

North Texas Behavioral Health Authority Managed Care Organization Report

3-09-2011

1. Preliminary NorthSTAR budget for SFY2012

- a. Potential \$15,000,000 reduction in revenue
- b. Current Interventions
 - i. Legislative petitions to forestall cuts and incorporate additional counties
 - ii. FPL change for indigent benefit from 200% to 133% with income and residency verification
 - iii. Implementation of patient assistance programs that would attach to the indigent Rx benefit
- c. Potential (not exclusive) future interventions
 - i. Capitation of higher levels of care
 - ii. Elimination of supportive but non essential programs

2. NorthSTAR Financial Trend Summary

- a. FY2009 vs. FY2010 spend comparison (Attachment 1)
- b. TCOOMMI

3. NorthSTAR Clinical/Operations

- a. Performance metrics examples (Attachment 2)
- b. Bridge redesign implementation plan
- c. Outpatient Crisis Clinics
 - i. Southern Area Behavioral HealthCare
 - ii. After Hours Crisis Services – Dallas Metrocare Services
- d. Hope Clinic Tele-Psych
- e. Juvenile Substance Abuse in Ellis County

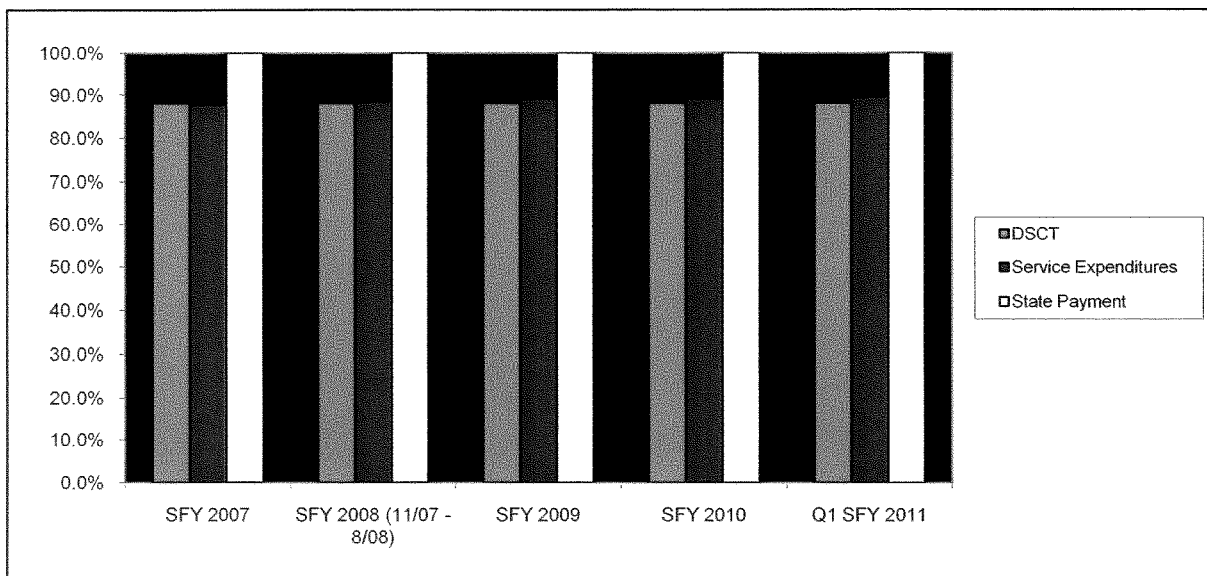
4. Outpatient Adult Indigent Benefit redesign

