

HERE WE GROW AGAIN




Tuscarora
Managed Care Alliance

2015-2016
ANNUAL REPORT
to the Board of Directors

*Growth is never by mere chance;
it is the result of forces working together.*

..... In reflection of Tuscarora Managed Care Alliance's past year, I could not agree more. Unprecedented growth occurred as a result of both internal and external forces this year. This growth came in the form of:

- Expanded Medicaid health coverage as a result of the Affordable Care Act.
- An increased public acceptance and awareness of the prevalence of substance use disorders.
- A changing landscape relative to data in planning and evaluation of public health initiatives.
- Evolving complexities of necessary employee job skill sets, and staff retention including opportunities for career advancement.

During the 2015-2016 Fiscal Year, Pennsylvania's Governor Election occurred which resulted in the reversal of the previous administration's Demonstration Waiver with the Center for Medicaid and Medicare Services for Healthy PA, a health coverage option that provided limited expansion of Medicaid coverage and benefits. The policy reversal enacted income and benefit limits consistent with the Federal Affordable Care Act standards. The result was an increase of 5,675 citizens in Franklin and Fulton County with behavioral health coverage equating to a single year increase in Medicaid members of 19.5%. With the overall increase, we also saw a 18% increase in the number of persons seeking behavioral health treatment, which equated to 6,161 people. Notably, citizens receiving coverage through the expanded Medicaid coverage sought behavioral health treatment for substance abuse related issues at rates greater than the baseline Medicaid population.

From the 2014-2015 Fiscal Year, TMCA retained earnings of \$709,338.51 to reinvest in the form of additional State Plan or proposed services in addition to State Plan services. TMCA submitted five (5) proposals in FY 2015-2016 for reinvestment services to the Office of Mental Health Services and were approved for three (3):

- Substance Abuse Outpatient Start Up in Fulton County.
- Substance Abuse Certified Recovery Specialists.
- Substance Abuse Supportive Housing Bridge Subsidy.

The approved services, upon development and implementation, will add to the current services being offered to Franklin and Fulton County Medicaid recipients. A remaining balance of funds for \$213,000.00 remains for additional proposals. The reinvestment initiatives are the first complex program implementation initiatives undertaken by the organization in our history.

TMCA Staff, PerformCare and/or County Partner Staff assisted in the identification of behavioral health service improvement areas throughout the year. A brief account of some of the improvement focus areas are listed below:

Complex Child Strengths/Weakness/Opportunities/Threats Analysis: A County Cross -System Partner team met to plan and identify opportunities for improvement. Three target improvements were identified and will be a focus of development in the upcoming fiscal year.



Behavioral Health Rehabilitation Services(BHRS) Fifty (50) day Access Pilot –Due to declining performance in access of BHRS service delivery fifty (50) days from evaluation, TMCA worked with PerformCare to propose to the Office of Mental Health and Substance Abuse Services (OMHSAS) a Pilot changing the process for prescribing, individual service planning, authorization and first billed clinician contact with the desired improvement identified as improved access metrics. The pilot was approved by OMHSAS with Provider outreach and education occurring throughout the spring. Implementation of the pilot will begin in Summer 2016.

Seven (7) Day Outpatient Access MTM Consultants – As a result of data validation related to both psychiatric and therapy access, TMCA worked with PerformCare to offer Technical Assistance and Consultant expertise of nationally recognized behavioral health business experts MTM Consultants. Technical Assistance to address organizational efficiency is currently being offered to nine (9) Outpatient Clinics to implement Just In Time Prescriber Scheduling and Same Day Access. As part of the consultation, providers will be developing dashboards and metrics to measure performance and change. TMCA's goal is to have 85% of members be seen within seven (7) days of contact for initial appointments in either psychiatry or therapy.

TF-CBT Clinician Training and Certification – TMCA through case consultation and structured cross system analysis with Children and Youth Services identified a service gap for children, and the care givers of the children, whom have experienced trauma. TMCA and PerformCare consulted with The Center for Traumatic Stress for Children and Adolescents at Allegheny Health Network to deliver a specialized training to 10 Franklin/Fulton County clinicians on Trauma Focused-Cognitive Behavioral Treatment. The initial two(2)-day training occurred on June 11 and 12th of 2015 after which clinicians participated in supervised consultation with the trainer for two (2) hours per month for six (6) months to qualify for the TF-CBT Certification Test. A refresher training was sponsored by PerformCare on March 11th, 2016. Five (5) clinicians have tested and passed the certification.

Value based purchasing initiatives were implemented in two (2) different manners during the 2015/2016 year. First, the PA Department of Human Services amended the Behavioral HealthChoices Agreement with a Pay for Performance Program of Integrated Health Care for Persons with Serious Mental Illness and Substance Use disorders. TMCA and PerformCare are actively working with the physical health Medicaid plans to develop processes and systems to successfully meet five Performance Measures:

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment.
- Adherence to Antipsychotic Medications for individuals with Schizophrenia.
- Combined BH-PH Inpatient 30 Day Readmission Rate.
- Inpatient Hospital Notification and Coordination, Integrated Care Plan Emergency Department Utilization for Individuals with Serious Persistent Mental Illness.
- Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness.

During the first measurement year (2016/2017) the Behavioral HealthChoices program will receive credit for meeting three (3) process measures. The measures are:

- All Behavioral HealthChoices members are stratified based upon Physical Health and Behavioral Health Need.
- Next day notification of either physical health or behavioral health inpatient admission will occur.
- Implementation of a jointly managed integrated health plan for .25% or 50 Franklin Fulton HealthChoices members.

The processes have been developed with the physical health plans to allow for data exchanges to accomplish the first two measures. The final measure, Integrated health plan, is in progress and anticipated to begin by Fall 2016.



Secondly, TMCA also undertook a Value Based Purchasing initiative with Franklin/Fulton County's Community Outpatient, Case Management, Peer Support and Mental Health Inpatient Providers surrounding two Healthcare Effectiveness Data and Information Set (HEDIS) Performance Measures, which target improved quality of life for our behavioral health recipients:

- PA Specific Ambulatory Follow Up visit - 7, 14 and 30 day.
- Mental Health Inpatient 30 Day Readmission Rate.

OMHSAS approved the alternative payout methodology which resulted in 31 Mental Health Inpatient Providers receiving monetary award for successfully discharging 318 Franklin and Fulton members that did not result in readmission within 30 days. In addition, the second measure awarded 40 Community Outpatient, Targeted Case Management or Peer Support providers for ensuring that 454 Franklin and Fulton members, post-inpatient discharge, were seen face to face within 30 days maximum or seven (7) days minimum.

