

DBHS Performance Measures, beginning CYE 2014

Measure	New Measures? (Y/N)	Administrative (A) or Hybrid (H)?	MPS	Goal	Methodology	Comments
BH Inpatient Utilization ^{(1) (2)} (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months.
BH Emergency Department (ED) Utilization ^{(1) (2)} (visits/1,000 member months)	Y	A	1405	1265	HEDIS - AMB (Ambulatory Care)	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months.
BH Hospital Readmissions ^{(1) (2)}	Y	A	0.93	0.81	Adult Core*	The average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Follow-Up After Hospitalization for Mental Illness (within 7 days) ⁽¹⁾	N**	A	50%	80%	Adult Core	Intentionally left blank.
Follow-Up After Hospitalization for Mental Illness (within 30 days) ⁽¹⁾	N**	A	70%	90%	Adult Core	Intentionally left blank.
Access to Behavioral Health Provider within 7 days ⁽¹⁾	N	A	75%	85%	AHCCCS	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.
Access to Behavioral Health Provider within 23 days ⁽¹⁾	N	A	90%	95%	AHCCCS	While this is not a new measure, the service list that is used to determine the numerator has been revised to ensure timely and appropriate member care is being delivered.
EPSDT Participation ⁽¹⁾	N	A	68%	80%	CMS 416 will be used	Line 10

* Based on information from CMS, there are no standardized risk adjustment tables for Medicaid. AHCCCS is finalizing the methodology for this measure and will release it soon. The goal for the adult measure is to align as closely as possible with the NCQA risk adjustment tables as long as they are reflective of/meaningful to the population served. For the Children's readmission measure, AHCCCS is determining the best way to risk adjust this population and will provide additional detail soon.

** While this is not a new performance measure, the measure has previously been tabled so official data has not been provided on this measure before.

⁽¹⁾ These measures will be calculated using data from Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) via their Regional Behavioral Health Authorities (RBHAs). These results will be shared with DBHS and corrective action will be expected from DBHS if these measures fail to meet the MPS. All measures will have aggregate results, as well as results by three specific member populations (KidsCare, CMDP, and DDD). It is expected that AHCCCS Acute, DDD, and CMDP Contractors will work with DBHS to coordinate care and achieve performance standards for these measures if population-specific barriers are identified.

⁽²⁾ Diagnosis codes that will be used to identify mental-health related utilization will include the following ICD-9-CM codes: 295-299, 300.3, 300.4, 301, 308, 309, 311-314

General Notes:

1. The measurement period for all measures is reflective of Contract Year (October 1 - September 30)
2. Allowable gaps will follow the established methodology. If an option for a Medicaid gap exists, use that specification.

Rates by Contractor for each measure will be compared with the MPS specified in the contract in effective during the measurement period; Performance Standards in the CYE 2014 contract apply to results calculated by AHCCCS for the CYE 2014 measurement period.