

NorthSTAR Penalties and Incentives Funds Proposal SFY 2014

The Department of State Health Services (DSHS) has allowed the North Texas Behavioral Health Authority (NTBHA) the opportunity to create a plan to reinvest a pool of funding in the amount of \$395,000 in penalties and unearned incentives assessed on ValueOptions (VO) back into the community. The NTBHA Board of Directors (BOD) Sub-Committee was tasked with overseeing the process of developing a plan for reinvesting the funds back into the NorthSTAR system. NTBHA looks forward to maximizing this opportunity to improve our system.

The NTBHA BOD Sub-Committee convened multiple times over the course of February and March to determine the best use for these funds. The sub-committee carefully considered feedback generated from community stakeholders through needs assessment surveys, focus groups, and various community meeting forums in narrowing the scope of the SFY 2014 project. Feedback from ValueOptions and DSHS was also taken into consideration. The NTBHA BOD Sub-Committee chose to focus efforts on the development of one system-wide project targeting improved outcomes related to 7 day follow-ups after discharge from inpatient hospitalization and hospital readmission rates.

Needs assessment data collected biennially by NTBHA consistently points to transportation as a system gap and barrier to individuals receiving services. Transportation was a top gap/need reported among all groups surveyed during SFY 2013 which included: NorthSTAR members, parents/guardians, providers, and community stakeholders.

The NorthSTAR community has also noted opportunities for improvement related to discharge planning and coordination of care between inpatient and outpatient services. The NorthSTAR Local Service Area Plan for SFY 2014-2015 identifies the following under Local Authority Goals and Service Priorities: North Texas Behavioral Health Authority will work in collaboration with ValueOptions to improve current Community and State Hospital discharge processes and coordination of continuity of care.

NTBHA proposes to utilize the \$395,000 in available penalties and incentives funds to initiate a Transportation Pilot Program that will provide transportation following an inpatient hospital discharge to a same day SPN aftercare appointment. NTBHA believes that this will facilitate improved linkages to outpatient services and encourage ongoing engagement.

Pilot Project Description:

The NorthSTAR program has seen a steady increase in acute care costs. Providers and stakeholders have noted that this increase in the utilization of higher levels of care diverts already scarce funding from outpatient services. This reduction impacts availability and depth of services, timely access to care, and provider reimbursement rates. The Provider Advisory Council (PAC) points out that this has resulted in the erosion of capacity to facilitate discharge planning and provide highly responsive aftercare services in the clinics and community. As SPN capacity has been eroded, 23-hour observation and inpatient capacity and funding have increased. As noted in the December 2013 NorthSTAR Collaborative Report, during SFY 2013 an average of 26.6% individuals presented for ER or 23 hour observation as a first NorthSTAR

service. Providing timely access to aftercare appointments and effective outpatient engagement is vital to reducing acute care costs.

The proposed Transportation Pilot will allow for SPNs to receive a set reimbursement rate for transporting individuals from a community hospital or Terrell State Hospital to a same day aftercare appointment at the outpatient clinic. This will allow for a “warm handoff” between levels of care while also ensuring that individuals have timely access to aftercare appointments.

A major NorthSTAR Quality Improvement initiative is to measure follow-up appointments for individuals after a hospital discharge. The PAC suggested that having a SPN staff member be able to pick up members post discharge would be instrumental in impacting this quality initiative for the SPN's. Having a SPN employee pick up clients, assess their needs and assist in transporting them to an outpatient provider would positively impact quality of care and continuity of care. Persons being discharged would have the name and contact number of the SPN employee and an opportunity to make an important connection to the SPN.

Discharge planning and coordination of care will be a collaborative effort between VO, hospital discharge staff, and the SPNs. VO will play an enhanced role in this process to ensure efficient movement between inpatient and outpatient services and guide effective use of available transportation funds.

SPNs will be authorized for transportation claims related to transportation provided for individuals receiving a routine community service follow-up on the same day as hospital discharge. If the same day appointment threshold is met, SPNs may also receive authorization for one additional unit of transportation provided within three business days of discharge. This additional unit of transportation will provide SPNs with the opportunity to assist the member with such services as following up with a prescriber, completing a health screen, picking up prescriptions, completing necessary NorthSTAR enrollment paperwork, etc. SPNs will have the flexibility to decide how to best structure their utilization of these available transportation funds in regards to factors such as volume, appointment access, use of SPN staff, and other individual internal processes. Participation in this pilot project will not be mandatory.

