

Division of Medical Assistance

DASHBOARD MEASURES--through NOVEMBER 2011

What follows are the Division of Medical Assistance's "Dashboard" measures for the Current Year (*i.e.*, the most recent 12 months) and the Prior 12 months.

Note the following important features of the data presented:

- (1) Monthly figures are based on Date of Payment, not Date of Service (except for the CCNC measures, pp. 29-31).
- (2) High numbers of adjusted claims in some past months have been known to cause high variations in the figures for those months. Therefore, any adjustments to claims have now been entirely excluded from all results.
- (3) Because of the variation in the data simply due to the differing number of days of claims processed during the month, a factor has been applied to smooth out this variation. The formula for the factor applied is:

$$\text{Monthly factor} = (\text{Calendar days in month}) / (\text{Processing days in month})$$

- (4) Utilization has been broken out further for the primary set of financially-based measures (pp. 3-29) into recipients of a service per 1000 eligibles and the volume of services per recipient--essentially, how many people received a service and on average how much of the service did each of these recipients receive. Services received may be presented as 'Visits', 'Days', 'Stays' or 'Claims' depending on the type of service delivered. Note that the four calculations graphed for each service are directly related in the following way**:

$$\text{PMPM} = (\text{Recipients per 1000 eligibles} \times \text{Services per Recipient} \times \text{Cost per Service}) / 1000$$

- (5) The CCNC graphs have been reset to include SFY 2010, 2011, and 2012. Previously the time period covered was 2009, 2010, 2011.
- (6) Health Choice results are excluded.
- (7) **Beginning next month**, the Community Support (CS), CS Adult and CS Children measures as well as the HIV Case Management will no longer be included due to the very low number of recipients receiving these services.

** Expressed as the underlying calculations:

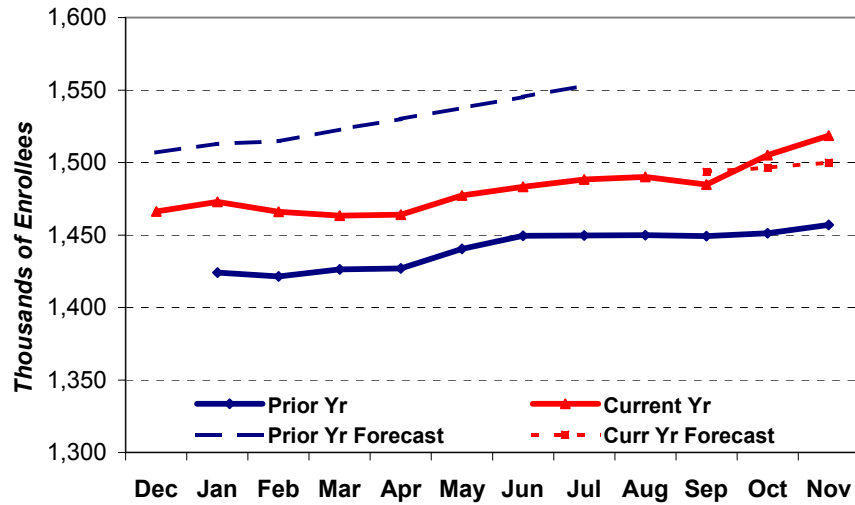
$$\frac{\text{Total \$ for service}}{\text{Month's eligibles}} \times \frac{\text{Smoothing Factor}}{\text{Factor}} = \frac{\text{\# Recipients} \times 1000}{\text{Month's eligibles}} \times \frac{\text{Smoothing Factor}}{\text{Factor}} \times \frac{\text{\# Services}}{\text{\# Recipients}} \times \frac{\text{Total \$ for service}}{\text{\# Services}} \times \frac{1}{1000}$$

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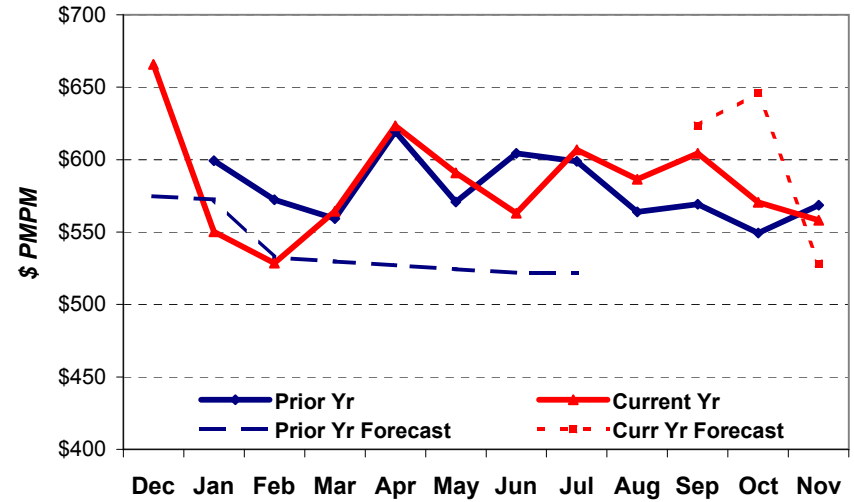
DASHBOARD OF BASIC MEASURES

State + Federal dollars,
based on date of payment

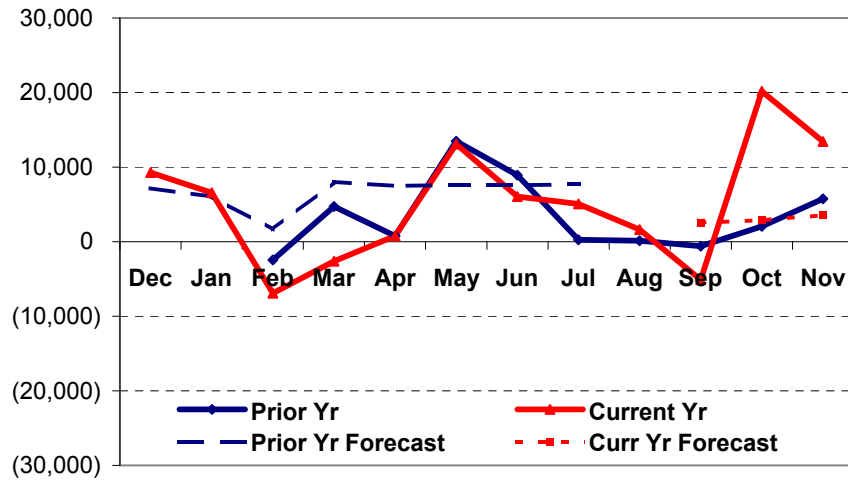
Eligibles



Overall PMPM



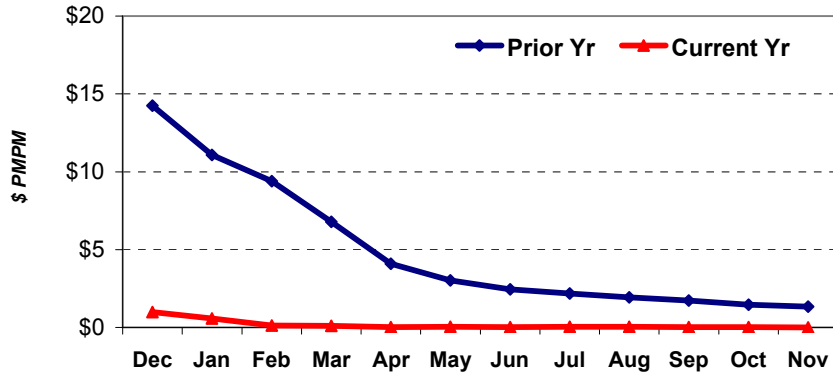
Monthly Change in Eligibles



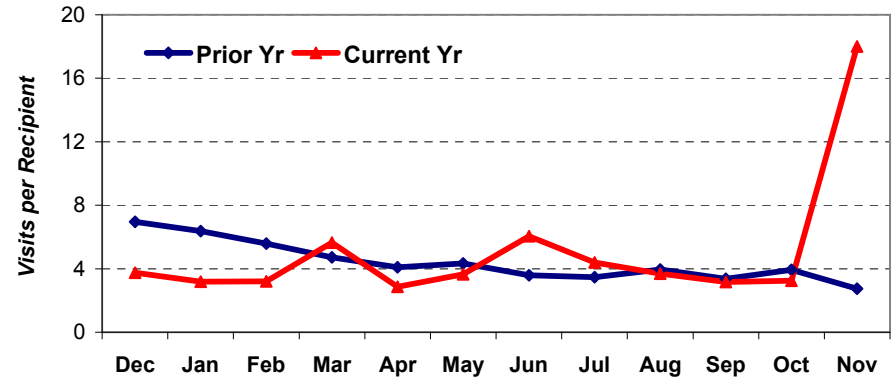
BEHAVIORAL HEALTH DASHBOARD

State + Federal dollars,
based on date of payment

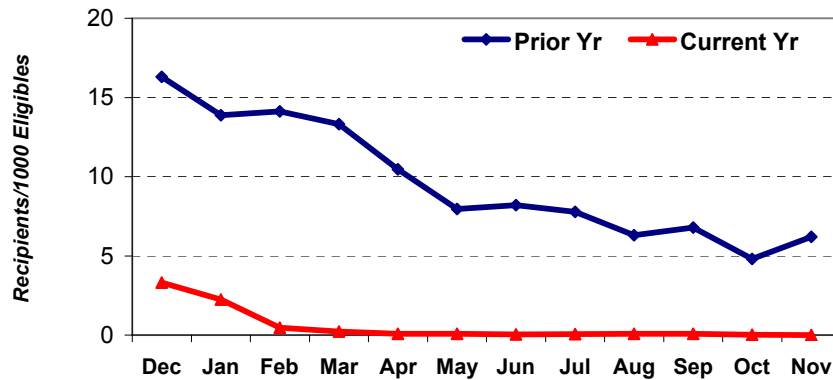
COMMUNITY SUPPORT - PMPM



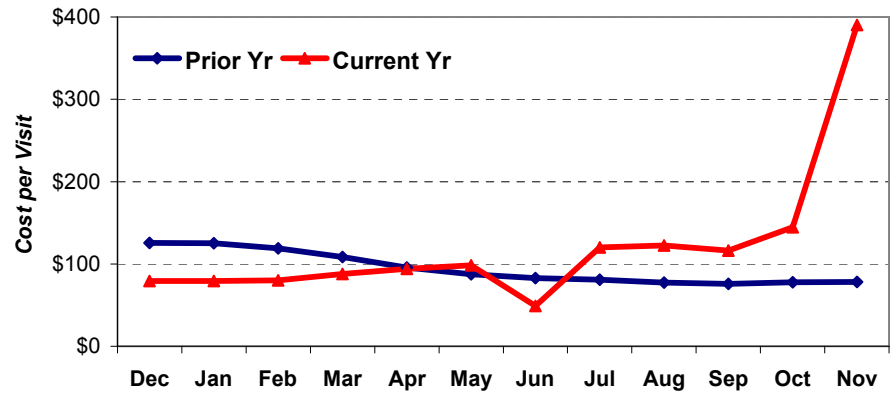
COMMUNITY SUPPORT - Visits* per Recipient



COMMUNITY SUPPORT - Recipients per 1000 Eligibles

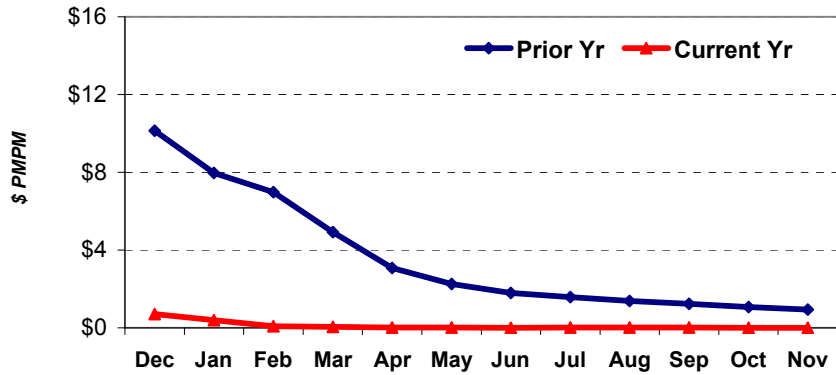


COMMUNITY SUPPORT - Average Cost per Visit*

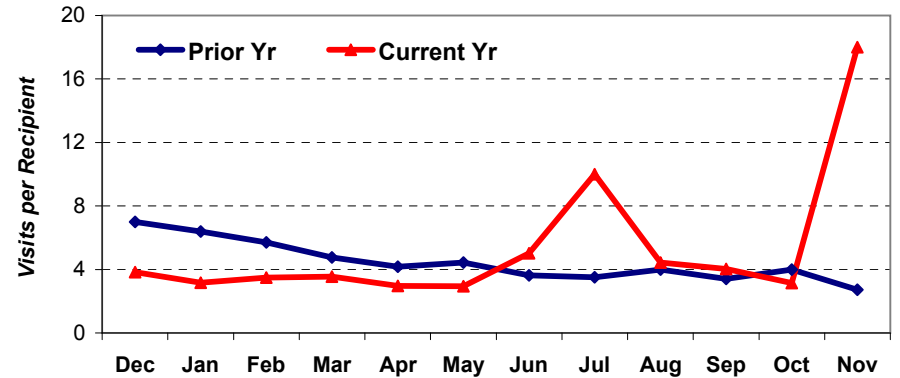


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

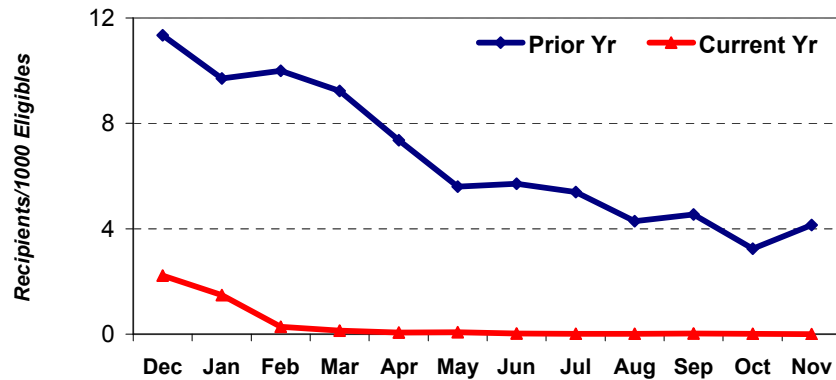
COMMUNITY SUPPORT / CHILDREN - PMPM



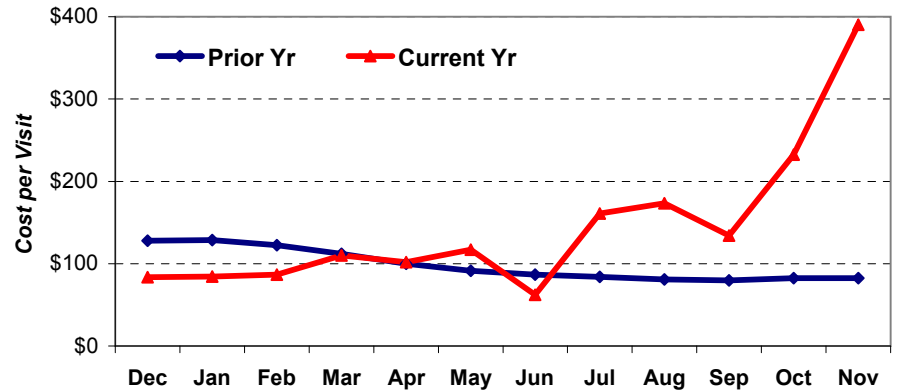
COMMUNITY SUPPORT / CHILDREN - Visits* per Recipient



COMMUNITY SUPPORT / CHILDREN - Recipients per 1000 Eligibles

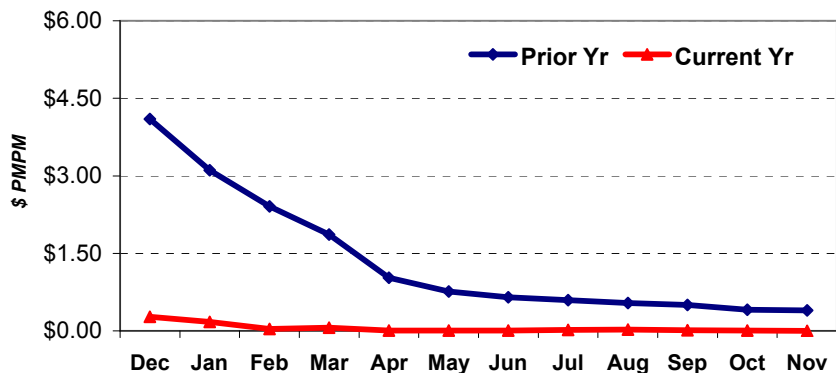


COMMUNITY SUPPORT / CHILDREN - Average Cost per Visit*

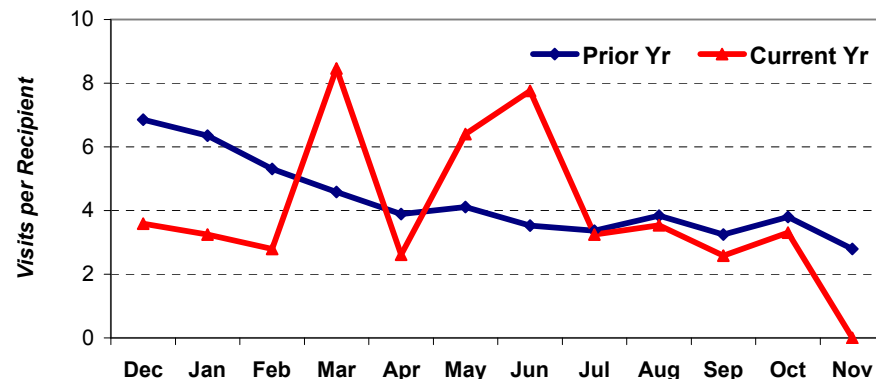


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

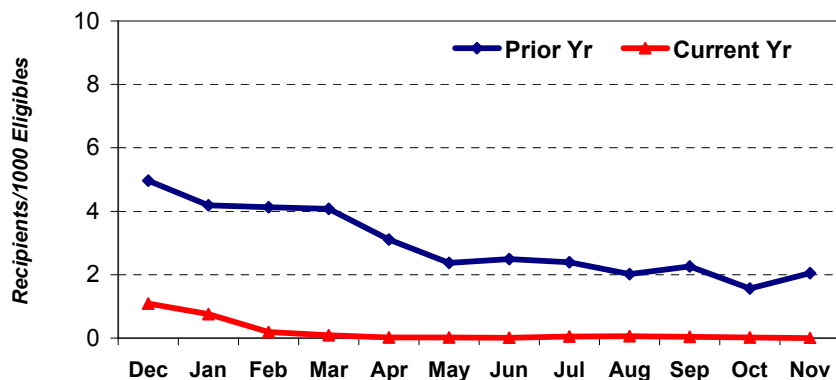
COMMUNITY SUPPORT / ADULTS - PMPM



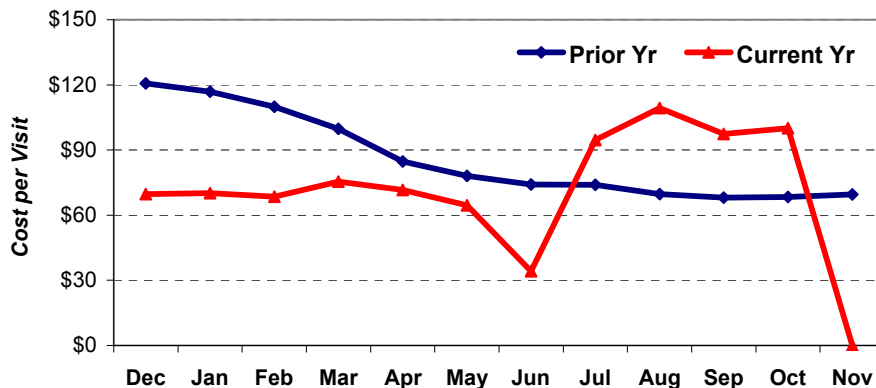
COMMUNITY SUPPORT / ADULTS - Visits* per Recipient



