Colorado Medicaid
Community Mental Health Services Program

# FY 2011-2012 Validation of Performance Measures

*for*

# Access Behavioral Care

April 2012

*This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy and Financing.*

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## Validation Overview

The Colorado State Medicaid agency, the Department of Health Care Policy and Financing (the Department), requires external quality review (EQR) activities as per the Balanced Budget Act of 1997 (BBA), 42 Code of Federal Regulations (CFR) §438.358. One of these activities is the validation of performance measures. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to conduct the validation of performance measures for five Colorado behavioral health organizations (BHOs) for the measurement period of July 1, 2010, through June 30, 2011 (fiscal year [FY] 2010–2011). The BHOs provide mental health services to Medicaid-eligible recipients.

The Department identified the performance measures for validation. Some of these measures were calculated by the Department using data submitted by the BHOs; other measures were calculated by the BHOs. The measures came from a number of sources, including claims/encounter and enrollment/eligibility data. HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, final protocol, Version 1.0, May 1, 2002 (CMS Performance Measure Validation Protocol). This report uses three sources—the BHO and Department versions of the Information Systems Capabilities Assessment Tool (ISCAT), site reviews, and source code—to tabulate findings for each BHO.

In addition, HSAG reviewed the Colorado Division of Behavioral Health's (DBH's) process for administering and calculating the survey results of the Mental Health Statistics Improvement Program (MHSIP), Youth Services Survey for Families (YSS-F), and Youth Services Survey (YSS) consumer surveys in FY 2010–2011. While the MHSIP survey was designed for patients ages 18 years and older, the YSS-F surveys were geared toward the caregivers of children 0 to 14 years of age, and the YSS survey was aimed at capturing data from patients ages 15 to 18 years. All surveys were conducted between September 19, 2011, and October 7, 2011. Because HSAG did not validate the process by which the survey participants were selected or how the surveys were distributed, the MHSIP, YSS-F, and YSS measures were not included in the performance measure validation set and were not assigned a validation finding; however, audit findings and recommendations for the MHSIP, YSS-F, and YSS surveys are included in this report. The survey results are also presented in Appendix E.

## Access Behavioral Care Information

Information about **Access Behavioral Care** (**ABC**) appears in Table 1.

| Table 1—Access Behavioral Care Information | |
|---|---|
| **BHO Name:** | Access Behavioral Care |
| **BHO Location:** | 10065 E. Harvard Ave., Suite 600, Denver, CO 80231 |
| **BHO Contact:** | Robert W. Bremer, M.A., Ph.D., Executive Director, Access Behavioral Care |
| **Contact Telephone Number:** | 720.744.5240 |
| **Contact E-Mail Address:** | Robert.bremer@coaccess.com |
| **Site Visit Date:** | January 18, 2012 |

## Performance Measures for Validation

HSAG validated a set of performance measure indicators that were selected by the Department. These measures represented HEDIS-like measures and measures developed by the Department. The performance measures were calculated on an annual basis. Table 2 lists the performance measure indicators that were validated and who calculated the performance indicator. The domains derived from the MHSIP, YSS-F, and YSS surveys are presented in Table 3. The indicators in Tables 2 and 3 are numbered as they appear in the scope document.

| Table 2—List of Performance Measure Indicators for Access Behavioral Care | | |
|---|---|---|
| **Indicator** | | **Calculated by:** |
| **1** | Hospital Recidivism | BHO |
| **8–11** | Overall Penetration Rates | Department |
| **8–11** | Penetration Rates by Service Category | Department |
| **8–11** | Penetration Rates by Age Category | Department |
| **8–11** | Penetration Rates by Medicaid Eligibility Category | Department |
| **13** | Follow-up After Hospitalization for Mental Illness (7- and 30-day follow-up) | BHO |
| **16** | Inpatient Utilization | BHO |
| **17** | Hospital Average Length of Stay | BHO |
| **18** | Emergency Department Utilization | BHO |

| Table 3—List of MHSIP, YSS-F, and YSS Survey Domains for Access Behavioral Care | | |
|---|---|---|
| | **Indicator** | **Calculated by:** |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who agreed with the domain score measuring consumer perceptions of access (Consumer Perception of Access). Source: MHSIP survey. | Department |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who agreed with the domain score measuring consumer perceptions of quality/appropriateness (Consumer Perception of Quality/Appropriateness). Source: MHSIP survey. | Department |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who agreed with the domain score measuring consumer perceptions of outcome/positive change (Consumer Perception of Outcomes). Source: MHSIP survey. | Department |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who agreed with the domain score measuring consumer perceptions of general satisfaction (Consumer Perception of Satisfaction). Source: MHSIP survey. | Department |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who agreed with the domain score measuring consumer perceptions of treatment planning (Consumer Perception of Participation in Service/Treatment Planning). Source: MHSIP survey. | Department |
| 19 | Percentage of Medicaid adults ages 18 years and older surveyed who reported seeing a doctor or nurse face to face for a health checkup or illness (Consumer Link to Physical Health—Adults). Source: MHSIP survey. | Department |
| 19 | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to 14 years who agreed with the domain score measuring consumer perceptions of access (Consumer Perception of Access). Source: YSS-F. | Department |
| 19 | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to14 years who agreed with the domain score measuring participation in treatment planning (Consumer Perception of Participation in Service/Treatment Planning). Source: YSS-F. | Department |
| 19 | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to14 years who agreed with the domain score measuring consumer perceptions of cultural sensitivity (Consumer Perception of Cultural Sensitivity). Source: YSS-F. | Department |
| 19 | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to14 years who agreed with the domain score measuring consumer perceptions of quality/appropriateness (Consumer Perception of the Appropriateness of Services). Source: YSS-F. | Department |
| 19 | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to14 years who agreed with the domain score measuring consumer perceptions of outcome/positive change (Consumer Perception of Outcomes). Source: YSS-F. | Department |

| Table 3—List of MHSIP, YSS-F, and YSS Survey Domains for Access Behavioral Care | | |
|---|---|---|
| | **Indicator** | **Calculated by:** |
| **19** | Percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to 14 years who reported the child seeing a doctor or nurse for a health checkup or illness (Consumer Link to Physical Health—Children). Source: YSS-F. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to 18 years surveyed who agreed with the domain score measuring consumer perceptions of access (Consumer Perception of Access). Source: YSS. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to18 years surveyed who agreed with the domain score measuring participation in treatment planning (Consumer Perception of Participation in Service/Treatment Planning). Source: YSS. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to18 years surveyed who agreed with the domain score measuring consumer perceptions of cultural sensitivity (Consumer Perception of Cultural Sensitivity). Source: YSS. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to18 years surveyed who agreed with the domain score measuring consumer perceptions of quality/appropriateness (Consumer Perception of the Appropriateness of Services). Source: YSS. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to18 years surveyed who agreed with the domain score measuring consumer perceptions of outcome/positive change (Consumer Perception of Outcomes). Source: YSS. | Department |
| **19** | Percentage of Medicaid adolescents ages 15 to18 years surveyed who reported seeing a doctor or nurse for a health checkup or illness (Consumer Link to Physical Health—Children). Source: YSS. | Department |

# Description of Validation Activities

## *Preaudit Strategy*

HSAG conducted the validation activities outlined in the CMS Performance Measure Validation Protocol. The Department provided the performance measure definitions for review by the HSAG validation team (Appendix A). The Department and BHOs worked together to develop this document, which was first used for performance measure validation purposes in FY 2007–2008. The Department and BHOs worked on additional improvements of these measures and the specification document in the Department's Behavioral Health Quality Improvement Committee meeting, and a revised specification document was used for FY 2010–2011 performance measure reporting purposes. Based on the measure definitions and reporting guidelines, HSAG developed the following:

a. Measure-specific worksheets based on Attachment I of the CMS Performance Measure Validation Protocol.

b. A documentation request, which consisted of the ISCAT or Appendix Z of the CMS Performance Measure Validation Protocol.

c. A customized ISCAT to collect the necessary data consistent with Colorado's mental health service delivery model. The ISCAT was forwarded to **ABC** with a timetable for completion and instructions for submission. HSAG responded to ISCAT-related questions directly from **ABC** during the pre-on-site phase. HSAG prepared an agenda describing all on-site visit activities and indicating the type of staff needed for each session. The agendas were forwarded to **ABC** approximately one month prior to the on-site visit. If requested, HSAG also conducted pre-on-site conference calls with **ABC** to discuss any outstanding ISCAT questions and on-site visit activities.

## Validation Team

The HSAG performance measure validation team was assembled based on the full complement of skills required for the validation and requirements of this particular BHO. The team consisted of a lead auditor and validation team members, as described in Table 4.

**Table 4—HSAG Validation Team**

| Name/Team Position | Skills and Expertise |
|---|---|
| Gretchen Thompson, MBA, CPHQ<br>*Executive Director, State & Corporate Services* | Certified professional in health care quality with experience in federal and state health care policy, data systems, quality assessment, and performance improvement. Extensive experience in Medicaid managed care for behavioral health, physical health, and long-term care populations. |
| Wendy Talbot, MPH, CHCA<br>*Associate Director, Audits*<br>*Lead Auditor* | Certified HEDIS compliance auditor with extensive experience in leading HEDIS audits and PMV activities in multiple states. Additional experience in epidemiology, data analysis and management, state Medicaid programs, and health care/disease program management. |
| Thomas Cross, MBA<br>*Secondary Auditor* | Behavioral health clinical management, long-term care and managed care operations, quality improvement programs and initiatives, and regulatory compliance. |
| Tammy GianFrancisco<br>*Project Leader* | Health plan and physician organization communications, project coordination, HEDIS and P4P knowledge, scheduling, organization, tracking, and administrative support. |

The HSAG lead auditor and secondary auditor participated in the on-site review at the BHO. The remaining team members conducted their work at their respective HSAG offices.

