

GMH/SA DASHBOARD INDICATORS SPECIFICATIONS MANUAL

Last Revised 06/30/2011

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1. ACCESS TO CARE- 7 DAY

Appointment availability for routine assessments within 7 days of referral date.

DEFINITIONS

Assessment:

The ongoing collection and analysis of a person's medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals.

Referral for Behavioral Health Services:

Any oral, written, faxed, or electronic request for behavioral health services made by any person, or person's legal guardian, family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other state or community agency.

METHODOLOGY

Population

TXIX/XXI eligible adults with a referral date during the reporting period.

Inclusion Criterion

Any TXIX GMH/SA adult behavioral health recipient that had a referral during the reporting period for general mental health and/or substance abuse services.

Review Period

Monthly

Sample Selection:

Only applies to agencies that conduct initial assessments. Overall agency scores are included in the dashboard for each provider location. Overall GMH/SA score is calculated as simple average of all provider location's scores.

Data Source

Self-reported provider referral logs.

Data Collection:

Monthly routine referral logs are prepared by each intake provider and forwarded to the Magellan QI Dept.

Scoring Guidelines:

The average percentage of recipients that were offered an initial appointment within seven (7) calendar days of the initial referral.

QUALITY CONTROL CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

2. READMISSIONS WITHIN 30 DAYS

Percent of Title XIX/XXI eligible behavioral health recipients readmitted to a Level I within 30 days of discharge

DEFINITIONS

Level I Facility: A program licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

METHODOLOGY

Population

All Title XIX/XXI eligible behavioral health recipients with an open episode of care with a GMH/SA provider.

Inclusion Criterion

All Title XIX/XXI eligible behavioral health recipients with an open episode of care with a GMH/SA provider discharged from a Level I acute facility and re-admitted to the same level of care within 30 days during the reporting period.

Review Period

Quarterly

Sample Selection:

100% of Title XIX/XXI eligible behavioral health recipients discharged from a Level I facility and re-admitted to the same level of care within 30 days over the review period.

Data Source

Integrated Provider Data System

Data Collection:

Data is queried from the Integrated Provider Data System and identifies the recipient discharge date and succeeding admission dates.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\# \text{ Readmissions within 30 days of discharge}}{\text{Total \# discharges}}$$

QUALITY CONTROL
CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

The Integrated Provider Data System includes information that is validated through the use of automated edit checks, qualitative reviews, control chart analyses, comparisons with similar or identical data sources and reviewed by functional leads serving as subject matter experts.

3. RACE AND EQUITY

This measure is currently under development.

DEFINITIONS

To be determined.

METHODOLOGY

To be determined.

QUALITY CONTROL

CONFIDENTIALITY PLAN

To be determined.

4. CUSTOMER SATISFACTION

The purpose of the customer satisfaction survey is to assess the level of satisfaction with experiences and quality of services at the GMH/SA provider clinics.

DEFINITIONS

Rate of positive responses for the following survey question during the reporting month:

Overall, I am happy with the services I receive from this agency.

METHODOLOGY

Population

All open episode of care recipients assigned to a provider have access to a satisfaction survey tool when presenting at the agency.

Inclusion Criterion

Any GMH/SA behavioral health recipient that completes and submits a satisfaction survey tool during the review period.

Review Period

Quarterly

Sample Selection:

GMH/SA Providers are required to submit a minimum of 65 surveys each quarter. The measure will indicate 0% for any provider that does not meet the quarterly threshold of 65 responses.

Data Source

Each GMH/SA provider is required to submit all completed satisfaction survey tools to Magellan QI quarterly by the 10th day following the reporting month.

Data Collection:

Survey tools are made available at each provider agency. Recipients interested in completing the survey may complete one before or after their clinic appointment.

Scoring Guidelines:

The average rate of positive responses for the following survey questions are calculated during the reporting period for each GMH/SA Provider that meets the minimum 65 responses. A positive response is considered to be any response that includes a selection of “agree” or “strongly agree”.

QUALITY CONTROL CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

Magellan QI collects all original satisfaction survey tools that are completed and utilized to calculate performance for each direct care clinic. Duplicate surveys, illegible surveys and surveys submitted without evidence of the assigned direct care clinic are not included in the calculation.

