


Governing Body:  MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: IDS Provider Reports	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date: 01/01/2009

PURPOSE AND SIGNIFICANCE:

IDS Providers and the IDS Advisory Committee receive regular reports throughout the fee-for-service year. The reports cover the fiscal, utilization, penetration, and performance aspects of the service system based on data from the agencies' authorizations and service/encounter submission. The IDS Advisory Committee relies on the reports to provide the administrative oversight to the outpatient system. Each IDS Provider administrator on the Advisory Committee relies on the IDS Provider Reports to manage and monitor his/her agency's role within the system.

PROCESS AND/OR PROCEDURE:

IDS Reports are designed to meet the needs of the IDS Advisory Committee and the oversight responsibilities of the group. Reports are also designed to be specific enough to allow each agency to manage operations in a manner to impact the report data.

As the IDS grows or service needs change, the data provided will be revised or created to respond to the service system activities.

The current regular IDS Reports include data and graphs that provide the following:

- IDS Budget Worksheet – this report provides detailed financial, billing, and client data to the IDS by agency. This information includes the following broken down for children and adults:
 - Average clients to be seen per month, actual clients seen per month, and percentage seen per month
 - Number of months the agency is within 85-105% of the average clients to be seen per month
 - Amount of claims paid and the contractually allowed amount
 - Percentage of budget spent in relation to the contracted amount
 - Agency eligibility requirements for the incentive pool and eligible payment percentage
- IDS Annual Budget and Incentive Pool Worksheet – this report provides financial and billing data to the IDS by agency. This information includes:
 - Amount of claims paid for all authorization groups and the contractually allowed amount
 - Allocation of incentive pool funds for the IDS and each agency

- IDS Out of Clinic Performance Worksheet – this report provides billing data to the IDS by agency. This information includes:
 - Number of encounters, including those out-of-clinic
 - Percentage of services provided out of clinic by month and year
 - Agency eligibility requirements for the incentive pool and eligible payment percentage
- IDS Administrative Performance Worksheet – this report provides detailed billing data to the IDS by agency. This information includes:
 - Number of encounters billed per month
 - Number of denials, and reason for denied claims
 - Average billing lag time
 - Agency eligibility requirements for the incentive pool and eligible payment percentage

The data is presented monthly covering the service year beginning January 1st and ending December 31st.

- Authorizations with \$0 Cost-to-Date – this report indicates the number of authorizations at each IDS Provider that have not had any claims activity since the effective date. Each agency receives a list of their clients supporting the report.
- IDS Access Data – a monthly report prepared from the access data submitted by the agencies to the Mid-Valley Behavioral Care Network (MVBCN). The data shows the total number of Routine, Urgent, and Emergent intakes for each agency and the percent in compliance based on MVBCN standards. The report covers a 12-month period along with trend lines.

Reports are distributed at the monthly IDS Advisory Committee meeting. When there is not a meeting, the reports are distributed electronically. Agencies are requested to review the reports and notify Community and Provider Services (CAPS) of changes or errors.