## Technical Methods of Data Collection and Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed as part of the validation process. Below is a list of the types of data collected and how HSAG conducted an analysis of this data:

- *Information Systems Capabilities Assessment Tools (ISCATs)* were requested and received from each BHO and the Department. Upon receipt by HSAG, the ISCATs were reviewed to ensure that all sections were completed. The ISCATs were then forwarded to the validation team for review. The review identified issues or items that needed further follow-up.

- *Source code (programming language) for performance measures* was requested and was submitted by the Department and the BHOs. The validation team completed query review and observation of program logic flow to ensure compliance with performance measure definitions during the site visit. Areas of deviation were identified and shared with the lead auditor to evaluate the impact of the deviation on the measure and assess the degree of bias (if any).
- *Performance measure reports for FY 2010–2011* were reviewed by the validation team. The team also reviewed previous reports for trends and rate reasonability.
- *Supportive documentation* included any documentation that provided reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. All supportive documentation was reviewed by the validation team, with issues or clarifications flagged for further follow-up.

## On-Site Activities

HSAG conducted an on-site visit with both the Department and **ABC**. HSAG used several methods to collect information, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described below.

- **Opening meeting**—included introductions of the validation team and key **ABC** and Department staff involved in the performance measure activities. The review purpose, required documentation, basic meeting logistics, and queries to be performed were discussed.
- **Evaluation of system compliance**—included a review of the information systems assessment, focusing on the processing of claims, encounter, member, and provider data. Reviewers performed primary source verification on a random sample of members, validating enrollment and encounter data for a given date of service within both the membership and encounter data systems. Additionally, the review evaluated the processes used to collect and calculate performance measure data, including accurate numerator and denominator identification, and algorithmic compliance to determine if rate calculations were performed correctly.
- **Review of ISCAT and supportive documentation**—included a review of the processes used to collect, store, validate, and report performance measure data. This session was designed to be interactive with key **ABC** and Department staff. The goal of this session was to obtain a complete picture of the degree of compliance with written documentation. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures**—included discussion and observation of source code logic and a review of how all data sources were combined. The data file used to report the selected performance measures was produced. HSAG performed primary source verification to further validate the output files, and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.

- **Closing conference**—provided a summary of preliminary findings based on the review of the ISCAT and the on-site visit, and a review of the documentation requirements for any post-on-site visit activities.

HSAG conducted several interviews with key **ABC** and Department staff members involved with performance measure reporting. Table 5 lists the key interviewees for **ABC**.

| Table 5—List of Access Behavioral Care Participants | |
|---|---|
| **Name** | **Title** |
| Robert Bremer | Executive Director |
| Suzanne Kinney | Behavioral Health Quality Program Manager |
| Ann Brunker | Business Analyst |
| Greg Jensen | Director, Decision Support |
| Greg Gauthier | Business Analyst |
| Becky Rowles | Business Analyst |
| Mary Fischer | Senior Manager, Claims/Appeals |
| John Kiekhaefer | Operations Manager |
| Julie McNamara | Director, System Performance |
| Julie Salazar | Senior Decision Support Analyst |
| Carrie Bandell | QI Director |
| **List of Department Observers** | |
| **Name** | **Title** |
| Jerry Ware | Quality and Compliance Specialist |
| Marceil Case | Behavioral Health Specialist, Contract Manager (Telephone participant) |
| **List of Department Penetration Rate/Survey Calculation Staff** | |
| **Name** | **Title** |
| Sharon Pawlak | Database Manager, DBH (Telephone participant) |
| Sally Langston | Statistical Analyst |
| Michael Sajovetz | Statistical Analyst |

# Data Integration, Data Control, and Performance Measure Documentation

The calculation of performance measures includes several crucial aspects: data integration, data control, and documentation of performance measure calculations. Each section below describes the validation processes used and the validation findings. For more detailed information, please see Appendix B.

## Data Integration

Accurate data integration is essential to calculating valid performance measures. The steps used to combine various data sources, including encounter data and eligibility data, must be carefully controlled and validated. HSAG validated the data integration process used by the Department and the BHO. This validation included a comparison of source data to warehouse files and a review of file consolidations or extracts, data integration documentation, source code, production activity logs, and linking mechanisms. By evaluating linking mechanisms, HSAG was able to determine how different data sources (i.e., claims data and membership data) interacted with one another and how certain elements were consolidated readily and used efficiently. Overall, the data integration processes used by the Department and the BHO were determined by the audit team to be:

☒ Acceptable

☐ Not acceptable

## Data Control

The organizational infrastructure of **ABC** must support all necessary information systems. Each quality assurance practice and backup procedure must be sound to ensure timely and accurate processing of data, as well as provide data protection in the event of a disaster. HSAG validated the data control processes used by **ABC**, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, the data control processes in place at **ABC** were determined by the audit team to be:

☒ Acceptable

☐ Not acceptable

## Performance Measure Documentation

Complete and sufficient documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by **ABC** and the Department. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, the documentation of performance measure data collection and calculations by **ABC** and the Department was determined by the audit team to be:

☒ Acceptable

☐ Not acceptable

## Validation Findings

Through the validation process, the review team identified overall strengths and areas for improvement for **ABC**. In addition, the team evaluated **ABC**'s data systems for the processing of each type of data used for reporting the performance measures. General findings are indicated below.

### *Strengths*

**ABC** acted on the recommendations made by HSAG during the previous year's audit. **ABC** is making strides in preparing for the ICD-10 conversion. **ABC**'s performance measure reporting and process flow document is very detailed and is a valuable resource. The **ABC** performance measure team has retained its core team members for the past several years, adding to the reliability of processes in place.

### *Areas for Improvement*

**ABC** should continue to work with the Department and other BHOs to update/correct issues in the scope document, such as indicating required continuous enrollment, when needed. Tables used for more than one measure should be consistent. The BHOs and the Department should provide the list of medications for various measures and update at least annually, and as needed, to ensure all BHOs are using the same list of medications for the measures. HSAG also recommends that the numbering of the indicators should remain consistent from year to year to avoid confusion when referring to an indicator by number.

**ABC** should implement a rate validation process to ensure accurate rates. This process should include checking the source data using various data sorts to ensure that proper date ranges and codes are used, as well as ensuring all data for the review period have been included.

It was identified during the site visit that one individual was responsible for the performance measure rate calculation process. **ABC** should implement a process to have other staff serve as back-up should the primary person be unavailable to perform his or her duties.

As **ABC** begins the transition to a new transactional system, the process should be thoroughly documented, including any issues encountered along the way, and how those issues were resolved.

### *Eligibility Data System Findings*

HSAG found no issues with the processing of eligibility files from the State. Files were loaded into **ABC**'s eligibility transactional system (PowerSTEPP) after being downloaded daily from the State's portal. Enrollment files were reviewed, and errors were worked prior to disseminating to the mental health center and providers. **ABC** did not experience any data delays from the State portal during the past year.

## Claims/Encounter Data System Findings

HSAG identified no issues with the processing of claims and encounter data. **ABC** demonstrated evidence of a good working relationship with, and appropriate oversight of, its claims processing vendor, DST. As part of its oversight processes, **ABC** periodically conducted on-site visits to DST in Alabama. DST internally audited two percent of each claims processor's work daily and sent results to **ABC** daily. Summaries of findings were sent monthly and quarterly. Additionally, Colorado Access audited three to five percent of claims processed daily and found no discrepancies.

## Actions Taken as a Result of the Previous Year's Recommendations

During the previous year's audit, HSAG recommended that **ABC** should add language to its internal performance measure reporting process document about auditing the performance measure data spreadsheet prior to submission to the State. **ABC** acted upon that recommendation. HSAG also recommended that **ABC** should continue to collaborate with the Department and other BHOs regarding the scope document, addressing the challenges with formatting. Through a review of the scope document, it was evident that this had occurred.

## Performance Measure Specific Findings and Recommendations

Based on all validation activities, the HSAG team determined results for each performance measure. The CMS Performance Measure Validation Protocol identifies four separate validation results for each performance measure, which are defined in Table 6.

| Table 6—Validation Results Definitions | |
|---|---|
| **Fully Compliant (FC)** | Indicates that the performance measure was fully compliant with Department specifications. |
| **Substantially Compliant (SC)** | Indicates that the performance measure was substantially compliant with Department specifications and had only minor deviations that did not significantly bias the reported rate. |
| **Not Valid (NV)** | Indicates that the performance measure deviated from Department specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported, although reporting of the rate was required. |
| **Not Applicable (NA)** | Indicates that the performance measure was not reported because the BHO did not have any Medicaid consumers who qualified for that denominator. |

According to the protocol, the validation finding for each measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be *Not Met*. Consequently, it is possible that an error for a single audit element may result in a designation of NV because the impact of the error biased the reported performance measure by more than five percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the measure could be given a designation of SC.

As noted in the Validation Overview section, survey-based performance measures were not given a validation result. However, findings and recommendations based on HSAG's review of DBH's survey process are provided in Table 16 through Table 18. Survey results are available in Appendix E of this report.

