

**October SPN Meeting Agenda**  
**October 6, 2011**  
**9:30 am until 11:30 am**  
**ValueOptions: 1199 S. Beltline Rd., Ste: 100, Coppell, 75019**

1. Welcoming Remarks- Holly Brock
2. Guest Speaker- Courtney Bindel
  - a) Texas HealthSteps
3. Provider Relations Update- Holly Brock
  - a) Demo of Provider Connect Health Alert
4. Quality Management Update- Melanie Sanders
  - a) 2011 NS Satisfaction Survey Results Discussion
  - b) Audit Trends
5. Clinical/Medical Update- Helen White
  - a) Process for SPN Contact at TSH
6. Guest Speaker- Tegan Henke
  - a) RDM Redesign/CANS
7. P,E, and O Update- Sharon DeBlanc
  - a) Medicare Open Enrollment for SSDI Recipients
  - b) New Medicaid ID Card
8. Questions/Open Forum/Announcements

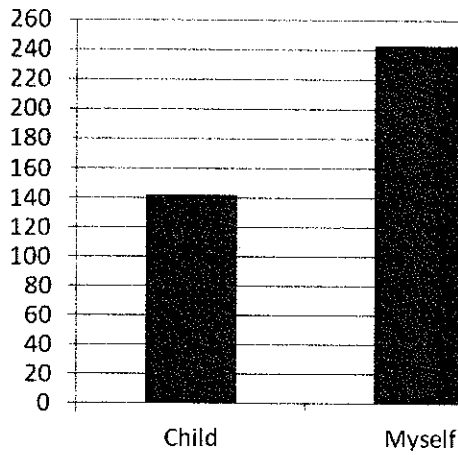
