

## CURRENT BEHAVIORAL HEALTH PERFORMANCE METRICS: SUMMARY OF REQUIREMENTS OUTLINED IN CONTRACTS OR REGULATIONS

Performance Metrics	Specialty Mental Health Administrative Services Organization	ADAA Grant Recipients (See also attached Grant Contract for complete requirements.)	HealthChoice MCOs
Clinical Performance Metrics or Standards	<ul style="list-style-type: none"> <li>• Authorize services based on medical necessity criteria, conduct both concurrent and retrospective reviews</li> <li>• Perform focused review of requests for inpatient level of care in order to reduce reliance on and use of unnecessary hospital level of care</li> <li>• Monitor and manage at-risk and high service utilization consumers, coordinate with CSAs, and assist in the development of appropriate treatment plans</li> <li>• Review and authorize Therapeutic Behavioral Services for children and adolescents with a developmental disability or a psychiatric diagnosis</li> <li>• Monitor the following data elements:               <ul style="list-style-type: none"> <li>• Average length of stay</li> <li>• Admissions</li> <li>• Level of care utilization by consumer and provider</li> <li>• Readmission rates</li> <li>• Timeliness of decisions</li> <li>• Denial rates</li> <li>• Appeal and overturn on appeal rates</li> <li>• Hospitalization rate OMHC</li> <li>• Cost per consumer</li> <li>• Penetration rates</li> <li>• Average speed of answer</li> <li>• Hospitalization rate</li> <li>• Cost per consumer</li> <li>• Penetration rates</li> <li>• Average speed of answer (calls)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Performance measures:               <ul style="list-style-type: none"> <li>• 70% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days.</li> <li>• 56% of adolescent and 66% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.</li> <li>• 90% of the patients completing/transferred/referred from ADAA funded residential detoxification programs enter another level of treatment within 30 days of discharge.</li> </ul> </li> <li>• The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 82% among adolescents and 82% among adults from the number of patients who were using substances at admission to treatment.</li> <li>• The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 32% from the number of patients who were employed at admission to</li> </ul>	<p><u>Mental Health</u></p> <ul style="list-style-type: none"> <li>• MCO applications are reviewed to ensure the organization is prepared to work with the Department's specialty mental health system for coordination of somatic care</li> <li>• MCOs must demonstrate that they have the clinical experience and expertise in their provider network to provide somatic care for enrollees with severe and persistent mental illness</li> <li>• MCO shall cooperate with the Specialty Mental Health Delivery System in developing referral procedures and protocols</li> </ul> <p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> <li>• MCOs are required to follow self-referral protocol. Services outside the protocol are allowed to be preauthorized by the MCO</li> <li>• Enrollees are allowed to choose their own provider regardless of whether or not the provider is part of MCO provider network</li> <li>• Required to reimburse provides a minimum amount for H codes</li> <li>• Monitor access to community-based substance abuse services through bi-annual report to the Legislature includes amount paid by Medicaid and ADAA, number of individuals served through Medicaid and ADAA, and MCO payment denial rate.</li> <li>• MCOs are required to report the following HEDIS measures annually:               <ul style="list-style-type: none"> <li>• The percentage of adolescents and adults</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Abandonment rate</li> <li>• Value Options develops a Quality Assurance Work Plan</li> <li>• Administer a Consumer Perception of Care (CPOC) survey. See link below <a href="http://dhmh.maryland.gov/mha/SitePages/surveys.aspx">http://dhmh.maryland.gov/mha/SitePages/surveys.aspx</a></li> <li>• Outpatient mental health centers, federally qualified health centers and hospital-based clinics are required to submit Outcomes Measurement System questionnaires on patients age 6 to 64 prior to service authorization. Examples of questions: <ul style="list-style-type: none"> <li>• Where are you living now?</li> <li>• How satisfied are you with your recovery?</li> <li>• During the last month, how often did you have an urge to drink alcohol or take street drugs?</li> <li>• Are you employed?</li> <li>• Do you smoke?</li> </ul> </li> </ul> <p><a href="http://maryland.valueoptions.com/services/OMS_Welcome.html">http://maryland.valueoptions.com/services/OMS_Welcome.html</a></p>	<p>treatment.</p> <ul style="list-style-type: none"> <li>• The number arrested during the 30 days before discharge from non-detox treatment will decrease by 67% for adolescents and 67 % for adults from the number arrested during the 30 days before admission.</li> <li>• 70% of patients dis-enrolled from a Level III.7 will enter another level of care within 30 days.</li> <li>• 70% of patients dis-enrolled from a Level III.5 will enter another level of care within 30 days.</li> <li>• 70% of patients dis-enrolled from a Level III.3 will enter another level of care within 30 days.</li> <li>• 70% of all adult and adolescent patients in ADAA funded treatment programs have a treatment episode of not less than 90 days.</li> <li>• Collect client information into the SMART system, including employment status, when the client was last in for treatment, # arrests within the last 12 months, tobacco use</li> <li>• For all patients with an opiate problem documented in the substance abuse matrix upon SMART admission, the grantee shall require that an overdose prevention plan be developed</li> <li>• All sub-recipients shall admit pregnant</li> </ul>	<p>with a new episode of alcohol or other drug (AOD) dependence with initiate AOD treatment and who had two or more inpatient admissions, outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the initiation encounter</p> <ul style="list-style-type: none"> <li>• Summary of the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or emergency department</li> </ul> <p><a href="http://mmcp.dhmh.maryland.gov/docs/DHMH-Statewide-Executive-Summary_2011_revAMB_1.pdf">http://mmcp.dhmh.maryland.gov/docs/DHMH-Statewide-Executive-Summary_2011_revAMB_1.pdf</a></p> <p><u>Substance Abuse and Mental Health</u> <u>General</u></p> <ul style="list-style-type: none"> <li>• Under Federal law [Section 1932(c)(2)(A)(i) of the Social Security Act], DHMH is required to contract with an External Quality Review Organization (EQRO) to perform an independent annual review of services provided under each MCO contract. To ensure that the services provided to the enrollees meet the standards set forth in the regulations governing the HealthChoice Program, DHMH contracts with Delmarva Foundation (Delmarva) to serve as the EQRO. Most of the areas reviewed focus on operational requirements. Some requirements, however,</li> </ul>

