

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

**November 29, 2011**

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:

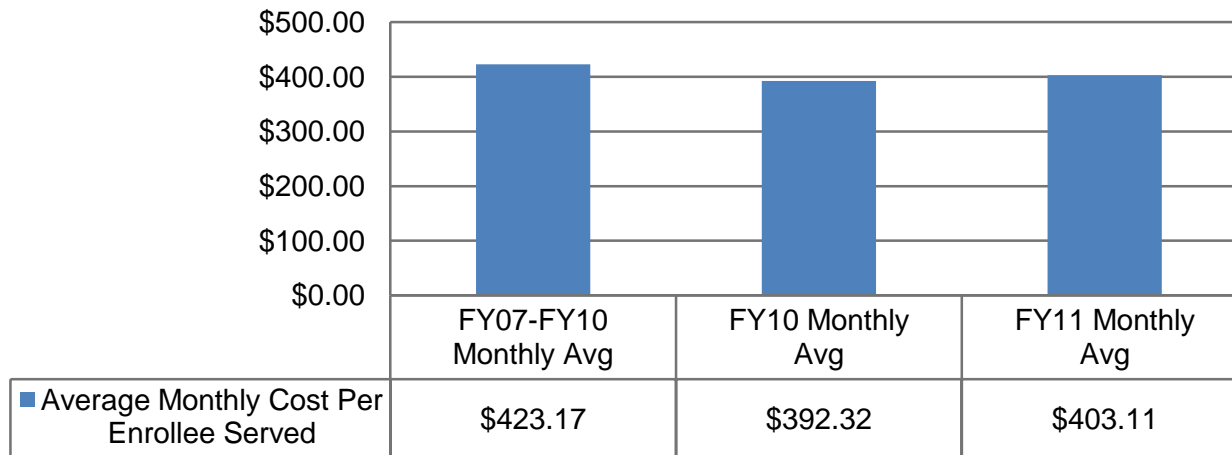
- **Financial Data-Medical Loss Ratio, Cost Per Person Served (Medicaid vs. Non Medicaid funding per person), Acute Costs Relative to Overall Costs**
- **Service Penetration: Numbers served**
- **Clinical measures**
- **Acuity Rates relative to persons served in non-acute services, overall and by SPN**
- **Mobile crisis calls and face-to-face encounters**
- **Complaints and Appeals**
- **Utilization management**
- **Overall enrollee satisfaction 2011 compared to 2010**
- **Provider Network Activity**

## 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, satisfaction surveys**

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



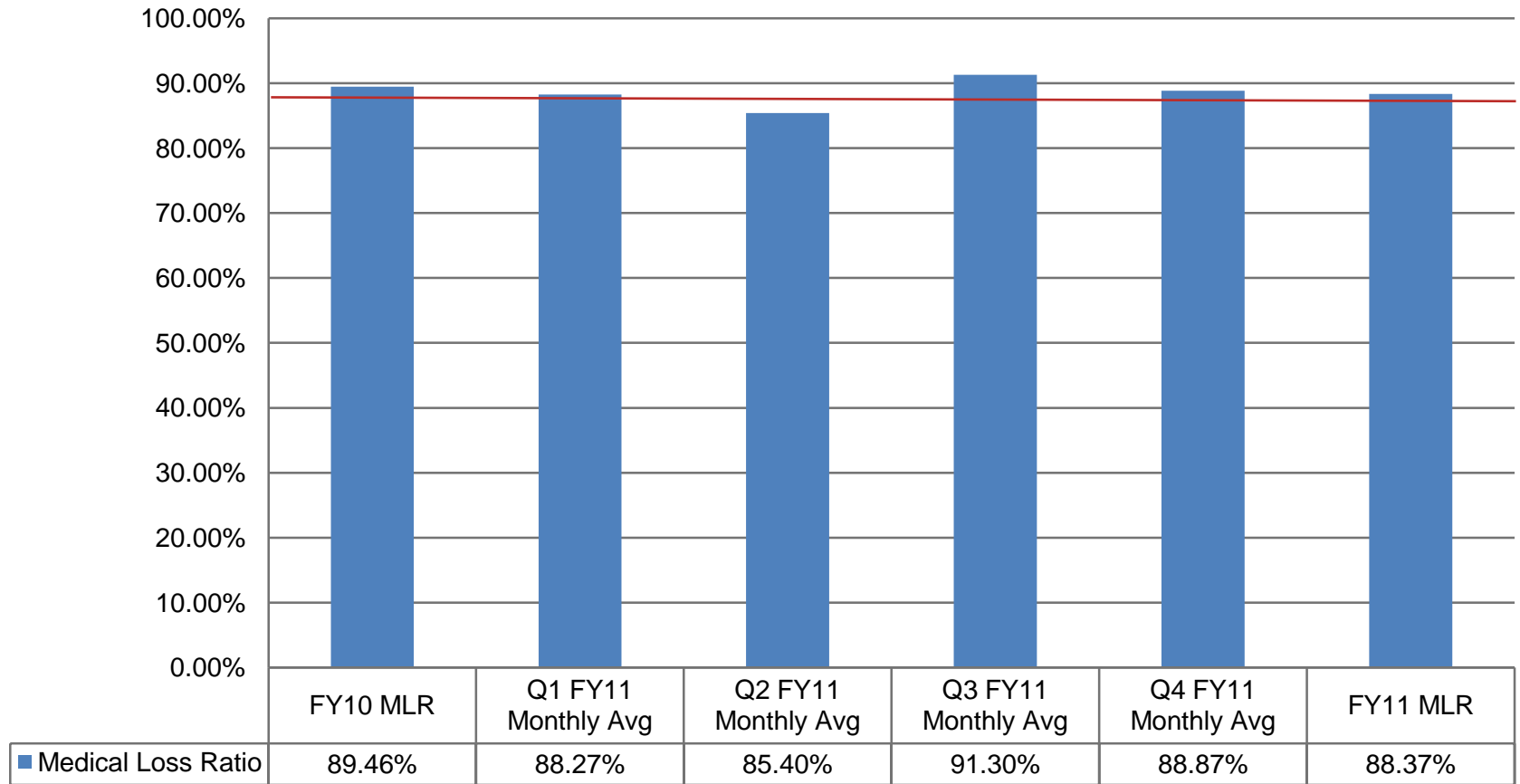
**Note:** This is based on cash payment from DSHS payment invoices and numbers of enrollees served, which is based on paid claims. FY11 data may be inflated due to claims lag.

	FY00	FY11	Change FY00 to FY11
<b>Number of Enrollees Served (MH and SUD)</b>	<b>30,742</b>	<b>73,359</b>	<b>138.63%</b>
<b>Funding</b>	<b>\$78,787,144</b>	<b>\$128,173,305</b>	<b>62.68%</b>
<b>Annual Cash Funding per Enrollee Served</b>	<b>\$2,563</b>	<b>\$1,747</b>	<b>-31.83%</b>

**Note:** There has been a considerable loss of bed days since 1999.

# MEDICAL LOSS RATIO

Floor level of expenditures is 88% over the contract term



Note: Numbers obtained from DSHS MLR Tracking Report

# AN ILLUSTRATION OF FUNDING DISPARITIES BY MEDICAID AND NON-MEDICAID

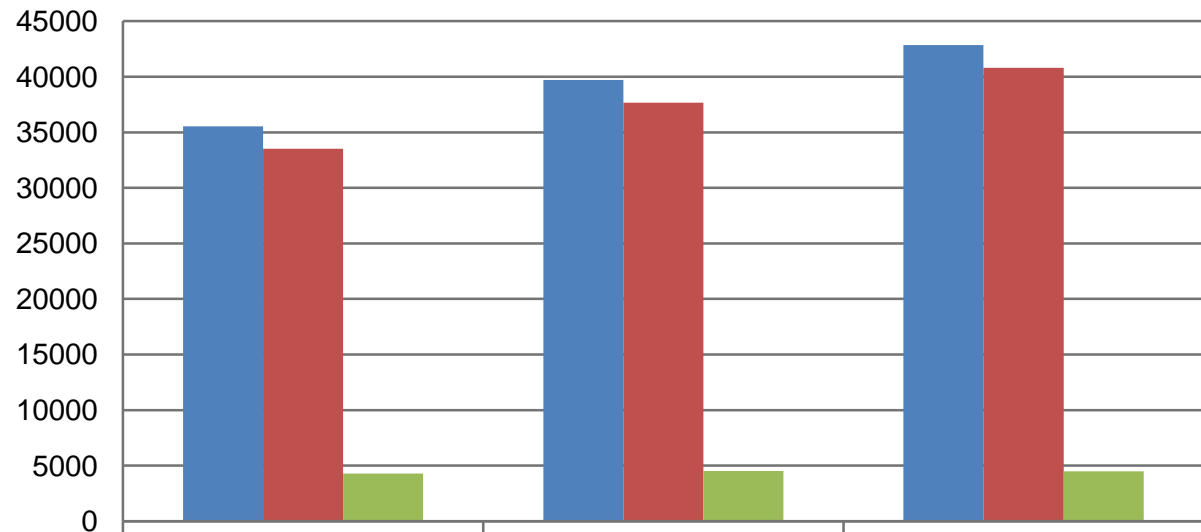
	FY11 Monthly Average	Percentage	Total
<b>Medicaid Funding</b>	\$5,397,629.00	51%	\$ 10,681,109.00
<b>Non-Medicaid Funding</b>	\$5,283,479.00	49%	
<b>Medicaid Served</b>	12,491	47%	
<b>Non-Medicaid Served</b>	13,921	53%	
<b>Funding Per Medicaid Enrollee Served</b>	\$432.00	106%	
<b>Funding Per Non-Medicaid Enrollee Served</b>	\$380.00	94%	