COMMUNITY SUPPORT / ADULTS - Recipients per 1000 Eligibles

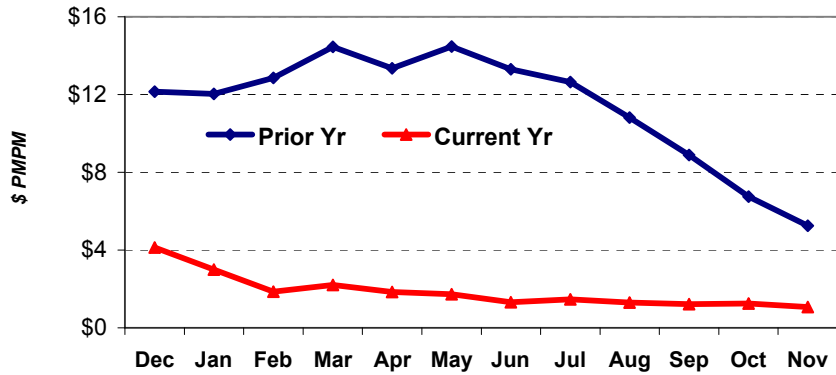


COMMUNITY SUPPORT / ADULTS - Average Cost per Visit*

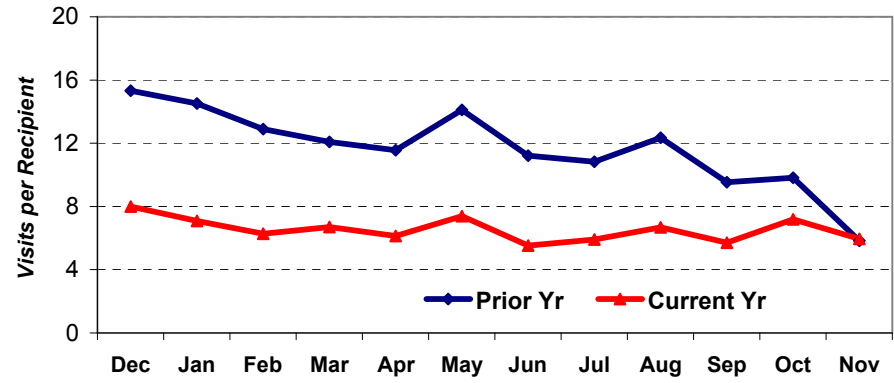


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

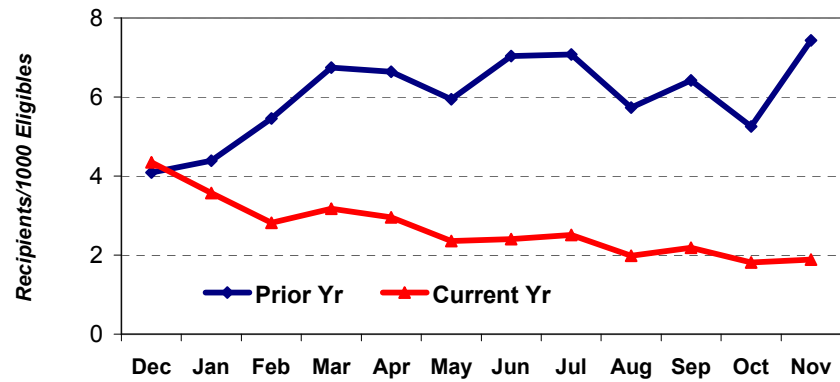
COMMUNITY SUPPORT / TEAM - PMPM



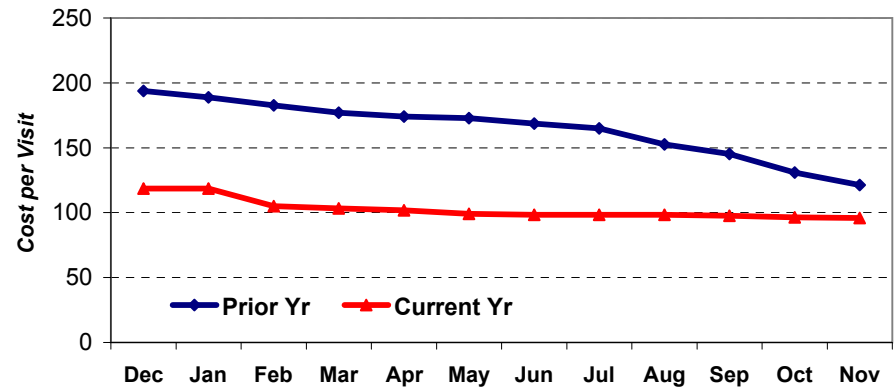
COMMUNITY SUPPORT / TEAM - Visits* per Recipient



COMMUNITY SUPPORT / TEAM - Recipients per 1000 Eligibles

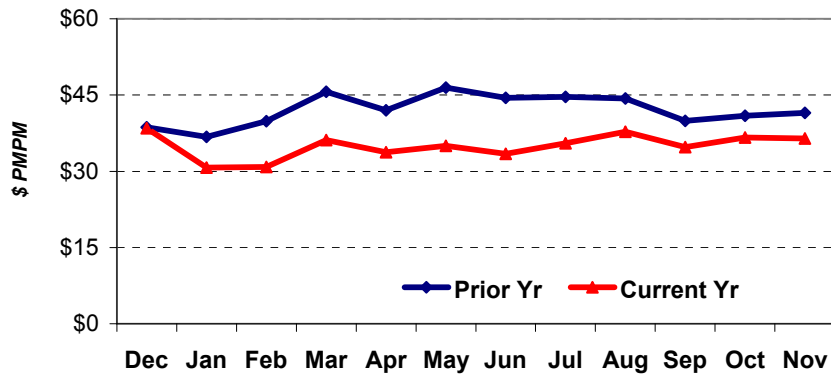


COMMUNITY SUPPORT / TEAM - Average Cost per Visit*

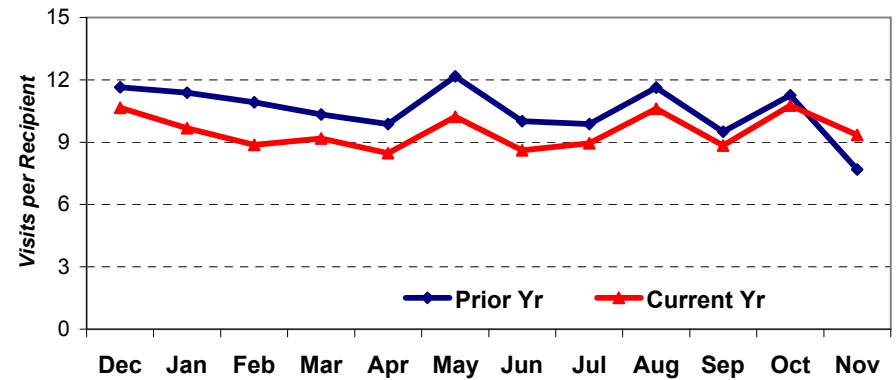


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

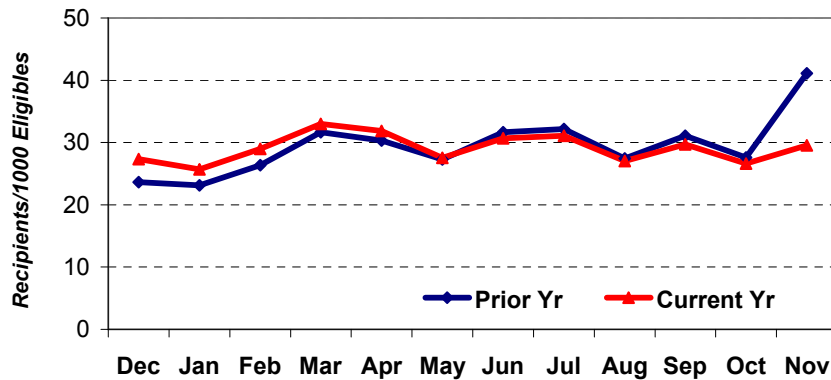
ENHANCED SERVICES - PMPM**



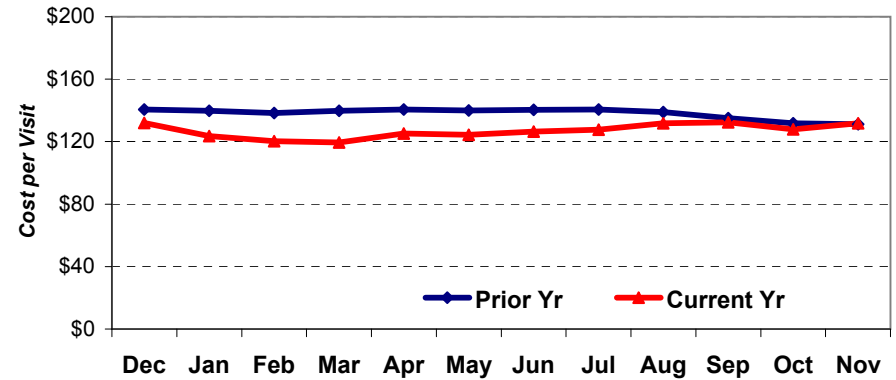
ENHANCED SERVICES - Visits* per Recipient**



ENHANCED SERVICES - Recipients per 1000 Eligibles**



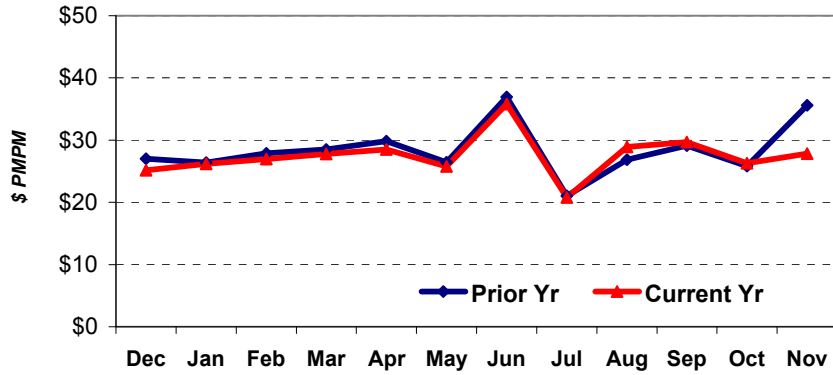
ENHANCED SERVICES - Average Cost per Visit***



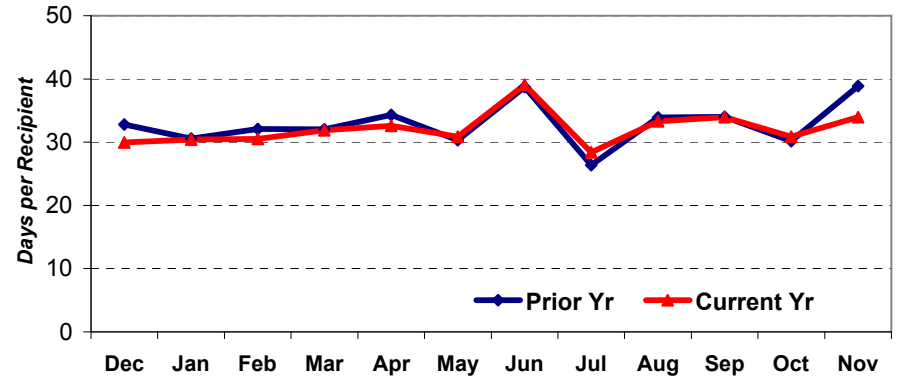
*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

**includes Mental Health Assessment, Diagnostic Assessment, Behavioral Health Counseling & Therapy, Non-Hospital Medical Detox, Non-Medical Community Residential Treatment-Adult, Medically Monitored Community Residential Treatment, Substance Abuse Intensive Outpatient Program, Opioid Treatment, Partial Hospitalization, Assertive Community Treatment Team (ACTT), Mobile Crisis Mgmt, Child and Adolescent Day Treatment, Community Support Team, Psychosocial Rehab, Intensive In-Home, Multisystemic Therapy, Substance Abuse Comprehensive Outpatient Treatment, and Professional Treatment Svc in Facility Based Crisis Pgms. [Community Support shown separately & not included here.]

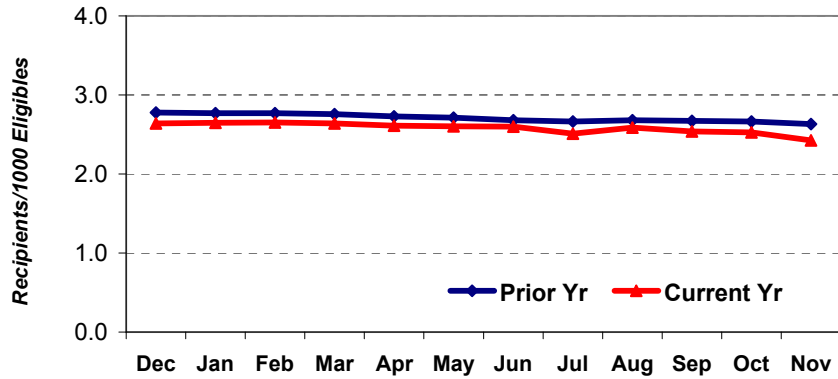
Intermediate Care Facilities/Mentally Retarded - PMPM



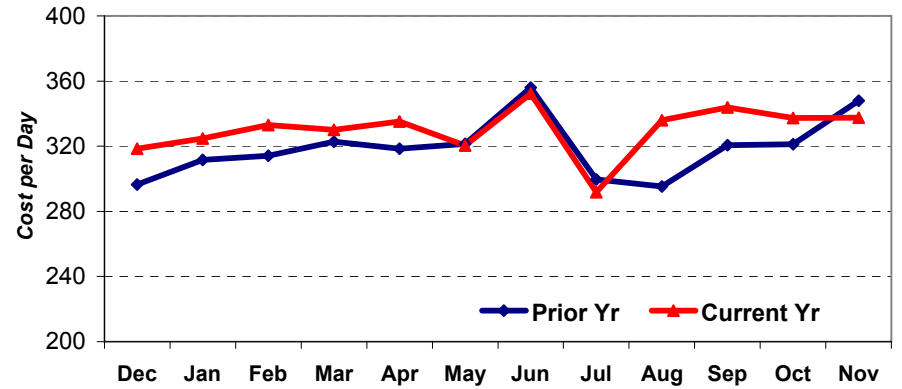
Intermediate Care Facilities/Mentally Retarded - Days per Recipient



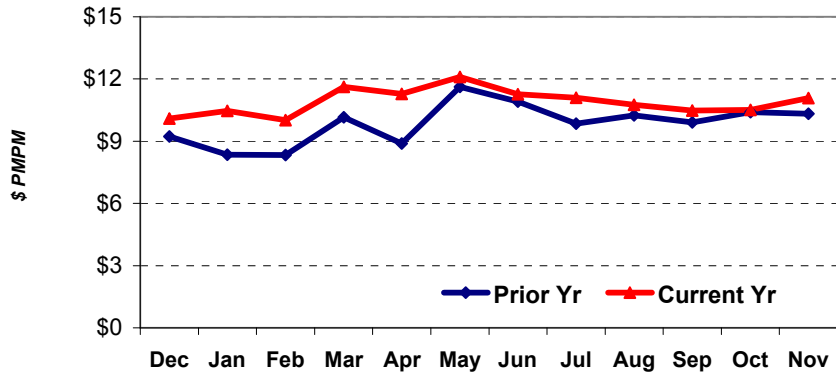
Intermediate Care Facilities/Mentally Retarded - Recipients per 1000 Eligibles



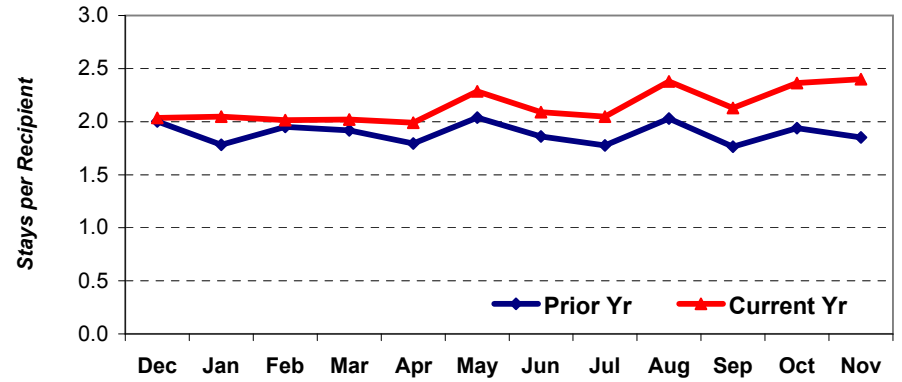
Intermediate Care Facilities/Mentally Retarded - Average Cost per Day



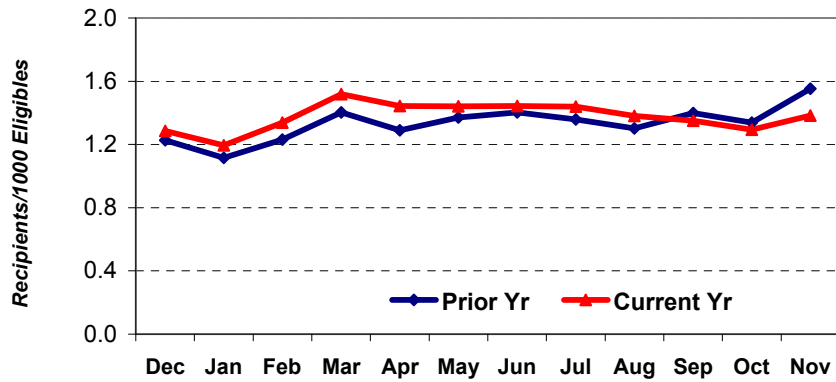
INPATIENT PSYCH - PMPM



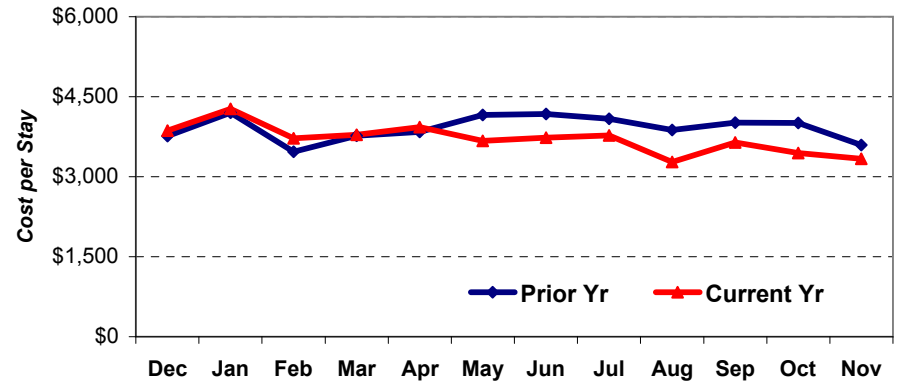
INPATIENT PSYCH - Stays per Recipient



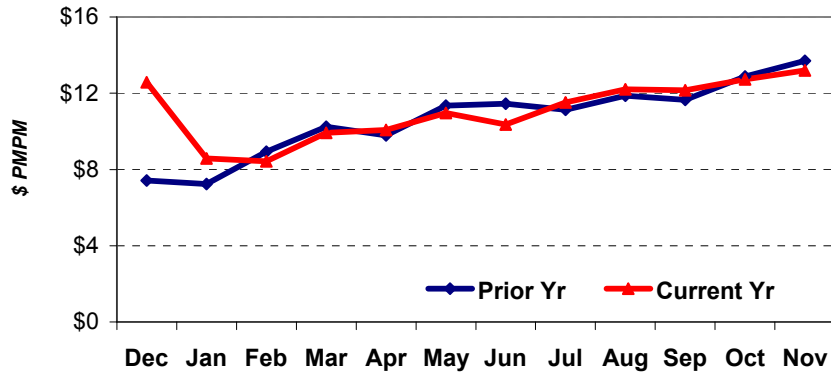
INPATIENT PSYCH - Recipients per 1000 Eligibles



