



Overview of NorthSTAR

Dallas NAMI


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Background: Medicaid Managed Care and Behavioral Health pre 1998;

- Increased hospitalizations,
- Decreased community services, and
- Lack of raw data to analyze to determine patterns, reasons etc.



Legislator's suggested studies,
pilot programs.

TDMHMR and TCADA
suggested carve-out.



BH staff suggested expanding MC to indigent;

- Next logical step after 2377, true Authority-Provider split,
- Tests CC competitive status,
- Blend funds to develop complete and continuous care,
- Addresses many Dual Diagnosis concerns,
- Full risk contract protects state budget, and
- Contract requirements protect customers.

Three Years R&D

- Review other carve-outs and similar efforts,
- Review literature, interview experts
- Collect consumer/stakeholder input
- Model project in risk analysis software,
- Offer technical assistance to CCs, and
- Competitively bid contract



Purpose: To test the use of open access,
choice of provider and continuity of care.

Year one Goals

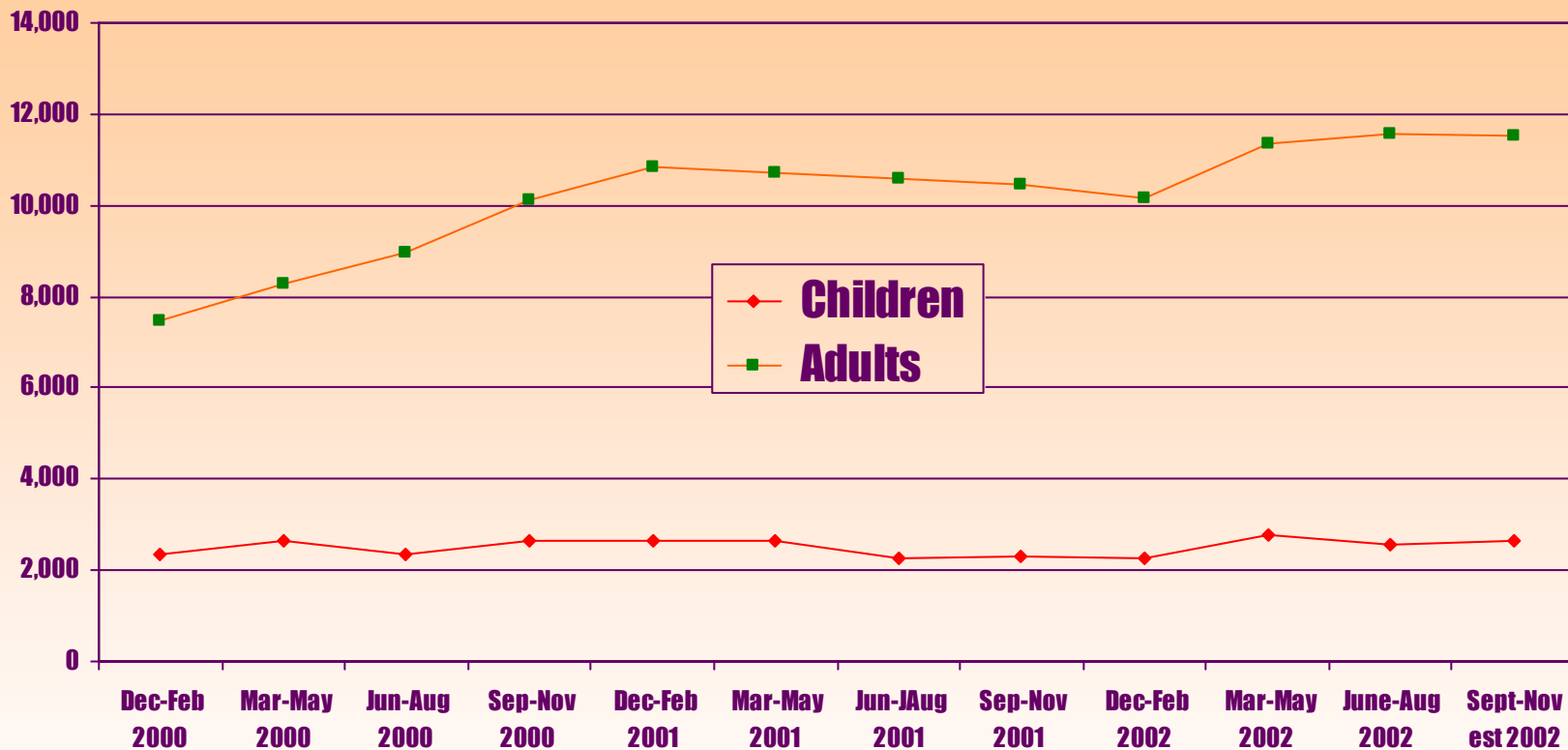
Increase access

Satisfy Customers

Pay Providers

98% Done

Monthly Average Persons Served



Satisfy Customers

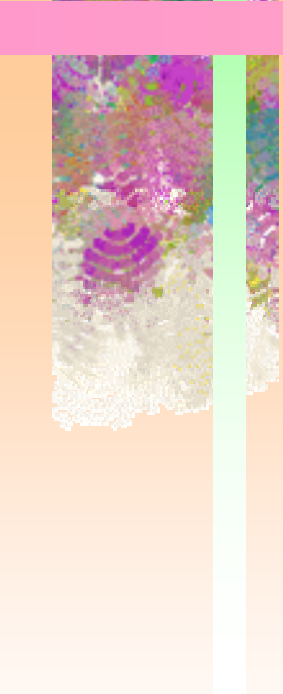
- SFY 2000 - 2002 surveys identified minor problems with customer satisfaction
- 2002 - adult satisfaction = pre NorthSTAR
- 2002 - child outcomes above state average
- SFY 2003 survey methodology will be equivalent to other MHAs

Pay Providers

- Provider Billing timeliness has gone from under 60% to over 95% billed in 60 days
- 98% of provider bills Paid in under 30 days
- Denied Encounters have dropped from 35% to 5%, usually for missing information



Growing Pains

- Single Portal Problems
 - DANSA Effectiveness
 - Working with BHOs
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SPA Problems

- No Wrong Door!
 - Care and Risk philosophy
 - Public Vs. Private system design
- Converge on one Door
 - Rapid stabilization
 - Community Wrap Around
