

DMHAS-EQMI

MONTHLY PROVIDER DATA QUALITY NEWSLETTER

August 2022

Year End Data Quality Clean-up activities

EQMI will plan to run the FY22 4th quarter provider quality report cards the last week in August and will send them to providers for their one-month review and feedback before they are posted to the DMHAS web page.

Here are a few reasons why it is important the data that is submitted is at its highest quality:

DMHAS is responsible for a number of required federal and state level informational and billing extracts and reports. DMHAS produces these data to comply with federal and state funding requirements, performance review and evaluation processes. All DMHAS funded and state-operated providers play a key role in this data management process. Data entered through the WITs and DDaP systems ensures that the information is available for these requirements and it is important that it reflects the highest level of data quality possible. To this end, these data quality clean-up activities will reflect all the hard work providers are doing to serve our consumers. The following are just a few important reports that are produced by DMHAS EQMI and why it is important that data quality should be at its' highest level:

- DMHAS EQMI posts to the DMHAS web page all provider quality reports. As all of you are aware, all state-operated and funded providers are responsible for performance outcomes and goal completion. These data are easily viewed by anyone who wants to review each provider's information. The Provider Quality Reports can be found at the following link:

[EQMI-Provider Quality Reports Info \(ct.gov\)](#)

- DMHAS EQMI is responsible for federal reporting requirements that include all mental health and addiction treatment episode data. These data are provided as part of Connecticut's request for continued funding processes through the Community Mental Health Services (CMHS) Substance Abuse Prevention and Treatment (SAPT) Block Grant. These data are required by federal authorities on a quarterly and annually basis and are used to review and evaluate Connecticut's funded providers' performance under this process.
- EQMI produces an Annual Statistical Report that reflects aggregate data of the population we serve and this is generally utilized for legislative reporting, freedom of information requests, public review, and generally any public request for DMHAS services information. Last year's report can be found at the following web link:

[DMHAS-Annual-Statistical-Report-2021.pdf \(ct.gov\)](#)

- DMHAS is involved in the state fiscal year end billing processes for all state-operated and contracted providers. For example, this includes targeted case management (TCM), Behavioral Health Home services and other important billing processes. Having the most updated, accurate and complete data is a very important goal for providers and DMHAS in order to maximize revenue reimbursement for the state of Connecticut.

Here are the reports that should be utilized to check your data:

<u>Data Quality Issues</u>	<u>Reason for Quality</u>	<u>Corresponding EDW Report</u>
<u>Residential Length of Stay Outliers</u>	Need to discharge non-active clients. Otherwise the LOC state-wide length of stay average will be skewed.	Length of Stay Outlier Report
		Bed Utilization Report
<u>Monthly Client Admissions and Discharges</u>	Admits and D/C shows provider is serving clients as per contractual requirements.	Monthly Data Quality Admissions and Discharges Report
<u>Periodic Assessment (PAs) Updates</u>	PA Data provide Contractual/National Outcome Performance Measures.	On Time Six Month Updates Report;
		PA 6-Month Tickler Report
<u>Clients Without Services</u>	Client without services should be discharged to better determine unduplicated client count accuracy.	Program Roster Report
		Service Summary and Detail Report
		Active Clients without Services
<u>ICD 10 Diagnosis</u>	Need for billing purposes, and understanding population served diagnosis categories.	Invalid ICD-10 Diagnosis Report
<u>Insurance Information</u>	Need for billing purposes.	Insurance Payor Mix Report
<u>Targeted Case Management</u>	Maximize billing opportunity.	TCM Missing Data Report
<u>Fix All Extract Errors</u>	Ensures data submission Compliance.	Extract Error Report—seen after you run your extract

For any questions, please contact:

Karolina Wytrykowska at Karolina.Wytrykowska@ct.gov