**Next Meeting: December 1, 2011**

NorthSTAR 2011 Member Satisfaction  
Survey Report

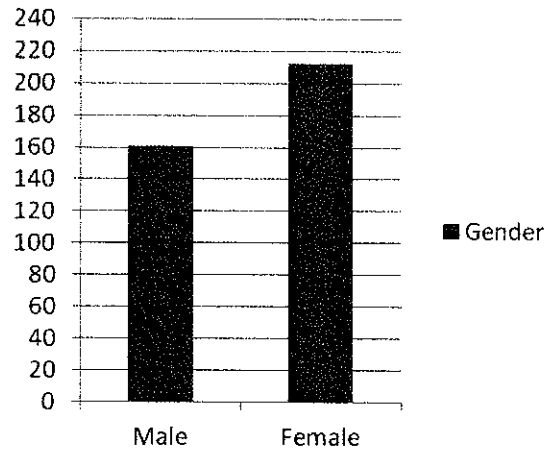
**COMBINED RESULTS**

## GENERAL QUESTIONS

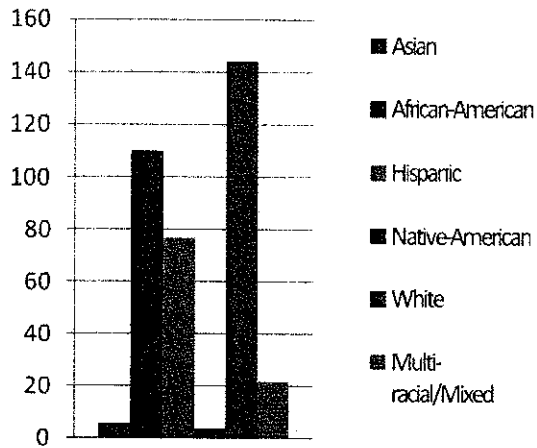
**Survey completed for child or self?**



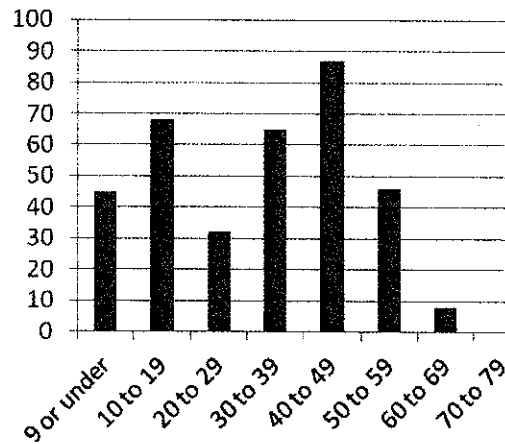
**Gender:**



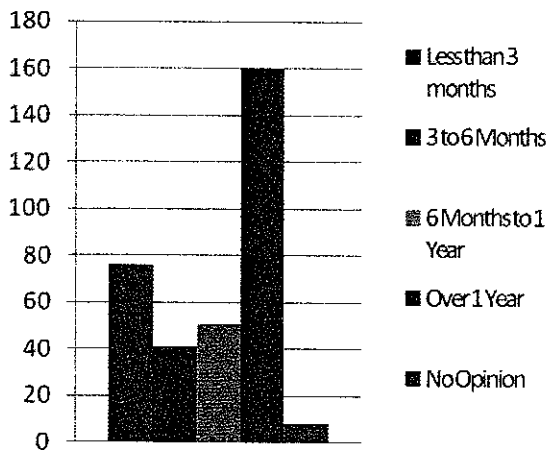
**Race/Ethnicity:**



**Age:**

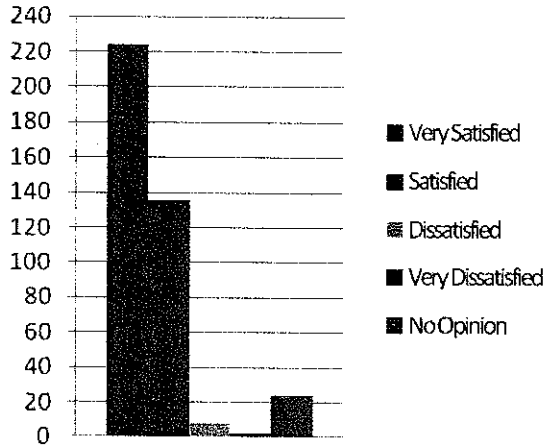


**How long have you received services at your clinic?**

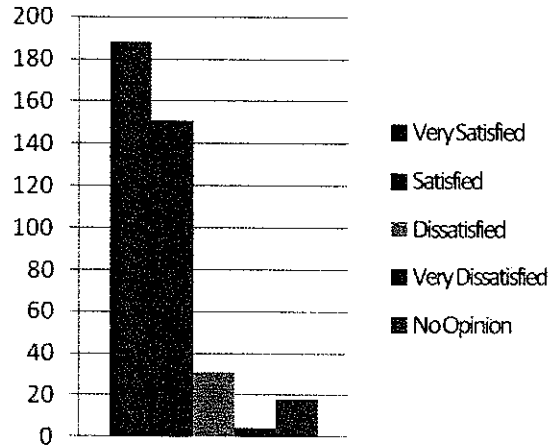


## CLINIC EXPERIENCE AND RATINGS

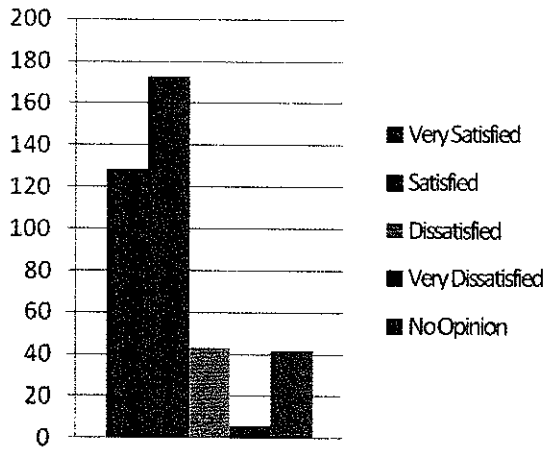
**How do you feel about how your clinic has shown respect for your ethnic, cultural or religious background (including race, language and sexual orientation)?**



