

BHG UPDATE

Behavioral
Health
Generations

ODMH Unveils Data Mart

After nearly two years of submitting data to MACSIS (Multi-Agency Community Services Information System), local boards and provider agencies can now access the information via the Internet. In early 2002, the Ohio Department of Mental Health (ODMH) released its website, "Mental Health Claims Data Mart", <http://www.dwcubes.mh.state.oh.us>.

The site contains valid claims from the MACSIS database as of 10/6/2001 that were paid in whole or in part with public funds. Claims that were denied or reversed are not included, nor are claims that were paid wholly by other insurance and/or by the client.

The Data Mart was created from Cognos PowerPlay software, and the databases are called "data cubes". All cubes summarize mental health service by unduplicated client count, units, allowed amount, cost, and Medicaid reimbursement amount. Demographic categories include three age group ranges, primary diagnosis, fund source (Medicaid vs. non-Medicaid), gender, race, and out-of-county/board indicator, and SMD status based on the newly established criteria. The board and provider cubes also contain summary information by provider. The Data Mart does not include summaries of alcohol and drug (ODADAS) services.

According to the "Data Definitions and Helpful Hints" documentation on the

web site, there are three "families" of databases/cubes in the Data Mart for query purposes:

1. ODMH Statewide cubes for 2000/2001: Board level data only (no provider information).
2. Board Cubes for 2000/2001: Each of the 50 board cubes includes provider summary information for all providers that served a board's residents.
3. Provider Cubes for 2000/2001: Summary level data for all clients served by a provider, regardless of board of residence/payment.

ODMH plans to update the databases periodically, perhaps quarterly. The Cognos software is user friendly and affords the opportunity to manipulate and display the data in a variety of ways. The versatility of the system combined with the continual updates of the data will provide an excellent tool for system planning and a vehicle to identify and monitor improvements in mental health care.

The Data Mart helps make the anxiety and aggravation of MACSIS implementation worthwhile. It also provides the impetus to achieve full implementation of the BH and Outcomes databases. A fully integrated MACSIS will provide Ohio's public behavioral health system with capabilities unequaled by any other public system in the country.

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Special points of interest:

- *ODMH Data Mart Released*
- *EDI and Code Sets Compliance Delayed*
- *HIPAA Compliance Group Forges Ahead*
- *BHG Boards Fund Nearly 10,000 Clients in FY 2001*
- *QRS Results on the Web*

Inside this issue:

<i>ODMH Data Mart</i>	1
<i>EDI and Code Sets Delayed</i>	2
<i>HIPAA Group Forges Ahead</i>	2
<i>BHG Boards Fund 10,000 Clients</i>	2
<i>QRS Results on the Internet</i>	4

EDI and Code Sets Compliance Delayed

In July 2001, A Gartner, Inc. study revealed that 85 percent of healthcare providers had yet to complete assessments or gap analyses, which are the critical path and foundation to achieve compliance with the Health Insurance Portability and Accountability Act (HIPAA) transaction regulations. (The Gartner Group, located in Stamford, Connecticut, is reportedly the world's best authority on information technology.) Due to those and other findings, Gartner recommended that the deadline for payer organizations being required to accept standardized transactions be extended one year, to October 16, 2003. According to Gartner, an extra year would allow healthcare organizations enough time to implement standardized electronic data interchange (EDI) transactions.

Whether linked to the Gartner study or not, on December 27, 2001, President Bush signed into law the Administrative Simplification Compliance Act. This law pro-

vides for a one year extension of the date for complying with the HIPAA standard transactions (EDI) and code set requirements (to October 16, 2003) for any covered entity that submits to the Secretary of Health and Human Services a plan of how the entity will come into compliance with the requirements by the new date. The plan must be submitted by October 15, 2002.

Although no decision has been finalized, it has been recommended that the State make application for the extension on behalf of boards and providers using the MACSIS system. The BHG MACSIS staff will keep you posted as the details of a plan develop.

Please note that this legislation kept in place the compliance deadlines for the Privacy Rule, April 1, 2003.

HIPAA Compliance Group Forges Ahead

A group of member Board and provider agency representatives organized by BHG staff to develop strategies and materials for HIPAA compliance has been meeting regularly since October, 2001. The group includes participants from Hancock, Seneca, Sandusky and Wyandot, Logan Champaign, and Warren Clinton Counties. Provider agency staff from these board areas are also participating.

The group has been sharing instruments for assessment of information systems and processes to assure confidentiality of client information, activities to educate the organization's leaders, staff and board members, and developing documents, policies and procedures required to achieve compliance. Material development has focused

on compliance with the Privacy Rule that must be achieved by April 2003. The group has developed job descriptions for the privacy and security officers, a prototype of the agency privacy notification, a consent to release information for treatment, payment and healthcare operations and an authorization to release personal health information.

