

Enrollment/Encounter Data Set

MHSIP MENTAL HEALTH REPORT CARD ENROLLMENT/ENCOUNTER DATA SET

One key source of data for the construction of performance indicators is the Enrollment/encounter data set. In practice, managed care organizations may need to maintain a number of relational data bases in order to produce this data set. However, for convenience we will use the term Enrollment/encounter; we have also seen this referred to as a Shadow claims data set or a Client/event data set.

This approach assumes that each service recipient is enrolled in a Plan that includes mental health benefits and likely health benefits, as well. Thus this describes the enrollment and encounter data elements that are relevant to the mental health report card, as part of the Plan's overall management information system design. The focus here--as elsewhere--is not on the data system of any single provider within a network, but on the integrated data base that must be maintained by an insurance plan or health maintenance organization.

Classes of Enrollment/Encounter Data

Enrollment:

These data elements represent characteristics of the enrollee. Most are characteristics that Plans would obtain on all enrollees; however, some are likely to be specific to enrollees who receive mental health services.

Encounter:

These data elements represent characteristics of an Encounter between the enrollee and a Plan provider, although events in which a Plan provider renders an indirect service on behalf of an enrollee may also be included.

Initial Encounter:

Because information about an enrollee may not be current at the time of an initial encounter--defined as an encounter initiating an episode of mental health care--or special information related to recipients of mental health care is not part of the routine enrollment data set, we identify a separate group of data elements that represent characteristics of the enrollee at the time of the initial mental health service encounter. This information should be updated at discharge and annually if the episode of care is greater than one year.

Purposes of Enrollment/Encounter Data

There are two broad purposes for enrollment/encounter data. The first has been noted above--the construction of performance indicators for the mental health component of a managed care plan. The second is Risk adjustment. Performance measures are constructed for individual Plans so that comparisons may be made among Plans. The unstated assumption is that differences in performances reflect differences in the capacity of Plans to provide appropriate access to high quality, cost-effective services. However, differences may also be the result of pre-existing differences in the characteristics of Plan enrollees.

In order to take such differences into account, it is necessary to make statistical adjustments in performance measures that reflect the actual risk. In practice, it may be difficult to predict in advance those recipient characteristics that represent the greatest risk. With judicious selection of recipient characteristics, it is possible to select data elements which will allow appropriate, post

hoc statistical adjustments for risk. Thus even where recipient characteristics are not directly required to construct a performance indicator, they are critical to the process of appropriately estimating performance adjusted for risk.

Defining Necessary Data Elements

The remainder of this section is a presentation of necessary data elements. For each data element, the following will be included:

- C Data element name
- C Narrative definition
- C Operational definition (codes)
- C Purpose/s (i.e., CONCERN, RISK)

For purposes of this presentation, data elements are grouped within the following classes:

- C Enrollment
- C Initial Encounter
- C Encounter

The actual data collection and organization of data elements within a relational data base will--in all likelihood--not reflect this organization. There are more efficient ways to collect and store these data.

Enrollment Data Elements

Enrollee ID	An identifying number—unique to each enrollee—that links to all other information about the individual.
Date of Birth	Date when the enrollee was born, including month, day, and year (ACCESS 10, RISK)
Sex	Sex of enrollee—male or female (RISK)
Race	(ACCESS 10, RISK)
Premium Payor	Principal payor of enrollee Plan premiums—Medicaid, Medicare (RISK)

MHSIP MENTAL HEALTH REPORT CARD

ENROLLMENT/ENCOUNTER DATA SET

Enrollment Data Elements:

Element Name	Narrative	Codes	Purpose(s)
ID - Enrollee	code that uniquely identifies Plan enrollee	<i>[to be specified by Plan]</i>	link to all elements
DENR	date of enrollment in Plan	MM/DD/YYYY	OUTCOME 2
PPAYOR	principal payor of Plan premiums for enrollee	_ Medicaid _ Medicare _ Other: specify	RISK
DOB	enrollee-s date of birth	MM/DD/YYYY	ACCESS 10 RISK
GENDER	enrollee-s gender	_ M _ F	ACCESS 10 RISK
RACE	enrollee-s self-described race	_ AmerIndian/AlaskaNative _ Asian/Pac Islander _ Black/Afr-American _ White _ Other	ACCESS 10
ETHN	enrollee-s ethnicity (Hisp)	_ Hispanic origin _ Non-Hispanic	ACCESS 10
DDISENR	date of disenrollment from Plan	MM/DD/YYYY	OUTCOME 2 ACCESS
DISENRR	disenrollment reason/status	_ enrollee left Plan service area _ enrollee obtnd other coverage _ enrollee no longer eligible _ enrollee died _ other	OUTCOME 2
DETHCAUS	cause of death	_ accident _ suicide _ Other <i>[to be specified by Plan]</i>	OUTCOME 2

