

BHO Data Book Table of Contents and Notes

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Notes for Tables

Table 1 Mental Health Inpatient Admissions and Length of Stay by Age Group and Region

Table 2 Mental Health Inpatient Admissions and Length of Stay by Age Group, Region and Hospital

The data source for these tables is OMH's Medicaid Data Warehouse which is constructed from a weekly feed of Medicaid paid claims and encounters from DOH's EMedNY Data Warehouse.

The admissions data focuses on Medicaid recipients, whose inpatient mental health treatment is paid on a fee-for-service basis, **excluding** persons who are also enrolled in Medicare (defined by recipients with a Medicare eligibility indicator at any point during calendar year 2009).

Data is reported for children and adults separately. Children are defined as youth under the age of 21 as of 1/1/2009. Adults are aged 21 and older as of that date.

Admissions counted are those that occurred in calendar year 2009.

Mental Health inpatient admissions are identified in paid claims by rate codes indicating psychiatric inpatient care AND where the primary diagnosis on the claims was for mental illness. OMH operated psychiatric hospitals are not included in these tables. Data on children's admissions to OMH operated hospitals is reported separately in Table 3.

Length of stay is calculated based on time elapsed between admission and discharge. Where discharge occurs on the same day as admission, length of stay is assigned the value of zero. For the very small number of admissions that had not resulted in discharge by 6/30/2010, length of stay was computed as if discharge occurred on 6/30/2010.

Region is based on hospital location, not county of residence of the patient.

Number of persons admitted is an unduplicated count of the persons admitted in calendar year 2009 for each level reported (i.e. region or hospital). The statewide total is an unduplicated count of persons with an admission across all regions. Because a small number of persons had admissions in multiple regions, summing the total number of individuals admitted across regions results in a duplicated count of individuals with an admission.

Table 3 Mental Health Inpatient Admissions and Length of Stay to OMH Operated Hospitals for Children by Region and Hospital

The data source for this table is OMH's Mental Health Automated Record System (MHARS).

Data reflects all admissions during calendar year 2009 to an OMH operated children's psychiatric center or to an OMH operated children's inpatient unit at a psychiatric center that serves both adults and children.

The data presented reflects all admissions including those where Medicaid was NOT the source of payment.

Acute admissions were identified by examining referral source for the admission. Not counted as acute admissions are those that are transfers from other institutional settings.

Length of stay is calculated based on time elapsed between admission and discharge and is calculated from MHARS data. For the admissions that had not resulted in discharge by 6/14/2011, length of stay was computed as if discharge occurred on 6/14/2011.

Table 4 Mental Health Readmissions within 30 Days by Age Group and Region

Table 5 Mental Health Readmissions within 30 Days by Age Group, Region and Provider

The data source for these tables is OMH's Medicaid Data Warehouse which is constructed from a weekly feed of Medicaid paid claims and encounters from DOH's EMedNY Data Warehouse.

The data focuses on Medicaid recipients, whose inpatient mental health treatment is paid on a fee-for-service basis, **excluding** persons who are also enrolled in Medicare (defined by recipients with a Medicare eligibility indicator at any point during calendar year 2009).

Data is reported for children and adults separately. Children are defined as youth under the age of 21 as of 1/1/2009. Adults are aged 21 and older as of that date.

Mental Health inpatient admissions are identified in paid claims by rate codes indicating psychiatric inpatient care AND where the primary diagnosis on the claims was for mental illness. OMH operated psychiatric hospitals are not included in these tables.

These tables contain data on readmissions for mental health inpatient treatment where both the admission and readmission occurred in calendar year 2009.

Two readmission counts are provided, a count of the number of readmissions occurring within 30 days of discharge where the subsequent admission is to the same hospital and a count of the number of readmissions occurring within 30 days of discharge where the subsequent admission is to ANY hospital, including the same hospital. Only an admission for mental health inpatient treatment is counted as a readmission. These tables count instances where a mental health inpatient stay is followed with 30 days by another mental health inpatient stay. A mental health

inpatient stay followed by an inpatient admission for a physical health or a substance use diagnosis would not be counted as a readmission.

Table 6 Mental Health Outpatient Service Receipt within Seven Days of Discharge from a Mental Health Inpatient Episode by Age Group and Region

The data source for these tables is OMH's Medicaid Data Warehouse which is constructed from a weekly feed of Medicaid paid claims and encounters from DOH's EMedNY Data Warehouse.

