*Dennis R. Jones*
<u>*Office of Dixon Court Monitor*</u>

*1111 W. 10<sup>th</sup> Street*
*Psychiatry Building, Room 201*
*Indianapolis, IN. 46202-4800*
*(317) 278-9130*

April 19, 2010

Mr. Stephen Baron, Director
Department of Mental Health
64 New York Avenue NE
Fourth Floor
Washington, DC 20002

   Re: Evidence of Compliance with Exit Criteria #7 – Provision of Services to Adults

Dear Mr. Baron,

I have reviewed your letter of April 2, 2010, regarding compliance levels on Exit Criterion #7 – Provision of Services to Adults. Your April 2, 2010 letter documents that DMH has achieved a penetration rate of 3.01% based on a total of 14,640 adults served out of a total District census for adults of 485,621 for the four (4) quarters beginning January 1, 2009 and ending December 31, 2009.

  I appreciate the continued improvement that DMH has made on this Exit Criterion. The Court Monitor finds that DMH has now reached the required compliance level of 3%. Therefore, I recommend that this Exit Criterion move to inactive status.

Sincerely,

Dennis R. Jones, MSW, MBA
Dixon Court Monitor

cc: Robert Duncan
  Anthony Herman
  Iris Gonzalez
  Anne Sturtz ✓

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

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**Office of the Director**

April 2, 2010

Dennis R. Jones, Monitor
1111 10th Street, Suite 201
Indianapolis, Indiana 46202

      Re:    Dixon et al. v. Fenty, et al.
             CA No. 74-285 (TFH)
             Evidence of Compliance with Exit Criterion #7 – Provision of Services to Adults

Dear Mr. Jones:

I write in response to your letter of March 24, 2010 denying our request to find that the Department of Mental Health ("DMH") had substantially met the performance target for Exit Criterion #7 – Provision of Services to Adults ("Exit Criterion #7"). We have just received revised data and have run the report based on the four (4) quarter period beginning January 1, 2009 and ending December 31, 2009. I am pleased to report that DMH has met and exceeded the performance target for Exit Criterion #7. The data for Exit Criterion #7 is as follows:

| EXIT CRITERION #7 SERVICES TO ADULTS PERFORMANCE TARGET: 3% | |
|---|---|
| ADULTS SERVED THROUGH MHRS PROGRAM ONLY[1] | 13,569 |
| ADULTS SERVED BY MEDICAID MCO's ONLY[2] | 733 |
| ADULTS SERVED BY BOTH MCO's & MHRS PROGRAM[3] | 338 |
| UNDUPLICATED COMBINED TOTAL OF ADULTS RECEIVING MENTAL HEALTH SERVICES | 14,640 |
| ADULT CENSUS[4] | 485,621 |
| PENETRATION RATE | 3.01% |

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[1] Based upon MHRS claims submitted to DMH for services provided in calendar year 2009 as of March 25, 2010.

[2] Based upon encounter data submitted by the MCOs for mental health services provided during FY 2009 as of February 1, 2010. The data report includes MCO services provided during a nine (9) month period from January 1, 2009 through September 30, 2009.

[3] Based upon an analysis of the MHRS claims submitted for processing as of March 25, 2010 and the encounter data for mental health services submitted by the MCO's as of February 1, 2010 for services rendered during FY 2009. The data reported includes MHRS services and MCO services rendered during the nine (9) month period from January 1, 2009 through September 30, 2009.

[4] Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2009. *See www.census.gov/popest/states/asrh*.

**Conclusion**.

DMH has met and exceeded the performance targets for Exit Criterion 7 for FY 2009. Accordingly, DMH hereby requests that the Dixon Court Monitor: (1) find that DMH has met and exceeded the required performance levels required for Exit Criterion #7; (2) report on the performance levels for Exit Criterion #7 to the U.S. District Court; and (3) cease active monitoring of Exit Criterion #7.

If you have any questions or wish to discuss this matter further, please feel free to call me.