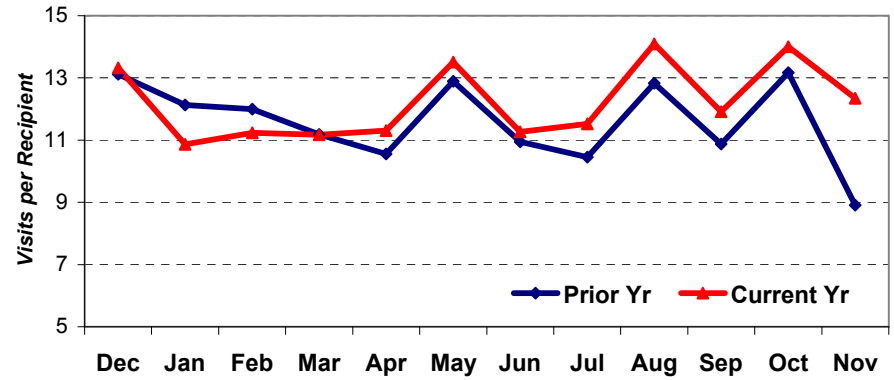
INPATIENT PSYCH - Average Cost per Stay



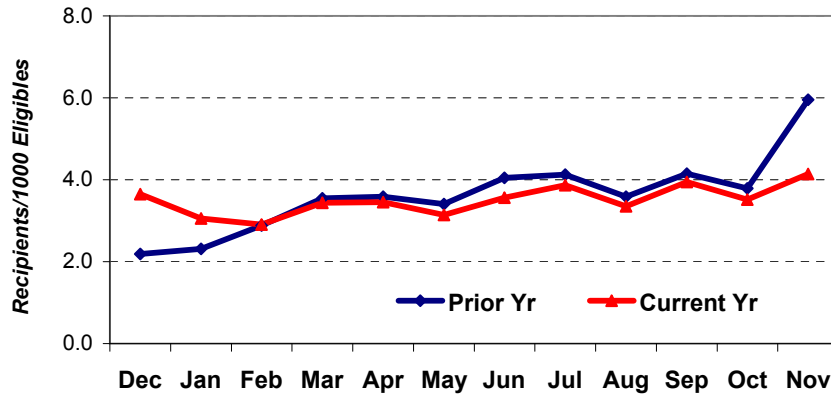
INTENSIVE IN-HOME - PMPM



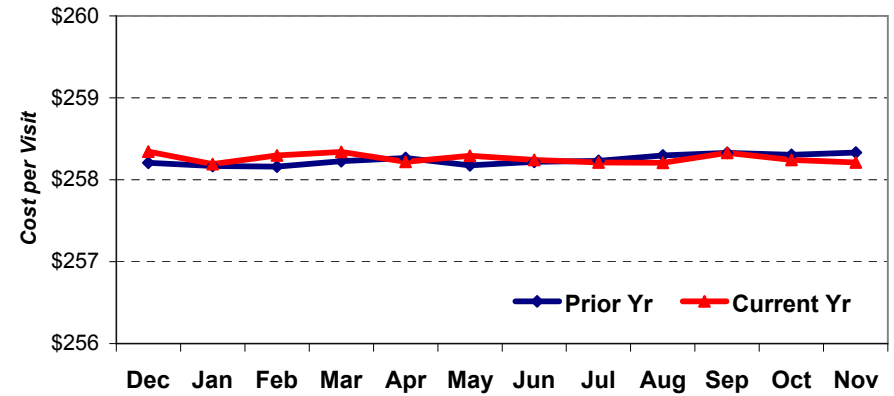
INTENSIVE IN-HOME - Visits* per Recipient



INTENSIVE IN-HOME - Recipients per 1000 Eligibles



INTENSIVE IN-HOME - Average Cost per Visit*

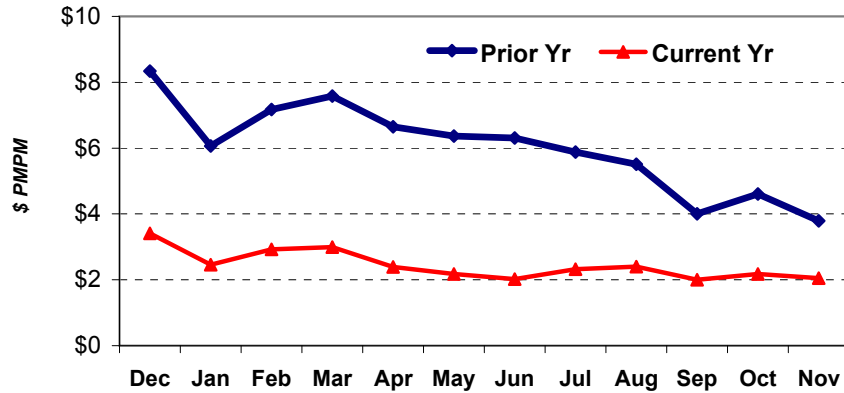


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

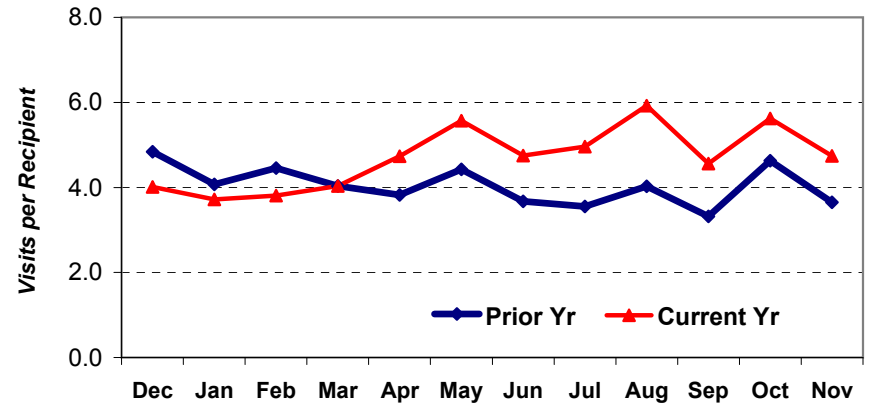
CASE MANAGEMENT DASHBOARD

State + Federal dollars,
based on date of payment

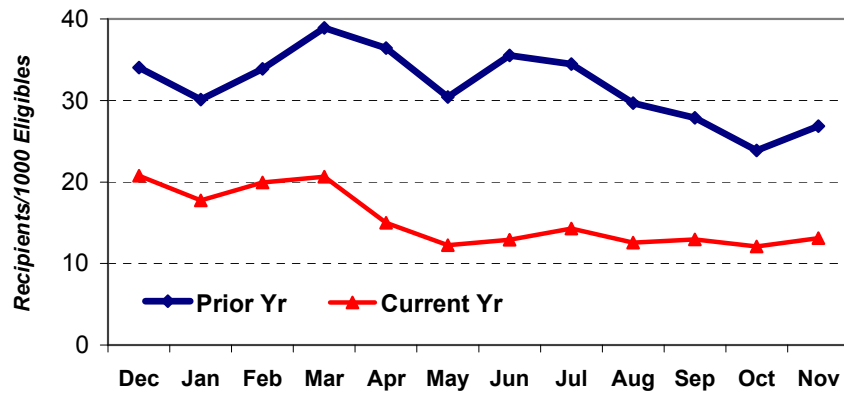
GENERAL CASE MANAGEMENT - PMPM



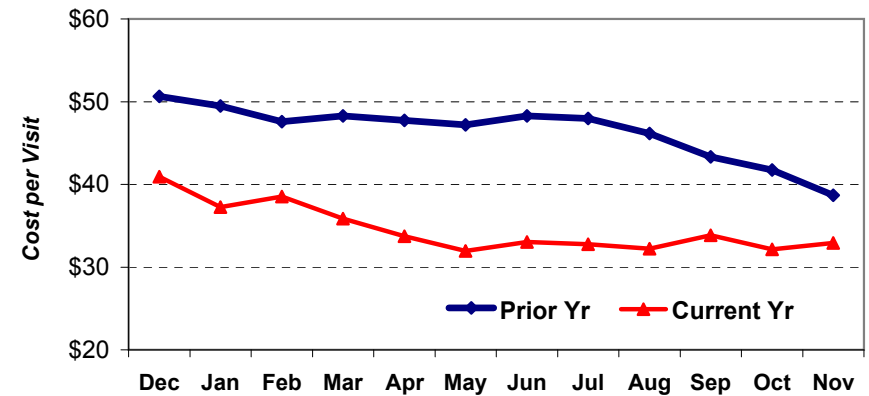
GENERAL CASE MANAGEMENT - Visits* per Recipient



GENERAL CASE MANAGEMENT - Recipients per 1000 Eligibles

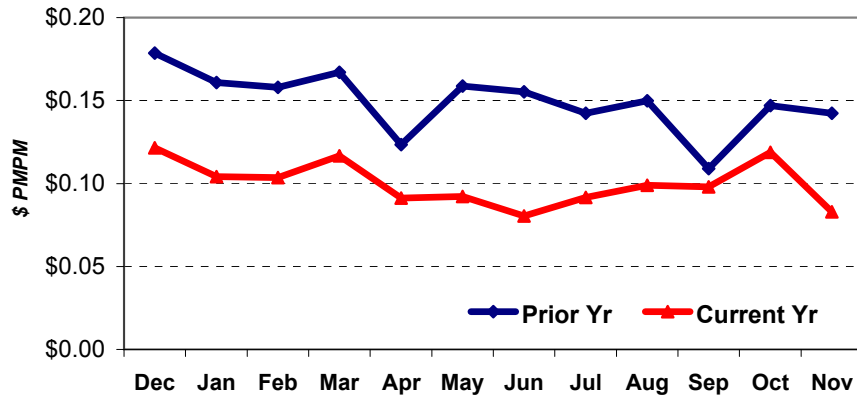


GENERAL CASE MANAGEMENT - Average Cost per Visit*

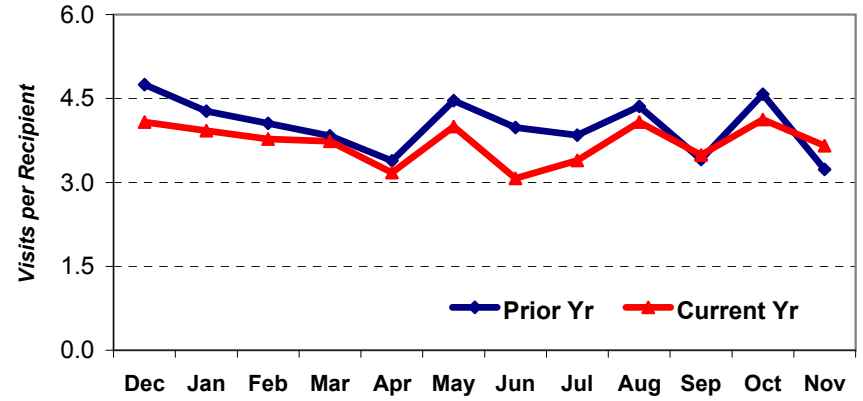


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

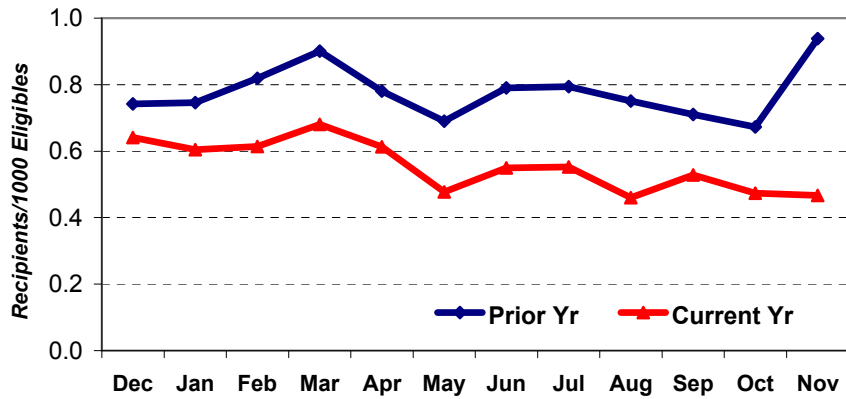
HIV CASE MANAGEMENT - PMPM



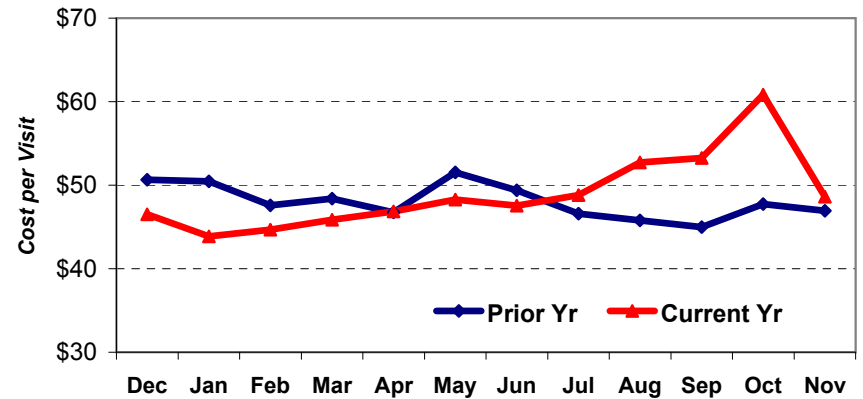
HIV CASE MANAGEMENT - Visits per Recipient*



HIV CASE MANAGEMENT - Recipients per 1000 Eligibles



HIV CASE MANAGEMENT - Average Cost per Visit*

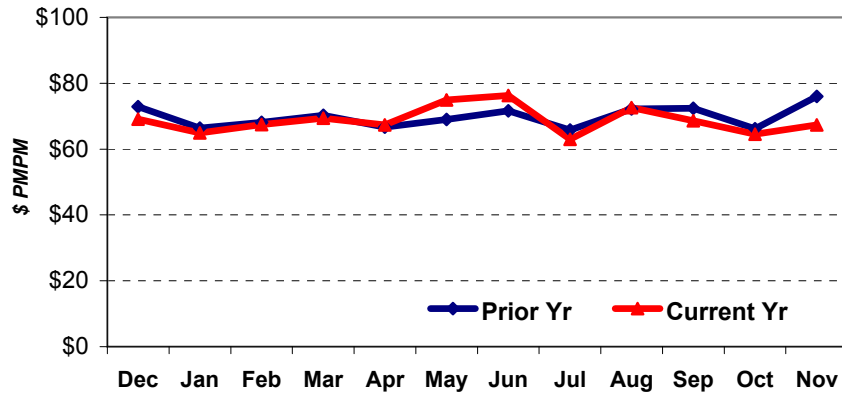


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

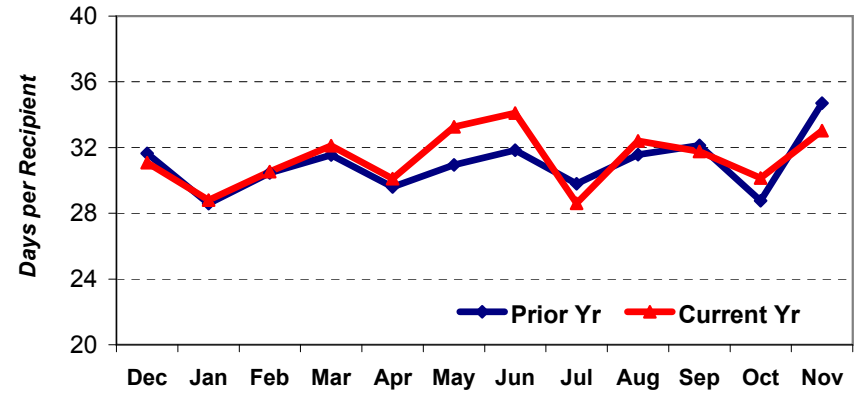
LONG TERM CARE

State + Federal dollars,
based on date of payment

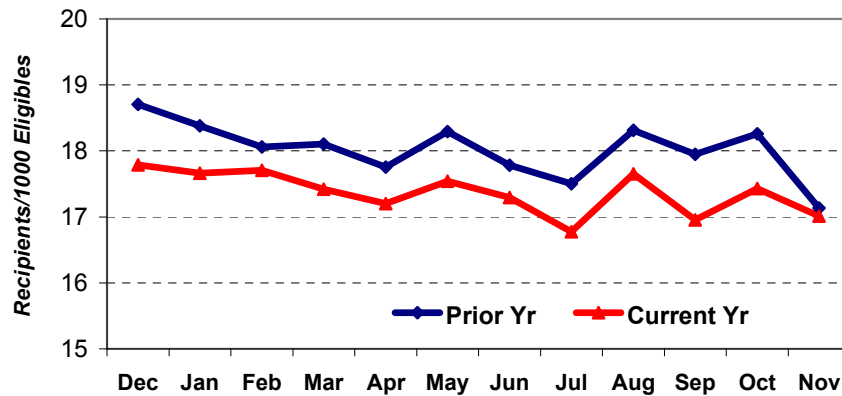
LONG TERM CARE - PMPM



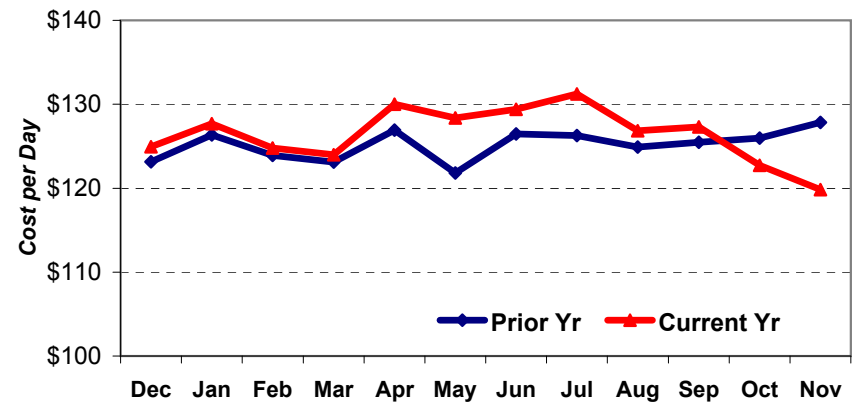
LONG TERM CARE - Days per Recipient



LONG TERM CARE - Recipients per 1000 Eligibles



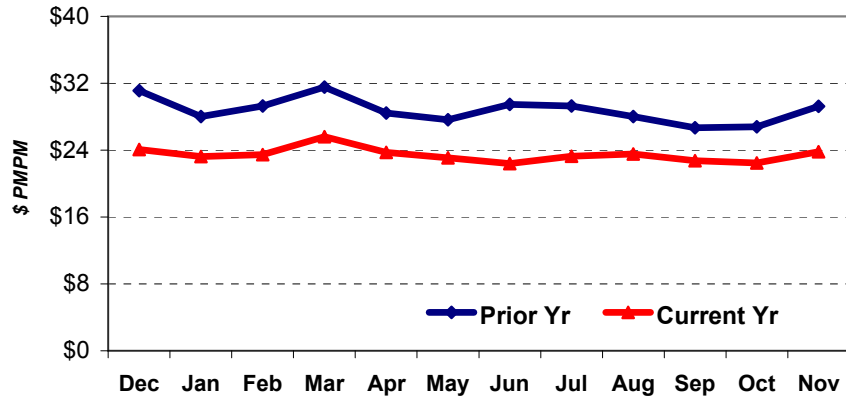
LONG TERM CARE - Average Cost per Day



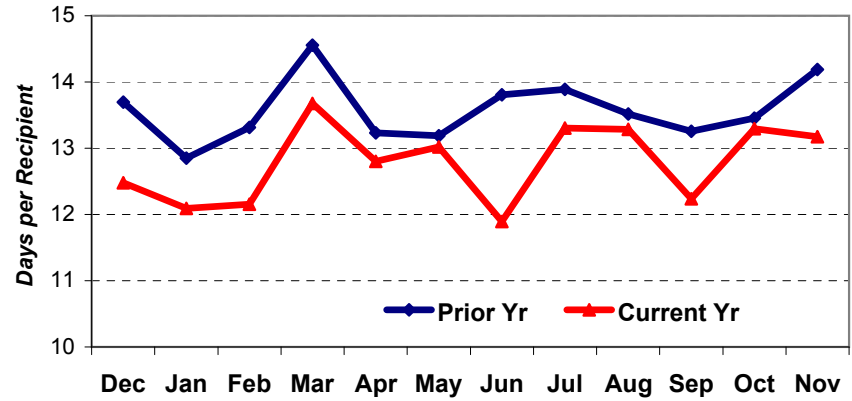
PERSONAL CARE SERVICES

State + Federal dollars,
based on date of payment

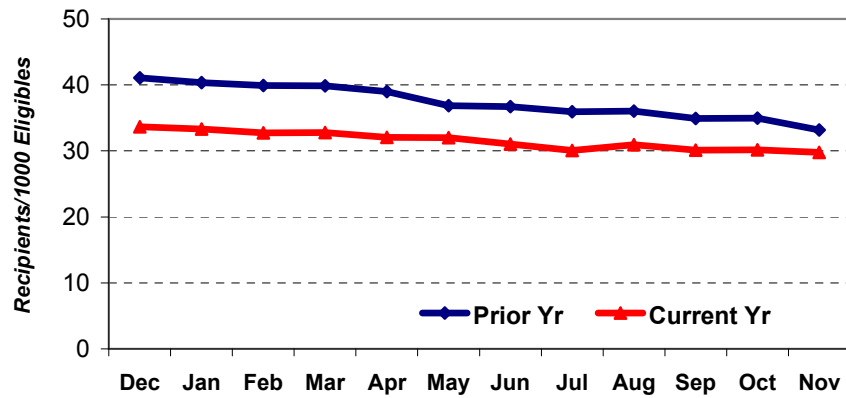
PERSONAL CARE SERVICES - PMPM



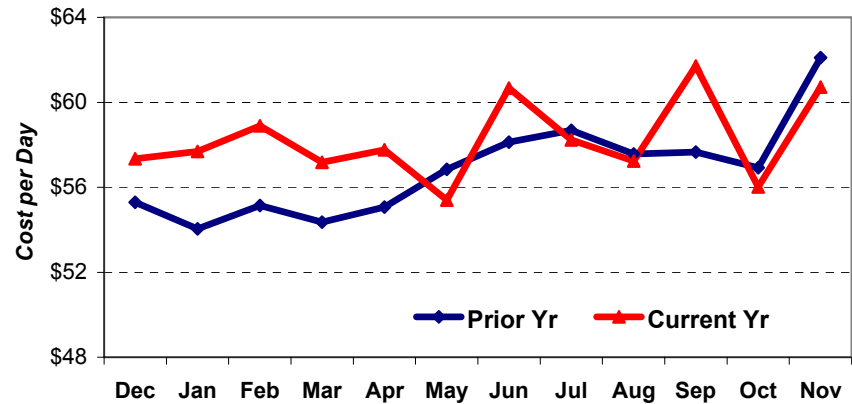
PERSONAL CARE SERVICES - Days per Recipient



