

The Performance Indicator Dashboard

One of the best ways to measure behavioral health care results is to look at how individuals are doing during and after treatment. Magellan Behavioral Health of Pennsylvania and Lehigh and Northampton counties are working with providers to do this. We are using technology to look at the care provided to individuals in many areas through a “Performance Indicator Dashboard.”

The dashboard helps us share information that is meaningful to you, your family, treatment providers and the community. It can help you:

- Understand what is important in your treatment.
- Understand which providers are doing a good job in these areas.
- Choose the provider that is right for you.
- Understand what to talk to your provider about.
- Make better choices and take charge of your treatment.

Our providers can see the dashboard. They can help individuals in their care to get results from their treatment. Magellan works with these providers and uses the dashboard to:

- Improve quality of care.
- Focus on getting positive results from treatment.
- Develop best practices.

What are the “indicators” that are measured through the dashboard?

Below is some basic information about what the dashboard measures. You can print this information out, or keep it open on your computer to look at while you are in the dashboard.

Please ask your provider about this information. He or she can help you make it a part of your treatment plan.

- **Average Length of Stay (ALOS).*** This is the average number of days a person stays at the hospital or residential center for treatment. The average number of days helps to understand how long the average treatment lasts.
 - **For hospital stays:** The most common amount of time a person has been in the hospital is shown.
 - **For residential stays:** The middle (or median) length of time a youth has been in the residential center is shown.

The length of time a person stays in the hospital or residential center depends on his or her needs. **Be sure to ask your provider about how long you or your loved one might be in treatment.**

- **Discharges to the Community.**** This is the percent of individuals who have a plan to discharge from the hospital or residential center and go back to the community. **Talk to your provider about creating a discharge plan.** Having a discharge plan is the first step toward successfully going back to the community.
- **30-Day Readmission.***** This is the percent of individuals who have gone back to a hospital or residential center within 30 days after leaving a hospital or residential center. The first 30 days after leaving the hospital are important. This time helps individuals to connect with daily activities so they can stay well and live in the community. **Make an action plan for wellness and engage others to help you reconnect to family, friends, and your community during this time.**

To find a provider near you [click here](#) for Provider Search.

To find information on services and benefits [click here](#) for Member Handbook.

Resources for Consumers and Families on the web

- National Alliance on Mental Health Illness NAMI medication tab (For more information on medications) http://www.nami.org/template.cfm?section=About_Medications
- Depression and Bipolar Support Alliance (DBSA)
 - if newly diagnosed <http://www.dbsalliance.org/site/PageServer?pagename=justdiagnosed>
 - resources http://www.dbsalliance.org/site/PageServer?pagename=about_publications_justdiag
 - on-line support http://www.dbsalliance.org/site/PageServer?pagename=support_OSGnocomponent

Partnering Providers

Dashboard User Instructions

Lehigh Provider Indicator Dashboard

Northampton Provider Indicator Dashboard

*** Average Length of Stay**

Based on authorization by Magellan Medicaid.

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

Included: In-network and out-of-network authorizations.

****Discharges to the Community**

Based on authorization by Magellan Medicaid.

Discharges to the community are reported as a percentage. Discharges to non-24 hour levels of care are reported as a percentage of the total discharges.

Not included: Discharges to 24-hour treatments and authorization by a payer other than Magellan Medicaid.

Included: In-network and out-of-network authorizations.

***** 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 facilities.

Included: In-network and out-of-network authorizations.