on the most recent DSHS Mystery Call audit. ValueOptions also developed a plan to address the findings as follows:

- Reviewed results of the 2015 DSHS Mystery Calls in the 2/4/2015 VO/NTBHA Quality Meeting to review findings and determine recommendations for improving results of future mystery calls.

- Sent an email to each SPN that notified them of their results and included whether or not a plan of correction was required.
- Reviewed each plan of correction that was submitted and in some cases made follow-up recommendations.
- ValueOptions will add the review and discussion for each SPN's results to their Individual Monthly SPN meeting in March 2015.

Coordination and Continuity of Care Monitoring

Strategy: Behavioral Health Organization Quality Improvement Project: NorthSTAR Care Coordination for Children 2014. 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.

Average outcomes from the 2014 study:

Identified Health Need is Met: 88%

PCP Identified: 93%

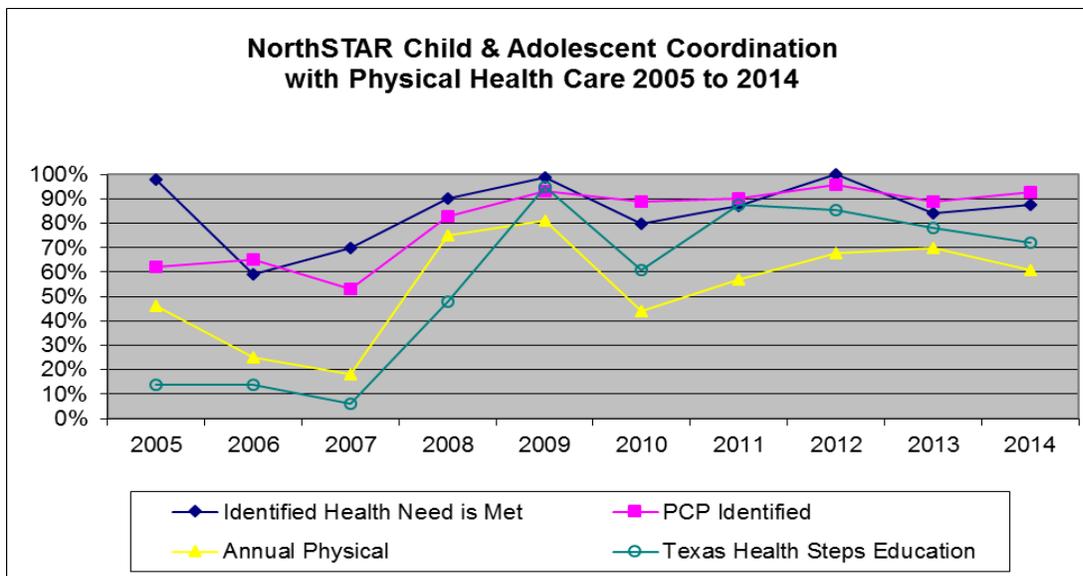
PCP Referral: 100%

Annual Physical: 61%

Annual Physical in Previous 2 Years: 83%

THS Education: 72%

- There was improvement from 2013 to 2014 in the number of members whose identified health need was met with a score of 88 percent as well as improvement in the documentation of the member's PCP scored at 93 percent.
- 100 percent of the members with an identified health need and who did not have a PCP, received a PCP referral.
- There was a decrease in documentation of annual physicals and in Texas Health Steps education documented.
- One SPN that serves a significant number of children and adolescents and that has a larger sample trended downward this year on elements of documenting annual physicals and THS education. There will be targeted collaboration with this provider to address this opportunity.
- 83 percent of the total sampled members had a physical within the past two years documented in their charts.
- There were several SPNs that are noting the most recent dental check-up.
- Commonly reported health issues included asthma, allergies and some noted as overweight. Obesity was considered a health issue in this study.
- Data from the chart sample reflected a slight decrease in the number of members with identified health needs with 26% of children and adolescents having a specific health need identified compared to 29% in 2013.



In 2010, the methodology of this study was changed from provider-selected charts to a randomized sampling for more meaningful results.

Program Progress: Significant Improvements in scores since 2010 have remained mostly stable with 2014 showing overall improvement since 2010 in all 4 elements. Two of the measures showed improvement since the previous year. This study assists NorthSTAR to identify opportunities and strategies to continue to improve documentation of coordination of care between physical and behavioral health providers.

Program enhancements: There are several noteworthy changes for 2014-2015 in the area of Care Coordination.

- Data sharing initiatives with MCOs are expected to increase NorthSTAR coordination between behavioral health and medical services. One initiative uses data elements from the Child and Adolescent Needs and Strengths assessment (CANS) that identify and rate the severity of health needs. Members who are scored as having significant health issues triggers the data for those members to be sent to the respective MCOs.
- ValueOptions created a designated email address for MCO to send behavioral health care referrals. That email is monitored by several clinical staff.
- A Clinical Care Manager was assigned specifically to coordinate member referrals and case consultations from MCOs for behavioral health services.
- Texas Health Steps training will again be scheduled twice for 2015 for the next Specialty Provider Network meetings.
- 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. Two of the provider's larger clinics provide physical health services for adults and children including annual physical exams, chronic disease management, health insurance assistance, immunizations, integrated care services, preventive care, specialty care referrals, well child visits, and onsite pharmacy services. A third clinic is adding physical health care services in the near future.

