The Arkansas Health Care Payment Improvement Initiative traditionally incentivizes providers for cost efficient and quality care. Previously, ADHD and ODD PAPs received Episodes of Care reports, which were tied to gain/risk share. Now, all providers of BH services receive this Behavioral Health Informational Report, which serves as a financial profile of your behavioral health services, and does not have any gain or risk share component.

This Behavioral Health Informational Report Guide explains how to read the report and may help providers understand the cost and composition of services provided in comparison with ones peers.

How to Approach This Report: A Five-step Analysis

1. **Get an overview of BH services by reading the Behavioral Health Summary**
2. **Review the Distribution of Claims by Diagnosis Category**
   To better understand your overall BH claim distribution
3. **Compare the Average Cost Per Patient across diagnosis categories**
4. **Visualize your BH patient demographics using the Distribution of Beneficiaries by Age**
5. **Analyze specific patient detail in BH Detailed Cost Information**
Behavioral Health Summary

The Behavioral Health Summary provides a high level overview of the volume of behavioral health services being performed by the provider.

1. **Diagnosis Grouping**
   All claims billed by the provider are grouped together based on the primary diagnosis on the claim. These diagnosis groupings can be used to help a provider analyze their caseload and identify cost drivers.

2. **Number of Claims**
   Count of the total number of paid claims for the provider in each diagnosis group.

3. **Number of Unique Patients**
   Count of the total number of unique patients for which the provider had paid behavioral health claims in each diagnosis group.

4. **Total Paid**
   Total amount paid across all claims in each diagnosis grouping for the provider.

5. **Your Average Cost per Patient**
   The average cost of services billed by the provider under a corresponding diagnosis code per unique beneficiary with claims in the diagnosis grouping.

6. **Provider Groupings Average Cost per Patient**
   The average cost of services billed across all providers within a specified provider grouping, under a corresponding diagnosis group, per unique beneficiary with claims in the diagnosis group.

7. **All BH Providers Average Cost per Patient**
   The average cost of services billed across all providers under a corresponding diagnosis code per unique beneficiary with claims in the diagnosis grouping.
The Distribution of Claims Details by Primary Diagnosis Category page shows the overall distribution of claims by volume across all behavioral health diagnosis groupings.

1. **Distribution Chart**
   - This chart shows the proportion of total behavioral health claims for the provider that were in each diagnosis grouping.

2. **Distribution Table**
   - This table displays the same information as the chart, but in a more easily read format.

### Average Cost Per Patient

The Average Cost per Patient graph shows how the average cost per patient varied across diagnosis categories.

### Distribution of Beneficiaries by Age

The Distribution of Unique Beneficiaries by Age Category shows a breakdown of the provider’s entire BH patient panel (including all diagnosis categories.)
### Behavioral Health Detailed Cost Information for Dr. Joe Smith

**Services paid through 12/31/2017 for claims from 07/01/2017 – 09/30/2017**

(Transitional)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Recipient ID</th>
<th>Diagnosis Grouping</th>
<th>Claims</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>000123456</td>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>10</td>
<td>5000</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>000234567</td>
<td>Oppositional Defiant Disorder</td>
<td>8</td>
<td>4000</td>
</tr>
<tr>
<td>Mary Johnson</td>
<td>000345678</td>
<td>Schizophrenia</td>
<td>6</td>
<td>3000</td>
</tr>
<tr>
<td>Alex Lee</td>
<td>000456789</td>
<td>Mood Disorders</td>
<td>4</td>
<td>2000</td>
</tr>
<tr>
<td>Sam Brown</td>
<td>000567890</td>
<td>Personality Disorders</td>
<td>2</td>
<td>1000</td>
</tr>
<tr>
<td>Tina Wilson</td>
<td>000678901</td>
<td>Other Behavioral Disorders</td>
<td>1</td>
<td>500</td>
</tr>
</tbody>
</table>

### Patient Identification

- **Patient name** displays the first and last name of the patient from claims data
- **Recipient ID** is the Medicaid ID for the patient

### BH Diagnosis Groupings with Costs

These columns provide the number of claims and cost contribution to each Behavioral Health Diagnosis Grouping for each individual patient.

**Note:** Each performing provider will have their own Detailed cost section.
Provider Support Contacts

Arkansas Medicaid APII Help Desk

DXC Technology
Telephone: 501.301.8311 or 866.322.4946
Email for General Inquiries: ARKPII@dxc.com
Email for PCMH Enrollment Applications Only: ARKPCMH@dxc.com

Arkansas Foundation for Medical Care (AFMC)

Telephone: 501.212.8686
Fax: 501.375.0705
Email for Episodes of Care: shurt@afmc.org
Email for Patient Centered Medical Home: pcmh@afmc.org
Website: https://afmc.org/health-care-professionals/arkansas-medicaid-providers/policy-and-education/

Beacon Health Options

Telephone: 501.707.0950
Email: ARProviderRelations@beaconhealthoptions.com
Website: https://www.beaconhealthoptions.com/providers/

Advanced Health Information Network (AHIN)

Telephone: 501.378.2336 or 855.822.2446
Email: customersupport@ahin.net

Arkansas Blue Cross and Blue Shield

Episodes of Care
Telephone: 888.800.3283
Email: APIICustomerSupport@arkbluecross.com

Patient Centered Medical Home
Telephone: 501.378.2370
Email: PrimaryCare@arkbluecross.com
Website: www.arkansasbluecross.com/providers/

QualChoice (QCA)

Telephone: 800.235.7111
Email: pr@qualchoice.com
Website: www.qualchoice.com
Building a healthier future for all Arkansans