Substance Use Disorder Treatment Penetration

Metric Information

Metric description: Percent of Medicaid beneficiaries aged 12 and older with a substance use disorder treatment need identified within the past two years, who received at least one qualifying substance use disorder treatment during the measurement year.

Metric specification version: Washington State Department of Social and Health Services, Research and Data Analysis Division, Cross-System Outcome Measures for Adults Enrolled in Medicaid – "Substance Use Disorder Treatment Penetration (May 29, 2018, v.2)"

These specifications were developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 2013 Engrossed House Bill 1519 (Chapter 320, Laws of 2013) and Second Substitute Senate Bill 5732 (Chapter 338, Laws of 2013) performance measure development process.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims and enrollment data; RSN/BHO encounter data and DBHR-paid behavioral health services; Medicare Parts A and B claims and Medicare Part D encounters for dual eligibles.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year and the year prior to the measurement year.

Direction of quality improvement: Higher is better.

URL of specifications: https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid

DSRIP Program Summary

Metric utility: ACH Project P4P ■   ACH High Performance ■   DSRIP statewide accountability ■

ACH Project P4P – Metric results used for achievement value: Submetric results reported for three age groups: 12-17 years; 18-64 years; 65 years and older. Weighted average of performance for each submetric is used to calculate overall AV; determined by number of Medicaid beneficiaries the ACH has in the denominator of each submetric.

ACH Project P4P – improvement target methodology: improvement over self (1.9% improvement over reference baseline performance).

ACH High Performance – methodology: HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see Chapter 8: ACH High Performance Incentives.

Substance Use Disorder Treatment Penetration

DSRIP statewide accountability – methodology: HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

ACH regional attribution: Residence in the ACH region for 11 out of 12 months in the measurement year.

Statewide attribution: Residence in the state of Washington for 11 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population – ACH Project P4P and DSRIP statewide accountability	
Age	12 years and older. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Eligible Population – ACH High Performance	
Age	12 years and older. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries with primary insurance other than Medicaid.

Substance Use Disorder Treatment Penetration

	Note: for ACH High Performance Incentive calculation, Medicaid beneficiaries that are eligible for both Medicaid and Medicare (duals) are included in the eligible population for the metric.

Denominator:

Data elements required for denominator: Medicaid beneficiaries, aged 12 and older on the last day of the measurement year, with a substance use disorder treatment need identified in either the measurement year or the year prior to the measurement year.

Substance use disorder treatment need is identified by the occurrence of any of the following in the identification window:

1. Diagnosis of a drug or alcohol use disorder in any health service event (SUD-Tx-Pen-Value-Set-1)
2. Receipt of brief intervention (SBIRT) services (SUD-Tx-Pen-Value-Set-4)
3. Receipt of medically managed detox services (SUD-Tx-Pen-Value-Set-5)
4. Receipt of a substance use disorder treatment service meeting numerator criteria:
   a. Procedure and DRG codes indicating receipt of inpatient/residential, outpatient, or methadone OST: SUD-Tx-Pen-Value-Set-2
   b. NDC codes indicating receipt of other forms of medication assisted treatment for SUD: SUD-Tx-Pen-Value-Set-3
   c. Outpatient encounters meeting procedure code and primary diagnosis criteria: SUD-Tx-Pen-Value-Set-6.xls: procedure code in SUD-Tx-Pen-Value-Set-6 AND primary diagnosis code in SUD-Tx-Pen-Value-Set-1
   d. Outpatient encounters meeting taxonomy and primary diagnosis criteria: billing or servicing provider taxonomy code in SUD-Tx-Pen-Value-Set-7 AND primary diagnosis code in SUD-Tx-Pen-Value-Set-1

Value sets required for the denominator.

Name	Value Set
SUD-Tx-Pen- Value-Set-1	All value sets are available upon request. Please email medicaidtransformation@hca.wa.gov
SUD-Tx-Pen-Value-Set-2	
SUD-Tx-Pen-Value-Set-3	
SUD-Tx-Pen-Value-Set-4	Some value sets are updated frequently. When calculating this metric, check to make sure the most up to date value sets are being used.
SUD-Tx-Pen-Value-Set-5	
SUD-Tx-Pen-Value-Set-6	
SUD-Tx-Pen-Value-Set-7	

Required exclusions for denominator.
- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions: None.

Substance Use Disorder Treatment Penetration

Deviations from cited specifications for denominator.
- None.

Numerator:
Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Include in the numerator all individuals receiving at least one substance use disorder treatment service meeting at least one of the following criteria in the 12-month measurement year:

1. Procedure and DRG codes indicating receipt of inpatient/residential, outpatient, or methadone OST: SUD-Tx-Pen-Value-Set-2
2. NDC codes indicating receipt of other forms of medication assisted treatment for SUD: SUD-Tx-Pen-Value-Set-3
3. Outpatient encounters meeting procedure code and primary diagnosis criteria:
    a. Procedure code in SUD-Tx-Pen-Value-Set-6 AND
    b. Primary diagnosis code in SUD-Tx-Pen-Value-Set-1
4. Outpatient encounters meeting taxonomy and primary diagnosis criteria:
    a. Billing or servicing provider taxonomy code in SUD-Tx-Pen-Value-Set-7 AND
    b. Primary diagnosis code in SUD-Tx-Pen-Value-Set-1

Value sets required for the numerator.

Name	Value Set
SUD-Tx-Pen- Value-Set-1	All value sets are available upon request. Please email medicaidtransformation@hca.wa.gov
SUD-Tx-Pen-Value-Set-2	
SUD-Tx-Pen-Value-Set-3	Some value sets are updated frequently. When calculating this metric, check to make sure the most up to date value sets are being used.
SUD-Tx-Pen-Value-Set-6	
SUD-Tx-Pen-Value-Set-7	

Required exclusions for numerator.
- None

Deviations from cited specifications for numerator.
- None

Version Control

July 2018 release: The specification was updated to include additional information as requested by stakeholders.

Substance Use Disorder Treatment Penetration

January 2019 update: Minor formatting updates were made to the metric specification sheet (updating URL of specification). No substantive changes were made to the specification.