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# Provider Scorecard Technical Specifications

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Department of Mental Health  
Office of Accountability

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## **Introduction**

The Department of Mental Health Provider Scorecard is a tool designed to help users of mental health services in the District of Columbia plan their care. There are 26 core service agencies (CSA) working with consumers in Washington, D.C., and the Department of Mental Health (DMH) works closely with these providers to ensure that they are providing quality services to their consumers. As part of that effort, DMH assesses many different aspects of CSA functioning, including financial compliance, and the quality of selected adult and child service delivery. The results of assessments in these areas, weighted to highlight the importance of quality service delivery allow DMH to give each CSA a rating on a Five Star scale. (The quality domain counts 20% more toward the star rating than the financial domain.)

The Provider Scorecard allows DMH to draw upon programmatic expertise, data collection, and data analysis, in order to present a snapshot of the services offered by each of our providers. The overall score provides the community a lens with which to examine each provider's performance across the two areas (quality of services and financial compliance) that the Scorecard rates. By so doing, it also provides consumers a vehicle for implementing choice in the selection of their provider.

The Provider Scorecard provides valuable information to users of mental health services in the District. It is a simple tool designed to provide limited, basic, and accurate decision-support information about Core Service Agencies. Considerable effort has gone in to making sure that the Scorecard accurately represents the performance of providers within the domains it measures. The Provider Scorecard should be viewed as a general measure that captures the overall expertise of the Department of Mental Health in evaluating agencies providing mental health services.

The balance of this document will detail the methodology and specifications for the different items that make up the Provider Scorecard. It will enable users to gather more information about what is being rated, and how the results are computed. Detailing these specifications will also help to insure inter-rater reliability, as well as reliability across rated providers.

## **Sampling Methodology:**

The Provider Scorecard comprises two sections, a Quality section, divided into adult and child sub-sections as appropriate, and a Financial section. The Financial section includes the results of the claims audit process, as well as internal DMH tracking of CSA compliance with financial regulations. The sampling strategy for claims audits can be found in the technical specifications for the claims audit process.

The data for the Quality sections of the Provider Scorecard are obtained from the Quality Reviews that DMH conducts each year. These reviews consist of site visits and chart abstractions made at each CSA. The samples for these reviews are randomly chosen, and based on the size of the client population at a CSA. There are three sample sizes based on the size of the population seen by a CSA. For 0-300 clients 15 charts are reviewed, for 300-1000 clients 20 charts are reviewed, and for CSAs with over 1000 clients 25 charts are reviewed. The number of sampled consumers is specific to the respective sizes of the adult and child populations at an agency, and may be different at a CSA that provides services to both types of consumers. This sampling strategy mirrors the sampling procedures used by CMS and NCQA for data collection based on chart extraction.

The Quality Review sample includes records for consumers who had consecutive authorizations for all four quarters of the review period. 15 charts is the minimum number of charts examined at each CSA, and if 15 consumers do not meet the above criteria, the rest of the sample is randomly filled with consumers active at the CSA during the review period. This sampling process allows the survey team to apply their expertise and judgment in order to evaluate the quality of the clinical services offered by a provider.

### **Review Period:**

The review period for the Provider Scorecard is different for each section of the tool, but is generally based on the latest complete year-long period available for the domain under review.

The Quality Reviews conducted in 2011 will cover the period 4/1/10-3/31/11.

### **Quality**

**Indicator Number:** PSC1

**Indicator Name:** Status of Corrective Action Plans

#### Description

This indicator measures provider compliance with the timeline for Corrective Action Plans (CAPs) issued by the Office of Accountability during the previous year.

#### Scoring

YES/NO

Data Source

Internal Office of Accountability Corrective Action Plan tracking.

Population

The Core Service Agency.

Calculation

A Core Service Agency is deemed compliant with their corrective action plans if they have completed all required aspects of the plans, on time, for the review period. Plans may still be pending, but only if the timeline for the plan exceeds the period under review.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -1. The overall score for the agency will be either 0 or -1.

**Indicator Number: PSC2**

**Indicator Name: Quality Improvement Initiative Participation**

Description

This indicator measures provider participation in the Quality Improvement Initiatives (QII) issued by the Office of Accountability Quality Improvement division during the previous year. OA QI develops quality improvement initiatives based on identified needs, consumer feedback, and internal data tracking. Participation in these initiatives indicates a commitment to improving quality consumer care under the direction of the Department of Mental Health.