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		<p>women within 24 hours of request</p> <ul style="list-style-type: none"><li>• Grantee and all sub-recipients shall utilize best practices</li><li>• Grantee shall neither deny admission or continued stay for a patient solely due to being on full or partial opiate agonist therapy medication regardless of dose; make admission contingent upon eventual detoxification from full or partial opiate agonist; nor limit the number of patients on full or partial opiate maintenance or detoxification that are admitted to a program</li><li>• Grantee shall provided data on ADAA funded care coordination, recovery housing services, recovery community center services, and peer recovery support specialist activities</li><li>• Grantee shall assess patients for gambling and nicotine dependence disorders</li><li>• Grantee shall develop continued stay criteria based on ASAM admission criteria</li><li>• Grantee shall enroll all eligible patients with Level II.3, III.5, and III.7 programs into RecoveryNet Services</li></ul>	<p>indirectly affect clinical performance metrics, such as the requirement to have written utilization management procedures to evaluate medical necessity criteria. See CY 2010 report:</p> <p><a href="http://mmcp.dhmh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf">http://mmcp.dhmh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf</a></p> <ul style="list-style-type: none"><li>• Other quality assurance activities, such as the Department’s Value-Based Purchasing Program (MCOs receive incentives and disincentives for achieving certain targets), do not focus on substance abuse, mental health, or behavioral health integration activities.</li><li>• Although not a specific requirement by the Department, all of the MCOs have developed on their own care coordination programs for high-cost patients, e.g., programs that target individuals with multiple ER visits or readmissions to hospitals.</li></ul>

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		<ul style="list-style-type: none"><li>• Grantee shall coordinate the care of high-risk and high-cost patients within the jurisdiction</li><li>• Requirements to provide a continuum of care defined for adults and adolescents</li><li>• Grantee and all sub-recipients providing Level III.7, III.5 or III.3 programs shall:<ul style="list-style-type: none"><li>• provide a discharge summary to each patient’s care coordinator;</li><li>• attempt to obtain consent from the patient prior to discharge enabling the program to contact the outpatient aftercare provider; and</li><li>• provide a discharge summary to the outpatient aftercare provider within 24 hours of the patient’s discharge from the program.</li></ul></li><li>• Grantee and all sub-recipients providing Level I or II.1 programs shall prioritize for admission patients who are referred from Level III.7, III.5, or III.3 programs.</li><li>• The Regional ATR Coordinator will be responsible for the implementation of the RecoveryNet program</li><li>• The grantee shall review and update the buprenorphine diversion adherence plan at least annually.</li></ul>	

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		<ul style="list-style-type: none"><li>• Grantee shall provide for substance use disorders treatment services for Drug Court participants</li><li>• The grantee shall provide direct screening, referral, and placement services to individuals and families being managed by DSS case managers who are in need of substance abuse services</li></ul>	
Examples of Operational Performance Metrics	<ul style="list-style-type: none"><li>• ASO shall perform audits and other reviews of the medical and billing records to ensure only medically necessary authorized services are funded</li><li>• At a minimum, approve and submit for payment, or deny, 99 percent of the paper claims within 21 calendar days of the receipt of the claim, 1005 of paper claims within 30 calendar days, and within 14 calendar days of receipt of an electronic claim</li><li>• Design and staff the telephone communication system in order that 95% of incoming calls are answered within three rings or less, a call pick up system which places the call in a queue may be used and has less than a 3% abandoned call rate. For 90% of the incoming calls, the</li></ul>	<ul style="list-style-type: none"><li>• Shall assess for Medicaid and PAC eligibility</li></ul>	<ul style="list-style-type: none"><li>• See Systems Performance Review: <a href="http://mmcp.dhmdh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf">http://mmcp.dhmdh.maryland.gov/healthchoice/Documents/MCO-SPR-StatewideExecutiveSummary-CY2010.pdf</a></li><li>• HealthChoice MCOs must comply with the Maryland Insurance Administration standards and regulations regarding payment of provider claims, e.g, must pay clean claims within 30 days.</li></ul>

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	wait time in the queue should not be longer than 5 minutes <ul style="list-style-type: none"><li>• Staffing ratios for Value Options</li></ul>		

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