# TOP 200 UTILIZERS IN FY2011

Service	Enrollees	Encounters	Units	Amount
State Hospital	200	352	35326	\$ 11,441,520
Community Inpatient	104	746	1131	721,556
Observation Room	76	247	247	191,178
ACT	58	216	216	189,315
Medication	76	830	22364	75,737
Emergency Room Services	64	300	300	38,613
Rehab - Psychosocial Rehabilitation Services	48	265	1086	34,622
Supported Housing	28	81	1353	18,942
Medication Services	94	464	464	16,190
Transportation	32	147	326	11,410
Other	64	271	471	9,723
Case Management	24	64	173	9,550
Community Inpatient Services	66	180	180	9,017
Clinical Assessment	53	64	64	7,329
Rehab - Skills Training & Development	17	60	311	5,708
TCOOMMI funded intensive case management	1	6	6	5,700
Crisis Stabilization	4	6	11	3,300
Laboratory	27	56	192	3,193
Outpatient Counseling - Adult or Child	17	42	42	2,699
CD Non Residential	5	33	125	1,600
Jail Diversion	1	5	5	1,500
Supported Employment	3	5	15	525
MH Intensive Outpatient	1	2	2	400
CD Residential	1	1	3	270
Crises Intervention Services	10	16	25	180
Rehab - Medication Training and Support	3	3	7	65
			<b>TOTAL</b>	<b>\$ 12,799,840</b>

**Note: Medicaid drug claims are not currently available for FY11 and are not included in this report.**

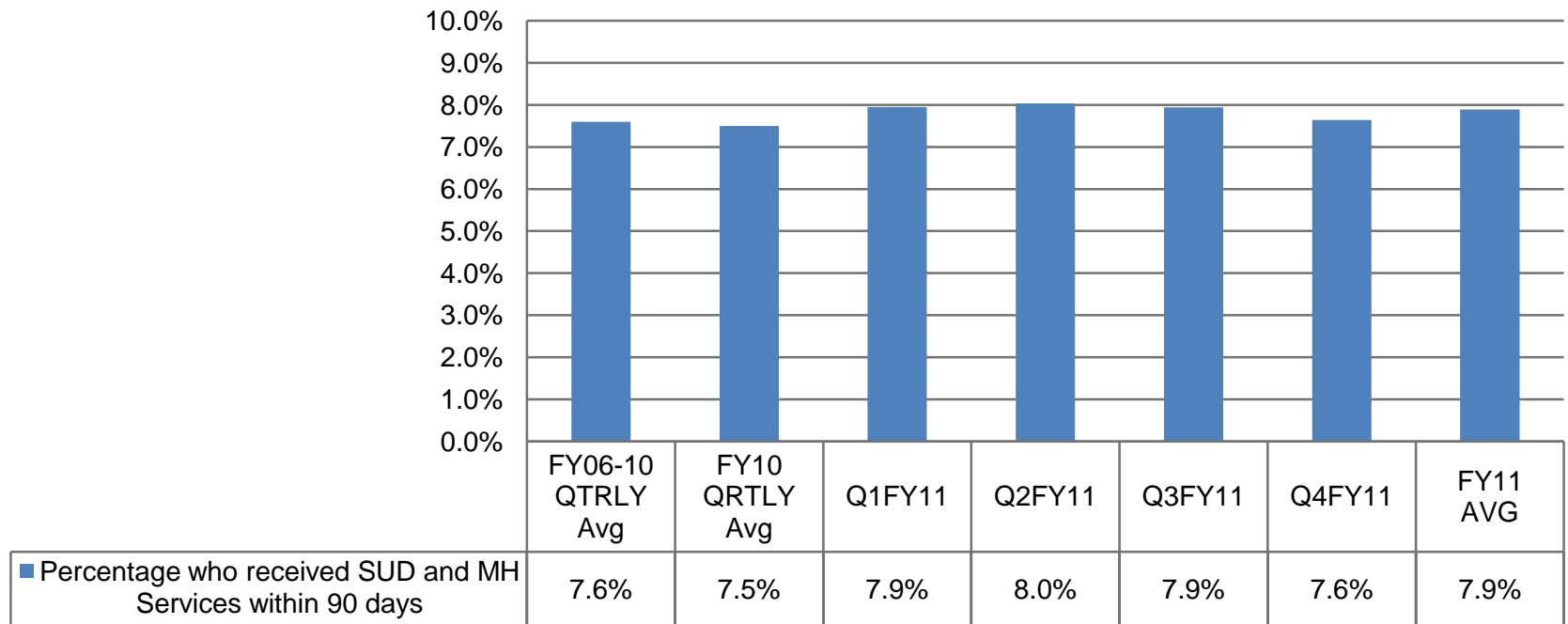
# NUMBER OF ENROLLEES SERVED, OVERALL AND BY SERVICE CATEGORY



	FY08-FY10 Quarterly Avg	FY10 Quarterly Avg	FY11 Quarterly Avg
■ TOTAL Number of Enrollees Served	35547	39710	42852
■ Enrollees Served in Mental Health Related Services	33530	37658	40796
■ Enrollees Served in SUD Related Services	4287	4503	4498

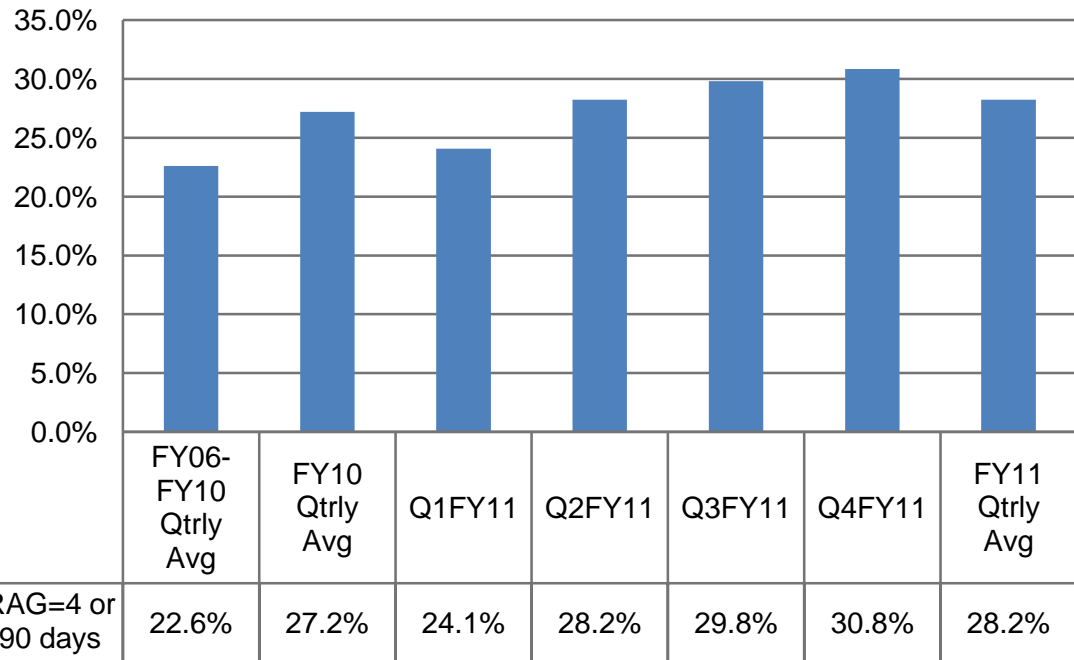
**Note: Data based on MH specific service and non MH specific service couple with MH primary diagnosis on paid claims, OR Substance Use Disorder (SUD) specific service and non SUD specific service coupled with SUD primary diagnosis on paid claims**

# MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES



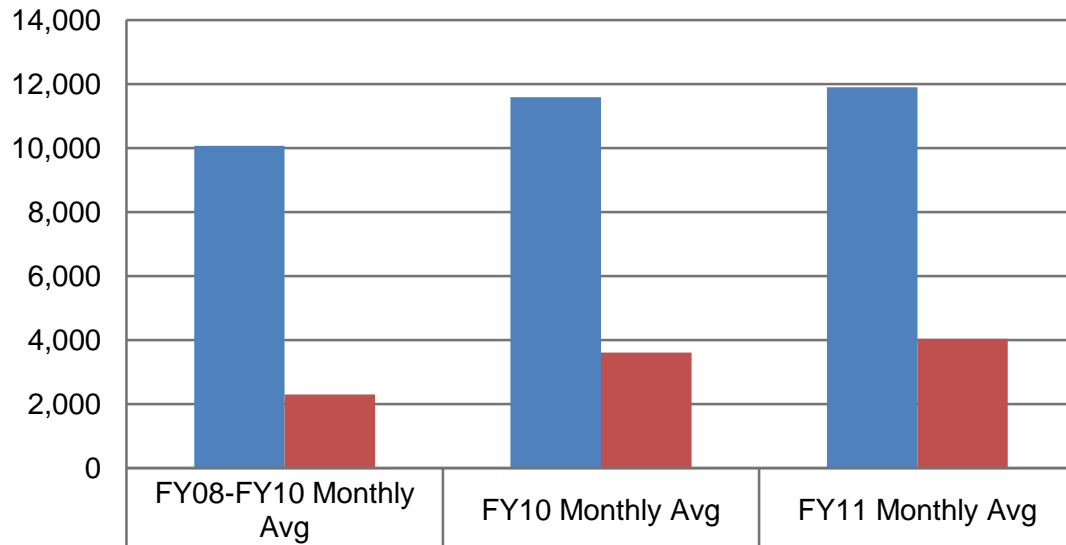
**Note: Substance Use Disorder services are those in SUD Residential or SUD Non Residential or those in ER, 23 hour observation, community inpatient or community inpatient services with a diagnosis of Alcohol Related Disorders or Drug Related Disorders. These data are confined to services which occur within 90 days of one another. The focus for DSHS staff is to work with NTBHA and VO and also monitor this by visiting providers and conducting chart reviews. We want to determine if sufficient collaboration between MH and SUD providers is occurring with clients being linked to services when clinically indicated. This measure continues to be further analyzed.**

# MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES – CONT.



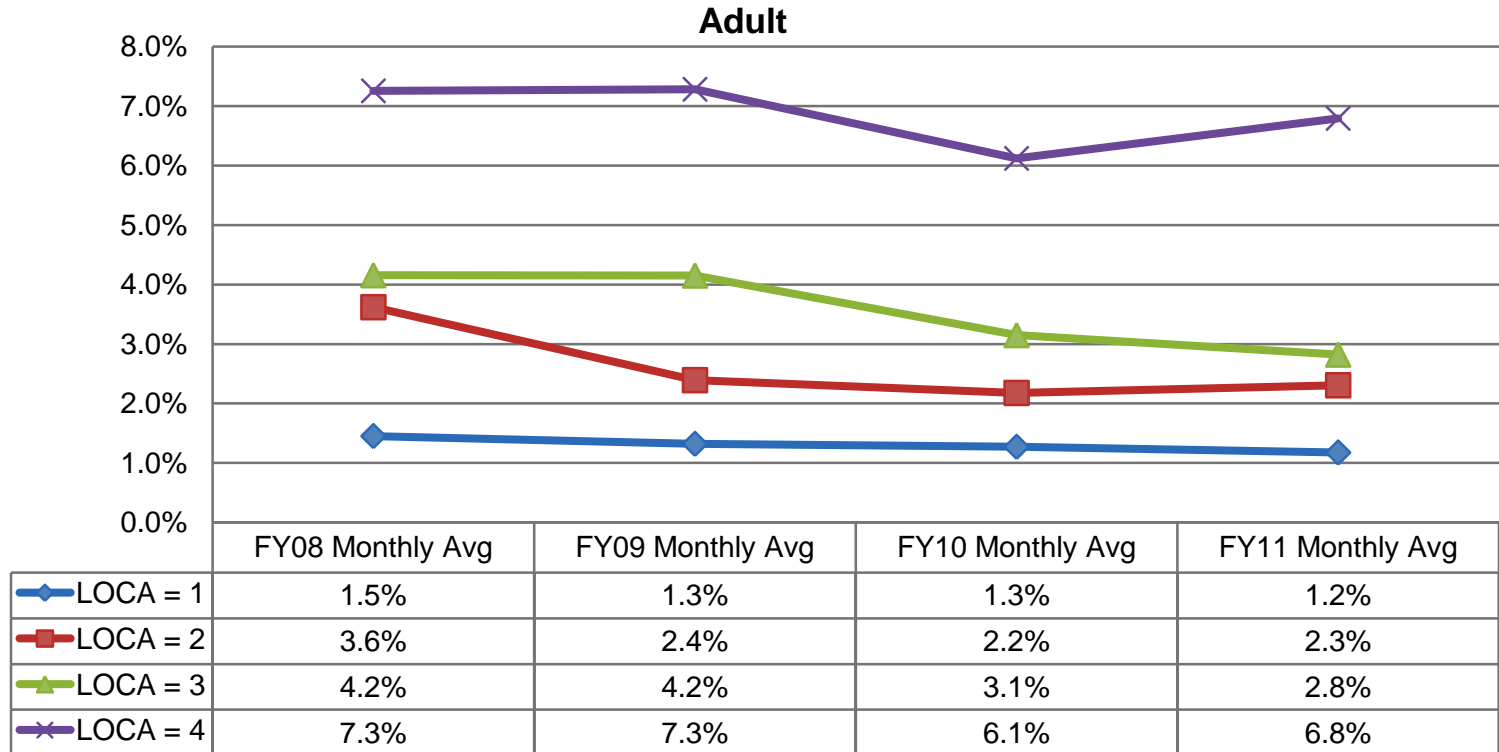
**Note: Substance Use Disorder services are those in SUD Residential or SUD Non-Residential. These data are confined to services which occur within 90 days after a TRAG assessment. This measure continues to be further analyzed.**

# NUMBER OF ENROLLEES WHO RECEIVED A PRESCRIPTION PAID FOR BY VALUEOPTIONS



■ Number of Enrollees Who Receive a Medication Paid for by ValueOptions	10,078	11,595	11,900
■ Number of Enrollees Who Receive a New Generation Antipsychotic Medication Paid for by ValueOptions	2,305	3,613	4,039

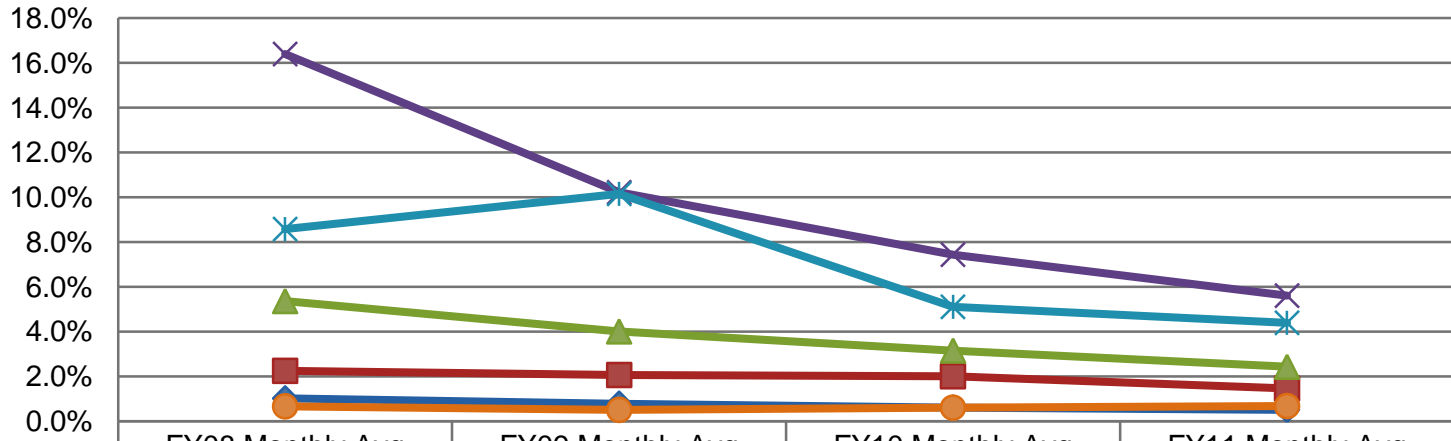
# ACUTE CARE BY LOCA



**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.

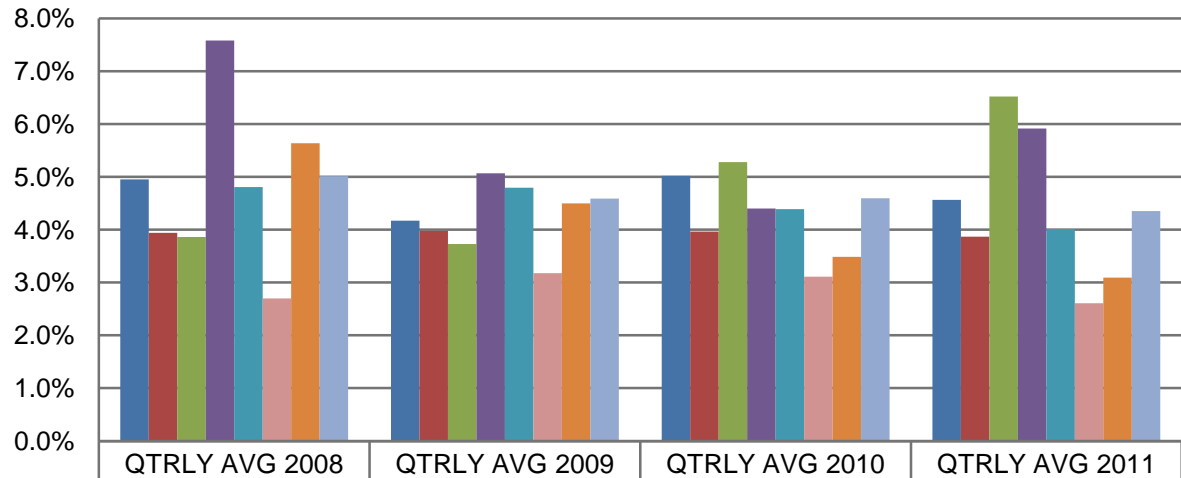
## Youth



	FY08 Monthly Avg	FY09 Monthly Avg	FY10 Monthly Avg	FY11 Monthly Avg
LOCA = 1.1	1.0%	0.8%	0.6%	0.5%
LOCA = 1.2	2.2%	2.1%	2.0%	1.5%
LOCA = 2.2	5.4%	4.0%	3.1%	2.4%
LOCA = 2.3	16.4%	10.2%	7.4%	5.6%
LOCA = 2.4	8.6%	10.2%	5.1%	4.4%
LOCA = 4	0.7%	0.5%	0.6%	0.7%