Table 7 through Table 18 below display the review findings and key recommendations for **ABC** for each validated performance measure. For more detailed information, please see Appendix D.

| Table 7—Key Review Findings for Access Behavioral Care<br>Performance Indicator 1: Hospital Recidivism |
|---|
| **Findings** |
| **ABC** calculated this rate. HSAG reviewed the programming code used for calculation of this rate and revealed no issues of concern. **ABC** documented the process of validating data entry.<br><br>HSAG performed primary source verification for this measure on-site and identified no discrepancies. |
| **Key Recommendations** |
| ◆ **ABC** should continue to closely monitor the data used to calculate this measure to determine the reasonableness of the data. |

| Table 8—Key Review Findings for Access Behavioral Care<br>Performance Indicators 8–11: Overall Penetration Rates |
|---|
| **Findings** |
| The Department calculated penetration rates based on encounter data received quarterly from **ABC**. The encounter data used to calculate these rates were submitted in a flat file format. HSAG auditors conducted interviews with key staff members from the Department and **ABC** and determined that the processes used to collect data from claims and encounters met standards.<br><br>Both prior to the site visit and while on-site with **ABC**, HSAG reviewed the programming code used by the Department to calculate penetration rates, and no issues or concerns were revealed during those reviews.<br><br>The Department addressed all of HSAG's recommendations and concerns from the prior year's audit. |
| **Key Recommendations** |
| ◆ **ABC** should continue to inspect for accuracy and completeness the encounter data from the community mental health centers (CMHCs) and providers.<br><br>◆ The Department should continue to regularly review the scope document and update and clarify sections as applicable.<br><br>◆ The Department should look at potential updates for the scope document, clarify the tables that reference Serious Mental Illness (SMI) and Serious and Persistent Mental Illness (SPMI) for consistency, and review the scope document for consistencies in the required age categories.<br><br>◆ The Department should consider additional data storage and back-up for local users (i.e., an MS Access database for the flat file). |

| Table 9—Key Review Findings for Access Behavioral Care<br>Performance Indicators 8–11: Penetration Rates by Service Category |
|---|
| **Findings** |
| The Department calculated penetration rates based on encounter data received quarterly from **ABC**. The encounter data used to calculate these rates were submitted in a flat file format. HSAG auditors conducted interviews with key staff members from the Department and **ABC** and determined that the processes used to collect data from claims and encounters met standards.<br><br>Both prior to the site visit and while on-site with **ABC**, HSAG reviewed the programming code used by the Department to calculate penetration rates, and no issues or concerns were revealed during those reviews.<br><br>The Department addressed all of HSAG's recommendations and concerns from the prior year's audit. |
| **Key Recommendations** |
| ◆ **ABC** should continue to inspect for accuracy and completeness the encounter data from the community mental health centers (CMHCs) and providers.<br>◆ The Department should continue to regularly review the scope document and update and clarify sections as applicable.<br>◆ The Department should look at potential updates for the scope document, clarify the tables that reference SMI and SPMI for consistency, and review the scope document for consistencies in the required age categories.<br>◆ The Department should consider additional data storage and back-up for local users (i.e., an MS Access database for the flat file). |

| Table 10—Key Review Findings for Access Behavioral Care<br>Performance Indicators 8–11: Penetration Rates by Age Category |
|---|
| **Findings** |
| The Department calculated penetration rates based on encounter data received quarterly from **ABC**. The encounter data used to calculate these rates were submitted in a flat file format. HSAG auditors conducted interviews with key staff members from the Department and **ABC** and determined that the processes used to collect data from claims and encounters met standards.<br><br>Both prior to the site visit and while on-site with **ABC**, HSAG reviewed the programming code used by the Department to calculate penetration rates, and no issues or concerns were revealed during those reviews.<br><br>The Department addressed all of HSAG's recommendations and concerns from the prior year's audit. |
| **Key Recommendations** |
| ◆ **ABC** should continue to inspect for accuracy and completeness the encounter data from the community mental health centers (CMHCs) and providers.<br>◆ The Department should continue to regularly review the scope document and update and clarify sections as applicable.<br>◆ The Department should look at potential updates for the scope document, clarify the tables that reference SMI and SPMI for consistency, and review the scope document for consistencies in the required age categories.<br>◆ The Department should consider additional data storage and back-up for local users (i.e., an MS Access database for the flat file). |

| Table 11—Key Review Findings for Access Behavioral Care<br>Performance Indicators 8–11: Penetration Rates by Medicaid Eligibility Category |
|---|
| **Findings** |
| The Department calculated penetration rates based on encounter data received quarterly from **ABC**. The encounter data used to calculate these rates were submitted in a flat file format. HSAG auditors conducted interviews with key staff members from the Department and **ABC** and determined that the processes used to collect data from claims and encounters met standards.<br><br>Both prior to the site visit and while on-site with **ABC**, HSAG reviewed the programming code used by the Department to calculate penetration rates, and no issues or concerns were revealed during those reviews.<br><br>The Department addressed all of HSAG's recommendations and concerns from the prior year's audit. |
| **Key Recommendations** |
| ◆ **ABC** should continue to inspect for accuracy and completeness the encounter data from the community mental health centers (CMHCs) and providers.<br>◆ The Department should continue to regularly review the scope document and update and clarify sections as applicable.<br>◆ The Department should look at potential updates for the scope document, clarify the tables that reference SMI and SPMI for consistency, and review the scope document for consistencies in the required age categories.<br>◆ The Department should consider additional data storage and back-up for local users (i.e., an MS Access database for the flat file). |

| Table 12—Key Review Findings for Access Behavioral Care<br>Performance Indicator 13: Follow-up After Hospitalization for Mental Illness (7- and 30-day follow-up) |
|---|
| **Findings** |
| **ABC** calculated this rate. HSAG reviewed the programming code used for calculation of this rate and revealed no issues of concern. **ABC** was able to accurately identify the number of members who received at least one service during the measurement period based on paid claims in the BHO transaction system, and the number of consumers with at least one discharge from a hospital episode for treatment of a covered mental health disorder, also based on paid claims in the BHO transaction system. **ABC** documented the process of validating data entry.<br><br>HSAG performed primary source verification for this measure on-site and identified no discrepancies. |
| **Key Recommendations** |
| ◆ **ABC** should continue to closely monitor the data used to calculate this measure to determine the reasonableness of the data. |

| Table 13—Key Review Findings for Access Behavioral Care<br>Performance Indicator 16: Inpatient Utilization |
|---|
| **Findings** |
| **ABC** calculated this rate. HSAG reviewed the programming code used for calculation of this rate and revealed no issues of concern. **ABC** was able to determine the percentage of member discharges from an inpatient hospital episode for treatment of a covered mental health disorder to the community or a non-24-hour treatment facility, and who were seen on an outpatient basis as a follow-up within the time frames of 7 days and 30 days. **ABC** was able to accurately identify those members who met the criteria to be included in both the numerator and denominator for both Non-state Hospitals and All Hospitals categories.<br>HSAG performed primary source verification for this measure on-site and identified no discrepancies. |
| **Key Recommendations** |
| ◆ **ABC** should continue to closely monitor the data used to calculate this measure to determine the reasonableness of the data. |

| Table 14—Key Review Findings for Access Behavioral Care<br>Performance Indicator 17: Hospital Average Length of Stay |
|---|
| **Findings** |
| **ABC** calculated this rate. HSAG reviewed the programming code used for calculation of this rate and revealed no issues of concern. **ABC** was able to determine the average length of stay in a hospital for BHO members accurately by identifying the number of members discharged from a hospital episode and the total days for all hospital episodes resulting in a discharge. **ABC** validated data entry prior to submitting rates to the State.<br>HSAG performed primary source verification for this measure on-site and identified no discrepancies. |
| **Key Recommendations** |
| ◆ **ABC** should continue to closely monitor the data used to calculate this measure to determine the reasonableness of the data. |

| Table 15—Key Review Findings for Access Behavioral Care<br>Performance Indicator 18: Emergency Department Utilization |
|---|
| **Findings** |
| **ABC** calculated this rate. HSAG reviewed the programming code used for calculation and revealed no issues of concern. **ABC** documented the process of validating data entry. **ABC** used a manual process to populate the reporting template. Validation of data entry did occur, and the process was documented.<br><br>HSAG performed primary source verification on-site and did not identify any concerns with **ABC**'s calculation of this measure. |
| **Key Recommendations** |
| ◆ **ABC** should continue to closely monitor the data used to calculate this measure to determine the reasonableness of the data. |

| Table 16—Key Review Findings for Access Behavioral Care<br>Performance Indicator 19: MHSIP Survey Domains |
|---|
| **Findings** |
| The Division of Behavioral Health (DBH) administered the Mental Health Statistics Improvement Program (MHSIP) survey in accordance with internal protocol. DBH eliminated the requirement for agencies to submit the tally form, which was a form that aggregated additional information, such as whether a survey form was completed or rejected, etc.<br><br>DBH added questions to the surveys with the intention of collecting better data and increasing confidence of anonymity. Each of the survey versions was available in both English and Spanish. Training sessions for agency representatives were available on multiple dates. |
| **Key Recommendations** |
| ◆ DBH should consider allowing the collection of survey data to cover a four-to-six-week period rather than a three- week period, since many consumer appointments are scheduled monthly.<br>◆ DBH should continue to explore methods of increasing consumer participation in the surveys, including soliciting input from the providers.<br>◆ DBH should consider incentives to providers with high volumes of surveys completed.<br>◆ DBH should ask Integrated Data Systems (IDS) to sort all surveys instead of having the mental health centers sort them.<br>◆ DBH should draft a "how to" guide for the surveys that would include timelines and flowcharts, FAQs, contract with IDS, changes to surveys, etc.<br>◆ DBH should observe a demographic breakdown on the appointments that are scheduled for the survey period to determine if that time frame captures an adequate number of member appointments for the survey. |

| Table 17—Key Review Findings for Access Behavioral Care<br>Performance Indicator 19: YSS-F Survey Domains |
|---|
| **Findings** |
| The Division of Behavioral Health (DBH) administered the Mental Health Statistics Improvement Program (MHSIP) survey in accordance with internal protocol. DBH eliminated the requirement for agencies to submit the tally form, which was a form that aggregated additional information, such as whether a survey form was completed or rejected, etc. DBH added questions to the surveys with the intention of collecting better data and increasing confidence of anonymity. Each of the survey versions was available in both English and Spanish. Training sessions for agency representatives were available on multiple dates. |
| **Key Recommendations** |
| ◆ DBH should consider allowing the collection of survey data to cover a four-to-six-week period rather than a three-week period, since many consumer appointments are scheduled monthly.<br>◆ DBH should continue to explore methods of increasing consumer participation in the surveys, including soliciting input from the providers.<br>◆ DBH should consider incentives to providers with high volumes of surveys completed.<br>◆ DBH should ask IDS to sort all surveys instead of having the mental health center sort them.<br>◆ DBH should draft a "how to" guide for the surveys that would include timelines and flowcharts, FAQs, contract with IDS, changes to surveys, etc.<br>◆ DBH should observe a demographic breakdown on the appointments that are scheduled for the survey period to determine if that time frame captures an adequate number of member appointments for the survey. |

**Table 18—Key Review Findings for Access Behavioral Care Performance Indicator 19: YSS Survey Domains**

**Findings**

The Division of Behavioral Health (DBH) administered the Mental Health Statistics Improvement Program (MHSIP) survey in accordance with internal protocol. Because a gap in reporting existed between YSS-F (up to age 14) and MHSIP (ages 18 and over), the Youth Services Survey (YSS—ages 15–18) was added to the survey requirements during the past year. The YSS Survey was designed to be completed by the youth being served, not the caregivers. Approximately 160 surveys were completed for the YSS category; and while that amount is small, it is likely proportionate to the population served in that age category.