Scoring

YES/NO

Data Source

Internal Office of Accountability QII data submission tracking.

Population

The Core Service Agency.

Calculation

A Core Service Agency is deemed to have participated in the yearly Quality Improvement Initiative if they submitted all data in a complete and timely manner.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The overall score for the agency will be either 0 or -5.

**Adult QR 1/Child QR 1**

Indicator Number: **PSC3**

Indicator Name: **Is there a crisis plan in the chart?**

Description

This indicator measures whether there is evidence of a crisis plan for the consumer in the chart. Such a plan should contain information on how crises are identified for the particular consumer (what a crisis typically looks like, as well as early warning signs), how crises have been successfully averted or dealt with in the past, who among the consumers family and friends should be notified of an incipient crisis, and how the consumer would like to be supported by the CSA before, during, and after a crisis.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

A consumer is judged to have a crisis plan if there is evidence in the chart of a plan substantially containing the elements listed in the above definition. Some agencies collect some of this information during the treatment planning process, and a stand-alone plan is not required. A crisis plan from any period should be scored a "YES."

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -3. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -3.

Numerator:  $\frac{\text{The number of consumers without a crisis plan} \times -3}{\text{The number of consumers in the QR sample}}$

Denominator: The number of consumers in the QR sample

**Adult QR 2/Child QR 2**

*Indicator Number:* **PSC4**

*Indicator Name:* **Annual assessment other than LOCUS**

Description

This indicator measures whether there is evidence of an annual assessment (other than LOCUS) of the consumer's clinical and functional status upon which treatment planning is based. Although not required by DMH regulation, additional annual assessments of the range of a consumer's functioning are a useful treatment planning tool. Annual assessments recognized by this indicator should exceed daily, weekly, or monthly treatment notes in scope and depth, and should account for most domains of the consumer's life.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

A consumer is judged to have an annual assessment other than LOCUS if there is evidence in the chart of a narrative psychosocial assessment, *updated* during the review period, signed by a Qualified Practitioner.

Scoring Value & Weight

This indicator is POSITIVELY weighted, with YES assigned the value 3 and NO assigned the value 0. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and 3.

Numerator:  $(\frac{\text{The number of consumers with an updated assessment} \times 3}{\text{The number of consumers in the QR sample}})$

Denominator: The number of consumers in the QR sample

**Adult QR 3/Child QR 3**

*Indicator Number:* **PSC5**

*Indicator Name:* **LOCUS completed every 180 days**

Description

DMH policy, consonant with the reforms made to our policies and procedures since the Dixon agreement, requires that LOCUS is completed every 180 days

for adult consumers. This indicator measures if LOCUS is completed by the agency in accordance with DMH policy.

Scoring  
YES/NO

Data Source  
LOCUS database

Population  
The Core Service Agency

Calculation<sup>1</sup>  
This is a YES/NO indicator. YES indicates that 85% all required LOCUS evaluations have been completed for the year (in the LOCUS online tool), as measured by number of LOCUS over the number of consumer authorizations. NO indicates that less than 85% of LOCUS evaluations were filed.

Scoring Value & Weight  
This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (# of LOCUS reports not submitted X -5)  
Denominator: The number of consumers authorized at the agency for the year

#### **Adult QR 4/Child QR 4**

Indicator Number: **PSC6**

Indicator Name:

**Does the tx plan account for the major problem areas identified during assessment?**

Description

This indicator measures whether the consumer's treatment plan is founded in the assessment of the consumer produced by the agency. It is designed to make sure that information collected during the various assessments of the consumer is used to build the treatment plan, and thus links the medical necessity of the treatment provided under that treatment plan to a thorough assessment. Does the treatment plan include all dimensions scored "3" or higher on the LOCUS?

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<sup>1</sup> For this rating period, the Office of Accountability also accepted paper LOCUS assessments for this indicator. As a result, the DMH Calculation was the number of LOCUS reports not submitted x -5/ the number of consumers in the QR sample.



Does it include all goal areas from the assessment or identified by the consumer?