**How satisfied are you in the amount of help you are getting from staff when you are making decisions?**



**How satisfied are you with the progress you've made toward reaching your goals?**

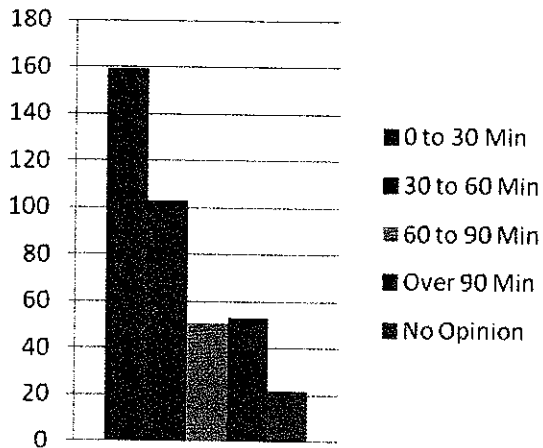


**How satisfied are you about how the staff involves your family or support system when you want them involved?**

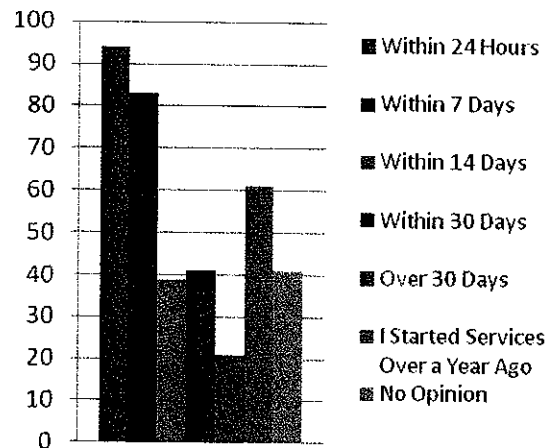


## ACCESS TO CARE

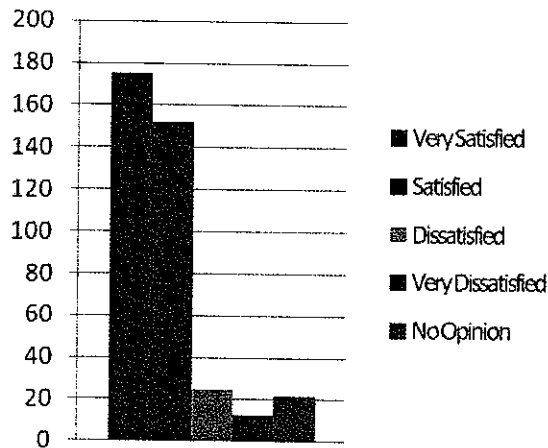
During the past year, how long, on average, was your wait time between your appointment time and the time you were seen by clinical staff?



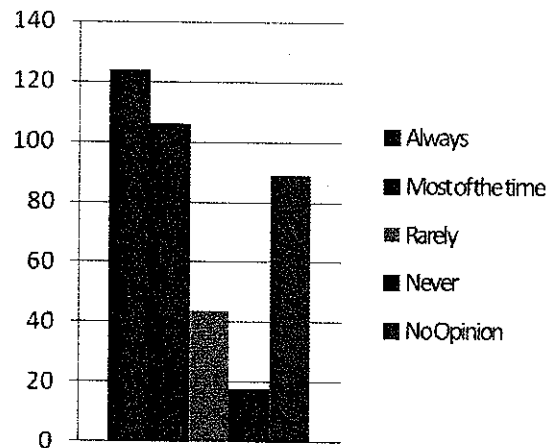
If you began services during the past year, how long was the wait between the day you first requested services and the day you were offered your first appointment with a doctor?