DBH added questions to the surveys with the intention of collecting better data and increasing confidence of anonymity. Each of the survey versions was available in both English and Spanish. Training sessions for agency representatives were available on multiple dates.

**Key Recommendations**

- DBH should consider allowing the collection of survey data to cover a four-to-six-week period rather than a three-week period, since many consumer appointments are scheduled monthly.
- DBH should continue to explore methods of increasing consumer participation in the surveys, including soliciting input from the providers.
- DBH should consider incentives to providers with high volumes of surveys completed.
- DBH should ask IDS to sort all surveys instead of having the mental health center sort them.
- DBH should draft a "how to" guide for the surveys that would include timelines and flowcharts, FAQs, contract with IDS, changes to surveys, etc.
- DBH should observe a demographic breakdown on the appointments that are scheduled for the survey period to determine if that time frame captures an adequate number of member appointments for the survey.

Table 19 lists the validation result for each validated performance measure indicator for **ABC**.

| Table 19—Summary of Results | | |
|---|---|---|
| **Performance Indicator** | | **Validation Result** |
| **1** | Hospital Recidivism | **Fully Compliant** |
| **8–11** | Overall Penetration Rates | **Fully Compliant** |
| **8–11** | Penetration Rates by Service Category | **Fully Compliant** |
| **8–11** | Penetration Rates by Age Category | **Fully Compliant** |
| **8–11** | Penetration Rates by Medicaid Eligibility Category | **Fully Compliant** |
| **13** | Follow-up After Hospitalization for Mental Illness (7- and 30-day follow-up) | **Fully Compliant** |
| **16** | Inpatient Utilization | **Fully Compliant** |
| **17** | Hospital Average Length of Stay | **Fully Compliant** |
| **18** | Emergency Department Utilization | **Fully Compliant** |

## Indicators

- Hospital Recidivism (Indicator 1)
- Overall Penetration Rates* (Indicators 8–11)
- Penetration Rates by Service Category* (Indicators 8–11)
- Penetration Rates by Age Category* (Indicators 8–11)
- Penetration Rates by Medicaid Eligibility Category* (Indicators 8–11)
- Follow-Up after Hospitalization for Mental Illness: 7- and 30-day follow-up (Indicator 13)
- Inpatient Utilization (Indicator 16)
- Hospital Average Length of Stay (Indicator 17)
- Emergency Department Utilization (Indicator 18)
- MHSIP Survey Domains** (Indicator 19):
  - Consumer Perception of Access
  - Consumer Perception of Quality/Appropriateness
  - Consumer Perception of Outcomes
  - Consumer Perception of Satisfaction
  - Consumer Perception of Participation in Service/Treatment Planning
  - Consumer Link to Physical Health – Adults
- YSS-F Survey Domains** (Indicator 19):
  - Consumer Perception of Access
  - Consumer Perception of Participation in Service/Treatment Planning
  - Consumer Perception of Cultural Sensitivity
  - Consumer Perception of the Appropriateness of Services
  - Consumer Perception of Outcomes
  - Consumer Link to Physical Health – Children
- YSS Survey Domains** (Indicator 19):
  - Consumer Perception of Access
  - Consumer Perception of Participation in Service/Treatment Planning
  - Consumer Perception of Cultural Sensitivity
  - Consumer Perception of the Appropriateness of Services
  - Consumer Perception of Outcomes
  - Consumer Link to Physical Health – Children

*Calculated by the Department

**MHSIP/YSS-F/YSS Survey Results

The Department collaborated with the BHOs to create a scope document that serves as the specifications for the performance measures being validated. The following pages were taken from the *FY2011 BHO-HCPF Annual Performance Measures Scope Document, Version 4, Created: January 13, 2011, Last Updated: October 21, 2011.* Please note that the complete scope document is not listed in this appendix. The Table of Contents, Introduction, and Definitions pages and corresponding page numbers have been modified for use in this report; however, the verbiage for the measures validated under the scope of the review is reproduced in its entirety.

# FY 2011

# BHO-HCPF Annual Performance Measures Scope Document

**Version 4**
**Created: January 13, 2011**
**Last updated: October 21, 2011**

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# Introduction

This document includes the details for calculations of the BHO-HCPF Annual Performance Measures for the five Colorado Behavioral Health Organizations (BHOs). Some of these measures are calculated by HCPF using eligibility data and encounter data submitted by the BHOs, other measures are calculated by the BHOs. With the exception of Penetration Rates, all measures are calculated using paid claims/encounters data. Penetration Rates are calculated using paid and denied claims/encounters data.

## Performance Measures Indexed by Agency Responsible for Calculation

**Calculated by the BHO:**

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Indicator 13: Follow-up appointments within seven (7) and thirty (30) days after hospital discharge...A-12
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Indicators 8-11: Penetration rates (including breakouts by HEDIS age groups, Medicaid eligibility category, race, and service category).....A-8
Indicator 19: MHSIP & YSS-F Satisfaction Surveys .....A-20

# Update process:

- Added Appendix A for covered Diagnoses
- Updated with HEDIS 2011 technical specification updates.
- Need to match the names of Performance Measures in contract to scope document when the contract is finalized.
- Add survey for Performance Measure #22, PPD Screening in next year's draft. Survey not done this year.
- HCPF will provide the spreadsheets for Fiscal Year 2010/2011.
- Updated titles of performance measures to match BHO contract.
- Updated original table of contents. Added new index sorted by the agency responsible for calculating the indicator.

## Definitions

**Members:** Individuals eligible for Medicaid assigned to a specific BHO. Membership is calculated by the number of member months during a 12-month period divided by 12, which gives equivalent members or the average health plan enrollment during the 12-month reporting period.

**Covered Mental Health Disorder:** The BHO Colorado Medicaid Community Mental Health Services Program contract specifies that certain mental health diagnoses are covered. These specific diagnoses can be found below or in the BHO Medicaid BHO contract Exhibit D. Only those services that cover mental health, with the exception of services related to Assessment, Prevention, and Crisis procedure coding as a diagnosis may have yet to be ascribed, will be included in the calculations of performance measures; however, penetration rates will be calculated using both paid and denied claims/encounters, regardless of the mental health diagnoses.

- **295.00-298.99**
- **300.00-301.99**
- **307.00-309.99**
- **311.00-314.99**

**Per 1000 members** – A measure based on total eligible members per 1000.

**Fiscal Year** – Based on the State fiscal year July to June

**Quarter** – Based on fiscal year quarters (Jul-Sep, Oct-Dec, Jan-Mar, Apr-Jun)

**Age Category** – Based on HEDIS age categories: 0-12 (Child), 13-17 (Adolescent), 18-64 (Adult), and 65+ (Older Adult). Age category determination will be based upon the client's age on the date of service for all performance indicators except for inpatient hospitalization and penetration rates. For inpatient hospitalization, age category determination will be based upon the client's age on the date of discharge. For penetration rates, age category determination will be based upon the age of the client on the last day of the fiscal year.

**24 Hour Treatment Facility** – A residential facility that has 24-hr professional staffing and a program of treatment services and includes PRTF and TRCCFs. Does not include Nursing Facilities or ACFs (defined as an assisted living residence licensed by the State to provide alternative care services and protective oversight to Medicaid clients).

**Hospital Discharge** – A discharge from a hospital (non-residential) for an episode of treatment for a covered mental health diagnosis that does not result in a re-hospitalization within 24 hrs (transfer). There can be multiple discharges during the specified fiscal year period. The discharge must result in a paid claim for the hospital episode, except where the discharge is from a State Hospital for ages 21-64. Adult members on the list of discharges from the State hospital who are not eligible at the time of hospital admission should be dropped from the hospital discharge list. Adult members who lose eligibility during the hospital stay may remain on the hospital discharge list.

**Hospital Admit** – An admission to a hospital (non-residential) for an episode of treatment for a covered mental health diagnosis. There can be multiple admits during the specified fiscal year period. The admission must result in a paid claim for the hospital episode, except where the admission is from a State Hospital for ages 21-64.

HCPF— The Department of Health Care Policy and Financing for the State of Colorado.

HEDIS—Healthcare Effectiveness Data and Information Set

# Indicator 1: Hospital readmissions within 7, 30, 90 days post-discharge

Description: Proportion of BHO Member discharges from a hospital episode for treatment of a covered mental health disorder and readmitted for another hospital episode for treatment of a covered mental health diagnosis within 7, 30, 90 days by age group and overall (recidivism rates). Two indicators are provided: 1) **Non-State:** Recidivism rates for member discharges from a non-State hospital episode for treatment of a covered mental health disorder during the specific fiscal year, July 1 through June 30 and 2) **All hospital:** Recidivism rates for member discharges from all hospital episodes for a covered mental health disorder during the specific fiscal year, July 1 through June 30. Age for this indicator is determined at first hospital discharge.

