



Complete Summary

TITLE

Mental health: percentage of enrollees diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of enrollees diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment.

RATIONALE

Analysis of Office of Health Care Information (OHCI) (now known as Bureau of Health Information [BHI]) data indicated that access to mental health and substance abuse evaluations and treatment services are of high importance to overall health status for the individuals eligible for Supplemental Security Income (SSI). The measure is necessary to assess access to and effectiveness of behavioral health and substance abuse services in the SSI managed care program.

PRIMARY CLINICAL COMPONENT

Non-organic, non-substance abuse mental health disorder; day/outpatient mental health treatment

DENOMINATOR DESCRIPTION

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (age 15 to 20 years and age 21 years and older) continuously enrolled with the same HMO for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

The number of unduplicated enrollees in the denominator age cohorts diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment. Include services provided by mental health specialists, general and/or family practitioners, or general internal medicine physicians based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 15 years*

*In Supplemental Security Income (SSI) expansion, the lower end of the age range may be 18 years, so the measure may be adjusted accordingly.

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (age 15 to 20 years and age 21 years and older) continuously enrolled with the same HMO for at least ten months (304 days) immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator.

**Measure look-back period: 12 months (365 days) from the measure end date. Services provided prior to enrollment in the HMO are not counted in the numerator.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (age 15 to 20 years and age 21 years and older) continuously enrolled with the same HMO for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in

enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of unduplicated enrollees in the denominator age cohorts diagnosed with non-organic, non-substance abuse mental health disorder receiving day/outpatient mental health treatment. * Include services provided by mental health specialists, general and/or family practitioners, or general internal medicine physicians based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data.

*Refer to the original measure documentation for Current Procedure Terminology (CPT-4/2001) and Uniform Billing (UB-92) revenue codes.

Exclusions

- Certain specified place of service codes are excluded.
- Certain specified services are excluded if provided during an acute care inpatient stay or residential care facility.
- Certain specified services are counted in the numerator if provided during partial hospitalization only.

Refer to the original measure documentation for details.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts are reported:

- Age 15-20 years*
- Age greater than or equal to 21 years

*In Supplemental Security Income (SSI) expansion, the lower end of the age range may be 18 years, so the measure may be adjusted accordingly.

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Mental health and/or substance abuse: MH day/outpatient treatment.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS SSI \(Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income\). Measures applicable to SSI managed care population.](#)

MEASURE SUBSET NAME

[Monitoring Measures -- SSI](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Mental Health and/or Substance Abuse: MH Day/Outpatient Treatment," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

This NQMC summary was completed by ECRI on June 14, 2004. The information was verified by the measure developer on June 17, 2004.

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