Objectives:

The establishment of a Transportation Pilot Program is being proposed in order to meet the following objectives:

1. To fill an identified gap in the service delivery system and barrier to engagement in outpatient services.
2. To improve access to timely aftercare appointments.
3. To strengthen existing discharge planning by providing more in depth coordination of care and a warm handoff between hospitals and outpatient providers.
4. To improve appointment access by reducing transportation as a barrier to timely aftercare for new and existing NorthSTAR members.
5. To reduce expenses to the NorthSTAR system related to acute service spending by improving follow up and readmission rates.

The Population to be Served:

This Transportation Pilot Program will focus on individuals discharging from an inpatient admission at a local community hospital or Terrell State Hospital. Special attention will be paid to those individuals not attached to a SPN at the time of admission and those individuals with a history of high recidivism to acute levels of care. Members will have a choice of provider in accordance with existing NorthSTAR processes.

Roles and Responsibilities:

VO Responsibilities:

NTBHA has worked closely with VO to develop project details and workflow. VO has agreed to create a modifier to their current Transportation Code in order to allow for efficient authorization of transportation services related to the PIF pilot and to ensure that the allocation of funds is closely monitored. VO will be responsible for processing claims, tracking ongoing transportation claims and spend, and providing monthly status reports to the NTBHA Clinical Director. VO will also provide outcome reporting data.

VO will assign Care Manager staff to oversee and approve authorizations. The Care Manager(s) will also provide coordination to ensure that discharge planning includes transportation to same day aftercare appointments as appropriate and that this service is appropriately coordinated between hospital discharge staff and SPN providers.

SPN Responsibilities:

SPNs will be responsible for coordination of aftercare and discharge planning with hospital staff and designated VO Care Manger(s).

SPNs will develop internal processes for providing transportation to same day aftercare appointments. SPNs will submit transportation claims in a manner outlined by NTBHA. SPNs may request one additional unit of transportation provided within three business days of discharge if the same day aftercare appointment threshold has been met. SPNs will provide ongoing outpatient care in accordance with NorthSTAR protocols and procedures.

NTBHA:

NTBHA will develop, in coordination with VO, a Provider Instruction Document outlining project guidelines and workflow. NTBHA will monitor project expenditures and outcomes. NTBHA will provide regular status and outcome reports to DSHS on a mutually determined reporting timeline.

Outcomes:

The Transportation Pilot Program will target the following outcomes during the course of the pilot:

1. Improve rate of enrollees receiving community services within 7 days of discharge from inpatient hospitalization. The NorthSTAR performance target for this measure is >38%. The project would aim to ensure that all SPNs are meeting this follow-up target.
2. Improve rate of enrollees receiving prescriber follow up within 7 days of discharge from Community Inpatient. The NorthSTAR performance target for this measure is >10%. The project would aim to ensure that all SPNs are meeting this follow-up target.
3. Improve rate of enrollees receiving prescriber follow up within 7 days of discharge from State Hospital inpatient. The NorthSTAR performance target for this measure is >38%. The project would aim to ensure that all SPNs are meeting this follow-up target.
4. Improve rate of 7 day follow-ups for individuals with no SPN attachment prior to inpatient hospital admission.
5. Reduce rate of enrollees who readmit to a state or community based hospital within 30 days of discharge. The SFY Quarter 4 benchmark is 21.24%. The NorthSTAR performance target for this measure is < 11.1%.
6. Rate of enrollees who receive transportation services that remain engaged in treatment at 90 days, 180 days and 360 days.
7. Reduction in acute service expenditures.

Funding Allocation:

Direct Service Costs = \$375,250 (95%)

Transportation Rate: \$70 per Unit (1 Unit = 1-60 miles; 2 Units 61+ miles)

**1 additional Unit (\$70) may be authorized within 3 business days of discharge*

SPNs will request initial authorization from VO following a set process defined by NTBHA. SPNs will submit requests for authorization of the additional unit through NTBHA.

Program Administration Costs = \$19,750 (5%):

- Claims Processing: \$5,925
- Tracking/Reporting: \$3,950
- Authorizations/Coordination of Care: \$9,875

Per NTBHA’s contract with DSHS, NTBHA may retain up to five percent of the total budgeted funds for administrative purposes. NTBHA proposes to pass on these administrative funds to VO in order to offset the cost of creating a claims code modifier, processing claims, providing tracking and reporting, authorizations, and coordination of care.

Utilization Management Guidelines

NTBHA will work in coordination with VO to develop and distribute, upon DSHS project approval, a Provider Instruction Document detailing project parameters and guidelines, eligibility/limitations, work flow, authorization processes, and project contacts. The Provider Instruction Document will be submitted to the NTBHA BOD for review and approval prior to project implementation.