Denominator: Total number of BHO member discharges during the reporting period. The population is based on discharges (e.g., one member can have multiple discharges).

- **Non-State Hospital:** Total number of Member discharges from a non-State hospital during the specified fiscal year
- **All Hospitals:** Total number of Member discharges from all hospitals during the specified fiscal year

Numerator: Number of BHO member discharges with an admission within 7, 30, and 90 days of the discharge, reported cumulatively.

- **Non-State Hospital:** Total number of Member discharges from a non-State hospital, during the specified fiscal year, July 1 through June 30, and then admitted to any hospital (non-state or state) 7, 30, and 90 days after the discharge.
- **All Hospitals:** Total number of Member discharges from all hospitals, during the specified fiscal year, July 1 through June 30, and then admitted to all hospitals 7, 30, and 90 days after the discharge.

Data Source(s): Denominator: Number of Member discharges, from private hospitals and State hospital, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Number of discharges from the State hospital system, ages 21 through 64 years, will be provided by HCPF. Numerator: Admissions from non-State hospitals and State hospital, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Admissions from the State hospital system, ages 21 through 64 years, will be provided by the State.

Calculation of Measure: BHO; Calculation (6 ratios): Numerator (7 days, non-state hospital)/Denominator (non-State hospital); Numerator (30 days, non-state hospital)/Denominator (non state hospital), Numerator (90 days, non state hospital)/Denominator (non state hospital); etc

Benchmark: Overall BHOs.

## Indicators 8-11: Penetration rates (including breakouts by HEDIS age groups, Medicaid eligibility category, race, and service category)

Description: Percent BHO Members with one contact (paid or denied) in a specified fiscal year (12-month period) by HEDIS age group, Medicaid eligibility category **(refer to Table 7 for eligibility categories)**, race **(refer to Table 7 for race/ethnicity categories)**, and service category **(refer to Table 8 for HEDIS specs and additional place of service (POS) and service codes.)**

- HEDIS age group is determined by the member's age on the last day of the fiscal year**.**
- Medicaid eligibility category is the eligibility category on the member's most recent Medicaid eligibility span during the fiscal year.
- Race/ethnic group is the race category on the member's most recent Medicaid eligibility span during the fiscal year.
- Service category is defined any paid or denied MH service grouped as inpatient, intensive outpatient/partial hospital, and ambulatory care in a specified fiscal year 12-month period. POS category 53 will be excluded for the intensive outpatient and partial hospitalization service category.
- Mental health managed care enrollment spans with at least one day of enrollment during the fiscal year are analyzed.
- All enrollment spans identified as: enrollment begin date <= the last date of the fiscal year (6/30) AND enrollment end date >= the first date of the fiscal year (7/1).
- Member months are determined by counting number of clients with an enrollment span covering at least one day in the month, i.e., total member months per month as: enrollment begin date <= last day of the month AND enrollment end date >= first day of the month. Thus, if the client is enrolled for the full month the member month is equal to one and if enrolled for less than the full month the member month is a fraction between 0 and 1.
- BHO - Behavioral Health Organization
- FY - fiscal year
- FTE - full time equivalent
- MM - member months
- NOTE: The Data Analysis Section tailors data to specific internal and external customer needs that are not met through existing reporting. Thus, calculations may differ from existing published figures due to several factors that may include, but are not limited to: the specificity of the request, retroactivity in eligibility determination, claims processing and dollar allocation differences between MMIS and COFRS.

Denominator: Total BHO membership for the specified fiscal year (12-month period)

Numerator: Members with any MH service in the specified fiscal year (12-month period) in each age group, Medicaid eligibility category, race/ethnic group, and by service category grouped as inpatient, intensive outpatient/partial hospitalization, and ambulatory care.

Data Source(s): BHO claims/encounter file (both paid and denied claims/encounters will be used).

Calculation of Measure: HCPF (by Overall, HEDIS age, eligibility category, cultural/ethnic [% total missing])

Benchmark: Overall BHO

## TABLE 7

### Medicaid Eligibility and Race/Ethnicity Categories

Medicaid Eligibility Categories:

| Eligibility Type Code | Description |
|---|---|
| 001 | OAP-A |
| 002 | OAP-B-SSI |
| 003 | AND/AB-SSI |
| 004 | AFDC/CWP Adults |
| 005 | AFDC/CWP CHILDREN |
| 006 | FOSTER CARE |
| 007 | BC WOMEN |
| 008 | BC CHILDREN |
| 020 | BCCP-WOMEN BREAST&CERVICAL CAN |

Medicaid Race Categories:

| Race Code | Description |
|---|---|
| 1 | SPANISH AMERICAN |
| 2 | OTHER – WHITE |
| 3 | BLACK |
| 4 | AMERICAN INDIAN |
| 5 | ORIENTAL |
| 6 | OTHER |
| 7 | UNKNOWN |
| 8 | NATV HAWAIIAN OTH PACIFIC ISL |

## TABLE 8

**Penetration Rates by Service Category**

***For calculating the penetration rates by service category performance measure***

**Description**

The number and percentage of members receiving the following mental health services during July 1 and June 30 of the fiscal year.

- Any services
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or ED

**Calculations**

Count members who received inpatient, intensive outpatient, partial hospitalization, and outpatient and ED mental health services in each column. Count members only once in each column, regardless of number of visits. Count members in the *Any Services* column for any service during the measurement year.

*For members who have had more than one encounter,* count in each column only once and report the member in the respective age category as of the last date of the fiscal year (6/30).

**Member months**

Report all member months during the measurement year for members with the benefit. Refer to *Specific Instructions for Use of Services Tables*. Because some organizations may offer different benefits for inpatient and outpatient mental health services, denominators in the columns of the member months table may vary. The denominator in the *Any* column should include all members with any mental health benefit.

**Inpatient**

Include inpatient care at either a hospital or treatment facility with a covered mental health disorder as the principal diagnosis: 290.xx, 293-302.xx, 306-316.xx.

Use one of the following criteria to identify inpatient services.

An Inpatient Facility code in conjunction with a covered mental health diagnosis. Include discharges associated with residential care and rehabilitation.

**Codes to Identify Inpatient Service**

| |
|---|
| **Inpatient Facility codes : 100, 101, 110, 114, 124, 134, 144, 154, 204** |
| **Sub-acute codes : 0919** |
| **ATU codes : 190, H2013, H0018AT** |
| **RTC codes : H2013, 0191, 0192, 0193, H0018, H0019, S5135** |

| MS—DRG |
|---|
| 876, 880-887; exclude discharges with ICD-9-CM Principal Diagnosis code 317-319 |

**Codes to Identify Intensive Outpatient and Partial Hospitalization Services:**

| HCPCS | UB Revenue | | |
|---|---|---|---|
| Visits identified by the following HCPCS, UB Revenue and CPT/POS codes may be with a mental health or non-mental health practitioner (the organization does not need to determine practitioner type). | | | |
| G0410, G0411, H0035, H2001, H2012, S0201, S9480 | 0905, 0907, 0912, 0913, | | |
| **CPT** | | | **POS** |
| 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876 | | *WITH* | 52 |
| Visits identified by the following CPT/POS codes must be with a mental health practitioner. | | | |
| 99221-99223, 99231-99233, 99238, 99239, 99251-99255, | | *WITH* | 52 |

**Codes to Identify Outpatient and ED Services: Additional BHO codes & POS**

| CPT | HCPCS | UB Revenue | |
|---|---|---|---|
| Visits identified by the following CPT, HCPCS, UB Revenue and CPT/POS codes may be with a mental health or non-mental health practitioner (the organization does not need to determine practitioner type). | | | |
| 90804-90815, 96101-3, 96105, 96110, 96111, 96116, 96118-20, 96125 | G0155, G0176, G0177, G0409, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485, T1005, T1016, T1017, H0033, H0038, H0043, H0046, H2012, H2021, H2022, H2023, H2024, H2025, H2026, H2030, H2031, H2032, S0220, S0221, S9449, S9451, S9452, S9453, S9454, S9470 | 0513, 0900-0904, 0911, 0914-0919, 0762, 0769, 045x | |
| **CPT** | | | **POS** |
| 90801, 90802, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876 | | *WITH* | 05, 07, 11, 12, 15, 20, 22, 23, 49, 50, 53*, 71, 72, 19, 26, 32, 34, 41, 99 |
| **CPT** | | **UB Revenue** | |
| Visits identified by the following CPT and UB Revenue codes must be with a mental health practitioner. | | | |
| 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99510, 90772, 97535, 97537 | | 045x, 0510, 0515-0517, 0519,-0523, 0526-0529, 0762, 0981-0983 | |

* POS 53 identifies visits that occur in an outpatient, intensive outpatient or partial hospitalization setting. If the organization elects to use POS 53 for reporting, it must have a system to confirm the visit was in an outpatient setting.

- Note: The specifications presented here for the Penetration Rates by Service Category performance indicator are closely based upon HEDIS 2011 specifications.

# Indicator 13: Follow-up appointments within seven (7) and thirty (30) days after hospital discharge

**Description:** The percentage of member discharges from an inpatient hospital episode for treatment of a covered mental health disorder to the community or a non-24-hour treatment facility and were seen on an outpatient basis (excludes case management) with a mental health provider by age group and overall within 7 or 30 days (follow-up rates). Two indicators are provided: 1) **Non-State:** Follow-up rates for member discharges from a non-State hospital episode for treatment of a covered mental health disorder during the specific fiscal year, July 1 through June 30 and 2) **All hospital:** Follow-up rates for member discharges from all hospital episodes for a covered mental health disorder during the specific fiscal year, July 1 through June 30. Age group is defined as 6 years and older as of the date of discharge.