**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.

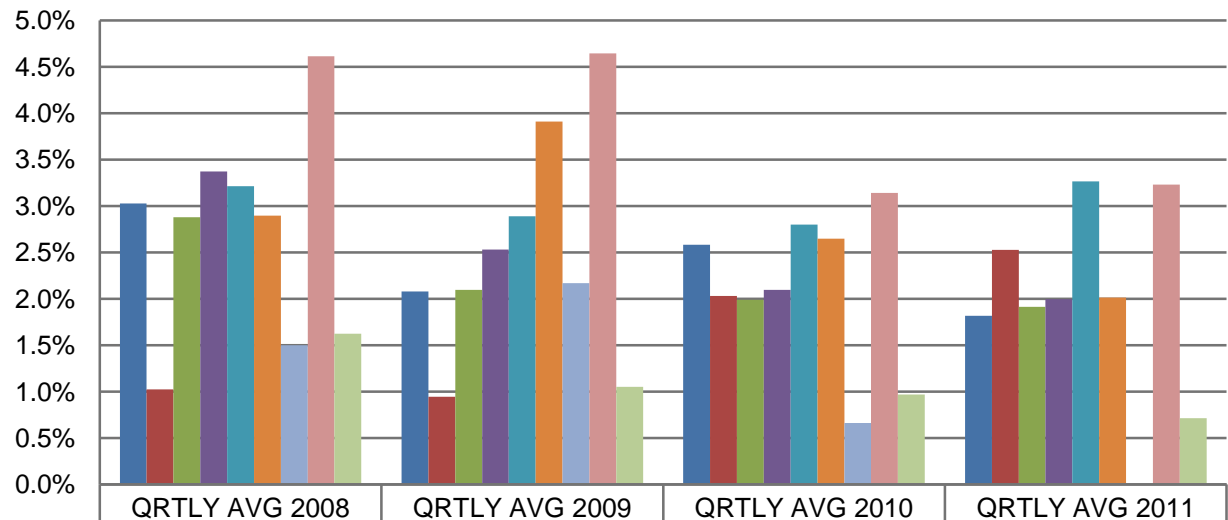
# ADULT ACUTE RATES BY SPN



	QTRLY AVG 2008	QTRLY AVG 2009	QTRLY AVG 2010	QTRLY AVG 2011
■ ABC BEHAVIORAL HEALTH LLC	4.9%	4.2%	5.0%	4.6%
■ ADAPT OF TEXAS INC	3.9%	4.0%	4.0%	3.9%
■ CENTRO DE MI SALUD LLC	3.9%	3.7%	5.3%	6.5%
■ CHILD AND FAMILY GUIDANCE CTRS	7.6%	5.1%	4.4%	5.9%
■ DALLAS METROCARE SERVICES	4.8%	4.8%	4.4%	4.0%
■ LAKES REGIONAL MHMR CENTER	2.7%	3.2%	3.1%	2.6%
■ LIFE PATH SYSTEMS	5.6%	4.5%	3.5%	3.1%
■ LIFENET COMMUNITY BEHAVIORAL HEALTH	5.0%	4.6%	4.6%	4.4%

**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.

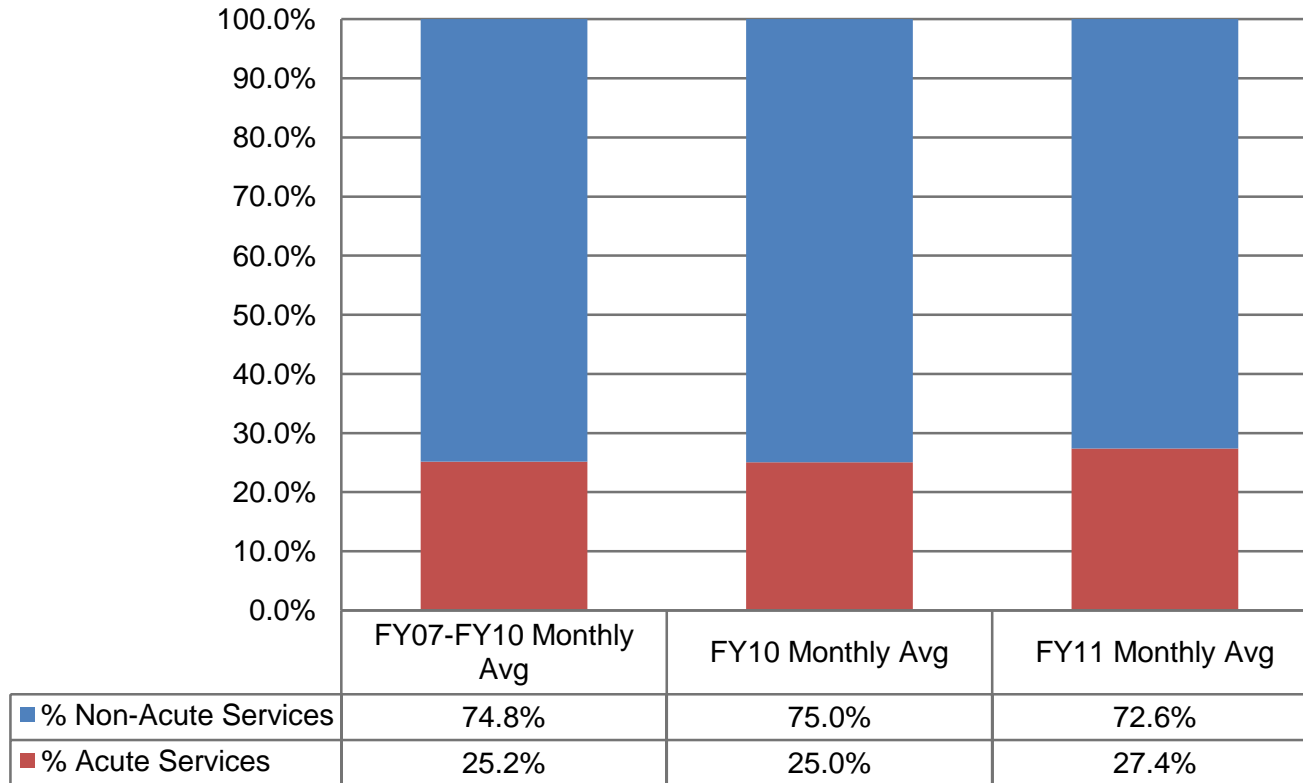
# YOUTH ACUTE RATES BY SPN



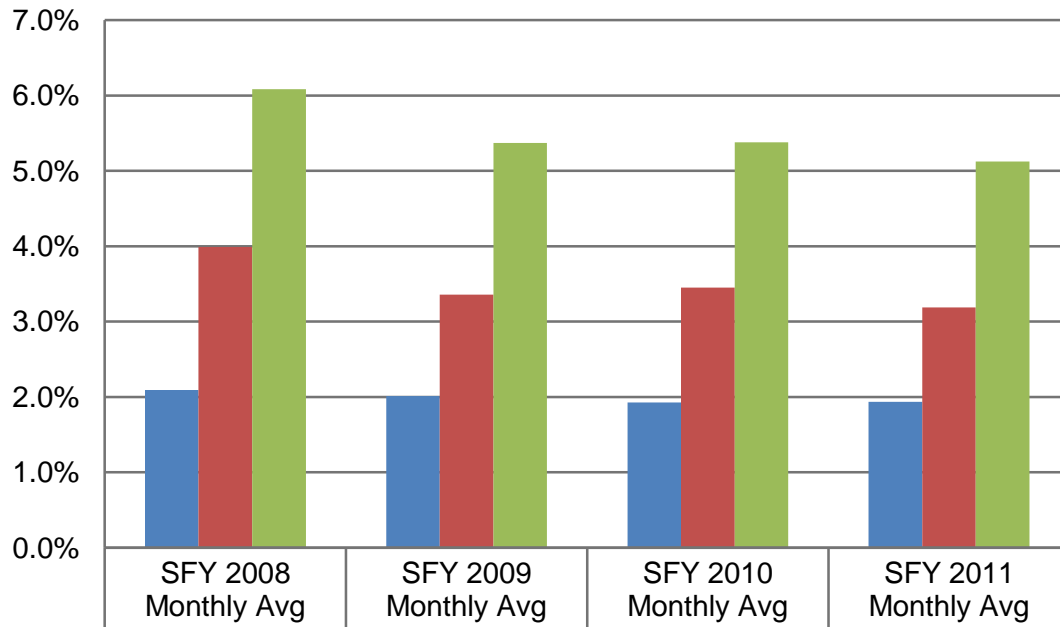
	QRTLY AVG 2008	QRTLY AVG 2009	QRTLY AVG 2010	QRTLY AVG 2011
■ ADAPT OF TEXAS INC	3.0%	2.1%	2.6%	1.8%
■ CENTRO DE MI SALUD LLC	1.0%	0.9%	2.0%	2.5%
■ CHILD AND FAMILY GUIDANCE CTRS	2.9%	2.1%	2.0%	1.9%
■ DALLAS METROCARE SERVICES	3.4%	2.5%	2.1%	2.0%
■ LAKES REGIONAL MHMR CENTER	3.2%	2.9%	2.8%	3.3%
■ LIFE PATH SYSTEMS	2.9%	3.9%	2.6%	2.0%
■ LIFENET COMMUNITY BEHAVIORAL HEALTH	1.5%	2.2%	0.7%	0.0%
■ PROVIDENCE SERVICE CORP OF TEXAS	4.6%	4.6%	3.1%	3.2%
■ YOUTH ADVOCATE PROGRAMS INC	1.6%	1.0%	1.0%	0.7%

**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.**

# CLAIMS DOLLARS EXPENDED BY VALUEOPTIONS ON ACUTE AND NON-ACUTE SERVICE GROUPS (DOES NOT INCLUDE STATE HOSPITALIZATIONS)



