

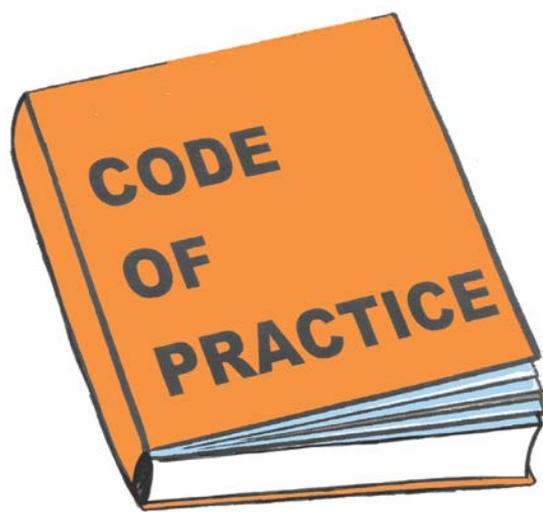
**DMHAS EQMI
Provider Data Quality Forum
March 30, 2017
April 20, 2017**

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Connecticut Department of Mental Health and
Addiction Services**



Review Provider Data Quality Issues:

- 1. ICD 10 Transition**
- 2. Clients with out Services**
- 3. Periodic Assessment and Diagnosis Updates**
- 4. Bed Utilization Issues**
- 5. Extract Error Corrections**
- 6. TCM/BHH Data requirements for billing**



***ICD 10
DIAGNOSIS
TRANSITION***

ICD 10 Diagnosis Transition

- CMS October 1, 2015 implementation
- DMHAS July 1, 2017 Requirement
- Sun-setting the submission of all other DX
- EQMI January ICD 10 Provider Alert
- EQMI February ICD 10 Provider Analysis
- EQMI March 9 ICD 10 Conference Call
- Provider “Valid Axis 1 ICD 10” Report
- Example Report Output

Provider ICD 10 Report

EXAMPLE

State of Connecticut
 Department of Mental Health and Addiction
 Services

VALID ICD 10 DIAGNOSIS

REPORT RUN DATE (Provides All Active Clients)

Provider: ABC Provider

Program: ABC Program

Provider Name	Program Name	Valid IDC10 DX	Clients		Percent
ABC Provider Name	ABC Program Name	10	10	100%	
		Client Name List	LAST Dx Date	IDC10 DX	Non-IDC10 DX
			11/30/2016	Yes	No
			12/8/2016	Yes	No
			10/9/2015	Yes	No
			5/31/2016	Yes	No
			4/7/2016	Yes	No
			7/24/2016	Yes	No
			11/11/2015	Yes	No
			12/2/2016	Yes	No
			12/7/2016	Yes	No
			10/1/2015	Yes	No

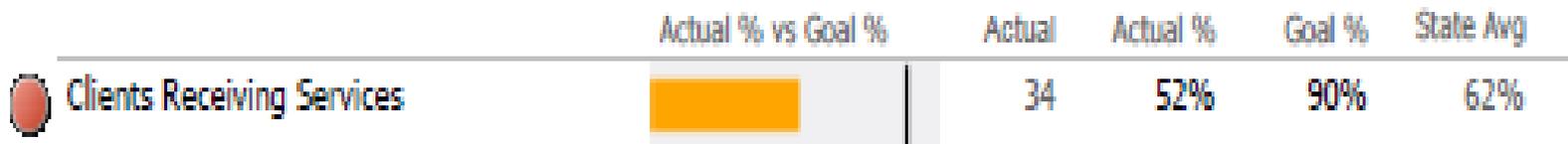


Clients without Services

Clients Receiving Services

- SA Outpatient = was 62% - **NOW is 75%**

Service Utilization



- MH OP = was 61% - **NOW is 77%**

Service Utilization



EDW; Data Quality Folder; Client Receiving Services Report

Program Level Report

Addiction - Outpatient - Standard Outpatient

Reporting Period:

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	261	170	54% ▲
Admits	135	119	13% ▲
Discharges	123	73	68% ▲
Service Hours	973	765	27% ▲