In addition to value based purchasing described above, TMCA undertook additional innovations to recognize providers that strive towards clinical excellence in behavioral health treatment of our residents. Two (2) providers were given enhanced rates for meeting clinical competency standards for being Co-Occurring Competent. Through audit of the Provider with the Co-Occurring Competency Assessment tool, TMCA and PerformCare were able to determine ratings on the following program aspects:

- Program/Policy, Treatment, Staff Competencies and Training.
- Providers receiving the enhanced rate scored better than 75% on each of the three program areas.

Provider's financial viability, in the form of rate increase, was addressed for certain provider types. During the 15/16 FY, behavioral health fee schedule rate increases were given to four (4) provider types: Behavioral Health Rehabilitation Services, Family Based Mental Health Services, Peer Support, and Crisis. Twenty-Four (24), individually negotiated rates were increased as a result of Provider request and TMCA/PerformCare verification.

Over the life of the TMCA's existence, employee job responsibilities and contract demands have evolved requiring both increasing technical expertise and workload volume. During the course of the year, TMCA's Executive Director conducted not only job specific analyses but also held a staff retreat to assess organizational structure and function. TMCA's Executive Director has determined that staff job description changes would benefit the organization and has developed a plan for Board of Directors consideration. Organizational changes are being targeted to begin in July 2016.

Looking forward, to the upcoming fiscal year, we anticipate continued increased demand for substance abuse recovery options and outpatient mental health services. We look forward to continued innovations in payment and treatment/recovery options to better meet the unique needs of the citizens of the two county area. TMCA will not only continue invest in the development of our providers competencies but also our own employee skill sets to better plan strategically for the social, emotional and behavioral health needs of Franklin and Fulton counties.

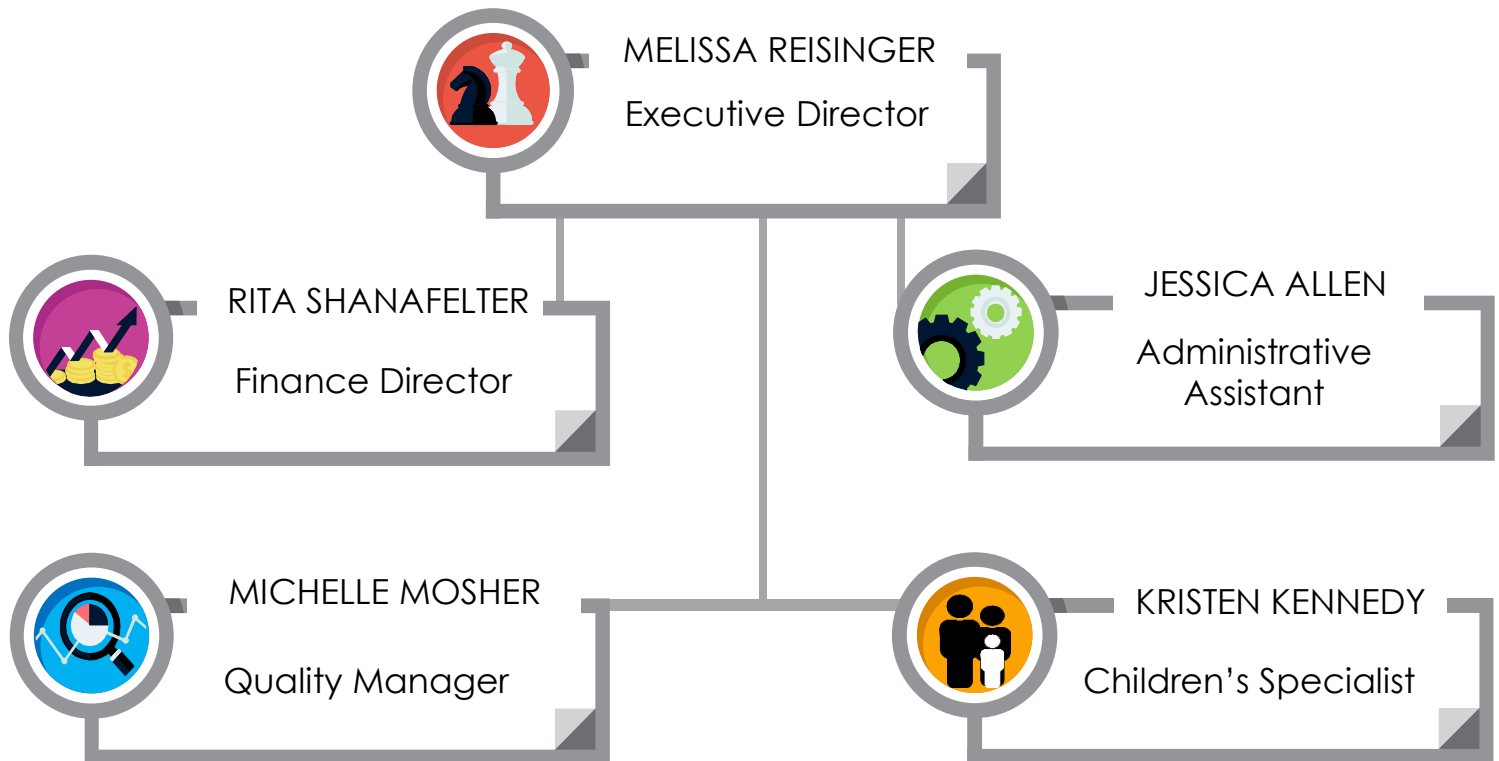


Melissa Reisinger
Executive Director, TMCA



Personnel

Working Hard to
Make a Difference



YEARS IN
9
BUSINESS

TMCA's Intergovernmental Agreement was signed by the Commissioners of Franklin & Fulton Counties on June 26, 2007.

Purpose: "...to do any and all lawful things to meet medical and social service needs of the mentally disabled and addicted citizens of Franklin and Fulton Counties, and to administer a comprehensive and integrated network of locally accountable, publicly funded services for the purpose of promoting excellence in delivery of behavioral healthcare..."