Scoring

YES/NO; partial scoring

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

This indicator will be assessed based on the final complete treatment plan during the sample period, although the assessment may occur before that period. A treatment plan is judged to account for all major goal areas identified during assessment if it includes all dimensions scored a “3” or above on the LOCUS, and if it accounts for all major goal areas identified through the annual assessment or consumer interview. E.g., if a consumer states that they are interested in starting to work during assessment, reviewers will expect to see this as a goal or objective on the treatment plan.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0. This indicator allows for partial points, as follows: if only 50%-75% of goal areas are addressed on the treatment plan, -2 points will be deducted; if less than 50% of goal areas are included on the treatment plan, or **if there is no evidence that an assessment was used as part of the treatment planning process**, -5 points will be deducted. If no areas on the LOCUS/CALOCUS are scored “3” or above, or if other assessments do not contain significant goal areas, the indicator should be scored “N/A.” The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The summation of deducted points)

Denominator: The number of consumers in the QR sample

**Adult QR 5/Child QR 6**

Indicator Number: **PSC7**

Indicator Name:

**Did treatment provision proceed from the treatment plan?**

Description

This indicator measures whether the services provided to the consumer were directly related to the goals and objectives identified in the treatment plan. The treatment plan should be based on the assessment of the consumer, and establishes medical necessity for subsequent treatment provision. The purpose of this indicator is to determine if the services provided stem from the treatment planning process. In order to do this, reviewers will examine the encounter notes covered by the last full treatment plan for the sample period.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

The calculation of this indicator is based on a review of all encounter notes for the last quarter included in the sample period. This examination is designed to determine if the services provided to the consumer are consonant with the goals and objectives identified in the treatment plan.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0. If none of the services provided to the consumer during the last quarter of the sample period address goals and objectives from the treatment plan, -5 points will be deducted. If at least some of the services provided are covered by the treatment plan, the indicator is scored "YES," and 0 points are deducted. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The number of consumers without services based on the treatment plan X -5)

Denominator: The number of consumers in the QR sample

**Adult QR 6/Child QR 7**

Indicator Number: **PSC8**

Indicator Name:

**Are there services provided that are not identified as necessary in the treatment plan?**

Description

This indicator measures whether the services provided to the consumer were all covered by the treatment plan. The treatment plan should be based on the assessment of the consumer, and establishes medical necessity for subsequent treatment provision. As such, treatment plans should be specific to the consumer and focused on the current needs and desires of the consumer. When treatment provision covers areas not identified as necessary in the treatment plan, it indicates that either the treatment planning process, or the provision of treatment, needs revision. In order to evaluate this, reviewers will examine the encounter notes covered by the last full treatment plan for the sample period.

Scoring  
YES/NO

Data Source  
Client chart extraction.

Population  
All consumers sampled for the Quality Review at the CSA in question.

Calculation  
The calculation of this indicator is based on a review of all the encounter notes covered by the last full treatment plan for the sample period. This examination is designed to determine if the services provided to the consumer were all covered in the treatment plan.

Scoring Value & Weight  
This indicator is NEGATIVELY weighted, with YES assigned the value -5 and NO assigned the value 0. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.  
Numerator: (The number of consumers with services not covered by the tx plan X -5)  
Denominator: The number of consumers in the QR sample

**Adult QR 7/Child QR 8**

Indicator Number: **PSC9**

Indicator Name: **Are there treatment planning goal areas for which services were not rendered?**

Description  
This indicator measures whether the services provided to the consumer covered all treatment domains identified as necessary in the treatment planning process.

The treatment plan should be based on the assessment of the consumer, and establishes medical necessity for subsequent treatment provision. As such, treatment plans should be specific to the consumer and focused on the current needs and desires of the consumer. When treatment provision does not cover all areas identified as necessary in the treatment plan, it indicates that either the treatment planning process, or the provision of treatment, needs revision. In order to evaluate this, reviewers will examine the encounter notes covered by the last full treatment plan for the sample period.

Scoring

YES/NO/NA

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

The calculation of this indicator is based on a review of all the encounter notes covered by the last full treatment plan for the sample period. This examination is designed to determine if the services provided to the consumer covered all goals and objectives identified in the treatment plan.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value -5 and NO assigned the value 0. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (# w/ goals and objectives not addressed during treatment X -5)

Denominator: The number of consumers in the QR sample

**Adult QR 8/Child QR 9**

Indicator Number: **PSC10**

Indicator Name: **Annual substance abuse screening/assessment**

Description

This indicator measures whether consumers are being screened for substance abuse disorders on an annual basis. Annual assessments recognized by this indicator should specifically address the consumer's substance use, and may be recognized substance abuse screening tools, such as a urine screen or the MIDAS, as well as other assessments. As substance use and abuse frequently

changes, even in the presence of active substance abuse treatment, all patients should be screened each year.