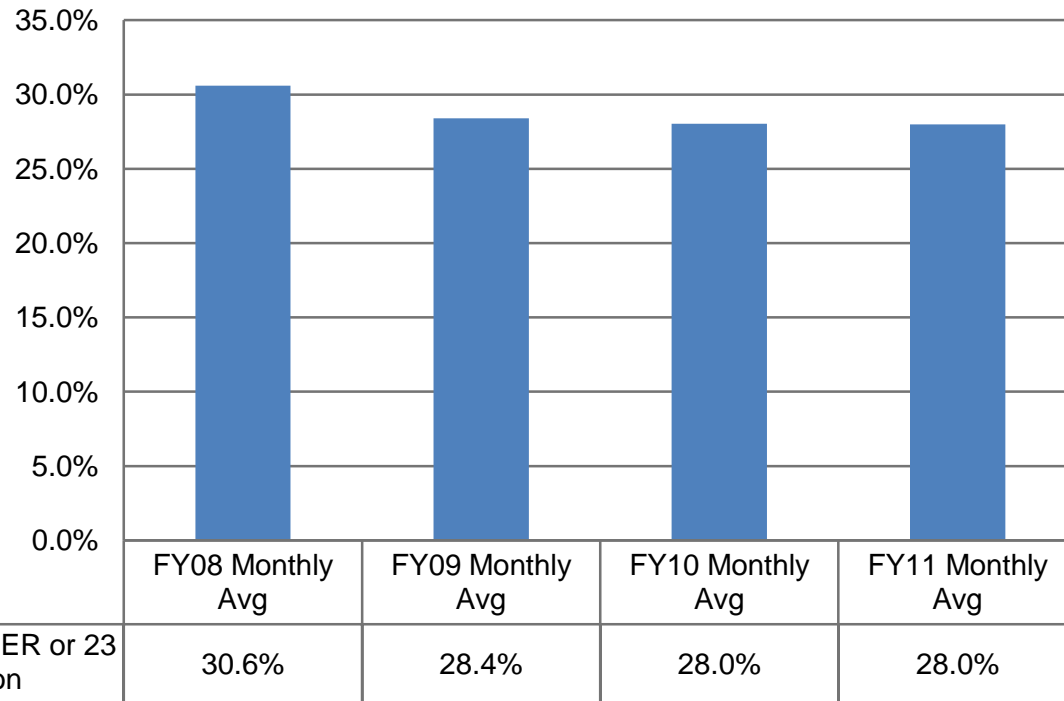
# ACUTE RATES BY RDM AND NON-RDM COHORT



	SFY 2008 Monthly Avg	SFY 2009 Monthly Avg	SFY 2010 Monthly Avg	SFY 2011 Monthly Avg
■ % Acute Claimants with LOCA	2.1%	2.0%	1.9%	1.9%
■ % Acute Claimants without LOCA	4.0%	3.4%	3.5%	3.2%
■ % Acute Claimants	6.1%	5.4%	5.4%	5.1%

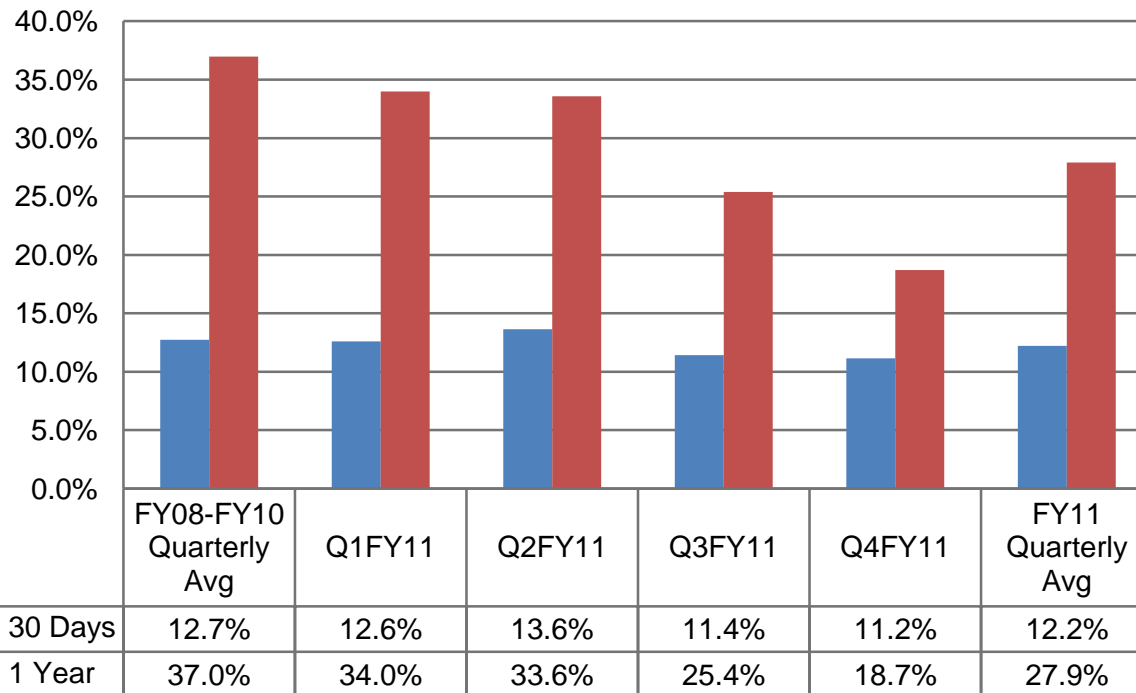
**Note: Acute services include ER, 23 hour observation and community inpatient/services**

# ER OR 23 HOUR OBSERVATION ON FIRST SERVICE DATE



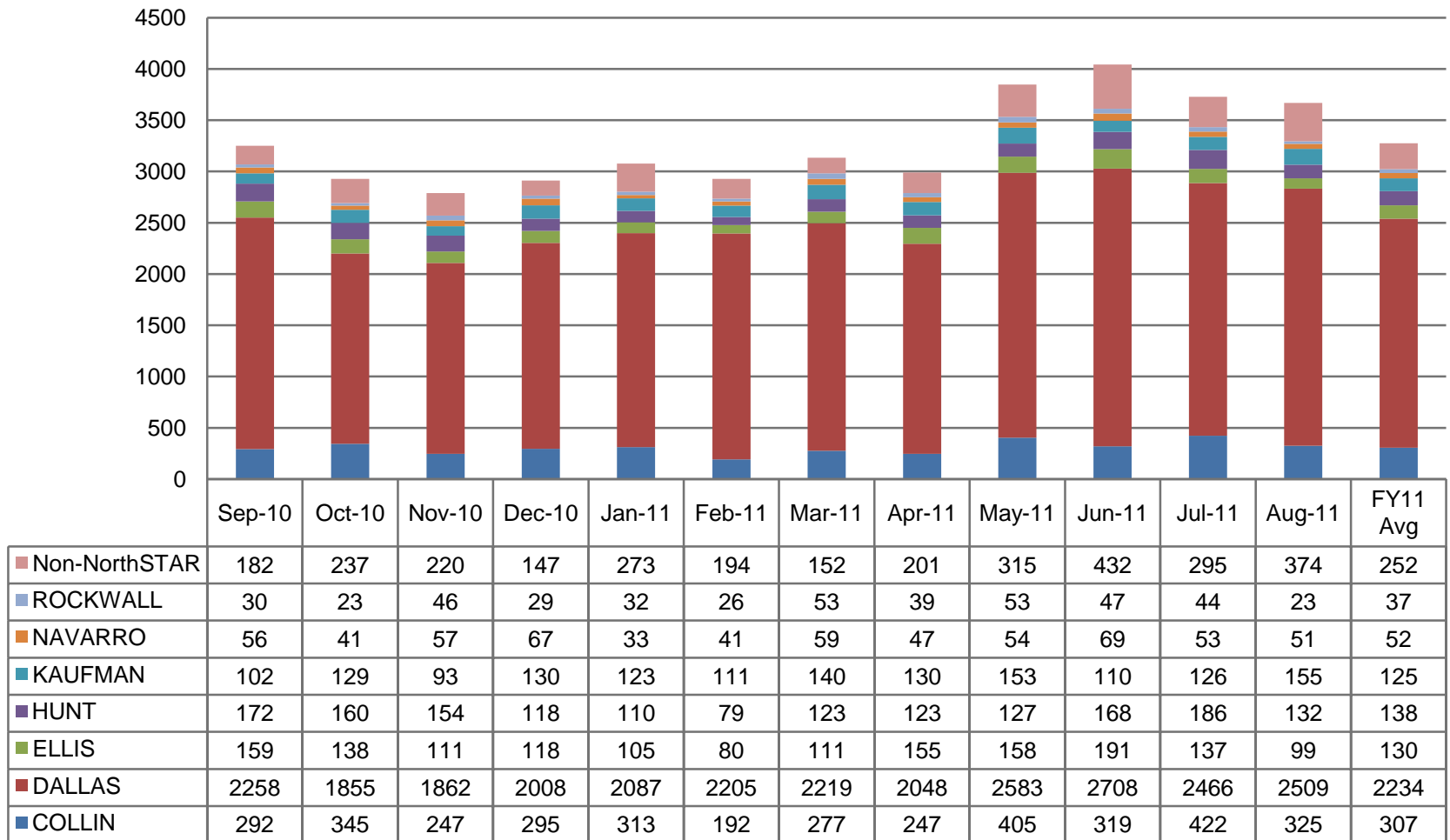
**Note:** Measures the percentage of people whose ER or 23 Hour Observation encounter was on their first date of service. This measure is only within the ER or 23 Hour Observation population. Does not include mobile crisis as a first encounter, because mobile crisis services are not paid via a claim.