5. ValueOptions management changes

NorthSTAR Service Expenditures versus BHO Payments

Financial Status

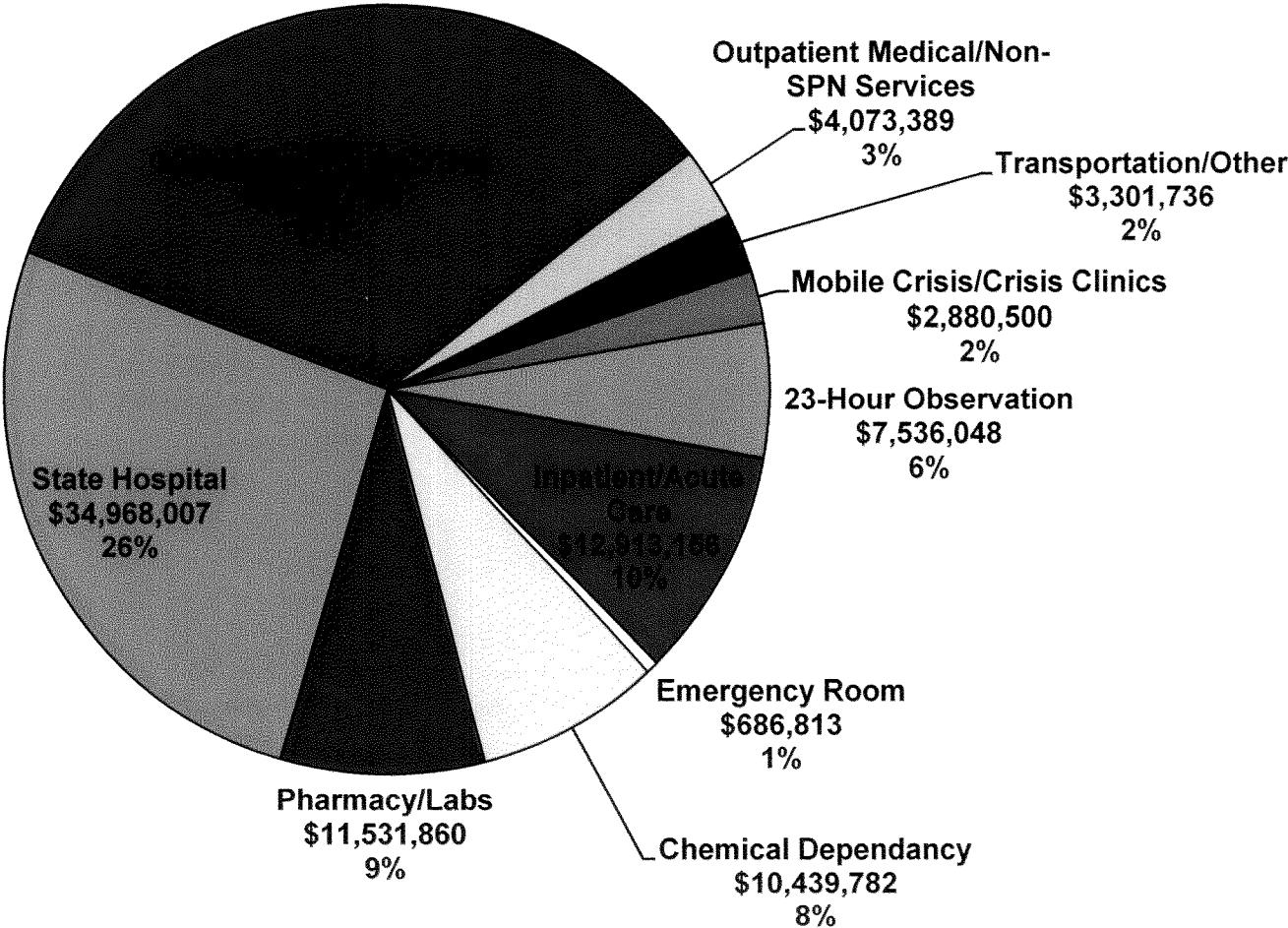
	SFY 2008					SFY 2001 -
	SFY 2007	(11/07 -8/08)	SFY 2009	SFY 2010	Q1 SFY 2011	Q1 SFY 2011
BHO Direct Service Expenditures	\$109,965,772	\$92,786,041	\$124,237,460	\$129,935,776	\$32,869,032	\$ 1,126,270,307
Total Payments to BHOs	\$125,119,123	\$104,825,087	\$139,233,559	\$145,226,476	\$36,658,117	\$ 1,240,425,167
Direct Service Claim Target (DSCT)	\$110,104,828	\$92,246,077	\$122,525,532	\$127,799,299	\$32,259,143	\$ 1,077,786,891
Direct Service Expenditures						
as a Percent of DSCT	99.9%	100.6%	101.4%	101.7%	101.9%	104.5%
as a Percent of Payment	87.89%	88.52%	89.23%	89.47%	89.66%	90.80%
Max. Contracted Admin. & Profit	\$15,014,295	\$12,579,010	\$16,708,027	\$17,427,177	\$4,398,974	\$ 162,638,276
\$ Available for Admin and Profit	\$15,153,351	\$12,039,046	\$14,996,100	\$15,290,700	\$3,789,085	\$ 114,154,860
under/(over) DSCT	\$139,056	(\$539,964)	(\$1,711,927)	(\$2,136,477)	(\$609,889)	\$ (48,483,416)