*-TMCA Intergovernmental Agreement
Article II, Section 2.1*

Steering Committee & Board of Directors

TMCA Steering Committee Members:

Fulton County

Julia Dovey, Vice Chair
Fulton Family Partnership
22438 Great Cove Rd.
McConnellsburg, PA. 17233

Jean Snyder
Fulton County Human Services
219 North Second St.
McConnellsburg, PA. 17233

Pete Lynch
Fulton County Commissioner
116 West Market St.
McConnellsburg, PA. 17233

Franklin County

Sheldon Schwartz, Chair
Community Member
4127 Fletcher Dr.
Greencastle, PA. 17225

David Keller
Franklin County Commissioner
14 North Main St.
Chambersburg, PA. 17201

Teresa Beckner
Franklin County Fiscal
218 North Second St.
Chambersburg, PA. 17201

Richard Wynn
Franklin County Human Services
425 Franklin Farm Ln.
Chambersburg, PA. 17202

Steven Nevada
Franklin/Fulton MH/ID/EI
425 Franklin Farm Ln.
Chambersburg, PA. 17202

April Brown
Franklin/Fulton Drug & Alcohol
425 Franklin Farm Ln.
Chambersburg, PA. 17202

TMCA Board of Directors:

Robert L. Thomas, Chair

Rodney L. McCray, Vice Chair

Robert G. Ziobrowski, Secretary

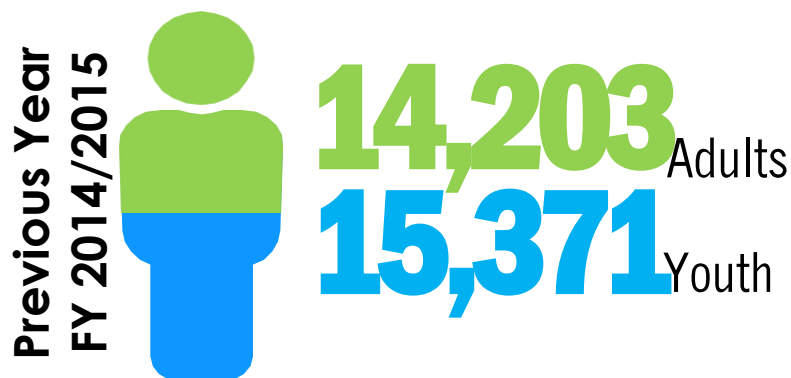
David S. Keller, Treasurer

Stuart L. Ulsh, Board Member



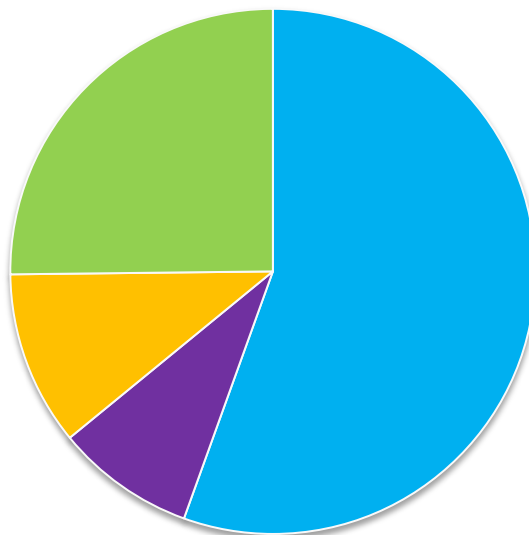
HealthChoices Membership

34,823 total members



Members by Category of Aid

■ Temporary Assistance for Needy Families (TANF)	20,917
■ Supplemental Security Income (SSI) w/Medicare & Healthy Horizons	3,233
■ Supplemental Security Income (SSI) w/o Medicare	4,049
■ HealthChoices (HC) Expansion - Newly Eligible	9,490