Sincerely,

Stephen T. Baron
Director

Cc:     Anthony Herman, Counsel to the Dixon Plaintiffs
        Grace Graham, Counsel for the District of Columbia

*1111 W. 10<sup>th</sup> Street*
*Psychiatry Building, Room 201*
*Indianapolis, IN. 46202-4800*
*(317) 278-9130*


March 24, 2010


Mr. Stephen Baron, Director
Department of Mental Health
64 New York Avenue NE
Fourth Floor
Washington, DC 20002

      Re: Evidence of Compliance with Exit Criteria #7 – Provision of Services to Adults

Dear Mr. Baron,

    I have reviewed your letter of February 24, 2010, regarding compliance levels on Exit Criterion #7 – Provision of Services to Adults. Your February 24, 2010 letter documents that DMH has (for FY 2009) achieved a penetration of 2.97% based on a total of 14,453 adults served out of a total District census for adults of 485,621.

    I appreciate the continued improvement that DMH has made on this Exit Criterion with the most recent improvement due to the inclusion of the MCO data. However, despite the improvement, DMH has not yet reached the required compliance level of 3%. Therefore, I cannot yet recommend that this Exit Criterion move to inactive status.

Sincerely,

Dennis R. Jones, MSW, MBA
Dixon Court Monitor

cc: Robert Duncan
    Anthony Herman
    Iris Gonzalez
    Anne Sturtz ✓

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

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**Office of the Director**

February 24, 2010

Dennis R. Jones, Monitor
1111 10th Street, Suite 201
Indianapolis, Indiana 46202

      Re:    Dixon et al. v. Fenty, et al.
              CA No. 74-285 (TFH)
              Evidence of Compliance with Exit Criterion #7 – Provision of Services to Adults

Dear Mr. Jones:

I am pleased to report that the Department of Mental Health ("DMH") has substantially met the performance target for Exit Criterion #7 – Provision of Services to Adults ("Exit Criterion #7"). Therefore, in accordance with the December 12, 2003 Consent Order Approving Agreed Exit Criteria With Measurement Methodology and Performance Levels (the "Exit Criteria Order"), DMH is formally submitting evidence that the District of Columbia has achieved substantial compliance with Exit Criterion # 7.

We request that the Dixon Court Monitor: (1) find that DMH has substantially complied with required performance levels in Exit Criterion #7; (2) report on the performance levels for Exit Criterion #7 to the U.S. District Court as required by the Exit Criteria Order; and (3) cease active monitoring of Exit Criterion #7.

**Exit Criterion # 7 Requirements**

The Exit Criteria Order includes the following requirements for demonstrating compliance with the performance levels established in Exit Criterion #7:

> General Methodology for Measurement: The percentage of each District subpopulation shall be measured.
>
> Required Performance Levels: 3%.
>
> Operational Definition: The number of enrolled adults (ages 18 and over) with a mental health diagnosis who received at least one provided service as a percentage of the DC population, ages 18 and over.

Diagnosis: The first (or initial) DSM-IV diagnosis in the reporting period.

Age: For a person turning 18 during the reporting period, the age at first encounter during the period will be used for reporting purposes.

Enrolled: Enrolled in the Department's community services enrollment and payment system.

Served: Received a MHRS, inpatient or residential service during the period. The DMH may submit for potential inclusion those persons who are provided mental health services in the District and for whom the Department has direct or shared responsibility. The Court Monitor will evaluate any such requests to assess the inclusion of consumers in the DMH system of care. Key issues are DMH authority, the nature of services provided, the oversight of providers and other relevant issues.

D.C. population: U.S. Census Bureau Estimate for the calendar year.

Target: 3 % for the aggregate in one full year.

One Full Year: Means any four consecutive quarters.

Aggregate: Means cumulative performance over four consecutive quarters.

## Evidence of Compliance with Measurement Methodology and Performance Level

1. **Policy and Practice Requirements**. On June 21, 2002, DMH adopted 22A DCMR Chapter 12, Priority Populations, which sets forth definitions of persons with serious mental illness ("SMI"). The Court Monitor validated that that DMH has the necessary policies in place to ensure that services are provided to adults, beginning with his July 2006 report[1] and continuing through his January 2010 report[2].

