

Case Rate Reports Technical Manual

May 2015

This manual outlines the content of Health Share reports for providers that focus on the management of case rates. For each report, all data elements are defined, the structure and purpose of the report are briefly explained, and screenshot of the report layout is provided.

Calendar

Report Name	Data to RAE	Report to Provider
Case Rate Utilization	5 th of each month	15 th of each month
Risk Corridor	5 th of each month	15 th of each month
Initiation and Engagement	5 th of the following months: April, July, October, January	15 th of the following months: April, July, October, January

Plan Contacts

For issues or questions with these reports, please contact any of the following individuals.

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Report Distribution

Reports will be sent out by the following people each month.

Clackamas County: Matt Walker – mwalker@co.clackamas.or.us

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Case Rate Utilization Report

Purpose: This report provides utilization data for all members under Global authorization (case rate) types. It shows the number of open authorization, authorizations with claims, total encounters, and total fee for service equivalent for each level of care used by the provider. It also shows per authorization averages for encounters and fee for service equivalents. It is designed to give a quick

overview of typical utilization by level of care over a one-year period so providers can see if populations are being over- or under served, if there are trends in any direction, and to assist in provider projections.

Structure: Report is broken out by Health Share, plan, provider, age group, and assigned level of care. Age group is determined by the referral_category_nm in CIM. If the referral_category_nm contains 'child' or 'adult' that data will be grouped under Child or Adult, otherwise it will be placed in the 'Adults and Children' group. Like providers in CIM are grouped together, for example, any provider name containing 'Albertina' will be grouped under one provider on the report 'Albertina Kerr Center'. Each data element is reported monthly.

Frequency: Report run monthly. Date will be reported on a rolling twelve months – so the report received in February will cover service dates 2/1/14 through 1/31/15, the report received in March will cover service dates 3/1/14 through 2/28/15, etc. Prior month data will be refreshed on each run.

Data Elements

Open Authorizations (Row 1 below): Count of all approved authorizations that were open for at least one day during the report month. Procedure codegroup categories included in the report are:

For authorizations with a start date prior to January 1, 2015:

Assessment Plus Two Global CL
Assessment Plus Two Global MLT
Assessment Plus Two Global WC
Level A Adult Global CL
Level A Adult Global MLT
Level A Adult Global WC
Level A Adult MRDD Meds Global CL
Level A Adult MRDD Meds Global MLT
Level A Adult MRDD Meds Global WC
Level A Child Global CL
Level A Child Global MLT
Level A Child Global WC
Level B Adult Global CL
Level B Adult Global MLT
Level B Adult Global WC
Level B Adult SPMI Global CL
Level B Adult SPMI Global MLT
Level B Adult SPMI Global WC
Level B Child Global CL
Level B Child Global MLT
Level B Child Global WC
Level C Adult Global CL
Level C Adult Global MLT
Level C Adult Global WC
Level C Adult SPMI Global CL
Level C Adult SPMI Global MLT
Level C Adult SPMI Global WC
Level C Child Global CL

Level C Child Global MLT
Level C Child Global WC
Level D Adult ICM Global CL
Level D Adult ICM Global MLT
Level D Adult ICM Global WC
Level D Adult TAY Global CL
Level D Adult TAY Global MLT
Level D Adult TAY Global WC
Level D Adult Waitlist Global MLT
Level D Child HBS Global CL
Level D Child HBS Global MLT
Level D Child HBS Global WC
Level D HBS Child-ISA
Level D HBS Child-Wraparound

For authorizations with a start date on or after January 1, 2015:

Assessment Plus Two Global
Level A Child Global
Level A Adult Global
Level A Adult MRDD Meds Global
Level B Child Global
Level B Adult Global
Level B Adult SPMI Global
Level C Child Global
Level C Adult Global
Level C Adult SPMI Global
Level D Child HBS Global
Level D Child ISA Global
Level D Child WRAP Global
Level D Adult TAY Global
Level D Adult ICM Global
Level D Adult Waitlist Global
Level D Adult Non-EBP Global

Authorizations Served (Row 2 below): Count of authorizations for which there is at least one encounter (an auth with a claim attached) with a date of service that occurred during the report month.