Initial Encounter Data Elements (aka Enrollee Status - MH Episode):

Element Name	Narrative	Codes	Purpose(s)
ID - Enrollee	code that uniquely identifies Plan enrollee	<i>[to be specified by Plan]</i>	link to all elements
EPIDATEB	episode-s initial encounter date <i>[derive from SVCDATE and ENCINTRTYP]</i>	MM/DD/YYYY	ACCESS 5.6 OUTCOME 11
PROVIMH	enrollee-s current primary MH practitioner <i>(may or may not be provider identified for a specific encounter; may be >clinical case mgr<- for an enrollee who receives more than >clinic visits)</i>	<i>[to be specified by Plan]</i>	APPROP 8
PROVDT	date PROVIMH assigned to enrollee	MM/DD/YYYY	APPROP 4
SSI/DI STAT	enrollee-s SSI or SSDI status <i>[categories drawn from FN-10]</i>	<ul style="list-style-type: none"> _ eligible/receiving pymts _ eligible/not recvg pymts _ determined ineligible _ potentially eligible _ not applicable 	ACCESS 11 RISK
SPD/SED STAT	Does person meet criteria for being an adult with Serious Psychiatric Disability or a child with Serious Emotional Disturbance, pursuant to SMI/SED definitions in section 19128 of the Public Health Service Act, as amended by Public Law 102-321. <i>[from FR Doc. 93-119591]</i>	<ul style="list-style-type: none"> _ No _ Yes 	RISK ACCESS
ENRRES	enrollee-s residential living arrangement	<ul style="list-style-type: none"> _ independent - alone _ indep - w/family or friends _ supported housing (MH) _ supervised housing (MH) _ other supervised setting _ undomiciled - street/shelter _ other 	RISK OUTCOME 12
ENREMP	enrollee-s paid employment status	<ul style="list-style-type: none"> _ over 32 hrs/week _ 16-32 hrs/week _ 1-15 hrs/week _ unempl/seeking work _ not in labor force; specify: <ul style="list-style-type: none"> _ student _ homemaker _ retired _ unempl/not seeking work 	RISK OUTCOME 7
DXAXIS1	DSM-IV diagnosis, Axis 1 <i>[allow multiple diagnoses]</i>	--- --	RISK
DXAXIS2	DSM-IV diagnosis, Axis 2 <i>[allow multiple dx]</i>	--- --	RISK
DXAXIS3	DSM-IV diagnosis, Axis 3 <i>[allow multiple dx]</i>	--- --	RISK

DXAXIS5	DSM-IV GAF, Axis 5 <i>[specify time period being rated: current, highest level past year, at admission or discharge]</i>	--	RISK
EPIDATET	episode termination date <i>[derive from SVCDATE and ENCTRYP or algorithm]</i>	MM/DD/YYYY	APPROP4 OUTCOME7
EPITERMRSN	reason for episode termination	_ services not needed now _ Plan services inaccessible or unacceptable to enrollee _ enrollment terminated _ other	ACCESS2 ACCESS3

Encounter Data Elements

Element Name	Narrative	Codes	Purpose(s)
ID ENR	code that uniquely identifies Plan enrollee	<i>[to be specified by Plan]</i>	link to all elements
ID PROV	code that uniquely identifies service provider this encounter <i>[provider database will identify Aconsumer-run@providers]</i>	<i>[to be specified by Plan]</i>	ACCESS 6 APPROP 8
SVCDATE	date of service encounter	MM/DD/YYYY	ACCESS 10 APPROP 6, 7 OUTCOME 17
SVCSITE	identifies type site where service encounter occurred	<ul style="list-style-type: none"> _ enrollee's home _ enrollee's school _ enrollee's work site _ other natural setting _ provider's site (ambulatory) _ provider's site (crisis/emergency) _ provider's site (residential) _ provider's site (inpatient) _ other 	ACCESS 7 APPROP 4,6,7 OUTCOME 11,17
ENCTRYP	type of service encounter	<ul style="list-style-type: none"> _ indirect _ screening _ initial service/admission _ continuing service _ final service event 	APPROP 4
ENCLEGST	enrollee's legal status with regard to this encounter	<ul style="list-style-type: none"> _ not applicable _ voluntary _ involuntary - civil _ Involuntary - criminal 	APPROP 3
SVCOBJV	objective of service encounter <i>[this will require a Plan-wide system of procedure codes]</i>	<i>[hypothetical examples follow:]</i> <ul style="list-style-type: none"> _ phys exam/health maint _ problem ID/diagnosis _ acute condition mgt _ ongoing condition mgt _ recovery skills development 	APPROP 4,5 OUTCOME 1