# READMISSIONS TO PSYCHIATRIC HOSPITAL



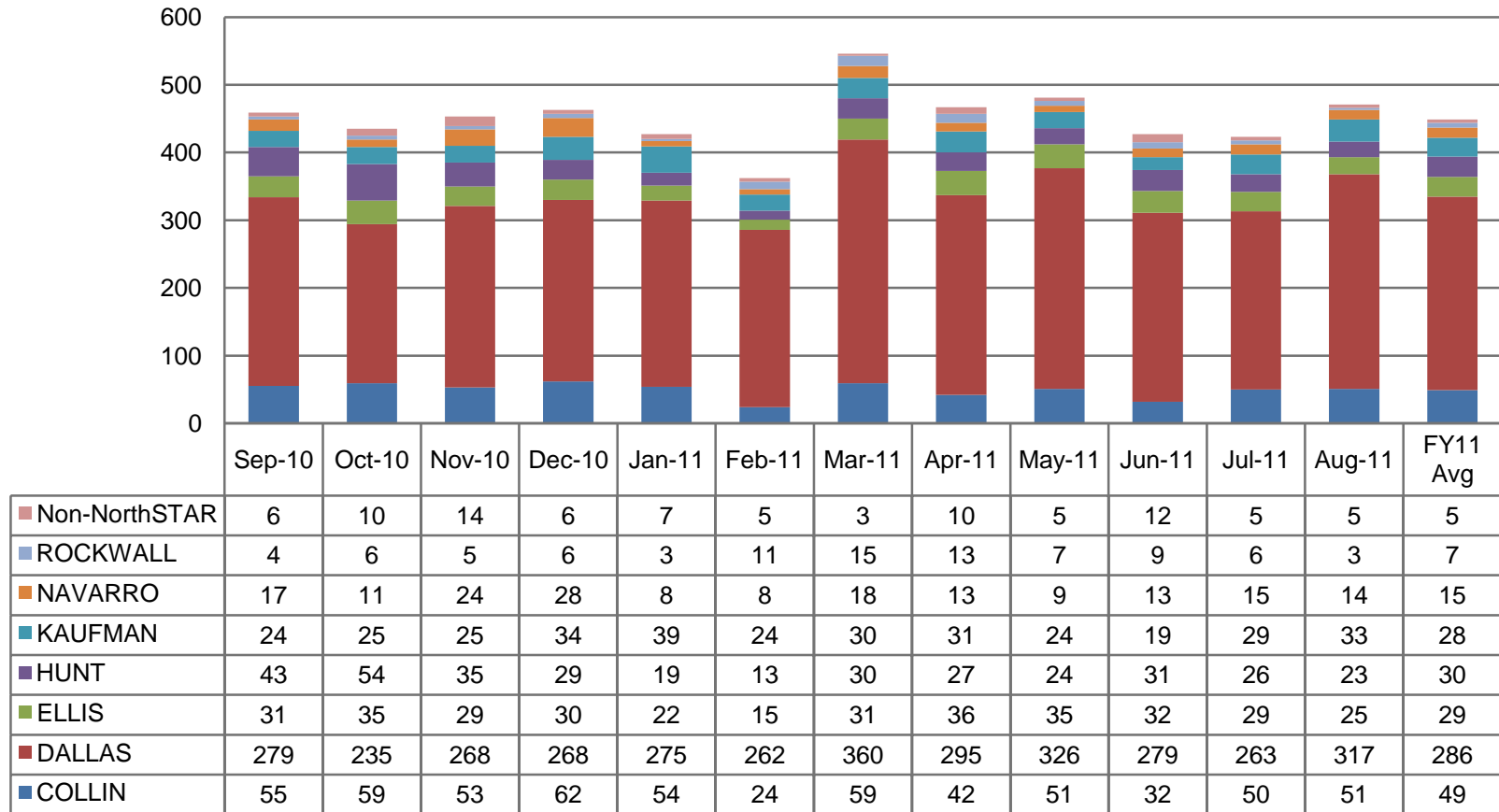
**Note: Includes community and state hospital encounter data. Data based on discharge date. A re-admission is based on at least a one day gap between a discharge and an admission**

# 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.**

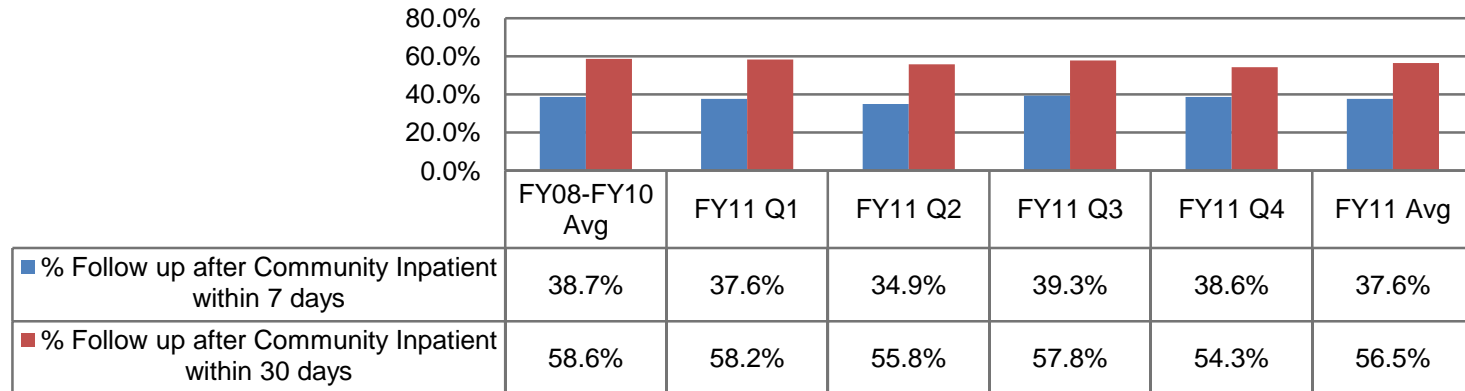
# ADAPT COMMUNITY SOLUTIONS MOBILE CRISIS DATA (FACE-TO-FACE ENCOUNTERS)



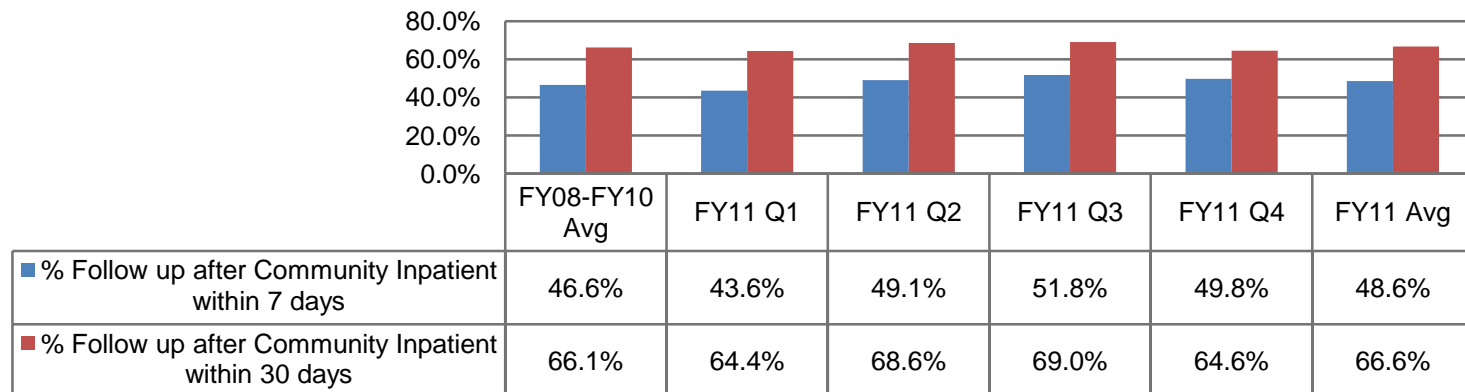
Note: Not Reported, Out-of-State and Texas Residence Unknown data are included in Non-NorthSTAR counties category.

# FOLLOW-UP WITH NON-ACUTE SERVICES AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL

## Community Hospital Discharges

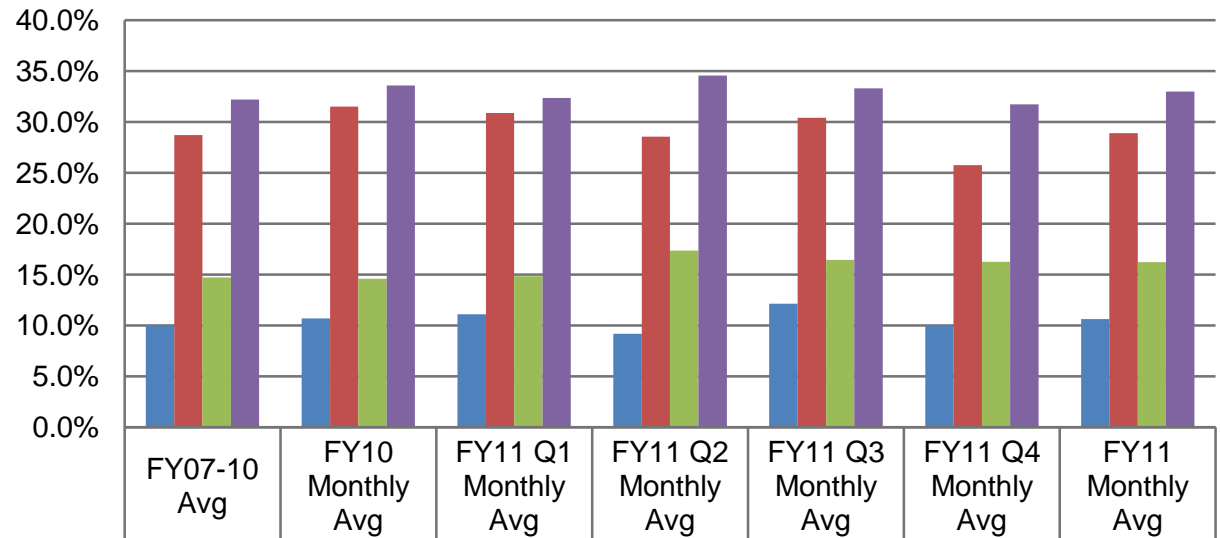


## State Hospital Discharges



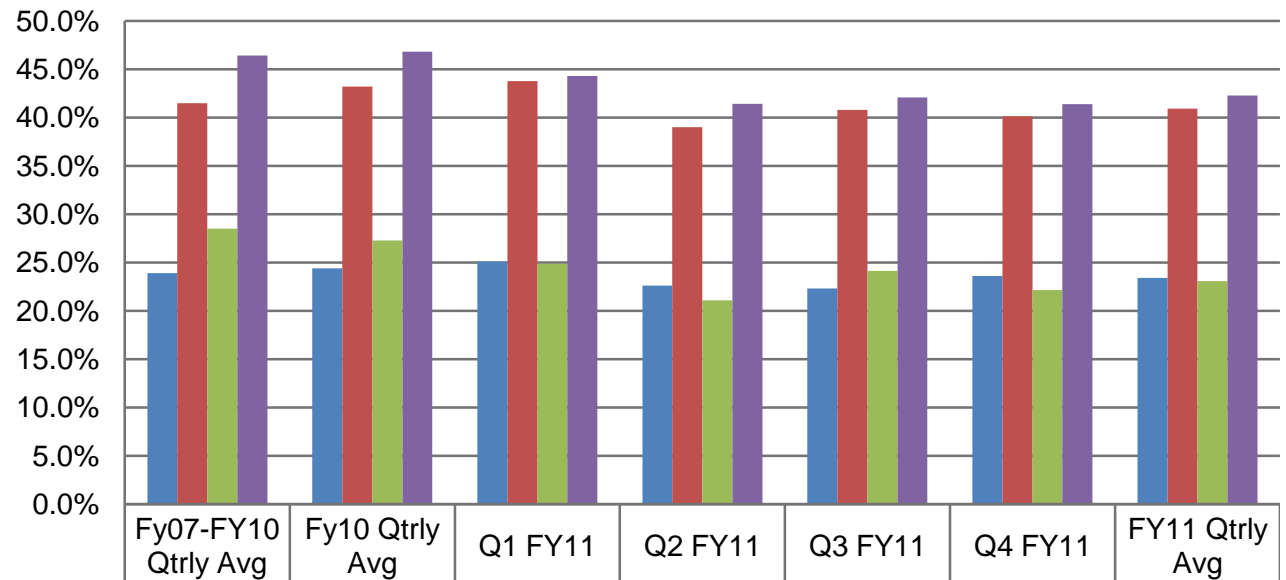
**Note: Data based on discharge date. Follow-Up services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services.**