Encounters Provided (Row 3 below): Count of all encounters submitted with dates of service during the report month. An encounter is defined as “a distinct member, provider, service code, and date of service event”. This definition include the non-billable codes (90899).

Monthly Encounter Value (Row 4 below): Sum of the fee for service equivalent value of all encounters provided during the report month. Based on the current regional fee schedule. Includes the 90899 codes.

Authorization Utilization (Row 5 below): Authorizations served divided by open authorizations. Reported as a percentage.

Avg. Encounters per Auth Served (Row 6 below): Total encounters reported divided by total authorizations served.

Avg. Encounter Value per Auth Served (Row 7 below): Total fee for service equivalent value of all encounters reported divided by the total authorizations served.

Units of Service (new field): Total count of units of service.

Avg Units of Service per Auth Served (new field): Units of service divided by the total number of authorizations served.

Layout:

			201312	
Adult	Level A	Open Authorizations	0	Row 1
		Authorizations Served	0	Row 2
		Encounters Provided	0	Row 3
		Monthly Encounter Value	\$0.00	Row 4
		Authorization Utilization	0.00%	Row 5
		Avg. Encounters Per Auth Served	0.00	Row 6
		Avg. Payment Per Auth Served	\$0.00	Row 7
	Level A MRDD/Meds Only	Open Authorizations	0	
		Authorizations Served	0	
		Encounters Provided	0	
		Monthly Encounter Value	\$0.00	
		Authorization Utilization	0.00%	
		Avg. Encounters Per Auth Served	0.00	
		Avg. Payment Per Auth Served	\$0.00	
	Level B	Open Authorizations	0	
		Authorizations Served	0	
		Encounters Provided	0	
		Monthly Encounter Value	\$0.00	
		Authorization Utilization	0.00%	
		Avg. Encounters Per Auth Served	0.00	
		Avg. Payment Per Auth Served	\$0.00	

Notes:

If the service date is between 1/1/2015 and 2/28/2015 the Monthly Encounter Value will be multiplied by 1.1818 as agreed upon by the RAEs.

CIM Carriers Included:

HS_MLTMH, HS_MLTMHONLY, HS_MLT_CCOA, HS_MLT_CCOG,
HS_WCHMH, HS_WCHMHONLY, HS_WC_CCOA, HS_WC_CCOG
HS_CLKMH, HS_CLKMHONLY, HS_CLK_CCOA, HS_CLK_CCOG

Purpose: The risk corridor report tracks the difference between payment (case rate amounts) and utilization (fee for service equivalents), shows where the provider falls within the risk corridor, and the amount of potential payback or additional payment that would result. The report includes the amount that a provider is over or under the risk corridor, the specific ceiling and floor amounts by month and overall, the monthly and cumulative case rate payment amounts, and the monthly and cumulative fee for service equivalent for all submitted encounters. It provides a detailed look at where a provider's utilization is not matching the case rate expectations.

Structure: The report is structured by plan and provider. Data elements are reported monthly.

Frequency: Report will run monthly. Data will be reported on a rolling 12 months – so all cumulative totals will start with the first month of the report. Prior month data will refresh on each report run.

Data Elements

Year to Date Over (Under) Ceiling (Floor): The dollar amount that the provider is beyond the upper and lower limits of the risk corridor (ceiling and floor). This is the amount of payment adjustment the provider will have at the end of a calculation period.