Value  
YES/NO

Population  
All consumers in the review sample.

Data Source  
Chart extraction

Calculation  
A consumer is judged to have an annual substance use/abuse assessment if there is evidence in the chart of a formal assessment of the consumer's substance use, *updated* during the review period. This assessment may be based on urinalysis results, or the MIDAS assessment, but the substance use assessment may also be part of another assessment that covers multiple domains of the consumer's life. If the consumer has been screened for substance abuse disorders during the review period, a score of YES is assigned. Otherwise, NO is assigned.

Scoring Value & Weight  
This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -3. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -3.

Numerator:  $(\frac{\text{The \# of consumers without evidence of a SA Assessment} \times -3}{\text{The number of consumers in QR sample}})$

**Adult QR 9/Child QR 10**

Indicator Number: **PSC11**

Indicator Name: **Substance abuse recovery in treatment plan**

Description  
This indicator measures whether substance abuse recovery is addressed in the treatment plan of consumers with substance abuse disorders.

Value  
YES/NO

Population

Those consumers in the review sample identified as having substance abuse disorders as indicated on a diagnostic assessment or screening tool.

Data Source

Chart extraction

Calculation

If consumers with substance abuse disorders have SA recovery addressed in their treatment plans, this indicator is scored YES. If they do not, the indicator is scored NO. N/A indicates that there are no identified substance abuse issues for this consumer.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The # of consumers where SA not addressed in tx plan X -5)

Denominator: The # of consumers with identified SA issues

**Adult QR 10/Child QR 11**

Indicator Number: **PSC12**

Indicator Name: **Adjustment of treatment plan goals and objectives**

Description

Quality care includes interventions that are meant to foster change, leading to the attainment of treatment goals, or interventions that are modified when they do not produce that desired change. This indicator measures whether treatment plan goals and objectives are substantially adjusted from treatment cycle to treatment cycle based on how the consumer has responded to previous treatment plans.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

This indicator examines four treatment plans, with the first one examined starting not more than 45 days prior to the start of the review period. In order to be scored YES, the goals or objectives on at least 50% of the treatment plans must have been substantially adjusted during the review period. If less than three treatment plans are present for the yearly review period, the indicator is automatically marked NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The number of consumers without adjusted tx plans X -5)  
Denominator: The number of consumers in the QR sample

**Adult QR 11 & 12/Child QR 12 & 13**

Indicator Number: **PSC13**

Indicator Name: **Consumer/guardian signature on IRP/IPC/ISSP**

Description

DMH believes that including consumers in treatment planning is central to delivering mental health services that meet the needs of the population they are meant to serve. To this end, DMH policies require that consumers sign their treatment plans to indicate that they have contributed to them. This indicator measures whether there is a signature, from either the consumer or their guardian, on the IRP/IPC/ISSP. .

Scoring

Non-scoring AQR 11 and CQR 12; AQR 12 and CQR13 YES/NO

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

If the treatment plan does not have the signature of the consumer or guardian, then reviewers look for a reason for the missing signature in the chart documentation. If there is a reason for the missing signature, then it is scored YES. If there is no reason for the missing signature, then it is scored NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -3. The scores for the sample are averaged based on the QR sample size for the given agency. The overall score for the agency will be this average, a value *between* 0 and -3.

Numerator: (The number of consumers without a reason for the missing signature on tx plans X -3)

Denominator: The number of consumers in the QR sample

**Adult QR 13/Child QR 14**

Indicator Number: **PSC14**

Indicator Name: **Chart notations for Axis III medical medications**

Description

This indicator measures whether or not medications prescribed to the consumer for physical health problems are noted in the chart, and whether this notation is updated on *at least* an annual basis. Each provider organization is likely to handle the notation and updating of such medications differently, but this indicator is scored with the understanding that quality care requires a policy that supports a centralized charting location for information of such general import.

Value

YES/NO

Population

Consumers in the provider sample with recorded Axis III diagnoses.