PERSONAL CARE SERVICES - Recipients per 1000 Eligibles



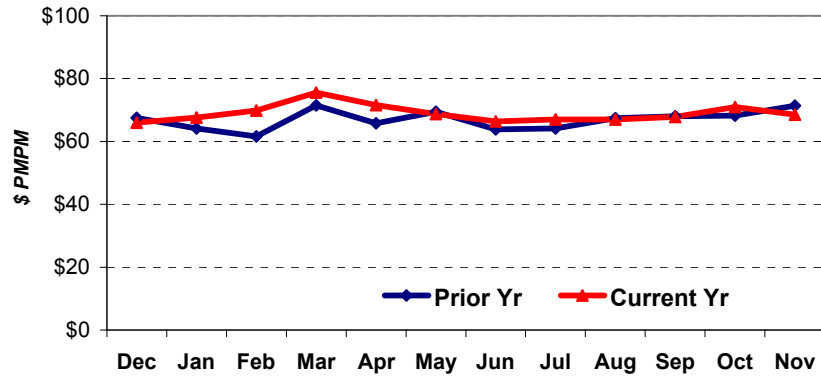
PERSONAL CARE SERVICES - Average Cost per Day



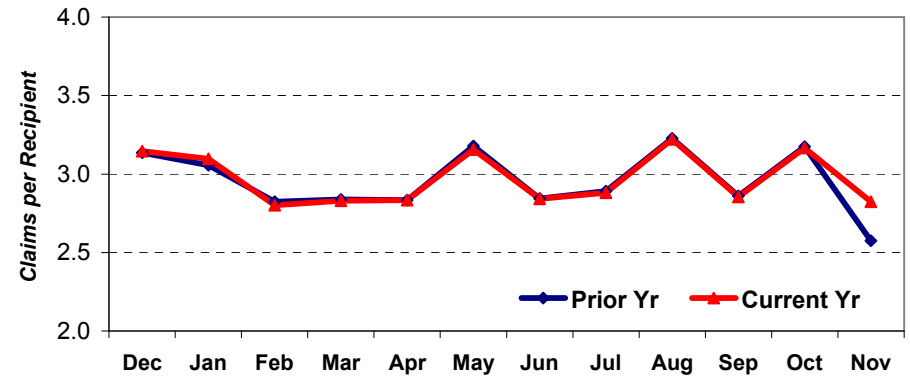
PHARMACY

State + Federal dollars,
based on date of payment

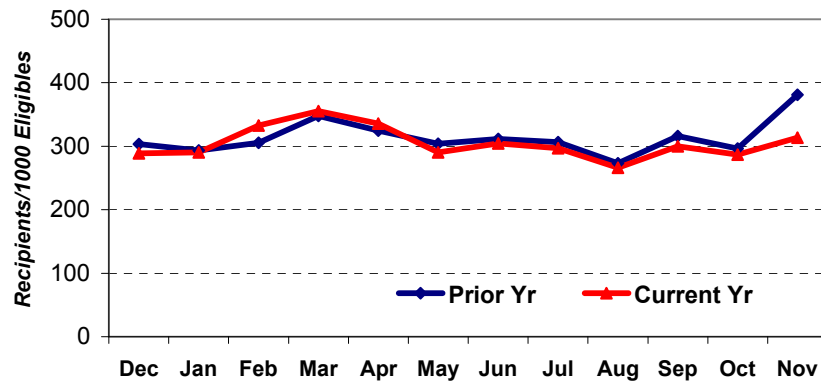
PHARMACY - PMPM



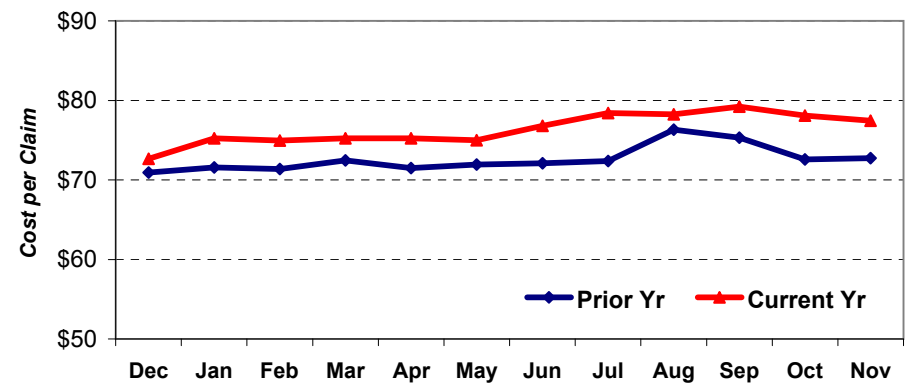
PHARMACY - Claims per Recipient



PHARMACY - Recipients per 1000 Eligibles



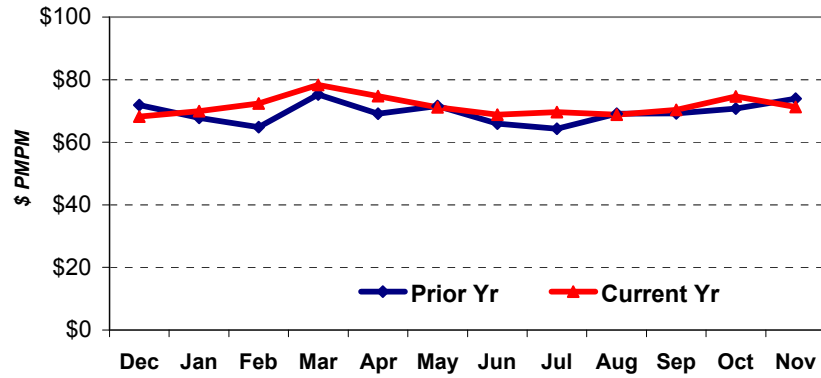
PHARMACY - Average Cost per Claim



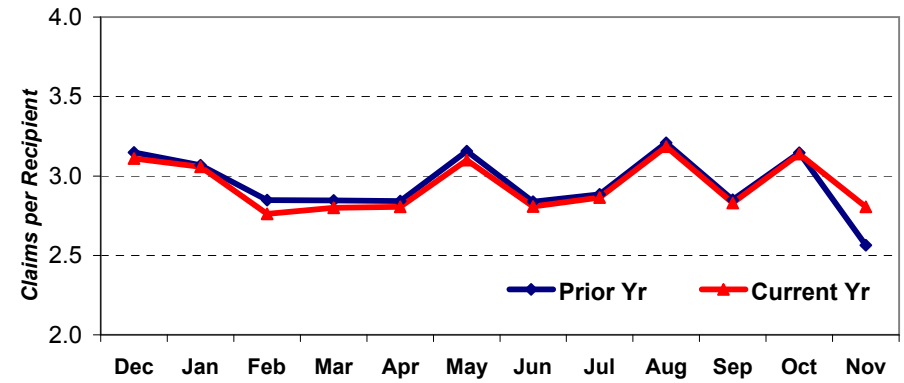
PHARMACY (CCNC)

State + Federal dollars,
based on date of payment

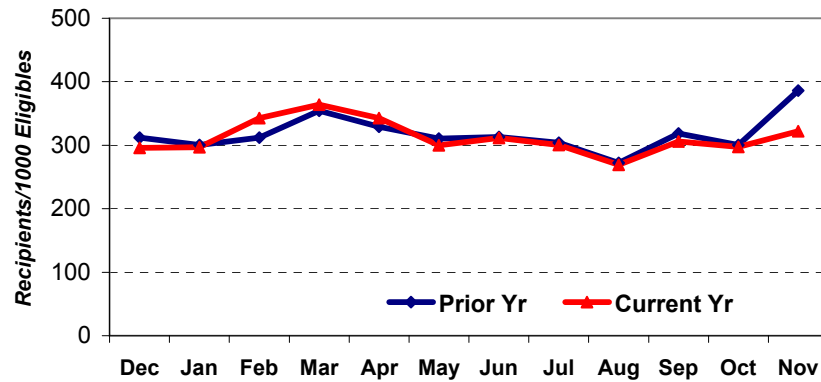
PHARMACY (CCNC) - PMPM



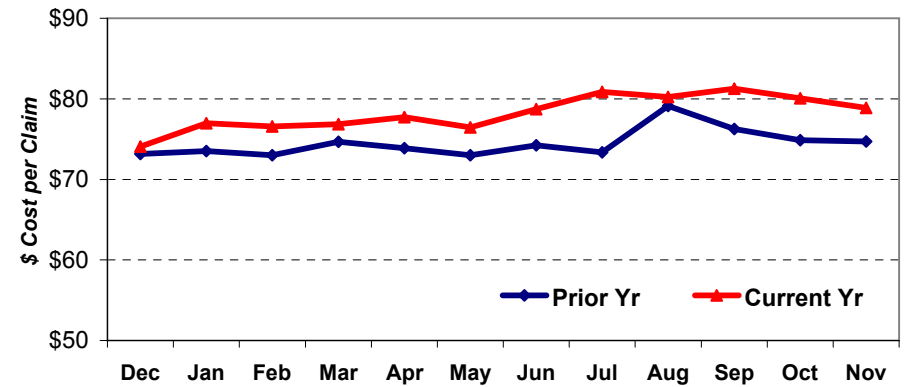
PHARMACY (CCNC) - Claims per Recipient



PHARMACY (CCNC) - Recipients per 1000 Eligibles



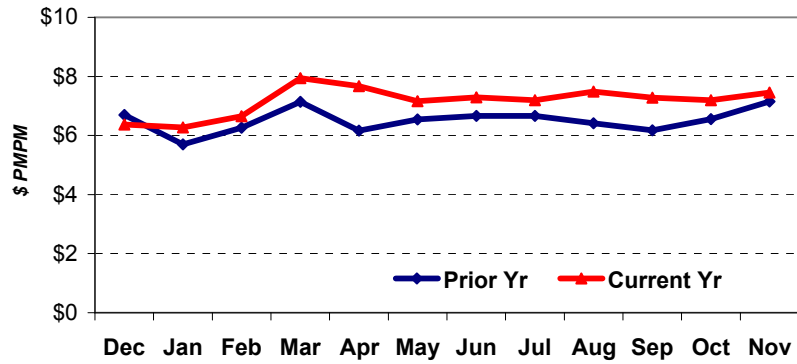
PHARMACY (CCNC) - Average Cost per Claim



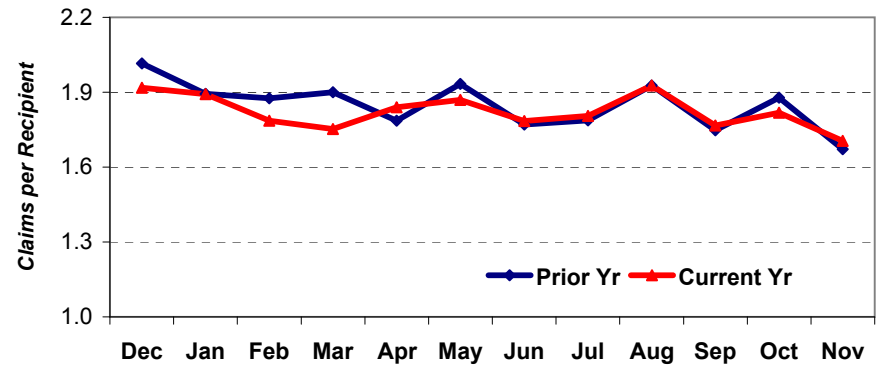
DURABLE MEDICAL EQUIPMENT

State + Federal dollars,
based on date of payment

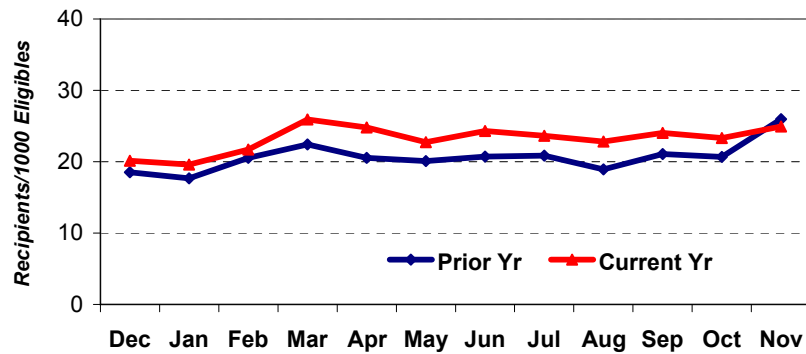
DURABLE MEDICAL EQUIPMENT - PMPM



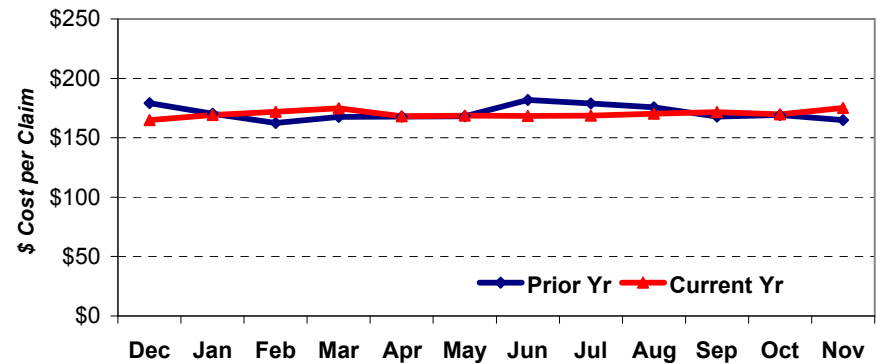
DURABLE MEDICAL EQUIPMENT - Claims per Recipient



DURABLE MEDICAL EQUIPMENT - Recipients per 1000 Eligibles



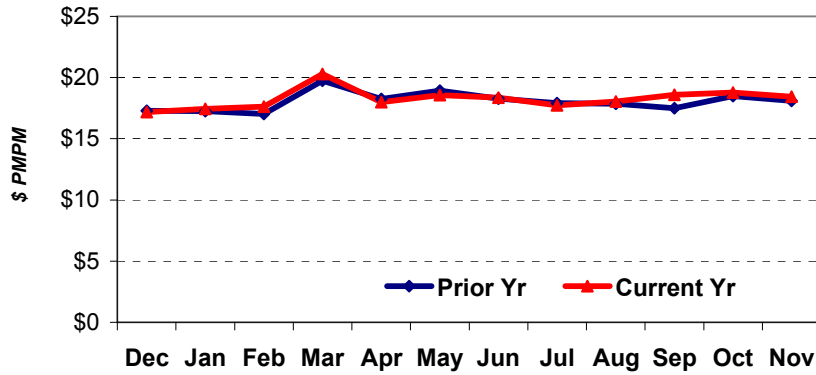
DURABLE MEDICAL EQUIPMENT - Average Cost per Claim



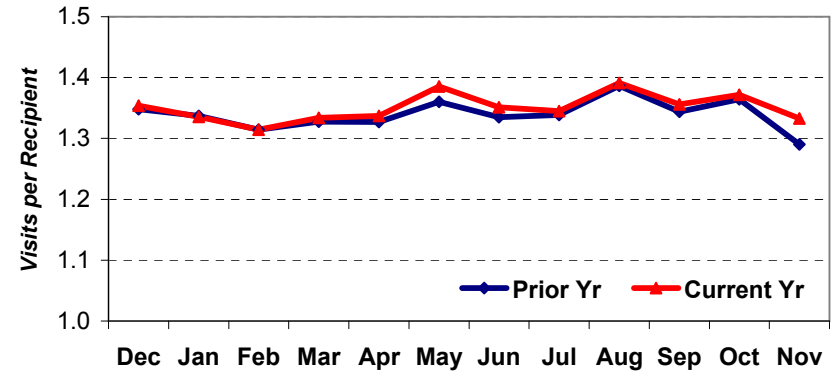
EMERGENCY ROOM SERVICES

State + Federal dollars,
based on date of payment

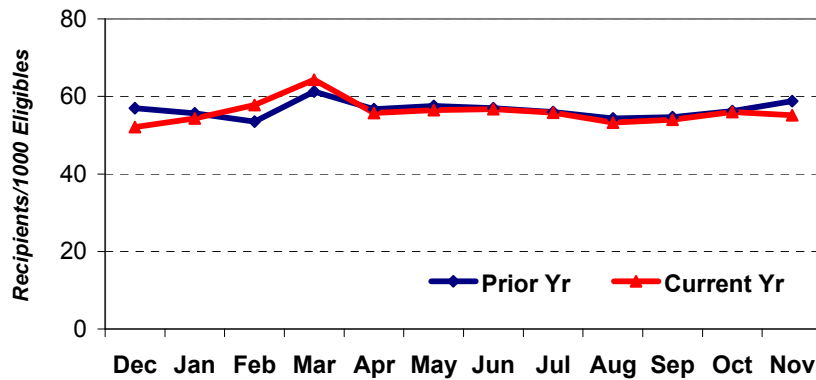
EMERGENCY ROOM SERVICES - PMPM



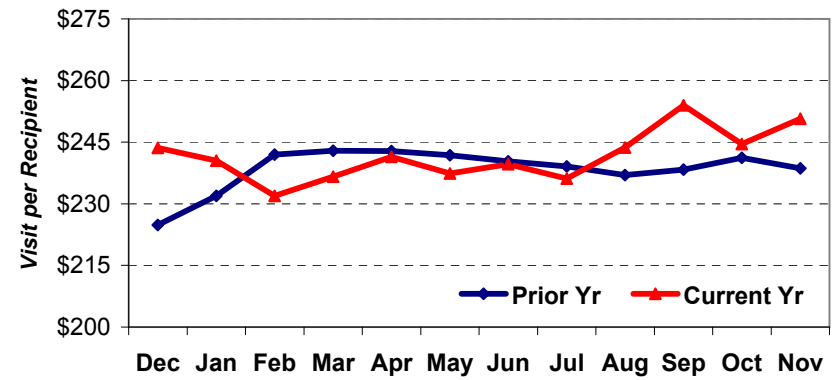
EMERGENCY ROOM SERVICES - Visits* per Recipient