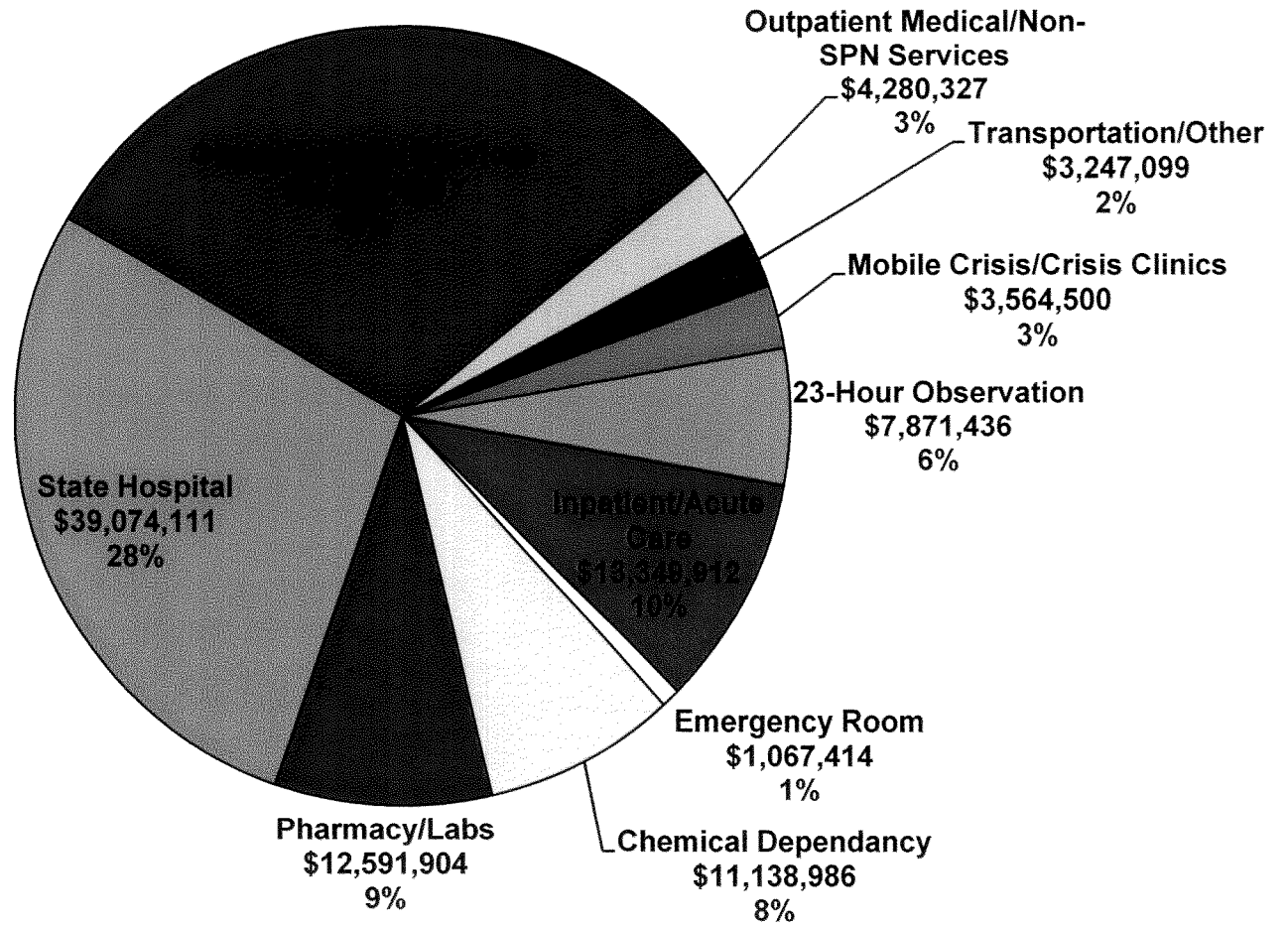
Note:
Expenditures and Revenues for years 2006 and 2007 reflect revenue and medical expenditure information from Texas Department of Insurance Filings. For the contract beginning 11/1/07, the methodology for calculating revenues and expenditures has changed. The DSHS revenues and service expenditures are extracted from ValueOptions encounter and financial reporting to DSHS. This new methodology includes a portion of the State Hospital Allocation as a revenue and an expenditure. Q1 FY11 includes a presumptive costs for adult Medicaid state hospital expenditures. This is a new component to the calculation.