Year To Date Over (Under) Ceiling (Floor)

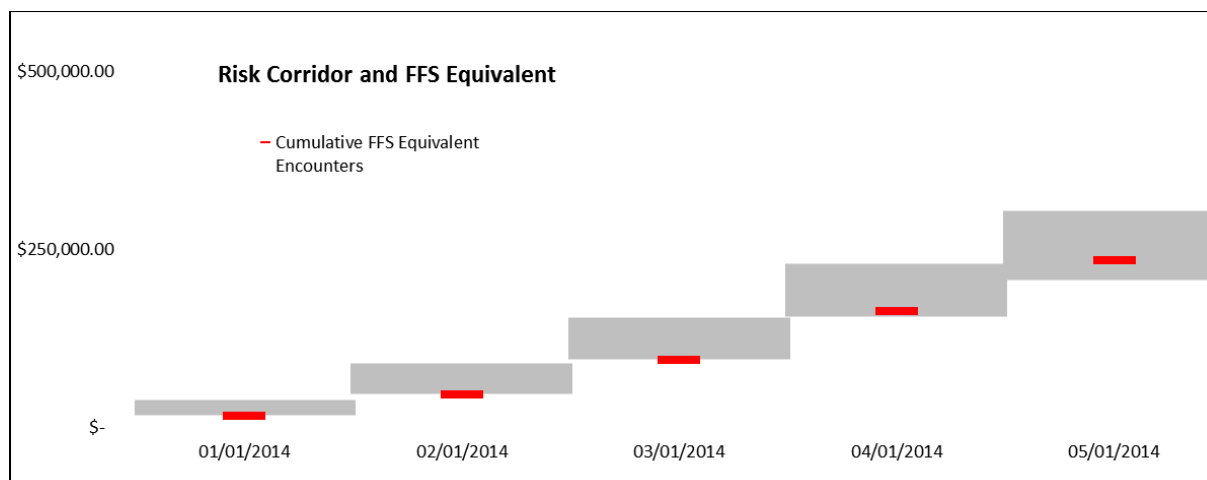
Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adult - Level B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adult - Level C	(\$10,227.33)	(\$18,323.27)	(\$25,025.25)	(\$32,695.01)	(\$40,600.60)
Adults and Children - Assessment Plus Two	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child - Level A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child - Level B	\$0.00	\$0.00	\$0.00	(\$2,229.81)	(\$6,398.76)
Child - Level C	(\$539.58)	\$0.00	(\$3,907.46)	(\$8,234.22)	(\$17,105.69)
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cumulative FFS as a % of Case Rate Payment: The % that a provider's encounter value is of their case rate payments. Uses a rolling cumulative total. This is where the provider lands in the risk corridor.

Cumulative FFS as a % of Case Rate Payment

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	117.82%	112.52%	110.81%	108.97%	107.12%
Adult - Level B	105.81%	108.85%	109.51%	108.58%	104.63%
Adult - Level C	27.24%	33.82%	37.28%	38.55%	39.76%
Adults and Children - Assessment Plus Two	94.60%	93.41%	109.14%	110.35%	105.56%
Child - Level A	118.55%	106.69%	98.21%	89.41%	90.33%
Child - Level B	101.52%	97.70%	88.52%	82.29%	78.80%
Child - Level C	81.46%	86.38%	76.02%	71.35%	62.74%
Total	92.10%	92.50%	92.01%	89.99%	86.73%

12 Month Risk Corridor and FFS Equivalent (graph): The graphic shows where the provider sits within the risk corridor. The risk corridor is represented by the gray box and the provider's FFS equivalent is represented by the red bar. If the red bar is inside the gray box, then the provider is in the corridor and no adjustments will be required.



Case Rate Ceiling: The case rate ceiling by month by level of care. The ceiling is a cumulative total of 125% of all case rate payments for a provider. This is the upper limit of an agency's fee for service equivalent on encounter submissions before triggering an additional payment from the RAE.

