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| Fiscal Year 13 Provider Scorecard  The Provider Scorecard rates a community based mental health provider certified by DBH  as a Core Services Agency to deliver mental health treatment and supports.  Twenty-two of 24 Core Services Agencies or 92% met the sampling criteria for the  FY 13 Provider Scorecard.  The Provider Scorecard makes valuable information available to residents  seeking or receiving mental health services to help them choose a provider they believe can best  meet their needs. In addition, the Provider Scorecard illuminates the strengths of an individual  provider and the public mental health system and helps to identify areas that require provider  and system improvement.  **How the Provider Scorecard is Compiled** |

In its regulatory capacity, the Department evaluates the quality of services and adherence to federal and District regulations and policy requirements. These multiple data sources allow DBH to compile the [Provider Scorecard](file:///S:\DQI\Provider%20Score%20Card\FY13\FY13%20Provider%20Score%20Card\FY13%20Aggregate%20Provider%20Scorecard.pdf). The [Provider Scorecard](file:///S:\DQI\Provider%20Score%20Card\FY13\FY13%20Provider%20Score%20Card\FY13%20Aggregate%20Provider%20Scorecard.pdf) comprises two scored sections—Quality and Financial—described below and in the [Technical Specifications document](file:///Q:\DQI\Provider%20Score%20Card\FY13\FY13%20Provider%20scorecard%20technical%20specification\Provider%20Scorecard%20Technical%20Specifications%20April%201%202014%20FINAL.pdf). In addition, five bonus points are awarded to agencies with a recognized national accreditation that demonstrates an organizational investment and commitment to meet and maintain high quality consumer service and business standards and practices.

The FY 13 Provider Scorecard is based on data elements from fiscal year 2013 (October 1, 2012 through September 30, 2013) and the FY12 Claims Audit.

* **Quality Section**

The primary source of data for the Quality section of the Provider Scorecard is the annual [Quality Review](file:///P:\DQI\Provider%20Score%20Card\FY13\FY13%20QR%20-%20Documents%20and%20Scheduling\FY13%20QR%20Documentation) conducted by the Office of Accountability, Division of Quality Improvement. This detailed process reviews essential clinical documentation from a proportional random sample of consumer clinical records at each provider. The review consists of 35 indicators from six practice domains. A points’ deduction system is used to score each indicator.

* **Financial Section**

This section incorporates the prior year claims audit results and scores compliance with specific operational requirements: development of an Operational Compliance Plan, submission of required financial statements, screening for third-party liability, and required staff exclusion checks.

The FY 12 Provider Scorecard can be viewed here (<http://dmh1.dc.gov/node/558342>)

For more information about the Provider Scorecard and Quality Improvement activities, please contact the Deputy Director of Accountability at (202) 673-2245.

**Office of Accountability**

**Division of Quality Improvement**