2. **Data Collection Methods**. Exit Criteria Order allows DMH to submit data for inclusion in the penetration rates for Exit Criterion #7, those persons who are provided mental health services in the District and for whom DMH has direct or shared responsibility including but not limited to data from DMH's MHRS fee for service structure, Medicaid Managed Care Organizations ("MCOs") and other data generated through services provided by locally funded DMH programs.

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[1] *See* Court Monitor's July 2006 report, page 7. *Also see,* Court Monitor's January 2007 report, page 8; Court Monitor's July 2007 report, page 8; Court Monitor's January 2008 report, page 7; and Court Monitor's July 2008 report, page 10.
[2] *See,* Court Monitor's July 2010 report, pages 8 - 9.

Historically, DMH has only submitted data to the Court Monitor about mental health services provided through DMH's MHRS program, which has resulted in significant under-reporting of the publicly funded mental health services provided by the District.[3]

DMH has obtained and analyzed data from the MCO's about mental health services provided to MCO enrollees. DMH proposes to include the data about mental health services provided by the MCO's in the penetration rate reporting for FY 2009. The basis for this request is further discussed below in subsection (b).

(a) **MHRS System.** DMH developed metrics for reporting data regarding the MHRS services provided to adults DMH's data collection method for Exit Criterion #7 was validated by Dr. Joan Durman, a consultant retained by the Court Monitor's Office on January 25, 2007. Dr. Durman validated a revised data collection method for Exit Criterion #7 on April 23, 2008.[4]

(b) **Medicaid Managed Care Organizations.** The District's Department of Health Care Financing ("DHCF"), which is the state Medicaid agency, contracts with MCO's for the provision of health care services for a majority of children, adolescents and adults who are Medicaid recipients. Adults eligible for Medicaid because they receive Supplemental Security Income ("SSI") are excluded from participating in the MCOs.

As discussed at length in my letter of May 15, 2008 regarding Exit Criterion #17, the District requires MCO's to obtain and maintain accreditation from the National Committee for Quality Assurance ("NCQA"). NCQA accredits a variety of health plans and requires annual reporting of performance on performance measures from accredited healthcare plans. These performance measures are referred to as the Healthcare Effectiveness Data and Information Set ("HEDIS") and are used by health plans, employers and other health insurance purchasers to measure performance on various dimensions of care and service.[5] In order to maintain accreditation and to comply with the requirements of their contracts with the District, the Medicaid MCOs are required to report HEDIS data to DHCF.

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[3] In addition to the MCO data, DMH has been working on data analysis of the services provided to adults through the DMH Assessment Center and the Court Urgent Care Clinic, to determine whether there are unduplicated adults receiving services through those programs who are not otherwise accounted for in the penetration rate data reported for the MHRS program or the MCOs. Both the Assessment Center and the Court Urgent Care Clinic are DMH-funded programs that were operated throughout FY 2009. Unfortunately, the analysis of the data about the Assessment Center and the Court Urgent Care Clinic is not complete as of the date of this letter. Our preliminary analysis of the FY 2009 Assessment Center data and the Court Urgent Care Clinic data shows that 347 adults received an assessment through the Assessment Center and 350 adults received a service from the Court Urgent Care Clinic. However, if we determine that there are adults receiving services through the Assessment Center or the Court Urgent Care Clinic who are not included in the reporting on the MHRS program or the MCO program, we will submit that analysis for consideration by the Court Monitor.

[4] The revised metric included some changes in SQL statements used to extract data from eCura.

[5] See "NCQA 2007 Report on the State of Health Care Quality" page 2. Additional information about the NCQA certification program for third-party surveyors and the auditing and submission of HEDIS data is available on the NCQA website (www.ncqa.org).

On January 2, 2009, DMH and DHCF finalized a memorandum of understanding ("MOU") addressing the MCO contract obligations to DHCF and DMH for oversight of mental health services provided by the MCOs. Among other things, the MOU provides that DHCF will make HEDIS encounter data regarding mental health services provided to MCO recipients available to DMH. The MCOs are an integral part of the District's public health system and the MOU with DHCF regarding the MCO's clearly establishes DMH authority, provider oversight and the justification for inclusion of MCO enrolled consumers in the penetration rate calculation for Exit Criterion #7[6].