**Numerators:** Total number of discharges with an outpatient service (**see Table 10)** within 7 and 30 days (the 30 days includes the 7 day number also). For each denominator event (discharge), the follow-up visit must occur after the applicable discharge. An outpatient visit on the date of discharge should be included in the measure. See CPT, UB-92, HCPCS codes in **Table 10 for follow-up visit codes allowed**.
**Non-state Hospital:** All discharges from a non-state hospital during the specified fiscal year with an outpatient service within 7 and 30 days.
**All Hospitals:** All discharges from any inpatient facility for a specified fiscal year with an outpatient service within 7 and 30 days.

**Denominators:** The population based on discharges during the specified fiscal year July 1 through June 30 (can have multiple discharges for the same individual). Discharges for the whole fiscal year are calculated because the use of 90 day run out data provides the time to collect 30 day follow-up information.
**Non-state Hospital:** All discharges from a non-state hospital during the specified fiscal year.
**All Hospitals:** All discharges from any inpatient facility for the specified fiscal year.

**Exclusions:**

- Exclude those individuals who were readmitted within 30 days to an inpatient setting for all calculations
- Exclude discharges followed by admission to any non-acute treatment facility within 30 days of hospital discharge for any mental health disorder. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.
- Refer to HEDIS codes in **Table 10** to identify nonacute care. For residential treatment, compare using residential treatment per diem code. Due to the fact that residential treatment for Foster Care members is paid under fee-for-service, the BHOs cannot easily determine if a Foster Care member was discharged to residential treatment. Therefore, prior to official rate reporting, the HCPF Business Analysis Section will forward each BHO a list of foster care members who were discharged from an inpatient setting to a residential treatment facility, in order to assist the BHOs in removing these members from this measure.

Data Source(s): Denominator: Number of Member discharges, from non-State hospitals, ages 6+, and State hospital, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Number of discharges from the State hospital system, ages 21 through 64 years, will be provided by the State. Numerator: An outpatient visit, intensive outpatient encounter or partial hospitalization provided by each BHO based on paid claims in the BHO transaction system.

Calculation of Measure: BHO; Calculation: Includes 4 ratios: Numerator (7 days, non-state hospital)/Denominator (non-State hospital); Numerator (30 days, non-state hospital)/Denominator (non state

hospital), Numerator (7 days, all hospital)/Denominator (all hospital), Numerator (30 days, all hospital)/Denominator (all hospital)

Benchmark: HEDIS and all BHOS

## TABLE 10

**HEDIS Follow-Up After Hospitalization for Mental Illness (FUH)**

***For calculating Follow-up after hospitalization for mental illness performance measure***

### Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of a covered mental health disorder and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of members who received follow-up within 30 days of discharge
2. The percentage of members who received follow-up within 7 days of discharge

### Eligible Population

| | |
|---|---|
| **Ages** | 6 years and older as of the date of discharge. |
| **Continuous enrollment** | Date of discharge through 30 days after discharge. |
| **Allowable gap** | No gaps in enrollment. |
| **Event/diagnosis** | Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a covered mental health diagnosis during July1 and June 30 of the fiscal year.<br><br>The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge during July1 and June 30 of the fiscal year. |
| ***Mental health readmission or direct transfer*** | If the discharge is followed by readmission or direct transfer to an *acute facility* for any covered mental health disorder within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. Although re-hospitalization might not be for a selected mental health disorder, it is probably for a related condition.<br><br>Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after June 30 of the fiscal year.<br><br>Exclude discharges followed by readmission or direct transfer to a *nonacute facility* for any covered mental health disorder within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place. Refer to the following table for codes to identify nonacute care. |

**Codes to Identify Nonacute Care**

| Description | HCPCS | UB Revenue | UB Type of Bill | POS |
|---|---|---|---|---|
| Hospice | | 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659 | 81x, 82x | 34 |
| SNF | | 019x | 21x, 22x | 31, 32 |
| Hospital transitional care, swing bed or rehabilitation | | | 18x | |
| Rehabilitation | | 0118, 0128, 0138, 0148, 0158 | | |
| Respite | | 0655 | | |
| Intermediate care facility | | | | 54 |
| Residential substance abuse treatment facility | | 1002 | | 55 |
| Psychiatric residential treatment center | T2048, H0017-H0019 | 1001 | | 56 |
| Comprehensive inpatient rehabilitation facility | | | | 61 |
| Other nonacute care facilities that do not use the UB Revenue or Type of Bill codes for billing (e.g., ICF, SNF) | | | | |

| Administrative Specification | |
|---|---|
| **Denominator** | The eligible population. |
| **Numerators** | |
| ***30-day follow-up*** | An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge. Refer to the following table for appropriate codes. |
| ***7-day follow-up*** | An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge. Refer to the following table for appropriate codes. |

**Codes to Identify Visits**

| CPT | HCPCS |
|---|---|
| **Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner.** | |
| 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 | G0155, G0176, G0177, G0409, G0410, G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485 |
| **CPT** | **POS** |
| **Follow-up visits identified by the following CPT/POS codes must be with a mental health** | |

| | | |
|---|---|---|
| **practitioner.** | | |
| 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876 | ***WITH*** | 05, 07, 11, 12, 15, 20, 22, 49, 50, 52, 53, 71, 72 |
| 99221-99223, 99231-99233, 99238, 99239, 99251-99255, | ***WITH*** | 52, 53 |
| **UB Revenue** | | |
| **The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.** | | |
| 0513, 0900-0905, 0907, 0911-0917, 0919 | | |
| **Visits identified by the following Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table FUH-A.** | | |
| 0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983 | | |

- Note: The specification presented here for the Follow up Post Discharge performance indicator are closely based upon HEDIS 2011 specifications.

## Indicator 16: Inpatient utilization (per 1000 members)

Description: The total number of BHO member discharges from a hospital episode for treatment of a covered mental health disorder per 1000 members, by age group (see above for age categories) and total population. The discharge must occur in the period of measurement. Two indicators are provided: 1) Number of member discharges from a non-State hospital and 2) Number of member discharges from all hospitals (non-State and State hospitals). Age for this indicator is determined at hospital discharge. Please note: For members transferred from one hospital to another within 24 hours, only one discharge should be counted and it should be attributed to the hospital with the final discharge.

Denominator: Total number of members during the specified fiscal year (12-month period).

Numerator: All discharges from a hospital episode for treatment of a covered mental health disorder
**Non-State Hospitals:** All discharges from a non-State hospital episode for treatment of a covered mental health disorder during the specific fiscal year, July 1 through June 30.
**All Hospitals:** All discharges from a hospital episode for treatment of a covered mental health disorder during the specific fiscal year, July 1 through June 30.

Data Source(s): Denominator: Members by BHO provided by HCPF. Numerator: Discharge dates from non-State hospitals and State hospital, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Discharge dates from the State hospital system, ages 21 through 64 years, will be provided by the State.

Calculation of Measure: BHO; Calculation: Numerator (non-state hospital)/Denominator x 1000; Numerator (all hospital)/Denominator x 1000

Benchmark: HEDIS for all hospital and Overall BHOs for all hospital and non-State hospital

## Indicator 17: Hospital length of stay (LOS)

Description: The average length of stay (in days) for BHO members discharged from a hospital episode for treatment of a covered mental health disorder, by age group and total population. Two indicators are provided: 1) Average length of stay for members discharged from a non-State hospital episode for treatment of a covered mental health disorder during the specific fiscal year, July 1 through June 30 and 2) Average length of stay for members discharged from all hospital episodes for a covered mental health disorder during the specific fiscal year, July 1 through June 30. Age for this indicator is determined at hospital discharge.
Please note: For members transferred from one hospital to another within 24 hours, total length of stay for both hospitals should be attributed to the hospital with the final discharge. For final discharges from a State hospital, all days in the hospital episode will be included if the member was Medicaid eligible at the time of admission.

Denominators: Number of Members discharged from a hospital episode. The discharge day must occur within the specified fiscal year, July 1 through June 30.

**Non-State Hospital:** Total number of Members discharged from a non-State hospital during the specified fiscal year
**All Hospitals:** Total number of Members discharged from all hospitals during the specified fiscal year.

Numerators: Total days for all hospital episodes resulting in a discharge. Discharge day is not counted. The discharge day must occur within the specified fiscal year, July 1 through June 30. If the admit date and the discharge date are the same then the number of days for the episode is one.
**Non-State Hospitals:** Total days= Discharge date from the non-State hospital-Admit date
**All Hospitals:** Total days=Discharge date from all hospitals-Admit date

Data Source(s): Denominator: Number of Members discharged, from non-State hospitals and State hospitals, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Number of discharges from the State hospital system, ages 21 through 64 years, will be provided by the state hospital data file. Numerator: Hospital days (discharge date – admit date) from private hospitals and State hospital, for ages through 20 years and 65+, provided by each BHO based on paid claims in the BHO transaction system. Hospital days (discharge date – admit date) from the State hospital system, ages 21 through 64 years, will be provided by the State.

Calculation of Measure: BHO; Calculation: Numerator (non-State hospital)/Denominator (non-State hospital); Numerator (all hospital)/Denominator (all hospital)

Benchmark: BHO for all hospital and non-State hospital

## Indicator 18: Emergency department utilization (per 1000 members)

Description: Number of BHO Member emergency room visits for a covered mental health disorder per 1,000 Members by age group and overall for the specified fiscal year 12-month period. For this measure include only paid encounters. Age for this indicator is determined on date of service.

Denominator: Total number of Members during the specified fiscal year (12-month period).

Numerator: ED visits that don't result in an inpatient admission within 24 hrs of the day of the ED visit. ED visit codes include: CPT 99281-99285 and 99291-99292; and revenue code 45x.

Data Source(s): Denominator: HCPF; Numerator: BHO encounter claim file.

Calculation of Measure: BHO; Calculation: Numerator/Denominator x 1,000

Benchmark: Overall BHO

## Indicator 19: MHSIP & YSS-F Satisfaction Surveys

Description: The Colorado Division of Behavioral Health conducts annual adult and youth surveys to assess satisfaction with mental health services at each of the Colorado community mental health centers. Refer to the current state fiscal year MHSIP and YSS-F technical reports for complete methodology. This report can be found on the State of Colorado Division of Behavioral Health website.

