

Child Family Support Services - Prescott Provider Profile FY 2009-2010

NARBHA Enrollment Agency Requirements		Minimum, Goal	Frequency of Monitoring	Population	CFSSP			
					1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Access to Service								
1	a) Referral to availability of first appointment within 7 days	85%, 95%	Quarterly	Adult	*	*	*	*
			Quarterly	Child	100%	97%	92%	83%
	b) Routine appointments are available within 23 days of	85%, 95%	Quarterly	Adult	*	*	^^	^^
			Quarterly	Child	100%	100%	^^	^^
	c) 7 day follow up appointment after discharge [^]	70%, 100% (LVL I)	Quarterly	Adult	*	*	*	*
				Child	100%	*	*	*
	d) 30 day follow up appointment after discharge [^]	80%, 100% (LVL I)	Quarterly	Adult	*	*	*	*
				Child	100%	*	*	*
Complaints								
3	a) # of Complaints per 1000 enrolled by type							
		~Access to Services	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Client Rights	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Clinical Decisions Related to Service	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Coordination of Care	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Customer Service	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Financial	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Information Sharing	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
		~Other	Quarterly	Adult/Child	0.00	0.00	0.00	0.00
	b) # of complaints resolved to satisfaction of complainant		Quarterly	Adult/Child	0	0	0	0
Consumer/Family Engagement								
4	a) Staff actively engage consumer and family involvement							
	Individual	85%	Annually	Adult	*	*	*	*
				Child	*	*	*	*
	Family	85%	Annually	Adult	*	*	*	*
				Child	*	*	*	*
	Other Agencies	85%	Annually	Adult	*	*	*	*
				Child	*	*	*	*
	b) Assessments contain Family/Community Involvement		85%	Annually	Adult	*	*	*
				Child	*	*	*	*
Coordination of Care								
6	a) COC#1 - The disposition of the referral is communicated with the PCP/HP within 30 days of the initial assessment or, if the services are declined, within 30 days of the referral [^]	80%, 95%	Quarterly	Adult	*	*	*	*
				Child (TXIX)	*	*	*	*
				Child (TXXI)	*	*	100%	*
	b) COC#2 - Behavioral Health Care has been coordinated with the member's PCP as required [^]	70%, 90%	Quarterly	Adult	*	*	*	*
				Child (TXIX)	*	100%	100%	100%
				Child (TXXI)	*	*	100%	*

8 null values (no data collected). "0" indicates an actual value

[^] 1 quarter lag in data reporting

^{^^} 2 quarter lag in data reporting

Reported by: Lisa Chester
NARBHA Provider Monitoring Coordinator
Created 2/10/10
Revised 8/25/2010

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Financial Reporting Requirements								
11	a) Claims reviewed must be submitted within 12 months from date of service	100%	Quarterly	Adult/Child	100.00%	100.00%	100.00%	100.00%
	b) Review of action taken on denied claims [^]	100%	Semi-Annually	Adult/Child	*	92%	*	96%
	c) Encounter Data Validation Reviews	85%	Semi-Annually	Adult/Child	*	*	92%	*
Outreach and Engagement								
14	a) Outreach Activities completed	90%	Annually by Jun. 30th	Adult/Child	*	*	*	100.0%

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