5. REDUCTION OF SUBSTANCE USE

The purpose of this indicator shows what percentage of persons show a reduction in substance use compared to when they first entered services with a provider.

DEFINITIONS

Substance Abuse

The excessive use of a substance, especially alcohol or a drug.

METHODOLOGY

Population

Title XIX GMH/SA Adults.

Inclusion Criterion

The recipient must have more than one demographic to be counted in the denominator.

Review Period

Monthly

Sample Selection:

All TXIX GMH/SA Adults with more than one demographic during the review period.

Data Source

Provider reported data demographics.

Data Collection:

Data is queried from enrollment demographics table on the data warehouse that identifies the recipients' employment status. The data is collected by Magellan IT on the 5th day of the month following the reporting month. The data is compiled into a table that depicts the name of each GMH/SA provider and the percent of recorded data demographic forms that meet the definition of substance use against the total Title XIX/XXI eligible GMH/SA behavioral health recipient count at each agency.

Scoring Guidelines:

Scoring will be completed as follows:

Title XIX GMH/SA recipients reporting reduced substance use on most recent demographic
Total # Title XIX/XXI eligible GMH/SA recipients with 2 demographics

QUALITY CONTROL CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

6. CLINICAL FOLLOW-UP AFTER DISCHARGE WITHIN 7 DAYS

Percent of Title XIX/XXI eligible behavioral health recipients receiving a follow-up service within 7 days of discharge from a Level I facility.

DEFINITIONS

Level I Facility: A program licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

METHODOLOGY

Population

All Title XIX/XXI eligible behavioral health recipients with an open episode of care with a GMH/SA Provider.

Inclusion Criterion

All Title XIX/XXI eligible behavioral health recipients with an open episode of care with a GMH/SA Provider and discharged from a Level I facility and who received a follow-up service within 7 days of discharge during the reporting period.

Review Period

Quarterly

Sample Selection:

100% of Title XIX/XXI eligible behavioral health recipients discharged from a Level I facility over the review period.

Data Source

Integrated Provider Data System

Data Collection:

Data is queried from the Integrated Provider Data System and identifies the recipients discharge date from level I facility and the date of the follow-up service.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\# \text{ Title XIX/XXI eligible recipients receiving a follow-up service within 7 days of discharge}}{\# \text{ of Title XIX/XXI eligible recipients discharge from level I facility}}$$

Behavioral health recipients can be assigned to a GMH/SA Provider before or during the Level I admission.

QUALITY CONTROL

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

The Integrated Provider Data System includes information that is validated through the use of automated edit checks, qualitative reviews, control chart analyses, comparisons with similar or identical data sources and reviewed by functional leads serving as subject matter experts.

7. PHARMACY UTILIZATION- POLYPHARMACY

Percent of recipients on 3 or more behavioral health medications (excluding over the counter medications).

DEFINITIONS

Behavioral Health Medications

Medications used to treat mental disorders.

METHODOLOGY

Population

All Title XIX/XXI GMH/SA eligible behavioral health recipients with an episode of care during the reporting period.

Inclusion Criterion

This measure only applies to providers that provide medication services for GMH/SA recipients.

Review Period

Monthly

Sample Selection:

All Title XIX/XXI GMH/SA eligible behavioral health recipients who filled a prescription or prescriptions for behavioral health medications during the reporting period.

Data Source

Magellan Medicaid Administration pharmacy reports.

Data Collection:

Pharmacy claims are pulled for recipients taking 3 or more medications, excluding over-the-counter drugs. Data is pulled monthly with a 2 month cross-over period. Data is rolled up by Provider and facility. Included in the display is the number of overall recipients assigned to that provider and the percentage of polypharmacy cases at that agency.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\text{\# of recipients who filled prescriptions for 3 or more behavioral health medications}}{\text{Total \# recipients who filled a prescription for behavioral health medications}}$$

QUALITY CONTROL CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

8. ENCOUNTERING

Percentage of all TXIX GMH/SA encounters based on funding provided.

