DMA MCO PERFORMANCE INDICATORS January 2012 Contract Attachment M, N & W				DMHDDSAS LME PERFORMANCE INDICATORS October 2011-June 2012 Contract Attachment II			
	DOMAIN	Indicator	Description		DOMAIN	Indicator	Description
				28	Prevention and Early Intervention	Substance Abuse Prevention Services	The percent of persons who complete substance abuse prevention programs each quarter is equal to or greater than the statewide average for the reference period from the previous fiscal year
9	Access & Availability	Call Answer Timeliness	The percentage of calls received by member services call centers (during the member services operating hours) during the measurement year that were answered by a live voice within 30 seconds.				
11	Access & Availability	Call Abandonment	The percentage of calls received by the member services call center (during operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice.				
				29	Access to Care	Timely Urgent Care – Appointments Kept	The percent of persons starting a new episode of care who are in need of urgent mh/dd/sa services and receive their first face-to-face service (assessment and/or treatment) within 48 hours of the request for care is equal to or above the statewide average for the reference period from the previous fiscal year.
				30	Access to Care	Timely Routine Care – Appointments Kept	The percent of persons starting a new episode of care who are in need of routine mh/dd/sa services and receive their first face-to-face service (assessment and/or treatment) within 14 calendar days of the request for care is equal to or above the statewide average for the reference period from the previous fiscal year.
16	Access & Availability	Payment (Authorization) Denials	Number and percentage of requests for services that were denied by the LME-MCO (do a report by denial code)				
38	Plan Descriptive Information	Unduplicated Count of Medicaid Members	Number of enrollees servedand enrolled by the plan, by age, sex, Medicaid eligibility category and the average number of months Medicaid members are served by the plan and enrolled by the plan of the measurement year				
39	Plan Descriptive Information	Race/Ethnicity Diversity of Membership	Number and percentage of Medicaid members served versus enrolled at any time during the measurement year by race/ethnicity, Hispanic origin, and language. This measure is required only if the plan has received the necessary information from DMA to calculate the measure by May 1 of each calendar reporting year.				

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	DOMAIN	Indicator	Description		DOMAIN	Indicator	Description
29	Use of Services	Mental Health Service Utilization	Percentage of Medicaid enrollees and all other enrollees, reported separately, receiving MH inpatient, day/night care and ambulatory services and extent of use.	31	Treated Prevalence	Adult Mental Health Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
				32	Treated Prevalence	Child & Adolescent Mental Health Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
30	Use of Services	Chemical Dependency Service Utilization	Number & percent of Medicaid enrollees and all other enrollees, reported separately, receiving chemical dependency inpatient, day/night care and ambulatory services and extent of use	35	Treated Prevalence	Adult Substance Abuse Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
33	Quality & Appropriateness of Services	Identification of Alcohol and Other Drug Services	Number and percentage of members with an alcohol and other drug (AOD) claim. AOD claims contain a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measure	36	Treated Prevalence	Adolescent Substance Abuse Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
				33	Treated Prevalence	Adult Developmental Disability Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
				34	Treated Prevalence	Child & Adolescent Developmental Disability Services	The percent of persons estimated to have a mh/dd/sa disability who received at least one service during the prior rolling one year period is equal to or above the statewide average for the reference period from the previous fiscal year.
	Access & Availability	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of adults diagnosed with AOD dependence who initiate treatment through one of the following: an inpatient AOD admission or an outpatient service for AOD abuse or dependence and any additional AOD services within 14 calendar days. Medicaid and all other enrollees, reported separately.	39	Initiation and Engagement in Service	Initation of Substance Abuse Services	The percent of persons in SA disability group who receive at least two services in the first 14 days of a new episode of care is equal to or above the statewide average for the reference period from the previous fiscal year.

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				40	Initiation and Engagement in Service	Engagement in Substance Abuse Services	The percent of persons in SA disability group who meet the initiation criteria and receive at least two additional services in the following 30 days of care is equal to or above the statewide average for the reference period from the previous fiscal year.
				37	Initiation and Engagement in Service	Initiation of Mental Health Services	The percent of persons in each disability group who receive at least two services in the first 14 days of a new episode of care is equal to or above the statewide average for the reference period from the previous fiscal year.
				38	Initiation and Engagement in Service	Engagement in Mental Health Services	The percent of persons in each disability group who meet the initiation criteria and receive at least two additional services in the following 30 days of care is equal to or above the statewide average for the reference period from the previous fiscal year.
				41	Initiation of Service	Initiation of Support for Persons with Intellectual or Developmental Disabilities	The percent of persons with intellectual or developmental disabilities who receive a billable service within 30 days of an initial screening for a new episode of routine care is equal to or above the statewide average for the reference period from the previous fiscal year.
	Use of Services	Integrated Care	For adults, percentage of enrollees with high level behavioral health involvement 21-44, 45-64 and 65 years of age and older who had an ambulatory or preventative care visit during the measurement year. For children and adolescents, reports the percentage of continuously enrolled enrollees 3 to 6 years, 7-11 years and 12-20 years of age with high level behavioral health involvement who had a visit with a primary care practitioner	50	Continuity of Care	CCNC Medical Care Coordination	The percent of Medicaid recipients in Quadrants II and IV (See Section 7.3.3.) with at least one visit to a CCNC/primary care physician (or other primary care physician) per year. SFY 2012 will be used as a reference to set a benchmark for performance in future years
22	Use of Services	Mental Health Inpatient Discharges and Average Length of Stay	Use of inpatient services (Medicaid and other enrollees, reported separately) reported by age, and gender (Mental Health Utilization - Inpatient Discharges and ALOS --summarize the utilization of inpatient MH services stratified by age and sex)	42	Crisis and Inpatient Services	Short Term Care in State Psychiatric Hospitals	The percent of persons with stays in a state psychiatric hospital for seven days or less is equal to or below the statewide average for the reference period from the previous fiscal year.
36	Use of Services	Chemical Dependence Inpatient Discharges and Average Length of Stay	Summarizes the utilization of inpatient chemical dependency services, stratified by age and sex. Medicaid and all other enrollees, reported separately.				

