

2010 PBH Medicaid Benchmarking Report

Project description: PBH is required by its contract with DMA to monitor and report Performance Indicators on an annual basis. As part of quality improvement, PBH conducts an analysis of these Reports. The following reports were utilized in this analysis from the DMA Contract Attachment M Statistical Reporting

Relevance: It is important to review the performance of PBH and identify problems, barriers and develop opportunities for improvement.

Results

The B Waiver Annual reports for calendar year 2010 were submitted to DMA June 30th, 2010. Out of the 11 key indicators selected for review, 10 of them met PBH's targeted goals.

- PI#9 Call Answer timeliness - Data measurement N: # of calls answered by a live voice within 30 seconds D: Total # of calls
- PI#11 Call Abandonment Rate - Data measurement N: # of calls abandoned before answered D: Total # of calls
- PI#16 Denied Claims - Data measurement N: # of claimed services denied D: Total # of claimed services rendered
- PI#25 Readmit to Inpatient Facilities for Mental Health - Data measurement N: number of consumers readmitted to inpatient MH facility within 30 days D: total number of discharges
- PI#26 Readmit to Inpatient Facilities for Substance Abuse - Data measurement N: number of consumers readmitted to inpatient SA facility within 30 days D: total number of discharges
- services within 30 days D: Total # of discharges Measure for within 30 DAYS
- PI#28 Follow up After Hospitalization for MH - 7 days - Data measurement N: # people receiving services within 7 days D: Total # of discharges Measure for within 7 DAYS
- PI#28 Follow up After Hospitalization for MH - 30 days - Data measurement N: # consumers receiving
- PI#31 Follow up After Hospitalization for SA - 7 days - Data measurement N: # people receiving services within 7days D: Total # of discharges Measure for within 7 DAYS
- PI#31 Follow up After Hospitalization for SA - 30 days - Data measurement N: # people receiving services within 30 days D: Total # of discharges Measure for within 30 DAYS
- PI#33 Initiation and Engagement of AOD – 45 days - Data measurement N: number of consumers who initiated TX and had 2 or more additional services D: total # of consumers with AOD diagnosis Engagement Measure

One of the indicators did not meet PBH's goal:

- PI#33 Initiation and Engagement of AOD – 14 days - Data measurement N: number of consumers who had 1 visit within 14 days D: total # of consumers with AOD dx - **Initiation Measure**

Table 1: PBH 2009 Medicaid Benchmarking report

Indicator	PBH Target	2007	2008	2009	2010	Status
PI#9 Call Answer Timeliness	95%	98%	98.7%	95.8%	95.6%	Goal Met
PI#11 Call Abandonment	<5%	3%	2.5%	1.6%	1.8%	Goal Met
PI#16 Denied Claims	<16%	18.6%	16.4%	15.2%	8.1%	Goal Met
PI#25 Readmit to Inpatient Facilities for Mental Health	<11%	8.6%	10.7%	7.4%	5.3%	Goal Met
PI#26 Readmit to Inpatient Facilities for Substance Abuse	<11%	3.5%	4.4%	2.3%	2.9%	Goal Met
PI#28 Follow up After Hospitalization for MH - 7 days*	30%	49.1%*	50.5%*	54.7%*	54%	Goal Met
PI#28 Follow up After Hospitalization for MH – 30 days*	35%	65.6%*	67.9%*	72.2%*	68%	Goal Met
PI#31 Follow up After Hospitalization for SA - 7 days	35%	27.1%	31.0%	35.1%	45.6%	Goal Met
PI#31 Follow up After Hospitalization for SA - 30 days	45%	37.0%	48.5%	45.8%	63%	Goal Met
PI#33 Initiation and Engagement of AOD – 14 days Initiation	45.6%	36.6%	37.4%	40.6%	42.4%	Goal Not Met but increased by 1.8 percentage points
PI#33 Initiation and Engagement of AOD – 45 days Engagement	14.4%	30%	32.6%	35.6%	36.6%	Goal Met

Indicators PI#9, PI#11 and PI#16 include all calls and claims, not just Medicaid.

* Revisions were made in 2010 to correct an error in this report

Conclusion:

Overall, results from this year’s report reflected improvement in most areas. Ten out of the 11 indicators met PBH’s targeted goals. Call answer timeliness and call abandonment have met the goals for all four years. In 2009 and 2010, the percentage dropped only a few percentage points (98% to 95%) for call timeliness compared to the previous two years. However, PBH increased its call volume in both 2009 and 2010 due to adding contracts with other LME’s which provide coverage for after hours, weekends, holidays and other scheduled closings. In spite of this significant increase in coverage the PBH Access department met the standards set for both Call Answer Rate and Call Abandonment Rate. This was achieved through increased staffing during high call volume times and closer monitoring of staff performance.

Denied claims also achieved its goal for 2010 having an 8.1% denial rate compared to 2009’s denial rate of 15.2%, showing a large decrease. This decrease is most likely attributed to the training and technical assistance the Finance/Claims department conducts with the provider network on an ongoing basis.

With regard to Readmits to Inpatient facilities for both Mental Health and Substance Abuse, results showed that PBH met its goal of less than 11% for all 4 years.

Prior to 2010, PBH had not yet met its goal for Follow up After Hospitalization for Mental Illness (7 and 30 days). It was discovered in 2010 that there was an error in the way this report was pulling the data. This error has been corrected and the report was rerun for previous years to reflect more accurate data. As a result of this change, PBH has met its target all 4 years.

Follow up After Hospitalization for Substance Abuse met its goal for 2010 for the 7 day follow up with 45.6% and the 30 day follow with 63%. Both measurements have gradually improved since 2007 with the largest increase taking place between 2009 and 2010.

The one area that merits attention and continues to fall below the PBH targeted goal is the Initiation measure for the Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) performance indicator. Even though PBH has not yet met its goal of 45.6%, this indicator continues to show steady improvement each year. In 2007 it was at 36.6% and in 2010 it increased to 42.4%.

Since many of these KPIs have either met the PBH target or have shown improvement consistently since 2007, the next step is to take the results to the Continuous Quality Improvement (CQI) Committee for review. Recommendations will be made and new targets determined.

Barriers To Improvement related to PI#33 - Initiation

Consumer

1. Transportation
2. Appointment times are not convenient
3. Lack of understanding of the importance of keeping visits
4. Consumer no shows

Provider Network

1. Staff Turnover
2. Care Coordination issues
3. Scheduling/rescheduling appointments outside of the access to care standards

LME Barrier

1. Care Coordination staff have difficulty contacting consumers because many of the consumers have moved or have incorrect phone numbers and addresses
2. Limited State funding for Substance Abuse consumers

Opportunities

- ◆ Monitor providers on timely access to care. Report providers that are not meeting the state guidelines for accessibility to the PBH Network Department as a contractual issue.
- ◆ Continue to contract with available practitioners/providers that support specific service needs.
- ◆ Discuss and clarify standards for accessing appointments during the CCP Provider routine meetings.