The group meets monthly at the office of the Logan Champaign Board in West Liberty, OH. Any board or provider wishing to participate may do so. If you would like to participate in our meeting and share in the materials developed by the group, please contact Larry Bosserman at BHG 513-759-6345 or e-mail: bosserman@bhg.org.

BHG Boards Fund Nearly 10,000 Clients

Reports generated from the Ohio Department of Mental Health Data Mart revealed that BHG member Boards funded services in whole or in part for 9,796 unduplicated clients during fiscal year 2001. Together, the six BHG member Boards representing Brown, Hancock, Logan, Champaign, Seneca, Sandusky, Wyandot, Union, Warren and Clinton Counties, paid \$16,083,707 for services delivered to both Medicaid eligible and non-Medicaid clients. *(Continued on Page 3)*

(Continued) BHG Boards Fund Nearly 10,000 Clients

Comparing client numbers and costs by funding source (Medicaid vs. non-Medicaid) is a little tricky because client eligibility for Medicaid often varied during the period. Therefore, in the Data Mart, the funding source numbers relate to “Medicaid eligibility” at the time of service rather than individuals. For example, Brown County served 666 unduplicated clients in FY 2001, but funding source data showed 462 Medicaid and 289 non-Medicaid for the same period. The funding source client number was 751 indicating that some clients were both Medicaid eligible and non-Medicaid eligible at some time during the year. The table provides a summary of Board cost by funding source.

Board size is reflected in the money spent for mental health services. Brown and Union Counties serve populations of just over 40,000 each. The Warren Clinton Board serves the largest population of just under 200,000. The remaining Boards fall somewhere in between: Hancock, 71,000; Logan Champaign, 85,000; and, Seneca Sandusky Wyandot, 143,000. In addition to size difference, the Boards also showed differences in Medicaid utilization and cost. Nearly 62% of eligibility spans for Brown and Union were Medicaid while Medicaid spans for Hancock and Warren Clinton were just 36% and 37.7%, respectively. The cost of Medicaid services was not proportionate to eligibility spans for most Boards. For example, in Logan Champaign 58% of spans were Medicaid but the cost of services consumed 75% of total expenditures. The relationship in Union County was similar, nearly 78% of expenditures were required to pay for 62% of those eligible for Medicaid services. Only the Warren Clinton Board experienced Medicaid expenditures that were proportionately less than the proportion of Medicaid eligibility spans.

The last two columns also provide an interesting comparison. For all Boards, except Warren Clinton, the average cost of services per Medicaid eligibility span was significantly more than the average cost per non-Medicaid span.

Care for the severely mentally disabled (SMD) and severely emotionally disturbed (SED) is a critical issue for BHG Boards. SMD/SED designation was based on diagnosis and treatment criteria such as schizophrenia, and conduct disorder and services such as crisis intervention and CSP. The following table depicts the number of SMD clients of all ages for each Board along with the costs associated with care delivery in FY 2001.

(Continued on Page 4)

Behavioral Health Generations

Promoting Improved Performance and Outcomes Through Collective Voice and Action

Member Boards:

Brown County ADAMH, Georgetown, OH
Hancock County ADAMH, Findaly, OH
Logan Champaign Counties MHDAS, West Liberty, OH
Seneca Sandusky Wyandot Counties MH & RS, Tiffin, OH
Union County MH & R, Marysville, OH
MHRS Warren Clinton Counties, Lebanon, OH

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BHG Main	513-759-6326
MACSIS Enrollment	513-759-6329 or 888-780-0242
Web Address:	www.bhg.org

Visit the BHG Web Site at www.bhg.org and link to member Boards.

(Continued) BHG Boards Fund Nearly 10,000 Clients

It was interesting to note that care for SMD clients consumed nearly 70 % of total expenditures across BHG and almost 50% of Medicaid eligibility spans were designated as SMD clients.

The Data Mart appears to be a rich and useful resource for planning and quality improvement. Explore the possibilities at the ODMH Data Mart web site <http://www.dwcubes.mh>.

QRS's Survey Results Available on the Net

Quality Review Services, Inc. (QRS), the organization that manages the consumer quality review team (CQRT) project for BHG Boards announced recently that results of their interview and survey activities will be available on the Internet at their web site. The "Adult Consumer Services Report" for January 2002 is currently available to member Boards at the QRS site: <http://www.qrsinc.org>.

The report summarizes the results of semi-structured interviews with more than 500 mental health clients, significant others and service providers. Participants in the interview process shared their experiences and feelings about various aspects of service availability, effectiveness and accessibility.

Some common concerns included a shortage of qualified staff across BHG; limited accessibility related to difficulties with transportation; limited availability of medical/somatic and psychiatric services; and, limited peer support services.

QRS also announced a prototype of a web site for access to the customer satisfaction data collected on behalf of BHG providers. In the near future, providers as well as Board staff, will be able to access customer satisfaction data directly at the QRS web site.