Denominator: Number of MHSIP (adults) or YSSF (youth) surveys complete for each individual community mental health center, aggregated by BHO.

Numerator: The number in the denominator who indicate they are satisfied with the MHSIP (adults) or YSS-F (youth) domains.

Data Source (s): DBH data

Calculation of Measure: HCPF for the BHOs

Benchmark: Overall BHOs

## Documentation Work Sheet

| | |
|---|---|
| **BHO Name:** | Access Behavioral Care |
| **On-Site Visit Date:** | January 18, 2012 |
| **Reviewer:** | Wendy Talbot and Thomas Cross |

| Data Integration and Control Element | Met | Not Met | N/A | Comments |
|---|---|---|---|---|
| **Accuracy of data transfers to assigned performance measure data repository.** | | | | |
| ◆ The Department and the BHO accurately and completely process transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the repository used to keep the data until the calculations of the performance measures have been completed and validated. | ☒ | ☐ | ☐ | |
| ◆ Samples of data from the repository are complete and accurate. | ☒ | ☐ | ☐ | |
| **Accuracy of file consolidations, extracts, and derivations.** | | | | |
| ◆ The Department's and the BHO's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate. | ☒ | ☐ | ☐ | |
| ◆ Actual results of file consolidations or extracts are consistent with results expected from documented algorithms or specifications. | ☒ | ☐ | ☐ | |
| ◆ Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database. | ☒ | ☐ | ☐ | |
| ◆ Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer. | ☒ | ☐ | ☐ | |

| Data Integration and Control Element | Met | Not Met | N/A | Comments |
|---|---|---|---|---|
| **If the Department and the BHO use a performance measure data repository, the structure and format facilitate any required programming necessary to calculate and report required performance measures.** | | | | |
| ◆ The repository's design, program flow charts, and source codes enable analyses and reports. | ☒ | ☐ | ☐ | |
| ◆ Proper linkage mechanisms have been employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition). | ☒ | ☐ | ☐ | |
| **Assurance of effective management of report production and reporting software.** | | | | |
| ◆ Documentation governing the production process, including Department and BHO production activity logs and staff review of report runs, is adequate. | ☒ | ☐ | ☐ | |
| ◆ Prescribed data cutoff dates are followed. | ☒ | ☐ | ☐ | |
| ◆ The Department and the BHO retain copies of files or databases used for performance measure reporting in the event that results need to be reproduced. | ☒ | ☐ | ☐ | |
| ◆ The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production. | ☒ | ☐ | ☐ | |
| ◆ The Department's and the BHO's processes and documentation comply with standards associated with reporting program specifications, code review, and testing. | ☒ | ☐ | ☐ | |

# Appendix C. Denominator and Numerator Validation Findings

*for* **Access Behavioral Care**

## Reviewer Work Sheets

| | |
|---|---|
| **BHO Name:** | Access Behavioral Care |
| **On-Site Visit Date:** | January 18, 2012 |
| **Reviewer:** | Wendy Talbot and Thomas Cross |

| Denominator Elements for Access Behavioral Care | | | | |
|---|---|---|---|---|
| **Audit Element** | ***Met*** | ***Not Met*** | ***N/A*** | **Comments** |
| ◆ For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced. | ☒ | ☐ | ☐ | |
| ◆ Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures. | ☒ | ☐ | ☐ | |
| ◆ The Department and the BHO have correctly calculated member months and years, if applicable to the performance measure. | ☒ | ☐ | ☐ | |
| ◆ The Department and the BHO have properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes have been appropriately identified and applied as specified in each performance measure. | ☒ | ☐ | ☐ | |
| ◆ Parameters required by the specifications of each performance measure are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.). | ☒ | ☐ | ☐ | |
| ◆ Exclusion criteria included in the performance measure specifications have been followed. | ☒ | ☐ | ☐ | |
| ◆ Systems or methods used by the Department and the BHO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid. | ☐ | ☐ | ☒ | Population estimates were not applicable to the measures under the scope of the audit. |

| Numerator Elements for Access Behavioral Care | | | | |
|---|---|---|---|---|
| **Audit Element** | ***Met*** | ***Not Met*** | ***N/A*** | **Comments** |
| ◆ The Department and the BHO have used appropriate data, including linked data from separate data sets, to identify the entire at-risk population. | ☒ | ☐ | ☐ | |
| ◆ Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services. | ☒ | ☐ | ☐ | |
| ◆ The Department and the BHO have avoided or eliminated all duplication of counted members or numerator events. | ☒ | ☐ | ☐ | |
| ◆ Any nonstandard codes used in determining the numerator have been mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program. | ☐ | ☐ | ☒ | Nonstandard codes were not used to determine numerators for measures. |
| ◆ Parameters required by the specifications of the performance measure are adhered to (e.g., the measured event occurred during the time period specified or defined in the performance measure). | ☒ | ☐ | ☐ | |

## Encounter Data

The measurement period for these performance measures is July 1, 2010, through June 30, 2011 (fiscal year [FY] 2010–2011).

## Hospital Recidivism—Indicator 1

**Table D-1—Hospital Recidivism *for* Access Behavioral Care**

| Population | Time Frame | Non-State Hospitals | | | All Hospitals | | |
|---|---|---|---|---|---|---|---|
| | | Denominator (Discharges) | Numerator (Readmissions) | Rate | Denominator (Discharges) | Numerator (Readmissions) | Rate |
| Child 0–12 Years of Age | 7 Days | 88 | 1 | 1.14% | 89 | 1 | 1.12% |
| | 30 Days | 88 | 10 | 11.36% | 89 | 10 | 11.24% |
| | 90 Days | 88 | 21 | 23.86% | 89 | 21 | 23.60% |
| Adolescent 13–17 Years of Age | 7 Days | 140 | 1 | 0.71% | 155 | 2 | 1.29% |
| | 30 Days | 140 | 6 | 4.29% | 155 | 8 | 5.16% |
| | 90 Days | 140 | 14 | 10.00% | 155 | 19 | 12.26% |
| Adult 18–64 Years of Age | 7 Days | 299 | 18 | 6.02% | 369 | 20 | 5.42% |
| | 30 Days | 299 | 43 | 14.38% | 369 | 48 | 13.01% |
| | 90 Days | 299 | 81 | 27.09% | 369 | 90 | 24.39% |
| Adult 65 Years of Age and Older | 7 Days | 3 | 0 | 0.00% | 4 | 0 | 0.00% |
| | 30 Days | 3 | 0 | 0.00% | 4 | 0 | 0.00% |
| | 90 Days | 3 | 0 | 0.00% | 4 | 0 | 0.00% |
| All Ages | 7 Days | 530 | 20 | 3.77% | 617 | 23 | 3.73% |
| | 30 Days | 530 | 59 | 11.13% | 617 | 66 | 10.70% |
| | 90 Days | 530 | 116 | 0.22% | 617 | 130 | 21.07% |

## Penetration Rates—Indicators 8–11

The penetration rate is a calculation of the percentage of consumers served by the respective BHO out of all Medicaid-eligible individuals within the BHO service area.

**Table D-2—Penetration Rates by Age Category *for* Access Behavioral Care**

| | Enrollment | Members Served | Rate |
|---|---|---|---|
| Children 12 years of age and younger as of June 30, 2010 | 47,862 | 2,379 | 4.97% |
| Adolescents between 13 and 17 years of age as of June 30, 2010 | 9,780 | 1,454 | 14.87% |
| Adults between 18 and 64 years of age as of June 30, 2010 | 32,542 | 6,302 | 19.37% |
| Adults 65 years of age or older as of June 30, 2010 | 7,793 | 505 | 6.48% |
| Overall | 97,978 | 10,640 | 10.86% |

**Table D-3—Penetration Rates by Service Category *for* Access Behavioral Care**

| | Enrollment | Members Served | Rate |
|---|---|---|---|
| Inpatient Care | 97,978 | 328 | 0.33% |
| Intensive Outpatient or Partial Hospitalization | 97,978 | 46 | 0.05% |
| Ambulatory Care | 97,978 | 8,685 | 8.86% |

**Table D-4—Penetration Rates by Medicaid Eligibility Category *for* Access Behavioral Care**

| | Enrollment | Members Served | Rate |
|---|---|---|---|
| AFDC/CWP Adults | 19,207 | 2,229 | 11.60% |
| AFDC/CWP Children | 48,522 | 2,461 | 5.07% |
| AND/AB-SSI | 10,349 | 3,407 | 32.92% |
| BC Children | 7,211 | 351 | 4.87% |

| Table D-4—Penetration Rates by Medicaid Eligibility Category *for* Access Behavioral Care | | | |
|---|---|---|---|
| | Enrollment | Members Served | Rate |
| BC Women | 619 | 81 | 13.09% |
| BCCP-Women Breast & Cervical Cancer | 87 | 15 | 17.19% |
| Foster Care | 2,587 | 1,026 | 39.66% |
| OAP-A | 7,714 | 492 | 6.38% |
| OAP-B-SSI | 1,682 | 380 | 22.59% |

## Follow-up After Hospitalization for Mental Illness—Indicator 13

| Table D-5—Follow-up After Hospitalization for Mental Illness *for* Access Behavioral Care | | | |
|---|---|---|---|
| Follow-up Period | Denominator (Discharges) | Numerator (Seen Within Date Criteria) | Follow-up Rate |
| 7 Days (Non-State Hospital) | 378 | 150 | 39.68% |
| 30 Days (Non-State Hospital) | 378 | 222 | 58.73% |
| 7 Days (All Hospitals) | 386 | 156 | 40.41% |
| 30 Days (All Hospitals) | 386 | 228 | 59.07% |