 - Competition



Behavioral Health Authority Development - DANSA issues

- Slow to form
- Identity crisis (mixed messages)
- Identifying core constituency
 - Customers
 - Local government
- Lack of clarity from State on role definition

Living With BHOs

- Business Frame of Reference
- Perspective when losing \$s
- First choice solutions to save money
 - Value of the DW
- Quality of relationship with the BHO

Current Status of NorthSTAR

- Medicaid - recognized as best in state
- Indigent - serving at least 40% more
- VO at break even
- Expanding NorthSTAR serves more people better. It does not save the state a lot of \$s.
- Imperfect - many details left to work on
- A Program, not a Pilot

Critical Issues

- Cost Containment
 - Streamline SPA
 - Rural Services
 - Automation
- Cooperation
 - Jail (continuity, diversion)
 - Juvenile Justice
 - Schools
- Medicaid eligibility
 - SSI
 - TANF children
- Additional Resources
 - TCADA funding
 - TCOMI funding
 - Local funding
 - Other participants



NorthSTAR Today

- It works
- It operates in public view
- It can be objectively evaluated
- It is imperfect, getting better

Local NorthSTAR Resources

- **ValueOptions Customer Services**
 - **1-888-800-6799**
 - **TDD 1-888-800-6792**
- **Maximus Enrollee Services**
 - **1-800-964-2777**
- **DANSA Consumer Ombudsman**
 - **1-877-653-6363**

State Resources - Information and Assistance

- **Texas Council on Alcohol and Drug Abuse**
1-800-832-9623
- **Texas Department of Insurance**
1-800-252-3439
- **Texas Dept of Mental Health and Mental Retardation**
1-800-252-8154
- **NorthSTAR Enrollee and Provider Services**
1-512-206-5470

NorthSTAR Related Addresses

**ValueOptions, ATTN: Complaint and Grievance Coordinator
1199 South Beltline, Suite 100
Coppell, TX 75019**

**Texas Department of Mental Health and Mental Retardation
ATTN: NorthSTAR Enrollee and Provider Services
P.O. Box 12668
Austin, TX 78711-2668**

**Texas Council on Alcohol and Drug Abuse (TCADA)
ATTN: Client Services
P.O. Box 80529
Austin, TX 78708-0529**