DSCT=Direct Service Claims Target

FY09 NorthSTAR Expenditures
\$133,358,778



FY10 NorthSTAR Expenditures
\$139,011,357



ValueOptions NorthSTAR Call Volume February 2011

Service Center	Calls Offered	Calls Answered	Calls Answered<30 Seconds	Total Calls Abandoned	Percent Abandoned All Calls	Average Speed of Answer	Average ACD Time
Night Service	2,841	2,732	2,423	109	3.84%	00:00:15	00:03:37
PSD Clinical	1,518	1,454	952	37	2.44%	00:00:29	00:05:46
PSD Customer Service	7,800	7,605	6,009	195	2.50%	00:00:27	00:03:46
Total Calls	12,159	11,791	9,384	341	2.80%		

Specialty Provider Network February 2011

February 2011	Uniform Assessments Reviewed by ValueOptions Clinical	9,848
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Number of Adults in Community Based Specialty Provider Network Care

1	2	3	4	Grand Total						
Indig	Medicaid	Other	Indig	Med						
11968	5834	27	2054	536	4238	2128	10	243	331	27,370

Child/Adolescents in Community Based Specialty Provider Network Care

GROUP	1.1	1.2	2.1	2.2	2.3	2.4	4	Grand Total
Medicaid	3166	319	273	47	196	978	4,979	
Indigent	400	82	1	47	15	34	715	
CHIP	77	12	8	1	11	22	131	
Grand Total	3643	413	1	328	63	241	1136	5,825

Adult Admission by SPN and overall Higher Level of Care Episodes January 2011

LOC-A	Total Episodes w/ Webcare				Members in Webcare (Jan)**	Episodes per 1000	
	0	1	2	3			
	109	13	78	38	241	25,989	9.3

Admission by SPN report is a report that monitors the number of members per thousand served that go in to an intensive episode (23 hour obs or inpatient) during the month. Overall, 9.3 per thousand adults in SPN service went into intensive episode in January 2011. This is lower than the 6 month average which is 11.2 per thousand.

Total Adult Intensive Episodes:	957	Total Adult Intensive Episodes:	957	Total Adult Intensive Episodes:	957
Intensive Episodes with Webcare:	241	Active or Expired within 90d	348	All Webcare:	551
Percentage	25%	Percentage	36%	Percentage	58%

The table above shows the number and percentage of those with **active** assessments in webcare in the first section. The middle section adds the active PLUS those whose assessment may have expired in the past 90 days. The final section provides information about whether those seeking intensive episodes of care have ever had a webcare assessment. This indicates that 42% entering intensive care in January had never been in our public **mental** health system