

Southwest Behavioral Health Services - Prescott Provider Profile FY 2009-2010

| NARBHA Enrollment Agency Requirements | Minimum, Goal | Frequency of Monitoring | Population | SWBHP | | | | |
|--|---|--|---------------|--------------|---------|---------|---------|---------|
| | | | | 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 | * | 96% | 98% | 100% |
| | | | Quarterly | Child | * | * | * | * |
| | b) Routine appointments are available within 23 days of assessment | 85%, 95% | Quarterly | Adult | * | * | ~~ | ~~ |
| | | | Quarterly | Child | * | * | ~~ | ~~ |
| | c) 7 day follow up appointment after discharge [^] | 70%, 100% (LVL I) | Quarterly | Adult | * | * | * | 100% |
| | | | | Child | * | * | * | * |
| d) 30 day follow up appointment after discharge [^] | 80%, 100% (LVL I) | Quarterly | Adult | * | * | * | 100% | |
| | | | Child | * | * | * | * | |
| Complaints | | | | | | | | |
| 3 | a) # of Complaints per 1000 enrolled by type | | | | | | | |
| | | ~Access to Services | Quarterly | Adult/Child | * | 0.00 | 3.22 | 0.00 |
| | | ~Client Rights | Quarterly | Adult/Child | * | 1.16 | 1.61 | 1.05 |
| | | ~Clinical Decisions Related to Service | Quarterly | Adult/Child | * | 0.00 | 6.43 | 0.00 |
| | | ~Coordination of Care | Quarterly | Adult/Child | * | 0.58 | 0.00 | 0.00 |
| | | ~Customer Service | Quarterly | Adult/Child | * | 0.00 | 1.61 | 0.00 |
| | | ~Financial | Quarterly | Adult/Child | * | 0.00 | 0.00 | 0.00 |
| | | ~Information Sharing | Quarterly | Adult/Child | * | 0.00 | 0.00 | 0.00 |
| | | ~Other | Quarterly | Adult/Child | * | 0.00 | 0.00 | 0.00 |
| | b) # of complaints resolved to satisfaction of complainant | | Quarterly | Adult/Child | * | 1 | 5 | 1 |
| 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 | * | 100% | 100% | * |
| | | | | Child (TXIX) | * | 100% | * | * |
| | | | | Child (TXXI) | * | 100% | * | * |
| | b) COC#2 - Behavioral Health Care has been coordinated with the member's PCP as required [^] | 70%, 90% | Quarterly | Adult | * | * | 100% | 100% |
| | | | | Child (TXIX) | * | * | * | 100% |
| | | | | Child (TXXI) | * | * | * | * |
| Financial Reporting Requirements | | | | | | | | |
| 11 | a) Claims reviewed must be submitted within 12 months from date of service | 100% | Quarterly | Adult/Child | * | * | 0.00% | 100.00% |
| | c) Encounter Data Validation Reviews | 85% | Semi-Annually | Adult/Child | * | 83% | * | 86% |

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

[^] 1 quarter lag in data reporting

^{^^} 2 quarter lag in data reporting

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