DMH has revised its metric for reporting on Exit Criterion #7 to include MCO data effective February 23 2010. A copy of the approved data collection metric for Exit Criterion #7 is attached and marked as *Exhibit A*.

3.      **Performance Levels**. DMH has collected data regarding publicly funded mental health services provided in FY 2009 using the approved *Dixon* data reporting metric and from the Medicaid Managed Care Organizations for Exit Criterion #7.

The data for Exit Criterion #7 is as follows:

| EXIT CRITERION #7 SERVICES TO ADULTS PERFORMANCE TARGET: 3% | |
| --- | --- |
| ADULTS SERVED THROUGH MHRS PROGRAM ONLY[7] | 13,142 |
| ADULTS SERVED BY MEDICAID MCO's ONLY[8] | 936 |
| ADULTS SERVED BY BOTH MCO's & MHRS PROGRAM[9] | 375 |
| UNDUPLICATED COMBINED TOTAL OF ADULTS RECEIVING MENTAL HEALTH SERVICES | 14,453 |
| ADULT CENSUS[10] | 485,621 |
| PENETRATION RATE | 2.97% |

The District's adult penetration rate for EC 7 is 2.97% which is 99% of the 3.00% threshold and constitutes substantial compliance with the performance target. Thus we have clearly achieved substantial compliance with this exit criterion.

We note that the District has already achieved the required performance level for Exit Criterion #8 (Adults with SMI) and that collectively, the Exit Criteria # 7 and #8 demonstrate that the District is providing mental health services to its targeted population, adults with SMI.

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[6] Although DMH has already achieved compliance with Exit Criterion #8, DMH has also developed a metric for reporting MCO data regarding services provided to adults with SMI, which was also validated by Dr. Durman.

[7] Based upon claims submitted for processing for MHRS services provided in FY 2009 as of January 29, 2010.

[8] Based upon encounter data submitted by the MCOs to DHCF for services provided in FY 2009 as of February 1, 2010.

[9] Based upon an analysis of the MHRS claims submitted for processing as of January 29, 2010 and the encounter data submitted by the MCO's as of February 1, 2010 for services rendered in FY 2009.

[10] Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2009. *See www.census.gov/popest/states/asrh*.

**Conclusion**.

DMH has substantially complied with the performance targets for Exit Criterion 7 for FY 2009. Accordingly, DMH hereby requests that the Dixon Court Monitor: (1) find that DMH has substantially complied with required performance levels required for Exit Criterion #7; (2) report on the performance levels for Exit Criterion #7 to the U.S. District Court; and (3) cease active monitoring of Exit Criterion #7.

If you have any questions or wish to discuss this matter further, please feel free to call me.

Sincerely,

Stephen T. Baron
Director

Attachment

Cc:     Anthony Herman, Counsel to the Dixon Plaintiffs
        Grace Graham, Counsel for the District of Columbia