## Inpatient Utilization—Indicator 16

| Table D-6—Inpatient Utilization *for* Access Behavioral Care | | | | | | |
|---|---|---|---|---|---|---|
| Population | Non-State Hospitals | | | All Hospitals | | |
| | Denominator | Numerator | Rate per 1,000 Members | Denominator | Numerator | Rate per 1,000 Members |
| Child 0–12 Years of Age | 47,862 | 88 | 1.84 | 47,862 | 89 | 1.86 |
| Adolescent 13–17 Years of Age | 9,780 | 140 | 14.31 | 9,780 | 155 | 15.85 |
| Adult 18–64 Years of Age | 32,542 | 299 | 9.19 | 32,542 | 369 | 11.34 |
| Adult 65 Years of Age and Older | 7,793 | 3 | 0.38 | 7,793 | 4 | 0.51 |
| All Ages | 97,978 | 530 | 5.41 | 97,978 | 617 | 6.30 |

## Hospital Average Length of Stay—Indicator 17

| Table D-7—Hospital Average Length of Stay (ALOS) *for* Access Behavioral Care | | | | | | |
|---|---|---|---|---|---|---|
| Population | Non-State Hospitals | | | All Hospitals | | |
| | Denominator | Numerator | ALOS | Denominator | Numerator | ALOS |
| Child 0–12 Years of Age | 88 | 819 | 9.31 | 89 | 843 | 9.47 |
| Adolescent 13–17 Years of Age | 140 | 1,055 | 7.54 | 155 | 1,176 | 7.59 |
| Adult 18–64 Years of Age | 299 | 2,379 | 7.96 | 369 | 9,162 | 24.83 |
| Adult 65 Years of Age and Older | 3 | 75 | 25.00 | 4 | 1,139 | 284.75 |
| All Ages | 530 | 4,328 | 8.17 | 617 | 12,320 | 19.97 |

# Emergency Department Utilization—Indicator 18

| Table D-8—Emergency Department Utilization *for* Access Behavioral Care | | | |
|---|---|---|---|
| | Denominator | Numerator | Rate per 1,000 Members |
| Child 0–12 Years of Age | 47,862 | 140 | 2.93 |
| Adolescent 13–17 Years of Age | 9,780 | 159 | 16.26 |
| Adult 18–64 Years of Age | 32,542 | 475 | 14.60 |
| Adult 65 Years of Age and Older | 7,793 | 5 | 0.64 |
| All Ages | 97,978 | 779 | 7.95 |

# Survey Results

## *Domain Scores*

Based on Mental Health Statistics Improvement Program (MHSIP), Youth Services Survey for Families (YSS-F), and Youth Services Survey (YSS) survey data, the scores reflect the percentage of agreement by adults surveyed in each of five domains. In previous years, these surveys were mailed to consumers receiving services in a given time period. For FY 2010–2011, the surveys were made available to consumers coming into community mental health centers for appointments during the three-week period of September 19, 2011, to October 7, 2011. MHSIP, YSS-F, and YSS survey responses were collected using a five-point Likert scale, with 1 equal to strong agreement and 5 equal to strong disagreement. For the purposes of this report, only agreement results are displayed. Agreement is defined as a mean that is less than 2.5 on a scale of 1 to 5. Disagreement is defined as a mean that is greater than 2.5.

# Mental Health Statistics Improvement Program (MHSIP)

Table E-1 displays the domain name, corresponding definition, and percentage of Medicaid adults ages 18 years and older surveyed who agreed with the indicated domain definition.

**Table E-1—MHSIP Domain Definitions and Scores *for* Access Behavioral Care**

| Domain | MHSIP Items in Each Domain | Percentage of Adults Who Agreed |
|---|---|---|
| Consumer Perception of Access | The location of the services was convenient.<br>Staff was willing to see me as often as I felt it was necessary.<br>Staff returned my calls within 24 hours.<br>Services were available at times that were good for me.<br>I was able to get all the services I thought I needed.<br>I was able to see a psychiatrist when I wanted to. | **83.93%** |
| Consumer Perception of Quality/Appropriateness | Staff here believe I can grow, change, and recover.<br>I felt free to complain.<br>Staff told me what side effects to watch for.<br>Staff respected my wishes about who is and is not to be given information about my treatment.<br>Staff was sensitive to my cultural/ethnic background.<br>Staff helped me obtain information so that I could take charge of managing my illness.<br>I was given information about my rights.<br>Staff encouraged me to take responsibility for how I live my life.<br>I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.). | **87.27%** |

| Table E-1—MHSIP Domain Definitions and Scores *for* Access Behavioral Care | | |
|---|---|---|
| **Domain** | **MHSIP Items in Each Domain** | **Percentage of Adults Who Agreed** |
| Consumer Perception of Participation in Service/Treatment Planning | I, not staff, decided my treatment goals.<br>I felt comfortable asking questions about my treatment and medication. | **82.57%** |
| Consumer Perception of Outcomes | I deal more effectively with daily problems.<br>I am better able to control my life.<br>I am better able to deal with crises.<br>I am getting along better with my family.<br>I do better in social situations.<br>I do better in school/work.<br>My symptoms are not bothering me as much.<br>My housing situation has improved. | **61.47%** |
| Consumer Perception of Satisfaction | I liked the services I received here.<br>If I had other choices, I would still get services from this agency.<br>I would recommend this agency to a friend or family member. | **89.72%** |

## *Medical Doctor Contacts*

Using MHSIP survey data, this performance measure reflects the percentage of Medicaid adults ages 18 years and older surveyed who reported seeing a medical doctor or nurse face-to-face for a health checkup or illness.

| Table E-2—Medical Doctor Contacts *for* Access Behavioral Care | | | | |
|---|---|---|---|---|
| **Doctor Visit in Clinic, Office, or Home Visit** | **No Visit** | **Do Not Remember** | **Percentage With Doctor Visit outside of the Emergency Room** | **Total** |
| **70** | **16** | **19** | **66.67%** | **105** |

## Youth Services Survey for Families (YSS-F)

Table E-3 displays the domain name, corresponding definition, and percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to 14 years who agreed with the indicated domain definition.

**Table E-3—YSS-F Domain Definitions and Scores *for* Access Behavioral Care**

| Domain | YSS-F Items in Each Domain | Percentage of Parents Who Agreed |
|---|---|---|
| Consumer Perception of Access | The location of services was convenient.<br>Services were available at times that were good for me. | **75%** |
| Consumer Perception of Participation in Service/Treatment Planning | I helped to choose my child's services.<br>I helped to choose my child's treatment goals.<br>I participated in my child's treatment. | **100%** |
| Consumer Perception of Cultural Sensitivity | Staff treated me with respect.<br>Staff respected my family's religious/spiritual beliefs.<br>Staff spoke with me in a way that I understood.<br>Staff was sensitive to my cultural/ethnic background. | **100%** |
| Consumer Perception of the Appropriateness of Services | Overall, I am satisfied with the services my child received.<br>The people helping my child stuck with us no matter what.<br>I felt my child had someone to talk to when he/she was troubled.<br>The services my child and/or family received were right for us.<br>My family got the help we wanted for my child.<br>My family got as much help as we needed for my child. | **100%** |
| Consumer Perception of Outcomes | My child is better at handling daily life.<br>My child gets along better with family members.<br>My child gets along better with friends and other people.<br>My child is doing better in school and/or work.<br>My child is better able to cope when things go wrong.<br>I am satisfied with our family life right now. | **80%** |

### *Medical Doctor Contacts*

Using YSS-F survey data, this performance measure reflects the percentage of parents/guardians surveyed on behalf of Medicaid children ages 0 to 14 years who reported their child seeing a medical doctor or nurse face to face for a health checkup or illness.

**Table E-4—Medical Doctor Contacts *for* Access Behavioral Care**

| Doctor Visit in Clinic, Office, or Home Visit | Doctor Visit in Emergency Room | No Visit | Do Not Remember | Percentage With Doctor Visit | Total |
|---|---|---|---|---|---|
| **4** | **0** | **1** | **0** | **80.00%** | **5** |

## Youth Services Survey (YSS)

Table E-5 displays the domain name, corresponding definition, and percentage of Medicaid adolescents ages 15 to 18 years surveyed who agreed with the indicated domain definition.

**Table E-5—YSS Domain Definitions and Scores *for* Access Behavioral Care**

| Domain | YSS Items in Each Domain | Percentage of Patients Who Agreed |
|---|---|---|
| Consumer Perception of Access | The location of services was convenient.<br>Services were available at times that were good for me. | N/A |
| Consumer Perception of Participation in Service/Treatment Planning | I helped to choose my services.<br>I helped to choose my treatment goals.<br>I participated in my treatment. | N/A |
| Consumer Perception of Cultural Sensitivity | Staff treated me with respect.<br>Staff respected my family's religious/spiritual beliefs.<br>Staff spoke with me in a way that I understood.<br>Staff was sensitive to my cultural/ethnic background. | N/A |
| Consumer Perception of the Appropriateness of Services | Overall, I am satisfied with the services I received.<br>The people helping me stuck with me no matter what.<br>I felt I had someone to talk to when I was troubled.<br>I received services that were right for me.<br>I got the help I wanted.<br>I got as much help as I needed. | N/A |
| Consumer Perception of Outcomes | I am better at handling daily life.<br>I get along better with family members.<br>I get along better with friends and other people.<br>I am doing better in school and/or work.<br>I am better able to cope when things go wrong.<br>I am satisfied with my family life right now. | N/A |

### *Medical Doctor Contacts*

Using YSS survey data, this performance measure reflects the percentage of Medicaid adolescents ages 15 to 18 years surveyed who reported seeing a medical doctor or nurse face-to-face for a health checkup or illness.

**Table E-6—Medical Doctor Contacts *for* Access Behavioral Care**

| Doctor Visit in Clinic, Office, or Home Visit | Doctor Visit in Emergency Room | No Visit | Do Not Remember | Percentage With Doctor Visit | Total |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | N/A | 0 |