Medication Visit within 14 Days of Admission

Printed Date: 5/9/2016 **Benchmark finalized on** 10/1/2009

Report Description:

Measure: Medication Visits (ICIS code 304) within 14 Days of Admission

The information provided in this report reflects the number of times a medication visit occurred within 14 days of each admission. The monthly reporting period begins 14 days before the first of the month and ends 14 days before the last day of the month. As an example, 'January 2008' reflects the number of admissions between December 17, 2007 and January 17, 2008 that received a medication visit within 14 days of admission. In order to be included, an individual must have received at least one service other than an assessment from contract sources Community Mental Health (01) or Medicaid Services for which DMHSAS Pays Match, Adults (50) within the first month of admission. A medication visit is also counted if it occurs within 30 days prior to admission.

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 of the benchmark.

Benchmark Comparison: The intent of this report is for providers to compare their perfomance on the set measure for any six month period to the benchmark as determined in the six month period between 011/01/2008 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:

Received a Medication Visit within 14 Days: A medication visit did occur with 14 days of admission.
Percent: The number of admissions that were followed by medication visits within 14 days divided by the provider's total number of admissions 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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Last Modified date: 4/30/2013 by Marsha Boling
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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.