# PENETRATION RATES: ADULTS                                    METRIC 7

*Demonstrated provision of services to adults (ages 18 and over)*

| DATA METHODS | |
| --- | --- |
| Operational Definition | The number of enrolled adults (ages 18 and over) with a mental health diagnosis who received at least one provided service as a percentage of the DC population, ages 18 and over.  Services may be provided directly by the Department of Mental Health (DMH), through agencies under contract to DMH or through a Medicaid Managed Care Organization (MCO) funded by the District of Columbia to provide these services. |
| Target | 3% in the aggregate for one full year |
| Method | For directly provided services,<br>• Using e-Cura, select all paid claims for the reporting period.  Paid claims have an enrollment date, date of service received, and a mental health diagnosis.<br>• Select persons ages 18 years and older.  Match age at first encounter with birth date to assure age 18 or older.<br>• Select the first or initial DSM-IV diagnosis that matches adult mental health diagnoses.<br><br>For example, if the report covers April 1, 2005 through March 31, 2006, then:<br>• Select all paid claims (where a warrant has been approved) for the period April 1, 2005 through March 31, 2006:<br>  o Date From BETWEEN 04-01-2005(First date of reporting period) AND<br>  o 03-31-2006(Last date of this reporting period).<br>• Select all paid claims during this period where the -adjudicated amount is greater than $0<br>  o Adjudicated amount GT 0.<br>• Select persons whose ages are 18 years or older – age is calculated as on the earliest service date in the fiscal year.<br>• For this report, the assumption is made that any adult receiving service has a psychiatric diagnosis.<br><br>For MCO services:<br>• Using data provided by the MCOs, follow the procedure outlines above.<br><br>Combine data from e-Cura and the MCOs, using the automated procedure noted below.<br><br>The formula used to calculate this metric for the above example is shown in this SQL statement:<br><br>CREATE TABLE dbo.FY08Patient<br>    (PATIENT_ID int NOT NULL, |

```sql
        LAST_NAME char(30) NOT NULL,
        FIRST_NAME char(30) NOT NULL,
        BIRTHDATE datetime NULL,
        SEX char(1) NOT NULL,
        SS_NUMBER char(11) NOT NULL,
        EarlySvc datetime NULL,
        Adjud_Dollars money NULL,
        AGE int NULL,
        INSUR_NUM char(8) NULL,
        unique_ident char(15) NULL,
        SMISED char(3) NULL)

INSERT INTO FY08Patient
        (PATIENT_ID,
        LAST_NAME,
        FIRST_NAME,
        BIRTHDATE,
        SEX,
        SS_NUMBER,
        EarlySvc,
        Adjud_Dollars)
SELECT t.PATIENT_ID,
        pt.LAST_NAME,
        pt.FIRST_NAME,
        pt.BIRTHDATE,
        pt.SEX, pt.SS_NUMBER,
        MIN(D.DATE_FROM) as EarlySvc,
        SUM(A.Adjud_Doll) as Adjud_Dollars
FROM   sdmhdc14.cc3.dbo.ClaimDet D
        INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
                        ON D.ClaimMst_I = A.ClaimMst_I
        INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
            ON A.ClaimMst_I = M.ClaimMst_I
        INNER JOIN sdmhdc14.cc3.dbo.TREAT t
            ON  M.Bill_Numbr = T.Bill_Numbr
        INNER JOIN sdmhdc14.cc3.dbo.PATIENT pt
            ON t.patient_id = pt.patient_id
WHERE A.STAT_ID = 1
AND   D.DATE_FROM Between '10/01/2007' and '09/30/2008'
AND A.Adjud_Doll > 0
GROUP BY t.PATIENT_ID, pt.LAST_NAME, pt.FIRST_NAME,
pt.BIRTHDATE, pt.SEX, pt.SS_NUMBER
HAVING SUM(A.Adjud_Doll) > 0

UPDATE FY08Patient
SET   AGE = CASE
            WHEN DATEPART(DY, BirthDate) < DATEPART(DY, EarlySvc)
            THEN DATEDIFF(YEAR, BirthDate, EarlySvc)
            ELSE DATEDIFF(YEAR, BirthDate, EarlySvc) - 1
            END

UPDATE f
SET f.INSUR_NUM = i.INSUR_NUM
FROM FY08Patient f
    INNER JOIN sdmhdc14.cc3.dbo.INSUSPAN i
        ON f.patient_id = i.patient_id
WHERE LEN(i.INSUR_NUM) = 8
```

```sql
AND   i.INSUR_NUM  like '7%'
AND   i.PHEAD_ID = 31
AND   DATEDIFF(DD, Date_From, Date_To) > 0

CREATE TABLE SMIDX
(Axis_ID INT NOT NULL,
 Axis   VARCHAR(6) NOT NULL)

INSERT INTO SMIDX
SELECT Axis_ID, Axis