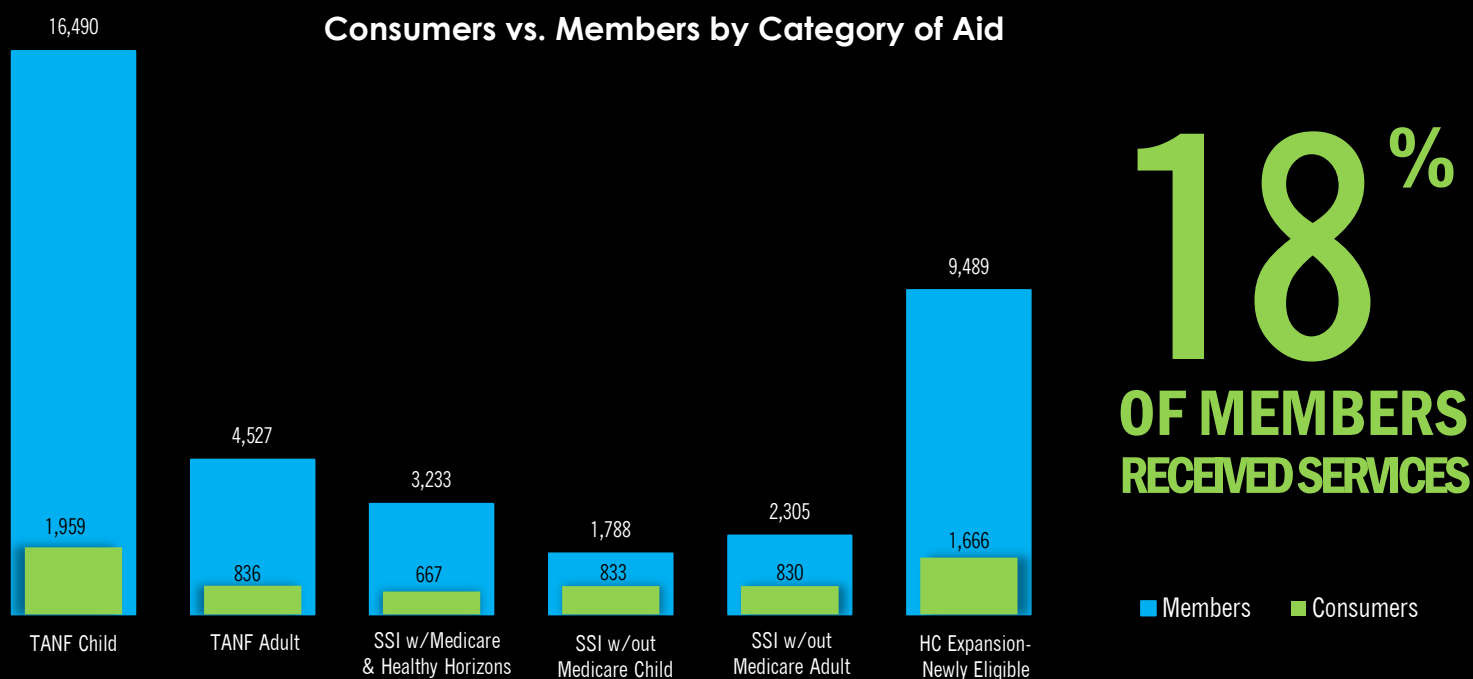


ANNUAL
19%
GROWTH

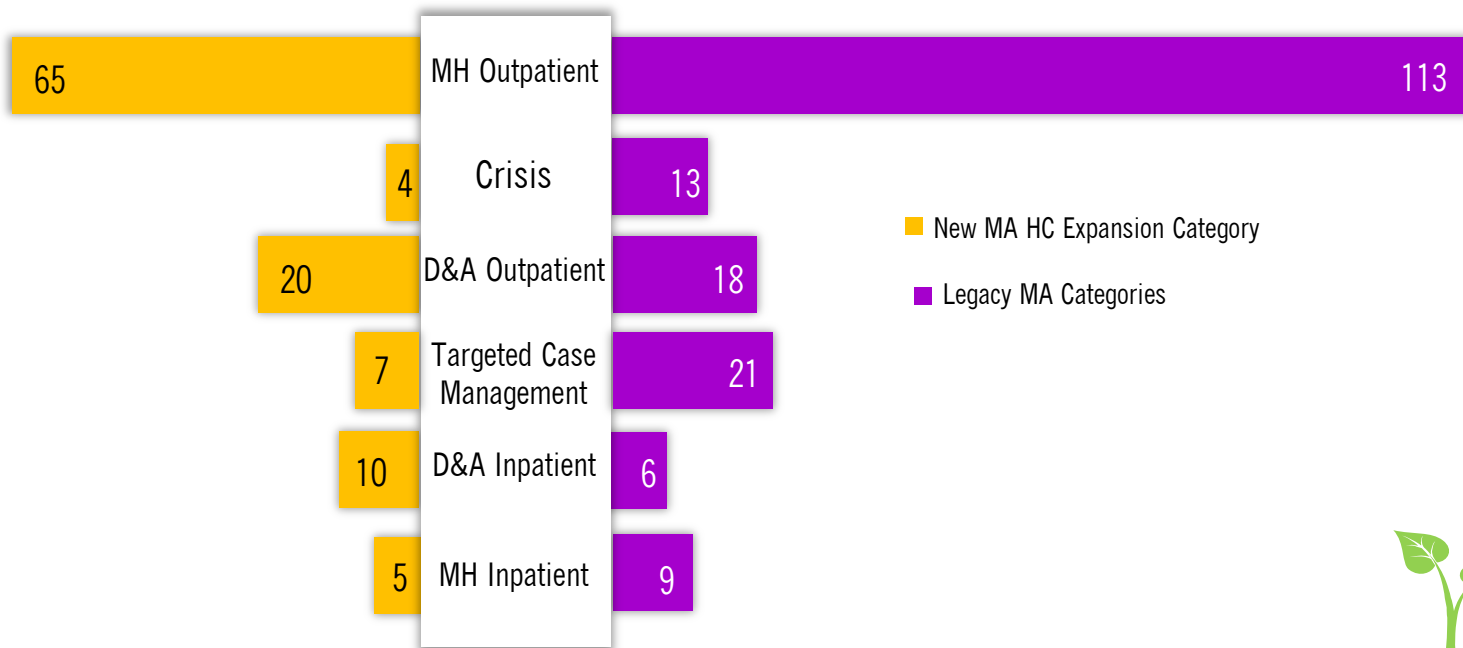
HealthChoices Consumers

6,203 total consumers utilizing services

Consumers vs. Members by Category of Aid



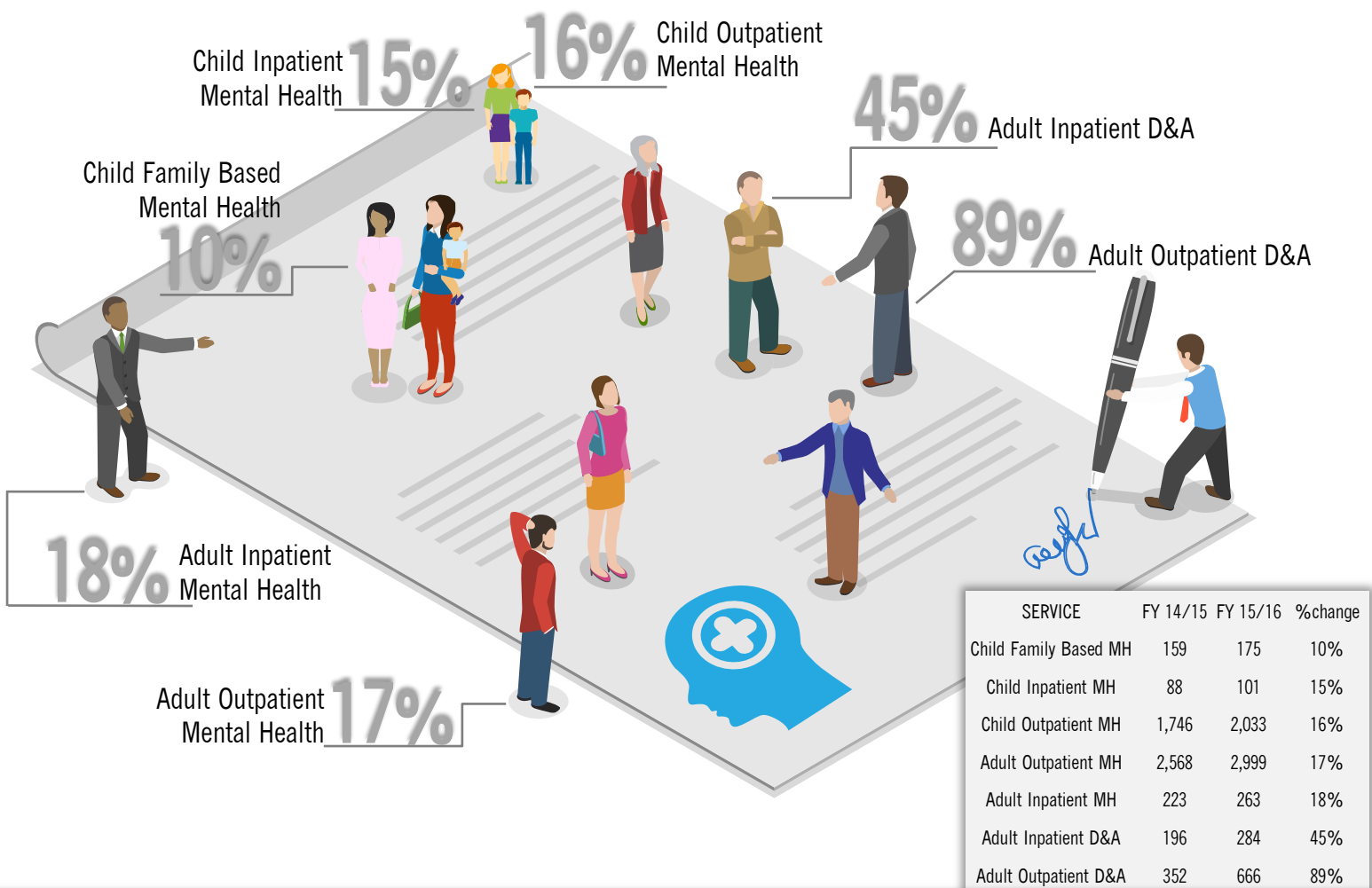
Adult Consumers Per 1000 Members FY 15/16



Consumer Focus

Striving to meet the needs of our community

Service Utilization FY 15/16: % Change From Previous Year



ANALYSIS

The only notable service utilization decrease was the expected decrease in children's partial as a result of a facility closure.