- Audits of NorthSTAR behavioral health outpatient and inpatient providers have also included feedback on documenting annual physicals and specific 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 Treatment Record Review tools were updated in 2014 to capture additional coordination of care elements.

Specialty Provider Network Best Practices:

- SPNs have incorporated the documenting of annual physicals and THS education into their forms that are updated regularly such as medication visits, treatment plans or annual medical information update forms. SPNs that have consistently integrated care coordination elements into other routine documentation generally scored higher.
- Some SPNs have specific forms to update health statuses before prescriber visits. These forms include most recent physical, any health issues, dental check-ups and designated PCP.
- Some SPNs obtain a Release to Exchange Health Information for the member’s PCP during their Intake.
- 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 with whom the SPN has a close working relationship to ensure access to bilingual health care.

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.
Dec 2014	1603	1.75 %	24 sec
Jan 2015	1753	2.91 %	23 sec
Feb 2015	1514	3.57 %	25 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
Dec 2014	6056	2.11%	10 sec
Jan 2015	6746	2.70 %	29 sec
Feb 2015	5590	5.38 %	20 sec

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 outside of the 5% target in February 2015 due to inclement weather days experienced that impacted staffing levels with multiple ValueOptions office closures across the company. This will be a continued focus to ensure all enrollee and provider service phone stats are met.

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 2014	141	50	15	2	0
Jan 2015	188	40	10	0	0
Feb 2015	148	27	5	3	1

Adverse determinations increased in the middle of the quarter than decreased back to the constant average. Appeals were higher at the beginning of the quarter, but have decreased to to a constant average.

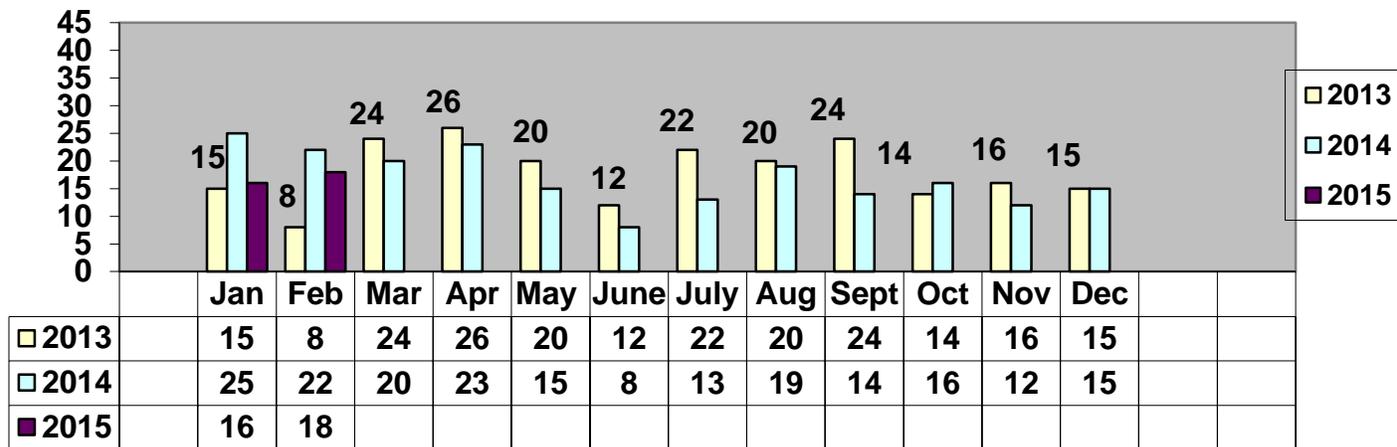
Administrative Appeals

Month	Level 1 Appeals Rec'd/Closed	Level 1 Appeals Reversed	Level 2 Appeals Rec'd/Closed	Level 2 Appeals Reversed
Dec 2014	92/89	50	10/6	1
Jan 2015	88/80	39	9/8	1
Feb 2015	64/78	38	15/9	0
Quarter Totals	245/247	127	34/23	2