EMERGENCY ROOM SERVICES - Recipients per 1000 Eligibles



EMERGENCY ROOM SERVICES - Cost per Visit*

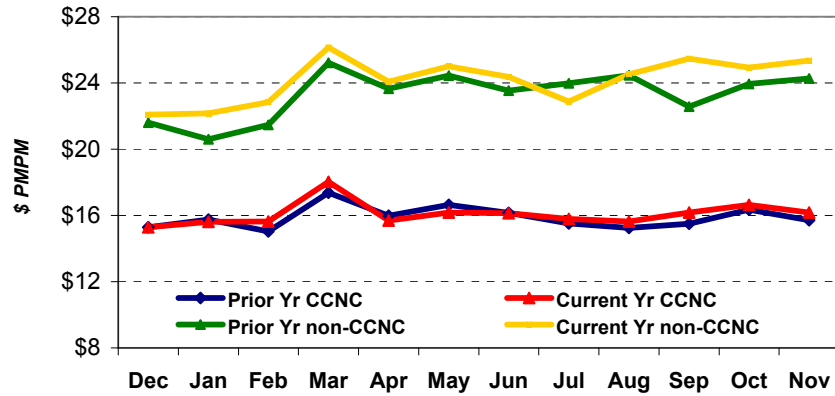


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

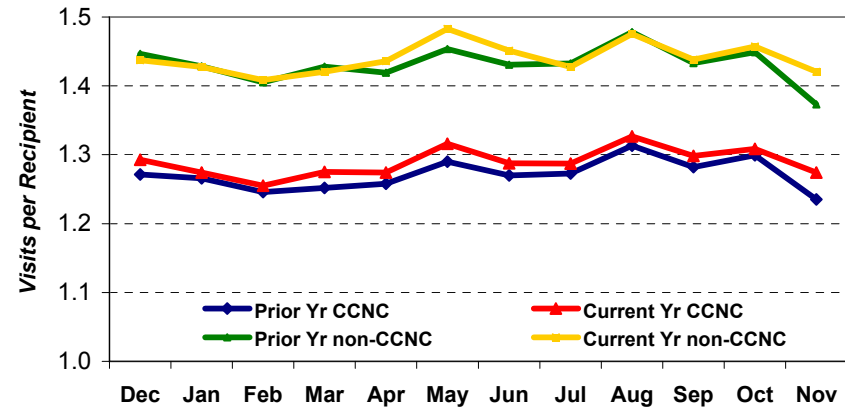
EMERGENCY ROOM SVCS (CCNC & Non-CCNC)

State + Federal dollars,
based on date of payment

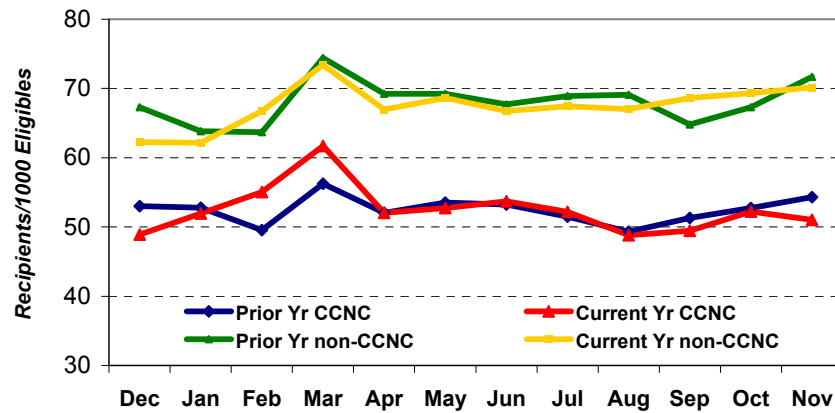
EMERGENCY ROOM SERVICES (CCNC & NonCCNC) - PMPM



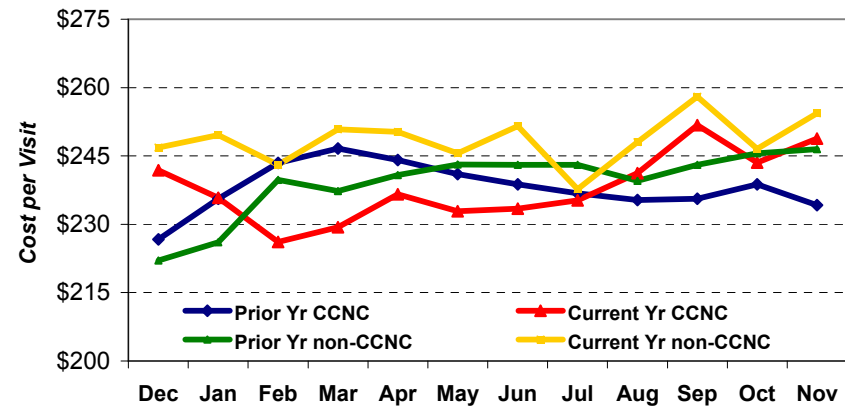
EMERGENCY ROOM SERVICES (CCNC & NonCCNC) - Visits* per Recipient



EMERGENCY ROOM SERVICES (CCNC & NonCCNC) - Recipients per 1000 Eligibles



EMERGENCY ROOM SERVICES (CCNC & NonCCNC) - Average Cost per Visit*

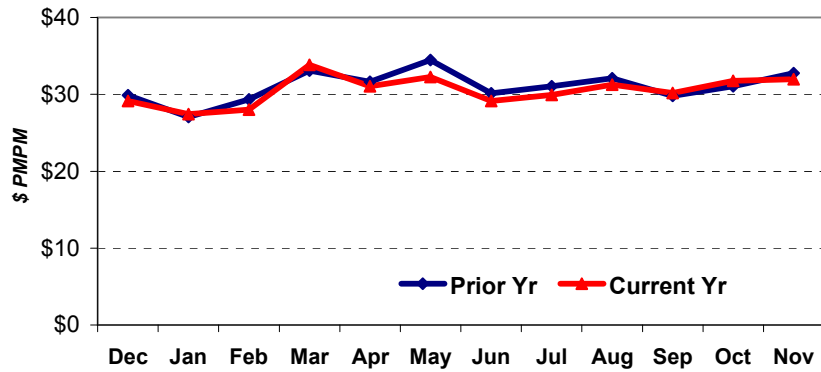


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

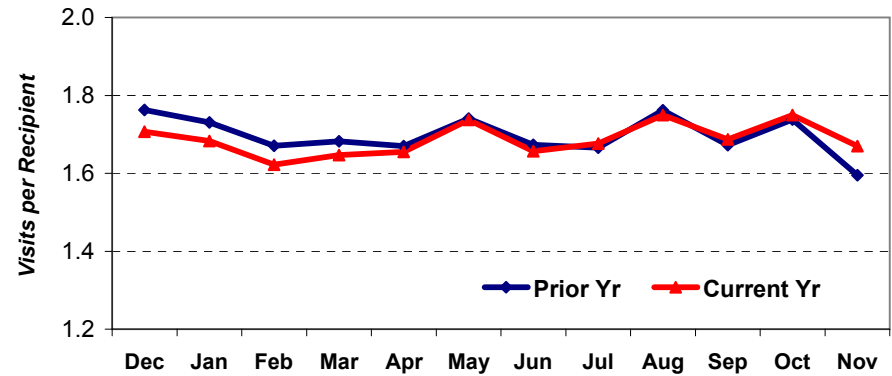
OUTPATIENT HOSPITAL SERVICES

State + Federal dollars,
based on date of payment

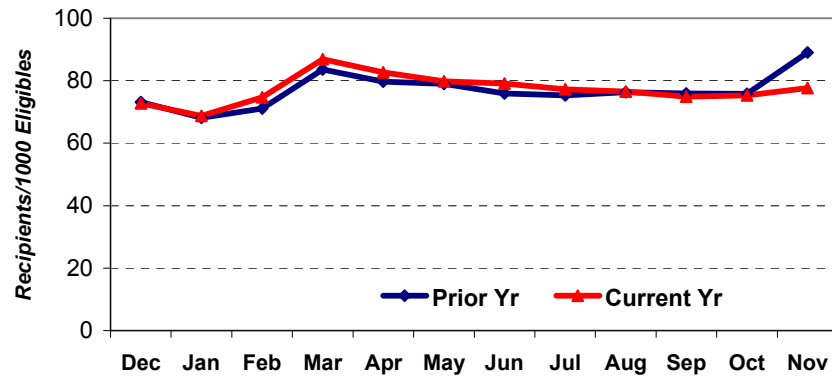
OUTPATIENT SERVICES - PMPM



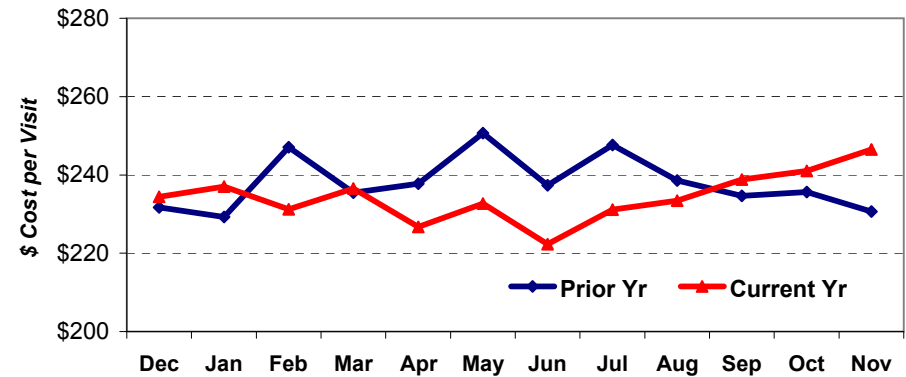
OUTPATIENT SERVICES - Visits* per Recipient



OUTPATIENT SERVICES - Recipients per 1000 Eligibles



OUTPATIENT SERVICES - Average Cost per Visit*

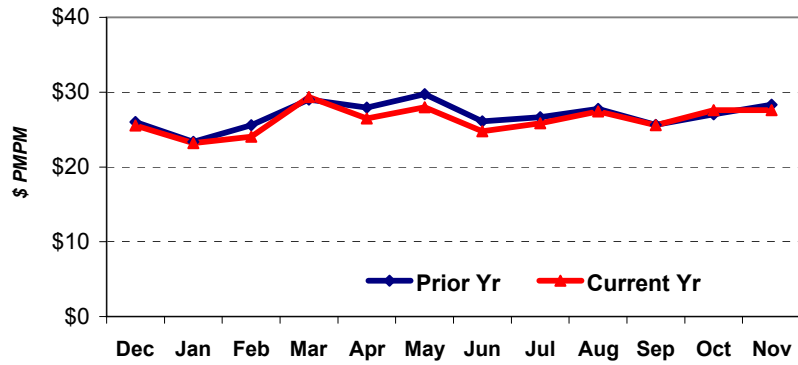


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

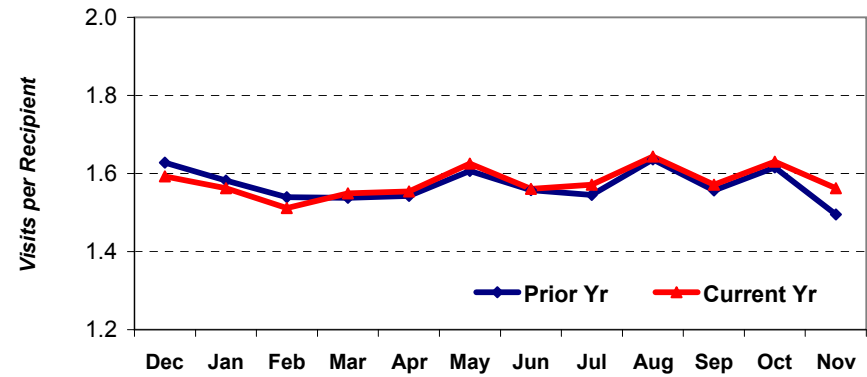
OUTPATIENT HOSPITAL SERVICES (CCNC)

State + Federal dollars,
based on date of payment

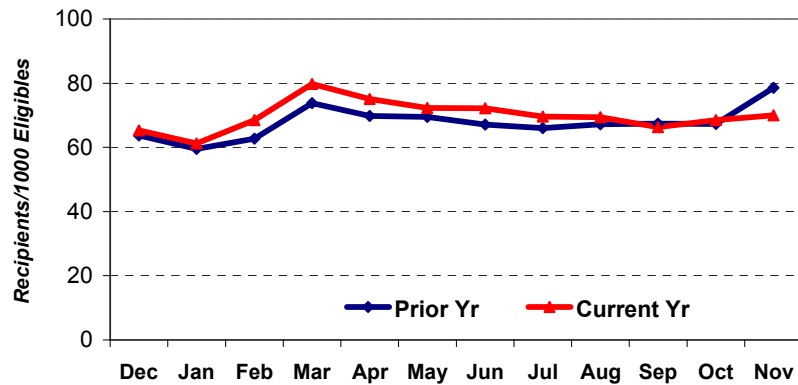
OUTPATIENT SERVICES (CCNC) - PMPM



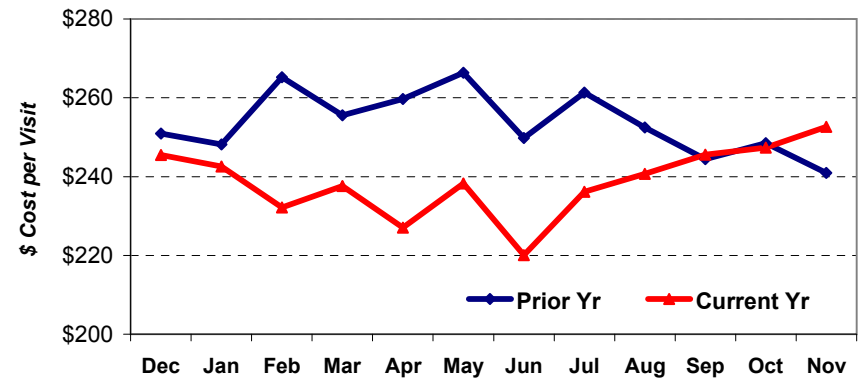
OUTPATIENT SERVICES (CCNC) - Visits* per Recipient



OUTPATIENT SERVICES (CCNC) - Recipients per 1000 Eligibles



OUTPATIENT SERVICES (CCNC) - Average Cost per Visit*

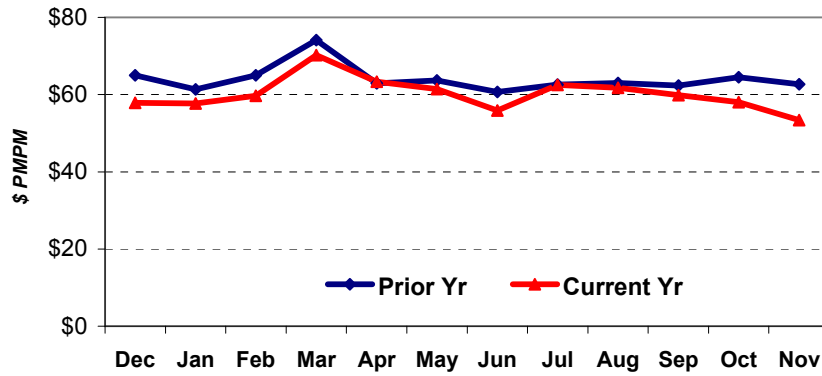


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

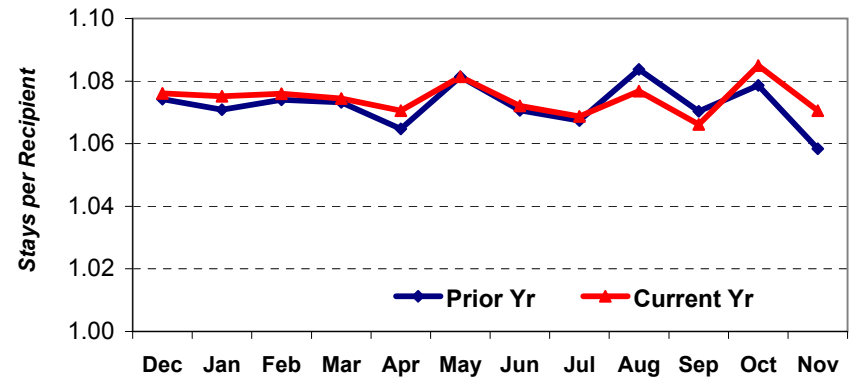
INPATIENT HOSPITAL SERVICES

State + Federal dollars,
based on date of payment

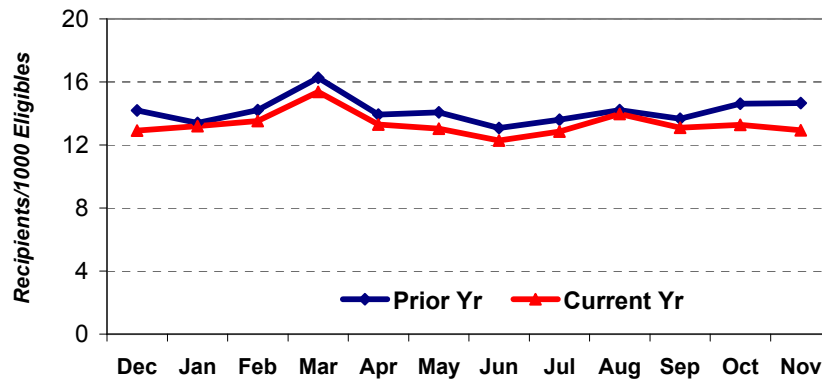
INPATIENT SERVICES - PMPM



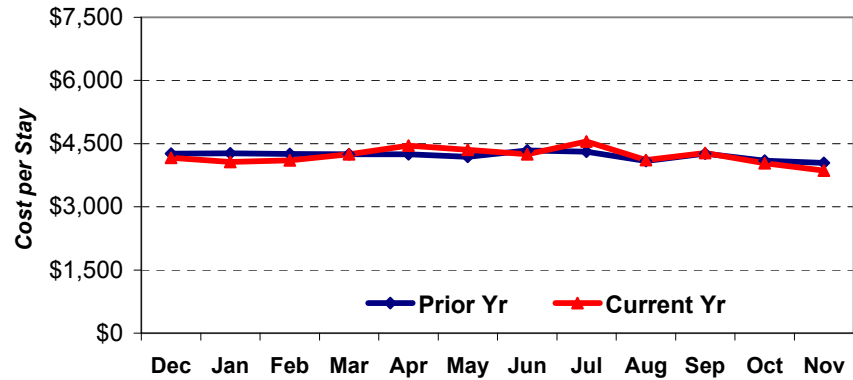
INPATIENT SERVICES - Stays per Recipient