DEFINITIONS

Encounter: A record of a covered service rendered by a provider to a person with an open episode of care with a GMH/SA provider on the date of service.

METHODOLOGY

Population

All adult GMH/SA providers submitted TXIX encounters recorded and adjudicated during the reporting period.

Inclusion Criterion

All adult GMH/SA providers submitted TXIX encounters recorded and adjudicated during the reporting period.

Review Period

Monthly

Sample Selection:

100% of adult GMH/SA providers covered service encounters recorded and adjudicated during the reporting period.

Data Source

CAPS data system.

Data Collection:

Data is collected from the CAPS data systems and stratified into the financial amount of encounters submitted by each GMH/SA provider.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\text{Financial amount of encounters submitted and adjudicated during the reporting period}}{\text{Allocated direct service funding}}$$

QUALITY CONTROL

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All encounter and financial related reports are independently verified and validated.

9. EMPLOYMENT

Percent of Title XIX/XXI eligible open episode of care GMH/SA behavioral health recipients who are employed.

DEFINITIONS

Employed

Demographic employment status field indicates recipient is employed full time without support; employed part time without support; employed full time with support; employed part time with support; competitively employed full time; or competitively employed part time.

METHODOLOGY

Population

Title XIX GMH/SA Adults.

Inclusion Criterion

The recipient must have more than one demographic to be counted in the denominator.

Review Period

Monthly

Sample Selection:

All TXIX GMH/SA Adults with more than one demographic during the review period.

Data Source

Provider reported data demographics.

Data Collection:

Data is queried from enrollment demographics table on the data warehouse that identifies the recipients' employment status. The data is collected by Magellan IT on the 5th day of the month following the reporting month. The data is compiled into a table that depicts the name of each GMH/SA provider and the percent of recorded data demographic forms that meet the definition of employed against the total Title XIX/XXI eligible GMH/SA behavioral health recipient count at each agency.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\text{Title XIX GMH/SA recipients reporting employment on most recent demographic}}{\text{Total \# Title XIX/XXI eligible GMH/SA recipients with 2 demographics}}$$

QUALITY CONTROL CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

10. HOUSING

Percent of Title XIX/XXI eligible GMH/SA recipients who gained or maintained a stable residence .

DEFINITIONS

Residence

The place where a person lives on a permanent basis.

Stable Residence

A residence other than a homeless shelter or crisis shelter.

METHODOLOGY

Population

Title XIX/XXI eligible GMH/SA behavioral health recipients with an open episode of care with a GMH/SA provider.

Inclusion Criterion

All Title XIX/XXI eligible GMH/SA behavioral health recipients with an open episode of care with a GMH/SA provider and have been indicated via the data demographic data set on the residence section.

Review Period

Monthly

Sample Selection:

100% of Title XIX/XXI eligible GMH/SA recipients who have more than one demographic.

Data Source

Data Demographic Data Set – via electronic transmissions, GMH/SA providers submit data demographic forms to Magellan which are downloaded to the data demographic data warehouse. The data demographic forms include a field that indicates the affiliated recipient's residence status.

Data Collection:

Data is queried from enrollment demographics table on the data warehouse that identifies the recipients' residence status. The data is collected by Magellan IT on the 5th day of the month following the reporting month. The data is compiled into a table that depicts the name of each GMH/SA provider and the percent of recorded data demographic forms that meet the definition of stable residence against the total Title XIX/XXI eligible GMH/SA behavioral health recipient count at each agency.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\# \text{ of Title XIX GMH/SA recipients who had a stable residence on most recent demographic}}{\text{Total \# Title XIX/XXI eligible GMH/SA recipients with two demographics}}$$

QUALITY CONTROL

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

11. CRIMINAL JUSTICE

Percent of Title XIX/XXI eligible GMH/SA recipients who had zero arrests within the previous 30 days prior to the end of the episode of care.

DEFINITIONS

- 1. Outcome Measures-** Information that allows measurement of behavioral health outcomes for Adults and must be completed and submitted at intake/ enrollment, annually, and at disenrollment.

METHODOLOGY

Population

Title XIX/XXI eligible GMH/SA behavioral health recipients with an end episode of care with a GMH/SA provider.

