



Arizona Health Care Cost Containment System

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First Quarter 1999 Quality Initiative Report

October 1998 – December 1998

Quality Indicators

Behavioral Health Indicators

In 1995, AHCCCS, in collaboration with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/BHS), health plan representatives, and other interested participants, began conceptualizing and designing encounter-based quality indicators for the behavioral health program. Of seven potential indicators, three were chosen as the most accessible and meaningful, and most likely to provide data which could be used to shape policy and clinical care guidelines. These indicators are:

- Ambulatory Follow-up to Inpatient Care
- Inpatient Readmission Rate
- Laboratory Follow-up to Selected Medications

Ambulatory Follow-up to Inpatient Care and Inpatient Readmission Rate were reported to HCFA in July 1997 for the period 1994-1995. However, analysis of the results was not possible since the review of the data revealed sizable encounter omission errors. A corrective action plan was required from ADHS/ BHS for encounter submissions.

Although improvements continue to be made in the quantity of behavioral health encounter data received at AHCCCS from ADHS/BHS, analysis of data fields indicate that certain components of the claim (encounter) used to construct technical specifications for these indicators are problematic. AHCCCS continues to work diligently with ADHS to correct the problems with the data and have required an additional corrective action plan which is being monitored through regular meetings with ADHS. In addition to the encounter cleanup workgroups, AHCCCS is in the process of developing a workgroup with ADHS/BHS to focus on joint development of the technical specifications and a process for validation of the data for production of these quality indicators and utilization reports.

On August 3, 1998, AHCCCS requested permission from HCFA to delay the scheduled submission of two quality indicators that were due in July, and three utilization reports and a service activity levels report that were due on August 15. AHCCCS will delay these reports until the agency is confident that the quantity and quality of data received from ADHS is

acceptable for use in the QI reports.

BEHAVIORAL HEALTH UTILIZATION REPORTS	
UTILIZATION REPORT	SUMMARY DESCRIPTION
1. Inpatient Services	1. Number of inpatient hospitalizations for ADHS enrolled members reported per RBHA and statewide, by age grouping and mental health category.
2. Partial Care Services	2. Number of ADHS enrolled members who received basic or intensive partial care services, reported per RBHA and statewide by age grouping and mental health category.
3. Ambulatory Services	3. Number of ADHS enrolled members who received ambulatory mental health services, reported per RBHA and statewide by age grouping and mental health category.
4. Service Level Activity	4. Number of ADHS enrolled members receiving services by activity level and by mental health category reported by RBHA and statewide.

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