INPATIENT SERVICES - Recipients per 1000 Eligibles



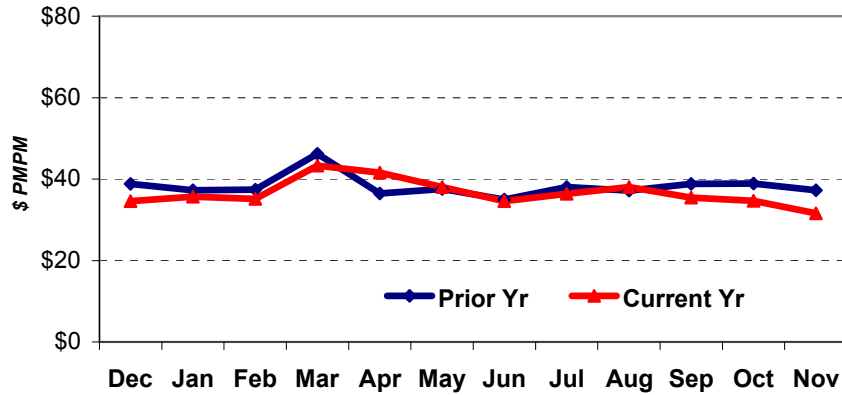
INPATIENT SERVICES - Average Cost per Stay



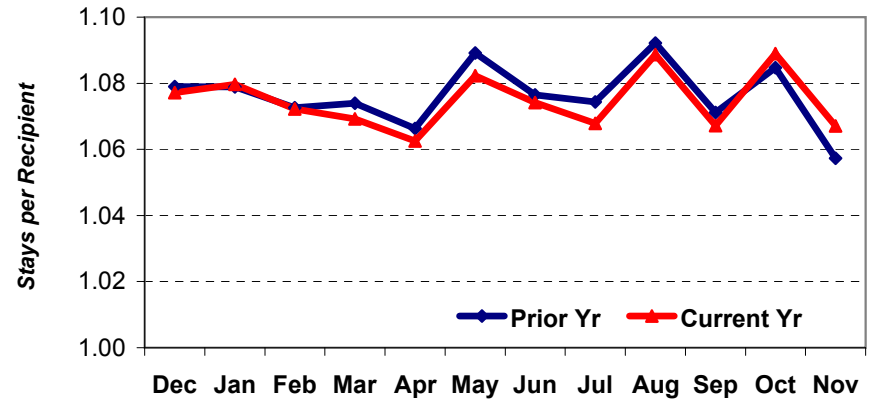
INPATIENT HOSPITAL SERVICES (CCNC)

State + Federal dollars,
based on date of payment

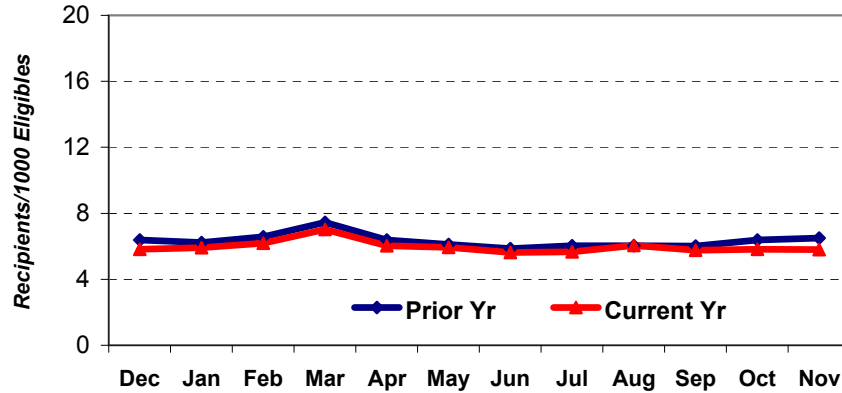
INPATIENT SERVICES (CCNC) - PMPM



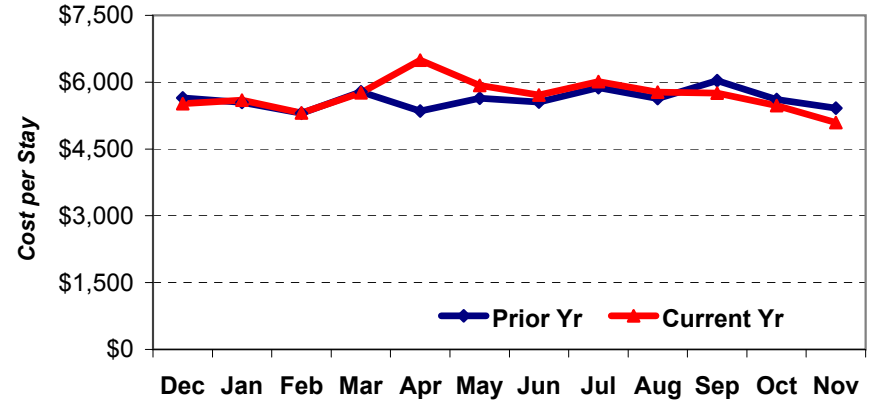
INPATIENT SERVICES (CCNC) - Stays per Recipient



INPATIENT SERVICES (CCNC) - Recipients per 1000 Eligibles



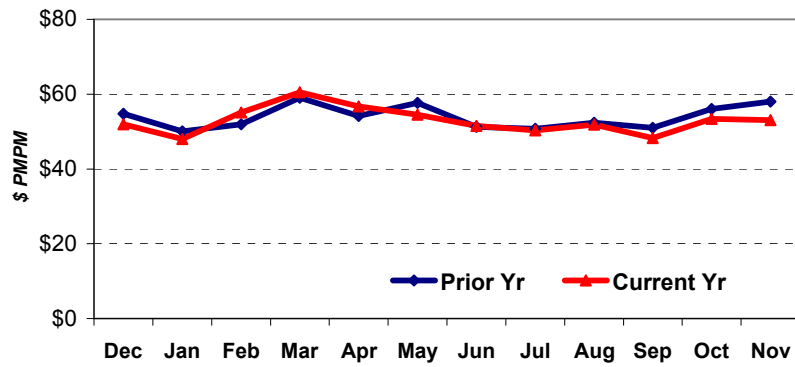
INPATIENT SERVICES (CCNC) - Average Cost per Stay



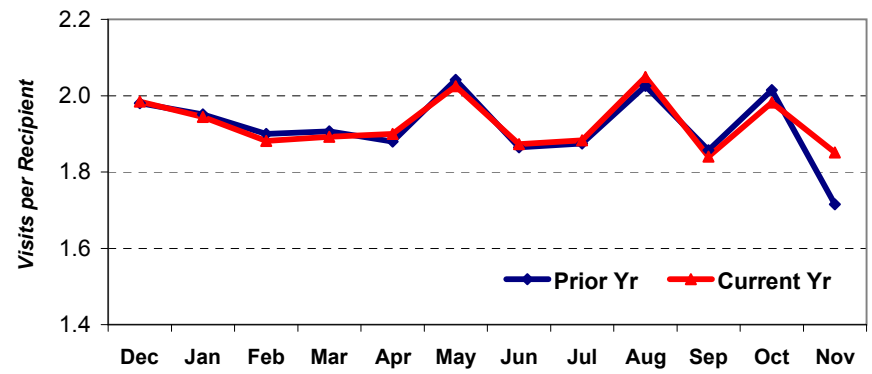
PHYSICIAN SERVICES

State + Federal dollars,
based on date of payment

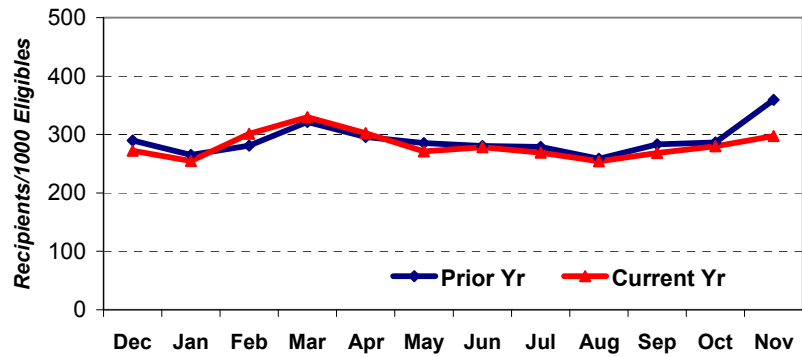
PHYSICIAN SERVICES - PMPM



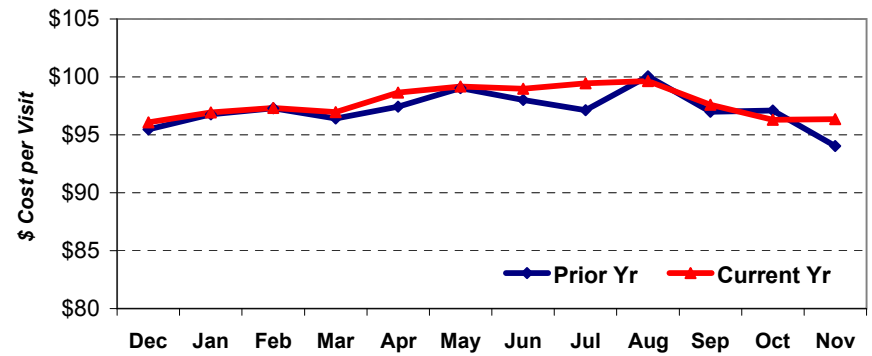
PHYSICIAN SERVICES - Visits* per Recipient



PHYSICIAN SERVICES - Recipients per 1000 Eligibles



PHYSICIAN SERVICES - Average Cost per Visit*

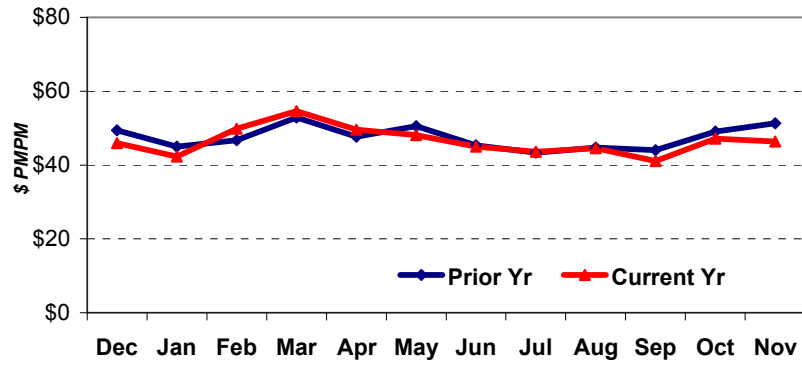


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

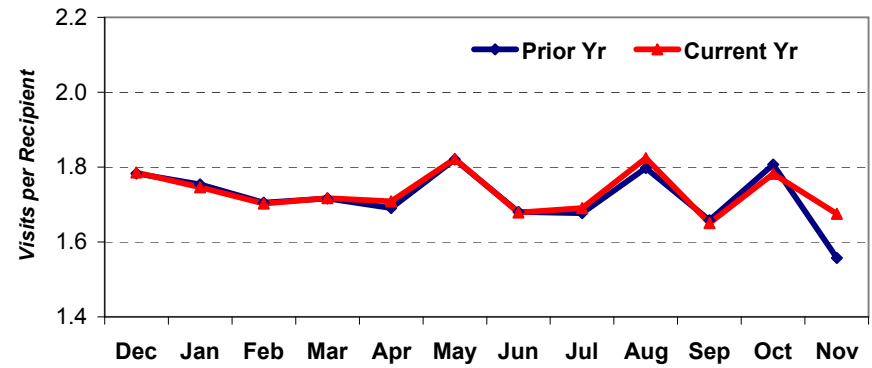
PHYSICIAN SERVICES (CCNC)

State + Federal dollars,
based on date of payment

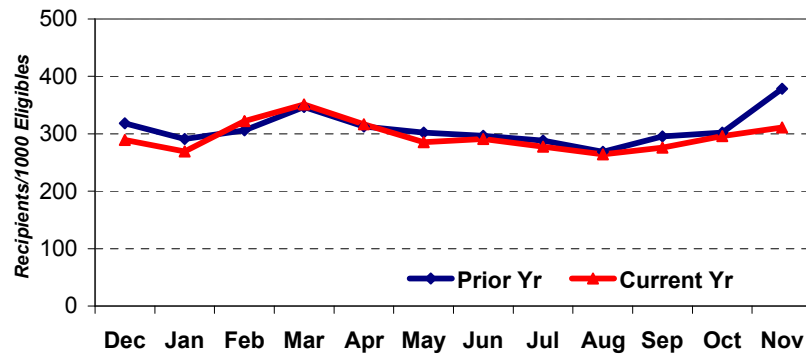
PHYSICIAN SERVICES (CCNC) - PMPM



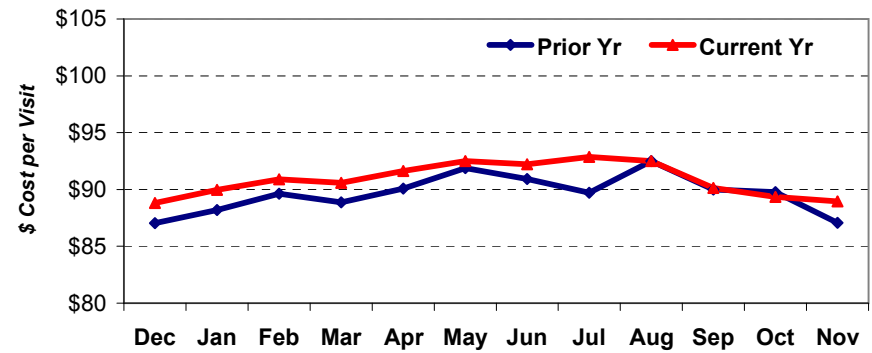
PHYSICIAN SERVICES (CCNC) - Visits* per Recipient



PHYSICIAN SERVICES (CCNC) - Recipients per 1000 Eligibles



PHYSICIAN SERVICES (CCNC) - Average Cost per Visit*

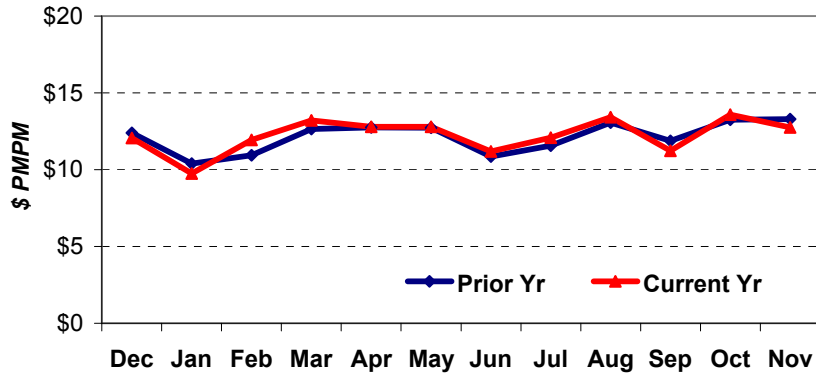


*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

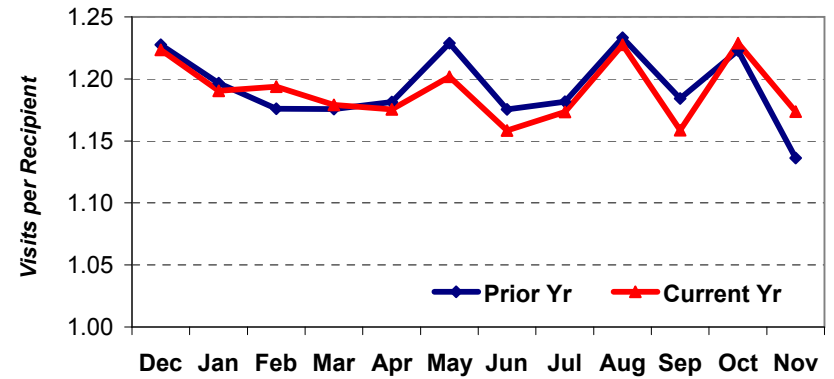
DENTAL SERVICES

State + Federal dollars,
based on date of payment

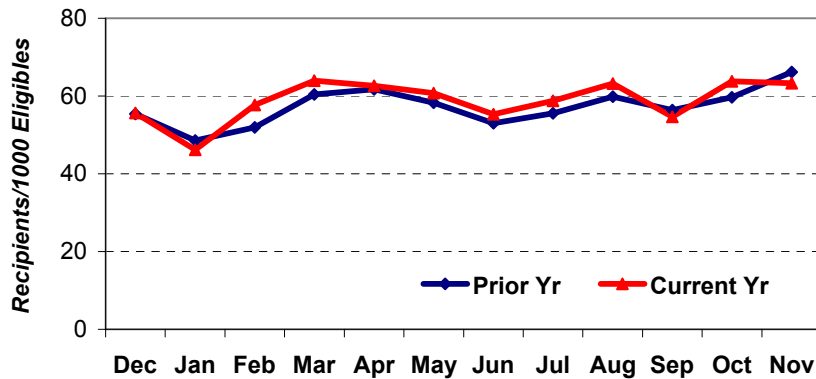
CHILDREN'S DENTAL SERVICES - PMPM**



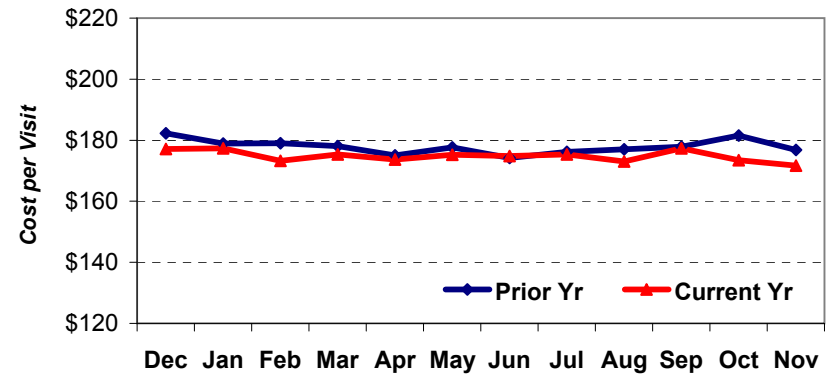
CHILDREN'S DENTAL SERVICES - Visits* per Recipient



CHILDREN'S DENTAL SERVICES - Recipients per 1000 Eligibles**



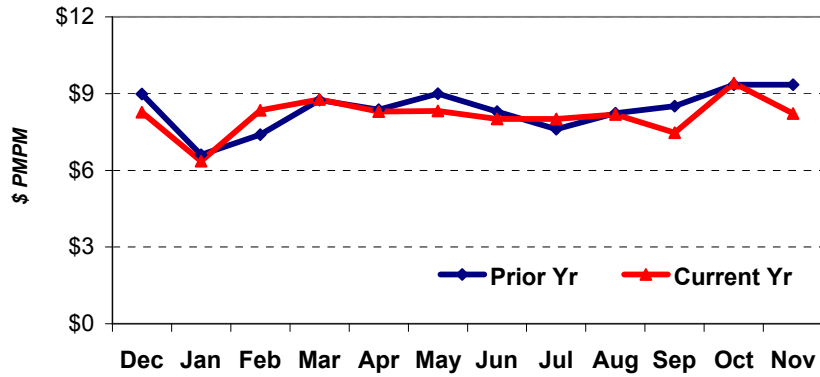
CHILDREN'S DENTAL SERVICES - Average Cost per Visit*



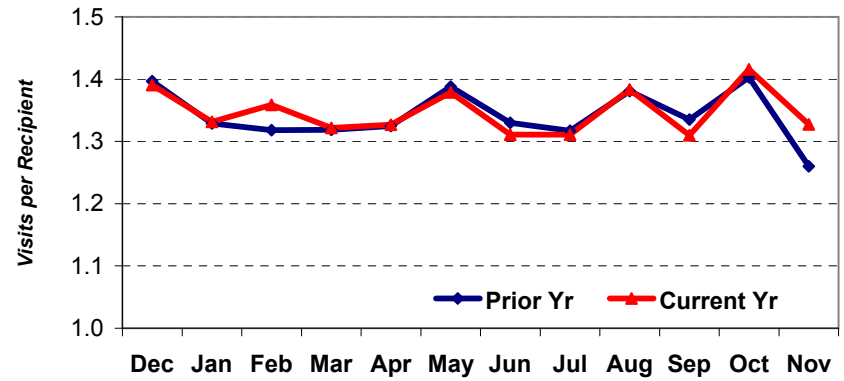
**Denominator in ratios is all eligibles, not just children.