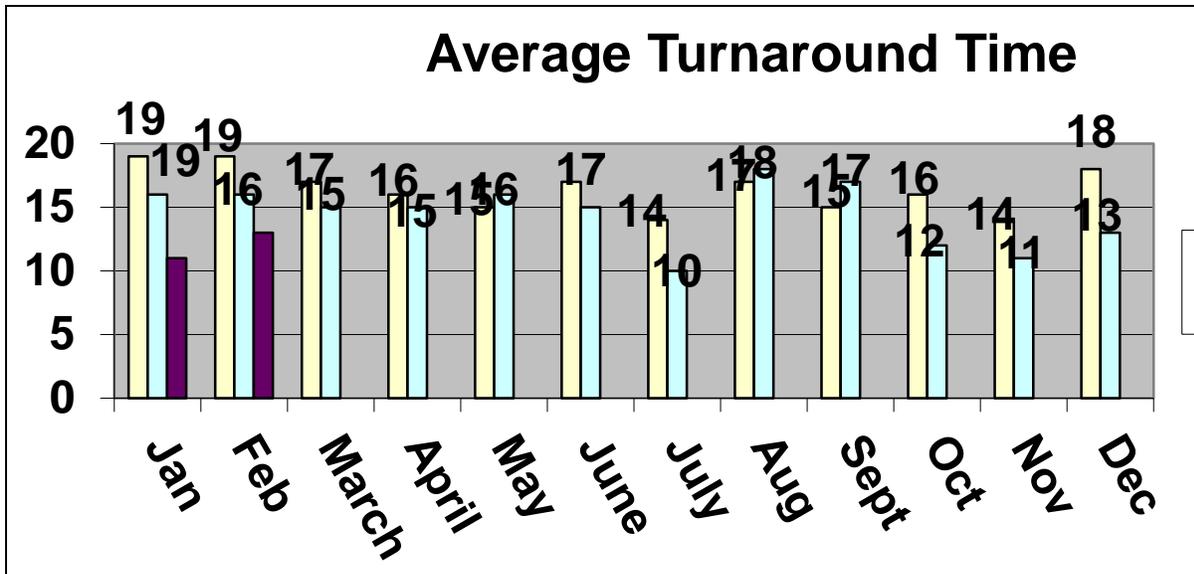
There were 245 Level 1 administrative appeals received for this reporting period, with 247 appeals that were closed. For Level II appeals, there were a total of 34 received and 23 closed for this reporting period. All Level I and Level II appeals were closed within 30 calendar days. Appeal type trends 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 February (18) is the highest for this quarter with January (16) following and then December (15). Overall, a total of 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.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2013	19	19	17	16	15	17	14	17	15	16	14	18
2014	16	16	15	15	16	15	10	18	17	12	11	13
2015	11	13										

Claims Processing

Claims Data:	Dec 2014	Jan 2015	Feb 2015
Mechanical Accuracy	99.97%	99.98%	99.94%
Financial Accuracy	99.99%	99.90%	99.06%
% Processed in 30 calendar days	99.99%	100.00%	100.00%

Claims performance measures all were within contractual and regulatory standards.

Behavioral Health Education and Recovery:

Enrollee/Provider Events: Behavioral Health Education and Recovery (BHER) 1st quarter SFY 2015 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 2014	2	14	16	156	47	203
Oct 2014	1	13	14	65	49	114
Nov 2014	1	11	12	73	55	128
Dec 2014	1	10	11	75	48	123
Jan 2015	1	17	18	125	67	192
Feb 2015	1	15	16	144	75	219
Totals	7	80	87	638	341	979

*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
Dec 2014	0	0
Jan 2015	1	3
Feb 2015	2	58
Total # of Trainings = 3		
Total # of Attendees = 61		

Credentialing and Recredentialing:

Indicator	Dec 2014	Jan 2015	Feb 2015
# Initial Credentialed	3	2	3
Average TAT Initial CR (in days)	45	39	46
# Recredentialled	13	4	3
Average TAT Recred (in days)	29	43	58
% Recredentialled Files Completed within 36 month TAT	75%	82%	67%

National Goals

Initial TAT – 25 days or less

Recredentialing Completed within 36 months – 96%

Recredentialing turnaround time is below the performance target for all months in this quarter. In February 2015, there were 3 total providers recredentialed (1 facility and 2 practitioners). The completion of the facility site visit later in the month impacted the recredentialing turnaround time. Measures have been put in place to ensure timely completion of credentialing files as all files are reviewed upon receipt for completeness with outreach to provider for additional documents or information. This enables Credentialing staff to use their time more efficiently to ensure the primary source verification and site visit processes are completed timely.

UM Average Daily Census

Month	Inpatient	Residential Rehabilitation
Dec 2014	79.45	62.58
Jan 2015	88.39	78.19
Feb 2015	89.54	76.07

Inpatient and Residential Rehabilitation average daily census trended up in January and February 2015 from December 2014. Residential Rehab also trended up in January and then down slightly in February.

ASSESSMENT OF THE QUALITY MANAGEMENT PROGRAM

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	April 28, 2015
QI Project: Improving Access to Prescriber Appointments within 7 and 14 days after hospital discharge.	April 28, 2015
2014 Consumer Satisfaction Survey (to QMC)	August 25, 2015
Coordination of Care in Children” Project 2014	April 28, 2015
QI Project: HHSC Improving Medicaid Medication Adherence for Antipsychotics and Antidepressants	March 3, 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	April 28, 2015