OMH Medicaid Behavioral Health Measures MH Engagement in Care

Data Dictionary

Data Label	Data Type	Data Description
Metric ID	TEXT	Metric ID that uniquely identifies the OMH Medicaid Behavioral Health Measures. 3 - 30-Day MH Engagement in Care.
Metric Description	TEXT	Metric ID Description
Grouping Level	NUMBER	Indicator of corresponding aggregation level. 1 – STATEWIDE 2 - COVERAGE CATEGORY 3 - PROVIDER REGION 4 - COVERAGE CATEGORY BY PROVIDER REGION
Grouping Description	TEXT	Grouping level description.
Region or Coverage Category	TEXT	Name of Provider Region or Medicaid Coverage Category. ('STATEWIDE', 'NEW YORK CITY', 'REST OF STATE',' HARP',' FFS',' HIV SNP', 'MAINSTREAM', etc.)
Age Inpatient Type	TEXT	Age group combined with inpatient type. ('Adult-Art28 and 31', 'Youth-Art28 and 31')
Year	TEXT	4 Digit year for which the measures is calculated. ('2014', etc.)
Quarter	TEXT	2 Digit Quarter for which the measures is calculated. ('Q1', 'Q2', etc.)
Numerator	NUMBER	Count of numerator for each measure at specific grouping level. For detailed descriptions of Numerator for each measure, see the "Detailed Metric Definition" table below.
Denominator	NUMBER	Count of denominator for each measure at specific grouping level. For detailed descriptions of Denominator for each measure, see the "Detailed Metric Definition" table below.
Rate	NUMBER	The rate of each measure as calculated by dividing the Denominator by the Numerator.
YTD Numerator	NUMBER	Count of YTD numerator for each measure at specific grouping level. For detailed descriptions of Numerator for each measure, see the "Detailed Metric Definition" table below.
YTD Denominator	NUMBER	Count of YTD denominator for each measure at specific grouping level. For detailed descriptions of Denominator for each measure, see the "Detailed Metric Definition" table below.
YTD Rate	NUMBER	The rate of each measure as calculated by dividing the YTD Denominator by the YTD Numerator.

Detailed Metric Definition

Metric Name	Description	Denominator Definition	Numerator Definition
30-Day MH Engagement in Care	The percentage of Medicaid discharges for members 6-64 years of age who were hospitalized in an inpatient setting with a primary diagnosis of mental illness that were followed by two or more outpatient visits, intensive outpatient encounters or partial hospitalizations for mental health treatment within 30 days of discharge.	The number of Medicaid discharges to the community from an inpatient setting (including general hospital - Art28, private psychiatric hospital - Art31 and state psychiatric center children unit - SPC) with a primary diagnosis of mental illness. <u>Denominator Exclusions</u> 1. Discharges that were followed by readmission or direct transfer to an acute facility or a non-acute facility within 30 days of discharge, regardless of primary diagnosis for the readmissions. 2. Those without continuous Medicaid eligibility 30 days after discharge 3. Medicare dual eligible population.	The number of discharges in the denominator who had 2 or more Mental Health ambulatory follow-up services within 30 days of discharge <u>Numerator Inclusion</u> 1. Mental Health ambulatory follow-up service includes outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner. 2. Include service that occurs on the date of discharge.