Case Rate Ceiling

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$18,296.79	\$37,524.68	\$56,219.71	\$75,212.02	\$92,798.72
Adult - Level B	\$47,105.64	\$93,566.03	\$141,353.33	\$190,607.36	\$243,027.98
Adult - Level C	\$22,131.42	\$44,753.22	\$65,549.70	\$87,980.80	\$112,191.82
Adults and Children - Assessment Plus Two	\$14,676.67	\$34,403.33	\$58,636.67	\$87,396.67	\$115,876.67
Child - Level A	\$9,698.79	\$19,574.74	\$30,082.42	\$40,999.55	\$49,232.49
Child - Level B	\$24,191.30	\$49,595.10	\$75,460.80	\$102,928.74	\$129,086.02
Child - Level C	\$19,030.27	\$36,381.96	\$54,405.08	\$75,407.67	\$96,074.54
Total	\$155,130.88	\$315,799.07	\$481,707.72	\$660,532.80	\$838,288.24

Case Rate Floor: The case rate floor by month by level of care. The floor is a cumulative total of 85% of all case rate payments for a provider. This is the lower limit of an agency's fee for service equivalent on encounter submissions before triggering a payback to the RAE.

Case Rate Floor

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$12441.82	\$25516.78	\$38229.40	\$51144.17	\$63103.13
Adult - Level B	\$32031.83	\$63624.90	\$96120.26	\$129613.00	\$165259.03
Adult - Level C	\$15049.36	\$30432.19	\$44573.80	\$59826.95	\$76290.43
Adults and Children - Assessment Plus Two	\$9980.13	\$23394.27	\$39872.93	\$59429.73	\$78796.13
Child - Level A	\$6595.18	\$13310.82	\$20456.04	\$27879.69	\$33478.10
Child - Level B	\$16450.08	\$33724.67	\$51313.35	\$69991.54	\$87778.49
Child - Level C	\$12940.58	\$24739.73	\$36995.46	\$51277.22	\$65330.69
Total	\$105489.00	\$214743.37	\$327561.25	\$449162.31	\$570036.01

Monthly Case Rate and Cumulative Case Rate: The next two tables show the case rate payments per month and cumulatively over the report period. Case rate amounts are spread over the length of the auth per the table below.

Level of Care	Historic Case Rate	Historic Monthly Payment Amount	Updated Case Rate 1/1/2015	Updated Monthly Payment Amount 1/1/2015
Assessment Plus Two Global	\$224.00	\$224.00	\$300.00	\$300.00
Level A Child Global	\$730.00	\$60.83	\$950.00	\$79.17
Level A Adult Global	\$700.00	\$58.33	\$880.00	\$73.33
Level A Adult MRDD Meds Global	\$700.00	\$58.33	\$700.00	\$58.33
Level B Child Global	\$970.00	\$161.67	\$1,100.00	\$183.33
Level B Adult Global	\$1,175.00	\$97.92	\$1,400.00	\$116.67
Level B Adult SPMI Global	\$1,175.00	\$97.92	\$1,500.00	\$125.00
Level C Child Global	\$1,880.00	\$313.33	\$2,200.00	\$366.67
Level C Adult Global	\$3,400.00	\$283.33	\$3,000.00*	\$250.00
Level C Adult SPMI Global	\$3,400.00	\$283.33	\$3,400.00	\$283.33
Level D Child HBS Global	\$5,130.00	\$1,710.00	\$1,710.00	\$1,710.00
Level D Child ISA Global	\$5,130.00	\$1,710.00	\$1,710.00	\$1,710.00
Level D Child WRAP Global	\$5,130.00	\$1,710.00	\$1,710.00	\$1,710.00
Level D Adult TAY Global	\$8,470.00	\$705.83	\$8,470.00	\$705.83
Level D Adult ICM Global	\$8,470.00	\$705.83	\$8,470.00	\$705.83
Level D Adult Waitlist Global	\$8,470.00	\$705.83	\$8,470.00	\$705.83
Level D Adult Non-EBP Global	N/A	N/A	\$8,470.00	\$705.83

*The decrease to Adult Level C is effective for authorizations with a start date on or after 4/1/2015

The case rate ceiling and case rate floor are calculated from the cumulative case rate payments.