*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

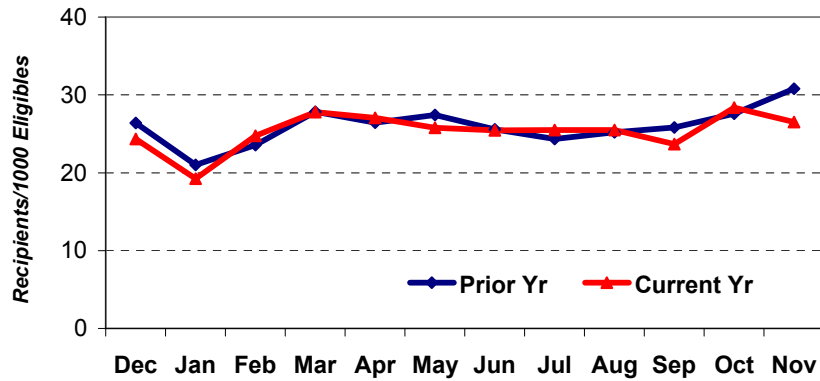
ADULT DENTAL SERVICES - PMPM**



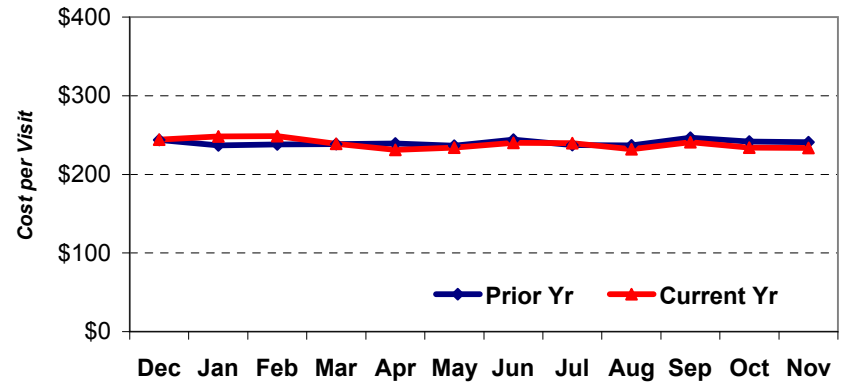
ADULT DENTAL SERVICES - Visits* per Recipient



ADULT DENTAL SERVICES - Recipients per 1000 Eligibles**



ADULT DENTAL SERVICES - Average Cost per Visit*



**Denominator in ratios is all eligibles, not just adults.

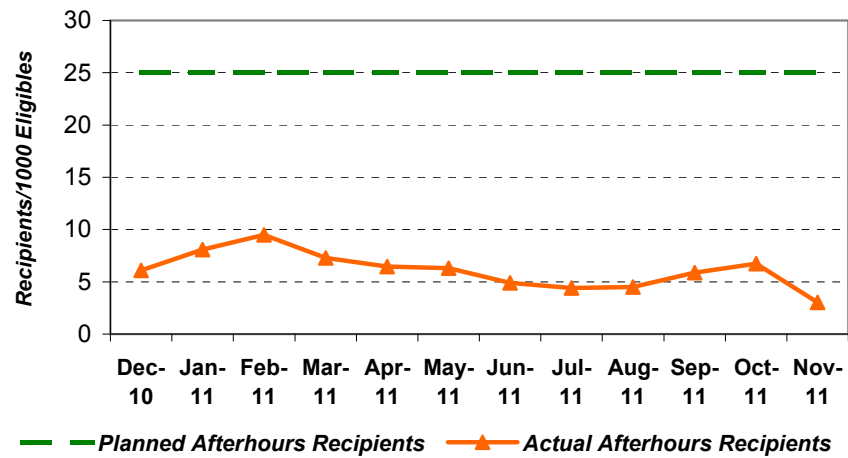
*A 'visit' is defined here as the unique combination of 1 recipient + 1 date of service.

MANAGED CARE DASHBOARD

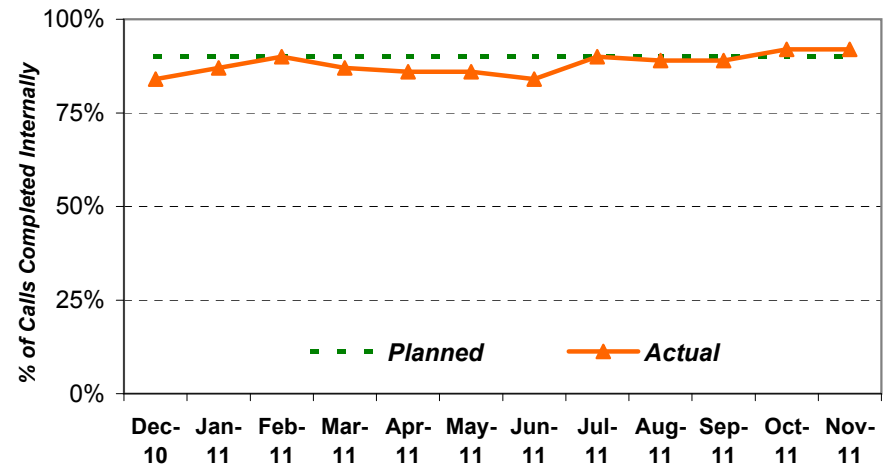
Note: Several reports that used to appear in this section of the Dashboard are no longer requested.

MANAGED CARE - AFTERHOURS RECIPIENTS - Recipients per 1000 Eligibles

(Date of Service)



MANAGED CARE - CALLS BY CUSTOMER SERVICE CENTER - % Completed

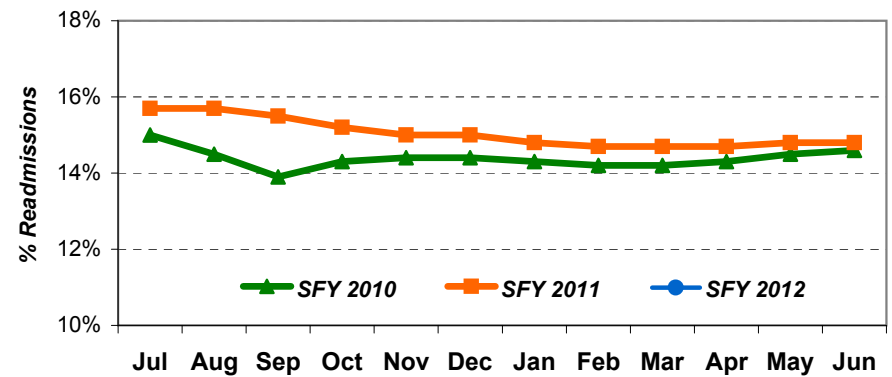
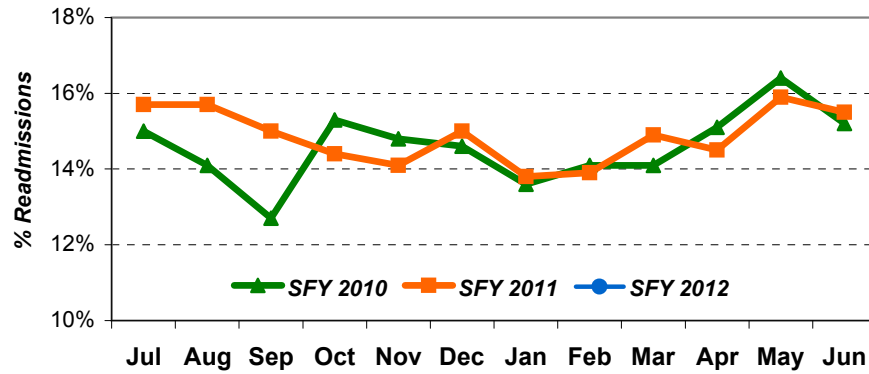


CCNC DASHBOARD

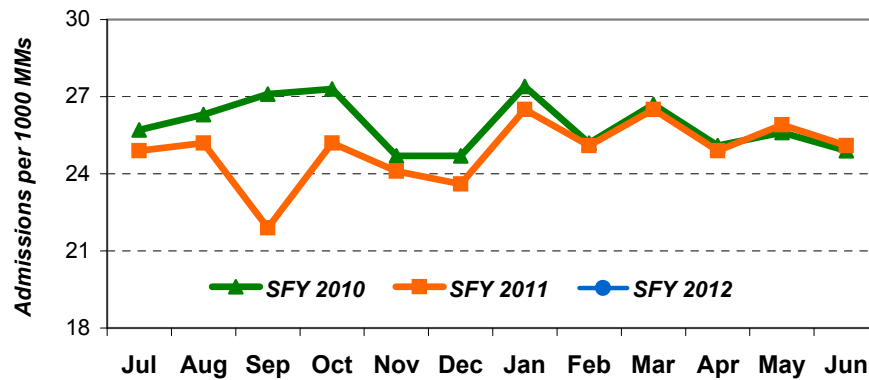
[Note: for measures based on date of service, there is a 4-month delay to allow for claims processing]

State + Federal dollars,
based on date of service

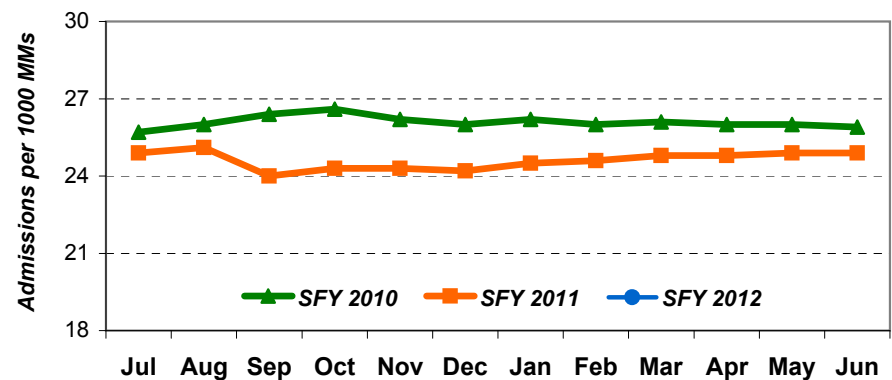
CCNC - Preventable Readmissions as Percent of Total Admissions, Enrolled Nondual **CCNC - Preventable Readmissions (Cumulative)**



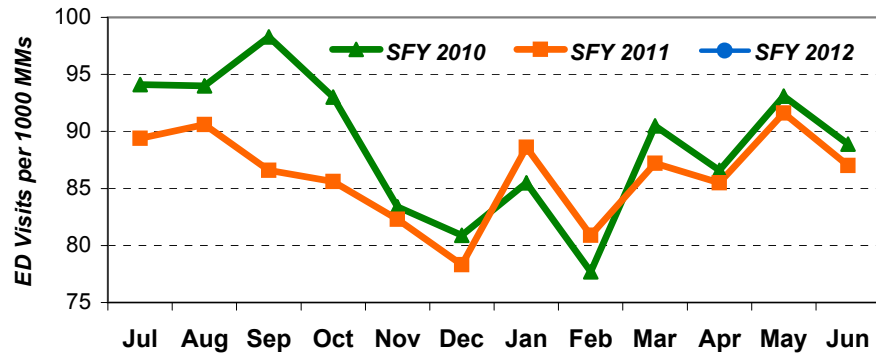
CCNC - Inpatient Admissions per 1000 MM, Enrolled Non-Dual ABD



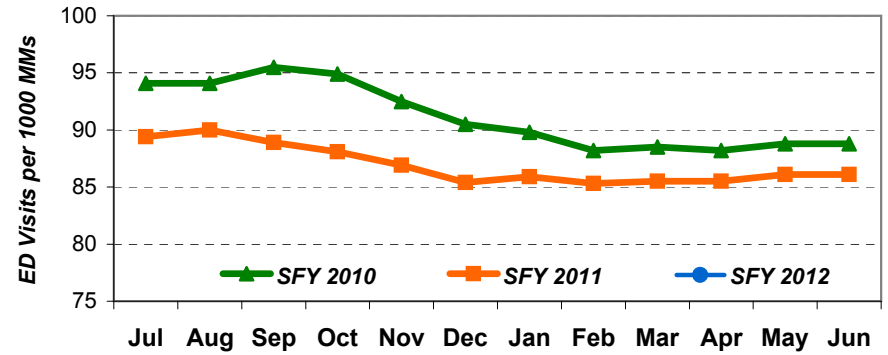
CCNC - Inpatient Admissions per 1000 MM (Cumulative)



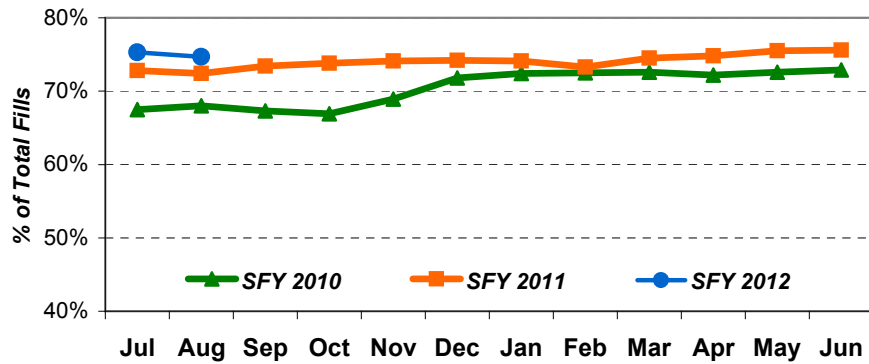
CCNC - ED Rate per 1000 MM, Enrolled ABD



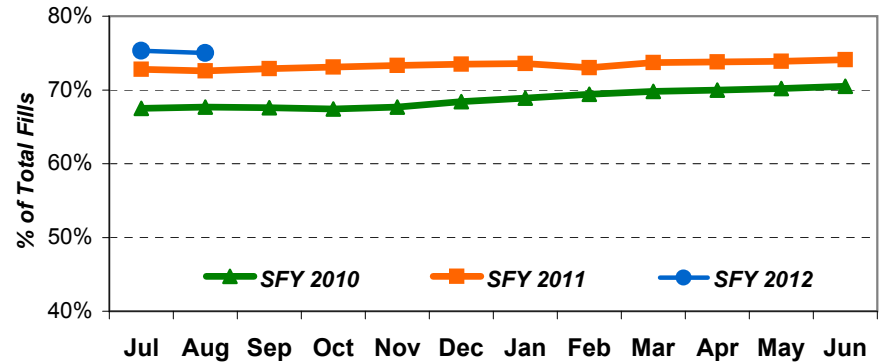
CCNC - ED Rate per 1000 MM (Cumulative)



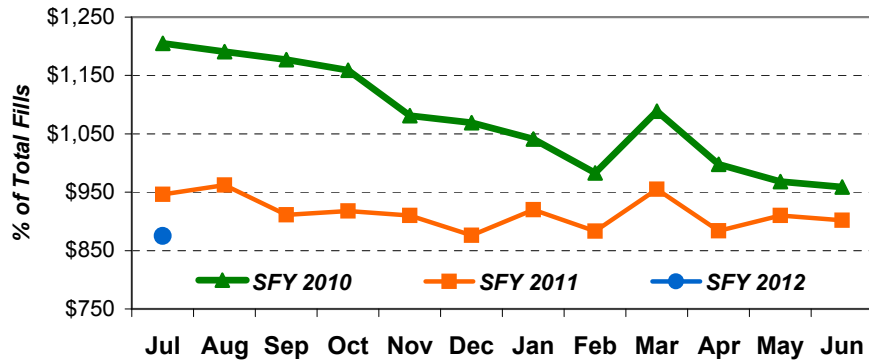
CCNC - Generic Medications as Percent of all Fills, All Medicaid Non-Duals



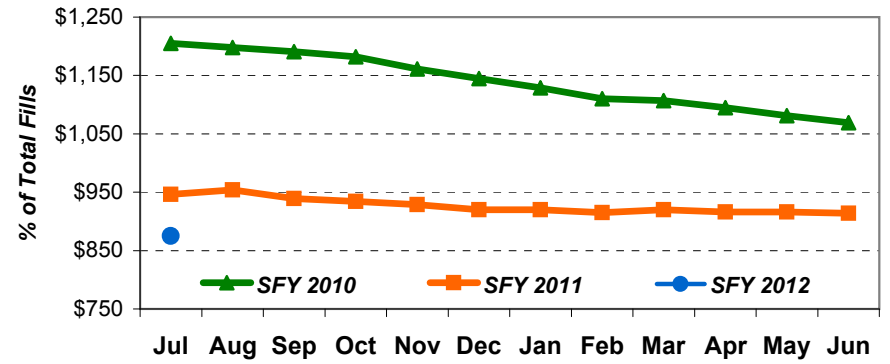
CCNC - Generic Medications as Percent of all Fills (Cumulative)



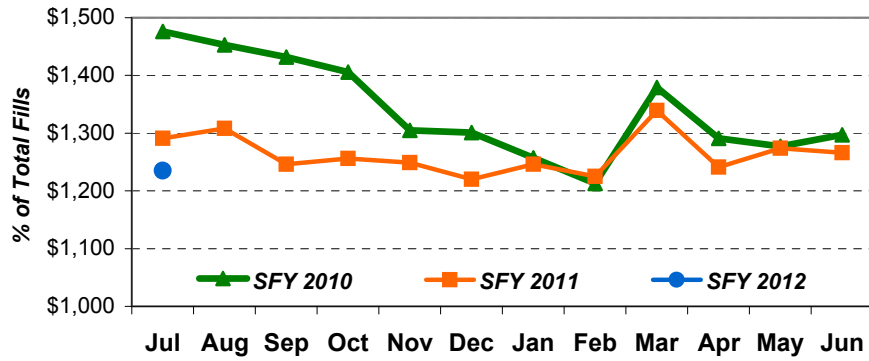
CCNC - Enrolled ABD Cost PMPM



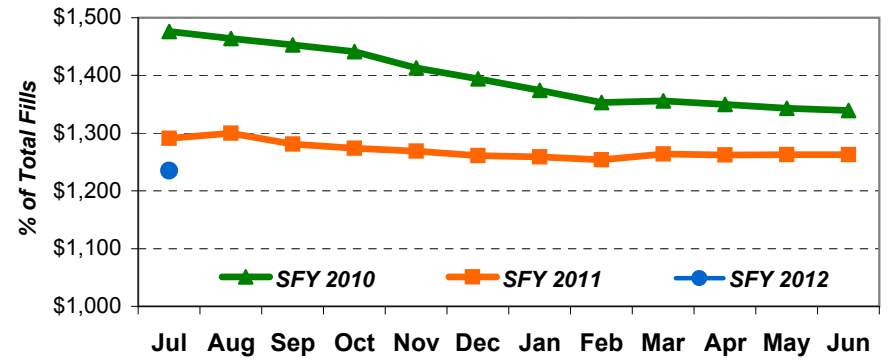
CCNC - Enrolled ABD Cost PMPM (Cumulative)



CCNC - Enrolled NonDual ABD Cost PMPM



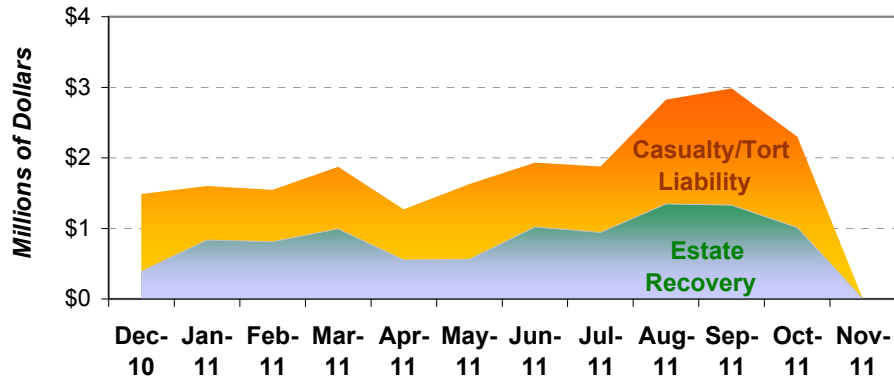
CCNC - Enrolled NonDual ABD Cost PMPM (Cumulative)