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	DOMAIN	Indicator	Description		DOMAIN	Indicator	Description
				49	Continuity of Care	Follow-Up after Discharge from a Community Crisis Service	The percent of persons discharged from a community-based crisis service who receive a community-based or state facility service within seven days is equal to or above the statewide average for the reference period from the previous fiscal year.
28	Effectiveness of Care	Follow-up After Hospitalization for Mental Illness	Percentage of discharges for Medicaid enrollees and all other enrollees, reported separately, 6 years of age and older, who were hospitalized for treatment of selected mental health disorders, who were continuously enrolled for 30 calendar days after discharge (without gaps) and who were seen on an ambulatory basis or who were in day/night treatment with a mental health provider	46	Continuity of Care	Follow-Up after Discharge from a State Psychiatric Hospital	The percent of persons discharged from state psychiatric hospitals who receive a community-based service within seven days is equal to or above the statewide average for the reference period from the previous fiscal year.
31	Effectiveness of Care	Ambulatory Follow-up within 7 calendar days of discharge for Mental Health	number and proportion of adult enrollees, ages 18-20 and age 21 and over with a mental health diagnosis who have a visit within 7 calendar days of discharge from a mental health facility. The number and percentage who have a visit within 30 calendar days of discharge from a mental health facility.	48	Continuity of Care	Follow-Up after Discharge from a Community Psychiatric Hospital Bed	The percent of persons discharged from a community psychiatric hospital bed who receive a community-based or state facility service within seven days is equal to or above the statewide average for the reference period from the previous fiscal year.
31	Effectiveness of Care	Ambulatory Follow-up within 7 calendar days of discharge for Substance Abuse Therapy	Number and proportion of adult enrollees, ages 18-20 and age 21 and over with substance abuse diagnosis who have a visit within 7 calendar days of discharge from a substance abuse facility. The number and percentage who have a visit within 30 calendar days of discharge from a substance abuse facility.	47	Continuity of Care	Follow-Up after Discharge from a State Alcohol and Drug Abuse Treatment Center	The percent of persons discharged from ADATCs who receive a community-based service within seven days is equal to or above the statewide average for the reference period from the previous fiscal year.
				45	Crisis and Inpatient Services	Community Hospital Readmissions within 30 Days	The percent of Medicaid recipients readmitted to a community psychiatric hospital within 1-30 days of discharge. SFY 2012 will be used as a reference to set a benchmark for performance in future years
25	Effectiveness of Care	Readmission Rates for Mental Health	Number and proportion of Medicaid enrollees readmitted to inpatient mental health facilities within 30 calendar days. (break down by all enrollees)	43	Crisis and Inpatient Services	Hospital Readmissions within 30 Days	The percent of persons readmitted to a state psychiatric hospital within 1-30 days of discharge is equal to or below the statewide average for the reference period from the previous fiscal year
				44	Crisis and Inpatient Services	Hospital Readmissions within 180 Days	The percent of persons readmitted to a state psychiatric hospital within 1-180 days of discharge is equal to or below the statewide average for the reference period from the previous fiscal year
26	Effectiveness of Care	Readmission Rates for Substance Abuse	Number and proportion of Medicaid enrollees readmitted to substance abuse treatment facilities within 30 calendar days. (break down by all enrollees)				

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	DOMAIN	Indicator	Description		DOMAIN	Indicator	Description
55	Health Plan Stability	Network Capability	The number and type of all providers in the network by the type of service rendered.				
19	Access & Availability	Out of Network Services	Number and percentage of total services that are rendered out of network.				
	Satisfaction		Provider Satisfaction Survey				
63	Health & Safety	Critical Incidents	Number and percentage of deaths and incidents that were reported on the past fiscal year's LME Quarterly Incidents Reports (DMH Form QM13) that required LME intervention, categorized as follows: a. consumer deaths, b. restrictive interventions, c. consumer injuries, d. allegations of abuse, e. allegations of neglect or exploitation by a provider or caregiver, f. medication errors, g. consumer behavior, h. other incidents		Health & Safety	Critical Incidents	Note: DMHDDSAS collects this information from the NC Incident Response Improvement System through web-based provider and LME reporting of incidents and follow-up activities.
67	Satisfaction	Complaints/Grievances/Appeals	Report separately all enrollee complaints, grievances, and Medicaid appeals including the total number of enrollees served, total number of both complaints and grievances categorized by reason, reported separately; the number of both complaints and grievances referred to second level review or appeal, reported separately; and the number of complaints and grievances resolved at each level, total time of resolution and outcome, reported separately. Reports are due no later than 45 calendar days after the end of each calendar quarter.				
	Satisfaction		Patient Satisfaction Survey				NOTE: DMHDDSAS uses the MHSIP consumer survey to meet MH Block Grant reporting requirements. Some survey items are similar to PBH's patient survey. DMHDDSAS does not conduct or require a regular provider survey.
69	System Performance		Two quality improvement studies in year 1 of contract (1 clinical and 1 non-clincial) and one additional quality improvement study in year 2				
	System Performance		Finance Reporting Requirements (provide financial reports as delineated in Attachment W)				