It is important to note that cumulative case rate monthly calculation is determined by:

$$\text{case rate}/(\text{auth.effective date to auth.term date})$$

Monthly Case Rate

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$14,637.44	\$15,382.31	\$14,956.03	\$15,193.85	\$14,069.36
Adult - Level B	\$37,684.51	\$37,168.32	\$38,229.84	\$39,403.22	\$41,936.50
Adult - Level C	\$17,705.13	\$18,097.44	\$16,637.19	\$17,944.88	\$19,368.81
Adults and Children - Assessment Plus Two	\$11,741.33	\$15,781.33	\$19,386.67	\$23,008.00	\$22,784.00
Child - Level A	\$7,759.04	\$7,900.76	\$8,406.14	\$8,733.71	\$6,586.36
Child - Level B	\$19,353.04	\$20,323.04	\$20,692.56	\$21,974.35	\$20,925.83
Child - Level C	\$15,224.21	\$13,881.36	\$14,418.50	\$16,802.07	\$16,533.50
Total	\$124,104.70	\$128,534.55	\$132,726.92	\$143,060.07	\$142,204.35

Cumulative Case Rate

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$14,637.44	\$30,019.74	\$44,975.77	\$60,169.62	\$74,238.97
Adult - Level B	\$37,684.51	\$74,852.83	\$113,082.66	\$152,485.89	\$194,422.39
Adult - Level C	\$17,705.13	\$35,802.58	\$52,439.76	\$70,384.64	\$89,753.45
Adults and Children - Assessment Plus Two	\$11,741.33	\$27,522.67	\$46,909.33	\$69,917.33	\$92,701.33
Child - Level A	\$7,759.04	\$15,659.79	\$24,065.93	\$32,799.64	\$39,386.00
Child - Level B	\$19,353.04	\$39,676.08	\$60,368.64	\$82,342.99	\$103,268.82
Child - Level C	\$15,224.21	\$29,105.57	\$43,524.07	\$60,326.14	\$76,859.63
Total	\$124,104.70	\$252,639.26	\$385,366.17	\$528,426.24	\$670,630.59

Monthly FFS Equivalent and Cumulative FFS Equivalent: The final two tables are the monthly fee for service equivalent values for all encounters submitted by the provider. The amounts are taken from the current regional fee schedule for all encounters submitted on a case rate authorization. The risk corridor final calculation uses the cumulative FFS equivalent encounters.

Monthly FFS Equivalent

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$17,245.75	\$16,533.95	\$16,056.04	\$15,730.39	\$13,956.46
Adult - Level B	\$39,872.71	\$41,604.74	\$42,355.90	\$41,729.62	\$37,853.83
Adult - Level C	\$4,822.03	\$7,286.89	\$7,439.63	\$7,583.39	\$8,557.89
Adults and Children - Assessment Plus Two	\$11,107.77	\$14,600.72	\$25,488.65	\$25,957.32	\$20,703.51
Child - Level A	\$9,198.00	\$7,510.00	\$6,926.00	\$5,693.00	\$6,251.00
Child - Level B	\$19,646.99	\$19,116.00	\$14,677.37	\$14,321.37	\$13,618.00
Child - Level C	\$12,401.00	\$12,739.00	\$7,948.00	\$9,955.00	\$5,182.00
Total	\$114,294.25	\$119,391.30	\$120,891.59	\$120,970.09	\$106,122.69

Cumulative FFS Equivalent

Level of Care	2014-04	2014-05	2014-06	2014-07	2014-08
Adult - Level A	\$17,245.75	\$33,779.70	\$49,835.74	\$65,566.13	\$79,522.59
Adult - Level B	\$39,872.71	\$81,477.45	\$123,833.35	\$165,562.97	\$203,416.80
Adult - Level C	\$4,822.03	\$12,108.92	\$19,548.55	\$27,131.94	\$35,689.83
Adults and Children - Assessment Plus Two	\$11,107.77	\$25,708.49	\$51,197.14	\$77,154.46	\$97,857.97
Child - Level A	\$9,198.00	\$16,708.00	\$23,634.00	\$29,327.00	\$35,578.00
Child - Level B	\$19,646.99	\$38,762.99	\$53,440.36	\$67,761.73	\$81,379.73
Child - Level C	\$12,401.00	\$25,140.00	\$33,088.00	\$43,043.00	\$48,225.00
Total	\$114,294.25	\$233,685.55	\$354,577.14	\$475,547.23	\$581,669.92

Initiation, Engagement, and Retention (I&E)

Purpose: The I&E report is intended to give the full picture of access by measuring the number of new intakes who receive a follow up service within 15 days of the intake and a total of 3 appointments within the first 45 days of service. This report ONLY looks at members who are not engaged in services with the provider before the time period of the report – i.e. individuals who are new to services.

