

Engagement

Printed Date: 5/9/2016

Benchmark finalized on 10/1/2009

Report Description:

Measure: Engagement is defined as having received services on four different days within 45 days of the start date of the outpatient episode.

The information provided in this report reflects the number of times a client received services on four different days within 45 days of the start date of an outpatient episode, with one service coming from contract sources Community Mental Health (01) or Medicaid Services for which DMHSAS Pays Match, Adults (50). The start date is the date of admission to any outpatient program, or, if a client starts in a crisis unit or inpatient, the date of the sublevel of care change (transaction type 40). In order to ensure individuals have been in treatment for at least 45 days to achieve the measure, it is necessary to include individuals with an outpatient episode start date prior to the study period, that is, individuals with an outpatient start date 45 days before the start of the month and 45 days before the end of the month are included. As an example, 'January 2008' reflects the number of clients with an outpatient episode start date between November 17, 2007 (45 days prior to January 1st) and December 16, 2007 (45 days prior to January 31st).

If an individual receives a Medication Visit (ICIS code 304) or a Medical Review (ICIS code 305) and any other service on the same day, they would count as two separate services. If both the Medication Visit (ICIS code 304) and Medical Review (ICIS code 305) occur on the same d

Establishment of Benchmark: The intent of this report is to identify the benchmark and present a summary of the data that determined the different levels.

Benchmark Comparison: The intent of this report is for providers to compare their performance on the set measure for any six month period to the benchmark as determined in the six month period between 01/01/2008 and 4/30/2009. The report shows data for the past six months from the end date entered.

Exclusion:

1. PACT clients
2. Discharge code 68 (Death)
3. Discharge code 65 (Incarcerated)
4. Persons under 18 years of age on the date of service
5. Data that are missing, invalid, or do not fit the criteria

Definitions:

Client Not Engaged within 45 Days: Client did not receive services on at least four different days within 45 days of the start date of the outpatient episode.

Client Engaged within 45 days: Client received services on at least four different days within 45 days of the start date of the outpatient episode.

Percent: The number of clients engaged divided by the provider's total number of clients with an outpatient episode start date during the time period x 100.

Average: The arithmetic mean of the data. In a data set, the mean is the sum of the data divided by the number of data points.

Standard Deviation: A measure of the dispersion or spread of the data. One standard deviation above and below the average determines the upper and lower limits.

Upper Limit: Average plus one standard deviation.

Lower Limit: Average minus one standard deviation.

Benchmark: A standard by which providers may be measured or judged.

How the Benchmark is Determined:

The benchmark is determined by the distribution of data from all 15 Community Mental Health Centers for a period of six months (05/01/2008 - 10/31/2008). From these data points, the average and standard deviations were calculated. These statistics were then used to establish the benchmark. The benchmark is utilized to assess monthly performance.

Benchmark categories are based on the average and upper and lower limits, as established in this report:

None: No points are awarded to an agency with a percentage below the lower limit.

One Point: An agency will receive one point when its monthly performance percent falls below the average but on or above the lower limit.

Two Points: An agency will receive two points when its monthly performance percent equals or exceeds the average.

Bonus: Bonus points will be awarded to providers whose monthly percentage equals or exceeds the upper limit.

Report Information:

Frequency of update: Claims are updated weekly. CDCs are updated weekly.

Last updated: Last paid claim is through 4/27/2016, CDCs are through 5/3/2016.

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If you believe this report is incomplete or inaccurate, please let us know. We want to make sure this report is useful for all.