FROM   sdmhdc14.cc3.dbo.Axis
WHERE  Axis BETWEEN '295' AND '297.1'
or   AXIS in ('298.9','300.4', '309.81')
or   AXIS like '311%'

CREATE TABLE SEDDX
(Axis_ID INT NOT NULL,
 Axis   VARCHAR(6) NOT NULL)
INSERT INTO SEDDX
SELECT Axis_ID, Axis
FROM   sdmhdc14.cc3.dbo.Axis
WHERE  Axis BETWEEN '295' AND '297.1'
OR     Axis IN ('298.9','300.4', '309.81','313.81')
OR     Axis LIKE '311%'
OR     Axis LIKE '312.[8-9]%'
OR     Axis LIKE '314%'

SELECT DISTINCT t.Patient_ID
INTO  FY08SMIPatient
FROM   sdmhdc14.cc3.dbo.ClaimDet D
     INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
                     ON D.ClaimMst_I = A.ClaimMst_I
     INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
         ON A.ClaimMst_I = M.ClaimMst_I
     INNER JOIN sdmhdc14.cc3.dbo.TREAT t
         ON M.Bill_Numbr = T.Bill_Numbr
     INNER JOIN SMIDX S
         ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND   D.DATE_FROM Between '10/01/2007' and '09/30/2008'
AND A.Adjud_Doll > 0

UPDATE F
SET   F.SMISED = 'SMI'
FROM   FY08Patient f
     INNER JOIN FY08SMIPatient S
         ON F.Patient_ID = S.PAtient_ID
WHERE  F.AGE > 17

SELECT DISTINCT t.Patient_ID
INTO  FY08SEDPatient
FROM   sdmhdc14.cc3.dbo.ClaimDet D
     INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
                     ON D.ClaimMst_I = A.ClaimMst_I
     INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
         ON A.ClaimMst_I = M.ClaimMst_I
     INNER JOIN sdmhdc14.cc3.dbo.TREAT t
```

```sql
                ON  M.Bill_Numbr = T.Bill_Numbr
          INNER JOIN SEDDX S
               ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND   D.DATE_FROM Between '10/01/2007' and '09/30/2008'
AND A.Adjud_Doll > 0

UPDATE F
SET   F.SMISED = 'SED'
FROM   FY08Patient f
     INNER JOIN FY08SEDPatient S
          ON F.Patient_ID = S.PAtient_ID
WHERE  F.AGE BETWEEN 0 AND 17

UPDATE MCO
SET sa =  'y'
WHERE (diagnosiscode1 like '303%'
or diagnosiscode1 like '304%'
or diagnosiscode1 like '305%')
AND SourceFile = '2008Access'

SELECT DISTINCT MedicaidID, BirthDate
INTO #NO_DOB
FROM MCO
WHERE sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'
AND SourceFile = '2008Access'
AND BirthDate IS NULL

UPDATE n
SET n.BirthDate = m.BirthDate
FROM #NO_DOB n INNER JOIN
    MCO m ON n.MedicaidID = m.MedicaidID
WHERE m.BirthDate IS NOT NULL

UPDATE m
SET m.BirthDate = n.BirthDate
FROM  MCO m INNER JOIN
    #NO_DOB n  ON m.MedicaidID = n.MedicaidID
WHERE m.BirthDate IS NULL

UPDATE MCO
SET age = CASE WHEN DATEPART(DY, BirthDate) < DATEPART(DY,
ServiceBeginDate)
        THEN DATEDIFF(YEAR, BirthDate, ServiceBeginDate)
        ELSE DATEDIFF(YEAR, BirthDate, ServiceBeginDate) - 1 END
WHERE sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'
AND SourceFile = '2008Access'
UPDATE m
SET m.eCura = 'y'
FROM MCO m,
    FY08Patient f
WHERE m.MedicaidID = f.INSUR_NUM
AND m.SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL
```

```sql
SELECT MedicaidID, MIN(age) as age
INTO #MCO
FROM MCO
WHERE SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL
GROUP BY MedicaidID

UPDATE m
SET m.age = o.age
FROM MCO m,
    #MCO o
WHERE m.MedicaidID = o.MedicaidID
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL

UPDATE MCO
SET   DXCode = CASE  WHEN LEN(DiagnosisCode1) > 3
            THEN SUBSTRING(DiagnosisCode1, 1, 3) + '.' +
SUBSTRING(DiagnosisCode1, 4, 3)
            ELSE DiagnosisCode1 END

UPDATE MCO
SET   SMISED = 'SED'
WHERE  (DXCode between '295' and '297.1'
or     DXCode in ('298.9','300.4', '309.81','313.81')
or     DXCode like '311%'
or     DXCode like '312.[8-9]%'
or     DXCode like '314%')
AND    ISNULL(Age,0) BETWEEN 0 AND 17
AND SourceFile = '2008Access'
AND sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'

UPDATE MCO
SET   SMISED = 'SMI'
WHERE  (DXCode between '295' and '297.1'
or     DXCode in ('298.9','300.4', '309.81')
or     DXCode like '311%')
AND    Age > 17
AND SourceFile = '2008Access'
AND sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'

SELECT DISTINCT MedicaidID
INTO #FY08_MCO_SMI
FROM MCO
WHERE SMISED = 'SMI'
AND sa IS NULL
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'

UPDATE M
SET SMISED = 'SMI'
FROM MCO M,
```

