



Data Management
& Reporting Work Group

Initial Performance Measures
for
Managed Medicaid Program
State of Indiana

February 25, 2008

I. Closed Claims Date Difference: Average Days from Claim Date to Claim Adjudication Date

Description

Provides the average number of calendar days from the time a claim is billed to the time the claim is adjudicated for the MBHO's.

Numerator:

Cumulative number of calendar days from claim date to adjudication date for closed claims. (Sum of the date differences from claim submission date to claim closed date for each claim submitted during the reporting time frame.)

Denominator:

Total number of closed claims for the reporting time frame.

Threshold/Performance Goal:

Not Applicable - Performance Indicator established to determine rate for implementation year

Source Utilized to Establish Threshold

Conduct additional research to determine if an applicable industry standard exists, and refer to Hoosier Healthwise Scope of Work

Data Source:

Billing System from each Community Mental Health Center.

Data Reporting Criteria:

- Data to include only those claims billed to the Hoosier Healthwise Managed Care program in the State of Indiana
- Data to be broken out by the following Managed Behavioral Healthcare Organizations: Magellan; Cenpatico; CompCare
- Data to be broken out by Inpatient versus Outpatient Services. IMPORTANT: Inpatient data includes all claims for services provided in an inpatient setting. For organizations without free standing inpatient units, it is acceptable to report inpatient data for professional services rendered on an inpatient unit, such as physician "rounds", if applicable.
- Data to include total billed claims for the reporting time period. (Typically field is called "Claim Date" or "Bill Date")
- Data to include only closed claims for the reporting time period. (Typically field is called "Paid Date" or "Closed Date")
- Closed claims to be defined as: Paid Claims, including those claims with \$0 or partial payments, where the remaining balance was moved to another funding source or written off.
- Exclude Revenue Code 510.
- Date Difference calculation is defined as: The date the claim was closed (see definition above) minus the date the claim was billed to the MBHO. Sum all the date differences and report as the numerator.
- Total Number of Closed Claims is defined as the unduplicated count of the claims included in the Date Difference Calculation. Report this as the denominator.

Center Reporting Format:

Submitted Quarterly via a web based template found at www.bhmidata.net. Both Numerator and Denominator must be submitted to allow for benchmarking and statewide average calculations.

Reporting Timetable:

Data will be reported in the web based form according to the following time table.

Description	Claim Dates	Claims Closed as of:	Submission Due Date
Initial Baseline	1/1/07 to 6/30/07	12/1/07	12/7/07
3 rd Quarter Calendar Year 2007	7/1/07 to 9/30/07	12/1/07	12/7/07
4 th Quarter Calendar Year 2007	10/1/07 to 12/31/07	3/1/08	3/7/08
Future Calendar Quarters	Calendar Quarter Begin/End Dates	Two months after Quarter End	7 Days after Claims Closed Date, or first business day thereafter.

Responsible Organization/Committee to Conduct Review and Analysis

BHMI Data Management and Reporting Workgroup

Sample Data Submission Form(Go to www.bhmidata.net for actual form and to submit data)

BHMI Data Submission Form

Measure: I. Closed Claims Date Difference: Average Days from Claim Date to Claim Adjudication Date

CMHC: _____

Claim Date Range: _____

Service Type (Outpatient/Inpatient): _____

MBHO	Numerator: Cumulative Days	Denominator: Total Claims
Magellan		
Cenpatico		
CompCare		

II. All Claims Date Difference: Average Days from Claim Date to Claim Adjudication Date for Closed Claims and Average Days from Claim Date to Report Date for Open Claims

Description

Provides the average number of calendar days from the time a claim is billed to the time the claim is adjudicated/remains open for the MBHO's.

Numerator:

Cumulative number of calendar days from claim date to adjudication date for closed claims plus the cumulative number of calendar days from claim date to report date for closed open. (Sum of the date differences from claim submission date to claim closed date/report date for each claim submitted during the reporting time frame.)

Denominator:

Total number of claims for the reporting time frame.

Threshold/Performance Goal:

Not Applicable - Performance Indicator established to determine rate for implementation year

Source Utilized to Establish Threshold

Conduct additional research to determine if an applicable industry standard exists, and refer to Hoosier Healthwise Scope of Work

Data Source:

Billing System from each Community Mental Health Center.

Data Reporting Criteria:

- Data to include only those claims billed to the Hoosier Healthwise Managed Care program in the State of Indiana
- Data to be broken out by the following Managed Behavioral Healthcare Organizations: Magellan; Cenpatico; CompCare
- Data to be broken out by Inpatient versus Outpatient Services. IMPORTANT: Inpatient data includes all claims for services provided in an inpatient setting. For organizations without free standing inpatient units, it is acceptable to report inpatient data for professional services rendered on an inpatient unit, such as physician "rounds", if applicable.
- Data to include total billed claims for the reporting time period. (Typically field is called "Claim Date" or "Bill Date")
- Closed claims to be defined as: Paid Claims, including those claims with \$0 or partial payments, where the remaining balance was moved to another funding source or written off.
- Open claims to be defined as: Any claims that are not closed claims.
- Exclude Revenue Code 510.
- Date Difference calculation is defined as: The date the claim was closed (see definition above) OR the report date if claim is not closed minus the date the claim was billed to the MBHO. Sum all the date differences and report as the numerator.
- Total Number of Claims is defined as the unduplicated count of the claims included in the Date Difference Calculation. Report this as the denominator.

Center Reporting Format:

Submitted Quarterly via a web based template found at www.bhmidata.net. Both Numerator and Denominator must be submitted to allow for benchmarking and statewide average calculations.

Reporting Timetable:

Data will be reported in the web based form according to the following time table:

Description	Claim Dates	Claims Closed As Of OR Open Claims As Of:	Submission Due Date
Initial Baseline	1/1/07 to 6/30/07	12/1/07	12/7/07
3 rd Quarter Calendar Year 2007	7/1/07 to 9/30/07	12/1/07	12/7/07
4 th Quarter Calendar Year 2007	10/1/07 to 12/31/07	3/1/08	3/7/08
Future Calendar Quarters	Calendar Quarter Begin/End Dates	Two months after Quarter End	7 Days after Claims Closed Date, or first business day thereafter.

Responsible Organization/Committee to Conduct Review and Analysis

BHMI Data Management and Reporting Workgroup

Sample Data Submission Form(Go to www.bhmidata.net for actual form and to submit data)

BHMI Data Submission Form

Measure: II. All Claims Date Difference: Average Days from Claim Date to Claim Adjudication Date/Claim Open Date

CMHC: _____

Claim Date Range: _____

Service Type (Outpatient/Inpatient): _____

MBHO	Numerator: Cumulative Days	Denominator: Total Claims
Magellan		
Cenpatico		
CompCare		