Structure: The report lists for each provider how many intake assessments were completed, how many intakes received a second service within 15 days, and how many intakes received a total of three or more follow up services in the first 45 days. Totals are expandable to age group and to individual member. Data elements are reported quarterly.

The April run will also include an all plan report, which will give the total counts and percentages by agency for the report period. The data elements are the same, but this report will NOT include the member specific data that the individual provider reports include.

Frequency: The report will run quarterly. One quarter will be included in each run of the report. There is a 2 quarter lag to allow for full claims submission for all intakes during the report quarter.

For example, the data received by the plans in March is for all intakes conducted during Q3 of 2014. The reasoning for this timeframe – as opposed to more “real time” data – is that the latest intake date for this report is 9/30/14. This puts the 45 day retention measure at 10/15/14. We then allow an additional 120 days for claim submission for those services, which is 2/12/2015. This is the earliest we can assume to have complete data to calculate this measure.

Data Elements

Vendor (Column 1 below): The provider organization who provided the initial assessment service.

1st Appointment (Initiation) (Column 4 below): The initial assessment that triggers the individual member to be included in the report. Defined as an encounter submitted with service code of 90791, 90792, or H0031 AND is preceded by a 120 day period of no encounters submitted for that member by that provider organization.

15 Days (Engagement) (Column 5 below): A flag that indicates either 1 (service delivered) or 0 (no service delivered). Looks for an encounter submitted with a date of service within 15 days of the date of service of the initiation encounter. Allowed service codes include:

90832, 90834, 90837, 90846, 90847, 90849, 90853, 96101, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, H2032, H0002, H0004, H0032, H0034, H0036, H0038, H2010, H2014, H2027, T1016

Data are shown as the indicator flag (1,0) at the member level and aggregate totals at the age group and provider organization levels.

45 Days (Retention) (Column 6 below): A flag that indicates either 1 (3+ services delivered) or 0 (less than 3 services delivered). Counts all valid encounters submitted with dates of services that are within 45 days of the date of service of the initiation encounter. Reported as an indicator flag (1,0) at the individual member level and as an aggregate at the age group and provider organization level.

Age Group (Adult/Child) (Column 2 below): A grouping level that calculates the member’s age at the time of the initiation encounter and assigns to Adult (18 or older) or child (17 and younger).

Member ID and Age (Column 3 below): The OHP number and age of the member at the time of the initiation encounter.

Layout:

<i>Initiation and Engagement Report for: CY 2014</i>					
Vendor		1st Appt. (Initiation)	15 Days (Engagement)	45 Days (Retention)	
		20	13	12	
Adult		10	7	6	
		6/12/2014	1	0	
		5/2/2014	0	0	
		6/19/2014	1	1	
		5/22/2014	0	0	
		4/23/2014	1	1	
		6/18/2014	1	1	
		4/7/2014	1	1	
		5/5/2014	1	1	
		4/2/2014	1	1	
		6/12/2014	0	0	
Child		10	6	6	
		4/7/2014	1	1	
		5/7/2014	1	1	
		6/30/2014	1	1	
		6/12/2014	0	0	
		4/19/2014	1	1	
		4/17/2014	1	1	
		5/1/2014	0	0	
		4/7/2014	0	0	
		6/30/2014	1	1	
		4/23/2014	0	0	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6

[Provider Contact E-mail List](#)

The following individuals are the current contacts who receive these reports at each Provider. If you need to make a change to this contact list, please contact your plan contact person identified above.

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