For this table discharges are included where the Medicaid fee-for-service admission to the inpatient psychiatric unit at a general hospital or private hospital occurred during calendar year 2009 AND discharge occurred prior to May 31st, 2010. Mental Health inpatient admissions are identified in paid claims by rate codes indicating psychiatric inpatient care AND where the primary diagnosis on the claims was for mental illness. OMH operated psychiatric hospitals are not included in these tables.

Only discharges coded in EMedNY as discharges to home or discharges against medical advice are included in the analysis. Excluded from the count of discharges are discharges which are coded as transfers to other settings such as hospitals, RTFs, skilled nursing facilities, or hospice.

Mental health services included in the ambulatory follow-up measure include OMH licensed clinic, Continuing Day Treatment, Day Treatment and Partial Hospital and these are identified in Medicaid claims by rate code. In addition, mental health services that are not OMH licensed specialty mental health services are also counted if the service is provided by a mental health practitioner or physician and the primary diagnosis listed is for a mental illness. Technically these services are identified through a combination of provider specialty codes, category of service codes and procedure codes on claims and encounter data. The OMH licensed programs of Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS) are NOT included in the ambulatory follow-up measure because the monthly case payment reimbursement structure of these programs makes it impossible to determine if a service was provided within seven days of discharge.

Table 7 Mental Health High Need/Ineffectively Engaged Individuals by Age Group and Region

This table contains count by region and age group of the number of individuals identified as high need mental health service recipients who are ineffectively engaged in outpatient treatment services. Three sets of criteria are used to identify an initial cohort:

1. MH Inpatient and Emergency Room use in the prior 12 months. Qualifying criteria are a combination totaling 3 or more of mental health inpatient hospitalizations and emergency room visits with a psychiatric diagnosis. (Note, if an emergency room presentation results in an inpatient admission,

no separate claim is paid for the ER visit, therefore the ER visits counted here are visits which did not result in an inpatient admission).

OR

2. Expiration of an AOT order within the prior 5 years and with no order in place currently.

OR

3. Mental health service use in prison or OMH inpatient service use with a forensic legal status within the prior 5 years.

Persons are then removed from this initial cohort if Medicaid claims data shows that they

- Have a current connection with targeted case management (ICM/SCM/BCM), Assertive Community treatment (ACT) or OMH Waiver Services (for children). Current connection is defined as having received the service within the prior 3 months.
- Have received more than 4 mental health outpatient treatment services in the preceding 6 months.

In order to be included in the cohort the individual had to have had Medicaid eligibility within the prior year and not be enrolled in full coverage Medicaid Managed Care or enrolled in Medicare.

Data is reported for children and adults separately. Children are defined as youth under the age of 18 as of 4/1/2011. Adults are aged 18 and older as of that date.

Region is based on county of residence of the individual.

In the data table three statistics are reported by age group and region: the number of persons in the cohort, the number of persons in the cohort that had at least one mental health inpatient admission in the prior year (4/1/2010 to 3/31/2011), and the total number of mental health inpatient admissions accumulated by the cohort in the prior year (4/1/2010 to 3/31/2011).

Table 8 OASAS Detox Admissions and Length of Stay by Region

Table 9 OASAS Detox Admissions and Length of Stay by Region and Hospital

Table 10 OASAS Inpatient Rehabilitation Admissions and Length of Stay by Region

Table 11 OASAS Inpatient Rehabilitation Admissions and Length of Stay by Region and Hospital

Table 12 OASAS Detox Readmissions Within 45 Days by Region

Table 13 OASAS Detox Readmissions Within 45 Days by Region and Provider

Table 14 OASAS Inpatient Rehabilitation Readmissions Within 45 Days by Region

Table 15 OASAS Inpatient Rehabilitation Readmissions Within 45 Days by Region and Provider

Table 16 OASAS Continuity of Care Within 14 Days of Discharge for Detox and Inpatient Rehabilitation by Region

Table 17 OASAS Recipients With 3 or More Detox Admissions by Region

Data Prepared By OASAS

Source: eMedNY 06-02-11

The data is based on eMedNY claims for SFY 09-10 (with follow-up into SFY 11-10 as needed)

Claims with Medicare payments were removed.

The data is for all age groups as there were very few recipients less than 18 years of age.

The OMH region coding is based on administrative provider billing county.

Detox that appear to be explicitly scatter bed were not included.

For the tables presenting data on re-admission (tables 12, 13, 14, 15) they all reflect re-admission to the same level of care (detox to detox or inpatient rehab to inpatient rehab).

For Table 16, continuity of care is calculated as admission to an immediate next lower level of care within 14 days of discharge. This does not include detox for a detox discharge, and does not include detox or IPR for an IPR discharge.