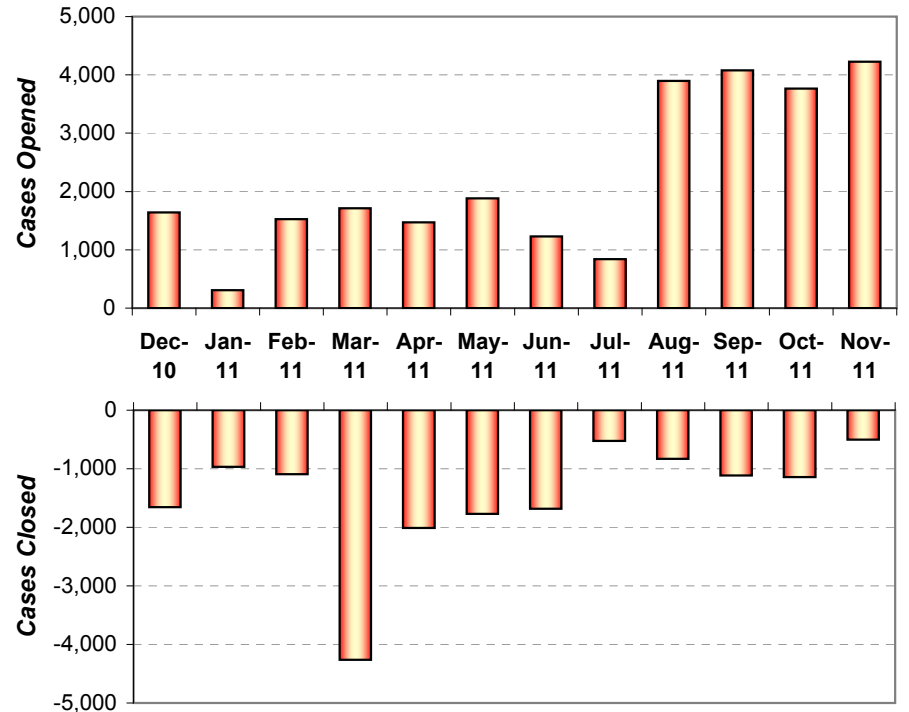
PROGRAM INTEGRITY DASHBOARD

THIRD PARTY LIABILITY SECTION - Recoupments

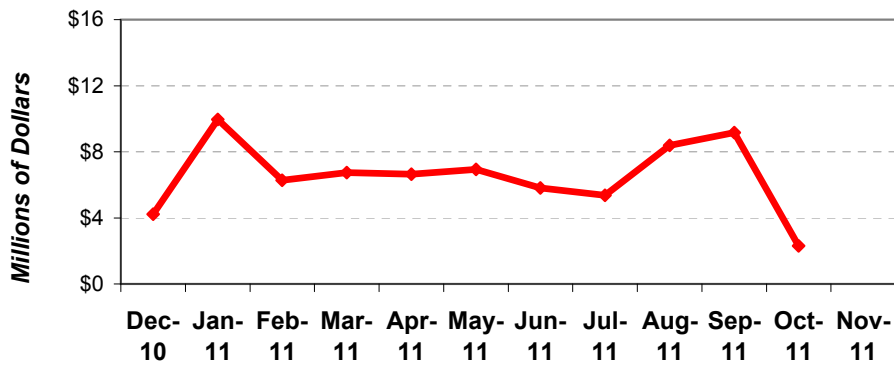
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



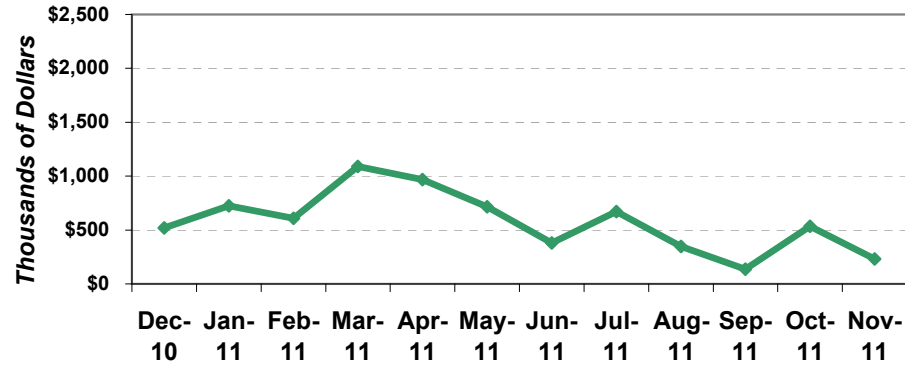
THIRD PARTY LIABILITY SECTION - Vendor Recoupments



HOME CARE REVIEW SECTION

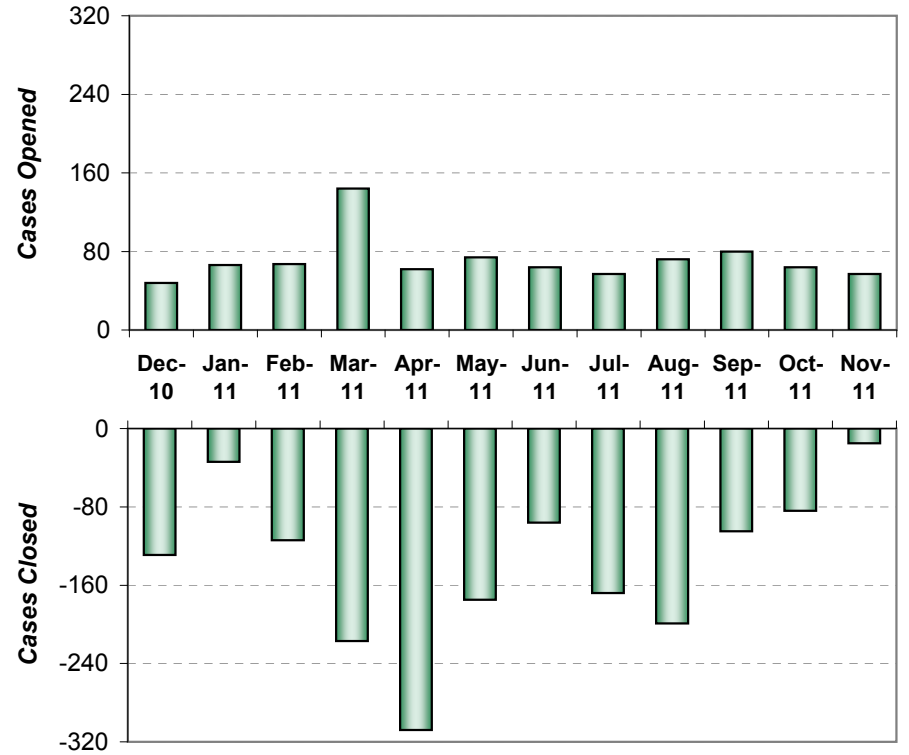
HOME CARE REVIEW SECTION - Recoupments

Recoupments by Month reflects the dollar value of the total of the A/R setups & MIU/EDS refunds setup for the month. "Recoupments" refers to the final A/R setup values submitted.



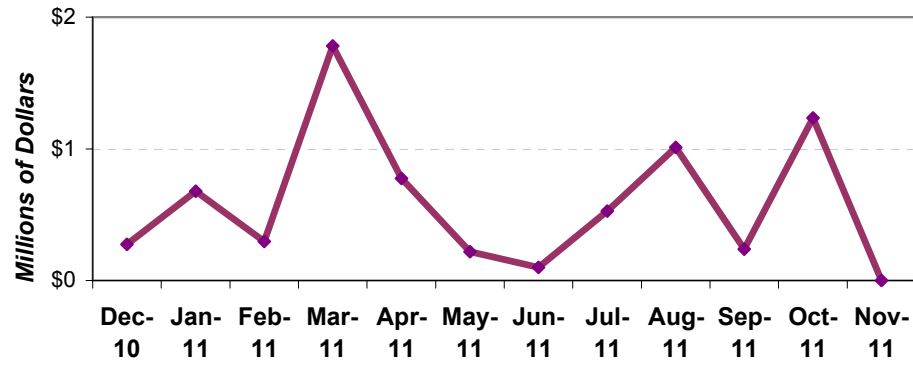
HOME CARE REVIEW SECTION - Number of cases opened and closed

Cases opened/Closed per month reflects the # of cases that investigators and analysts initiated review process action on or ceased direct activity on (up to the point of A/R setup or final action) due to conclusion of the review for the month.

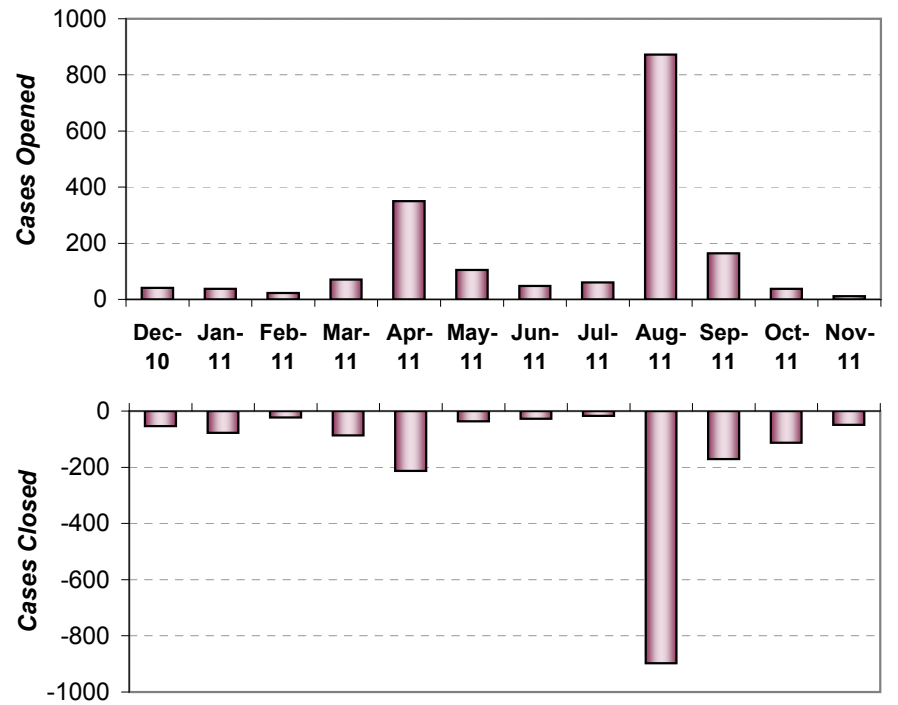


BEHAVIORAL HEALTH REVIEW SECTION

BEHAVIORAL HEALTH REVIEW SECTION - Recoupments



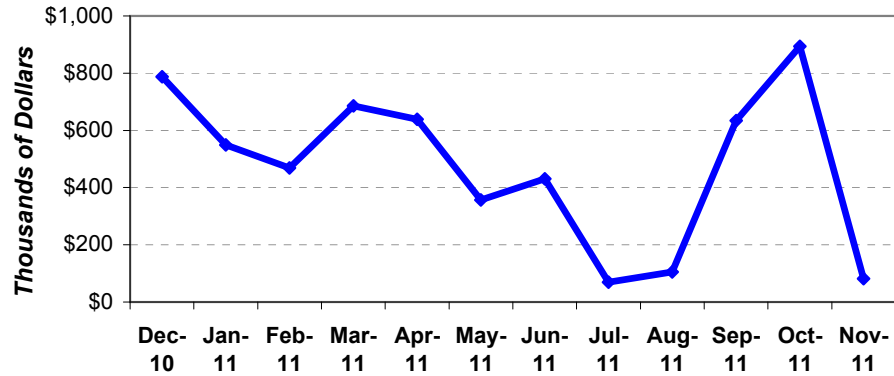
BEHAVIORAL HEALTH REVIEW SECTION - Number of cases opened and closed



PROVIDER MEDICAL REVIEW SECTION

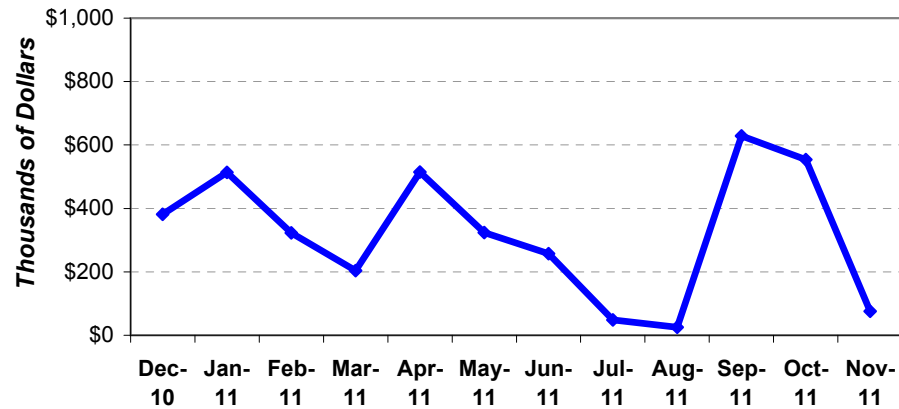
PROVIDER MEDICAL REVIEW SECTION - Recoupments

The amounts include cases performed by Provider Medical Review staff, provider self-audits and CCME (contractor) reviews.



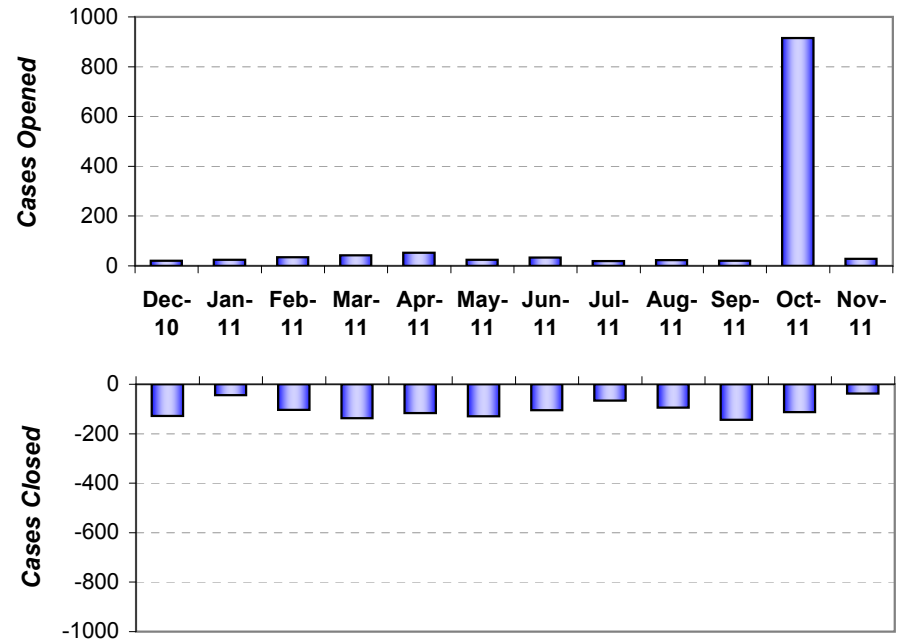
PROVIDER MEDICAL REVIEW SECTION - Contractor Recoupments

The graph compares the total dollars recouped by CCME, the post-payment contractor for DRG reviews, by month for the most recent twelve months.



PROVIDER MEDICAL REVIEW SECTION - Number of cases opened and closed

Cases include those reviewed by staff, providers by self-audit and CCME.

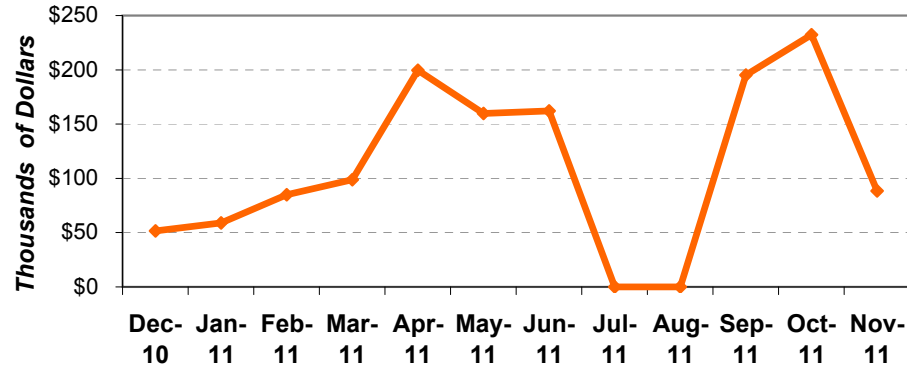


Oct 2011 includes requests for records from Providers

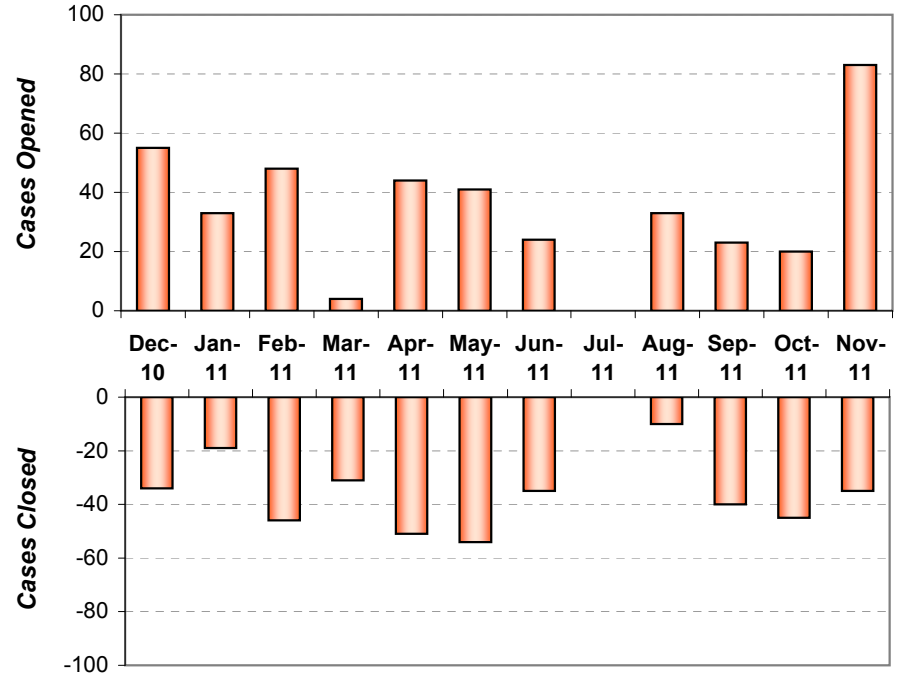
PHARMACY REVIEW SECTION

The Pharmacy Review Section consists of pharmacists, investigators and processing assistants, performing post-payment reviews on claims billed through both chain and independent retail pharmacies.

PHARMACY REVIEW SECTION - Recoupments

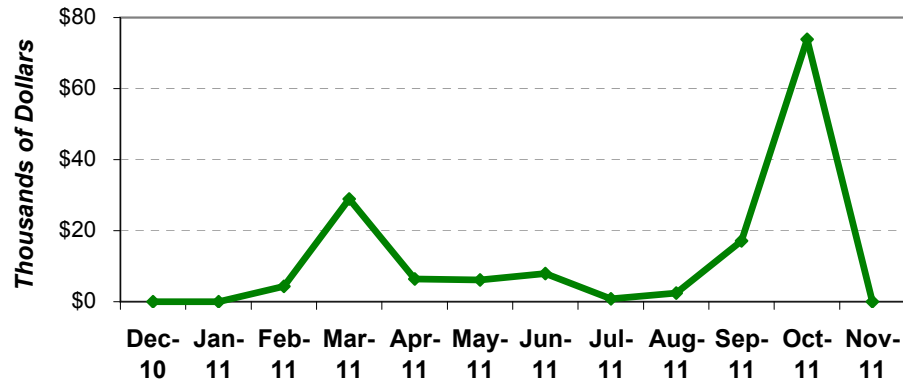


PHARMACY REVIEW SECTION - Number of cases opened and closed



SPECIAL PROJECTS SECTION

SPECIAL PROJECTS REVIEW SECTION - Recoupments



SPECIAL PROJECTS REVIEW SECTION - Number of cases opened and closed