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	96%	95%
Valid TEDS Data	78%	95%
On-Time Periodic		
6 Month Updates	20%	22%
Cooccurring		
MH Screen Complete	96%	95%
SA Screen Complete	86%	94%
Diagnosis		
Valid Axis I Diagnosis	96%	99%
Valid Axis V GAF Score	97%	94%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	100%
Services			■	■	■	■	67%

■ 1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		35	29%	50%	53%	-21% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Not Arrested		232	87%	75%	82%	12% ▲
Abstinence/Reduced Drug Use		108	41%	55%	51%	-14% ▼
Stable Living Situation		216	81%	95%	79%	-14% ▼
Self Help		102	38%	60%	23%	-22% ▼
Employed		73	27%	50%	31%	-23% ▼
Improved/Maintained Axis V GAF Score		129	69%	75%	45%	-6%

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		100	70%	90%	62%	-20% ▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
2 or more Services within 30 days		93	70%	75%	71%	-5%

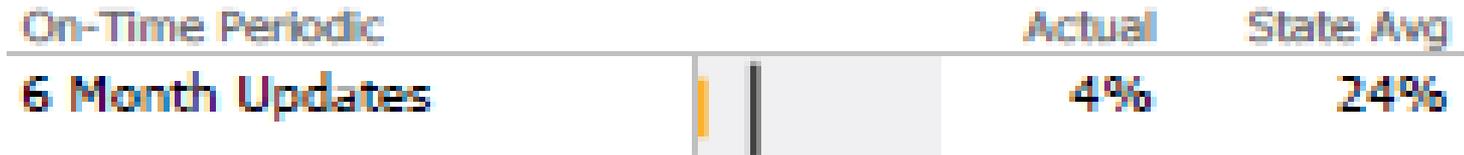
Why did only 70% of these active clients receive services?
Seems that clients need to be discharged?



Periodic Assessments Updates

Periodic Assessment Updates

- Addiction OP = 24% (2013) **NOW is 39%**



- MH OP = 45% (2013) **Now is 55%**



Program Level Report

Addiction - Outpatient - Standard Outpatient

Reporting Period:

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	261	170	54% ▲
Admits	135	119	13% ▲
Discharges	123	73	68% ▲
Service Hours	973	765	27% ▲

Data Submission Quality

Measure	Actual	State Avg
Data Entry		
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Services			■	■	■	■	67%

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Discharge Outcomes

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Treatment Completed Successfully		35	29%	50%	53%	-21% ▼

Recovery

Measure	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
National Recovery Measures (NOMS)						
Not Arrested		232	87%	75%	82%	12% ▲
Abstinence/Reduced Drug Use		108	41%	55%	51%	-14% ▼
Stable Living Situation		216	81%	95%	79%	-14% ▼
Self Help		102	38%	60%	23%	-22% ▼
Employed		73	27%	50%	31%	-23% ▼
Improved/Maintained Axis V GAF Score		129	69%	75%	45%	-6%

Service Utilization

Measure	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		100	70%	90%	59%	-20% ▼

Service Engagement

Measure	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Outpatient						
2 or more Services within 30 days		93	70%	75%	71%	-5%

Not Updating the 6 Month PAs will negatively affect Recovery Outcomes

Bed Utilization



Residential Bed Utilization

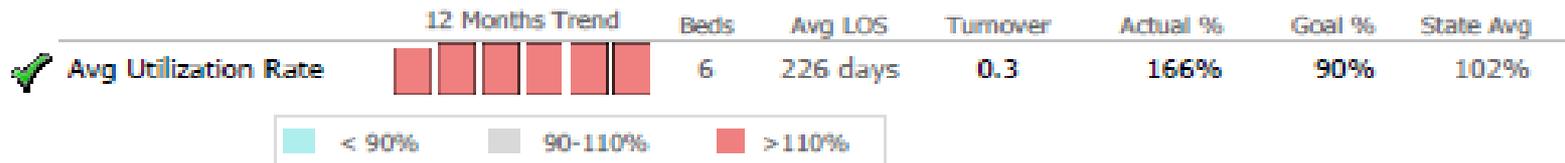
- Need to Discharge Clients that are no Longer Active
- Check your Extracts for discharge errors