How satisfied are you with being seen as often as you need to be seen by your clinic?

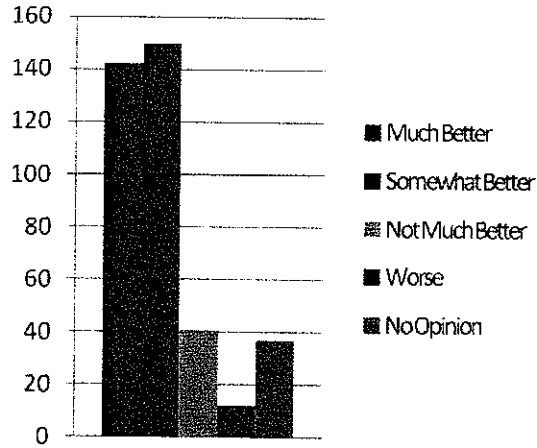


How often are your phone calls returned from this clinic within 24 hours?

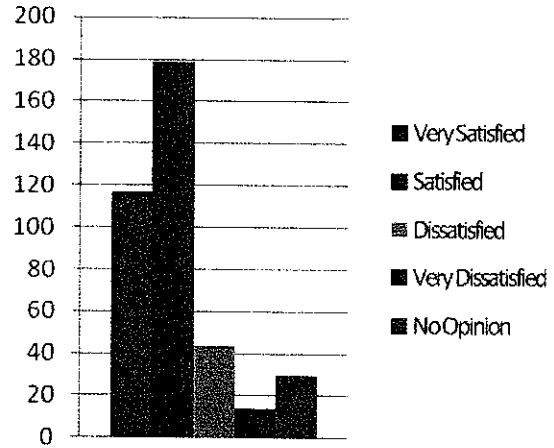


## OUTCOME OF SERVICES

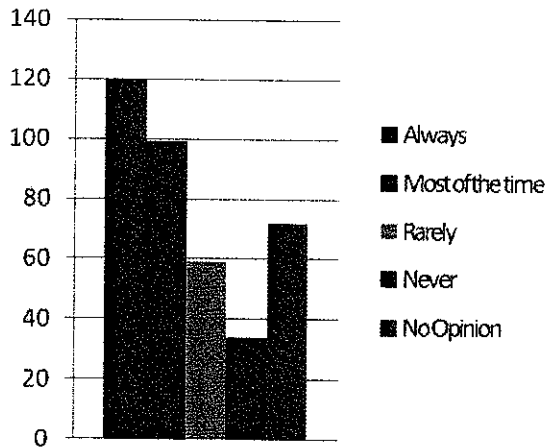
Since beginning services, how would you rate your symptoms and problems now?



How satisfied are you about your ability to improve your own life?

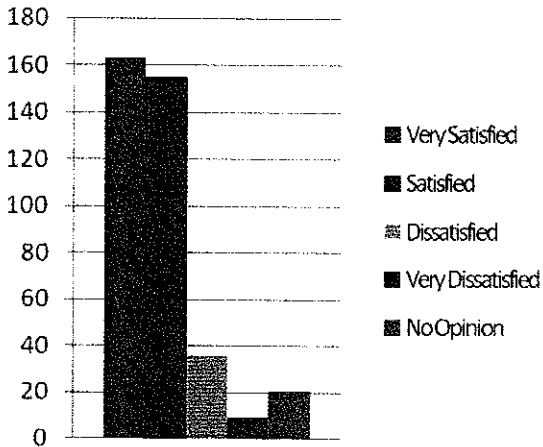


How often do staff at this clinic help you to seek out people and supports from your community, outside of this clinic?