Data Source

Chart extraction

Calculation

Based upon the policy at the agency under consideration, consumer charts are examined for notation of medications prescribed to the consumer to treat Axis III medical conditions. If notation is present and *updated for the review period*, the indicator is scored YES, if not, the indicator is scored NO. N/A indicates that there are no noted health concerns for the patient.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the



number of consumers with recorded Axis III diagnoses. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The number of consumers without AxIII meds in chart X -5)  
Denominator: The number of consumers with recorded AxIII dx

### **Adult QR 14/Child QR 15**

Indicator Number: **PSC15**

Indicator Name:

### **Annual Physical**

#### Description

This indicator measures whether there is evidence of an annual physical for the consumer in the chart.

#### Value

YES/NO

#### Population

All consumers sampled for the Quality Review at the CSA in question.

#### Data Source

Chart extraction

#### Calculation

Community Support notes, nursing notes, physician notes, and provider correspondence are examined to determine if the consumer received an annual physical. Evidence of having received a physical includes exam reports, details in the notes regarding the visit for the physical, or evidence that documentation was sought from the consumer or provider. If any of these are present, this indicator is scored YES. In the absence of evidence of an actual physical, the indicator is scored NO.

#### Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The number of consumers without evidence of a physical X -5)

Denominator: The number of consumers in QR sample

**Adult QR 16/Child QR 17**

Indicator Number: **PSC16**

Indicator Name:

**Atypical—Weight**

Description

The American Diabetes Association has issued guidelines for screening for metabolic complications in adults due to atypical antipsychotic use. Based on those guidelines, this indicator measures whether the consumer’s weight was measured *quarterly* during the review period.

Scoring

YES/NO

Population

Sampled consumers who are on atypical antipsychotics.

Data Source

Chart extraction

Calculation

If consumers on atypical antipsychotics have a quarterly weight recorded in the psychiatric, nursing, or assessment notes, this indicator is scored YES. If they do not, the indicator is scored NO.

Scoring Value & Weight

This indicator is **NEGATIVELY** weighted, with YES assigned the value 0 and NO assigned the value -1. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -1.

Numerator: (The number of consumers without evidence of weight tracking X -1)

Denominator: The number of consumers prescribed atypical antipsychotics

**Adult QR 17/Child QR 18**

Indicator Number: **PSC17**

Indicator Name:

**Atypicals—Lipids**

Description

There is strong evidence for metabolic complications in some patients due to the use of atypical antipsychotics. This indicator measures whether the consumer’s fasting lipids were screened during the past year; or, if not, that there is notation in the chart that there are no risk factors that would necessitate a yearly lipid

screening. The blood lipid panel should include, *at a minimum*, total cholesterol, high-density lipoprotein cholesterol, and triglycerides.

Scoring  
YES/NO

Population  
Sampled consumers who are on atypical antipsychotics.

Data Source  
Chart extraction

Calculation  
If consumers on atypical antipsychotics have had a lipid panel recorded in the psychiatric, nursing, or assessment notes, during the past year, or notation of why this is unnecessary, this indicator is scored YES. If they do not, the indicator is scored NO.

Scoring Value & Weight  
This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -3. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -3.

Numerator: (The number of consumers without evidence of lipid tracking X -3)  
Denominator: The number of consumers prescribed atypical antipsychotics

**Adult QR 18/Child QR 19**

Indicator Number: **PSC18**

Indicator Name: **Atypicals—Glucose**

Description  
The American Diabetes Association has issued guidelines for screening for metabolic complications in adults due to atypical antipsychotic use. Based on those guidelines, this indicator measures whether the consumer's fasting plasma glucose was measured during the review period.

Scoring  
YES/NO

Population  
Sampled consumers who are on atypical antipsychotics.

Data Source  
Chart extraction

Calculation

If consumers on atypical antipsychotics have an annual fasting plasma glucose level recorded in the psychiatric, nursing, or assessment notes, this indicator is scored YES. If they do not, the indicator is scored NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator: (The # of consumers without evidence of glucose tracking X -5)

Denominator: The number of consumers prescribed atypical antipsychotics

**Child QR 5**

Indicator Number: **PSC19**

Indicator Name: **Transition planning addressed in treatment plan**

Description

This indicator measures whether transition issues are addressed in the treatment plan. Transitions include, but are not limited to: changes in school, living arrangements, guardians, foster care, providers, and aging out of youth services. Child and youth consumers of mental health services are often challenged by high levels of instability in their general living situations, to which this population is particularly vulnerable. This indicator is designed to assess whether providers are taking this potential instability into account when planning treatment.

Scoring

YES/NO

Data Source

Client chart extraction.

Population

All consumers sampled for the Quality Review at the CSA in question.