Bed Utilization – Some bad Examples

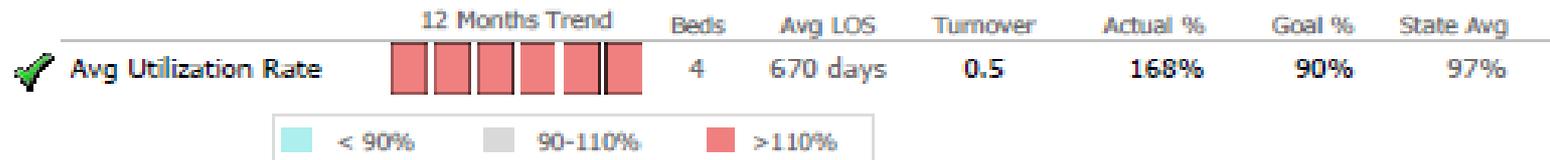
- Addiction – Residential Intermediate/LT Care Tx 3.5 = **166%**

Bed Utilization



- MH – Residential – Supervised = **168%**

Bed Utilization



Program ABC

Addiction - Residential Services - Intermediate/Long Term Res.Tx 3.5

Reporting Period:

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	47	43	9%
Admits	31	33	-6%
Discharges	27	32	-16% ▼
Bed Days	3,236	1,956	65% ▲

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
⚠ Treatment Completed Successfully		14	52%	70%	65%	-18% ▼
✅ No Re-admit within 30 Days of Discharge		26	96%	85%	92%	11% ▲
⚠ Follow-up within 30 Days of Discharge		7	50%	90%	49%	-40% ▼

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
⚠ Abstinence/Reduced Drug Use		23	49%	70%	73%	-21% ▼
⚠ Improved/Maintained Axis V GAF Score		27	84%	95%	88%	-11% ▼

Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
✅ Avg Utilization Rate		12	142 days	0.3	147%	90%	102%	57% ▲

Legend: < 90% (light blue), 90-110% (grey), >110% (red)

Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data		98%
Valid TEDS Data		100%

On-Time Periodic	Actual	State Avg
✅ 6 Month Updates		13%

Cooccurring	Actual	State Avg
MH Screen Complete		99%
SA Screen Complete		98%

Diagnosis	Actual	State Avg
Valid Axis I Diagnosis		100%
Valid Axis V GAF Score		100%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							100%
Discharges							100%

Legend: Grey box = 1 or more Records Submitted to DMHAS

Inflated percentage

Length of Stay (LOS) Outliers – Need to discharge non-active clients. If you submit an extract, be sure errors are corrected because you may think you have discharged someone but they errored out and are still on the books.

Extract Error Corrections



Extract Errors

File Error Summary Count

BatchId: 17244
Initial Upload Date: 3/28/2014 2:15:02 PM
Batch File Name: Agency ABC
Total Count 1 Accepted Count 0
Processed Count 1 Error Count 1

Need someone in your agency to fix these extract errors.

PeriodicAssessment

Assessment Date	Assessment date must be equal to the Discharge date.	1
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When you run your extract in DDaP file management, review the extract error report and fix those files that have an error on them.

TCM/BHH



Initiative

- Provider/DMHAS TCM meetings ongoing
- Providers are responsible for cleaning up missing required data using EDW BHH and TCM missing data report
- DMHAS to monitor TCM missing data beginning in April
- TCM/BHH billing process is ongoing
- DMHAS Committee to develop Audit process

HIGHLIGHTS

✘ *Continue Data Quality Clean Up Activities:*

- ✘ ICD 10 Diagnosis submission only 7/1/17
- ✘ Discharge clients no longer active
(Residential programs and OP programs)
- ✘ Extract issues and or DDaP training, e-mail
Mark.McAndrew@ct.gov
- ✘ Adhere to TCM/BHH data requirements

Questions?

- Call or email Jim @ (860) 418-6810 or james.siemianowski@ct.gov
- Or you can call or e-mail Mark @ (860) 418-6843 or mark.mcandrew@ct.gov