# ENROLLEES WHO SEE A PRESCRIBER AFTER DISCHARGE FROM PSYCHIATRIC HOSPITAL



	FY07-10 Avg	FY10 Monthly Avg	FY11 Q1 Monthly Avg	FY11 Q2 Monthly Avg	FY11 Q3 Monthly Avg	FY11 Q4 Monthly Avg	FY11 Monthly Avg
■ % Medication services after community inpatient within 7 days	10.0%	10.7%	11.1%	9.2%	12.1%	10.0%	10.6%
■ % Medication services after community inpatient within 30 days	28.7%	31.5%	30.9%	28.5%	30.4%	25.8%	28.9%
■ % Medication services after state hospital within 7 days	14.7%	14.6%	14.9%	17.4%	16.4%	16.3%	16.2%
■ % Medication services after state hospital within 30 days	32.2%	33.6%	32.4%	34.5%	33.3%	31.7%	33.0%

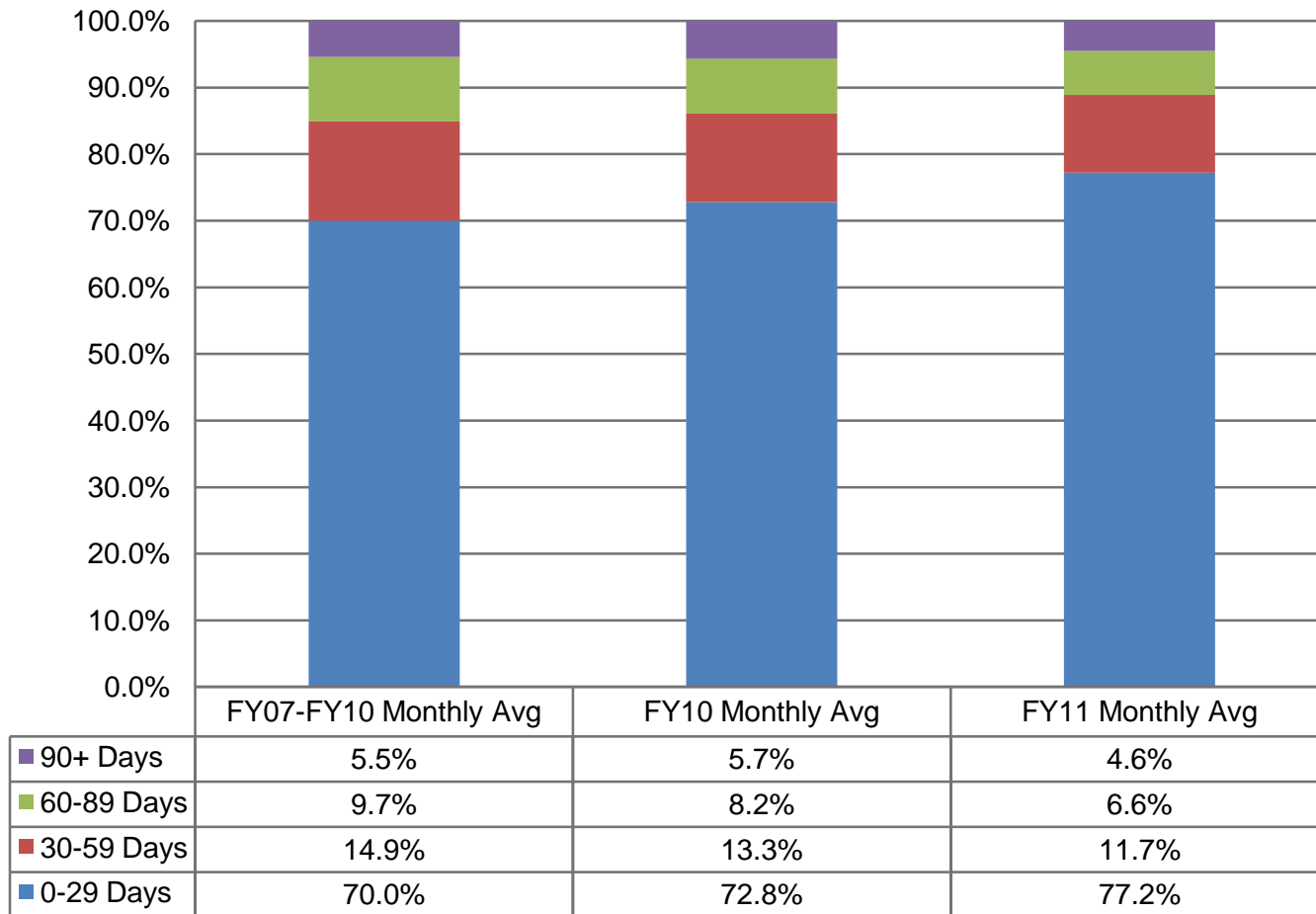
# ENROLLEES WHO RECEIVE COMMUNITY SERVICES AFTER ER OR 23 HOUR OBSERVATION



	Fy07-FY10 Qtrly Avg	Fy10 Qtrly Avg	Q1 FY11	Q2 FY11	Q3 FY11	Q4 FY11	FY11 Qtrly Avg
■ % Community Services within 7 days after ER	23.9%	24.4%	25.1%	22.6%	22.3%	23.6%	23.4%
■ % Community Services within 30 days after ER	41.5%	43.2%	43.8%	39.0%	40.8%	40.1%	40.9%
■ % Community Services within 7 days after 23 Hr Obs	28.5%	27.3%	24.9%	21.1%	24.1%	22.2%	23.1%
■ % Community Services within 30 days after 23 Hr Obs	46.4%	46.8%	44.3%	41.4%	42.1%	41.4%	42.3%

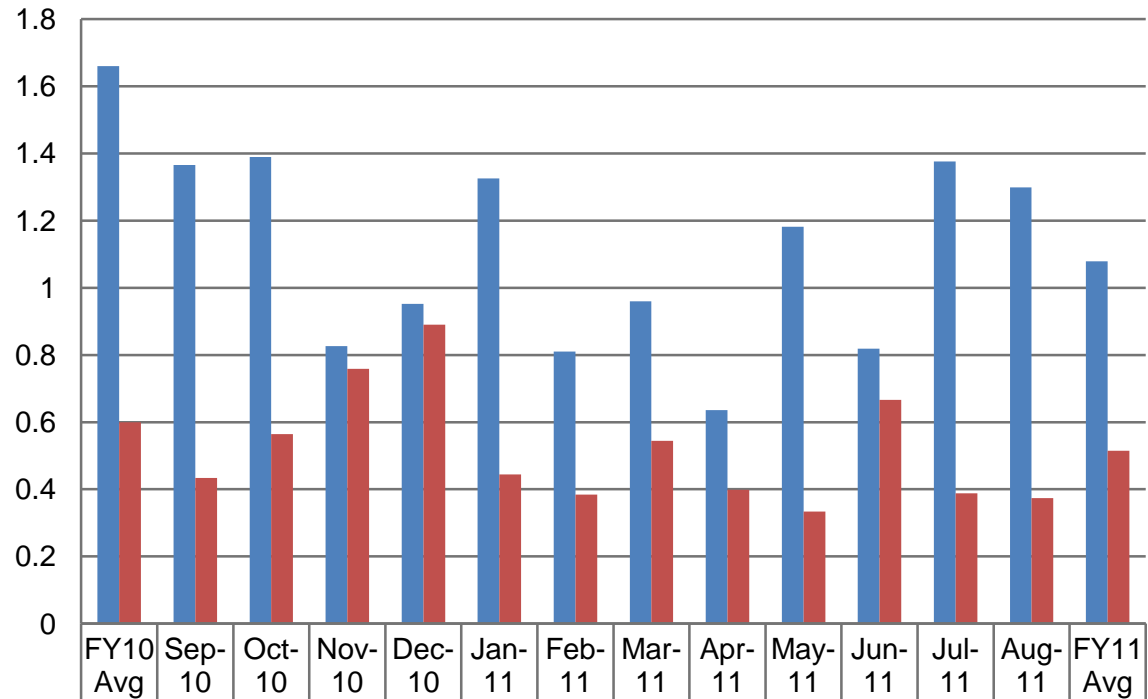
**Note: Community services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services. Green Oaks 8 hour services are reported under the ER columns.**