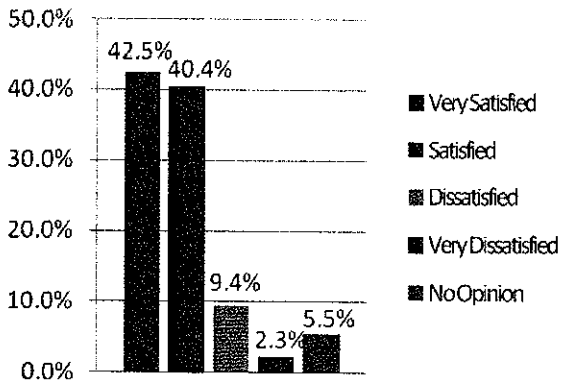
## OVERALL SATISFACTION

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

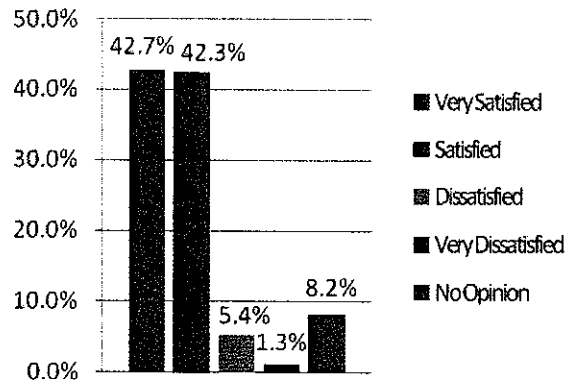


## HISTORICAL COMPARISON OF OVERALL SATISFACTION

2011 Satisfaction (384 Responses)



2010 Satisfaction (470 Responses)



The survey results confidence interval as compared with non-NorthSTAR Community Mental Health Centers (CMHC):

NorthSTAR confidence interval:

Adult 95% with a +/- 6.5 margin of error  
 Child and Family 95% with a 5.3 margin of error

CMHC confidence interval:

Adult and Child/Family both 95% with a +/- 5.0 margin of error



In advance of the new, earlier annual enrollment period, people with Medicare can begin reviewing plan benefit and cost information on Saturday, October 1<sup>st</sup>, 2011. The Centers for Medicare & Medicaid Services (CMS) will launch access to its popular web-based *Medicare Plan Finder* that allows beneficiaries, their families, trusted representatives, and senior program advocates to look at all local drug and health plan options that are available for the 2012 benefit year.

“With Open Enrollment coming early this year, it is important that people with Medicare take advantage of the next couple weeks to review their current coverage and compare it with the options that are available for next year,” said CMS Administrator Donald M. Berwick, M.D. “The information that’s available now on the Plan Finder will also help caregivers, health providers, and partners that support and counsel seniors and people with disabilities in selecting the best plan for their needs.”

The annual enrollment period begins earlier this year, on October 15<sup>th</sup>, and runs through December 7<sup>th</sup>. People with Medicare will have seven weeks to review Medicare Advantage and Part D prescription drug coverage benefits and plan options, and choose the option that best meets their unique needs. The earlier open enrollment period also ensures that Medicare has enough time to process plan choices so that coverage begins without interruption on January 1, 2012.

This year, as beneficiaries look over their available plan options, they will see better value in the Medicare Advantage (Part C) and Prescription Drug (Part D) plan benefits. All beneficiaries will have access to Medicare-covered preventive services at zero cost-sharing, including an Annual Wellness Visit. Those in the Part D coverage gap, or donut hole, will continue to receive 50 percent discounts on covered brand name drugs thanks to the Affordable Care Act. On average, Medicare Advantage premiums will be four percent lower in 2012 than in 2011, and plans expect enrollment to increase by 10 percent. Average premiums for Part D prescription drug plans will also decrease to \$30 in 2012, about 76 cents less compared to the average 2011 premium. The premium amount is based on bids submitted by Part D plans for the 2012 plan year. Benefits in 2012 remain consistent with those offered in 2011.

