



Tools to measure care: Nebraska Provider Performance Indicator Dashboard

A good way to measure behavioral healthcare results is to look at how individuals are doing during and after treatment. Magellan is working with providers to do this. We are using technology to look at the care provided in many areas. We are using the Nebraska Provider Performance Indicator (NPPI) dashboard.

The NPPI dashboard is a tool for members and healthcare providers. It helps you choose the best treatment for you. Or your family member. The dashboard shows important measures. They can tell if you are getting the best care possible. We will update this each quarter.

The dashboard shows measures for the first quarter of 2014. The measures can help you:

- Choose the right provider.
- Know what to talk to your provider about.
- Make better treatment choices.
- Take charge of your treatment.
- Understand your treatment.
- Know which providers are doing a good job.

What is measured?

Below are measures on the NPPI dashboard. You can print this information. Or keep it open on your computer while you use the report. Ask your provider about this. He or she can help you make it part of your treatment plan.

- ***Average length of stay (ALOS)****
This is the average number of days a person stays in the hospital or residential center. It shows how long the average treatment lasts. The report shows the most common amount of time a person stayed in the hospital or residential center. The length of time depends on his or her needs. Ask your provider about how long you or your loved one might be in treatment.
- ***30-day readmission*****
This is the percent of individuals who returned to the hospital within 30 days. The first 30 days after you leave the hospital are important. This time helps you connect with daily activities. It helps you stay well and live in the community. Make an action plan for wellness. Ask others to help you reconnect with family, friends and your community.

- ***Follow-up care after seven days and 30 days ******

This is the percent of individuals who leave the hospital and get care within the first seven days. Ask hospital staff about a follow-up appointment with a mental health provider. A discharge plan is the first step toward a successful return to the community.

The following are 24-hour treatments. Performance measures make sure you get the best possible care.

- **Inpatient service (acute care in the hospital) for mental health problems for adults and children/adolescents**

This program takes place in a hospital. You get therapy to help you feel better. Doctors work with you to find out which medications help you feel better once you leave the hospital. You should attend follow-up therapy or medication management sessions after a hospital stay. The first visit should be within seven days after discharge.

- **Medicaid adult residential rehabilitation option services**

These are services for members age 19 and older. They treat severe and lasting mental illness. You are in a 24-hour community treatment program. It is not located at a hospital. You get treatment to help you stay drug-free or alcohol-free. Services include:

- Secure residential rehabilitation
- Psychiatric residential rehabilitation
- Dual disorder residential (mental health and substance abuse)

- **Psychiatric residential treatment facilities for children and adolescents**

This is a place where children and adolescents live while they get treatment. They usually have serious mental health and/or substance use disorder issues. Dashboards show the average length of stay of the following types of residential treatment:

- Therapeutic group home
- Psychiatric residential treatment facility

*** Average length of stay**

Based on authorization by Magellan Medicaid

Not included: Authorization by a payer other than Magellan Medicaid.

**** Readmission rate**

Based on authorization by Magellan Medicaid

Not included: Authorization by a payer other than Magellan Medicaid. Also not included are discharges to medical inpatient or residential facilities.

*****Seven-day and 30-day follow-up**

Based on authorization by Magellan Medicaid

Not included: Authorization by a payer other than Magellan Medicaid. Also not included are discharges to medical inpatient or residential facilities.