Inclusion Criterion

All Title XIX/XXI eligible GMH/SA behavioral health recipients with an end episode of care with a GMH/SA provider and have been indicated via the data demographic data set on the criminal justice section.

Review Period

Monthly

Sample Selection:

100% of Title XIX/XXI eligible GMH/SA recipients who have more than one demographic.

Data Source

Data Demographic Data Set – via electronic transmissions, GMH/SA providers submit data demographic forms to Magellan which are downloaded to the data demographic data warehouse. The data demographic forms include a field that indicates the affiliated recipient’s criminal justice status.

Data Collection:

Data is queried from enrollment demographics table on the data warehouse that identifies the recipients’ residence status. The data is collected by Magellan IT on the 5th day of the month following the reporting month. The data is compiled into a table that depicts the name of each GMH/SA provider and the percent of recorded data demographic forms that meet the definition of criminal justice against the total Title XIX/XXI eligible GMH/SA behavioral health recipient count at each agency.

Scoring Guidelines:

Scoring will be completed as follows:

$$\frac{\text{\# of Title XIX/XXI eligible GMH/SA recipients who had zero arrests at closure}}{\text{Total \# Title XIX/XXI eligible GMH/SA recipients with a closure demographic}}$$

QUALITY CONTROL

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

12. EDUCATION

Percent of Title XIX/XXI eligible behavioral health recipients who are enrolled in school.

DEFINITIONS

- 1. Outcome Measures-** Information that allows measurement of behavioral health outcomes for Adults and must be completed and submitted at intake/ enrollment, annually, and at disenrollment.
 - 2. Educational Status-** If the client is attending a school or vocational program, the answer is yes on the demographic form regardless of the number of credit hours or whether the client's status is full time or part time.
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METHODOLOGY

Population

Title XIX/XXI eligible GMH/SA behavioral health recipients with an episode of care with a GMH/SA provider.

Inclusion Criterion

All Title XIX/XXI eligible GMH/SA behavioral health recipients with two demographics from a GMH/SA provider and have been indicated involved with education via the data demographic data set.

Review Period

Monthly

Sample Selection:

100% of Title XIX eligible GMH/SA recipients who have two demographics during the reporting period.

Data Source

Data Demographic Data Set – via electronic transmissions, GMH/SA providers submit data demographic forms to Magellan which are downloaded to the data demographic data warehouse. The data demographic forms include a field that indicates the affiliated recipient's education status.

Data Collection:

Data is queried from enrollment demographics table on the data warehouse that identifies the recipients' residence status. The data is collected by Magellan IT on the 5th day of the month following the reporting month. The data is compiled into a table that depicts the name of each GMH/SA provider and the percent of recorded data demographic forms that meet the definition of education against the total Title XIX/XXI eligible GMH/SA behavioral health recipient count at each agency.

Scoring Guidelines:

Scoring will be completed as follows:

of Title XIX/XXI eligible GMH/SA recipients who are currently enrolled in school
Total # Title XIX/XXI eligible GMH/SA recipients

QUALITY CONTROL

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the GMH/SA provider and/or RBHA level, and is not presented at an individual client level.

Inter-Rater Reliability & Validation

All clinical reviewers participate in an inter-rater reliability case each quarter. Scores are compared for consistency and training/technical assistance is provided as indicated. Clinical reviewers who consistently fail to meet accepted ranges of variability are subjected to additional training and oversight.

13. RETENTION/TREATMENT COMPLETION

This measure is currently under development.

DEFINITIONS

To be determined.

METHODOLOGY

To be determined.

QUALITY CONTROL

CONFIDENTIALITY PLAN

To be determined.

14. SUICIDE INTERVENTION/PREVENTION

This measure is currently under development.

DEFINITIONS

To be determined.

METHODOLOGY

To be determined.

QUALITY CONTROL

CONFIDENTIALITY PLAN

To be determined.

15. HEALTH AND WELLNESS

This measure is currently under development.

DEFINITIONS

To be determined.

METHODOLOGY

To be determined.

QUALITY CONTROL

CONFIDENTIALITY PLAN

To be determined.