The increase in children's Mental Health Inpatient utilization was attributed to youth diagnosed with a major mood disorder.

The increase in adult D&A Outpatient service utilization was attributed to an increase in individuals diagnosed with an opioid use disorder or an alcohol use disorder.

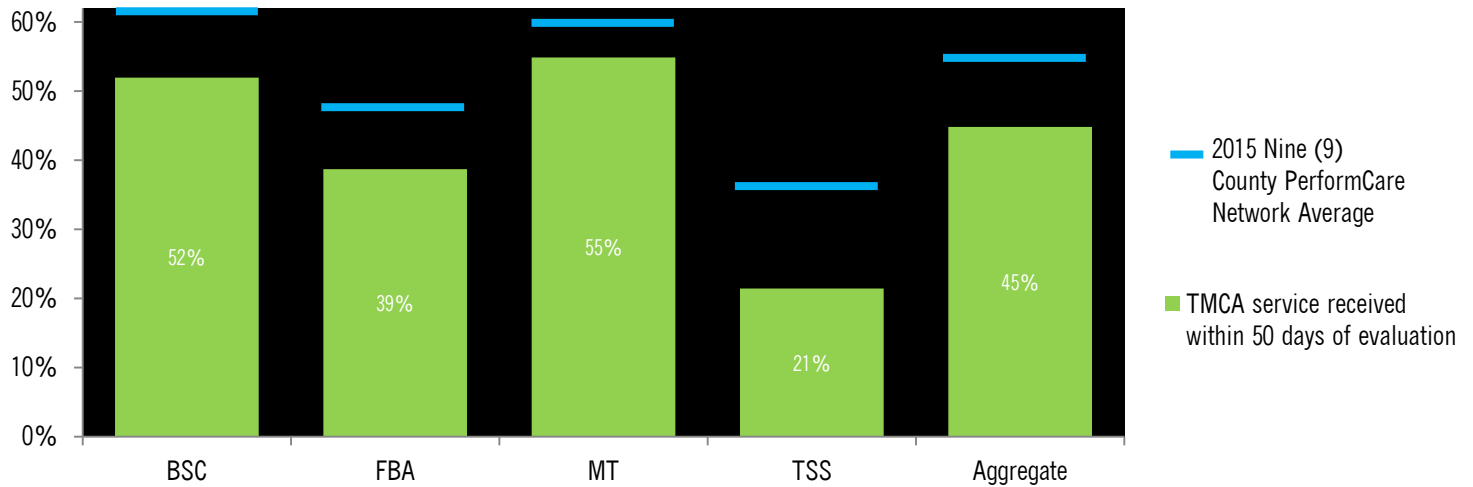
The increase in adult D&A Inpatient service utilization was attributed to an increase in individuals diagnosed with an opioid use disorder.