# 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). Data for FY11 may adjust over time due to forward projection.

# ENROLLEE AND PROVIDER COMPLAINTS



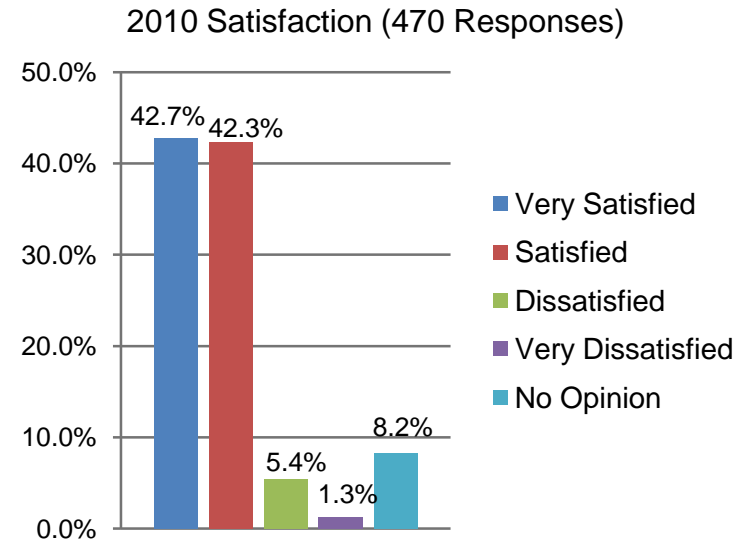
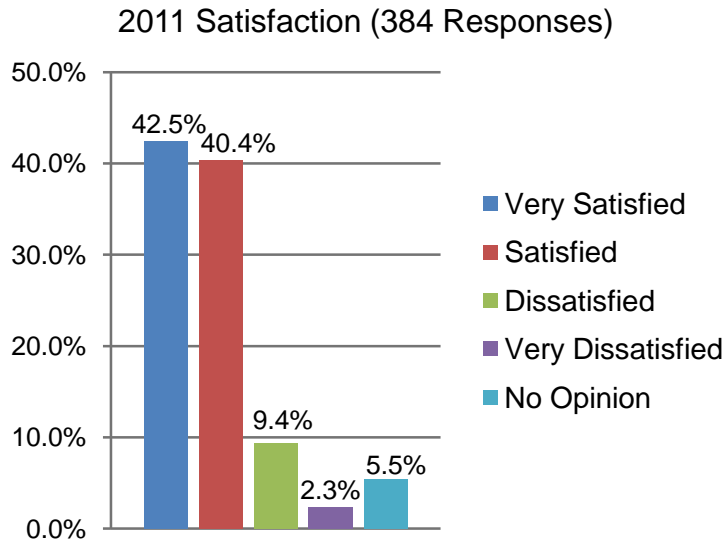
■ Enrollee Complaints Per 1000 Enrollees Served	1.66	1.37	1.39	0.83	0.95	1.33	0.81	0.96	0.64	1.18	0.82	1.38	1.30	1.08
■ Provider Complaints Per Active Provider	0.6	0.43	0.56	0.76	0.89	0.44	0.38	0.54	0.40	0.33	0.67	0.39	0.37	0.51

**Note:** On a monthly basis, most provider complaints are against ValueOptions regarding claims payment and utilization management issues. Most of these come from a limited number of providers. Most enrollee complaints are against NorthSTAR providers regarding quality and access to care issues. See specific Member Satisfaction Survey results on the following pages.

# NORTHSTAR MEMBER SATISFACTION SURVEY

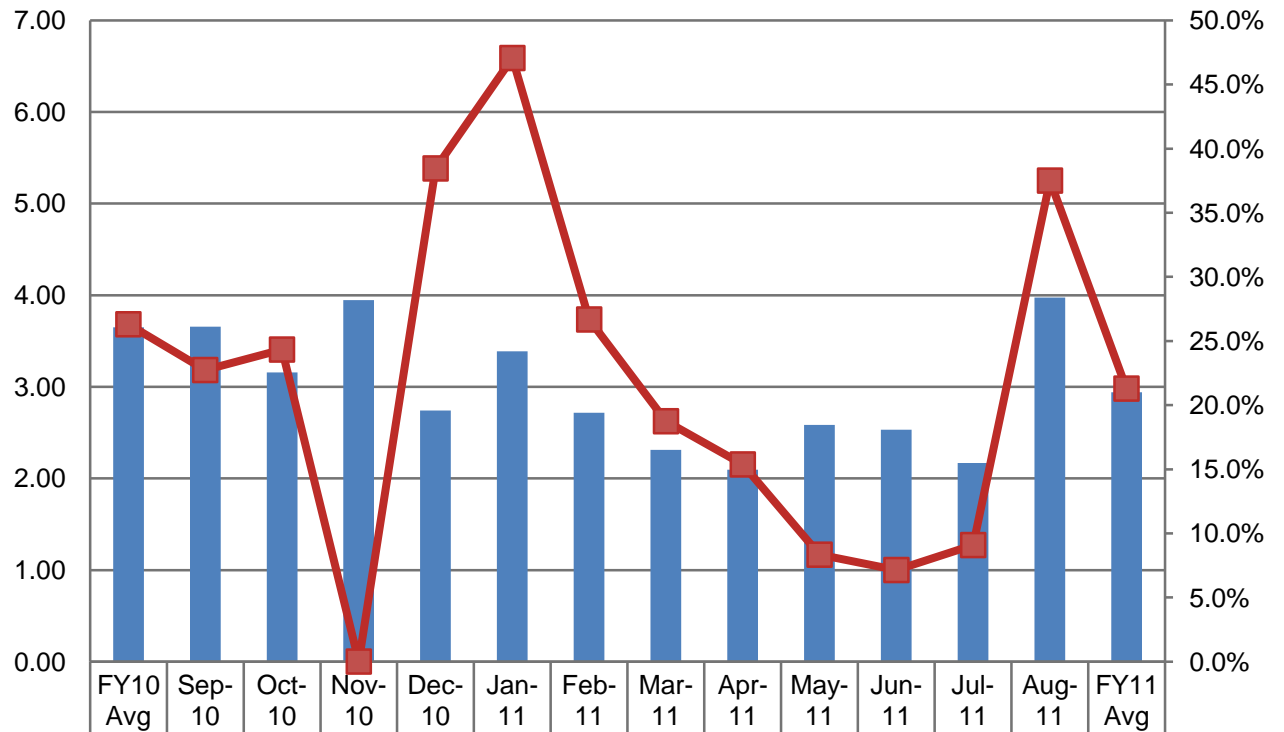
## (OVERALL SATISFACTION)

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



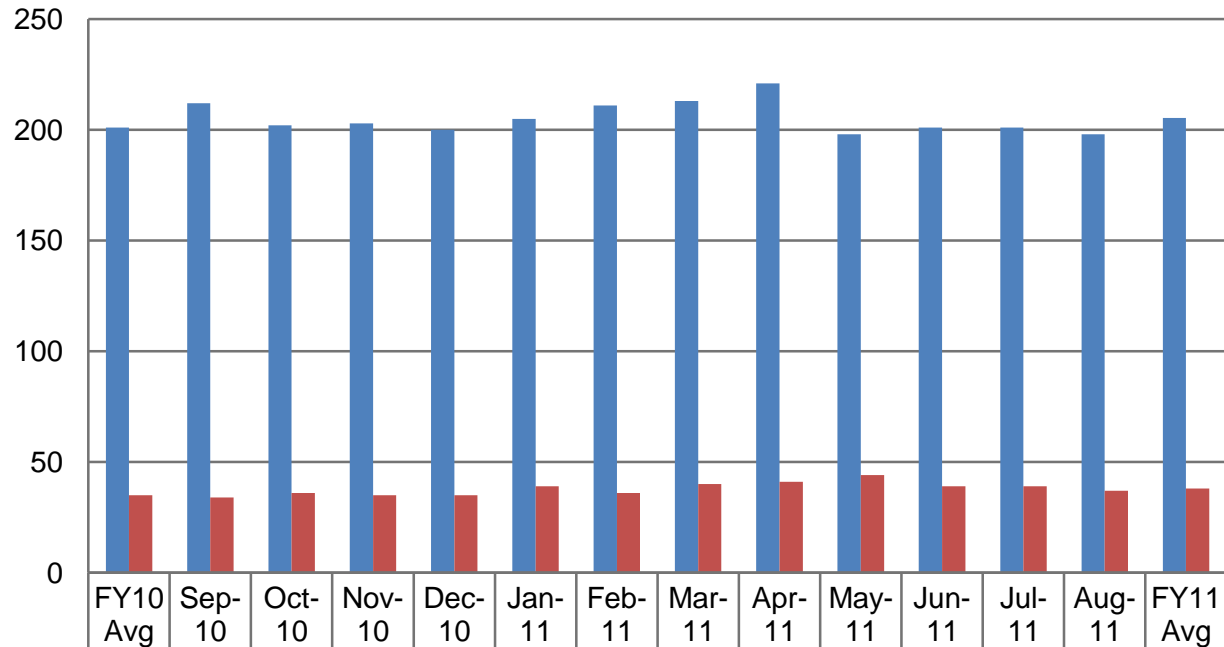
**Note: Not all questions and responses were worded the same for the 2011 survey and 2010. The full 2011 versus 2010 comparison can be found in the reports section of the NTBHA website ([www.ntbha.org](http://www.ntbha.org))**

# UTILIZATION MANAGEMENT – ADVERSE DETERMINATIONS AND OVERTURN RATE UPON APPEAL



■ Adverse Determinations Per 1000 Enrollees Served	3.65	3.66	3.16	3.94	2.74	3.39	2.72	2.31	2.09	2.58	2.53	2.17	3.97	2.94
■ % of Adverse Determinations Overturned Upon Appeal	26.3%	22.7%	24.3%	0.0%	38.5%	47.1%	26.7%	18.8%	15.4%	8.3%	7.1%	9.1%	37.5%	21.3%

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



■ Number of Active Providers	201	212	202	203	200	205	211	213	221	198	201	201	198	205
■ Providers Serving 50 or More Enrollees	35	34	36	35	35	39	36	40	41	44	39	39	37	38

**Note: Large Providers with multiple sites are counted once.**

## SUMMARY

- Utilization in mental health services continues to climb
- Utilization in chemical dependency services is relatively flat compared to mental health services in previous periods
- Acute care services for adults in SP3 is trending downwards
- Acute care services for youth is trending downwards in most service packages
- Length of treatment episodes for chemical dependency is trending downwards