People can use the Plan Finder – available at [www.Medicare.gov](http://www.Medicare.gov) – by inserting their home zip code to find out which Medicare Advantage (Part C) and Prescription Drug (Part D) plans are available in their areas. If the zip code search shows multiple counties it will prompt users to select one county to continue the search. For 2010, the Plan Finder was the most popular tool on [www.Medicare.gov](http://www.Medicare.gov), with more than 280 million page views. Also available online is Medicare’s Formulary Finder, which allows beneficiaries to insert their prescribed medications and zip code to see a display of plans offered locally that cover their drugs.

Due to provisions in the Affordable Care Act, Medicare will begin to financially reward Medicare Advantage plans which achieve high quality ratings. Part D plans will also continue to receive quality ratings. Beginning October 12, the Medicare Plan Finder will include each plan's quality star rating for 2012. For the first time this year, people who use the Plan Finder will also see a gold star icon designating the top rated 5-star plans, and will continue to see warnings for those plans who consistently are poor performers. "We encourage all Medicare beneficiaries enrolled in private plans to know their plan's overall star rating and to consider enrolling in plans with high ratings," said Jonathan Blum, CMS Deputy Administrator and Director, Center for Medicare. When comparing plans, beneficiaries should consider the plan's quality in addition to its costs, coverage, and other conveniences. On October 15, people with Medicare will be able to make informed decisions when they select their plan for the coming year.

More information is available at [www.healthcare.gov](http://www.healthcare.gov) , a new web-based portal brought to you by the U.S. Department of Health & Human Services.

## **DeBlanc, Sharon**

---

**From:** Texas Health and Human Services Commission <txhhs@govdelivery.com>  
**Sent:** Tuesday, September 27, 2011 2:22 PM  
**To:** DeBlanc, Sharon  
**Subject:** The Paper Medicaid ID is Gone for Good  
**Attachments:** YTB\_Card.JPG

It's the end of an era. As of Oct. 1, 2011, HHSC is no longer producing or distributing its Form 3087, also known as the paper Medicaid ID.

Like 8-track audio tapes and the floppy disk, this relic from the 20th century is going away for good. No longer will people with Medicaid receive the 3087 in their mailbox each month. No longer will they present the letter-size sheet of paper when they go to a doctor or dentist office, a clinic, or pharmacy for Medicaid services. The paper Medicaid ID has been replaced by the sturdy, plastic Your Texas Benefits Medicaid card. With the new card comes a shift in how a person's Medicaid eligibility is verified.

### **Medicaid Providers**

Medicaid providers should be prepared to verify a person's Medicaid eligibility with the new card. The front of the card shows the person's unique Medicaid ID number. That same number is embedded in a magnetic strip on the back of the card, accessible with a basic swipe-style card reader. With the card, providers have a choice of ways to verify the person's Medicaid eligibility:

- Enter the person's Medicaid ID number at the new, secure Medicaid eligibility verification website, [www.YourTexasBenefitsCard.com](http://www.YourTexasBenefitsCard.com).
- Visit TexMedConnect on the [Texas Medicaid & Healthcare Partnership \(TMHP\) website](#).
- Call the TMHP Contact Center at 1-800-925-9126.

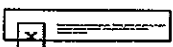
### **Community Service Organizations**

Organizations that serve Medicaid clients (i.e., Head Start, Salvation Army, Women, Infants and Children [WIC], etc.) can still use the Medicaid ID number to determine a person's active Medicaid status:

- Call the Provider Help Desk at 1-855-827-3747.
- Choose Option 3 at the voice prompt.
- Enter the person's Medicaid ID number from the front of the card.
- Enter the person's birth date.

For more information about the new Your Texas Benefits Medicaid card or the new Medicaid eligibility verification website, call 1-855-827-3747.

- [YTB Card.JPG](#)



You can view or update your subscriptions, password or e-mail address at any time on your [User Profile Page](#). All you will need are your e-mail address and your password (if you selected one).

This service is provided to you at no charge by Texas Health and Human Services Commission.