| | |
|---|---|
| | ```
    #FY08_MCO_SMI F
WHERE M.MedicaidID = F.MedicaidID
AND sa IS NULL
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'

SELECT DISTINCT MedicaidID
INTO #FY08_MCO_SED
FROM MCO
WHERE SMISED = 'SED'
AND sa IS NULL
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'

UPDATE M
SET SMISED = 'SED'
FROM MCO M,
    #FY08_MCO_SED F
WHERE M.MedicaidID = F.MedicaidID
AND sa IS NULL
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'

SELECT PATIENT_ID, LAST_NAME, FIRST_NAME, BIRTHDATE, SEX,
SS_NUMBER, AGE, INSUR_NUM, SMISED, 'eCura' as 'Source'
INTO Complete_FY08
FROM FY08Patient

INSERT INTO Complete_FY08
SELECT DISTINCT 1111, ISNULL(LastName, 'UNKNOWN'),
ISNULL(FirstName, 'UNKNOWN'), BirthDate, Gender, ISNULL(SSN,
'UNKNOWN'), age, MedicaidID, SMISED, 'MCO'
FROM MCO
WHERE eCura IS NULL
AND SourceFile = '2008Access'
AND sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'

/*Exit Criterion 7 */
SELECT  COUNT(DISTINCT CASE WHEN Source = 'MCO' THEN
INSUR_NUM ELSE PATIENT_ID END ) AS Adults_Served
FROM Complete_FY08
WHERE age > 17
``` |
| Sources | eCura:  CLAIM, CLAIM_DETAIL, and PATIENT.  US Census Population Estimate for the calendar year 2004. |
| Collection Process | Data are collected as a part of the care delivery system in the District of Columbia that is identical to medical care delivery in the private sector. A Provider, after providing an authorized service, sends in a claim for payment. This claim is adjudicated, approved for payment, and added to the database of other paid claims.

MCOs collect consumer data and record these data in their own data systems.  A file similar to the one generated from e-Cura is produced from the MCO data system and sent to DMH.  The e-Cura data file is matched with the MCO data file to produce a consolidated file of |

| | unduplicated consumers. |
|---|---|
| Training | All providers are required to attend Provider Connect training prior to using the system. Provider Connect is a web tool that provides eCura functionality over the internet. Provider claim files are independently tested multiple times to insure that they meet HIPAA and data quality requirements prior to going live. |
| Dictionary | • Date From– Date service began<br>• INSUR_NUM – Medicaid ID<br>• STAT_ID – Claim Status<br>• sa – Substance Abuse<br>• SMI – Severely Mentally Ill<br>• SED – Severe Emotional Disturbance<br>• Adjudicated Amount – Adjudicated amount on claims submitted<br>• DX Code – DSM IV  Dx |
| User Manual | Internal Operations Manual, Internal User Manual, and Provider User Manual exist and are used to submit and process claims. |
| Quality Assurance | Claims are submitted as accurately as possible. However, when errors are encountered, claims are denied. Providers have the option of resubmitting the claims depending on the type of denials. Basically, errors are corrected in both side of the house. |
| | |
| PROCESS VALIDATION | |
| Persons Validating | DMH Information Technology Services staff |
| Date | March 1, 2006 |
| Type | Review of data source, data tables, data fields |
| Process | Review SQL select statements for verification of extract logic and formula. |
| Results | Metrics were found to be accurately produced |
| Validation Confirmation | Joan Durman, Ph.D., January 25, 2007; revised April 23, 2008 (new SQL statements added); revised February 23, 2010 (MCO data added). |