Calculation

In order to be scored YES, there must be evidence in the treatment plan that transition issues have been anticipated and addressed. N/A indicates that there are no transition issues identified by the reviewer for this consumer.

### Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. The scores for the sample are averaged based on the QR sample for the given agency. The overall score for the agency will be this average, a value *between* 0 and -5.

Numerator:  $(\frac{\text{The number of consumers without transition planning X -5}}{\text{The number of consumers in the sample}})$   
Denominator: The number of consumers in the sample

## **Financial**

**Indicator Number:** PSC20

**Indicator Name:** Claims audit results

### Description

This indicator measures a CSAs compliance with DMH billing procedures as determined by the claims auditing process. The claims audits determine an overall pass rate for the CSA, and that rate is used to determine if any points are deducted from the agency.

### Scoring

The number of points deducted for a CSA, if any, is determined by the percentage of their claims that passed the claims audit.

### Population

The Core Service Agency

### Data Source

Yearly claims audit data.

### Calculation

If the agency's claims audit pass rate is greater than 95%, then no deduction is taken (score is 0). If the pass rate is 85% to 95% then a 10 point deduction is made (score is -10). If the pass rate is 25% to 85% then a 20 point deduction is made (score is -20). If the claims audit pass rate is lower than 25% the maximum deduction is made (score is -30).

### Scoring Value & Weight

This indicator is NEGATIVELY weighted, with and is assigned a value of 0, -10, -20, or -30 based on the results of the claims audits. Because the population for

this indicator is the CSA, there is no average taken of the score. The overall score for the agency will be 0, -10, -20, or -30.

**Indicator Number:** PSC21

**Indicator Name:** Submitted financial documents

Description

This indicator measures the CSA's compliance with the required submission of several different financial documents.

Scoring

YES/NO

Population

The Core Service Agency

Data Source

The data source is from the Providers' financial documents per Title 22A, Chapter 34 and Section 3411.9 of the Mental Health Rehabilitation Services rules.

Calculation

CSAs in full compliance with the submission requirements are scored YES. Those in partial or non-compliance are scored NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -5. Because the population for this indicator is the CSA, there is no average taken of the score. The overall score for the agency will be this average, a value of 0 or -5.

**Indicator Number:** PSC22

**Indicator Name:** Medi-Medi TPL screen and bill as appropriate

Description

This indicator measures whether agencies are conducting Medicare/Medicaid exclusion screenings on patients, and whether they are billing appropriately based on the results.

Scoring

YES/NO

Population

The Core Service Agency

Data Source

Latest mid-cycle, or recertification, review tool and process results.

Calculation

Agencies that are determined in the mid-cycle review to be fulfilling their requirement to screen and bill appropriately are scored YES. Agencies that are not found to be screening and billing appropriately are scored NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -1. Because the population for this indicator is the CSA, there is no average taken of the score. The overall score for the agency will be this average, a value of 0 or -1.

**Indicator Number:** PSC23

**Indicator Name:** Internal auditing and claims review system

Description

This indicator measures whether agencies have internal auditing and claims review systems.

Scoring

YES/NO

Population

The Core Service Agency

Data Source

Latest mid-cycle, or recertification, review tool and process results.

Calculation

Agencies that are determined in the mid-cycle review to have an internal auditing and claims review process are scored YES. Agencies that are not found to have an internal auditing and claims review process are scored NO.

Scoring Value & Weight

This indicator is NEGATIVELY weighted, with YES assigned the value 0 and NO assigned the value -1. Because the population for this indicator is the CSA, there

is no average taken of the score. The overall score for the agency will be this average, a value of 0 or -1.

## **Compliance**

The Compliance domain has been eliminated from the FY2011 Provider Scorecard. Compliance is a given, and our system has matured enough that it need not be measured in the Scorecard.

## **Overall Score**

The Overall Score for the Provider Scorecard is calculated as follows.

DMH Calculation<sup>2</sup>:

Adult Providers Only

$((\text{Adult Quality Score}) \times 1.2 + \text{Financial Score})/2$

Child Providers Only

$((\text{Child Quality Score}) \times 1.2 + \text{Financial Score})/2$

Adult and Child Providers

$((\text{Adult Quality Score} + \text{Child Quality Score}) \times 1.2 + \text{Financial Score})/3$

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<sup>2</sup> Multiplying by 1.2 weights the Quality Section 20% higher.