Washington State Health Care Authority

All Cause Emergency Department Visits per 1000 Member Months

Metric Information

Metric description: The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1000 denominator member months in the measurement year.

Metric specification version: These specifications are derived from a metric 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. Specifications are a variant of the Washington State Department of Social and Health Services, Research and Data Analysis Division, Cross-System Outcome Measures for Adults Enrolled in Medicaid – "Emergency Department Utilization (July 2016, v1.1)."

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

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

Identification window: Measurement year.

Direction of quality improvement: Lower is better.

URL of specifications: Modified version of Washington State Department of Social and Health Services, Research and Data Analysis Division metric; link to *original* (non-modified) specification: 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: 0-17 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.

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

ACH regional attribution: Residence in the ACH region for 7 out of 12 months in the measurement year.

Statewide attribution: Residence in the state of Washington for 7 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population – ACH Project P4P and DSRIP statewide accountability	
Age	All ages. Age is as of the last day of the measurement year. Three age-based sub-metrics are reported: - 0-17 years; - 18-64 years; - 65 years and older.
Gender	N/A
Minimum Medicaid enrollment	A minimum of seven months of Medicaid enrollment in the Measurement year. Enrollment does not have to be continuous.
Allowable gap in Medicaid enrollment	Up to five months in the measurement year (may or may not be continuous).
Medicaid enrollment anchor date	None.
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	All ages. Age is as of the last day of the measurement year. Three age-based sub-metrics are reported: - 0-17 years; - 18-64 years; - 65 years and older.
Gender	N/A
Minimum Medicaid enrollment	A minimum of seven months of Medicaid enrollment in the measurement year. Enrollment does not have to be continuous.
Allowable gap in Medicaid enrollment	Up to five months in the measurement year (may or may not be continuous).
Medicaid enrollment anchor date	None.

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Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries with primary insurance other than Medicaid. *Note: for the ACH High Performance Incentives 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: All Medicaid beneficiaries meeting the above eligible population criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - Beneficiaries in hospice care.

Deviations from cited specifications for denominator.

- Continuous Medicaid enrollment criteria differs from the original specification. The original specification requires continuous Medicaid coverage in the 6 months up to and including the event member month.

Numerator:

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

Data elements required for numerator: Count of outpatient emergency department visit(s) during the measurement year in the eligible population. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.

Emergency department visits are defined by the following criteria:

- Claim or encounter is a hospital outpatient claim (claim type codes: 3, 26, 34) AND
- One of more of the following criteria is met:

Name	Value Set
Revenue code	‘0450’, ‘0451’, ‘0452’, ‘0456’, ‘0459’
Procedure code	‘99281’, ‘99282’, ‘99283’, ‘99284’, ‘99285’, ‘99288’
Place of service code	‘23’

All emergency department visits contribute to the metric (e.g. an individual may have multiple emergency department visits on the same day and each is counted as an event, as long as they are billed by separate providers).

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Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

July 2018 release: The specification was updated to include a change in Medicaid enrollment criteria from only during the event month to seven out of twelve months. The change prevents a substantial number of Medicaid beneficiaries from dropping out during the ACH regional attribution process and creating a significant difference in the number of Medicaid beneficiaries who qualify for the metric at the state versus ACH regional level.

January 2019 update: Minor formatting updates were made to the metric specification sheet (updating URL of specification). Numerator description was updated for clarity and alignment with current production processes. No substantive changes were made to the specification.

August 2019 update: The specification sheet has been updated to reflect the current version of the technical specification from the measure steward. No substantive changes were made to the DSRIP Metric Details.

August 2020 update: The specification sheet has been updated to reflect the current version of the technical specification from the measure steward. No substantive changes were made to the DSRIP Metric Details.