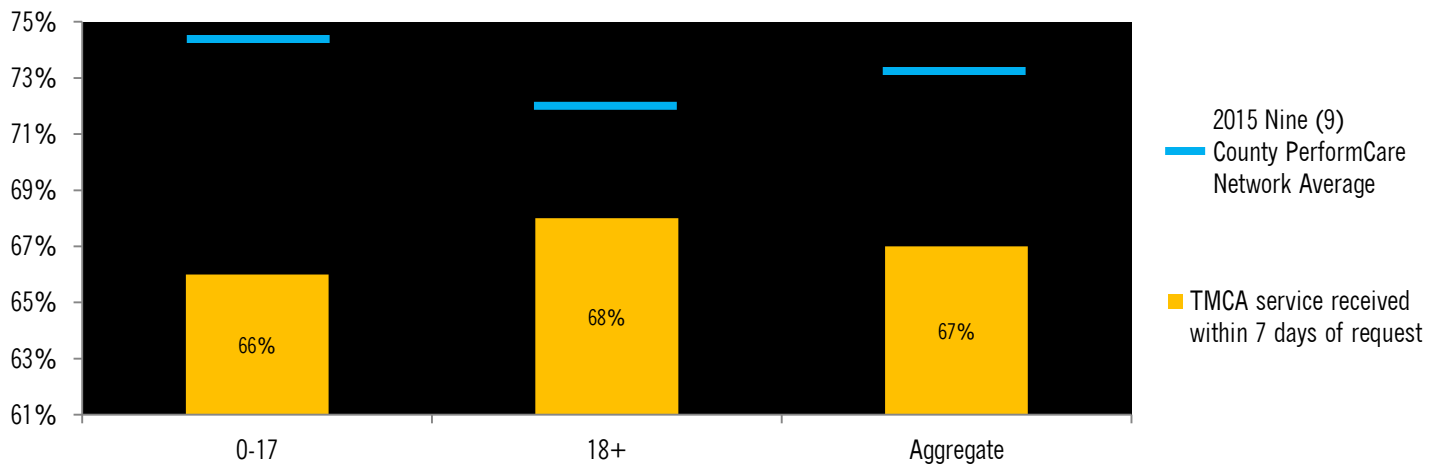
Quality

Timely Access to Services

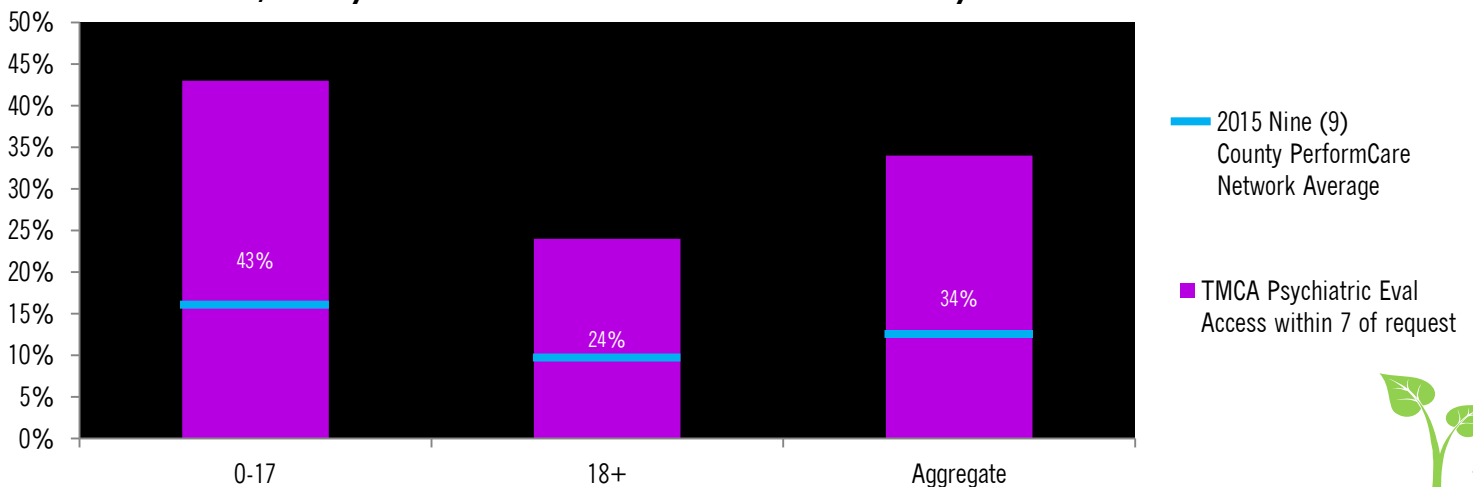
FY 15/16 BHRS Access within 50 Days



FY 15/16 Routine Access (MH Outpatient Intake) within 7 Days



FY 15/16 Psychiatric Evaluation Access within 7 Days



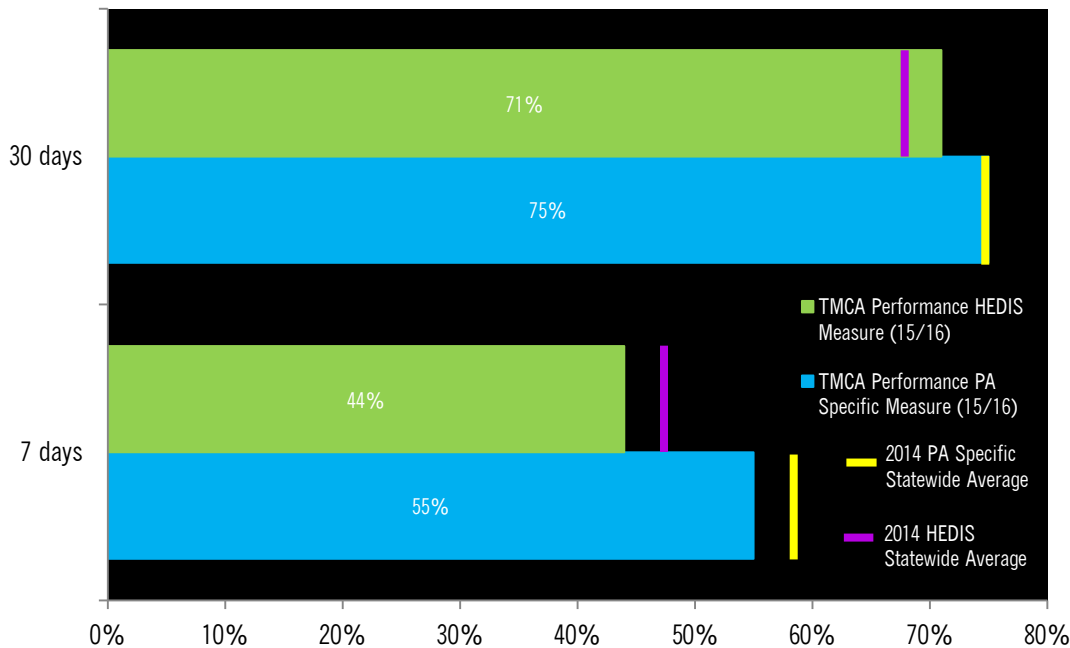
Quality

Performance Measurers:

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service - Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

In Pennsylvania, the Office of Mental Health and Substance Abuse Services select several standard measures, including a HEDIS measure, for primary contractors to compare themselves against their Behavioral HealthChoices Contract peers. Measures that TMCA specifically track from the OMHSAS prescribed data sets are below:

Follow up Appointment after MH Inpatient Discharge FY 2015/2016



The HEDIS indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

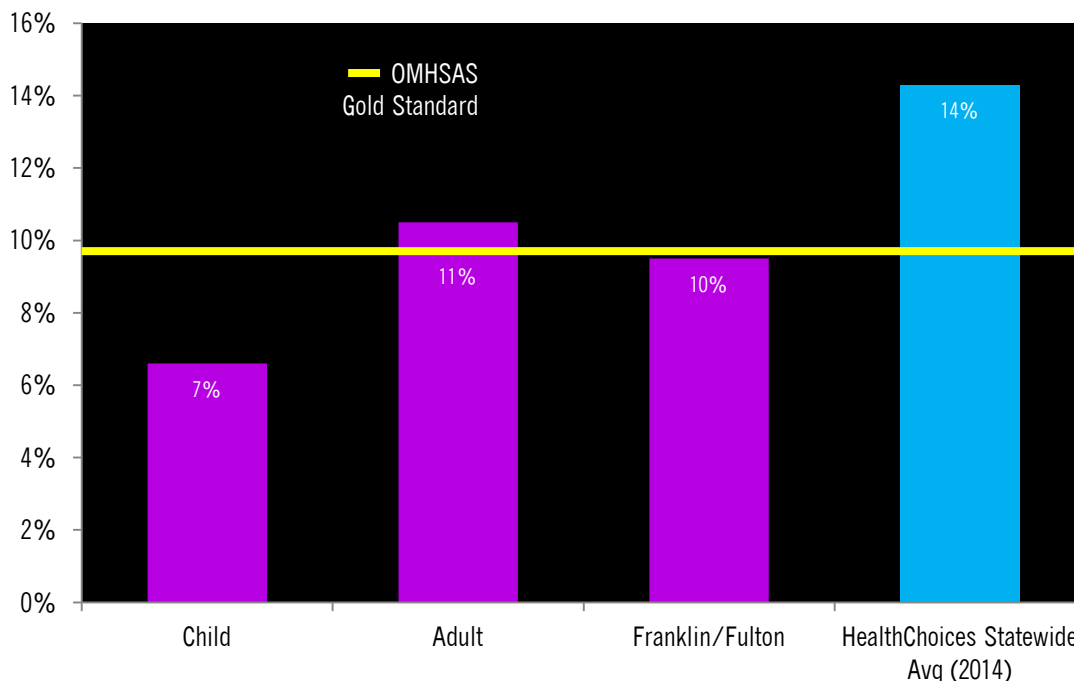
Two rates are reported-

*The percentage of members who received follow-up within seven days of discharge.

*The percentage of members who received follow-up within 30 days of discharge.

This Pennsylvania (PA) specific indicator measures two additional services in the array: Intensive Case Management contact and peer support network meeting.

MH Inpatient Readmission Rates FY 2015/2016*



* Lower rates are more desirable.



Quality

Denials, Complaints, Grievances & Overall Satisfaction

Denials, Complaints & Grievances



Services Denied

70 Children
8 Adults

83



Complaints

20 Level I
1 Level II

21



Grievances

17 Level I
3 Level II

20

The number of denials, complaints & grievances has decreased from the previous year.

Individual/Family Satisfaction Team Surveys



ANALYSIS

Total number of Satisfaction Surveys conducted across all levels of care = 457.

- Total number of service requests made = 2,717.
- Most services denied in 15/16 were for Children's TSS.
- Most complaints were related to dissatisfaction of outpatient treatment received. All were resolved within 30 days.
- Most grievances were for BHRS services.



Reinvestment

OMHSAS
Approved
Plans for 15/16



Certified Recovery Specialist-\$345,014

- Peer based recovery support services for adults striving to achieve long term recovery from substance use disorders and related problems.
- Provider: To be determined.
- Location: Non-office based, mobile.
- Implementation date: Anticipated December, 2016.

Substance Abuse Supportive Bridge Housing Subsidy-\$108,429

Rental Subsidy Payments to:

- Individuals residing in approved recovery house services, on a short term basis, to allow for employment search.
- Individuals completing treatment from non-hospital rehabilitation or half-way house that are employable and can live in a non-support setting but lack adequate monetary resources to obtain housing. Set payment not to exceed six months.
- Provider: To be determined.
- Location: To be determined.
- Implementation date: Anticipated March 2017

Substance Abuse Outpatient Start Up-\$42,605

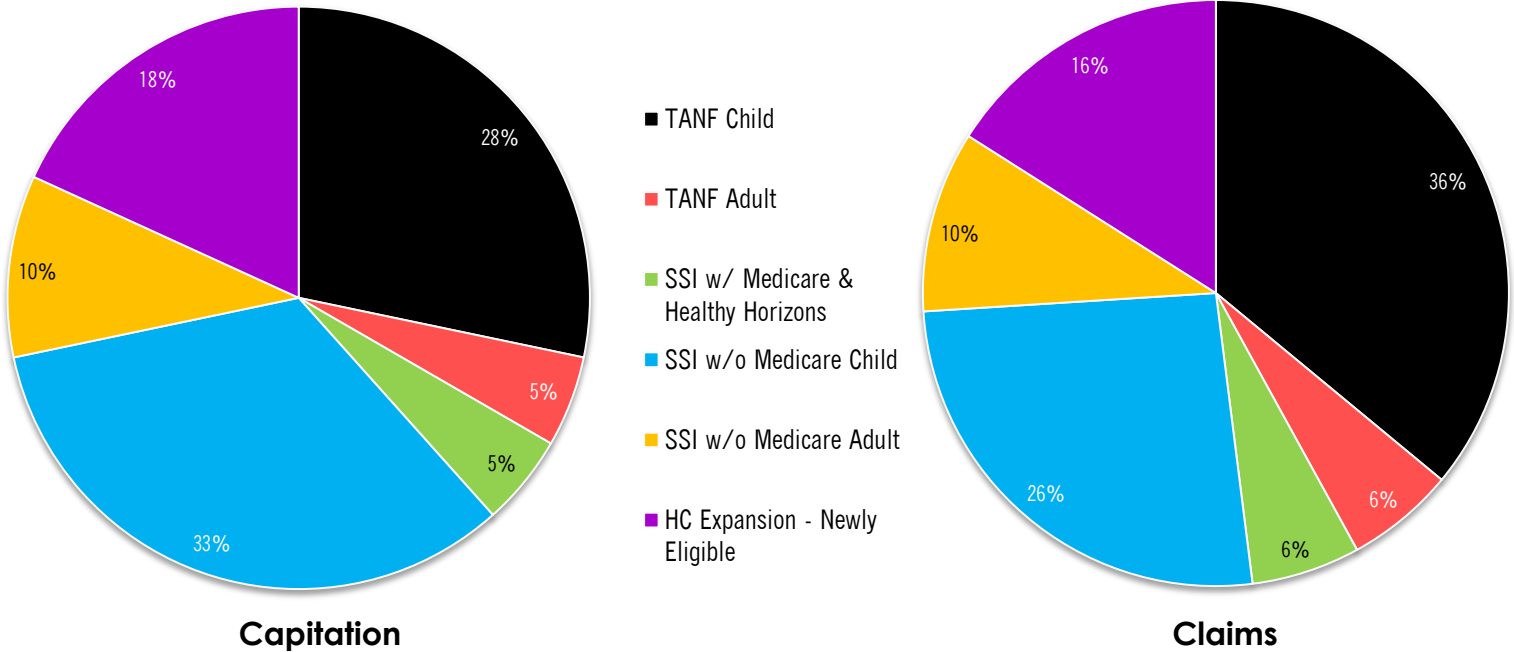
- Licensed SA OP Clinic serving adolescents.
- Provider: Gaudenzia.
- Location: McConnellsburg, PA.
- Implementation date: March 2016



Finance

Budget & Spending

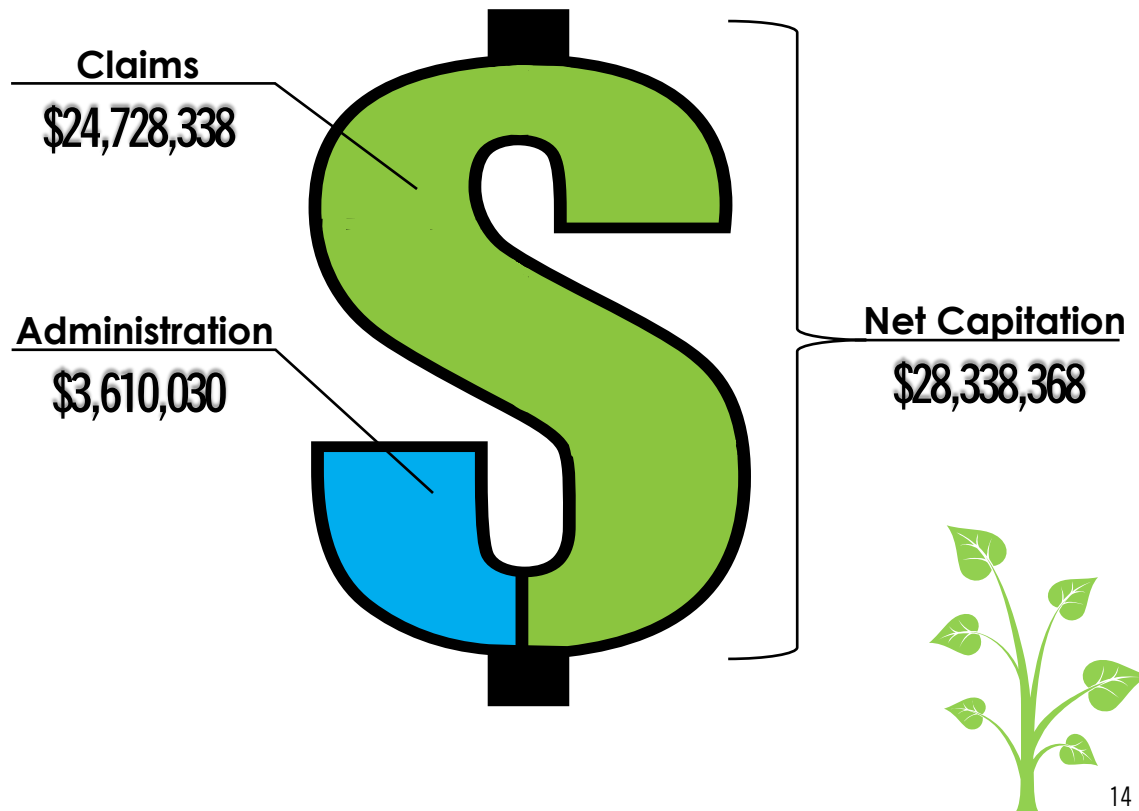
Percentage of Capitation vs. Claims by Medical Assistance Categories



As of FY 2015/2016, TMCA fully self-funds the required PA Department of Human Services Risk Instruments required for the Behavioral HealthChoices Agreement.

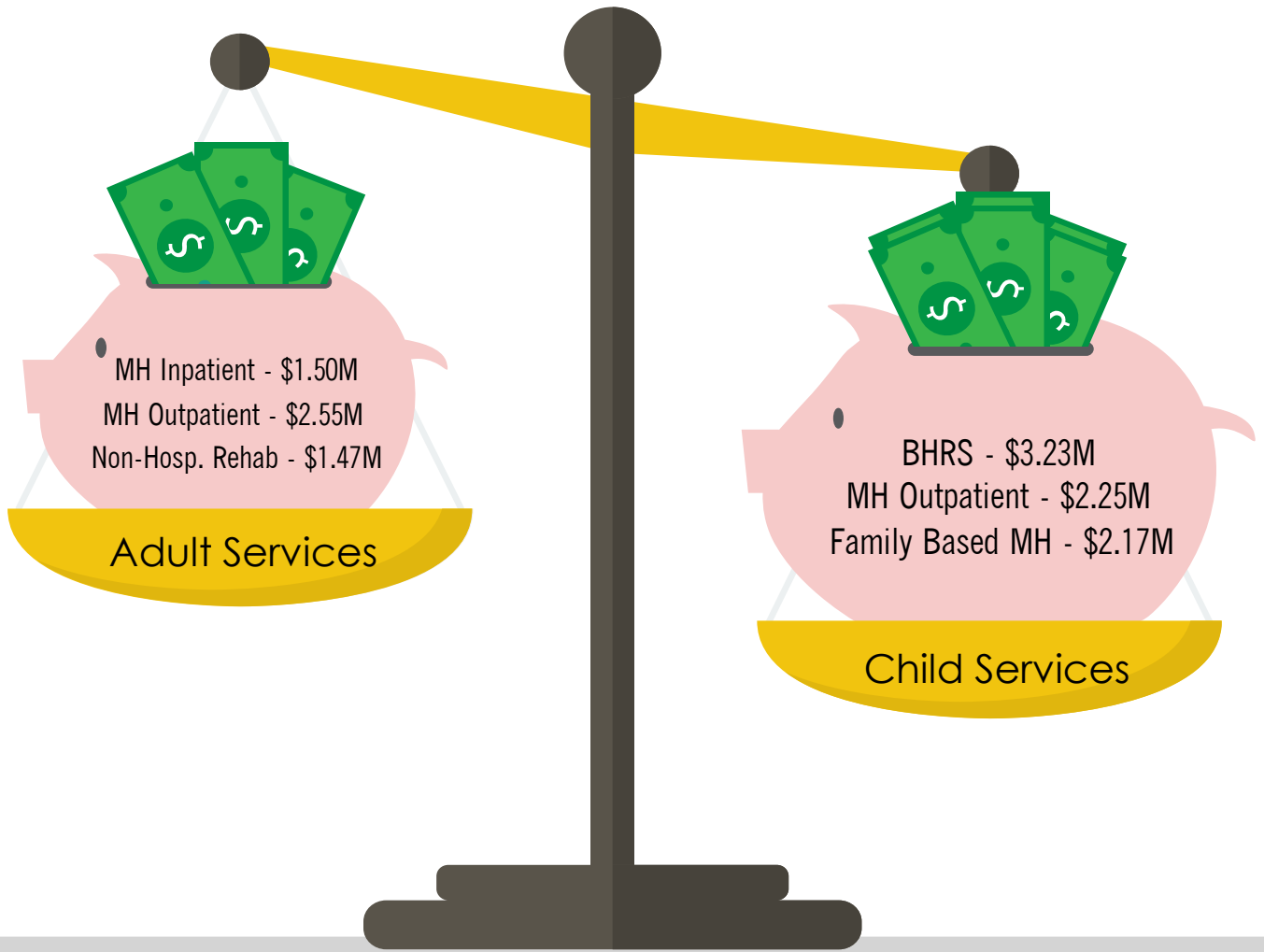
The Risk Instruments and corresponding balances are:

Equity - \$1,566,876
 Insolvency - \$3,025,272
 Risk & Contingency - \$763,845



Finance

FY 15/16 Top 3 Claims Trends by Age Group



ANALYSIS

9 Year Retrospective Review

	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	GRAND TOTAL
Consumers	2,612	3,063	3,602	4,047	4,363	4,424	4,655	5,223	6,223	13,857
Dollars	\$13.52M	\$15.35M	\$15.26M	\$16.66M	\$19.58M	\$20.70M	\$18.61M	\$18.47M	\$21.32M	\$159.49M

